

Bruce Kirkcaldy

**PSYCHOTHERAPY in
PARENTHOOD
and BEYOND**
Personal enrichment in our lives



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Preface

Twenty years ago I made a decision to divert my focus from predominantly empirical research to pursue a clinical career as a psychotherapist and clinical psychologist. Father to two young daughters, I had just turned 40 and wanted to devote more time to writing, especially on topics associated with the forthcoming two decades of contact with my clients in clinical practice.

The start of this venture roughly corresponded with my decision to establish a “virtual international, multidisciplinary institute” (the International Centre for the Study of Occupational and Mental Health – ICSOMH), independent of university tenure. I had the enthusiastic backing and encouragement of some 20 prestigious academics worldwide, from almost every continent, including names such as Professors Cary Cooper (Manchester), Adrian Furnham (London), Michael Eysenck (London), Robert Levine (Fresno, CA), Rüdiger Trimpop (Jena), and my close friend and valued colleague, Professor Georg Siefen (Bochum). In various forms, we have collaborated on many research articles and book chapters, and edited and/or authored books together.

The mission of the ICSOMH was to promote international, primarily pan-European research by offering a strong forum for European collaborators in research and professional development; to offer insight and understanding of individual differences at work and in the cause of mental and physical health; to facilitate an interdisciplinary approach, since social problems are not the exclusive domain of one academic discipline; and to enhance assessment and evaluation in international comparisons of medical and health alternatives, as well as offering an organ with a strong focus for developing multidisciplinary research.

The relationship to Bochum University, particularly with Georg Siefen, at the Pediatrics Department of the University Clinic, stretches many years back in time – it began three decades ago, when we were working on parallel projects in the Psychosomatic Medicine Institute at the University Clinic in Cologne and later during his time as the Medical Director of one of the largest child and adolescent psychiatric clinics in Germany (LWL-Klinik Marl-Sinsen). During that period we wrote many articles together, including several book chapters and two jointly-authored books.

The project behind this book has been sponsored by Georg Siefen and marks the 20th Anniversary of the International Centre for the Study of Occupational and Mental Health, where he is affiliated as a member of the Senior Advisory Board. It also celebrates the friendship behind this 30-year collaboration starting in 1986 and culminating in 50 joint scientific contributions in the area of clinical psychology and medical health research.

Finally, I would like to express my gratitude to Arnold Weinstein, who read an earlier version of the opening chapter.

And furthermore, wish to acknowledge the debt of gratitude I owe to Ms. Silvia Panunzio, from Edizioni Minerva Medica, who provided continued support and cordial advice during the preparation of this book. Her patience and motivation have contributed to making this project possible.

Bruce Kirkcaldy



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Chapter 1

Promoting mental health in adulthood and later life

B. Kirkcaldy, R.G. Siefen

Before I got married I had six theories about raising children; now, I have six children and no theories.

John Wilmot

As clinicians and researchers we examine literature, analyze data, and finally construct personal models of family structure and functioning, providing explanations pertaining to the dynamics of relationships and communication within the family context across separate phases of human development stretching from infancy to adolescence, young adulthood, middle age and beyond. But our personal experience of childhood, parenthood and ageing often leads us to abandon these valued yet fragile and to some extent artificial edifices we have painstakingly assembled. Much like John Wilmot, we seem to suffer from an “intellectual myopia”. Experiences reshape our *Weltanschauung*. The concept of the family historically perceived, emerges as tenuous and impermanent. For example, Coontz (2007) observed that for centuries marital relationships were heavily influenced by financial and political factors, making marriage “a very coercive institution” particularly for women, compared to current Western society when individuals have “unprecedented freedom about whether, when and who to marry... and many women have even attained economic equality with their partners”. Yet she describes the downside of this democratic revolution which creates some new problems with parents investing much more “emotional energy and financial resources” in their offspring, while those either unable or unwilling to offer such support are likely to confront other vulnerabilities. She argues that although young people exhibit more mobility and increased personal decision-making, this newly gained autonomy may change into isolation when they themselves are parents.

This book focuses on the ever-changing perspectives during an individual’s life and the transitions in the roles we adopt in the family configuration. As adolescents we strive to gain autonomy and liberate ourselves from traditional parental constructs of child-rearing. As young adults we recognize the deficits and shortcomings of exposure to our parental child-rearing patterns. By the time we ourselves become young mothers or fathers we grapple in trying to adapt to these new roles, reacting to the needs and expectations of our children. This

serves as a positive challenge in parental care, and particularly so where physical or mental illness are present, in either the case of the parents or their offspring. All these factors will impact on the stabilizing and emotional support a family offers, and are implicated in the degree of parental acceptance or rejection in individual experiences. This is pronounced when conditions are made difficult by issues of separation or divorce.

