Facing the Problems of Mental Health in the 21st Century

National and international studies and reports are suggesting increased burden on the global society of physical and mental health concerns during the twenty-first century. (ABS, 1998; Murray & Lopez, 1996).

Two broad approaches:
- Alleviation of illness with the resulting move to early diagnosis and intervention, and potentially, the prevention of illness
- Health promotion where health is not equated with absence of illness. Rather, health has been seen as the state of balance between the self, others and the environment (Herman, 2001)

The Need for Integration: Mental Health

Recommendations for action for the reduction of mental health problems globally

- Provision of treatment in primary care
- Community care
- Public education
- The involvement of communities, families and consumers
- The establishment of national policies, programs and legislation
- Development of human resources
- Linkage with other sectors
- Monitoring of community mental health
- Support of more research

Mental Health: New Understanding, New Hope (WHO, 2001)

The Need for Integration of Both Approaches

Mzarek & Haggarty (1994)
Care of Those Facing Adverse Life Events: The Need

- Within national mental health policy initiatives in Australia and in other countries, one focus has been the reduction of the incidence of mental health problems and disorders associated with adverse life events
  \(\text{(National Policy on the Promotion, Prevention and Early Intervention in Mental Health, 2000)}\)
- Empirical evidence is suggesting the importance of positive adjustment to life transitions and resilience to adversity in the enhancement of mental-wellbeing, and the reduction of psychopathology and outcomes such as suicide

Long-term effects of childhood loss

Random longitudinal community Canberra sample of adults 20-44 years

- 59.5% had experienced some form of childhood adversity like divorce
- 37% had experienced more than one adversity.
- Domestic conflict and parental psychopathology and substance use are the common adversities
- Parental sexual abuse was reported by 1.1%.
- Adversity was highest in the 40-44 year age group and in women in all age groups.
- Majority of subjects saw their childhood as happy or normal despite Adversity.
- Adversity was highest in the 40-44 year age group and in women in all age groups.
- Domestics are affected most by domestic warmth and harmony, and normalcy by abuse and neglect.
- Severe adversities, physical and sexual abuse and neglect, were uncommon, but were related to multiple and other severe adversities.

Care of Those Facing Adverse Life Events: The Need

- Resilience in the face of such adversity is often difficult to predict with many faced with great adversity requiring no formal assistance toward adjustment and others requiring intense formal treatment services following the development of significant mental health problems (Hermann, 2001)
- The influence of adverse life events on mental health has been found among all age groups and all social situations (Harvey, 1996; Tiet et al., 1998)

Other Demands for Integration

- Common Factors debate in Counselling / Psychotherapy
- Moves to Integrative Theory versus Electicism
- Multi-disciplinary / Multi-sectoral Care
- Biopsychosocial-spiritual models of care
- Consumer demand
- Increasing recognition of areas that impact on care that is not confined to one discipline eg., spirituality, intuitive care / limbic resonance, the practitioner as person
- The clash of Western methods and developing countries’ needs
**The Problem...**
While it would be desirable, it is beyond the personal resources of the majority of clinicians, and the organizational and temporal resources of communities in general, to have a detailed knowledge of each specific adverse event and be able to implement specific programs of intervention to reduce the mental health problems associated with each.

**A Possible Solution...**
- To identify commonality among many adverse life events and design interventions that would address this commonality would provide communities as a whole with a means of rationalizing and integrating resources to allow for care to be offered to many more in the community challenged by various adverse life events.

- Trolley (1993-94) argued for the benefit of a universal model of loss. Such a model would allow for the transference of clinical skills across situations of loss, and provide a basis on which the common aspects and differences of loss across many adverse life events could be investigated.

**The Perspective of Loss**
Bereavement generally has been the focus of discussions concerning grief and loss within both the general community and the scientific literature.

However,
An underlying and growing recognition that loss and resultant grief are associated with other adverse life events - (Harvey, 1996; Stroebe, Hansson, Stroebe, & Schut, 2001)

In fact, John Bowlby’s work that led to the phasic models of grief came from the study of children separated from parents as well as Parkes idea of psychosocial transitions.

**The Study of Loss**
The study of loss offers a framework with which to search for commonalities versus differences with respect to the nature of these life events and the ways of coming to terms with them. It also encourages comparison of theoretical analyses of different types of losses...A psychology of loss then, would incorporate comparative trauma-bereavement theorizing and the analysis of a broad range of stressful life events including burns; divorce/separation; spinal/brain injury or loss of limb; rape victimization; and so on. (p. 743) Stroebe et al. (2001)

**A Psychology of Loss**
Case for a psychology of loss:
- Loss is universal. Desire for healing is universal.
- That a psychology of loss is often an implicit assumptive base for other concepts such as stress, death and dying and trauma
- That there exists in the community a culture, and hence a language, of loss.

