Mental Health and Flourishing with Margaret Chisolm

Dr. Margaret Chisolm: [00:00:00] these are accessible goals for most people, whether they have psychiatric problems or not, most people can achieve a sense of meaning and purpose can find close social relationships can have happiness and life satisfaction.

That was Dr. Margaret Chisolm on psychologists off. Off the clock.

Diana Hill: We are four clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in mile high Denver, Colorado, and coauthor of ACT Daily Journal

Diana Hill: I'm Dr. Diana Hill coauthor with Debbie on ACT Daily Journal, and practicing in seaside Santa Barbara, California.

Yael Schonbrun: From coast to coast, I'm Dr. Yael Schonbrun, a Boston- based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book of ACT Metaphors.

Debbie Sorensen: [00:01:00] We hope you take what you learn here to build a rich and meaningful life.

Diana Hill: Thank you for listening to Psychologists Off the Clock!

Jill Stoddard: Psychologists Off the clock is proud to be partnered with Praxis Continuing Education. Praxis is the premier provider of evidence-based training for mental health professionals. Praxis offers both live and on-demand courses with options for beginner as well as more advanced clinicians practices also known for its top acceptance and commitment therapy trainers.

So if you're a clinician and you want to level up your ACT skills, Praxis is the place. And if you're like us at Psychologists Off the Clock and you want to

transform your clients' lives by learning how to effectively promote lasting change with evidence-based training, check out Praxis Continuing Education.

You can get a coupon code on the offers. Page of our website off the clock psych.com/sponsors.

Diana Hill: Hi, everybody is Diana here and I am starting a new venture in 2022. [00:02:00] I'm launching a new podcast called your life in process. And I hope that in addition to listening to psychologists off the clock, you'll join me there. My new podcast will offer you ideas from modern psychology and contemplative practice and teach you how to take these principles out of the book and off the cushion and apply them to your daily life.

I have conversations with thought leaders. And spiritual teachers, people like Trudy Goodman, Rick Hanson, Jed brewer. And the reason why I'm doing this podcast is because I want to be your partner in becoming more psychologically flexible. The podcast is called your life in process because it's not a self-improvement project, but rather about how to apply the core processes of human flourishing in your ever-changing life, you can sign up for it@yourlifeinprocess.com and please help me spread the word.

Yael Schonbrun: Well, we're sad to see you go, Diana we'll have one less cohost, but Debbie Sorensen, Jill Stoddard, and I are going to be doing some reinvention while continuing to offer the same great in-depth interviews and science backed psychology content with leaders in the field. [00:03:00] Our new directions will involve opportunities for us to get more interactive with all of our listeners, including with the off the clock book club that we'll be launching as well as several other exciting developments we have in store.

So we hope you stay tuned for details from psychologists off the clock.

Debbie Sorensen: Hello, this is Debbie and I'm here today with Yael to introduce an episode with a psychiatry professor, Dr. Meg Chisolm, uh, she wrote a book called from survive to thrive, living your best life with mental illness. And it's interesting because Yael and I, without really any coordination or knowledge of what the other one had lined up, both.

Just interviewed psychiatrists two in a row. So the previous episode was also with a psychiatrist Dr. Carl, Eric Fisher, who works on addiction. And this is a psychiatry professor who works on mental health disorders. and what's so interesting, I think is that often psychiatry and psychology, you know, all these

different disciplines that fall under. [00:04:00] Mental health world are a little bit siloed.

You know, we may work in the same clinic sometimes, or coordinate care for a client that we're working with or something like that. But often I don't really know what's going on in the psychiatry world. They may or may not go what know what's going on in the world of psychology, social work, et cetera.

So it's kind of fun to have two psychiatrists come on this.

Yael Schonbrun: Yeah, I think that psychiatry and psychology have a lot in common and can really benefit from more collaboration. There's a realization that each profession brings a lot of strengths that psychiatrists have medical knowledge, which is, you know, very specialized in super-important and psychologists have a lot of, um, specialized knowledge in research and in treatment practices, which is of course incredibly important as well. And so when the collaborations can happen, everybody can bring their strengths to the table. So I think it's a great thing that we're having more psychiatrists on the psychology podcast.

And I think collaboration in [00:05:00] general, bringing together multiple points of view in multiple areas of expertise is just such a hugely important thing. To sort of be building on our knowledge based on our effective practices.

Debbie Sorensen: Right. And I think there are slightly different, you know, the training's different clearly, but there are also slightly different worldviews when it comes to psychiatry and psychology. And I think that one thing I appreciated about this episode with Dr. Chisholm is just hearing a little bit about how she's thinking about things like.

How people develop mental health disorders in the first place and some of the different pathways that she looks at, um, which I think you found helpful to think about us.

Yael Schonbrun: Yeah, it reminded me a lot of the episode that I did on happiness with Sonja Lyubomirsky and her research talks about different predictors of happiness, just as Dr. Chisolm talks a lot about predictors of mental health problems. But I think both Dr. Chisolm and Sonja Lyubomirsky have one [00:06:00] thing in common, which is like the. Sort of harken back to, to, to different larger domains, which is like things that we have control over,

like our intentional activities, building relationships with people who are good for us versus.

The toxic relationships kind of fade by the wayside, um, finding appropriate help. Those are things that we have some influence over, and then there's certain things that we don't have much control over, like our genetics, you know, the, our, our genetic loading for depression or schizophrenia, um, you know, who our parents are, what our financial circumstances that we were raised in are, and those.

