



Transitions: Valuing Vulnerability

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Presenters: Dr Monica Moore, General Practitioner
Julianne Whyte, Social Worker

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPNs aim is to promote and celebrate interdisciplinary collaborative mental health care.

Dr Monica Moore (00:17):

Welcome to Transitions, a series of conversations between a GP and a mental health social worker where we share our perspectives on life's changes, the challenges, the gifts, and what we find fascinating and helpful in our personal and professional lives. I'm Monica Moore, a GP with a special interest in mental health, and with me is my friend Julianne Whyte,

Ms Julianne Whyte (00:38):

And I'm a mental health social worker from Rural New South Wales.

Dr Monica Moore (00:42):

We've got about six episodes mapped out, although of course we might wander a bit. Today, we plan to add to some of our comments on life stages and change generally. Episode two, we'll focus on employment and lifestyle change. We've had such eventful moments over the last 12 months. And session three will be the effects of bushfires. Episode three will be on the effect of bushfires and of us Australians. Episode four on gender and identity. Now there's an interesting topic, episode five on relationships, and we'll devote episode six to a review and hopefully will be inspired by your comments and questions. So please, as you listen to us, think about what you would like us to discuss, what would be useful and helpful to you. And we've both been talking about what we discussed last year and what we're going to talk about now. And Julianne, what are the things that have stayed with you from our episodes that we did last year?

Ms Julianne Whyte (01:43):



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Oh, Monica. Look, when I think back on last year, 2020, God, it was so much that happened last year, wasn't it? But the thing that struck me was the relationship that you and I had developed from my perspective professionally to be able to have a relationship with a general practitioner and a real person that's got passion and feeling about people has just been delightful. And to talk about topics of real interest to me personally and professionally.

Dr Monica Moore ([02:14](#)):

It's interesting. I was actually thinking about the content of the podcast and you've really focused on the process. And I was thinking because the mental health professionals network is really about process. It's really about clinicians from different disciplines and backgrounds and experience getting together and coming together to discuss things and support each other. And ultimately the benefit is to the patient or the client, whichever one you want to call it. And you're right, it's one of the things that we were discussing that even after the podcast is finished, wouldn't it be great to be able to pick our brains about various things and say, look, I've got this case, and what do you think? Because it's just so helpful to see things from a fresh perspective. But when I was thinking about what we talked about last time and how we were discussing things as if we knew, from my perspective anyway, as if we knew what we were talking about, there were times when I was thinking, God, when people hear what I'm saying, are they going to be commenting?

([03:23](#)):

No, but it's like this. And so really, I'm so keen, I would really encourage people who are listening to send in their comments and their questions because we would love to add more voices to what we talk about. But I was thinking we spoke about the two ends of the spectrum, the start of life and the end of life. And as we go into 2021 with the idea that perhaps our lives are going to open up a bit more, I've had a lot more experience about the end of life with not only myself of that age and my in-laws, but also the start of life as I enjoy my granddaughter. And you've had a lot of experience as well about the start of life in the end of life. And you were telling me about something that really stayed with me, which is when a life ends prematurely, what are the sorts of things that we find helpful when we're talking to people about the process of psychotherapy or the process of going through a transition, a major transition, and how, for me, I love metaphors and for me, how sometimes I say we are like lobsters, we are comfortable in our shell, and then something happens and we have to grow.

([04:43](#)):

And so we have to split the shell vulnerable and bare skinned. We have to find a rock to hide under until we grow a new shell. And that's a way of looking at transitions, that it's a painful process and a vulnerable process, but one that ultimately will help us in the long run. And I loved what you did with it.

Ms Julianne Whyte ([05:06](#)):

Yeah, thanks. Monica was, it was just the other day we had that conversation and I was able, I thought a lot about that metaphor you used as well. And I really love the image that comes up with that and used it in the clinical setting just recently. And it just resonated with this beautiful young girl. And you could just see that she took on the meaning of the lobster and she had had an incredible bereavement and was really suffering and struggling with her grief. And when I just gave her permission to hide under a rock, then we use the rock metaphor that sometimes the rock's not big enough and we just need a bigger rock. So sometimes our distress is greater because the rock doesn't quite cover us enough and



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then it takes, it's a painful process to grow the new shell. So we use the process of growing the new shell as a way to introduce the psychotherapy, which was just a beautiful ease into, so what's that like for you?

