

thinking mode. I often ask clients to walk on the spot to facilitate their planning. The Realist establishes timeframes and milestones for progression towards the dream, so finding ways to measure whether you are moving towards or away from the dream.

Lastly, you step into the Critic position to review your dream and plans. The Critic focuses on 'What's missing?' in order to avoid future problems, and considers what happens if problems occur. The useful posture of the Critic is angular, with your head and eyes down and tilted to one side. This posture often helps you to detect what is missing and needed. As you identify the missing links, you can go back to the other positions to think about solutions for potential future problems.

At this point, sometimes looking at these three positions from outside the triangle ('meta-position') is useful, giving you a broader perspective on what has been found in each position. The participants in our intervention study⁸ noted that this order (Dreamer Realist Critic) was also helpful. In many cases, they had those three thinking modes in their head all at the same time, resulting in confusion, or had the Critic first, which resulted in stuckness. Half of the participants were natural dreamers, who were most at home with the Dreamer position, and found the Realist position particularly useful; the other realised they were natural realists, and found the Dreamer position useful. They also reported that the posture in each position helped them access the relevant thinking modes. Indeed, how you use your body is another key component of NLP. The participants' self-efficacy and intrinsic motivation were enhanced using the Disney strategy.

The Disney strategy can also be applied to a team.⁹ For example, as a

team, you can think about an ideal outcome first, focusing on what your team wants. Then you move onto planning: what steps are needed to achieve the goal. Finally, you review the goal and plans from the Critic position, identifying the missing links and considering what response may be needed. In my experience of working with a team, it is relatively easy to find a critic (this may be related to people's fear of social rejection). So, it is useful to guide them to focus on dreaming first (and ask them to put their critic to one side), while establishing something to work on.

Closing thoughts

Consistent with papers reviewing NLP (including our own review), NLP needs further research before it is more readily accepted into mainstream psychotherapy and mental health interventions. While some NLP skills are not effective in the workplace context (partly due to its origin being in clinical practice),² and the governance of NLP practice needs to be more regulated,¹ I believe that there are many effective NLP skills that can help contribute towards effective changes for employees and their workplaces. It is my hope that this article and our continued research and scientific work at the University of Derby, will help to bring an increased awareness of how NLP skills can better support the mental health and performance of employees. ●

Your feedback please

If you have thoughts about any of the issues raised in this article or would like to write an article of your own, we would like to hear from you. Please email the editor: workplaceeditor@bacp.co.uk

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Better conversations about *New parents* and emotional wellbeing



Jane Moffett explores the role that employers can play in supporting staff as they embark on the journey into parenthood



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Suicide is the main cause of death in new mothers¹ and the main cause of death in men between the ages of 20 and 49 years² with the risk doubling after the birth of a child.

This should alarm us but one positive sign that this situation is being taken seriously, is revealed in the NHS Long Term plan,³ which includes several extensions to services to support the mental health of new parents, from the time of conception to 24 months after the birth of a baby. This is welcome news. So too, is the announcement in December 2018, that screening will be offered routinely to the partners of women who suffer from mental ill health.⁴ I'm hopeful that these measures will help to support new parents, reducing the incidence of mental ill health and subsequently lowering the rates of suicide.

Conversations are crucial

The need for better conversations about the emotional health of new parents and an enhanced plan of support is clear. The Duchess of Cambridge has added her voice to those calling for change in relation to maternal mental health. In a recent speech, she said: 'Conversations are crucial, crucial for mental wellbeing, and they should be a part of everyday family life. Talking about a problem with a friend or another trusted person can be the beginning of getting better.'⁵ This 'trusted person' could be a workplace counsellor, a mental health first aider or someone in HR who the new mother has a good relationship with.

When business shows greater understanding towards new parents, there are clear benefits, a point made recently by Kathryn Jeacock, Head of HR at Satellite Applications Catapult: 'Having recently become a mental health first aider, I recognise we need to take a more holistic and personalised approach to supporting new parents in the workplace so that we benefit from the engagement of a fantastic and diverse talent pool of working parents.'

Shame and stigma

Official statistics show that between 10 and 25 per cent of women experience mental health problems in the perinatal period.⁶ However, a recent survey by the National Childbirth Trust (NCT) of 1,000 new mothers, uncovered the fact that 50 per cent of them had suffered some kind of emotional ill health during

pregnancy or the first year after the birth of their baby, and of these 50 per cent, only 42 per cent had sought and received specialist support for themselves.⁷ The reasons for this were multidimensional and included feeling ashamed, the perceived stigma attached to mental ill health and worrying that their babies would be taken away from them.

Role of health professionals

By ensuring that all professionals interacting with new mothers ask them supportively about their mental health, the hope is that the number of women not getting support will be reduced. For this reason, the NCT #HiddenHalf Campaign is focusing on GPs being contracted to ask women about their physical and emotional health at an appointment normally scheduled for six weeks after the birth of their baby (known as the six-week check-up). In the workplace, counsellors meeting with pregnant women, new mothers and new fathers are well placed to also be asking questions about their emotional health.

