Failure to Launch

Coping Strategies to Support, Motivate, and Transition Adolescents and Young Adults

Workbook

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Documents List

Please note: If you have taken this course you have permission to use the included documents in your own work with your clients. Permission is **not** granted to provide these documents to others, transmit or post them to the Internet, or publish them in any format.

Session 1: The HomeBody Plague

Session 2: Overcoming Life Paralysis

Session 3: Helping the Stuck Family

References and Resources

Adult Independence Factor Sheet

This *very* incomplete list of risk factors for failure to launch can be used as a tentative treatment planner to select from among the various therapy elements discussed in the course.

Factors can be rated in the left margin using a 0-10 scale in terms of applicability. Note that this sheet should be used as a set of possibilities and suggestions, not as a prescriptive tool.

Societal/Cultural Factors

Client is from culture in which remaining home until (and sometimes after) marriage is normative.

> Explore and normalize with the client. Consider the possibility that intervention would be inappropriate unless the client is determined to make change.

Client lives in community with unusually high food or accommodation costs (e.g., Toronto, Vancouver).

> Explore options about moving to surrounding areas, or interests in less expensive communities. If parents are clearly engaged and have the means, discuss with client whether they would be willing to subsidize (not pay entirely) rent for an initial period. Emphasize discussion of costs and benefits of living in more modest surroundings than parents can afford.

Familial Factors

Client is a member of a wealthy family, and independence would entail a much greater than usual fall in socioeconomic status.

> Assess expectations about independent living – are they realistic based on client's budget? What are the worries about living in more modest circumstances? Are there questions about what friends/others might think? Look at client's stage of change. Do cost-benefit analysis of becoming more independent. Emphasize the incremental continuum of independence.

Parent over-nurtures client (e.g., makes all meals, does laundry, imposes no chores).

> Consider with client the costs *and benefits* of enabling this to continue, breaking the list down into a series of steps. Consider using a note-to-parent created with the client, or a family meeting with carefully pre-defined goals. Do not meet with parent without advance agreement on changes to be requested.

Parents actively or passively resist or undermine offspring independence.

> Explore how parents undermine independence efforts. Strategize with client, creating contingency plans for these gambits ("What if your parent responds to difficulties in your new apartment by reminding you that you can move home?" "What if they cut off

financial support, saying that you are not leading a healthy lifestyle?"). Consider a family meeting to air these concerns, exploring parental ambivalence.

Personal Factors

Client is undereducated given intellectual abilities.

Consider whether any skills developed in the absence of formal education may themselves be salable for employment. Consider goal-setting focused on getting GED or taking college courses. For those long out of formal education, an evening lecture at the university or one-day course (Excel, Photoshop, first aid, CPR) can be a good introduction.

Client lacks specific skills needed for adult independence.

Brainstorm with client about skills needed to live independently (e.g., ability to iron, cook, use transit), including skills the client already has and those they lack. Identify strategies for filling these gaps (e.g., financial management classes, basic cooking skills, practice with coin washing machines, driving lessons). Emphasize development of "personal skills capital."

Client lacks funds to make basic outward steps.

Consider family meeting to help fund inexpensive independence-related tasks (movies, community centre passes, coffee shop gift card). Brainstorm regarding tasks that do not require funds (visiting various parts of city, being in public, some meetups, beach).

Client Psychological Factors

Client's time is filled with addictive or unproductive behaviours (e.g., screen time, gaming).

Use current-life/ideal-life calendar sheet to identify client's goals for these behaviours. Use internet addiction methods, client-administered net limitation apps. Discuss substitute behaviours (crowding out undesired behaviour rather than creating an abstinence vacuum). In rare cases, client may request parents change password or have router powered within limited hours using a lamp timer.

Client has clear internet or gaming addiction.

Work with client on identifying what "ideal self" would be doing (e.g., 1 hr internet/day). Brainstorm regarding reduction strategies that do not depend solely on willpower. Internet self-monitoring or lock-out programs, deletion of tempting but unsatisfying games or apps, excursions without computer or phone. Consider lamp timer on router. Invite a one-day "media fast." In extreme cases, would client consent for parents to eliminate home wifi or change password?

Client expresses strong fear of failure if they were to attempt independent activity.

Examine beliefs about failure: what would happen, and what would the consequence be? Discuss the normality of failure (consider examples in famous lives or among

people the client admires). Reinforce that failure can be avoided by attempting little – but does that produce an even less satisfying outcome? Strongly predict failure – e.g., job searches all have the same script: no no no no yes. Suggest exposures to low-intensity failure experiences (apply for a job or school you don't really want and are clearly not qualified for; attempt to run a 4 minute mile; attempt to bake a soufflé) with the aim of experiencing the result: survival. Share some of your own failures.

Client has specific fears/phobias regarding outside world (e.g., shopping, using transit, being seen).