Are more useful for us to just accept and develop some compassion around, whereas the things that we have influence over, it's more useful for us to take action and recognizing the difference in them and being, having clarity and like, what do we have control over versus what we don't helps us to figure out like where to put our energetic resources in terms of taking action and where to put our energetic resources in terms of.

Building more compassion for ourselves and for others. So I [00:07:00] just really love the way that she lays it out. I think it's so helpful. Both if you're struggling with a mental health problem, or if somebody you love.

Debbie Sorensen: I love that word compassion here. Her book is geared toward people who are struggling with a mental health condition themselves and their friends and family. And I think that often people who are struggling, you know, regardless of which mental health disorder we're talking about, we'll often get in.

Place of self-blame, you know, you hear this from parents sometimes, like, did I do something that caused this? Was it my behavior when they were an infant or a toddler or something like that. And I think if you look at the big picture of all the different factors that are involved, it does allow you to be more compassionate, whether you yourself have a mental health condition or whether, you know, or love someone who does, which we all do.

I'm sure. right. Like it's, you know, it's a very common experience. But it's recognizing, and it's very complex and there was not like one thing [00:08:00] that you did. And then her book also goes into some ways to really build a meaningful life and to flourish regardless.

So we hope that you enjoy this conversation with Dr. Margaret Chisolm.

My guest today, Dr. Margaret Chisholm is a professor of psychiatry and behavioral sciences and the vice chair for education, psychiatry, and behavioral sciences at Johns Hopkins university school of medicine. She has published over 100 scientific clinical and medical education articles and book chapters on substance abuse in pregnancy and other psychiatric disorders, as well as on the use of social media and the arts and humanities and medicine.

Dr. Chisholm has been recognized as an Arnold P gold foundation humanism scholar, and is the recipient of the 2014 Johns Hopkins university, alumni association excellence in teaching award. Congratulations on that. and we're here today to talk about her new book from survive to thrive, living your best [00:09:00] life with mental illness. And the book is a resource for people who are experiencing mental health conditions, as well as for their friends and family. Um, with the goal of helping them live a fuller more satisfying life. It's a terrific book, terrific resource, and really excited to talk to you about it.

Welcome Dr. Chisholm.

Dr. Margaret Chisolm: Oh, well, thanks for having me. And I'm really excited to talk with you today. Thanks.

Debbie Sorensen: Yeah, me too. I really enjoyed reading your work. And actually, before we dive into the book, though, I just wanted to set the scene in the current context. And to hear your thoughts, there are so many stressors in the world right now. And in the last couple of years, I'm sure that. News to no one, right? We all have been experiencing this really wild time in history.

And people are concerned about mental health, about substance abuse, about the emotional impact. So Meg I was just wondering if we could talk about what you're seeing. Like you're, you have probably a finger on the pulse of that. What are [00:10:00] you seeing in your work? And do you have any thoughts about mental health in this current era we're living in.

Dr. Margaret Chisolm: Well, obviously this is a huge, huge stressor. To so many of us, the pandemic is not only isolating people from one another, uh, changing the way that they work, uh, with whom they interact. Distancing them from relatives from all these social supports, it's really impacted the fabric of our life. Right. Um, you know, one of the things I talk about in the book are these four pathways to flourishing and that's family, community work and education, and the pandemic has interrupted all of those.

So it's had a major impact on our sense of wellbeing, including our mental.

Debbie Sorensen: Yeah, absolutely. I, yeah, I had connected that dot that you just made about how the various pathways that you write about in your book. So for instance, work and [00:11:00] community and family have all been disrupted. That's a really good point. And I think it speaks to the role of the environmental stressors on our emotional state.

Dr. Margaret Chisolm: Definitely. And I'm, we're seeing this right? We're all seeing, um, not only in our professional lives, but in our personal lives. We're seeing people who are struggling, uh, who may be relapsing on substances, who are more isolated, more lonely, who are, uh, having. Stressors that precipitate major mental illnesses.

So this is affecting us in all aspects of our emotional life.

Debbie Sorensen: Yeah, and I, I won't go too far into this. I have a lot to say about it, but I think it's also pointing out some problems with our mental health care systems and how there just aren't the resources. You know, to support everyone through this. It's, you know, if you're experiencing this, you're not alone. I think that's really [00:12:00] important to know.

And I just wish there were more source resources available.

Dr. Margaret Chisolm: it's really put a strain on the system. I mean, you know, the telehealth has been great because

it's really provided opportunities for people to come to treatment more regularly to decrease some of those geographic, those physical barriers to treatment. But on the other hand, it has, because there are so many people who are already in treatment who. Been able to take up all those appointments spots.

It hasn't allowed more appointment spots to be opened up for people who were accessing mental health for the first time. So it's really caused a log jam in our system, which has already stirred.

Debbie Sorensen: Absolutely. I'm seeing that in my practice and I know people in my community and then any kind of system or medical setting, it's like, it's just tough to access services. There's not enough to go around. Really?

Dr. Margaret Chisolm: Right. Yeah. It's being used more and more by people who are already in the system.

