

CHAPTER TWO

JOURNEY TO THE CENTRE OF YOUR LIFE – THE MAP OF LOSS



The Map of Loss (Figure 1) has been developed by Roslyn Snyder and is published in the book *Journey to the centre of your life – the map* (1999). The book deals with the challenges of living life. As highlighted by Professor Michael Clinton (2000) “the chapter on relationships deals with death, divorce or separation, life threatening illnesses and their psychological consequences. Whether we face the challenges of change, or teach other people about how to respond to them, we will find here the nearest thing available to a handbook for life” (Clinton, 2000, p.153). Snyder’s goal in writing the book *Journey to the centre of your life – the map* was to write something that everyday people could use, providing them with an insight into the psychological processes of life in everyday words and pictures (Snyder, 1999). The book includes exercises, which they can work through on their own or with someone, and also contains stories and poems to explain or emphasise certain messages.

Ways of taking the journey

Journeys through The Map can be taken on your own by reading the book, or in various workshop forms. Snyder (1999) describes the journey through The Map like this:

“Imagine you want to go on a journey, a journey to a foreign place, somewhere you have heard about but have never been. Firstly, you look at maps and read about the place; this is what it is like to read the book *Journey to the centre of your life – the map*. Doing a half-day workshop is a bit like going to a slide evening, where someone talks about their trip, while showing some slides and some time to ask a few questions. Most of the time the slide evening whets your appetite, and you just have to go there. Some people are not quite ready to take the journey into the unknown, the unconscious and the emotional.

If you decided to journey to this foreign place, you arrive by plane, and get into an air-conditioned bus with tinted windows. Driven from place to place, you get the view from the bus through tinted windows. At two or three places, you are allowed to get out of the bus, feel the temperature, smell the surroundings, hear the noises and generally experience the landscape. Sometimes people realise they have been here before. This is what the one-day workshop is like.

The two-day workshop allows you to get out of the bus at every stop, and taste the air all over this foreign place. All journeys can be emotional, because they journey into the centre of your life. However, people learn a great deal, and will identify ways to help, not only themselves but also other people, through the journey. Some of the places can be quite daunting for people, who have or have not been there before, a bit like seeing beggars or eating dog in other countries. At first you cannot quite believe it, but then you can understand how and why, it is like it is” (Snyder, 1999b).

The Map

The Map is a simple, easy to remember picture that explains complex psychological processes that everyone goes through during life. The Map presents a visual guide to the importance of balance in our lives, in particular the balance between actions, cognitions and emotions. The Map is a means of understanding the process people go through when changes occur in their life. It has been developed for anyone to use. It is about change, whether planned or unplanned, and it is about choice, informed or uninformed (Snyder, 1999).