Employ standard CBT-based graduated exposure therapy techniques, identifying different fears as distinct therapy projects. Encourage the idea of moving in the direction of one's fears. Use the Zones of Comfort idea.

Client meets criteria (or comes close) for social anxiety disorder.

This is true in most cases. Employ standard social anxiety treatment strategies: identification of fears (what could really happen?), challenging beliefs (how likely is it; is that survivable?), conduct graduated exposure (often simply involving leaving home along for walks/coffee/movies), incorporate exposure to mild disapproval/humiliation (shop while sweaty, "trip" in a store, go to pay for something and "discover" you've lost your wallet). Present Zones of Comfort.

Client has depressogenic lifestyle traits (randomized sleep schedule, poor nutrition, little or no exercise).

Enlist client in identification of goals for change. Use graduated goal-setting with manageable shifts. Emphasize distinction between Ultimate Goals (run a marathon) and Immediate Goals (join a gym). Watch for phobic-like underpinnings for these factors and incorporate exposure as needed.

Client believes in importance of self-confidence or self-esteem as precursor to action.

Normalize but challenge the idea. Confidence is the *result* of mastery, not pre-existing; anxious uncertainty is the normal and expected emotional state when doing new things and expanding one's repertoire.

Client wants a clear life goal, career goal, or destination in mind before getting started.

Normalize the lack of vision and clarity at this life stage. Examine how little clarity has been achieved during the stasis of recent years. Normalize this and suggest that clarity about the path comes from walking the path and having various experiences. All experiences provide feedback (I like this bit, dislike that bit) and this sharpens our sense of where to go. Avoidance tells us very little.

Client is firmly convinced of own psychopathology despite not meeting criteria.

Use the Kidnapping Question to normalize client's emotional state given current lifestyle and life circumstances. If client remains convinced of their pathology, explore

the normal recommendations for people with their concern (depression, body dysmorphic disorder, social phobia): increase range of behaviour, develop functionality.

Client is on the autism spectrum.

Many are (particularly toward the milder end), or appear so due to lack of social exposure and practice. Consider a stronger emphasis on social skills coaching, if client complains of lack of social facility. Accept and work on client's goals even if they are not social in nature (e.g., doing things on own). Find fascinations and see if these can become outward goals (e.g., comic convention, sci-fi book club, classes in coding). Look for Asperger support groups.

Things I have Enjoyed Doing in the Past

(…even if they don't seem enjoyable right now)

Problems and Things I Would Like to Change

Write down your problems and things about your life that you would like to change – in brief, point form (don't worry about sentences, or spelling, or grammar). Use additional paper if you like.

Family: _____

Friends: _____

Work/School: _____

Lifestyle: _____

Finances: _____

Others: _____

Setting Attainable Goals

"Things kept building up. I was feeling overwhelmed. Goal-setting allowed me to visualize what I wanted and set up strategies so that they would become a reality."

In recent years many people have taken up running marathons. They don't decide to do this on the morning of the race. Instead, they sit down months in advance and make a plan. Their plan might include a medical checkup, weight training, a change in diet, gradually increasing distance running, and whatever else is necessary to reach the goal.

A goal that you can't reach in one step is called an **Ultimate Goal**: get physically fit, go through that pile of mail, reconnect with friends, find a new job, study for the upcoming exam. Ultimately, you'd like to be able to reach the goal.

A goal you can reach in a single small step is called an **Immediate Goal**: You could do it this week. Phone the gym to find out where it is, open one piece of mail, call one old friend, look at the job ads one time, read part of one chapter of the textbook.

Ultimate Goals can be broken down into many Immediate Goals. Reaching these Immediate Goals creates a sense of satisfaction, self-esteem, and motivation. It is this sense of satisfaction, or progress, that keeps us moving toward the Ultimate Goal. Without these small successes along the way, we could not sustain the enthusiasm we need to reach the Ultimate Goal.

Imagine that you wanted to participate in a five kilometer run. If you set out on the first morning of your training with the goal of completing the full distance in a good time, you would probably fail. If you tried the same thing the next day you would fail again, and again you would be disappointed. Eventually the disappointments would lower your motivation and you would probably give up. **Failure saps confidence and motivation.**

Instead, imagine that your first goal was just to walk one kilometer. Perhaps you could succeed. The next day your goal might be to finish the kilometer one second faster than the day before. Perhaps you could succeed at that too. If you kept setting small but achievable goals, you would create a string of many more successes than failures. **Success builds confidence and motivation.** You would be far more likely to stick with your plan, and you would reach your Ultimate Goal faster than if you set your goals out of reach.

Notice that the important thing is not how fast you are when you start out, or how much dedication you have. It is where you set your Immediate Goals that makes the difference.

