Mental Health? Student Wellbeing, Bereavement, and ‘Addiction’ in a Medicalizing Era

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Medicalizing discourse in counselling and everyday life

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Overview

Medicalizing discourse?

Medicalizing the human condition?

Pluralistic Counselling & medicalizing discourse?

Accountable alternatives to the DSM/EBP approach?
What do we mean by Medicalizing?

Medicalization?
- Logic of Practice
- Diagnose & Treat
- Evidence Based Practice
- Symptom Reduction
DSMs – some history
DSM-5 Tensions – a brief bibliography
Metaphors of Mind, Mental Health and Psychopathology
2 faces of contemporary medicalization
(how do their insights relate to counselling?)
Svend Brinkmann & Diagnostic Cultures?
MEDICALIZING THE HUMAN CONDITION?

STOP THE STIGMA OF MENTAL ILLNESS

Google
MEDICALIZING COUNSELLING (TENSIONS?)

DSM diagnosing & Social Justice concerns?

Using meaning-focused methods in symptom focused counselling?

Relational Counselling?

Fee for service issues (diagnosis & EBP)

Counsellor Education

Cultural relevance?
Implications for Counselling/Counsellor Education?

▪ How do we respond to the already diagnosed client requesting specific interventions/’treatments’?

▪ How do we respond to clients’ concerns as legitimate with/without (de-)medicalizing them?

▪ How do we show our work is accountable to funders?

▪ What about relational and social justice aspects of counselling? (dx/non-dx)

▪ What about counselling’s pluralism and the common factors literature?
Critical Mental Health Awareness: Ensuring Student Access to Dissenting Scholarship

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Mental Health First Aid ACTION PLAN

A - Approach, assess and assist with any crisis
L - Listen non-judgmentally
G - Give support and information
E - Encourage appropriate professional help
E - Encourage other supports

https://www.researchgate.net/figure/ALGEE-action-plan-for-providing-mental-health-first-aid-Mental-health-first-aid_fig1_230628759
Action 3:

• “Help the person feel hope and optimism and realize that they have a real medical condition and there are effective treatments” (Mental Health Commission of Canada, 2010, p. 4).
What are the key messages of mental health awareness campaigns?

Depression is a chemical imbalance in your brain. It is NOT a choice!
Critical Mental Health Awareness

1. Psychiatry has not succeeded in producing any scientifically-validated biomarker evidence of illness (Rose, 2015); “the drive to discover biomarkers ... has yielded no validated results” (Rose & Abi-Rached, 2013, p. 140).

http://www.ipharmd.net/images/test-tubes-laboratory.png
“In the future, we hope to be able to identify disorders using biological and genetic markers that provide precise diagnoses that can be delivered with complete reliability and validity. Yet this promise, which we have anticipated since the 1970s, remains disappointingly distant. We’ve been telling patients for several decades that we are waiting for biomarkers. We’re still waiting” (Kupfer, 2013, para. 1).
2. What effective treatments?

• Discrepancy between conventional and critical understandings of psychiatric drugs;
  – What are psychiatric drugs?
  – What do they not do in the body?
  – What effects do they produce? (Moncrieff, 2009; 2013).

https://www.northpointrecovery.com/blog/psychiatric-drugs-now-killing-people-heroin/
3. Psychiatric diagnosis: Critique regarding legitimacy & potential for harm

Issues of validity and reliability;

“Implied consent”: When and how diagnosis happens; Which professions diagnose?

Its permanence in medical records;

How diagnosis can be used against diagnosed persons at different life junctures;

Deficiency language: How diagnosis can change self-identity.
What are the results of mental health awareness initiatives?

https://www.newberry.org/file/panopticon-page-122-and-123.jpg
Continual psychiatric assessment & referral

- Commissions new diagnosticians – neoliberal *citizen*-diagnosticians (DeFehr, 2016);
- Produces more available/reachable psychiatric subjects;
- Extends clinical terrain to include every domain of community life;

Practicing critical mental health awareness

“We believe it is morally wrong to present students, our colleagues, service-users and carers with a pretence that mental health is a cohesive and uncontroversial field”

– Critical Mental Health Nurses Network

Retrieved from https://criticalmhnursing.org/about-us/
References

Medicalizing Trends in Grief and Bereavement

Lauren Buote
Brief History of Grief

- A moral practice demonstrating morality and virtue?
- A universal, inevitable response that must be managed and put behind us?
- And now...
  - A gradual but profound shift towards a medicalized model
Western Happiness Culture

- Complete happiness = worthy life
  - i.e., McDonald’s in Russia, 1990
- Sadness, pain, grief perceived as intolerable in North American cultures
Euro-American Trends in Medicalization

Intolerability of negative emotions

Medicalization of human experience
— Persistent yearning/longing for the deceased. In young children, yearning may be expressed in play and behavior, including behaviors that reflect being separated from, and also reuniting with, a caregiver or other attachment figure.
— Intense sorrow and emotional pain in response to the death.
— Preoccupation with the deceased.
— Preoccupation with the circumstances of the death. In children, this preoccupation with the deceased may be expressed through the themes of play and behavior and may extend to preoccupation with possible death of others close to them.