Harvey and Weber (1996)
**So What is Loss?**
Loss is produced by an event which is perceived to be negative by the individuals involved and results in long-term changes to one’s social situations, relationships, or cognitions. *Miller & Omarzu (1998) (p. 12)*

**A Thematic Approach to Loss**
Theme:
*Grieving is a normal, natural process*

**LET’S START WITH THE THEORY**
Concepts of Loss and Theories of Loss and Grief

**Definitions**
- **Change**
- **Loss** is produced by an event which is perceived to be negative by the individuals involved and results in long-term changes to one’s social situations, relationships, or cognitions. *Miller and Omarzu (1998)*
- **Bereavement** is the loss through death of a significant other.
- **Grief** is “the emotional response to loss: the complex amalgam of painful affects including sadness, anger, helplessness, guilt and despair.” *Raphael (1984)*

Grief incorporates diverse psychological (cognitive, social-behavioural) and physical (physiological-somatic) manifestations. *Stroebe, Hansson & Schut (2001)*

**Mourning**: is the “the psychological processes that occur in bereavement whereby the bereaved gradually undoes the psychological bonds that bound him/her to the deceased” (Beverley Raphael 1984)

**Grieving**: the process of dealing with losses other than bereavement

**Suffering**: The width of the gap between reality ‘what is’ and what is desired

*Grief knits two hearts in closer bonds than happiness ever can; and common sufferings are far stronger links than common joys*  
Alphonse De Lamantine 1790-1869

*No one ever told me that grief felt so like fear.*  
C.S. Lewis 1898-1963

*Well has it been said that there is no grief like the grief which does not speak.*  
Henry Wadsworth Longfellow 1819-1892

*Our trials, our sorrows and our grieves develop us.*  
*Orison Swett Marden 1850-1924*

*What right have I to grieve, who have not ceased to wonder?*  
*Henry David Thoreau 1817-1862*
Theme: Losses Rarely Exist Alone
A presenting or primary loss is usually accompanied by secondary, consequent losses.

For example, loss of capacity as the result of accident, illness or ageing may also involve a changed future, changed relationships, financial insecurity, and loss of independence.

Physical Reactions to Loss in Children
- Sighing, trouble breathing
- Headaches
- Appetite changes
- Susceptibility to colds, allergies
- Easily startled
- Chills
- Fatigue
- Teary
- Nausea, upset stomach, diarrhoea, constipation
- Tremors of hands, lips etc.
- Sleep disturbances
- Muscle weakness or aches
- Sensation of ‘lump in throat’
- Lack of coordination

Psychological Reactions to Loss in Children
- Irritability, anger or general agitation
- Restlessness, excitability
- Sadness, crying
- Feeling lost, isolated, abandoned
- Wanting to be alone
- Recurrent dreams, insomnia, night waking
- Frustrated
- Anxiety
- Fears, worry
- Feeling overwhelmed
- Moodiness, periods of ‘highs’ and ‘lows’ following closely one after the other
- Guilt, blaming
- Apathy/ Loss of usual enjoyment in activities
- Flashbacks of traumatic events/ Bad dreams
- Numbness, shock, confusion, inability to feel

Behavioural Reactions to Loss in Children
- VERY IMPORTANT IN CHILDREN AS OFTEN FIRST SIGN OF DIFFICULTY
- Difficulty in concentrating
- Difficulty expressing oneself verbally/ No wanting to talk
- Withdrawing socially, reluctance to leave home
- Frequent temper tantrums, family difficulties
 Forgetfulness
 Appearing to not listen
 Hyperactivity/ Inability to carry out even the most minor tasks
 Difficulty in organizing daily tasks
 Avoidance of any reminder of the event/ Hands over ears
 Preoccupation with memorabilia of lost person
 Eating more or less
 Academic problems

 IT IS LIKELY THE CHANGE IN BEHAVIOUR THAT MATTERS THAN BEHAVIOURS THEMSELVES

 Other Reactions to Loss in Children

 Spiritual
 • Loss makes young people ask the big questions of life or question the answers they have been given in the past
 • Difference between spirituality and religion

 Social
 • Loss can shape and change families (e.g., family secrets), communities (indigenous loss), societies (Australia and Port Arthur, Effects of War, AIDS crisis and Uganda) and Global Trends (9/11 and the War on Terrorism).
 • Effects on larger groups can then have affects on individuals (eg., transgenerational transmission of loss)

 The Psychodynamic School of Thought
 • 1917 – Freud published his book *Mourning and Melancholia* in which he attempted to compare grief and depression.
 • ‘Grief work’ that the mind does in reviewing the relationship with the lost object is rewarded by a release from the bonds that tied the person to the lost object and caused such psychic pain. In this way psychic energy is returned to balance.