It is fine to set ambitious Ultimate Goals. But:

In order to reach Ultimate Goals you *must* break them down into easily manageable steps.

Many of us are used to setting our goals out of reach (*"I'll try to get all 43 of these things done today"*). As a result, we feel tired, frustrated, and powerless. It is far better to set goals that we know we can accomplish. Our progress will be faster.

What if I have low energy and motivation?

"It got so the thought of brushing my teeth felt overwhelming. But I still expected to be able to work and keep house and everything else, and the fact that I couldn't just made me feel worse...."

If you have been going through a difficult time recently, goal-setting is even more important. Your energy and motivation are probably lower than usual, so you are less able to get things done. If you expect as much of yourself as you normally do, you will fail much more often. This will rob you of even more confidence and motivation, making it even harder to get things done the next day.

Low mood ⇨ Low energy ⇨ Few accomplishments ⇨ Even lower mood

How do you handle this? *Admit* to yourself that your energy and motivation are limited right now. Then set easier goals than usual.

Perhaps the goals you set will seem ridiculously small (getting out of bed before 2 pm, calling one friend on the phone, paying one bill). But if you can succeed at them, you will build your confidence and motivation slightly (*"Well, at least I can do* something*"*). Then you may be able to do a bit more. And then a bit more. As your confidence and energy return, you will gradually set more ambitious goals. You will get yourself moving again.

Set small goals ⇨ Succeed ⇨ More motivation ⇨ Set slightly larger goals

The way to get moving is to allow yourself to start *slowly*.

Slowly, yes, but not at a complete stop. *Do* set goals and carry them out – but make them small enough to be *manageable*. The exercise on the next few pages will take you step-by-step through the goal-setting process. It is one of the most important exercises in the manual, so take your time. Most people take more than one sitting to finish it.

Writing Exercise:

Turning Problems into Goals and Goals into Plans

The point of this exercise is to take the problems in your life and convert them into Ultimate Goals. Then you will break one of these Ultimate Goals into one or more Immediate Goals that you can actually work on this week.

Step One: The Problem List

The first step in making a plan is to figure out what you would like to change about your life. The next page gives you space to list the problems you have been facing recently. These can be big problems (I need to change careers) or smaller problems (the lawn needs to be mowed). This can be a difficult task. But:

- Use point form. Don't worry about spelling or grammar. The list is just for you.
- Don't dwell on each problem. Just list it and move on to the next.
- Don't worry whether the problems are solvable or not.
- Remember that you don't have to come up with the plan, just the problem.
- You don't have to finish your list in one sitting.

You may find that there isn't room on the next page to list all of the things you would like to change! If so, use additional paper.

Optional Exercise: What would you like?

If you like, complete the following exercise – either in addition to the Problem List, or instead of it.

Take a piece of paper. Write down everything you would like to happen in your life. Travel to Spain? Write it down. Get your accounting certificate? Write it down. Own a fishing boat, throw a party, get along with your family, jog regularly, get out of debt, clean the garage? Write them down.

Don't hold yourself back. Write down everything that comes to mind, even if you are not sure about all of them. Don't stop until you have filled at least a page (and preferably more). Then leave the paper lying around for a day or two. Add new items as they come to mind.

Then go back and place a checkmark (✓) beside the items that you would *most* like to work toward, and that involve *doing* something (rather than thinking or feeling a certain way). Then use this shorter list as you work through the other steps in this section.

Problems and Things I Would Like to Change

Family: _____

_____

_____

_____

Friends: _____

_____

_____

_____

Work Life: _____

_____

_____

_____

Lifestyle: _____

_____

_____

_____

Finances: _____

_____

_____

_____

Other: _____

_____

_____

Brainstorming

People often throw good ideas away without really thinking about them. They make snap decisions about any ideas that come to mind. *"This one is stupid." "That one is unrealistic."* Eventually this gets so fast and automatic that it cuts off the flow of ideas altogether: *"I can't think of a thing."*

Brainstorming overcomes this problem by sending the critical part of your mind on a short vacation. How? By splitting the process of problem-solving into two parts.

1. To begin, just try to come up with ideas. Don't worry whether these ideas are any good. If an idea occurs to you, you have to write it down – no matter how silly or unrealistic it seems to be. By ignoring the critical and rejecting part of your mind, you become more creative. You come up with some terrible ideas, but you get some good ones too. If you only come up with good ideas, you haven't loosened up enough. Try to come up with some really ridiculous ideas. This will help to open your mind to more possibilities.

2. Go back to your list a couple of days later. Carefully consider each idea. You may realize that an idea that seemed unrealistic might actually work, or that two silly ideas might be combined into a single good one.

Parts of this section of the manual ask you to come up with a series of ideas on specific topics (your problem list, your list of things you'd like, strategies for working with problems, and so on). Try Brainstorming with some of these exercises. It can be surprisingly helpful at overcoming old and restricting ways of thinking about the challenges you face.

