

Webwords 59

Mental health: How are they now?

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Remember the *Australian Communication Quarterly* and ACQ, the forerunners of JCPSLP? Exactly eight years ago, ACQ's November theme was Mental Health, and it contained Webwords 35: Wednesday's child (Bowen, 2009). The child was my 4-year-old client Tim, who attended many of his Wednesday sessions with his maternal grandmother Sylvia, because his mother Val was either receiving help as a psychiatric unit in-patient or was too unwell to venture from home. Revisiting Tim's story, and the sad story of Alison (d) and Lindsay, and their children Ben aged four – my client in 1976 – and baby Jessica (d), coincided with the August 2017 first screening of **The Bridge**¹ in the ABC's reality TV series *Australian Story*. Together, the three stories evoked vivid memories of all the players in Tim's and Ben's stories, one of whom was Alison's psychiatrist, with whom I shared professional rooms. In the days following Alison and Jessica's murder-suicide, he volunteered one of the best, and most acted upon, pieces of advice about screening adults for depression that I received in over four decades of clinical practice.

"Ask," he said, "when you take a history, ask each Mum, or Dad, or other primary caregiver who accompanies new clients, as a matter of routine, about his or her state of mind. Don't try to look for tell-tale signs or red flags in a history. Just simply *ask* [two basic questions that may lead to appropriate referrals]:

1. Over the past two weeks, have you felt down, depressed or hopeless? and
2. Over the past two weeks, have you felt little interest or pleasure in doing things?"

I wondered if anyone asked Donna Thistlethwaite those, or similar questions in the two weeks before her Australian story unfolded, and how she might have replied. Or was everyone just telling her she was fabulous, encouraging her not to be silly, or employing **the wrong kind of kindness**², when she tried to confide her fears and insecurities?

A confluence of miracles

The Bridge is an unsettling portrayal of Donna Thistlethwaite's 7-to10-day plummet from an apparently confident high-achiever in HR, to the depths of self-doubt and hopelessness, culminating in a desperate, suicidal 40-metre leap into oblivion from the Story Bridge on the Brisbane River. Her partner, son, work colleagues, and the world in general, she thought bleakly, would be better off without her, with her floundering attempts to return to the workforce after 14 months' maternity leave, to lead a team, and come to grips with an intimidating new IT system. Oblivion was not the outcome. Her fortuitous rescue, by two decisive Brisbane CityCat crew while responsible for a

full load of passengers – in 2012, a year that saw 15 other people die because of the same fall – was described in the program as "a confluence of 'miracles'", and a new chance at life.

A key theme of the story was that destructive, depressing anxious thinking can lead to suicidal thoughts, even in people, like Donna, with no history of the types of mental illness generally associated with suicide risk. In the telling, there was no suggestion that she might have had postpartum depression or perinatal mood disorder, which are in the DSM-5 and the ICD, but not as diagnoses that are separate from depression; or **imposter syndrome**³, which, although it generates fascinating **research**⁴ activity, is neither a syndrome nor a diagnostic entity.

The imposter phenomenon

Impostor syndrome, or the less fancifully, the imposter phenomenon, is observed in high-achieving individuals who dismiss or minimise their obvious accomplishments self-deprecatingly as unworthy flukes, and pale imitations of what others in the same field have achieved, while fearing being exposed as fakes, undeserving of any admiration and accolades for their outward successes. Unlike real imposters, who practise deception as assumed characters, or under false identities, names or aliases, an individual experiencing the imposter phenomenon has chronic feelings of self-doubt, genuinely dreading being found out as an intellectual fraud.

In his **blog**⁵, Hugh Kearns defines it as, "The thoughts, feelings and behaviours that result from the perception of having misrepresented yourself despite objective evidence to the contrary". Like Kearns, Dr Amy Kuddy – she of the second-most viewed TED Talk of all time – has experienced the phenomenon. In this **excerpt**⁶ from her book, *Presence* (Kuddy, 2015), she writes,

Impostorism causes us to overthink and second-guess. It makes us fixate on how we think others are judging us (in these fixations, we're usually wrong), then fixate some more on how those judgments might poison our interactions. We're scattered – worrying that we underprepared, obsessing about what we should be doing, mentally reviewing what we said five seconds earlier, fretting about what people think of us and what that will mean for us tomorrow.