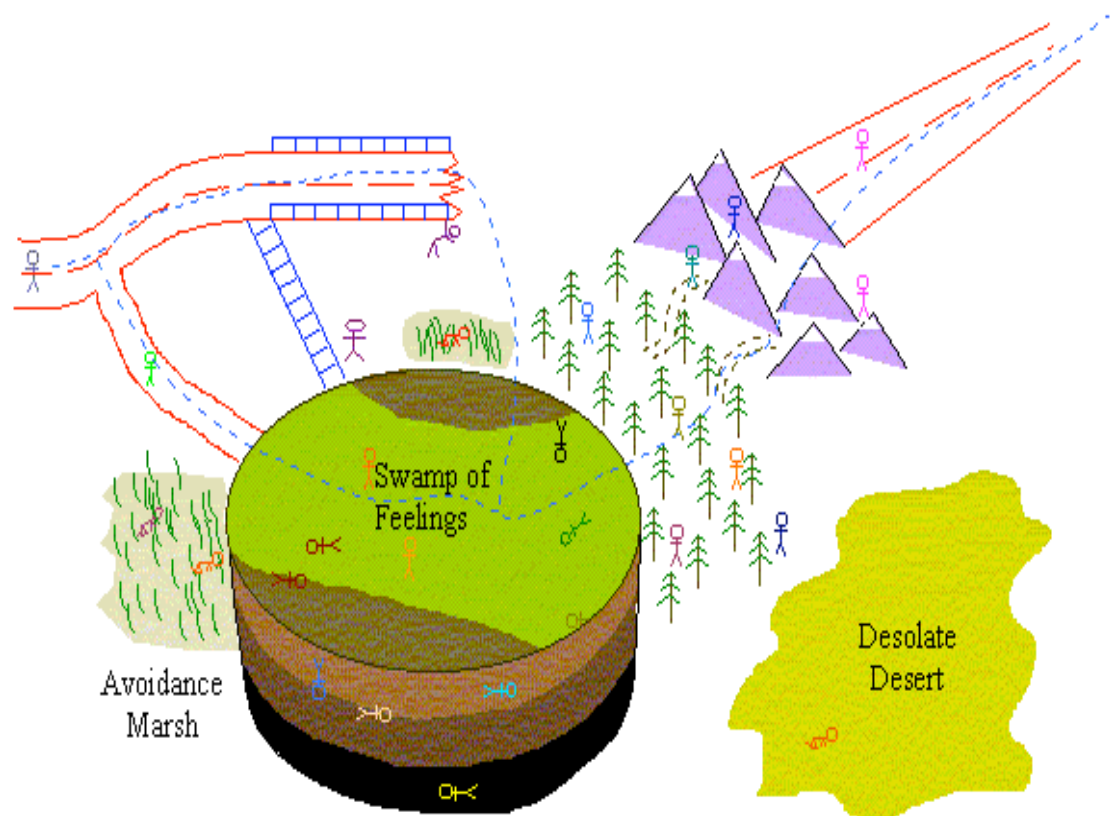


Figure 1. The Map of Loss [modified view] (Snyder, 1999)

As discussed by Snyder (1999), throughout life we move through a series of changing relationships. Each time a relationship changes we move through the entire Map, learning more from our life changes. The more times we proceed through the landscape, the easier life becomes, because as we go, we learn to deal with the changes more effectively. The Map utilises metaphor to represent life as a series of relationships and asks the individual to see life as a journey on many alternate relationship highways, with varying exit points referred to as a 'catastrophe bridge' or a 'voluntary off ramp'. According to Snyder, we reach a point when our relationships must change. Depending on the circumstances of that change, we will exit the relationship highway via the

‘catastrophe bridge’ or a ‘voluntary off ramp’. We fall from ‘the bridge’ in circumstances where we have no control over what happens, such as a death in the family. In situations where we have some control, for example moving to another state or changing jobs, we exit via the ‘voluntary off ramp’.

Regardless of how the relationship highways are exited, there are emotions that must be dealt with in the ‘swamp of feelings’. The only way to negotiate the swamp is to swim through it, by acknowledging, experiencing, moving through and letting go of our feelings (Snyder, 1999). According to Snyder many people find themselves caught within the emotional landscape in the ‘swamp of feelings’, the ‘anger or guilt mudflats’, ‘avoidance marsh’ or lost in the ‘desolate desert’. Depending on the intensity of feelings and your ability to cope with them you may find yourself swimming in circles or sinking through varying levels of depression in the swamp, being ‘stuck in the mud’ of your anger and/or guilt or hiding from your feelings in the avoidance marsh. Alternatively you may completely disengage and hide out in the ‘desolate desert’.

Once you successfully swim ‘the swamp,’ you learn from that experience and the next time it is easier to negotiate. Upon exiting the ‘swamp of feelings’ the way forward is through the ‘forest of hope’ where you hope you are getting better but you are not quite sure. This is a time for rest and reflection, after which you journey over the ‘rocky paths’ where you feel okay but things are not entirely clear yet and you are gathering information. This information gathering is preparation for rebuilding your life or creating the changes you are considering. Finally you climb the ‘Seemore Mountains’ where you are able to see the possibilities. This is considered by Snyder (1999) to be the point where emotions, cognitions and actions are in balance and effective decisions can be made.

Development of The Map: A conversation with Roslyn

BJ: How did you develop The Map?