Debbie Sorensen: Yeah. [00:13:00] So one of the things, your book from survive to thrive. One of the things I love so much about it is how open you are in writing about yourself and your own struggles and just some of the challenges you face throughout your own life. You've personally faced. And I love that because I think that in doing so, it really helps to de-stigmatize mental health conditions and just going through rough times in life.

And so I would actually love to hear your thoughts on mental health stigma, and also why you chose to do that in your.

Dr. Margaret Chisolm: Yeah, thank you for acknowledging that it was, you know, the thing is that the goal of the book was my goal in writing about. Was to demystify psychiatry. And how w when mental health goes awry, uh, sometimes referred to as mental illness, it could also be just referred to as psychiatric problems or problems in thinking or behaving or feeling.

But my goal was to [00:14:00] demystify psychiatry and psychiatric illness, but also to de-stigmatize. And when I teach. I often use a case history to illustrate what, you know, the various elements of mental life. And when that goes awry. And I usually use the case of Ernest Hemingway. Because if you think about his life, um, and his, uh, struggles with mental illness, they really had multiple origins.

You know, he was a heavy drinker. Um, he also had a very strong family history of, of psychiatric illness, of depression and suicide and suicide attempts. And he, so there was clearly disease going on there. He clearly had a behavioral disorder, but he also had a. You know, challenges in his life from serving in the military and having injuries and chronic pain.

Um, and he also had a very [00:15:00] vibrant, adventurous personality, which caused problems. So he was a great, um, he's a great case to illustrate the perspectives, uh, approach, which is what I talk about in the book. But on the other hand, uh, if I'm writing a book, um, You know, I'm not a Hemingway expert. And so I knew that I was to, it's going to have to do a lot more research on Hemingway's life to, to really bring this to life.

And I thought, well, you know, I've had similar struggles as many of us have. And so why not just share my own story? Uh, wouldn't have to do all that

research, but B it would also help connect me, I think, with the reader and help, uh, this other aim of de-stigmatizing psychiatric illness. So, um, so that's why I decided to just share my own story.

You know, I'm, I'm in my sixties. I don't have too much to lose. I think by sharing my story, there's stigma still exists. Of course. Um, [00:16:00] but I have accomplished a lot in my career. For which I'm really grateful, but, um, I thought by sharing my, if I can't share my story, who can really, so, um, I decided to share that story and hope that it helped other people, uh, feel better, uh, about, uh, having psychiatric problems or struggles and accessing.

Debbie Sorensen: Yeah. I mean, I just appreciate that. It partly, you know, sometimes it's brave, it feels vulnerable to put ourselves out there, but it did connect me to you make me feel like, oh, I know a little bit about where you're coming from. More importantly though, as a stance. I do think it's just a reminder to everyone.

You know, you really have accomplished so many things and write books and you're a professor that no one's immune from struggle. It gives a sense of, you know, life can be hard for everyone. It sort of normalizes some of the ups and downs that everyone goes through. So I really appreciate you doing that.

I think from the perspective of a reader may be [00:17:00] feeling less alone when life feels.

Dr. Margaret Chisolm: Yeah. I mean, these are human experiences and I think starting to talk about these human experiences as. The ones that we share really help us, um, not only access care, but also just have that support of being able to, um, you know, feel like you can talk to somebody about what you're going through. Cause chances are they're going through something similar or they've known somebody that.

Through something similar and it can be very isolating, uh, especially with the more highly stigmatized illnesses. I mean, my, you know, I had depression and postpartum depression. It's probably one of the least stigmatized illnesses. It's still got stigma, uh, surrounding it. Uh, but compared to substance use disorders or, um, severe personality disorders, they can be much more highly stigmatized and, um, I really think that we should be at the Vanguard as healthcare professionals who also have, [00:18:00] uh, these, uh, psychiatric illnesses.

We should be at the Vanguard of, we should be leading the way of, uh, of sharing our own stories.

Debbie Sorensen: Yeah, well, and you also take a very whole person centered approach. And I want to break down that, uh, you know, the perspectives that you approach that. Right about in your book here in just a minute, but first, just thinking about this shift, right? From a whole person approach, rather than looking at the person as their diagnosis or as their psychiatric illness and kind of pigeonholing them in that way, you really do advocate for looking more at the whole person in the context of their situation and their life.

And. I'm really curious, first of all, if you could just speak a little bit about the difference for listeners who might be outside of the field, who don't, maybe haven't, um, maybe haven't learned about that. What, what the differences, and then also, you know, just do you see the field of psychiatry changing [00:19:00] in that direction?

I think as a psychologist, I'm not as attuned to psychiatry, but I certainly see it. Um, you know, people are getting a little. Away from the, you know, kind of DSM diagnosis model and more towards looking at the whole person. I'm curious, your thoughts about that.

Dr. Margaret Chisolm: Yeah, well, I think it's really hard to practice, um, psychiatry or any mental health practice. Hard to practice that without taking into account the whole person, right? I mean, you can be a surgeon and I think, uh, you can be a surgeon and you might be able to get by with, with not thinking about somebody in terms of their, uh, personality and their.

Behaviors and things like that. I don't think you'd be an excellent surgeon, but I think you could get by, but you can't, I don't think you can really get by as a mental health professional without acknowledging somebody as a person because mental life is not reducible to the [00:20:00] brain. Um, even if you have a disease like schizophrenia, which is clearly, or, you know, has its origins in, um, in the brain, you can't really.