Step Two: Pick ONE Problem

Take a look at your problem list (and, if you completed the Optional Exercise on page 6, your list of goals). Which one would you like to work on first? It should be something that you care about, but not something that seems completely overwhelming right now.

Let go of the other problems or goals on your list for now. The way to make progress is to focus your efforts. Once you have mastered the skill of turning problems into plans, you can tackle them one by one.

Write down the problem or goal you have chosen. Use a full sentence. Instead of *"Social life"* you might say *"Problem # 1 is that I almost never go out or do anything."* This helps define the problem a bit more.

Problem # 1 is: _____

_____

If your sentence describes something that you do *not* like about your life, rewrite it to say what you *would* like instead. Using the social life example above, your goal might be *"I*

would like to go out with friends two or three times a week." A person who is dissatisfied with work might say *"I would like to be happier with my work life."*

I would like: _____

_____

There. If you started with a problem, you have changed it already. You have made it into an Ultimate Goal.

Step Three: Break Problems and Goals into Bits

The next step is to break your problem or goal into pieces. Almost every problem is really a collection of smaller parts. Here are some sample problems and the bits and pieces that make them up.

"I hate my work."

I avoid the boss.
I have a difficult coworker.
I hate doing the office mail.
There's no hope of promotion.
The pay is too low.
Commuting takes too long.

"I never go out."

I've lost touch with my old friends.
I haven't made new friends.
I can't afford a baby-sitter.
It's tempting just to watch TV.
I have too much housework.
I hate bars and nightclubs.

In the space below, break your problem or goal into its bits and pieces. If Problem # 1 is that your kids are out of control, what are the specific problems with their behaviour? If Problem #1 is that you are out of shape, what are all the reasons?

This may take a bit of thought, especially if you are used to thinking of the problem as one big chunk. **Brainstorming** may help you out (see the panel on page 8). Use extra paper if you wish.

Problem: _____

Bits and Pieces: _____

_____

_____

_____

_____

_____

_____

_____

Step Four: Make some Immediate Goals

To get started, pick ONE bit of your problem. Notice that for many problems you don't actually have to solve *all* of the bits and pieces. It can often be enough to solve only some of them.

Next, think of some things you could do that might help. Once again, you may find brainstorming useful. Try to think of as many possible actions as you can. Don't worry whether they are really practical at this point. Here are some examples of problem bits and the solutions people have come up with:

Job: Commuting takes too long.

Listen to audiobooks in the car.
Change work hours to avoid traffic.
Try the other highway.
See if I can work at home some days.
Move closer to work.
Change to the branch closer to home.

Socializing: I can't afford a baby-sitter.

Cut back in other areas to save money.
Socialize with other moms & their kids.
Trade babysitting with Anne.
Exchange baking for baby-sitting.
Ask relatives to sit.
Have friends over to my place.

Now try your own. Don't be too frustrated if you can't think of anything immediately. Just relax and try to come up with odd or impractical solutions to get the flow of ideas going.

Problem/Goal Bit: _____

_____

Possible Actions: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Use extra paper if you like.

Step Five: Make your Immediate Goal SMART

Time to get moving. You've identified your Ultimate Goal. Now you need to refine your Immediate Goal.

To start, pick one of the "Possible Actions" you defined on the last page. What is it?

_____

_____

Now make it **SMART**: **S**pecific, **M**y Own, **A**ction-Oriented, **R**ealistic, and **T**ime-Defined.

- **Specific**. If life has been difficult lately, your ability to solve problems on the spot may be weaker than usual. Do you know *exactly* what you are supposed to do? If not, work at defining exactly *how* you are going to carry out your action. If you are going to swim at the community centre, do you know how you will get there? Do you know when the public swim times are? Be as clear as you can.
- **My Own**. Is it your own goal or someone else's? If you are hoping to lift your mood and get your life on track, your goal should be something you want – either because you want to do it or because it will feel good to get it done. As well, your goal should not depend on someone else's cooperation. *"Go to a movie with Frank"* depends on Frank being available and willing to go. A better goal would be *"Phone and invite Frank to a movie,"* because giving the invitation is under your control.
- **Action-Oriented**. Your goal should be to DO something, not to feel or think a certain way while you are doing it. This is because your actions are easier to control than your thoughts or feelings. *"Go for a 10-minute walk"* is better than *"Go for a **nice** 10-minute walk"* because you can control whether you walk but you can't easily control whether it's nice. Even though you really want to feel better, all Immediate Goals should have to do with your actions. If you do the right things, your emotions will probably change for the better.
- **Realistic**. You *must* have a clear and achievable finish line. If you have been feeling discouraged or stuck recently, you might be tempted to see almost *any* outcome as a failure. One participant in this program swam for the first time in four years and completed fourteen laps of the pool – but labeled the attempt a complete failure because she used to be able to swim twenty laps! Decide *in advance* what you will call a success. Two laps? One? Getting inside the building? Choose a finish line that you already know you can reach. If you're not confident that your goal is achievable, make it smaller. Once you have achieved it, you can set a slightly bigger goal next time. The point is not to set a goal that is out of reach. It is to set a goal you can achieve.
- **Time-Defined**. Your Immediate Goal should include a time frame for completion. If you can't do it this week, set it aside and come up with another goal. You may notice that when you set goals for *"in the next 7 days"* they either don't happen or get done on the 7th day. If so, be more specific for at least some of your goals: Go to the park Tuesday. Wash Wednesday's dinner dishes that evening.