RS: Well there are many things that have contributed, the four main areas are my education, personal observations, personal experience and the large numbers of books I have read, and all the movies and television programs that I have watched over the years. (Roslyn draws a picture (Figure 2) consisting of four boxes with the categories of information entering her brain and a picture results.) One night after completing my Psychology degree I had a dream of this picture, which was The Map, I got up and drew it. The next day I started to write about what it was, and things developed from there.

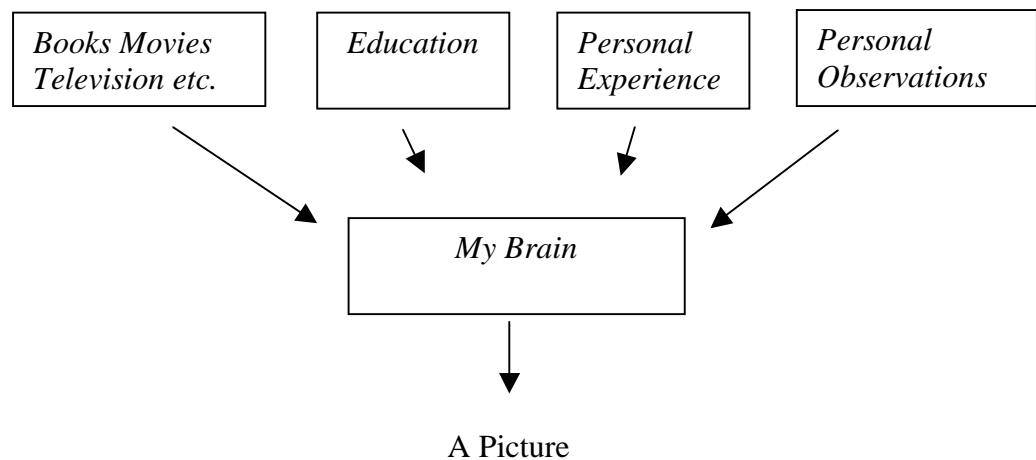


Figure 2. Model of Map development.

I studied psychology at Murdoch University achieving 1st Class Honours. My honours thesis was on olfaction in migraine (Snyder & Drummond, 1997). The Map comes from lots of different areas that I've studied; cognition, behaviour, motivation, psycholinguistics, culture and meaning, laws of physics, quantum physics, laws of nature, both biological and physical, microbiology, medical, Chaos Theory and mind body, soul connection. I've always read a lot, probably while doing my degree I read something like 700 psychology books and all of these things have contributed to The Map. I probably read about 1500 other books including novels. They are all in there. Especially Chaos Theory because its really like a model for the underlying reasons for people's behaviour, and while people's behaviour sometimes seems like its chaotic there's actually an order to it and a reason behind it and, um, because I started noticing stuff like that from the age of five (laughs). When I look at The Map I can see all those things, and really it's a mathematical model, but I know that not everyone sees all these things but only see part of it. I understand and I'm not surprised that people see other

smaller bits. It's just that my attention is with the overall patterns, and from these overall patterns you can distil the individual smaller bits. So that's all my formal education. I suppose the whole idea of The Map is actually based on the philosophy underlying it, well it is based on my education and my life experiences. The basic philosophy is that if people see what they need to do, they will do it. So The Map is about understanding, education and empowerment. Getting people to see form and substance.

When I was around age five I was with my mother waiting to catch a bus in Perth, I turned around to look at a group of drunks outside the hotel. One of them was sitting on the footpath and I remember the mosaic tiles on the wall he was leaning against. When I looked I noticed the ash on his cigarette and remember thinking wow that's the longest ash I've ever seen. Then I looked again and realised the cigarette was actually burning into the skin of his fingers. I remember the officers that came yelling at his mates. Asking them how they could not have noticed that their friend had died. The important part of the story was, actually in that moment when I realised he was dead. I remember thinking how could someone die like that! Another time that I remember, I was around 10-11 years of age and a friend and I had decided to take a short cut through the school grounds out of hours, which was of course against the rules. We came across an older woman under the bushes and we were all excited (laughing), because we thought we'd found a dead person and we'd be famous like the people on Homicide (television program), but then we discovered she was only asleep. Anyway she told us her story and that she was there hiding from her violent husband and in that instant I remember thinking how could someone live like that!