Treat somebody who has schizophrenia by just focusing on the disease, because that, you know, our sense of self is really tied up with our mental life. And when our mental life goes awry, when a disease happens, that affects our brain. You know, we give that meaning and that alters our sense of self. Uh, and for that alone, you're going to need to be able to talk to somebody as a person.

And you know, the thing about a disease like schizophrenia, Is, you know, that sometimes it's fairly challenging to get the symptoms under control. It can be challenging to recover a functioning. It can happen. Um, but there's still the possibility of leading a full life. Even if you have symptoms, even if you don't return to the level of functioning that you had before your disease hit you.

Um, [00:21:00] and so helping people. Uh, discover or recover meaning in their life and a sense of purpose and wellbeing is really central to what I think our job is as mental health professionals. And you can't do that without looking at somebody as a whole person and thinking about, you know, what, what are their goals, uh, what brings their life?

Meaning who do they have connections with? Um, how can they, find a sense of purpose in their life, et cetera. So,

Debbie Sorensen: Yeah, I mean, I think that's such a great example to look at that. So someone with schizophrenia and think, you know, here's this person who has this particular issue and your book is about. Still helping the person, like looking at the whole person, because they're more than just that that's one aspect of their experience, but that's not the only thing that defines them.

But then also thinking how can they live the most meaningful life [00:22:00] possible? How can they, you know, follow these different or, um, how can they look at these different areas of flourishing and really have a meaningful, full life?

Dr. Margaret Chisolm: Yeah, there was a paper that just came out. Uh, that looked at people with schizophrenia and they were had active symptoms. They weren't, um, having, uh, relief from their symptoms. They were not having functional recovery at all. At the 25% of them with therapy were able to have personal recovery.

Um, and we focus so much as mental health professionals, I think on functional recovery, on symptom recovery, rather than this personal recovery, the sense of like, what, what do you want out of life? do you feel like you have value? How can I help you, uh, feel if you don't? Uh, how can I help you feel like you have value as a person that your life still has meaning and purpose there's so much we can do in those realms of meaning and restoring a sense of [00:23:00] meaning and purpose for our patients.

Uh, even if they have symptoms that interfere with their, um, functional recovery.

Debbie Sorensen: Yeah, absolutely. The co-host of this podcast. We talk a lot about acceptance and commitment therapy, which is an approach That's less about symptom reduction and more about. Identifying your values and moving forward towards your values and being more open to all of those experiences. Maybe you're hearing voices in your mind, come and go.

You can still move forward towards your values. And instead of putting all your time and effort into getting rid of those voices from your head, which just keeps you stuck, it's like, let's get you moving forward in your life.

Dr. Margaret Chisolm: Exactly exactly. And that's what we, that's what we need to pay. I think more attention to an all, um, in all of medicine, right.

Debbie Sorensen: Yeah, I love that. Well, let's talk about the perspectives model a bit more. We've mentioned it a couple of times, but its way of understanding. You writing your book, both [00:24:00] mental health and mental illness. It's just a way of kind of framing a person's life. You have the four pathways to, to take a more complete view at the person and I'll just run down them really quickly.

And then I want to unpack a couple things here. So you, the four per the four pathways. The life story perspective, the dimensional perspective, the behavior perspective and the disease perspective. So we've talked a little bit about the medicalization or the disease perspective, and again, in the book, you approach that with some caution because you, you know, you're not wanting to overly emphasize that piece right?

Dr. Margaret Chisolm: Yeah. So, you know, the, the idea is that there, so there's. And then there's four pathways. And so the four perspectives are, are really ways of considering psychiatric problems that one may be having and the origin of those problems. And so [00:25:00] in the rest of medicine, for the most part, uh, when people have non psychiatric problems that they bring to, uh, Health care professional.

Those problems usually have their origin in a broken part of the body or broken function. Um, and it's a biomedical model that looks at the symptoms, signs, and symptoms that a patient's bringing, you know, high fever, a cough, and then

figures out. What is the, um, what's going on in the body to cause those symptoms, you know, is it a virus?

Is it, um, is it, you know, uh, vitamin deficiency? Is it, uh, you know, uh, uh, uh, broken, you know, part in the lungs, what, you know, what's going on, um, to cause these. But in, in psychiatry it's really different. So yes, there can be [00:26:00] problems that come about because of a broken part in the body, generally the brain, but not necessarily for psychiatric problems.

Um, but that's just one source or one origin of psychiatric problems. Many psychiatric problems have nothing to do with a broken part in the brain or a broken function in the, in the body. Um, it can be, uh, because of a personality, um, difference that you, uh, have.

It can be because of something you're doing like restricting your food intake, uh, because of fear of, uh, being overweight. Or it can be because of, uh, a response to an event in your environment like grief. So there's four different ways of understanding psychiatric problems and that's, you know, three more ways than in the rest of medicine, which is primarily just because of something that [00:27:00] someone, uh, you know, uh, because of a disease process that has happened to them.

Debbie Sorensen: Well, I think it's important for a couple of reasons. One is that I think in understanding these different pathways, you could kind of see how sometimes it's a mix of them or it's a, you know, a combination of factors

Dr. Margaret Chisolm: Definitely. It's usually at least two, if not three, because everybody has a personality and everybody has a life story. So we know it's at least two,

Debbie Sorensen: Right. Always if not three or four, but I also think, so this is, I'll be slight bit nerdy here about this, but I think that we talk sometimes in, in my field about. A more mechanistic view, like, oh, there's this part of you? That's broken. I think that maps on with what you were talking about, the disease model.

