

We Are All Vulnerable to Mental Illness Part 2

Lebanon Daily News, May 17, 2010

The statistics presented in my last column support the concept that we are all vulnerable to mental illness. But what does this statement mean? There are times in our lives when we will face a situation that could possibly result in a mental disorder. Most of us, 3 out of 4 adults, are able to deal with these situations in a "healthy way" which allows us to live our lives the way we want to live them. We learn how to deal with situations through two processes – resilience and recovery. Although these processes are similar, we have the capacity to personalize these processes so that they meet our need for each situation that we encounter.

Resilience and recovery are processes which use the brain to control our responses to events and situations. Research on the brain has determined that the operation of the brain and the messages sent out and received by the brain are influenced by many factors. These factors include sleep, water, nutrition, laughter and humor, exercise, social connections, and genetics. These factors can also affect how we respond to events and situations in our lives. The traumatic events we experience influence the operation of the brain. The research in the area of traumatic events continues to uncover the long term effects on the brain.

There is a growing body of information and research available on resilience in childhood and the effects of resilience on our mental health throughout our lives. Merriam-Webster defines resilience as an ability to recover from or adjust easily to misfortune or change, see www.merriam-webster.com. In other words it is our ability to recover from situations, usually difficult situations, in our lives. The evidence presented in the available information indicates that our experience with thoughts and problem solving during our childhood influence our mental health and our recovery from situations we

encounter later in our lives. For example: 1) If you fall off a horse or a bicycle, you get back on and try riding again; 2) if at first you don't succeed try again until you do succeed; and 3) get over it. These are simple coping techniques and may not be the best way to approach a situation but most of us have been told or taught to handle things this way.

The point to make here is that there is a connection between our cognitive behavior and social problem-solving skills. Take a moment to think about a situation you felt uncomfortable in and how you coped with that situation or uncomfortable feeling.

Albert Ellis developed an Activating Event-Belief-Consequent Emotion (ABC) Model based on the notion that our beliefs about events mediate their impact on our emotions and behavior. The activating event is the one we encounter and objectively describe, the belief is what you believe is the truth about the event, and the consequent emotion is the feelings that you experience as a result of the event, see The Ellis ABC Model at hubpages.com/hub/The-Ellis-ABC-Model. The basic idea here is that if our thoughts are wrong about the event our emotions tend to be negative about the event. The University of Penn's Positive Psychology Center developed a curriculum based on this model, Penn Resiliency Program (PRP). This program, a group intervention for late elementary and middle school students, teaches students to detect inaccurate thoughts, to evaluate the accuracy of those thoughts, and to challenge negative beliefs by considering alternative interpretations. It also teaches a variety of strategies that can be used for solving problems and coping with difficult situations and emotions. Students learn techniques for assertiveness, negotiation, decision-making, social problem solving, and relaxation, see www.ppc.sas.upenn.edu/prpsum.htm. These are things we should learn in our childhood and put to practice in adolescent and adult years.

The American Psychological Association defines resilience as the process of

adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress -- such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences. Resilience is ordinary not extraordinary.

"Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone." (<http://www.apa.org/helpcenter/road-resilience.aspx#>).

So resilience is the process we use to assess events and/or situations to determine how we should respond or react. Throughout our lives as we encounter events and/or situations we develop coping-skills to help us to adapt and bounce back from difficult experiences. We use our brain to store these coping-skills and to activate the skills when needed. Therefore it is important to keep your brain healthy and working well so you can continue to live a healthy productive life.

The next column will be a discussion of the journey of mental health recovery.

The Mental Health Association invites you to join us for an evening of laughter and humor on May 24, 2010 at the Allen Theater. We will be showing the movie "License to Wed" with Robin Williams. The movie will start at 6 p.m. There is no charge to attend the movie but we are asking for a donation. For more information see our web site www.mhaleb.org or call the office at 273-5781.

By Shem H. Heller, Executive Director of the Mental Health Association of Lebanon County