Investigators who conducted an American pilot study of 138 medical students, Villwock, Sobin, Koester, and Harris (2016) demonstrated, via a self-administered questionnaire (The Young Imposter **Quiz**⁷), a significant association between imposter syndrome and the burnout components of physical exhaustion, cynicism, emotional exhaustion, and **depersonalisation**⁸, with 49.4% of the female students,

and 23.7% of the males experiencing the imposter phenomenon.

The phenomenon, much discussed in Reddit by SLPs/SLTs and students (e.g., Reddit: [Seeking Advice] Sometimes **I feel like a bad clinician**⁹ and Reddit: [Seeking Advice] How did you get over **imposter syndrome in graduate school?**¹⁰), goes hand-in-hand with maladaptive levels of perfectionism (Beck, Seeman, Verticchio, & Rice, 2015) and stress. In a related study, Beck, Verticchio, Seeman, Milliken, and Schaab (2017) looked at the effects of a mindfulness practice, comprising yoga and simple breath and body awareness techniques, over the course of a university semester, on participants' levels of self-compassion, perfectionism, attention, and perceived and biological stress. The 37 volunteer participants (19 undergraduate CSD students and 18 SLP graduate students) were all females, and aged between 18 and 26 years. Comparing the mindfulness group with a control group, the investigators found that their perceived stress levels and potentially negative aspects of perfectionism decreased and biological markers of stress and self-compassion improved. Experimental participants' reflective writings indicated they perceived the sessions to be beneficial, but no significant effect was found for attention. Beck et al. concluded:

College life can be stressful, and the belief that one needs to be perfect might exacerbate stress. To best assist our students, instructors and supervisors must be aware of students whose behaviors are indicative of high stress levels and maladaptive aspects of perfectionism. Although some students might require intervention from mental health professionals, there are steps that instructors and supervisors can take to facilitate students' overall well-being... (pp. 12–13).

Overall well-being: Are Val and Tim ok?

Towards the end of 2010, Timothy was discharged from SLP intervention with age-typical speech and language skills. Val brought him to most of his sessions that year, appearing happier, more settled, and more able to enjoy his company all the time. Sylvia was a rock for both, remaining supportive and involved, minding Tim when Val had psychiatry and clinical psychology sessions and peer-support meetings organised through the former NSW Depression and Mood Disorders Association (DMDA), which was active from 1981 and 2012, then becoming **Bipolar Australia**¹¹.

I asked her whether there had been a distinct turning-point. "Two things", she said. "First, getting a definite diagnosis after all that chopping and changing. And this...". She reached into her bag and drew out a small card on which she had written: "Recovery is possible for anyone affected by Bipolar Disorder, when they are empowered to help themselves and others through person-to-person centred communication".

"I read that in a DMDA pamphlet and it gave me so much hope that I've carried around ever since. There's no magic formula; I miss the highs and I still have the odd dark day, but with the psychs, peer support from friends in the same boat and the members of my support group, family education – especially for Tim, mum and dad, and my ex – and taking the meds – I'm good, really quite good."

"And Sylvia, how is she?"

"Well, that's where I feel guilty. I wouldn't say my illness broke mum and dad, but it put a huge strain on their marriage. The problem was that mum 'got it' and dad didn't really believe in bipolar and resented the time she devoted to **caring**¹² for us when they could have been enjoying their retirement, going for trips together, and that sort of thing. But they have all that sorted now I'm better. And we're all terribly proud of the way Tim is doing at school and everything."

"Everything?"

"Yes, everything."

References

- Beck, A., Seeman, S., Verticchio, H., & Rice, J. (2015). Yoga as a technique to reduce stress experienced by CSD graduate students. *Contemporary Issues in Communication Sciences and Disorders*, 42, 1–15. Retrieved 15 August 2017 from www.asha.org/Publications/cicsd/default/
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- Bowen, C. (2009). Webwords 35: Wednesday's child. *ACQuiring Knowledge in Speech, Language and Hearing*, 11(3), 155–156.
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Links

1. <http://www.abc.net.au/austory/content/2017/s4711347.htm>
2. <https://joannacannon.com/2017/08/03/the-wrong-kind-of-kindness/>
3. https://en.wikipedia.org/wiki/Impostor_syndrome
4. <http://impostersyndrome.com.au/index.php/the-research/>
5. <http://impostersyndrome.com.au/>
6. <https://leanin.org/news-inspiration/overcoming-imposter-syndrome-to-reveal-your-presence/>
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5116369/bin/ijme-7-364-S1.pdf>
8. <http://www.mayoclinic.org/diseases-conditions/depersonalization-derealization-disorder/symptoms-causes/dxc-20318902>
9. https://www.reddit.com/r/slp/comments/4th5fd/seeking_advice_sometimes_i_feel_like_a_bad/
10. https://www.reddit.com/r/slp/comments/6sxi8k/how_did_you_get_over_imposter_syndrome_in/
11. <http://www.bipolaraustralia.org.au/>
12. <http://www.bipolarcaregivers.org/feedback>

Webwords 59 and Webwords 35 are at www.speech-language-therapy.com with live links to featured and additional resources.