It's like, there's something wrong with you. That's faulty. And sure. Maybe sometimes there are some biological pieces to this or something like that. But I think if people identify too strongly with this, it's almost, if there can be that [00:28:00] self pathologized. Self shame, like what's wrong with me? What did

I do versus taking a look at the whole picture here and how there's all these different, very complicated pieces of it and really looking at it.

And in context, it's, it's multiple paths, not just pathways, but it's also, there's multiple pieces of it.

Dr. Margaret Chisolm: Yeah. I mean, all these things are interacting, right? If, um, you know, if I experience, uh, an event that's stressful, uh, like the loss of a loved one, you know, depending on my personality, it's going to be more or less difficult to recover from that as well as things that are about the relationship itself, of course.

But, um, so your personality really interacts with life of that. It's um, to. You know, either protect you from having more severe reactions to the life events or making it so that they are, um, you know, more severe. Um, and so [00:29:00] that's an example of those two interacting, but then, you know, if you have. Uh, are experiencing a lot of stress.

If you respond really strongly to life stressors, you know, those just having that ongoing stress can make you more vulnerable to having an episode of depression. Uh, so then you have three perspectives at work there. Um, you know, it may make you more likely to, uh, engage in substance use. Uh, Point that it becomes problematic.

So there all these things are interacting. All these perspectives can interact, but if we just look at someone from the disease perspective only even if it's a, you know, that's a very strict. Reason that they're having problems like with schizophrenia or an episode of mania. If we're still only looking at someone as from the disease perspective, we're going to miss the, more personal [00:30:00] aspects of the impact of that disease on sub.

Debbie Sorensen: Absolutely. Yeah. Yeah. You'd miss a lot. Well, and I was wondering, um, if you could talk a little bit more, I think to me out of the four, the life story perspective really struck me as. It, it is absolutely something that I think about with my clients, right. Their history and some of the challenges they faced in their historical context and that kind of thing.

But I had never really quite thought about it in the way that you, the, you describing your book. And So, people can read the book if they want to get a

better sense of all four of them. And I think it's really helpful for anyone who's trying to understand. You know, mental health and mental illness.

Um, but would you mind just unpacking, I think a little bit more about the life story perspective and how our life circumstances, you know, like how do you work with that with your patient?

Dr. Margaret Chisolm: Yeah. So, I mean, I, the life story [00:31:00] perspective is really this the most. The perspectives. It's, it's about the meaning that you give events in your life, um, and how you deal with events in your life. Um, and it's called the life story perspective because, you know, sort of the underlying concepts are that, you know, that you.

Or like a story, right? That you have, there's a particular setting, uh, for every story, there's a sequence of events that happens in a story. And then there's an outcome to the story, how you're dealing with these events and light of, you know, when they happen to you, et cetera. And so there are lots of psychiatric problems that.

Really, uh, have their origin in the life story perspective or the best understood from the life story perspective. Uh, because it's, again, it's about how you're dealing with problems, the meaning you're giving to problems. So I think so many people come to see a mental [00:32:00] health professional because their life isn't where they want it to be.

Right. And so, uh, that could be because they've had a disease that's interrupted, uh, their life trajectory. It can be that because they're engaging in behaviors that are problematic and are interrupting their life. It can be because of their personality being that, you know, Uh, interacting with certain life stressors and making things more difficult for them, or it can be just a life event, uh, you know, a significant life event, like the loss of, uh, uh, uh, one's life partner or something like that, or the loss of a child.

But, you know, people come for help when their life's not where they want it to be. And so taking into consideration what story someone is telling themselves about that is really important. And so, you know, there are some, you know, classic kind of stories that people tell themselves. Like they, you know, there's the [00:33:00] victim's story, right?

My life's not where. I want it to be because all these things have happened to me and I'm powerless and helpless. And so one of the goals in therapy for people

who are telling themselves that story is to build a more collaboratively, to build a more, uh, adaptive story. Um, you know, to feel like you have some agency in your life that you have been a survivor rather than a victim.

And so the goal of treatment for someone who's prime, primarily having a w a. Uh, psychiatric problem that that's emerging from the life story perspective is to rescript, uh, collaboratively, tentatively with a person so that they can have a more healing story that they, they tell themselves. Um, so that's really the goal.

Um, and then there are other, you know, stories that people might say that they, they might have, um, a loss of a loved one and feel like. Because [00:34:00] they weren't a good enough person that they had done something to. God or, um, they felt like they might deserve this or So people tell themselves all kinds of stories, um, about why things have happened to them.

Um, and it's important to understand those stories and to help, uh, shape those stories with, with the person to one that is gonna be more adaptive and help them feel a sense of wellbeing.

Debbie Sorensen: Yeah. help them maybe broaden their narrative. And especially if they're, they have a narrative that's not helpful, that's keeping them stuck and limiting them to

help them kind of see that in a, in a different way change perspective. You know, I I'll just say reiterate your book is so accessible. And I think for people who don't have much understanding, you know, I mean, this is kind of what we learned to do over years and years of training is to look at these different models of [00:35:00] how these, you know, these types of conditions emerged.

So definitely people who want to learn more, it's like the most accessible thing. I think I've ever read that really conveys that in such a, you know, a non simplistic.