[\(06:03\)](#):

And what are we doing now? And what her value, it was just beautiful. So I can't thank you enough. And I have used that metaphor, maybe, I don't know, half a dozen times this last week. I love it. It's going to be me in my toolbox now, the lobster metaphor. So I even think I might go and buy one and have it on my desk so that when I say lobster, there's a little metaphor thing rolling around and people can see it and they can have a prompt for it. So thanks for that. That's really great.

Dr Monica Moore [\(06:29\)](#):

But I was going to say, you've taken it to the next level by teaching people about rocks and what are your rocks and how do you increase your rock size and all of that kind of stuff, which I think is that lovely systemic social work perspective.

Ms Julianne Whyte [\(06:45\)](#):

And it was really good because she talked about other people she could bring into her rock, and at times when she didn't want anyone under that look, and then another older person found other examples as to when she had found on her life's transitions that she had needed, not just rocks but a cave as well. And all of a sudden we've got stories and people are just engaging in the metaphor. So look, Monica, this is what's beautiful about this opportunity, is this sharing of just these tools that we can use. And they're just, as you said, they're conversations and their ideas and we go, yes, that can resonate. And I just think it's just been marvellous. Look, I've learned heaps from you though. Every now and then you'll say something really inspiring and I write it down and think, God, I must look that up. And you've read stuff that I've not read, and I've just love the connection because obviously our backgrounds are a bit different, and I just think it's fantastic. I've got lots of things, Monica look up tomorrow, and so I can't thank you enough for the learning that I've done, especially some of the topics we covered last year. It was really good, some of that early stage stuff about welcoming a child into the home and you had some wonderful references, which I found were fabulous.

Dr Monica Moore [\(07:57\)](#):

And the way you framed grief and how there's both sort of an internal process of just to the outsider looks like falling apart and the external process of being instrumental and just doing what needs to be done and how everybody does bits of it at different times according to the way they have to do it. There is no right or wrong, and it just normalises the grief process and it helps people not judge other people because they're doing their grief differently and in a different way, in a different pace. So that's something I use almost every day because we don't just grieve when there's a loss, a death. We grieve from all sorts of things, like the grief of the gradual grief of losing things as we get older, the realisation that, what does it take for us to realise that we are getting old when we're just exhausted doing something?

Ms Julianne Whyte [\(08:56\)](#):



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I told you about my whipper snipper incident this week, didn't I? And I thought, ah, too old for that one now. Yeah, yeah, yeah. Got to get the lawnmower man in now for that one. And that was a bit of like, oh, my independence is gone now. I am getting older. The old body can't do it. So that's tricky.

Dr Monica Moore ([09:10](#)):

Yeah, yeah.

Ms Julianne Whyte ([09:11](#)):

Yeah. But look, I agree with you on the grief and loss stuff, and I think that fits beautifully into transitions, even if there's a change in life of anything, just even becoming another decade older or something that's really significantly happening or you're moving even just professional change where there's a change, where there's a perception of loss or even a positive change, there is still losses associated, those secondary losses. And I see our job, Monica, very much as being the holders of that space for people. And I often sort of sit with people with my hands out like a crucible, being able to say, look, let's just hold this space. Let's just stop a while and consider this change, this transitional moment. What is it like? What are we gaining? But what are we losing? What are the opportunities? But what are the losses? And let's sit with that rather than just do the whole, oh, you'll be right.

([10:02](#)):

Just get over it. Let's just sit under our rock. Let's find a cave, whatever the metaphor person needs. And I think that's a beautiful part of therapy, and I think that's perhaps what I just love about my work is that I can stop with people a while and ponder some of those things and offer them words or phrases, which can be perhaps giving them insight. So that's why I think the grief and loss using that is really appropriate through, and we'll use that probably all the way through these episodes. I think just what does that look like and how do we help people with the language of loss or transition and change?

Dr Monica Moore ([10:39](#)):

You are listening to transitions, a conversation between me, a GP, Monica Moore, and a mental health social worker,

Ms Julianne Whyte ([10:46](#)):

And that's me, Julianne Whyte.