When I realised, I don't know when I realised exactly, but I just sensed there was some meaning to all this, what seemingly looked like chaos all around me. When I was working in a medical centre with 27 of some of the top medical minds in Australia and the same sorts of patterns were happening there. The level of extremity was lessened, but it was still there. That was one of the main reasons that I wanted to study psychology, to understand what this pattern of behaviour that I could sense that was there, actually talking to people and listening to people. I remember when I was 10 and young guy who was 19 was telling me how he just about killed his father one night, I had lots of people tell me their stories in our primary school - we had one girl working as a prostitute, that was her family situation. Also I lived with so many people growing up. One day I calculated how many people had lived in my house before the age of three

and I think it was about 42 different people that I'd lived with. So I've had some unique experiences and it is very different living in the same house or the same bedroom with people, than it is meeting people outside and that.

I suppose then the other part of it is my personal observation. From the time I started working, from the age of 13, I always worked in jobs where I interacted with lots and lots of people. Initially this was in places like in waitress type roles and later in the medical lab. I worked in a very small place where I used to take a blood sample and get a history, then follow it through for all the tests and everything and its amazing what stories people will tell you when they are coming in for certain tests - about how and why they got there, so all those sorts of personal experiences. In one of those jobs I was having between 80 to 100 people a day telling snippets of their story. It wasn't like you were serving behind a counter all day because you were on your own. Many were psychiatric patients and a lot had serious medical conditions, some I would get each week for a blood test. There were a number of them and I was the only person they had confided in on a whole range of things and that just reinforced this pattern, so I suppose that sort of covers the observations of people. I suppose my own family, well that was sort of interesting too (laughs). Then there are all the hundreds of novels I've read, movies and television shows even, that I've watched over the years, and this pattern is in so many of them and you know a dud book when it doesn't make any sense. So The Map reflects our deep knowing and our deep knowing of life, which everything else is based on.

BJ: So can you describe the pattern?

RS: A description of the pattern would be the actual Map. That there are places where people get stuck and while their behaviour may be different, the underlying sense of life is different. This comes through sometimes in the words they say, sometimes in their body actions, sometimes in how other people react to them, and so its really sort of like grouping people into these particular groups. But in each of these groups there are multiple behaviours... um... some of these groups overlap; it's a bit like a Venn diagram if you know about mathematical Venn diagrams

BJ: When you say people 'get stuck' what does that mean; what's the 'stuck' part about?

RS: That's about... well in The Map it is all about emotions and it has something to do with their emotions. There are other patterns that I'm now working on, where it's a bit different, but it still leads to a 'stuckness'. The 'stuckness' is really about for some

reason they learn ways of coping - 'the stuckness' is their way of dealing with emotions. Emotions are designed for us to feel, so that they communicate something when our sense of self is really trampled on. We have the feelings and so nobody or hardly anyone stops himself or herself feeling happiness and joy initially. So when someone tells a joke everyone laughs, no one tries to stop that. But with other emotions like with anger, grief and sadness and those things, it's like we don't have a right to feel it. And so they get stuck on that and how they deal with it, well there are three or four different ways people deal with it, or not deal with it, and that's what the 'stuckness' is. They are stuck, not necessarily in their emotions because some of them avoid their emotions. So they are stuck in that space before their emotions and some just disconnect totally.

So that's the how and all those four groupings (Figure 2) have gone into my brain and you probably shouldn't talk about it in this way but my brain works quite differently to most people (laughing loudly). It's like I collect large, huge amounts of knowledge or information and then distil it down. I've always been able to do this and I was always very, very gifted in mathematics and when I was studying at uni, you know how you do those multivariate statistics, I could look at pages of data and see patterns in it even before computers could do it and that just comes down to an innate ability as far as I can tell. I'm just surprised that other people can't see it like that. But I want the overall patterns, not the little individual detailed bits, someone else can do that bit. The Map also gives the ability to predict what is going on because it all follows these laws that are there, that I can see.

BJ: So how come when you look at The Map you see that and other people can't?