The significance of the family may develop when the role extends to one of nurturing children and grandchildren. At the same time, people, when they have decided not to have children, are likely to suffer in the later stage of their lives, when they see siblings and friends finding fulfillment in their new role as grandparents. The stage of grandparenting presents new and often unexpected demands of involvement and support, and this interaction is reciprocal, when grandparents provide guidance, encouragement and support for their own now adult children and may involve their offspring (grandchildren). And this may involve the emotional, psychological and social support offered by grandchildren for their grandparents. Emigration is also widespread in many European countries and emigration of children to distant places e.g. Australia or the United States can lead to a form of subjectively perceived childlessness and loneliness. Even the distance to other neighboring European countries becomes more difficult to surmount with age, including the physical, psychological and financial demands of travel. Certainly as Hayslip, Maiden and Dolbin-MacNab (2015) underline: "There is much variability in grandparenting, and consequently, the responsibility for child discipline, financial assistance, patterns of visitation, giving advice to parents, sharing religious faith, and supporting the parents in decision-making are salient dimensions of the grandparenting role for *some* persons but not others" (p. 281).

During the various stages of life development, many of us experience to varying degrees the consequence of differential birth order, patchwork families (half-brothers and -sisters), sibling rivalry, parental rejection, marital discord, family violence, severe illness perhaps leading to the death of a parent (perhaps in early childhood), mental health problems among family members (e.g. social anxiety, depression, self-injurious behavior, etc.), loss of one or more grandparents, and experience and impact of cultural and family diversity (relocation/migration) among parents and their offspring. All this makes parenting complex and arduous. Parents do not represent a homogeneous group, and it is worthwhile exploring the source of inter familial differences whether cultural, social, educational, health or socioeconomic, with the goal of gaining a better understanding of family dynamics to develop more effective counseling and/or therapeutic programs.

The nature and configuration of the family transforms with demographical changes: most Western industrialized countries witness a decline in childbirth, and a threatening spiral of development, in terms of fewer children and, less "space" for them. Multiple generations within a household are becoming a rarity, and the "relative paucity" of young people in a population can be seen in everyday life and presentation in the public media. Television's portrayal of the family has an obvious influence on our learning about models of family functioning. "Historically, television has promoted a traditional family model with wise parents, little serious conflict, and mostly conforming behavior" and currently the focus has changed into "what families look like, what an ideal family is, how spouses are supposed to behave, how parents are expected to treat their children, and how families resolve problems" (family.jrank.org, 2015). Overall traditional family models have lost value as an "orienting force", while at

the same time, there appears a deficit in new socially accepted behavioral norms regarding handling of the new media.

It is not only the content of the media's representation of the family which has been revolutionized, but also the increased exposure of family members to the media. Rothmann (2013) reported that young children are spending around 35 hours per week watching television, equal to the time an adult European may work each week. Added to this, they spend about 10 hours on other technological media including game consoles. More recent figures for Germany's 14-49 year old, cited from Saveone media in Spiegel (2012) show some 43 hours weekly watching TV, DVD, PC and internet (daily measure: 205 minutes watching TV, 107 minutes internet, 38 minutes video, PC, and 18 minutes DVD video, totaling 368 minutes). In a review of television and families, "critics of the modern family argue that, although families often 'adopt' a child-centered ideology and although parents often articulate a primary commitment to their children, families routinely fail to adhere to these promises so that the family experience of many children is relatively depleted; this occurs because parents have become more invested in personal ambition and individual achievement and substantially less sensitive to the family life and the welfare of family members. Children, in particular, are seen to be vulnerable to a range of negative consequences, ranging from lack of care and attention to insufficient parental discipline to ineffective socializing" (Douglas, 2008, p. 169). In crime series, which are increasingly popular in *prime* time television programs, children are often perceived as victims of abuse. Such – often rather negative – stereotypes of family representations and their susceptibility to change are factors that therapists are likely to deal with.