Using these rules, what's your SMART Immediate Goal? Be as precise as you can.

_____

_____

_____

Notice what you have done: You have created a *plan* to get started on your Ultimate Goal. Work on this plan over the coming week. (You might also have made one or two plans during your Core Program meeting.) If you succeed, then return to your list of actions and decide on the *next* step.

That seems like a lot of work just to get one Immediate Goal, doesn't it? Don't worry. You will get faster and faster at setting good Immediate Goals. The first few take a lot of thought, but it gets easier.

❖ ❖ ❖

Want an example from someone else's life? Here's one:

Problem: I never go out.

Problem Bit: I haven't made new friends.

Ultimate Goal: Get a better social life.

Immediate Goals: Get info on photography club from community centre this week.

Sit with coworkers at lunch on Thursday.

Invite one person from next night school class to coffee afterward.

Each of these Immediate Goals fits the SMART rules. They are Specific, My own (we assume), Action-oriented, Realistic (if the person is confident they are achievable), and Time-defined.

More Tips for Immediate Goals

- **Feeling overwhelmed is useful!** The feeling of being overwhelmed tells you that you are trying to do too much. When you set a goal or try to do something, notice whether you feel overwhelmed. If you do, you haven't set a small enough goal. Make it smaller.
- **Make repetitions into separate goals.** You might be tempted to set a goal of getting to the gym three times this week. But what if you only go twice? You'll have failed. Instead, set three goals: Go to the gym, Go to the gym, Go to the gym. If you go twice, you will have two successes instead of one failure.
- **Don't wait until you feel like it!** It's tempting to say *"I'll start to work on my tax return when I feel like it."* But let's face it: You are never going to feel like doing your taxes. If you've been depressed recently, you aren't even going to "feel like" seeing your friends or working on your favourite hobby. Do it because you have *planned* to do it. Don't wait for the impulse.
- **For vague goals, use time as your finish line.** Maybe one of your goals is to clean out the storage locker. But how long will that take? *"Hmm, maybe an hour, maybe a day."* This is no good because you don't know how difficult a goal it is. Whenever the length of a task is uncertain, set a time goal instead: *"Spend 40 minutes working on the storage locker."*

It is not important for you to take great strides forward with each step. The important thing is to get back the sense that you can be successful – even if your plans may seem small (*"Clean one dish..."*). As you regain some of your confidence, you will be able to do a bit more. As energy returns, the pace of improvement begins to accelerate.

What if I don't succeed?

Don't be too surprised. You may *still* have made your Immediate Goal too difficult. We are so used to setting our goals out of reach that it's hard to get more realistic. And if you are depressed or otherwise have low energy right now, you might be surprised how small your goals must be. Just make your next goal even easier, and keep shrinking your Immediate Goal until you succeed.

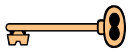
When in doubt, make your Immediate Goal smaller. A goal that is easier than expected to reach is better than one that turns out to be unattainable.

Common Pitfalls in Goal-Setting

1. Trying to do too much.

Many people make their Immediate Goals too difficult. Then they don't succeed (or feel overwhelmed and don't try at all), and blame themselves for not having enough drive or motivation. If this is like you, the problem is *not* your lack of drive! The problem is that you are *too eager* to solve your problems. As a result, you haven't broken your goals into small enough steps. **The desire to get better can actually slow you down.**

The solution is to decide on your Ultimate Goals, then *give up* on reaching them for the next little while. Allow yourself to make Immediate Goals that are easy enough to accomplish. The resulting sense of progress and movement will help you to reach your bigger goals more quickly.

 **Work steadily, but don't try your hardest.**

2. Feeling discouraged after one or two steps.

Have you ever walked down a long road, and had the sense that you weren't making any progress toward your destination? Perhaps you turned to look behind you and realized how far you had really come.

Some people take a few small steps toward an important Ultimate Goal and begin to feel discouraged. They focus on the amount of work it will take for them to reach their Ultimate Goal. It begins to feel overwhelming, and it seems as though they have made no real progress. The problem is that they forget to focus on the amount they have already done. Look behind you and focus on the steps you have already made.