 • Goal of ‘grief work’ is to free the mourning individual from:
   • Attachments to the lost object.
   • Inhibitions to becoming a person separated from the lost object
   • Conflicts of ambivalence over the lost object

 Attachment Theory School of Thought
 • Attachment theorists introduced the importance of taking an interpersonal perspective of mourning, suggesting recovery from loss is the ability of the person to form substitute attachments.
 • Theory has been extended to include relationships with any person or object that provides a secure base from which an individual can explore his/her environment.
 • Essential element of grief is the pining and searching for the lost object of attachment.
 • Bowlby- First to suggest that mourning could be understood as a process that moved through a number of stages: shock and numbness, searching and yearning, disorganisation, and reorientation.
 • A number of other theorists have described similar stages
### Stage/Phase Theories

<table>
<thead>
<tr>
<th>Theorist</th>
<th>Phase/Stages</th>
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<tbody>
<tr>
<td>Freud (1917)</td>
<td>Loss of capacity to invest energy in love energy</td>
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<td>Withdrawal of energy into self; reorganization occurs</td>
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<td>Gradual reinvestment of energy in new objects, people</td>
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<tr>
<td>Bowlby (1980)</td>
<td>Shock and numbness</td>
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<td></td>
<td>Searching and yearning</td>
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<td>Disorganization</td>
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<tr>
<td>Parkes (1972)</td>
<td>Shock and disbelief</td>
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<td>Yearning and protest</td>
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<td>Despair and disorganization</td>
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<td>Resolution</td>
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<td>Separation pain/Intense yearning</td>
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<td>Acceptance</td>
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<td>Kübler-Ross (1969)</td>
<td>Shock</td>
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<td>Denial and Isolation</td>
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<td></td>
<td>Anger</td>
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<td></td>
<td>Bargaining Depression</td>
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<td>Acceptance</td>
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<tr>
<td>Hardt (1978-79)</td>
<td>Shock/Denial</td>
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<td>False acceptance</td>
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<td>Pseudoreorganisation</td>
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<td>Depression</td>
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<tr>
<td></td>
<td>Reorganization/Acceptance</td>
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<tr>
<td>Matz (1979)</td>
<td>Denial</td>
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<tr>
<td></td>
<td>Undoing efforts</td>
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<td></td>
<td>Depression and Helplessness</td>
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<td>Re-engagement</td>
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</table>
**Task-Based Models**
Combining psychodynamic and attachment theories into Task Models:

### Worden’s Four Tasks of Mourning:
- To accept the reality of the loss
- To work through the pain of grief
- To adjust to an environment in which the deceased is missing
- To emotionally relocate the deceased and move on with life

### Rando’s Six Rs Process:
- Recognize the loss
- React to the separation
- Recollect and re-experience the deceased and the relationship
- Relinquish old attachments to the deceased and the old assumptive world
- Readjust to move adaptively into the new world without forgetting the old
- Reinvest

### Social Constructionist / Social Learning Theories
Glick et al. (1974) - A person’s loss does not occur in isolation from the environment!

**Social factors affect mourning in many different ways:**
- The meaning of the loss for the individual will often be determined by the social context of the loss.
- Social and emotional adjustments will be necessary after the loss.
- The social environment dictates many of the rituals and mores that will form part of the experience of loss.
- Social factors affect the course of recovery and adjustment.

### Doka’s (1989) concept of disenfranchised grief

### Cognitive / Behavioural Theories
Loss itself may not be under the control of the person, but mourning is a process that is influenced by the cognitions and coping strategies employed by the individual.

People who experience a loss appraise that loss and determine its possible consequences from the perspective of their own individual vulnerabilities and coping strength. Interpretation of the events and the behaviours that are used to cope with the loss can affect the progress and duration of mourning.

If the process of mourning is an active one, a person can be introduced to a new, more adaptive pattern of coping.
Theme:
The experience of loss is integrated into the basic psychological functioning of a person, even from the earliest age. Therefore there exists the potential for personal growth or personal deterioration.