RS: I think everyone or most people are shocked when I say it's a mathematical model but to me it is from all those inputs. This is the pattern that is left there, and I suppose it's really a pictorial representation of a graph, but a 3D graph. I probably couldn't give you the algebraic formula because I don't know the details of that but possibly someone else could. Each of the places where people get stuck is really like a line, and the actual flow through the map is a broad-spectrum type of thing, and in each of those areas it changes. So you'd probably need 1 2 3 4 5 6 (counting to herself) probably 7-8 different formulas for those areas.

BJ: OK, moving right along, let's get back to something I can understand (both laughing).

RS: Yes and all I can say is that it's an innate ability that I can see it very, very clearly but I can't answer why I can see that as a mathematical model. But if you really

consider Chaos Theory type stuff, that's where the maths comes in, at that level it's like predicting the weather in some ways.

BJ: Why did you develop The Map?

RS: The first reason was really for communication. There were a couple of instances that I remember. One of the first lectures I went to in psychology at Murdoch University the lecturer was saying how psychology has all this knowledge and information in their journals, but no one gets to hear about it, because most people don't understand it, its broken down into too smaller bits. That's probably what I didn't tell you. I might have read 1500 books but I used to sit in the library and scan the journals for probably six to eight hours a week. The ones I was really interested in were social psychology, personality, individual difference, a lot of the social psychologies, but then I used to read through the brain development ones as well.

So that's the first one, communication. Also, some of the people I met working in the medical lab, I realised that a lot of them really didn't have very much knowledge. We used to give out pamphlets, written instructions on how to do things like... um... midstream urine and people couldn't follow it, and a lot of the health education stuff, people just couldn't understand it. So that is why I say it's communication initially and it was initially. The other big main one was using it to work with people. When you want people to comply with what you're doing as a psychologist, if they don't understand why you are asking them to do something, they are very reluctant to do it. So if you're telling them to go and meditate or do this relaxation exercise for example, if they don't understand why that's going to help them with their depression, they are not going to do it. So it was a way of helping people to understand what is going on with them as well. The third is about predicting behaviour and treatment. So that as a person working with someone, their behaviour makes sense, and so you know what you need to do to change that, or help them change it, if that's what they want, which is usually the case if they're coming to see you. So they are the three main reasons why. Did I make that clear enough? So there's communication to work with people if they aren't educated and then the behaviour and treatment stuff. I suppose another reason is to help parents or family members understand what's happening with family members that are quite dysfunctional.

BJ: In terms of the prediction then how does the map assist you to do that?

RS: OK, when I explain The Map to someone and they say; "oh I think I'm stuck in this place", then that predicts a whole range of behaviours that they will have. So you don't

get surprised when its six weeks down the track, they come and say “oh I didn’t tell you about this”, whether its self harming or collecting stuff, or things that people try to hide, um... and so... and if you have an event in a family and people are behaving in one way, you can sort of predict how the others will behave. And its not necessarily the way that person is behaving but there’s an underlying part to it, and in predicting treatment that’s much more straight forward, for example, if someone identifies that they are in the ‘avoidance marshes’, we have to do something to get them through the ‘swamp of feelings’, so it predicts that treatment. In the avoidance marshes they are really stuck in that thinking mode, so doing things to help them think isn’t going to help at all. You need to really get them to connect with what they’re feeling. Conversely down at the ‘depths of despair’ in the ‘swamp of feelings’ they are overwhelmed by feelings, so you actually need them to think a little bit first. It works and it works at a group level as well as individual level. (These processes represented in The Map are outlined in Table 1.)

Another bit to the why in some ways was about having a guide for where people are getting to throughout therapy. So often where they are ‘stuck’, I might continue therapy until say they get to the ‘forest of hope’, whereas for some people I might go all the way to the ‘rocky paths’, and that they can recognise for themselves when they get to that place. So they are actually empowered in the treatment to know where they are at, rather than me being in control or power, so they’re much more compliant in therapy or that’s what I’ve found.

BJ: So when you use The Map they understand where you are trying to go in the session?