Postnatal ill health

Postnatal depression is the most common manifestation of emotional ill health in the perinatal period (most recently defined as the time from the beginning of pregnancy to two years after the birth). Various physiological, psychological and environmental reasons can explain the high incidence of this condition. The body's defence system changes towards the end of pregnancy to protect the woman from getting infections. The raise in the production of these pro-inflammatory cytokines on any ongoing, rather than temporary, basis has been linked to increases in stress and depressive symptoms.⁸ Becoming a parent is an identified major life transition – and life transitions are often contributory factors in depression.

A new identity

Also, at this time, there is a change in identity as an adult becomes a parent and, because of the change in structure and status when going from a paid position in employment to being at home with a young baby, there can be a change in self-esteem. The realisation of the gravity of the importance of the role of being a parent, coupled with the pressure of having to find out how to do it 'on the job', and struggling with interrupted sleep, can result in high stress levels. Experiencing depression when pregnant is also strongly correlated with developing postnatal depression. While everyone has heard of postnatal depression, much less is known about antenatal depression.

At work, it can be helpful if managers of pregnant women can look

out for symptoms of depression, rather than making assumptions about the woman's positive mental wellbeing.

Heightened anxiety

It is now being recognised that there are other emotional ill health disorders that are also prevalent at this time – specifically anxiety, maternal obsessive compulsive disorder (OCD) and post-traumatic syndrome disorder (PTSD).⁹ While raised maternal anxiety is a common part of being a new mother, experiencing a constant state of high anxiety could indicate that someone has postnatal generalised anxiety disorder (GAD).¹⁰ Being in this ongoing heightened state of anxiety

can be fuelled by worries about everything to do with the new situation – the health of the baby, the ability to parent and feeding.

A mother with GAD might feel 'on the edge', like the world is speeding up or slowing down, like people are judging her; she might feel restless and numb and she might have a sense of dread. She could feel that her mind is always busy with thoughts and she might be preoccupied with ruminating. Physical symptoms could include raised blood pressure,

sweating or hot flushes, feeling light-headed, having pins and needles, having tense muscles and headaches and having difficulty sleeping.

If women are having distressing and intrusive thoughts about hurting their baby, they could be suffering from maternal OCD.

These distressing thoughts are often followed by repetitive actions that the woman feels compelled to take in order to help keep her baby safe. These actions could be in the form of repeated hand-washing, constantly checking on the baby or excessive washing of clothes or toys. It is extremely common for a woman with maternal OCD to feel deeply ashamed of her feelings as she is worried that they show her to be a 'bad mother'. The fact that she is so distressed by these feelings in fact shows the opposite – that she is caring and hypervigilant.⁸

If someone has experienced or witnessed a traumatic birth, or has been the victim of sexual abuse, they might develop PTSD. While many of

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the symptoms of PTSD are similar to those of depression – and, in fact, having PTSD can lead to depression – it is important that differentiation is made between PTSD and depression as the psychological treatments for the two conditions are quite different. In the case of PTSD, the symptoms of nightmares, flashbacks, panic attacks and weepiness will occur even several months after the trauma has happened, but it will feel as if the trauma has only just occurred, as the brain is not able to process it.⁸

New dads and identity

For new dads, the changes in self-identity, self-esteem and sense of responsibility are also key. Men, too, are going through a major life transition and suffer from disrupted sleep patterns. It is now being recognised that perinatal depression is prevalent for men as well as women, with one meta-analysis putting the figure at 10.4 per cent of new dads, and highlighting the time of three to six months after the birth of the baby as the time when dads are most at risk.¹¹

Having knowledge about the many reasons why new parents might suffer with emotional ill health, and the prevalence of these different types of conditions can mean that therapists working with employees can create the environment where these aspects of becoming a new parent can be discussed.

Ensuring employers, too, are aware of the range of mental health conditions that can present themselves at this time is also important. Workplace counsellors are well placed to raise this awareness and educate management and senior leadership teams by putting on talks for all employees and holding briefings for line managers. If the company has an employee assistance programme, ensuring that everyone

knows about it and how to access this confidential service, is key.

Reducing workload stress

If managers suspect that a member of their team might be suffering, it helps if they know how to talk about it. Ed Bullmore, Professor in Psychiatry at the University of Cambridge, is quoted as saying: 'The biggest single risk factor for depression is stress'.¹² If managers were to put in place strategies for the new parent to reduce stress around their workload, then this could be a positive move.

Some workplaces have new parent mentoring programmes whereby employees who are parents, mentor other employees who are new parents, helping to normalise many of the feelings they might be experiencing and providing the opportunity to discuss combining work with parenthood. Other workplaces have new parent coaching programmes where employees can benefit from having a safe place in which to explore the major transition they are going through.

My many years' involvement in working with new parents has shown me that everyone's experience is so different and, for this reason, it's important for line managers and colleagues not to make assumptions about the new parent's view of their career and work/life blend. Simply having the opportunity to be able to be honest about the range of feelings that can go hand in hand with being a new parent can be the first step to getting the help that might be needed. ●

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