Dr. Margaret Chisolm: Yeah. I mean, it's.

Debbie Sorensen: material in a straightforward writing style, you know,

Dr. Margaret Chisolm: I mean, you know, I don't do. I mean it's complicated. Um, but I think that it's, it is an accessible framework. Um, so, you know, basically this is the perspectives approach is really just making explicit what

we're doing already or what we know implicitly that, you know, not everything is a disease. That we're not, uh, you know, just brains walking around.

And so it's a framework really for understanding the problems and kind of making it clear what these families have problems.

Debbie Sorensen: Yeah. Yeah. Well, so I'm going to transition a little bit into this [00:36:00] idea of, okay. So, what do you do, right. If you're struggling and I want to start with a quote you say in your book, "you can live a full life. You really can, even if doing so means adjusting your expectations". And that's the nutshell, I think of what your book is about is about helping people thrive.

Flourish in their lives. So sort of looking at the big picture here, even if someone is maybe struggling with mental illness or addiction, what does it look like to move toward flourishing and thriving?

Dr. Margaret Chisolm: Yeah. So, I mean, first you need to kind of get on the path to. Health through figuring out the origin of these problems and attacking those. Um, but while you're doing that, um, you know, because like we said, sometimes these illnesses can be a little resistant to recovery in terms of symptoms, but that doesn't necessarily mean that, uh, you're held back [00:37:00] from a flourishing life.

So, you know, one of the things that I talk about in the book is the. You know, what does a good life look like? What's a flourishing life look like and most people agree. Um, and this is, you know, for a millennia have agreed that, you know, part of, um, of wellbeing or a flourishing life is having happiness and life satisfaction is having mental health and physical health is having a sense of meaning and purpose.

Uh, having a sense of character and virtues or values, uh, having close social relationships, all those things are important to a full life. You might not be able to have all of them at once. And there may be some aspects of a flourishing life that you're not going to be able to attain, but setting your sights on what the goals are, what you want out of life is the first.

And realizing that, you know, these are accessible goals for most [00:38:00] people, whether they have psychiatric problems or not, most people can achieve a sense of meaning and purpose can find close social relationships can have

happiness and life satisfaction. And so thinking about those goals and how you're going to get to those goals.

You know, we relied on the scientific, the epidemiologic literature that suggests that there are four pathways to flourishing, and those are family work, education and community. And thinking about those four pathways and what you can do as you're , working on your mental health, what can you do to strengthen those pathways?

Those strengthening, those pathways may strengthen your. Uh, mental health as well, but they'll certainly help you lead a fuller life, uh, while you're on this path to, um, to getting better from your mental illness or whatever psychiatric problems you're experiencing. [00:39:00] So thinking about ways, you know, I worked at the center for addiction and pregnancy for about 10 years, uh, working with drug dependent, pregnant with.

you know, while they were pregnant, it really wasn't that hard to help them stop using heroin or what ever substance they were using, because there was a lot of motivation, you know, wanting the baby to be healthy, wanting the, to retain custody of the baby when the baby was born, um, a lot of motivators, but it was often hard to help people stay well after the baby was born.

And so. in addiction because it's a challenging illness to treat, people for years have relied on these pathways, thinking about how people need to get connected to a community like AA or N a or reconnect with their faith community. Uh, thinking about how people need a job or. Further their education so that they can [00:40:00] get a better job, um, and reconnect with the families.

Uh, many of our women had burned bridges with families, as people often do with addiction because of the, you know, um, need for money to support addiction. And they might steal from their family members and lives, et cetera. So, you know, it's no, these pathways to flourishing are, uh, are no stranger for those of us who work with people with addiction because the.

This is part of the prescription for, for recovery, um, is strengthening these pathways with family work, education and community. Um, so just like in addiction, in the rest of psychiatric, um, problems, uh, it's also important to think about these pathways. How can you strengthen your support? So your ties with your family, how can you, uh, find a job?

Whether it's a volunteer job or a paid job in which [00:41:00] people are depending on you. And, and that's bringing you a sense of meaning and purpose in your life. You know, how can you strengthen ties with communities, build up a community of people with whom you have shared interests. And again, that could be a faith community that could provide support, or it could be a community of people with whom you share a hobby.

And then thinking about your, um, your education. Is there something that you, you know, want to do that was your inner education interrupted because of a disease process or an illness? Do you want to, um, you know, further your education or do you want to not have formal education? continue, but do you want to engage in learning, um, a new skill or, um, you know, something that would be more.

For fun. Uh, and.

Debbie Sorensen: Yeah, these are all important domains. I think. For, for most people. And also they are things you can [00:42:00] engage in. I mean, I love that there's this sense of like, you can take a step right? In one or more of these domains that will likely enhance your life. Um, so I just want to imagine that maybe a brand new patient of yours is sitting with you for the first meeting and maybe that. Not quite where they want to be in their lives. What are your thoughts about where you would begin in terms of first identifying which pathway and which steps to take, and then how, how might you recommend someone get started if they want to take a step in one of these directions or more than one?

Dr. Margaret Chisolm: Yeah. So, um, so, you know, with every patient that I see, I spend a couple of hours with them at the initial visit. And, you know, the goal is to kind of sort out the look at E look at their problems from the perspectives, but also to kind of see where they are on these various pathways as well. So with [00:43:00] every patient, I'll just make that very explicit.