Dr Monica Moore ([10:47](#)):

One of the things that we often hear GPs and as a GP I've truly experienced is that pressure of not having time to have that space and time to listen to people. But then I read that brilliant book, the 15 minute Hour where they detailed how it's not really how much time you give someone, but the quality of the time, the space that you create for someone by being very specific in your comments. And that the fact that GPs have the brilliant capacity to see people for review on a regular basis because that's what we do in relationship. And that in itself can be a wonderful holding space that we don't actually have to do therapy to help people to just process their own grief or their own transition to support them through that messy middle, as some people call it, because you have whatever it is that's precipitated the change, the catalyst, and then you've got that awful

([11:45](#)):



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sort of messy, turbulent washing machine cycle middle, and then you come out the other side with varying degrees of gains and losses and adjustments. And so how do we support people? And frequent small doses can often be just as good as being able to sit for the hour, like mental health clinicians can. I think it's such a valuable thing to know.

Ms Julianne Whyte ([12:11](#)):

Look, and I agree, I think it's a beautiful synergy that happens between practitioners and I think the appreciating and respect for each other's roles in here is absolutely crucial. And that communication about what did we do in our hour? What did you do in that 15, 20 minutes? And having that dialogue really open and respectful is just so critical. We really are colleagues, hopefully with the best interest of the client or the patient in mind, which I think is an important part of the conversation you and I are having because I know I've learned so much from you about what's important to how to get those messages across two doctors and specialists quickly, succinctly, but to actually capture the essence of what we might've done in more longer sessions. And I think that's been a great thing that I've gained too, and hopefully other people listening to this has gained as well that this is an important relationship that we have to develop as much as it's developed between, it's like a triad, I think they call it, don't you, with the patient and the clinicians that it's respectful and open and we're all equal in that process.

Dr Monica Moore ([13:14](#)):

What do you mean a triad?

Ms Julianne Whyte ([13:15](#)):

Yeah, the patient, the doctor and the clinician, that's all.

Dr Monica Moore ([13:18](#)):

No, but there's more than one clinician. Come off it as a GP. You've got the cardiologist, and then you've got

Ms Julianne Whyte ([13:25](#)):

The true, true. I forgot about all the other doctors.

Dr Monica Moore ([13:27](#)):

There's all these other specialists, and then there's the physiotherapist, and then there's the natural therapist, and then the hairdresser. The hairdresser has to feature in there as well.

Ms Julianne Whyte ([13:40](#)):

Absolutely. Hey, do you know what's really funny? It's really lovely. We've just employed a girl who's got a background in hairdressing and beauty therapy or skin therapy, and she's working in our NDIS program with people, and I can't believe the engagement that she has with people that I just can't get. They talk. Even the men are saying, Hey, by the way, can you help me with this? And yeah, she's just amazing. I'd never thought of that as a, well, it is. They do a wonderful therapy as they're doing their accidental counselling in their work, but it's beautiful to see her work with people. It's just delightful and people engaging with that. How lovely.



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Dr Monica Moore ([14:17](#)):

Yep. Do not underestimate how much therapy hairdressers do and how exhausted they get from listening to people's stories.

Ms Julianne Whyte ([14:27](#)):

Absolutely.

Dr Monica Moore ([14:27](#)):

Help will always be given to those who ask for it, and it will come from very unusual places. And all we have to do is ask, but I was thinking also about what happens as we grow and transition through our lives and how when we are born, I'm watching my granddaughter develop and how things are fairly simple. She either likes something or she doesn't like something when she's eating. She's almost like a cockatoo, like cockatoos. They'll look at something and then they'll just drop it without even looking at it. That's her attitude to broccoli at the moment where she picks through what she wants to eat. And that as we get older, we become a lot more discerning and complex in the way that we see the world and also how we interact with it. And I was thinking about how do we know that we are going through a change? Sometimes we know that things aren't right, but we don't realise that it's a change. Sorry, we don't realise it's a transition and that it's a messy middle, and that we sort of almost give up hope halfway and don't think we can get to the other side. How do you help people through that process? How do you give them hope?