RS: Yes definitely you’re on a common journey together. It also gives them an anchoring, which I think is really important. Especially when you’re working with people who are very ill mentally, in that their thoughts or emotions are just going haywire. If you have an anchor point, you can bring them back to there to start, so it does a number of things at a number of different levels. It really normalises what they’re feeling or thinking, because often they think they are the only ones this as happened to in terms of their thoughts and feelings, and by actually having it within The Map it normalises it and contains it. While in theory ‘the swamp’ can be the size of a mud puddle, or the size of the ocean, seeing it contained ... there’s an end to it. It doesn’t mean there’s no way out, and probably that’s the other thing it gives people a lot of hope, that they are not too far gone for hope or for help.

Case study examples provided by Roslyn:

The following case studies were provided by Roslyn to illustrate the way in which she uses The Map with clients. These cases also illustrate the prediction in The Map as presented in Table 1.

Case One

A 33-year old woman who had experienced a miscarriage one month previous and couldn't stop crying and feeling that she couldn't carry on. This was her fourth miscarriage and she'd had three live births. The other miscarriages hadn't affected her greatly. The difference this time was that she was in a fully committed relationship and this pregnancy was planned. She was stuck in her grief. At the first session I showed her The Map, and she saw that she was in the 'Swamp of Feelings' not moving, she did not believe she was sinking into the levels beneath. This woman had had no education above year 8 and was unable to read or write.

We discussed some ways for her to start moving through the swamp, expressing how she felt. She also saw that her partner would be experiencing the swamp as well. She decided that she needed to speak to her partner, about how they both felt, and that she wanted to do a cross stitch with a poem she thought of for this baby. This woman rang to cancel her next appointment and I asked how she was going, she said that she and her partner had decided that they would plant a rose bush for the baby and involved the entire family. She had started her cross-stitch and that she was now in the Hope Forest (sic) and didn't need to see me again.

Case Two

A 28-year old woman suffering severe clinical depression with suicidal ideation linked to nine years of domestic violence and two years of stalking (from age 14), with her former partner breaking in to attempt to kill her, the two children and her parents. She had been depressed for many years and had attempted therapy several times before attending one session. When she presented she was abrupt and dismissive that therapy could do anything, but that she would answer my questions, and couldn't give me a commitment that she would return. She did return and we worked through her multitude of issues over a period of five months.

When I asked her what had made her return, she told me that it was because of The Map and how I had explained how and why therapy would work. When she saw The Map she knew that there was a plan to get her through what was going on for her. She could see that she needed to get up from the depths of despair where she believed she had been for many years. She could understand why I would ask her to do particular things. Now eight months later she is about to start University through an assisted program.

Case Three

A young man of 18, with a history of violence, alcohol and crystal meth usage and several suicide attempts came to see me. When he saw The Map he immediately saw that he was stuck in the 'Anger/Guilt Mudflats'. He could see that

he needed to step out of the 'Anger/Guilt Mudflats' and into the 'Swamp of Feelings'. This meant that he needed to explore what was beneath his anger. For him to be able to safely do that in the sessions, we needed to work on the fear of being overwhelmed by the emotions and teaching him skills to express the emotions that were there. Thus combining the cognitive, emotional and actions together as predicted by The Map, refer to 'Anger/Guilt Mudflats' (Table 1).

Application of The Map

“A Way Through” Workshops

The workshops are designed to focus on the individual journey and the meaning attached to life experiences. Snyder has conducted experiential training workshops for allied health professionals in how to use The Map. Workshops are generally conducted over three days (depending on the client group) and utilise art, drama, stories, poems, music, puzzles and other activities to show people ‘a way through’ life. Workshops for clients and professionals are identical except that professional training includes discussion regarding the theory and development of The Map and examples of how it can be used with clients.

Workshop Activities

Throughout the workshops, participants are invited to participate in various activities. The activities are summarised below (Table 2). All activities are optional; participants are free to choose whether or not they take part in any activities undertaken during the workshops.

These activities are both physical and creative and are adopted by Snyder when working with The Map, either in the workshop setting or individual sessions. These activities are included as a means of accessing both right and left hemisphere processing within the brain (Snyder, personal communication, 2005), thus tapping into the conscious and subconscious aspects of processing information and catering to differences in individual learning capabilities.