Uh, you know, I'll say at the end of the evaluation where I've asked them to, um, you know, if there's anything I've missed, if any, I'll ask them, you know, how much, um, do you think. You can explain what's going on by this, from this perspective or that perspective, I'll give my point of view. And then I'll say, and in terms of your goals, uh, what, what, what are your goals in relation to family and relations?

Work education and community. And then we'll prioritize, we'll prioritize which, uh, aspects of the psychiatric problems to focus on. And we'll prioritize which of the pathways to focus on. And we do that simultaneously. Um, you know, if somebody has, is coming. Uh, the disease of mania that might be a focus is to get them out of that manic episode so that they can engage in [00:44:00] psychotherapy and a more coherent and, and helpful way.

Um, so that might be the priority there. Um, but once they are able to engage in therapy, setting the goals, do they want to. Uh, get support from a community. Do they want to be able to go back to work? What's what's the priority at the moment for them. Um, but all of these are operating kind of simultaneously thinking about the four perspectives, thinking about the four pathways and making priority priorities with the patient, um, around those perspectives and around those, uh, paths.

Debbie Sorensen: Yeah, it sounds very collaborative. And, going through that process together of determining the goals. Do you offer any advice? Getting started for taking steps in whatever the goal oriented domain might be.

Dr. Margaret Chisolm: Yeah, absolutely. I mean, I, you know, I tend not to want to impose, you know, Things on patients. I really like it to be [00:45:00] collaborative and I like it to come from them. Um, so, but, you know, I will inquire about, for instance, in terms of faith communities, I will inquire if they had been a part of a faith community, if that was something that.

Uh, was meaningful to them. Is that something that they want to re-engage in and then what steps would need to be taken? Would they need to like visit various, you know, faith communities or is there one that their family members go to that they would kind of go with them to, um, things like that, but it is very collaborative.

I really don't want to impose. Anything on someone. I really want it to come from them. So it would be through me asking questions, um, and helping people identify what their priorities are that we, we arrive at this. So I tend not to give too much advice, um, because I always say, you know, if it goes, [00:46:00] well, then, you know, they can't take the credit.

It's more me. You know, told them to do this. So I want them to be, I want people to be able to take the credit when things go well. And I also want them to take the responsibility when things don't go well and not just blame me for

having given crummy advice. So I really think it's important to develop a sense of agency, um, in terms of set.

The patient set the priorities and, and, and the next steps that they want to take and then be able to reap the rewards of those, um, good decisions.

Debbie Sorensen: Yeah, very client centered in the sense that you're not telling them what to do. You're, you know, helping them clarify it for themselves, but you're not giving them a, an order, a demand. It's it's. You know, guiding them along their own path.

Dr. Margaret Chisolm: All right. I mean, I often joke that, you know, I've got enough kind of, I have to make enough decisions about my own, if

Debbie Sorensen: Good point. That's hard enough.

Dr. Margaret Chisolm: of another, I'm [00:47:00] making those for another person's though.

Debbie Sorensen: It's hard enough for ourselves.

Dr. Margaret Chisolm: It is.

Debbie Sorensen: Absolutely. Yeah. You know, and on the podcast for those who are interested in more, we, we do a lot of episodes where we talk about either values and exploring your values if you're not sure. Um, but then also, you know, goal setting and behavior change steps, because there's so many things that can be hard about making a change or taking a very courageous action.

You know, you mentioned the example of re-engaging with a faith community. You know, sometimes people. It takes some courage to take a step in that direction, maybe joining a new church or religious group or something like that. And so I think, you know, there are some evidence-based strategies that can help people.

Once they've identified something that they can kind of move in the direction that's, that's important to them with their individually chosen.

Dr. Margaret Chisolm: Yeah, it's amazing what people can accomplish when they have internal motivation to do so. I mean, I, I have a patient right now who

joined, uh, uh, a sport that [00:48:00] I don't know if I'd have the courage to join. It's all. I really get a lot of inspiration from my patients who are able to do things that I. I don't know if I could do myself and I certainly didn't expect them to be able to do.

It's been very impressive seeing what people can do when they're really motivated. So,

so it's really supporting that motivation that's and, and giving people a lot of positive reinforcement for taking those steps that I think is my.

Debbie Sorensen: Yeah. Yeah. What about the role of. Friends or family members. So you also, you know, your book is also directed maybe towards someone who has a person that they love and care about. Who's struggling with mental illness or addiction. do you have any words of wisdom to offer someone who wants to support someone that they care about?

Dr. Margaret Chisolm: Yeah. Well, I think one point that I make in the book is how important it is to have a family member or. Close friend, uh, [00:49:00] be part of the psychiatric evaluation or the, at that initial evaluation, especially because they have a perspective that sometimes that, you know, will be helpful and will be complimentary to the perspective that the patient brings.

And so I think kind of clarifying and trying to. More like a 360 kind of a view of the person can really be helpful in understanding the problem.

And perhaps it's even inappropriate in the treatment to figure out how they can best support. This person, but I also think, um, understanding, uh, the origins of somebody's problems can be helpful for family members, understanding that this might not, if it's a disease that there may be aspects of this that are beyond the control of the person, or if, um, if somebody feels things really strongly, that.