Excerpted from **Webwords 35: Wednesday's child**

Beautiful Val was uncontainable when she brought 4-year-old Timothy to his Wednesday speech appointment several weeks ago. Interrupting constantly with peals of appreciative laughter - in response to her own witticisms and asides - she disrupted the session to the point that persisting was futile.

"Oh God, I'm terrible, terrible, terribly terrible" she chortled unrepentantly, flicking her perfectly coiffed hair with impeccable, fluttering French Tips. "I promise to be good next time. Best behaviour." Even in this loud, agitated, witty state there was something brittle about her. A needy, vulnerable fragility.

She switched topic unexpectedly, exploding into song to the tune of *I'm getting married in the morning*, "I'll make a motza minta money, when I buy those fresh food people shares; pull out the stopper, let's have a whopper! But get me to the Broker on time!" The melody changed to a familiar supermarket refrain. "Oh! Woolworths the fresh food people, get me to the Broker on time." She stopped. "Would Woollies be one ell or two? Two would be a jumper, wouldn't it? Warm woollies from Woollies. My English Dad always talked about his woollies. Winter woollies. Tepidus vestio; valde tepidus ornatus - he was a Classics scholar, you know! Latin, Greek, Hebrew, not Yiddish. Anyway, with those shares I'll be a rich wo-MAN." New tune. ...

*"If I were a rich man,
Ya hadeedle deedle, bubba bubba deedle deedle dum.
All day long I'dbiddy bidly bum.
If I were a wealthy man.
I wouldn't have to work hard.
Ya ha deedle deedle, bubba bubba deedle deedle dum.
If I were abiddy bidly rich,
Yidle-diddle-didle-didle man."*

Timothy looked at me imploringly with a face that said, "Make her stop!"

"Do you know what the midwife said to my Dad when I was born? She told him I was strong and healthy, and he said, 'Then she shall be called Valerie'."

"Is that what Valerie means?"

"Well, yes, in Latin, but obviously, OBVIOUSLY, it's a joke, a nonsense..." shrieked Val. "A paradox, a contradiction, an absurd and illogical inconsistency, a cruel and ironic joke...a mad misnomer...oh God, you

know...with my mental health *issues*...you know, *iss - youse*...are youse having *iss - youse*?"

She continued talking and singing incessantly, ideas and neologisms flying, as worried, over-responsible little Timothy propelled her out the door. I wondered about his mental health, now and in the future. ...

Full of woe

The following week saw a different Val, medicated to the hilt. Still beautiful, with that indefinable frailty, the French Tips had been gnawed to nothing, the hairdo was awry and she drooped into the room - a picture of defeat. Timothy, hair lank and knotted, clothes grubby and breath sour, followed her closely: casting sad, apprehensive eyes around the room, slumping into a chair, bearing his unpredictable world on his shoulders. Wednesday's mother; Wednesday's child. "Mine Nan bring me d-nuther day. Mine Nanny Sylvia. Mummy go hos-pul get better again. Mummy come back." He hugged himself for reassurance. "Yes," she said expressionlessly to herself, self-absorbed, without looking at him or at me. "I'll be back."

Toggling between windows

Timothy and his grandmother arrived bright and early the following week, both bandbox fresh, enjoying each other's company. Sylvia and I were probably both thinking that this was the fifth time we had met and that each time was because Val was having treatment. The first time had been when Timothy presented initially as a non-verbal 2-year-old. Sylvia explained that Val would be bringing him to therapy in due course, but not for a while because she had postpartum depression and wasn't up to it. Surprisingly, in rapid succession over just eighteen months, Val's psychiatric diagnosis had been changed to chronic depression and then, soon after her husband left and filed for divorce, bipolar disorder. She was in and out of hospital repeatedly, and, as she put it, "Toggling between windows". When I asked what she meant she responded that life, frankly, for her was either at a distance, through a window on the world clouded by mood stabilising medications and deep malaise, or up close and extreme. The view from this second, exciting window was intensified by manic mood swings and (usually) a refusal to medicate.