Table 2. *Examples of activities utilised during The Map workshop.*

Veils and Towels	Different materials are used to demonstrate the differing views people have of the world when suffering from depression.
Box of Anger and Guilt	A box is used to emphasise how difficult it is to move through the swamp when you are holding onto feelings.
The Feeling Body	This activity requires people to consider where they feel different emotions in their bodies, e.g., anger, stress and happiness.
Stories and Poems	A selection of stories and poems are used to highlight the ways in which people can be affected by events in their lives.
Anger Iceberg	This activity asks participants to consider what feelings of anger are hiding below the surface.
Music	Various artists are listened to with lyrics provided to highlight different emotions and consider different modes for expressing emotions.
Write a poem or story	Participants are asked to reflect on the first day of the workshop and write a poem or story as homework.
Time Line of Life Events	The time line has participants considering the events experienced in their lives both positive and negative.
Painting	The use of paints and crayons features in various activities throughout the workshop

Workshop philosophy

The philosophy underlying “A Way Through” workshops is that we all have the ability to create positive lives if we are provided with the tools or shown ‘a way through’ (Snyder, personal communication, 2005). During the workshop Snyder explains this philosophy by drawing a triangle (Figure 3). The segments of the triangle relate to actions, thoughts, feelings, beliefs, including false beliefs and what Snyder terms universal truths or natural laws. Actions are the things we do and say, and are what we and other people see. Thoughts are generally invisible and private. Our feelings or emotions are usually controlled, throughout our lives we are conditioned to not express negative emotion. Beliefs are next and sometimes these can be false as a result of our life experiences. The universal truths segment refers to aspects such as our humanity, the fact that we are one, created equal. Other aspects of this segment would be faith,

hope and love. The philosophy is about balance in all of these segments. All segments need to be in balance in life for optimal functioning. The psychological processes that occur when these areas are out of balance are represented in Table 1, and are the means by which behaviour and treatment can be predicted by The Map, as discussed earlier in the conversation with Roslyn.