 **Dwell on how far you have come, not on how far you have yet to go.**

3. Disqualifying your successes.

Some people reach their Immediate Goal but never give themselves credit for it. Sometimes they focus on negative aspects of their experiences. For example, a man may set a goal of going skating for the first time in a year. He does this, but trips as he gets on the ice and feels embarrassed, so he tells himself that his effort was a failure. In fact, it wasn't a failure at all: His goal was to go skating and he went skating.

Other people focus on how they *felt* during the experience. A woman who used to play the drums sets the goal of playing for twenty minutes and does so. But it doesn't give her the feeling of enjoyment she remembers from years ago and so she decides it was a failure. But the goal was to play, not to enjoy playing. If she could give up trying to control how she felt, she might begin to enjoy the experience.

Give yourself credit for your successes.

"I'd look at other people and think 'What's the matter with me?' Physically there was nothing wrong, so why shouldn't I expect myself to act normally? The real me only started coming back when I stopped telling myself where I 'should' be and began comparing myself to where I was the day before. I started seeing my progress instead of a string of failures."

Personal Goal-Setting Form

Name: _____ Date: _____

Use this form to record your goals for the week. All goals should be SMART:

Specific: Do you know exactly what you will do?
My Own: Is it your own goal? Does it depend on anyone else to get done?
Action-Oriented: Is it about your behaviour, not your thoughts or feelings?
Realistic: Are you sure you can do it? Is the finish line obvious?
Time-Defined: When will you do it?

Make repeated goals (Swim 3 times) into separate goals. Record completion in the first column using a checkmark (✓).

Done?	Goal

Establishing a Regular Sleep Pattern

Depression, anxiety, and other life difficulties often disrupt sleep. The sleep disruption can lead to even more anxiety or depression (which may worsen the sleep problem, which may...well, you get the picture).

In other words, sleep difficulties are a cause *and* an effect of mood problems. Regardless of which came first, it can be worth the effort to work on getting a good night's sleep.

The Top Four Mood-Related Sleep Problems

Depression and anxiety are associated with all kinds of sleep problems. Here are the four most common ones:

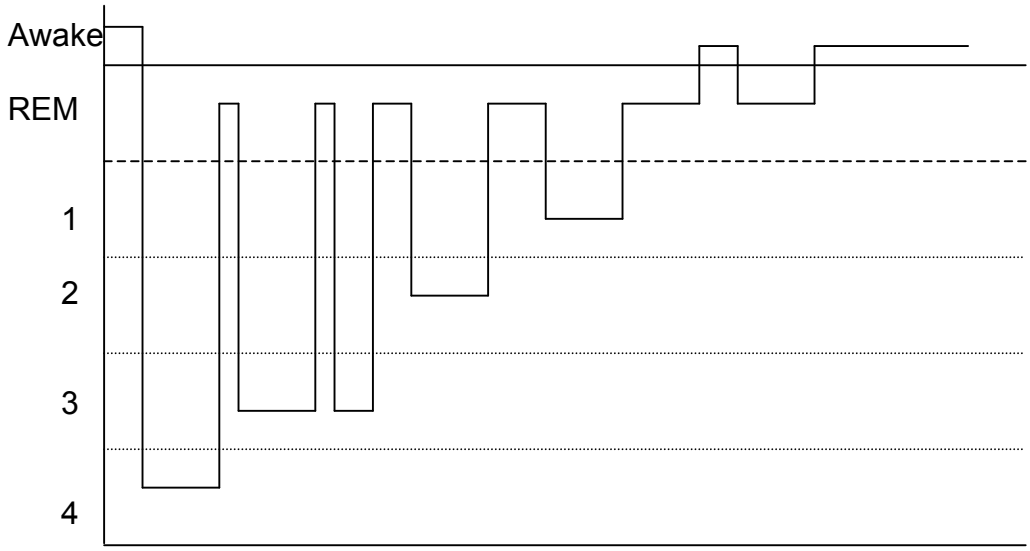
- **Sleep onset insomnia**. Regularly taking more than an hour to get to sleep.
- **Sleep maintenance insomnia**. Frequent wakening, plus difficulty getting back to sleep.
- **Early morning wakening**. Waking up extremely early (e.g., 4 am) and being unable to get back to sleep.
- **Hypersomnia**. Requiring much more sleep than usual (up to 14 hours a night).

Other common sleep problems include sleep apnea (severe snoring), nocturnal myoclonus (muscle spasms while sleeping), and restless leg syndrome (leg discomfort and jerking). If you believe that you have any of these problems, tell your therapist and/or your physician.