Overall, there has been a dramatic change in the structure of families during the last century, as Therborn (2004) accurately portrayed "All over the world, the institution of the family has changed... some changes have been epochal – the erosion of the patriarchy, the world wide establishment of birth control, and some large populations setting out to natural decline... from a provincial European or North American outlook, the sexual revolution and informal coupling are about to take unprecedented dimensions" (p. 295). To some extent this is manifested in transitions in parenting trends. Gardner *et al.* (2012) list some of these changes including: general trend towards later childbearing (84 births/1000 women aged 15-44 years in 1971, 56/1000 women by 2003). So families are smaller; *family constellations* have changed too: the number of children (less than 15 years old) whose parents have divorced has increased to over one fifth all children in the 2000s. The number of children living with a single parent has tripled from 1972 to 2006. In the case of *maternal employment* – more women return to their work early in a child's life. It was estimated that 80% of mothers in 2009 whose children were 11 years or older, were working, marginally higher than women with no dependent children. As to *family type* – more parents are less inclined to marry, preferring cohabiting: marriage dropped from 480,000 in 1972 to 266,000 in 2009. Divorces had increased by a third up to 2003 but fell again in 2009. There were *few births outside of marriage* in 1960, but almost one half (45%) by 2008. These trends are consistent for other European countries. In the EU, population statistic (2004), "out of wedlock" births/100 had increased from 5.2% in 1960 to 29% in 2002. The figures were highest for Iceland, Sweden, Estonia and Norway (>50%), and lowest for Greece, Italy, and Switzerland (<11%). Fertility rates were lowest for European countries especially Portugal (3.16 in 1960, down to 1.21 in 2013), Spain

(1.27 in 2013), Poland (1.29) and Greece (1.30), and highest for Iceland (1.93), France (1.99), Ireland (1.96) and Sweden (1.89).

Added to these facets of family changes, we now witness the media's pressing concerns about immigration. 3.4 million persons immigrated to the EU-28 States in 2013 (2.8 million emigrated from the EU), 1.4 million citizens from non-member countries, and 1.2 million from different EU member states. The highest rate of immigration is reported for Germany (692.7 thousand), followed by UK (526.0 thousand) then France (332.6 thousand). If we look at the number of immigrants relative to the population size of a country, immigration rate is highest for Luxemburg (39/1000), followed by Malta (20) and Cyprus (15). Migration has always been a characteristic of human civilization: in an earlier commentary, Hall (2000) underlined that "For centuries, merchants, craftsmen and intellectuals crossed the continent to practice their trades or start new lives. Millions emigrated from Europe, first to the colonies and later to the Americas and the Antipodes. Europe also has a long history of forced migration: from the expulsion of the Jews from Spain to the population shifts in southeast Europe caused by the many wars between the Russian, Austro-Hungarian and Ottoman empires". So there is nothing new in the phenomena, rather perhaps the magnitude of the "movement". Probably nations such as Germany and Italy, with a high proportion of older adults, may do well to "invite" potential workers and their families to their country to ensure the working population doesn't lessen. Faced with fears and prejudices in the feeling that many migrants bring different values and beliefs, both tolerance and authenticity of the therapist are required. However, cultural openness requires a mutual respect for diverse cultural roots.

IS THE WORLD A LESS SAFE PLACE FOR CHILDREN? ARE THEY MORE EXPOSED TO STRESS?

Stokes (2009) has argued that "Coverage of tragic abduction cases by broadcast and print media has brought the feelings of inconsolable loss and pain to the living rooms", and further "*stranger danger* is yet another largely constructed fear within society, inflated and relayed through the media" (p. 10). In a recent article in Stern (2015), Kluin and Sellmair explored whether the world is a less safe place for children these days. In Germany, statistics reveal that there were 1159 traffic deaths for young people in 1980, and the figure had dropped to 58 in 2013. The number of missing children is currently one half over the last 15 years (with 99% of the cases being quickly resolved). For example, in 1970 there were 15 cases of sexual-related deaths among children, and the figure is now 1 or 2 cases per year. Figures for the UK in part confirm this but geographical differences are more conspicuous, in 2012, 44 children aged under 15 years died because of assault/undetermined intent. The five year average has declined in the UK since the early 1980s by 40-63% (Scotland, and England and Wales respectively). In 2012, there were 164 registered suicides in the 15-19 year old group in the UK, and the rates in England and Wales have dropped since 1980s whereas in Northern Ireland they have increased. In Scotland again the rates have decreased since 2003. Homicides and child deaths have shown an average decrease in England and Wales by 29% since 1981, and 28% drop in Scotland, and they have shown a decrease in 5 consecutive years in Ireland.