Personal Construct Theory

- Kelly (1955): Theoretical position that supports the idea that loss is integrated rather than resolved.
- Though reality exists, we are incapable of ‘apprehending it directly’. All a person knows is the patterns or ‘templets’ that he/she creates, which are then used to fit into the realities of their world
- ‘What is the meaning of the loss to that particular person?’ becomes fundamental
- The meaning that a person attributes to a loss is a pivotal concept in understanding ‘evolving self’ and the reconstruction of self that occurs as a result of loss. So important the messages children take from loss

Messages that may enhance growth

- In times of trouble, someone will always be there
- My family can weather bad times
- I am safe
- My needs matter to others
- I can cope with bad times
- There are many things in life I have control over
- Other people need me
- It’s OK to tell people how you feel
- I know there are things you can do to help yourself feel better

Messages that may contribute to a sense of being overwhelmed or alienated

- My pain in not as important as that of some others
- My family falls apart under pressure
- They can’t and won’t care for me when the going gets tough
- I am responsible for other’s pain and comfort
- You mustn’t bother people with your problems
- Bad things happen to me, no matter how hard I try
- The world is a very scary place
- People can’t be trusted
- I am ‘bad’ / I’m useless
- I don’t matter
- I’m hopeless
- It’s got to be someone’s ‘fault’
- You have to get even
**Messages of Resilience**

- I Can
- I Am
- I Am Safe
- I Matter
- I Belong

The power of common messages for integrating care

**Continuing Bonds**

A model of bereavement in which the work of mourning is about internalising the dead, continuing the relationship, and not disengaging.

By regaining the relationship (although changed) mourners are able to regain a sense of themselves.

The concept of ‘**continuing bonds**’ with the deceased is offered by Klass, Silverman & Nickman (1996).

**People can be assisted in their grieving by:**

- Encouraging talk about the person who has died
- Exploring the nature of the relationship
- Developing rituals that support memories, honour the dead and keep the presence or spirit
- Recognizing the paradox of not living in the past but staying connected

**The Developing Brain**
**Basics**

- Transcription genes and epigenetics means it is not Nature versus Nurture but Nature AND Nurture
- Growth of cortex dependent on relationships. As attachment and endorphins increase brain grows. As increased stress and cortisol increased atrophy of brain connections
- The first three years vital (Adult brain =1.8kg; Three Year Old Toddler = 1.6kg; Birth = 300g)
- Children have memories of autobiographical memories before 4-5 yrs but don’t retain due to immaturity of part of hippocampus (dentate gyrus). Also development of prefrontal cortex that stores long-term memories and the development of language (Weir,2011)
- The mind will remember if the area stimulated eg., the brain stem and limbic system oversized in abused children with under-developed pre-frontal cortex

**Four parts of the brain**

<table>
<thead>
<tr>
<th>Cortical</th>
<th>Empathy</th>
<th>Controlling</th>
<th>Self Literacy</th>
<th>Learning</th>
<th>Cognitive Training</th>
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</thead>
<tbody>
<tr>
<td>Limbic</td>
<td>Emotional Response</td>
<td>Emotional Engagement</td>
<td>Emotional Validation</td>
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<tr>
<td>Midbrain</td>
<td>Coordination Movement</td>
<td>Movement</td>
<td>Free movement</td>
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<tr>
<td>Brainstem</td>
<td>Heart Rate</td>
<td>Fight Flight Freeze</td>
<td>Safety</td>
<td>Ensure well-being and help to calm</td>
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</tbody>
</table>

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- The mind will remember if the area stimulated eg., the brain stem and limbic system oversized in abused children with under-developed pre-frontal cortex
Theme

Children are not illogical. They are just limited by their experience.

Children’s Understandings of Death
A child needs to understand three concepts of death as they mature:

- Universality/Inevitability
- Irreversibility/ Permanency
- Nonfunctionality

Theme: The Path for Each
The path through grief can be as different as each individual who experiences it

Risk factors can be grouped into three categories:

- Internal factors
- Factors associated with the type and circumstances of the loss
- External factors including cultural differences

Which Model???
Integration of Models of Bereavement
Combining all the Theories

The Four Component Model for Bereavement
Context of the loss
The continuum of subjective meanings associated with loss.
The changing representations of the lost relationship over time
The role of coping and emotion-regulation processes
Bonanno and Kaltman (1999)

The Dual Process Models of Coping with Bereavement
Stressors affecting the bereaved can be broadly classified:
  - Loss-oriented stressors: those associated with a concentration and a processing of some aspect of the loss experience itself.
  - Restoration oriented stressors: those that are the consequence of the loss.
Stroebe and Schut (1999)

Making the Painting Three-Dimensional
To the Models of Bereavement we need to add other knowledge:
  - Chronic Sorrow
  - Trauma
  - Child Development
  - Personality Development
  - Multicultural Knowledge
  - Crisis Counselling
  - General Counselling Skills
  - Preventive Health
  - Etc...