The nature of sleep

Sleep is more complicated than an on-off switch. There are a number of different types of sleep, based largely on the type of brain waves people experience during them. The lightest form of sleep, and the type we spend more of the night in than any other, is rapid eye movement, or REM sleep (so-called because of the characteristic movements of the eyes during this stage). REM sleep is the stage most closely associated with dreaming. Other forms of sleep (sometimes called non-REM), differ more in depth than type, and are numbered 1 through 4, with 4 being the deepest form of sleep.

The diagram on the next page gives a somewhat simplified view of the sequence of sleep stages over the course of a typical night.



When you first fall asleep you usually move fairly rapidly into deep sleep. Then you usually have a brief period of REM (dreaming) sleep before returning to deep sleep – though usually not quite as deep as before. You spend much of the rest of the night moving back and forth between REM and deeper sleep, the REM periods lengthening as the night goes on, and the non-REM sleep "dives" getting shallower. At some point you may awaken after a period of dreaming, then slip back into dreaming sleep.

We appear to require both REM and non-REM sleep, particularly the deeply restful stages that we usually experience in the early part of the night. Depression typically disrupts not only the amount of sleep we get, but also the stages of sleep. You are likely to spend less time in the deep Stage 3 and 4 sleep than usual. More of the early part of the night will be spent in REM sleep, and you may awaken multiple times during the night.

If we were to extend the graph over several days we would see a regular 24-hour pattern of wakefulness alternating with sleep. This 24-hour cycle is called a *circadian rhythm*. When the rhythm is disrupted (by shiftwork, for example, or overseas jet travel, or a late-night movie) it takes most of us several days to adjust.

Depressed and anxious individuals often have disrupted circadian rhythms. In some cases the mood or anxiety problem itself distorts the sleep cycle. In others, changes in the sleep schedule throw the rhythm off. Whichever comes first, the sleep problem or the mood problem, the effect is the same. Sleep disruptions impair mental processing and disrupt mood. They make anxiety and depression worse. If you have excessive stress, anxiety, or depression in your life, then, it can be vitally important to do all you can to bring your sleep cycle into a roughly normal rhythm.

How? Read the tips on the next page.

Tips for improving your sleep

Take a look at these suggestions for improving your sleep. Place a check mark beside any that seem particularly important in your own situation.

____ **Avoid over-the-counter sleep medication.** These preparations may put you to sleep, so they might seem effective. But most of them also disrupt the stages of sleep – particularly the early deep-sleep stages. When you awaken, you are likely to feel groggy and unrested. Your sleep will have lost some of the restorative capacity it should have.

____ **Don't drink to sleep.** Alcohol can make you sleepy, but it disrupts the sleep stages, particularly when the alcohol is at its highest concentration in your bloodstream: the first third of the night, when you should be getting your deepest sleep.

____ **Use prescription sleep medication wisely**. Some prescription medications are less disruptive to the sleep stages than over-the-counter pills. Nevertheless, these should be used cautiously, at the same dose each night. Most sleeping medications should not be relied upon over the long term (more than six months), though your case may differ. The mark of the success of any sleep medication is not whether it puts you to sleep, but how you feel during the day. Report the results to your physician.

____ **Ask about medication scheduling.** Some antidepressant medication wakes you up and helps keep you more alert. This may be welcome during the day but can be a problem at night. If you are on medication, ask your physician whether it might be affecting your ability to go to sleep and, if so, whether it would be appropriate for you to take it earlier in the day.

____ **Set a standard bed-time and keep to it.** Going to bed at different times can easily disrupt your 24-hour cycle. This is what causes most jet lag: not the air travel, but the change in bedtime. If your weekend bedtime is three hours later than your weekday bedtime, you are effectively giving yourself the jet lag of flying from Vancouver to Toronto and back every week. During depression be precise about your bedtime. If you can't keep exactly the same bedtime each night, at least try to go to bed within an hour of the same time.

____ **Don't go to bed too early.** If you never get to sleep before 1 a.m., don't go to bed before 12. You will only spend the extra time awake, frustrated that you are not sleeping. Want to get to sleep earlier? Set your bedtime about 30 minutes before the time you have normally been getting to sleep. Then gradually begin going to bed earlier (by, say, a half-hour a week).

____ **Set a standard rising time.** Get up at the same time each day even if you feel the urge to sleep in (and even if you went to bed later than usual). Getting out of bed may seem like a strange way to get better sleep, but the type of sleep you get in the early morning isn't all that helpful anyway. Having a standard rising time helps set your internal clock even more effectively than having a uniform bedtime.

____ **Use an alarm clock**. If waking up at the same time each day is hard for you to do, an alarm clock can help. If you find yourself tempted to hit the snooze button, put the alarm clock across the room or in the hall. You'll have to stand up to turn it off, and it will be easier to prevent yourself from slipping back to sleep.