AGING POPULATION

WHO (2015) examines the increased longevity “success story for public health policies and for socioeconomic development... (yet it) also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security”. In another WHO report on Aging and Life course, family and community health, it is estimated that the number of people aged 60 years and older will double from 2006 (11%) to 2050 (22%), which corresponds to an increase from 605 million to 2 billion in absolute terms: “By then, there will be more older people than children in the population for the first time in human history”. The growth is particularly pronounced in Europe and North America. Most older adults live in cities and “Yet to be sustainable, cities must provide the structures and services to support their residents’ wellbeing and productivity. Older adults in particular require supportive and enabling living environments to compensate for physical and social changes associated with aging”. Some conclusions/recommendations argue that “city landscapes, buildings, transportation system and housing contribute to confident mobility, healthy behavior, social participation and self-determination, or, conversely, to fearful isolation, inactivity and social exclusion... (opportunities so that)... empowerment and self-worth are reinforced by a culture that recognizes, respects and includes older people... accessible and well-coordinated health services have an obvious influence on older people’s health status and health behavior”.

People live longer lives in part due to improved medical care. A major problem is that with increasingly large numbers of older retired adults in a population, the pensions cannot keep pace with the increasing expenditures likely to incur through medical health care, medication and treatment programs. The economic aspects of increasing expensive health care systems are often overlooked. Poverty among the aged – and the associated problems of child poverty – occasionally touched upon by the press, are often a taboo-theme in clinical practice. Increasing social isolation/alienation in urban areas on the one hand and growing health complaints with age on the other, are likely to hamper health progress. Internet and novel advanced communication media may be useful but may also impose undue burdens on young and older generations alike. We see one of the central themes of this book is associated with the value of using technological advances in enhancing communication even in therapeutic frameworks.

Regarding statistics for the European countries, EU States show the highest proportion of young people in the total population in 2014 in Ireland (22%), followed by France (18.6%), and the lowest levels for Germany (13.1%), Bulgaria (13.7%) and Italy (13.9%). Overall “The growth in the relative share of older people may be explained by increased longevity, a pattern that has been apparent for several decades as life expectancy has risen... referred to as *ageing at the top* of the population pyramid... On the other hand, consistently low levels of fertility over many years has contributed to population ageing, with few births leading to a decline in the proportion of young people... known as *ageing at the bottom* of the population pyramid”. The Eurostat (www.ec.europa.eu) figures for 2014 reveal that a high percentage of the population 65 years and older – of European countries – are displayed for Italy (21.4%), Germany (20.8%), Greece (20.5%), and Portugal (19.9%), and at the opposite end are countries such as Cyprus (13.9%), Slovakia (13.5%), FYR Macedonia (12.4%), Albania (12.0%) and Turkey (7.7%).

According to a WHO fact sheet “Mental health and older adults” (September 2013) around 15% of adults 60 years and older suffer from a mental health disorder, and neuro-psychiatric ailments make up 66% of the total disabilities (DALYS) for this group, especially dementia and depression. Over one half of the deaths from self-harm are among those aged 60 years and older. And the report suggests “As well as the typical life stressors common to all people, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems... (they are) more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability... resulting in isolation, loss of independence, loneliness and psychological distress”. A German report (A. Maercke) from the medical journal “Ärztblatt” claims the most frequent diagnoses of mental ailments among the older adults are depression and sleeping disorders, followed by suicidal tendencies especially among men (10%), then somatisation disorders (10%), anxiety disorders (5%), as well as chemical and alcohol dependencies (at least 3% or beyond as “undetected cases”). Only 1.5% of the population aged 60 years and older receives psychotherapeutic treatment.

In offering suggestions for tackling and improving mental health and wellbeing in later life “Age Concern” (2015) reported the need to identify and augment the prevailing social relationships older people have with their friends, neighbors, family and significant others: inclusion in community development programs; ease social interactions across age groups; help cope with anxiety associated with isolation and loneliness; underline the value of pets and domestic animal ownership; offer social and psychological support for those experiencing bereavement; and identify any personal desire for religious or other beliefs and enhance access to such communities. In the same UK report, estimates of 1 in 7 aged 65 and older had major depression, so severe and persistent such that it impedes their daily functioning. The incident rate increases to around 25% of the aged population if all forms of depression are included, yet “depression is not an inevitable feature of ageing”.