Facts about Children and Trauma
  - Babies and children, even if they are too young to talk or fully understand, can experience trauma. They are very sensitive and aware of any changes to their world and people around them.
  - Children need help in recovering from trauma.
  - The effect of trauma on children can last a life time
  - Children who are affected by trauma will not ‘naturally recover’ by ‘getting over it’ or ‘growing’ out of it.
  - A lack of behaviour or response does NOT mean that the child has not been negatively impacted by the trauma
  - Without the facts, children use their imagination and limited knowledge to interpret the facts.
  - Without the truth children may assume personal responsibility for events which will add to their trauma.
  - When adults rely on overt or obvious signs of distress and behaviours they may miss the child’s thoughts, feelings, and ideas on the traumatic event. This will leave the child alone to cope with the trauma
Wraith (1994)
Theme: Dealing with the Challenges of Loss does not Abrogate Other Human Needs

“A person experiencing loss remains a person”
Concentration on the loss, rather than the person, can result in:

a) All actions and behaviours being seen as a consequence of the loss
b) Usual behavioural limits placed on people being withdrawn, or unusual limits being introduced
c) Tendency for other characteristics of the person or activities that could afford him or her some sense of mastery and control being overlooked.

How Do We Put This All Into Practice?
Intervention and Frameworks

RESPECT
UNDERSTANDING
ENABLEMENT

RESPECT
Respect starts with yourself. Proverbs

There is not respect for others without humility in one’s self.
Henri Frederic Amiel (1821-1881)

Words like ‘freedom’, ‘justice’, ‘democracy’, are not common concepts, on the contrary, they are rare. People are not born knowing what these are. It takes enormous, and above all, individual effort to arrive at the respect for other people that these words imply.
James Baldwin (1924-1987)

I want to APPRECIATE you without JUDGING ... JOIN you without INVADING
INVITE you without DEMANDING ... LEAVE you without GUILT
CRITICISE you without BLAMING ... And HELP you without INSULTING
If I can have the same from you then we can truly meet and enrich each other.
Virginia Satir

I know the compassion of others is a relief at first. I don’t despise it. But it can’t quench pain, it slips through your soul as through a sieve, and when our suffering has been dragged from one pity to another, as from one mouth to another, we can no longer respect or love it.
Georges Bernanos (1888-1948)
Questions of Loss

1. What has been lost?
2. What is the position/role/importance of the loss in the life of the bereaved?
3. What are the major symptoms of grief that this person is experiencing? Are there any causing particular distress?
4. How far along the journey of mourning / grieving has the person progressed?
5. What is the world of the person like? How does it differ from the world that was'
6. How is the person trying to deal with this very painful transition from the world 'that was' to the 'world' that is'?
7. What strengths does the person bring to his or her bereavement?
8. What hindrances are there to the process of bereavement?
9. Is there any indication that the mourning / grieving has become complicated?
10. Are there particular characteristics of the person or their situation that are going to challenge my care of him or her?
Understanding: How?
Listening to stories

Listening to the Stories of Grief
- Skills that let people confronted with grief know you care and are interested in them and their loss
  - Attending skills
- Skills that encourage a person to keep talking or to talk in more depth
  - Confirming statements
  - Questioning to encourage the person to talk
- Skills that show a person confronted with loss that you are really listening and trying to understand what they are saying
  - Reflection of Feelings / Experience /Content
  - Clarifying / Perception Checking
  - Paraphrasing / Summarising

ENABLEMENT
Loss threatens our sense of safety, mastery and control

Fundamental Questions
- What do I do in my practice to make someone more ‘safe’?
- What do I do in my practice to make someone less ‘safe’?

Levels of ‘Safety’
Internal:
  Dealing with emotions, normalising, talking, meaning making
Interactional:
  Relationships with family, friends, health professionals, social support
Organizational:
  Health and welfare systems

Needs of the Bereaved: SAFETY

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<th>Internal</th>
<th>Interactional</th>
<th>Organizational</th>
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A Final Thought
One night a man was walking on the beach. He saw thousands of starfish washed to the shore. A little boy was picking them up one at a time and throwing them back into the ocean. The man walked up to him and asked him:

‘What are you doing?’
‘Why are you doing this? And
‘What does it matter?’

As the little boy picked up the next starfish, held it up to the moonlight, and got ready to throw it back into the ocean, he replied,
‘It matters to this one’.


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