That's just who [00:50:00] they are. That's not typically going to change. What will change is how they respond to that in terms of their own thoughts or behaviors. And so supporting a person, knowing when to, um, you know, what is within somebody's control and what isn't, um, , if you're close to somebody who has, uh, an eating disorder is, has anorexia nervosa or something like that, knowing, um, you know, how you can be best supportive to them.

Um, you know, because choice becomes so narrowed, uh, when you have a behavioral disorder, um, that. It looks to you, like it would be a really easy choice. There are all these bad things happening in somebody's life. Why are they still engaging in this behavior, knowing how with conditioned learning with what they're getting out of starving themselves, which not might not be apparent to you, how that has narrowed their choice and made this a really, um, you know, [00:51:00] difficult, uh, to, to act in the ways that you think.

Like reasonable to act. So just getting a better understanding. I think of the origin of psychiatric problems will really help family members be able to support their loved ones in their recovery from these products.

Debbie Sorensen: Yeah, it can help be more compassionate and know how to support. Someone, and but I think, yeah, I just think that this is so critical in terms of just the role of social support in recovery.

You know, we need that sentence. Being cared for and community as part of living a full, meaningful life. And so it's really an important piece of it.

Dr. Margaret Chisolm: Yeah. I mean, we've known for years. How important families are to the recovery from psychiatric illness? I mean, they're. Schizophrenia is a classic example of that. The, there are definitely things that [00:52:00] family members can do that will improve the prognosis of their family member. You know, the high expressed emotion, uh, which is either, uh, kind of a lot of, uh, of, uh, vocal volatility in the family, or just kind of helicoptering, um, or over-involvement can really be Def detrimental, um, to somebody with schizophrenia to their wellbeing.

So we know that there are things that family members can do to help support their loved ones in these diseases. And we've known that for years. Um, and that's not to blame parents for these diseases, but it's just to say that there are things that we can do, uh, with, for our loved ones that will help support them.

So knowing what those are, or for various illnesses is really important. I think

Debbie Sorensen: Yeah. Yes, I agree. So one final question. I think, you know, when I'm we talked about when [00:53:00] you were kind of getting started with someone and helping them with. Getting started down these pathways when I'm wrapping up with a client at the end of some work that we've done together, I'll often talk to them about navigating setbacks ahead, right? The bumps in the

road that are inevitable. It's part of life. As we've learned through the last few years, life can be hard sometimes.

How do you look at setbacks in your work as you're, you're working with your patients in as part of the recovery process?

Dr. Margaret Chisolm: Yeah. I, I, I mean, I, so when I, uh, meet with patients, I always, everything's always tentative. Right. So we come up with. Uh, tentative treatment plan, a tentative formulation, tentative diagnosis, tentative treatment plan. And we see how things go. Um, you know, I think there's a myth that people are supposed to feel worse before they feel better in treatment.

I mean, the idea is that overall you're supposed to be feeling better. And [00:54:00] so reassessing after several months, how things are going. Um, you know, is this, are we on the right path? Is this are things getting better? So I think setting the expectation that it's going to always be a collaborative experience is important.

I also think it's important to set the expectation that there may be times when. You know, you're not moving forward as, uh, as quickly as you had been, or that there are setbacks as is clearly the case with addiction. Right. It's, you know, it's, uh, relapses to be expected. Um, so I think really having role induction at the beginning of treatment over what to expect that yes, generally.

Things should be moving forward. If they're not, we're going to try to figure out why maybe it's something we're doing in the treatment, but also, you know, once one is [00:55:00] well on the path to recovery from S one psychiatric problems. It's important to realize that life happens and there may be times. When things are not going to go as well as they have been going.

And you need to kind of look at your goals and look at the, what might be going on. That's causing, these obstacles.

Debbie Sorensen: Yeah, I think that's it. It's really looking at more of a process, right? It's not a one and done kind of situation. It's a process and you're, you're helping people prepare for that and expect that to be the case and, and to have some, some idea of what to do when those, those bumps in the road do happen as they continue, continue living their life.

Dr. Margaret Chisolm: Yeah, absolutely. Life is long and many things happened to us. Uh, often unexpected. So, uh, and you know, we need to be able to reach out for support also.

Debbie Sorensen: well and on [00:56:00] that note, how can people find more about your work? We have your book from survive to thrive available. And are you online or where can people learn more about the work that your.

Dr. Margaret Chisolm: well I do have a website it's Margaret Chisholm, md.com. Um, and then also, uh, through Hopkins. So Johns Hopkins, Margaret Chisolm. I think I'm the only one there. So you can find me there too.

Debbie Sorensen: Wonderful. Well, I really appreciate you sharing your work with us today and coming on the podcast. Thank you so much.

Dr. Margaret Chisolm: Oh, it was great. Talking with you. Thank you for having me.

Diana Hill: thank you for listening to psychologists off the clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patrion.

Yael Schonbrun: You can find us wherever you get your podcasts and you can connect with us on Facebook, Twitter, and Instagram.

Jill Stoddard: We'd like to thank our [00:57:00] strategic consultant, Michael Harold, our dissemination coordinator, Katy Rothfelder and our editorial coordinator, Melissa Miller.

Debbie Sorensen: This podcast is for informational and entertainment purposes only, and is not meant to be a substitute for mental health treatment. If you're having a mental health emergency dial nine one one. If you're looking for mental health treatment, please , visit the resources page of our website off the clock. psych.com.