Although psychotherapists themselves are often a part of the ageing society, psychotherapy of the aged remains a stepchild in health research and treatment. Contemporary research offers new paradigms for enhancing well-being among older adults, challenging the frequent gloomy descriptions of aging. Ellen Langer in particular has pioneered work demonstrating the powerful impact of mindsets on aging and health, “Changing individuals’ stereotypical mindsets about health (e.g. that physical functioning necessarily deteriorates with age) to more positive mindsets about health (e.g. that the order typically assumed to exist between the stages in any developmental process is not inevitable) can potentially give rise to corresponding changes in physical functioning... Stereotypes about how we *should* age and what *limits* are prevent us from considering alternative possibilities and prevent us from uncovering our true potential” (Ngoumen and Langer, 2015, p. 303).

The above-mentioned topics are central themes about which we have requested our invited contributors to provide chapters, underlining the relevance of their findings in promoting health care for the middle and later stages of adulthood.

After this opening chapter, Bruce Kirkcaldy, Adrian Furnham and Ahmed Hankir explore new paradigms in applying subjective interpretations of psychological disorders. Laurence Kirmayer empathically exclaimed that in recent decades there has been a striking “biologisation of psychiatry” with the assumption that neuroscience will give us the core under-

standing of the aetiology and treatment of mental illness and disease. Of course neuroscience has helped to unravel some of the mysteries of the human brain but the “biologisation of psychiatry”, they argue, fails to acknowledge and value the patient perspective and the subjective experience of psychological phenomena.

In the UK, The Prince of Wales published a paper in a journal for the Royal Society of Medicine calling for wider perspectives on health care and for clinicians to develop a “healing empathy”. Over recent years the health humanities has emerged as a distinct entity in attempts to ameliorate the limitations in the provision of health care services and can be broadly described as the application of art and literature to medicine. Autobiographical narratives authored by people who have a psychiatric disorder offer precious qualitative insights into the subjective experience of psychological phenomena. Autobiographical narratives of mental health problems can be provided from people across the lifespan. For example, David Holloway offers a poignant account of hearing voices as a teenager and how this resulted in his being labeled “mad” and his social exclusion. William Styron’s candid and courageous description of depression in later life makes obvious the perils of reductionism. The value of personal accounts of suffering is providing an improved insight into psychological maladies e.g. Sacks.

Bruce, Adrian and Ahmed are advocates of a holistic and personalized approach to addressing mental health problems. In their chapter they focus on the “alternative” notions and models of health and disease. They provide a review of the literature on laypersons’ perceptions of mental disorders, the causes, cures and treatment and focus on issues related to family psychological well-being. They also delve into Jung’s Archetype the Wounded Healer and discuss and describe how doctors and mental health professionals with first-hand experience of a psychiatric condition have become more insightful and empathetic as a result. The Wounded Healer reconciles the dual perspectives of subjectivity and objectivity, of healer and healed and, they argue, repudiates that unfounded perception that doctors and patients are ostensibly dichotomous.

Jack Demick explores holistic/systems-developmental therapy for parents. Contemporary families in industrialized countries face enormous stresses associated with daily living. The ongoing economy typically demands family employment by both fathers and mothers often leading to family discontinuity and fragmentation, leaving little time for parents to engage in the most efficacious parenting possible. Thus, many parents do not have the time for the education and training needed for this important role even though parent education groups have been addressing this need since 1815. Parent education programs have generally been structured around a particular theoretical model (e.g., Adler’s parent education model emphasizing the child’s psychological goals, logical and natural consequences, and encouragement techniques). However, as this is true of most helping interventions, more research is needed on the effectiveness of parent education programs. As a result, new approaches have recently been developed such as parent-child interaction therapy, which is a program for parents with 2- to 6-year-old children experiencing behavioral and emotional problems. Proponents of this therapy based on attachment and social learning theories have provided evidence of its efficacy, generalization, and maintenance. However, while such newer therapies make inroads into the general problem, there is still a need to go further. What about parents with older children who continue to present normal developmental issues as well as less common problematic ones? What about parents who exhibit their own developmental stressors and/or behavioral

and emotional problems? In consequence, this chapter discusses research generated from holistic/systems-developmental theory (HSDT) on parental development (Demick, 2015). It then demonstrates the ways in which this research has informed HSDT-based individual and family therapy for parents with a heightened focus on the development of parents themselves. Some argue becoming a better parent is a viable goal for the individual psychotherapy of adults with children since becoming a better parent is inextricably interconnected to functioning more optimally as an individual with a variety of roles in the everyday life environment.

