

Story Corner

WAYS TO WELLNESS: SELF-HELP vs. 'THERAPY'

The McLean family came to Leslie Centre on referral from their family doctor, who noted that Michelle was not coping well caring for her active three year old son, John. She was three months pregnant and worried how she would manage when the baby was born. Throughout the first session, John played quietly with the toys provided, rarely interrupted, and displayed excellent concentration. However, I willingly accepted Michelle's report that his behaviour was not always as good. She said that her husband, James, handled these episodes of difficult behaviour with aplomb. For her, each episode undermined her confidence as a parent and she worried that the effect of her 'bad' parenting (e.g., yelling and becoming distressed) would cause lifelong problems in her children. The questions I asked to determine the source of her beliefs, regarding childrens' vulnerability to damage and her fragile confidence, were evaded by Michelle. James was frankly bewildered. I respected her apparent wish to set such matters aside and moved on to provide them with some alternative child management practices. Still I had some concerns and arranged to phone them in three days' time to see how things were progressing.

When I phoned, Michelle reported that the new procedures made little difference and in fact, she was feeling worse than ever. She revealed to me that she had been very reluctant to come to Leslie Centre for 'therapy'. She said that she had realised during the session that despite her attempts to disguise matters, I had "seen through her". I took this attribution of my profundity to indicate that she had more to say and now wished to do so. I made an appointment to see her and James in a week's time.

At this session, Michelle talked without restraint. She revealed that her mother had a long history of psychiatric admissions and had been diagnosed as manic-depressive. Michelle said she had learned "the power and control illness has over others". Consequently, she was determined to conceal her own feelings of depression, lest she be seen to have undue influence over others. Ten years previously at 23, she had sought counselling after the loss of a job. This had been followed by a brief period of treatment in a psychiatric out-patient unit and sometime later, some sessions with a private counsellor. She described her experiences in the following ways: a therapist who had left her on the couch in silence; a group therapist who did not invite her participation; and a therapist who was "more interested in meeting his own needs". She held herself accountable for her failure to benefit from these therapies. She had concluded that she had been unable to talk about her past and face what lay there. She still did not know what that might be. For these reasons, she did not receive the emotional experiences through which she would have achieved wellness. Despite her negative experiences of her respective therapies, she retained this prescription.

As she gave her account, James sat silently, his mouth agape. I asked if this was news to him. It was.

Having Michelle's permission to discuss her moods, I examined with them its relative influence on her and her family and the influence she had over her mood.* I ended the session with a promise to consider their situation more fully and write them a letter. I would reflect on her dilemma, as she saw it — whether to remain a victim of depressed moods or to enlist in yet another course of therapy which she understood would be painful and expensive of her time, energy, and money.

I wrote this letter:

Dear Michelle and James:

I address this letter to you both, although it mainly concerns you Michelle. I hope that by writing it, I can summarise statements already made, plus add some comments that together will help you decide your next step.

It seems to me that the difficulties with John are real — and not just a matter of whether you, Michelle, are feeling on top of things or not. Certainly things are easier on a good day. Also it is clear that John is not diabolical — just determined and misbehaved in a wilful way at times. This could be difficult in normal circumstances but worse now because Michelle, you are pregnant and unwell, thus have less energy. I am sorry to hear the discipline procedures recommended are out of reach. We can look at that another day.

The real point of this letter is to discuss your feeling "down in mood", Michelle. I feel sure that any woman struggling with endless nausea would feel down but in your case, this all takes on an added significance because of your past history and fears. You have felt like this before and have sought help, only to be burned. Of course, how you feel now is not the same as before — your life has moved on and your circumstances are different. However, the sameness of the feelings probably brings back the same fears. Coming to Leslie Centre and seeing another therapist has also helped bring the past forward.

One of your fears relates to therapy itself. It seems this fear is for two things. Firstly, you have had very bad experiences of therapy that left you feeling unhelped, confused, exploited and, I suspect, self-blaming. (If you had done it right, it would have worked out). Secondly, it left you with the theory of a 'cure' in which you must go back into your past and inside of yourself to somewhere beyond your current 'awareness'. Here you will find the key to releasing your troubles. This is (and was especially in the 70s) a popular theory. It means going to lots of therapy — weekly or bi-weekly — for several months at least but more probably years. (This theory is favoured by therapists in private practice).

There is an alternative view. Instead of seeing your mood as a symptom of a larger problem, it can be regarded as something with a life of its own that comes to you (as it does to all of us) and then influences you in profound and disturbing ways. Some of the influences it may have include the following:

- it causes you to dwell upon the sad things of your past rather than live in the present;
- it causes you to feel guilty about not liking and judging your mother's moods rather than simply accepting your anger at her shortcomings;
- it causes you to seek self-containment or isolation rather than connecting to those who can make you feel good;
- it causes you to condemn yourself to more therapy rather than seek out more simple, practical solutions;
- it causes you to indulge in self-criticism rather than self-appreciation.

The point is that you do know how to have some influence over these moods (rather than let them influence you). You sometimes turn bad days to good by seeking the company of friends, going out with John, phoning people and so on. There are other methods. It's just that until recently, you appeared to be fighting a losing battle.

Your choice now is one of selecting a therapy-bound solution that binds you to the past — peeling to the core of the onion — or whether you select a solution in self-help (with a little outside help) in which you learn to have greater influence over mood. It is also a choice between remaining bound to the family you came from or become future directed in creating your own life (sharing your past troubles with James was a major step in this direction).

I agree that there is a major issue of whether you start now or later. To put the influence of the past behind you and step forward with a new theory of wellness requires some effort. It means dealing with the

*Here I acknowledge the influence on me of Michael White and David Epston.

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old feelings that come up around therapy. You could continue as you are now — but if you both come in to see me, it will be a matter of 'coaching' in the second alternative; not endless therapy. I have suggested Friday, the third at 9.15 a.m. if you wish to discuss this further.

Yours sincerely,

Michelle rang me before the Friday session. She said the letter was "spot on" and she had spent a lot of time talking with James. At present, "we can handle it" and waived the appointment.

Two months later, I phoned as arranged to see how things were progressing. Michelle reported they had had good news regarding the financial situation for housing and she was no longer feeling nauseous from her pregnancy. She had not been feeling depressed and had experienced "a sort of overnight recovery". Her son was no longer a problem: "Since I've been better, I've been able to cope with him. There is a huge gap between how I feel now and how I felt then. I am aware of it being a very fine line between this and what it would take to push me over in to how I was in the past." I asked her what her thoughts were about further therapy. She said: "I don't need to deal with things now and besides, I'm too busy."

At our standard six month follow-up, she reported that she now had a baby daughter and that John was coping really well. She said she had experienced one or two bad spells of depression — one associated with a lengthy viral infection. This led her to 'break down' in her doctor's surgery. He referred her to a general hospital for tests and to their psychiatric unit where she had first seen a social worker, with whom she talked and found this "helpful". She saw a psychiatrist next who produced her mother's medical chart and on the basis of this and his interview with her concluded that she possibly had a "bio-chemical problem" and offered her medication. She didn't accept the medication, nor did she return: "I don't accept things as gospel now." To my query about further therapy, she said she now believed she had more control than ever, she "did not have to peel back the layers", and thought the best policy was to deal with depression as it comes. She remarked that in her new home she now had "a wonderful network of neighbours and supports".

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