A Peer Approach for Community Mental Health

by William Mace, PhD

Today, an estimated 60% of American adults experiencing a mental health condition don’t seek professional help. Stigma poses the greatest barrier, but our goal of community mental health depends on more than just removing the stigma. We need to talk the talk of everyday citizens, and, more importantly, create an effective delivery system, without which, we go nowhere.
Noting the lack of significant improvement in community mental health over the past 50 years compared with breakthroughs in medical health, the National Institute of Mental Health (NIMH) recently abandoned the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is based upon symptoms.

NIMH is looking to understand mental illness from basic biological mechanisms, such as genes, cells, and brain circuits — but it also supports trans-diagnostic psychotherapies that can be measured by behavioral constructs such as positive and negative valence.

What has been missing is a reformulation of the DSM model of mental illness with its emphasis on labels (symptomatic categories) to a more self-empowering functional approach. Self-empowerment in this instance means coming to terms with one’s unresolved intrapersonal conflict, which most often manifests itself as unresolved anger.

Unresolved anger gives rise to anxiety, depression, and a multitude of self-defeating behaviors. Unresolved anger takes excessive psychic energy to suppress for fear of expressing recklessly. It also leads to a lack of psychological resilience when things go awry.

**PsychResilience Therapy**

PsychResilience Therapy (PRT) is a trans-diagnostic approach for the prevention and treatment of depression and anxiety. PRT is based upon psychological resilience as a self-referential process that can be learned to maintain a positive sense of self under prolonged stress. It is successful because an individual with a positive sense of self cannot simultaneously experience high levels of anxiety or depression.

Almost everyone carries unresolved anger. The problem with unresolved anger is that, periodically and often unexpectedly, the lid blows off and uncontrollable rage surfaces. In spite of our rational will, the power of our angry feelings temporarily takes control.

Our rage may be out of proportion to the immediate situation yet, along with this rage, we may momentarily experience a sense of personal liberation and exhilaration. This explosive power, of course, reflects our animal side. It’s like a Bengal tiger pouncing out of a cage, with its massive paws; orange fur with black stripes; and long, arched tail. Nearly everyone carries a tiger inside. It’s the part that has all the anger, yet also has all the fun.

Our tiger represents our honest emotions minus any restraints. We want to liberate our honest feelings to take charge of our lives. Yet it’s important to not just release our tiger and allow him or her to run wild — limits must be set. Our tiger won’t listen to the embedded voice of authority inside our heads, much less to authority outside our heads. Embedded authority and the tiger have been at odds all of our lives; the two are incompatible and frequently in conflict, which manifests itself in periods of depression, anxiety, and low self-esteem.

PRT supports the concept of free will as being necessary for responsible decision-making, but not a world view of mechanical cause-effect or other’s social values and norms being imposed upon our emotional lives. Life would not be worth living without the freedom to love, have fun, and think our own thoughts. When we connect the vitality of our tiger with the rational power of our own beliefs and values, nothing can stop us from resolving the intrapersonal conflicts that prevent us from being the best we can be.

**Almost everyone carries unresolved anger**

At first blush, the tiger metaphor may seem frivolous. Yet, this metaphor is easily accessible as the source of anger and love, enabling us to feel some good about our inner selves, not to be suppressed out of disgust, revulsion or fear. Nearly everyone can connect with his or her tiger as a metaphor for one’s innermost feelings. The tiger metaphor gives rise to openness and congeniality with others.

**How it works**

The proposed etiology for mental disorders involves a two-step process:

1. As children we are socialized to adopt values and norms that are dysfunctional for us as adults, which lead to unresolved intrapersonal conflict; and

2. Unresolved intrapersonal conflict gives rise to anxiety, depression and a multitude of self-defeating behaviors.
Behavioral change is brought about by accessing and dealing with our unresolved anger from the past, which most often is toward authority figures, whether justified or not.

Setting the frame:
Our rational mind has two voices: our own voice and the voice of authority figures embedded in our minds from childhood (e.g. “You must look before crossing the street,” “You need to follow directions,” “You have to do your homework.”) This embedded voice often is mistaken for our own voice but recognizable when we tell ourselves “I have to do this,” “I need to do that,” or “I must do the other.” Have-tos always are mandatory, without choice.

These early taught have-tos soon become habit of mind, controlling our emotional life with either-or value judgments: good or bad, right or wrong, moral or immoral. We begin to screen out our honest emotions not just to hide them from others but also to hide them from ourselves. We become anxious about inadvertently revealing our true feelings. Suppressing this anxiety leads to dysphoria and depression.

We can recognize our own voice by its use of want-tos, like-tos, and wish-tos. Want-tos provide the freedom to change our minds. Want-tos don’t necessarily dispel all have-tos as without merit, since our own voice can independently determine merit based on our own self-interest. Want-tos place us in charge of our lives. Those who refuse to let go of have-tos must default to embedded or outside authority to make decisions for them. Submitting to authority, however, can lead to powerlessness, anxiety, and depression. It’s difficult to feel good about yourself when someone else is pulling the strings, and you’re only reacting.