Two Australian colleagues, Koa Whittingham and Pamela Douglas have applied a context approach to postnatal care. There is a growing evidence-base for the use of acceptance and commitment therapy (ACT), as well as other mindfulness-based therapies, in the context of parenting interventions. One in ten new parents experiences serious anxiety. The Possums approach is an interdisciplinary, contextual approach to postnatal care that integrates contextual behavioural science with complexity science, evolutionary anthropology, lactation science, medical science and developmental psychology. This approach is currently being implemented clinically at The Possums' Clinic in Brisbane, Australia. Within the Possums approach, ACT is integrated into clinical interventions for problems with breastfeeding and bottle-feeding, infant crying and fussing, parent-infant sleep, and perinatal anxiety and depression. Problems of cry-fuss behaviours, feeding and sleep are linked in complex ways with anxiety and depression in new mothers and fathers, and unsettled infant behaviour in the first months of life also increases that child's risk of developmental problems in later childhood. At the moment, parents complain of receiving conflicting and confusing advice for unsettled infant behaviour, resulting in worsened anxiety and increased risk of postnatal depression. For this reason the Possums approach integrates ACT strategies into evidence-based and holistic clinical interventions, to promote vital living, mindfulness, and parenting according to values in early life.

The dominant approaches to infant-care in developed countries still arise out of first-wave behaviourism. Our chapter explores this popular theoretical framing of postnatal concerns and argues for the importance of integrating ACT, a third-wave behaviourism, within an interdisciplinary clinical approach to postnatal care. Specific case studies exploring the application of ACT to help with common postnatal challenges including infant feeding difficulties, crying/fussiness and parent-infant sleep concerns are discussed. This chapter has a practical focus with many easy-to-implement practitioner strategies.

The second section begins with a contribution from Carmel Cefai and Valeria Cavioni. It takes the position of parents as active partners in social and emotional learning at school. Home school collaboration has long been recognized as a key factor in children's education, not only in academic but also in social and emotional learning. It helps parents to develop positive attitudes towards social and emotional learning, overcome potential fears and resistance, and support the school's efforts in this area. It also enables the transfer of social and emotional competencies learnt at school to different contexts such as the home and the community, and then it discusses how schools and parents may work collaboratively together to fulfill the school's goals in social and emotional learning, outlining ways schools may adopt in recruiting the parents' active support and collaboration. The second section further discusses how schools may facilitate the parents' own learning, development and wellbeing by empowering them to organize activities according to their own needs both at school and in the community. Reaching out to the social and emotional needs of the parents is a very effective way to address

the children's social and emotional learning and wellbeing. The chapter concludes with the need to adopt sensitive and respectful ways in working with parents, avoiding paternalistic attitudes while considering parents as equal partners contributing actively to the school's efforts in social and emotional learning.

The subsequent chapter examines cultural differences in the changing portrayals of the family in film and media. Dinesh Bhugra, Antonio Ventriglio, and Gurvinder Kalra review the current literature and then examine the relationship that films in particular play in representing family communication and conflicts. They then focus on Bollywood cinema which remains the most popular form of entertainment among Indians and among Indian diaspora around the globe. Numerically and in terms of access Bollywood films are bigger than Hollywood films. Portrayal of families and significant events in films are strongly influenced by prevalent attitudes of the society which change with social, political and economic factors as well as societal expectations. Hindi cinema produces largest number of films around the globe. Because of globalization, industrialization and urbanization the family structures have started to change and filial piety has shifted too. Whether these changes affect the morals and functioning of the families is debatable. Using several encyclopedias, reference works and internet data bases, films were identified which portray family structures over the past 50 years. Changes in urban and rural structures have caused a major shift in the psyche of individuals and their families. In this context the role of the family as a super-ego is explored and described. From joint families in late 1950s and early 1960s, more nuclear families are being described. In this chapter they put these in the context of socio-political and economic changes and offer evidence that India is a culture in transition. Dinesh *et al.* offer some personal choices exploring the impact of family breakdown, idealised families and nuclear families and pressures faced by them. They specifically explore the role of women in the families and how that has changed and shifted over the past 50 years or so. Reasons for this are many. It is postulated that increased urbanisation and globalisation have created aspirations expected to match those of the West by which more people are affected by these changes directly and indirectly. These observations are demonstrated through discussion of selected films. Film makers need to be aware of the impact their films may have on their audience. Clinicians need to take cultural factors related to popular culture into account when trying to understand their patients' concerns.