Ms Julianne Whyte ([15:52](#)):

Yeah, look, I often say to people that it's when you notice that things feel not right, and how do we tune into the, it's not right yet. There's that loss of the view of the horizon that things are foggy or using the metaphors a lot. They'll come in and say, look, I'm just not sleeping. I'm not eating. People often come in with other related symptoms that I've got this problem, I'm angry with everybody. I'm really struggling. I haven't got answers anymore. And we just focus in on, so tell me what that's like. What are you seeing and feeling inside at the moment? What did you think has changed? What's feeling uncomfortable and what is the uncomfortableness like? And a phrase I use a lot is, how hard is it to lean into this uncomfortableness and just have a look at some of the things and let's map them what's not comfortable right now that used to be comfortable?

([16:45](#)):

And what were you doing previously when things were feeling good that are not feeling right now? And we try to find, where's that missing link or where's thing that's what's gone off the radar, what's shifted? And try to help people just sit with uncomfortableness rather than try and fight it and say, oh, just get on with it or just be flippant about it. Oh, I'll be fine. You'll be okay. But just sometimes sit with it. And I often people might say, look, I've got anxiety, or I think it's depression. And I'll really nearly almost on a daily occurrence say to people, look, I'm hearing a sense of loss. And loss is a grief reaction. It might look like depression, look like anxiety, but let's talk about grief. Let's talk about the losses and what's that like for you? It's not just death, that's a loss, but lots of other secondary losses. And people I find can sit with that and say, yeah, it does feel like this. I noticed that before. Or I might pick up on something in their adolescence or early adult time and say, do you remember a time when perhaps when something else



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might've happened that you felt like this? And help them through what helped them then what didn't help.

Dr Monica Moore ([17:51](#)):

Yeah. And is that what they say in narrative therapy? Like thickening the narrative? Is that, sorry, I dunno if I'm speaking out of turn here, but sort of recognising that

Ms Julianne Whyte ([18:03](#)):

No, right on the track

Dr Monica Moore ([18:04](#)):

That you are recognising that you've been through difficult periods before and therefore this is just another difficult period. And I was thinking there's something that I've just recently discovered because I was talking to my daughter about how exhausted I was after my first day back at work, after leave, and she's full of wisdom. And she said, well, mom, you've got to count your spoons,

Ms Julianne Whyte ([18:27](#)):

Which sort of spoons, teaspoons?

Dr Monica Moore ([18:29](#)):

Which sort of spoons. Have you heard about spoons theory?

Ms Julianne Whyte ([18:31](#)):

No, I've never heard spoons theory before. No. So tell me your spoons theory.

Dr Monica Moore ([18:36](#)):

Oh, Julianne, this is a good one. Okay, so this woman called Christin Miserandino. Okay,

Ms Julianne Whyte ([18:42](#)):

Yeah.

Dr Monica Moore ([18:43](#)):

And so in 2003, she wrote an essay, okay, called Spoon Theory, and she's someone who has Systemic lupus erythematosus. And this is of course the new illness, which is chronic. It's awful. And she was having lunch with a friend and was laying out all her medications and the friend said, really? What is it like to have lupus? How do you cope? And she says, well, I'll tell you. So she got the waiter to give her a whole lot of spoons and said, so I can start. I have to check how much energy I have every morning, and I'm just going to use these spoons to represent a unit of energy. And so say I wake up and I've got five units of energy, five spoons, and I know that I'm coming to lunch with you. So one spoon is for lunch with you, and then I've got a spoon for the taxi here and a spoon for the taxi back. And then I've got a spoon for the daily walk I have to do. And then, oh, I also have a physiotherapist appointment, a specialist appointment, and a conversation with my mother. I don't have enough spoons for that, so I



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have to cut out some of my allocations of spoons because I don't have enough spoons to cover. And so that might be a day when I ring you and say, I can't do lunch today. And that's why, because I've run out of spoons.

Ms Julianne Whyte ([19:59](#)):

That is really insightful.

Dr Monica Moore ([20:00](#)):

And then I've got to look at things that I give that give me spoons. Okay,

Ms Julianne Whyte ([20:06](#)):

I really like that.

Dr Monica Moore ([20:06](#)):

And that when people are in the messy middle, that at the moment you've got to count your spoons. Especially through this pandemic and lockdown and the fear and all the deaths and losses and the catastrophe that's happening overseas and all of that kind of stuff. And we'll be talking a bit more about jobs and health issues and all of that. It's that recognition that as humans, there's only so much we can do in a day. And some days you'll wake up and you've slept really poorly or you had something really stressful, it was really hot, and you don't have air conditioning, whatever it is, and you just don't have enough spoons. Even if you don't have a severe chronic illness, you still got to count your spoons.