Suppose someone points a gun at your head and says, “Jump!” There’s a difference whether you just jump, or consider the consequences and decide to jump. The difference is that by just jumping, you are not in charge. The guy with the gun is in charge and you are simply reacting. But by consciously deciding to jump, you are in charge because you could also have decided not to jump.

How do we change have-tos to want-tos? “I have to work to make a living” can become “I want to work to make a living” and “I have to exercise to stay healthy” can become “I want to exercise because I want to stay healthy.”

We always have a choice as long as we are willing to accept the consequences — in short, taking personal responsibility for our innermost feelings, which, when suppressed, can become our most formidable enemy. Or, as put by an ancient proverb, “If there is no enemy within, the enemy outside can do us no harm.”

Helping others:
The success of PRT is largely dependent upon the individual’s taking personal responsibility early during the first session. If the individual begins to blame others or drift off-point, we can simply ask, “Do you want to continue being controlled by others (or past events) for the rest of your life or do you want to take charge and be your own person?” By confirming he or she wants to be one’s own person, the individual has committed to becoming self-empowered.

The quickest way to access the individual’s nonrational domain is to ask about the individual’s unresolved anger in the present, back through high-school and grade school to preschool, if necessary, to hear when the individual was first aware of feeling anxious, depressed, compulsive or whatever.

**We always have a choice as long as we are willing to accept the consequences**

This enables the individual, who already has committed to taking charge of his or her life, to focus on the precipitating event or circumstance that initiated the disabling feeling. Once uncovered, the individual will see the event from a current perspective and reclaim his or her sense of self-efficacy.

The advantage of not having focused on individual’s current malaise before this point is that we must first establish rapport and trust between the individual’s emotional domain and our rational guidance.

Also, from this point forward, the individual has been empowered to openly reflect, without resistance from the individual’s emotional domain, upon the suppressed anger that underlies his or her current emotional distress.
Measuring successful treatment

The Positive and Negative Affect Schedule (PANAS: Watson, et al., 1988) is a brief, reliable, and valid self-report measure across mental disorders. You can find more information about the PANAS Questionnaire at the American Psychological Association website.

Although anxiety and depression cannot be directly measured, a positive attitude, incompatible with anxiety and depression, can be measured. It should be noted, however, that a decrease in negativity does not necessarily translate into an increase in a positive attitude — the two scales are independent of one another.

The features of Cognitive Behavioral Therapy, which follows the DSM symptomatic template, can be compared with the PRT trans-diagnostic approach for treating depression as follows:

Feature CBT
PsychResilience Therapy

<table>
<thead>
<tr>
<th>Cause</th>
<th>Negative symptoms suppressed anger</th>
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</thead>
<tbody>
<tr>
<td>Method</td>
<td>Reduce symptoms legitimate anger</td>
</tr>
<tr>
<td>Sessions:</td>
<td>8 – 12</td>
</tr>
<tr>
<td>Change:</td>
<td>3 – 5</td>
</tr>
<tr>
<td>Delivery:</td>
<td>Office visits peer to peer</td>
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</tbody>
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The number of sessions is based upon turn-around time, before significant change can be noted via the PANAS.

But whatever the etiology of the mental disorder, what really matters is what the individual is going to do about it. The first order of business with PRT is to have the individual challenge the embedded voice of authority by validating his or her tiger's unresolved anger.

One way we can encourage the individual to acknowledge this anger, is to suggest, “You may have abandoned your tiger, but you’re lucky your tiger didn’t abandon you.”

We are asked why aren’t papers given to read and assignments to take home. We advise the individual that the process becomes self-enforcing because self-empowerment and resolving issues can build upon one another without all the effort, hard work, and self-blame. “Self-liberation can be fun!”

Applying PsychResilience

PRT offers a new and credible approach for anxiety and depression. It recognizes intrapersonal conflict as the primary cause of psychological mental disorders.

It promotes personal responsibility by emphasizing proactive decision-making. And with the help of social networking and peer groups, PRT can provide greater efficacy for improving mental health in communities across the world.

Remember to test yourself on the PANAS Questionnaire to validate your positive affect versus your negativity. It’s difficult to help others deal with their unresolved anger if you have not successfully resolved your own pent-up angers.

William Mace, Ph.D. is a clinical psychologist, neuropsychologist, and medical sociologist, specializing in adult depression and anxiety disorders.

While conducting field trials for the DSM-5 of out-patients at the Department of Psychiatry, University of Pennsylvania, he began to question the validity and reliability of the DMS categories and began work on a trans-diagnostic alternative.

PsychResilience Therapy offers an effective intervention for prevention and treatment of depression and anxiety disorders for adults.

It empowers the client with the resilience necessary to face down life’s inevitable setbacks and losses.

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