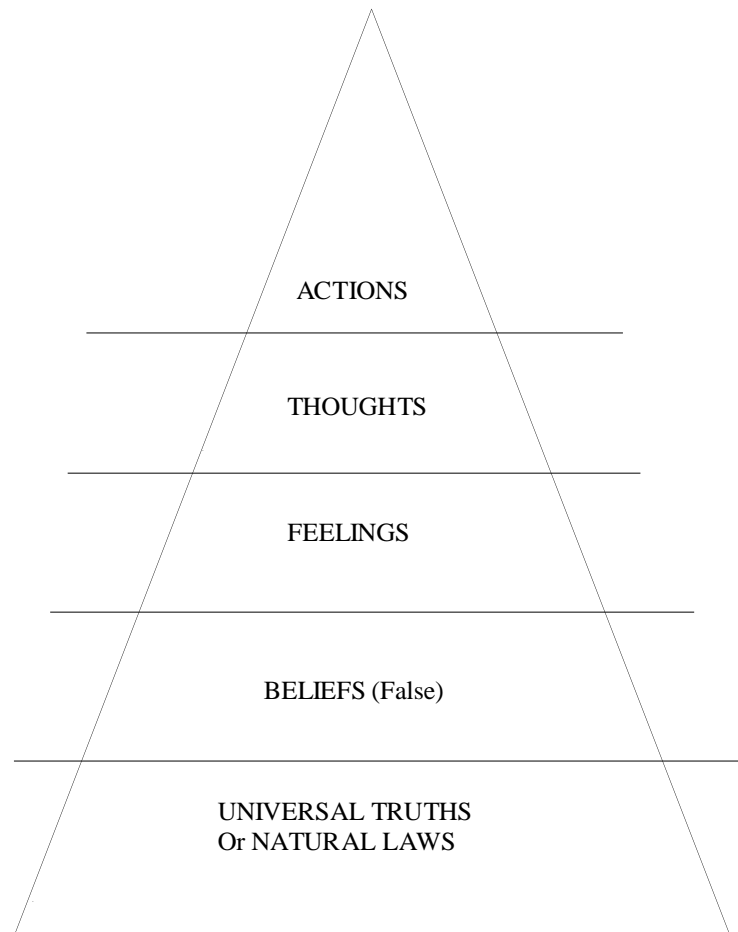


Figure 3. The triangle

By creating metaphors using pictures, creative activities and everyday language, Snyder (1999) has established a unique approach to understanding the currents of life. The approach is experiential and therefore requires us to be present in the journey. An approach, which provides an opportunity to realise the connections between our actions, thoughts, feelings and the beliefs and meaning that we attach to the experiences we have on the journey.

Table 1. *Table presentation of the psychological process represented in The Map.*

Area of the Map	Problem	Rationale	Common Issues	Activities
Swamp of Feelings	Emotions take over cognitions and people feel flooded.	People need to rid themselves of bottled feelings and need to increase thinking.	Addictions cover up the emotions: especially alcohol and food. A common reason given is “so I don’t feel so bad”. Often will have problems concentrating. People in this group are a high risk of suicide yet may present very together.	Expression of emotions, e.g. singing, dancing, journal writing, painting, poetry, sport. Time doing cognitive things e.g., crosswords or knitting.
Avoidance Marshes	Cognitions take over emotions. People feel that they have a void to fill.	People need to “feel” again. Best to start with enjoyable feelings, before moving to other feelings. Need to reduce thinking.	Anything to fill the void. Addictions include anything “to get high” shopping, working long hours, drugs, self-harm. Having no time for ones’ self. Often busy at all times. Lack of intimacy. People need to be assured that having feelings is ‘normal’.	Activities that require feeling e.g., singing, painting, rapid writing, theatre, concerts bushwalking. Often people will try to intellectualise these pursuits. Need to focus them on their feelings.
Desolate Desert	People hide their cognitions and emotions behind actions.	People need to connect (have a loving and trusting relationship) with someone or something.	Do not care whether they live, die or are punished, they are in survival mode. Often extreme behaviour addictions, suicide, conduct disorders, criminal activity, and no remorse. Equally as common is non-involvement actions e.g., inability to show love.	First establish a trusting relationship. This can be with a person, animal, themselves, or spirituality. After a relationship is established they then need to know how to express emotions and move through the map. People will often need help with expression of love.
Anger/Guilt Mud Flats	Emotions, cognitions and actions disconnect, people are often unaware of any problem.	People need to recognise that their thoughts, emotions and actions are connected.	Anger problems, feeling responsible for everyone, manipulation of other people, personality disorders, threatening suicide to punish. This is all about blame, either themselves, or someone else. People often report being busy but never seem to get anything done.	Questioning of actions in relation to how they think and feel about what they did. Often requires intensive therapy. Sometimes if therapy is made external e.g., how would someone else feel in this situation, or drawing of relationships can help.

(Snyder, 1999).

Practical settings

The Map has been utilised across various settings, such as health promotion, mental health, community suicide prevention initiatives (Harries & Murphy, 2000), and community employment projects (The Prime Minister's Community Business Partnership, 2002). As part of a youth community suicide prevention initiative, The Map provided

“not only a framework for healing but also a range of verbal and non-verbal coping skills, while at the same time managing issues of shame and stigma within a safe group setting. The Map also addressed resilience in the form of metaphors dealing with connectedness, belonging and personal growth” (Harries & Murphy, 2000, p.39).

Psychologists, psychiatrists, psychotherapists, social workers, nurses, chaplains and youth workers have adopted The Map as part of their practice (The Mental Health Services Conference Inc., 2000). Snyder has worked using The Map with Aboriginal groups and other marginalised and at risk groups. The Map has been a part of “A Way Through” workshops conducted for people with diagnosed psychological disorders over the past five years. Workshops have also been conducted as part of personal development and training for long term unemployed youth. The Map has been used as a model with clients across a wide range of issues, including depression, anxiety, PTSD, addictions, personality disorders, violent behaviours, bullying, sexual abuse, conduct disorders and eating disorders (Snyder, personal communication, 2005).