— Marked difficulty accepting the death. In children, this is dependent on the child’s capacity to comprehend the meaning and permanence of death.
— Experiencing disbelief or emotional numbness over the loss.
— Difficulty with positive reminiscing about the deceased.
— Bitterness or anger related to the loss.
— Maladaptive appraisals about oneself in relation to the deceased or the death (e.g., self-blame).
— Excessive avoidance of reminders of the loss (e.g., avoidance of individuals, places, or situations associated with the deceased; in children, this may include avoidance of thoughts and feelings regarding the deceased).

— A desire to die in order to be with the deceased.
— Difficulty trusting other individuals since the death.
— Feeling alone or detached from other individuals since the death.
— Feeling that life is meaningless or empty without the deceased, or the belief that one cannot function without the deceased.
— Confusion about one’s role in life, or a diminished sense of one’s identity (e.g., feeling that a part of oneself died with the deceased).
— Difficulty or reluctance to pursue interests since the loss or to plan for the future (e.g., friendships, activities).
— The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
— The bereavement reaction is out of proportion to or inconsistent with cultural, religious, or age-appropriate norms.
How does this fit around the world?

- Religion
- Age and generation
- Geographic location…
What does this mean for clinicians?
▪ Focus groups and individual interviews
▪ Mental health practitioners

<table>
<thead>
<tr>
<th>Canada</th>
<th>Japan</th>
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<tbody>
<tr>
<td>• 3 individual interviews</td>
<td>• 1 individual interview</td>
</tr>
<tr>
<td>• 2 focus group with 2 participants each</td>
<td>• 3 focus groups (3, 2, and 2 participants)</td>
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▪ Participants provided the criteria and asked what their initial reactions were – both good and bad
▪ Participants asked to work through a case study of a bereaved woman, with the criteria in mind
Preliminary Findings

- All data
  - Hesitancy to accept/reject grief disorder
  - Dislike of name “PCBD”
  - Concern of pathologizing grief experience
- “No one size fits all”
- Access to resources
Preliminary Findings

• Japanese data
  • Acceptance of DSM/ICD dictating practices, despite Western origins
  • Concern around cut-off and timelines in reference to Buddhist rituals on 1st, 3rd, 7th year anniversaries
• Criteria focus solely on grief in individuals, not community/relational levels
WAAAA!

OH, GET OVER IT.

LATER... I THOUGHT YOU HAD NO PATIENCE FOR GRIEF.

IT'S DIFFERENT WHEN IT'S YOUR OWN!
Let’s Talk about Cell Phones...

Mackenzie Sapacz, BA. Hons., mackenzie.sapacz@ucalgary.ca
The Story of Cell Phones

There’s a lot about cell phones people don’t understand.

1998 – Explaining how cell phones work as advertising

Cell phones and pagers banned from classrooms

2000 – School policies changing

Why is a cell phone called a cell phone?

2001 – Explaining how phones work

Drivers on Cell Phones Kill Thousands, Snarl Traffic

February 1, 2005 08:52am ET

Relatively new findings
"Cell phones don't cyberbully, people do."

Smartphone Addiction
Nomophobia - fear of being without your smartphone - affects 40% of the population

Schools Divided Over Cellphones In Classrooms
Your smartphone is making you stupid, antisocial and unhealthy. So why can't you put it down?!
“Cell Phone Addiction”

SIGNS AND SYMPTOMS OF A CELL PHONE ADDICTION

Cell phone addiction can look a lot like an addiction to drugs or alcohol. These can include feelings of withdrawal when not using the phone and becoming tolerant to the effects of phone use.
How to get over the Addiction

HOW TO
BREAK UP
WITH YOUR
PHONE

CATHERINE PRICE

HOW TO HAVE A HEALTHY RELATIONSHIP WITH YOUR SMARTPHONE
September 20, 2017

5 Ways To Break Up With Your Phone That Really Work
The Juxtaposition
Social Constructionism
Implications for Counsellors and Professionals

▪ Raise awareness
  – Priorities
  – Time
  – Blessing and a curse
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