Ms Julianne Whyte ([20:51](#)):

That is, so

Dr Monica Moore ([20:52](#)):

That was really helpful.

Ms Julianne Whyte ([20:53](#)):

Yeah. Another metaphor from Monica.

Dr Monica Moore ([20:55](#)):

That's right.

Ms Julianne Whyte ([20:56](#)):

I really like that.

Dr Monica Moore ([20:57](#)):

That's from Rachel, my daughter. Give the credit when it's due.

Ms Julianne Whyte ([21:01](#)):



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But that's really good to think about too, when you're helping people monitor. Energy is such an important thing with people with chronic health issues or coping with severe change. And even looking at our little people, like I've got a couple of grandchildren who just started school and God, I love messenger. I'm getting all these beautiful photos on a daily basis of little people. And then I'll ring my daughters and my sons at night and say, oh, how did they go? And they, oh God, they're in bed already at five o'clock. And you can see there. But I'm going to pass that on to the children tonight to say, look, maybe think about our little people too as they start school and preschool that they've only got so many allocated spoons and they've actually used up nearly all of them, probably just keeping, not doing wee's and poo's in their pants at school today.

[\(21:40\)](#):

That's just enough to deplete. Actually, can I tell you a funny one that's not really funny? Just as a diversion, my little granddaughter started kindy last week and the teacher said, now your job today is preschoolers. First graders in foundation is not to wee or poo your pants all day, so that's your job. So this little granddaughter came home and said to her mother, can I just sit on the toilet for an hour? I haven't done wee and poos all day, but I didn't do it in my pants, but I didn't go all day either. I've been so extra good.

[\(22:14\)](#):

And it was just so literal and the energy she put into that concentration. All day, she had a bath and was asleep in the bath in about 10 minutes, the dear little dot. But that's part of transitions too, isn't it? Is how do we then manage that little person as they go through the biggest, one of the biggest next changes of their life? Isn't it just that, oh, this big school, what is it like? And then how is we, parents adjust too, now all my children are at school. That's a big transition. Interesting. But thank you for that metaphor. I like the spoons and I like the lobster. That's good.

Dr Monica Moore [\(22:50\)](#):

Yes.

Ms Julianne Whyte [\(22:53\)](#):

Really good. But I'm glad my dual processing model of grief and loss is resonating with you because, and I dunno whether I've sent you, and maybe this is something we can make available to people listening is a beautiful paper by Dr. Christopher Hall on Beyond Kübler-Ross, and it's so respectful of all the previous authors and theorists who have conceptualised grief and loss, which are probably more from a death and dying or significant losses like those to actually reconceptualize loss as any the feelings that we have as we cope with change where there's a perception of loss. So it's a really beautiful paper and provides an understanding of where we are moving, how we integrate and adapt these all the various models into some really good therapeutic tools. So just remind me to pass that on to you, Monica, because it's really good

[\(23:46\)](#):

And it's a lovely one. I often give it to clients who talk about stages and phases of their grief or change. And I'll often just pull them up a little bit and say, look, we don't actually identify, we have emotions, but we don't go, this is anger, this is denial, this is bargaining. But we have a range of emotions, and it is about how we cope and what are our triggers. And that's what I think is so user-friendly of this model



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because can be used across not just death and dying, but for all change. And I think it's very useful. So we must make that available for people if they haven't got it.

Dr Monica Moore ([24:19](#)):

So you've been listening to Transitions conversation between a GP and a mental health social worker where we share our perspective on life's changes and transitions. Next time we're going to be discussing loss of employment, lifestyle, really loss of our future, something we all have been too aware of as a result of the pandemic, and we learn so much from each other. If you've got any comments, any topics you'd like to discuss, we'd love to hear from you because it's really great to talk to someone and hear from someone from a related health discipline and gain different perspectives. And all you have to do is click on the link in the show notes and we'll find out about it. It's goodbye from me, Monica Moore, GP

Ms Julianne Whyte ([25:01](#)):

And Julianne White, a mental health social worker in beautiful, sunny rural New South Wales. Thanks, Monica. And thanks team.

Dr Monica Moore ([25:08](#)):

And remember, click on that link, send us your comments and questions. We really want to hear from you.

Host ([25:15](#)):

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