There follows, the chapter by David Carreon and Jeffrey Schwartz looking at contemporary models of intervention throughout life's cycle. The last few decades have proven revolutionary in our understanding of ourselves. The key has turned out to be attention. In the clinic and in the laboratory, attention is showing itself to be the chisel by which we can craft our own brains. The challenge is that emotions powerfully seize our attention in ways that are often destructive to the image we want to craft. Scientists and therapists have rediscovered and invented a variety of techniques for helping people deal with strong emotion. These techniques have been described under various headings: "emotion regulation" in the academic world as well as cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), and dialectical behavioral therapy (DBT) in the clinical world. Psychology research has described various strategies for emotion regulation. For example, when anger is provoked in a laboratory, one can respond by trying to prevent the expression of the emotion (suppression), trying to consider the experience in a positive way (reappraisal), or trying to identify words associated

with the emotion (labeling). These techniques have various degrees of success and have been shown to activate different circuits in the brain. Each strategy represents a different locus to which the attention can be directed. Each represents an algorithm with a particular efficiency that the mind activates to process a situation.

In parallel to these experimental findings, clinical psychology has developed powerful techniques for helping patients who experience overwhelming emotions. In therapy, the cognitive therapist focuses on a patient in very real and often messy distress. A cognitive therapist might use techniques like “Examine the evidence” or the “Socratic technique,” engaging the analytic dorsolateral prefrontal cortex. A dialectical behavioral therapist might have a patient sit and reflect while enraged, directing the attention to name it “anger,” having the ventrolateral prefrontal cortex inhibit an amygdala on fire. Whether in the clinic or the lab, new and old techniques for controlling emotion allow people, beset by the slings and arrows of outrageous fortune, to forge ahead and choose whom they shall be.

In the following chapter, Arnold Weinstein takes a literary look at ageing (“the last act”). From Sophocles’ *Oedipus* to Shakespeare’s *Lear*, on to embattled figures such as Balzac’s Goriot, Ibsen’s *Master Builder*, Brecht’s *Mother Courage*, and closing with Hemingway’s ageing Santiago and Coetzee’s beleaguered David Lurie, literature explores the poignant drama of old age: loss of power? Or acquiring of wisdom? Arnold’s title recasts Pascal’s dark lines: “*Le dernier acte est toujours sanglant, quelleque belle que soit la comédie en tout le reste*”. Pascal points to the generic terror that mortality brings, but of course literature’s testimony is a richer matter than mere fear or anguish. In *Oedipus at Colonus* we see, initially, a man beaten by time, yet at play’s end he rises to his fate and demonstrates that our last act just might be victorious. Likewise, *Lear* suffers countless indignities but gains an awful knowledge of how the “bare fork’d creatures’ of his kingdom actually live. Both Balzac and Ibsen consciously had *Lear* in mind as they grappled with the drama of “exiting the stage” in a 19th century setting. Brecht intended his account of a woman peddler in the Thirty Years War to be a warning against Capitalist wars, but we see instead a portrait of indomitable resilience even in the face of loss and defeat. Hemingway - earlier champion of male prowess and “macho” - offers in the story of the ageing fisherman Santiago a stark and moving account of “human resources” (of both body and soul) when one is up against terrible odds. This essay closes with yet another remake of *Lear*: the South African Coetzee’s remarkable account of a literature professor who has overstayed his time, abused his (male) privileges, and must now make some kind of wisdom out of the comeuppance he receives and the deep-seated racial violence that stamps his world and mars his life as he confronts both first and last things.

Great books are rarely “wisdom literature”. But they can be searing accounts of how we move through time, and what we learn at and through the end.

In the final section on ageing, Nadar Shabahangi offers a new attitude towards ageing. This contribution will propose a new thought-pattern to replace our antiquated view of aging. Rather than decline, it proposes to change our view of aging to maturing. The terms “age” and “old” need to be exchanged with the words “mature” and “deep”. Rather than saying “I am 75 years old” we will say, “I am 75 years mature”. Rather than aging, we speak of *deepening*. These new words signal a shift in the way we look at our maturation process, our chronological years. Each year provides us with the opportunity to become a wiser elder, a more mature and deeper human being.