____ **Save your bedroom for sleep.** Your bedroom should be a place you associate with sleep. Just as Pavlov's dogs salivated when they heard a bell, you want to feel sleepy at the sight of your bedroom. Avoid associating this area with activities that are inconsistent with sleep – working, eating, arguing, exercising, using the telephone, watching television, and so on. A few minutes with a book is fine, but don't read anything that's so involving you can't put it down. Sex is also fine – men in particular may find that having sex enables them to fall asleep quickly.

____ **Create a good sleep environment.** The best bedroom temperature for most people is 18° to 21° (65°F to 70°F), though some prefer the room to be cooler. Avoid temperatures above 24° (75°F). If noise is a problem, some options include earplugs, soundproofing the room (cloth hangings can help a bit), and devices that emit white noise (e.g., fans or special noise machines). Eliminate hourly watch beepers or clocks that gong if they attract your attention. If a restless bed partner is a problem, consider a larger bed, special mattress, or even twin beds (at least until your sleep stabilizes).

____ **Avoid napping during the day.** Long daytime naps can disrupt your ability to get to sleep at night. Some people groan that if they didn't nap they'd never be able to function. In all likelihood, their naps perpetuate the sleep problem at night. If, on the other hand, you are a great 20-minute napper, keep it up. But just have one a day.

____ **Prepare for sleep.** Help your body make the transition from wakefulness to sleep by avoiding strenuous activity, exercise, heavy meals, and bright light for at least one hour before going to bed.

____ **Practice breathing or distraction strategies when attempting to get to sleep.** It can be tempting to lie in bed thinking about problems or your plans for the next day. This will keep you awake, not put you to sleep. Practice any mental exercise that takes your mind away from these topics. Diaphragmatic breathing may help, particularly if you occupy your mind while doing it (perhaps by counting breaths).

Special advice for hypersomnia

What if getting to sleep or staying asleep isn't the problem? What if you just sleep far too much? Hypersomnia (sleeping too much) is especially common in depression. Some people have hypersomnia throughout their depression. Others have insomnia when their mood is at its worst, then develop a tendency to oversleep when they start to recover. Here are a few options. Put a check mark beside any that seem to apply especially well to you.

____ **Ask about medications**. If you are on medication, ask your physician whether it has an activating or sedating effect. Let your physician know about your oversleeping and ask whether altering the time you take the medication might be helpful.

____ **Develop a sleep schedule**. Follow the suggestions above for establishing a regular bed-time and rising time. Start by allowing yourself the amount of sleep you seem to need (12 hours or more if need be). Then gradually shrink your sleep period by about 15 minutes every four days until you are sleeping only about an hour more than you do when you're not depressed.

____ **Schedule morning appointments**. If sleeping late is a problem, schedule your appointments so that you absolutely have to get out of bed. Don't be mean to yourself, though: If you've been getting up at noon, don't schedule your appointments for 9 a.m.

____ **Accept it**. Hypersomnia doesn't seem to be a particularly destructive symptom of depression. It tends to lift when your mood lifts. You may temporarily need more sleep than usual.

Special advice for shift workers

Shift workers pose special problems because their lives impose regular disruptions on their circadian rhythms. To this group we might add flight crews, long-distance truckers, and others who work nights or odd hours, or who regularly cross time zones. Some individuals appear to manage shifts without difficulty, but many shift workers report problems with concentration, energy, sleep, and appetite. Here are some suggestions for them:

____ **Rotate less often**. Problems are created not by working nights, but by changing your sleeping hours. It helps if you don't change your schedule very often (say, once every two weeks).

____ **Stay on your shift on days off**. Changing from a night-shift schedule to a daytime schedule on your days off (then switching back to night-shift two days later) can make things worse because your body has to adjust to two big changes every week. If possible, consider maintaining your workday sleep cycle on your days off.

____ **Limit light before bedtime**. Exposure to daylight suppresses the release of melatonin, a hormone that helps you fall asleep. If you want to sleep during the day, try to be in a darkened room for at least an hour ahead of time.

____ **Get light when you wake up**. When you first awaken, try to get out into the daylight. If it's dark at that time, consider trying out a light therapy unit to see if it helps.

What if you try everything and nothing works? Consider a job change. Some people (perhaps *most* people) are just not meant to work shifts. They don't handle the changes well and they need daylight. Humans did not evolve as nocturnal animals. If it is clear to you that your shifts contribute to your depression, and if you have tried a number of strategies to cope and nothing has worked, you may find yourself faced with a decision. Is the job really worth your health?

❖ ❖ ❖

The worse your sleep, the more likely it is that your mood is being affected. Do you have any of the common sleep problems described in this section? Which?

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If you have been having problems sleeping, look back over the tips on getting better sleep. Try to come up with one or two of the tips in this section (or ideas of your own) that you could put into action.

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2. _____

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Physical Exercise

For decades there has been a suspected link between physical fitness and emotional health. It is no longer a suspicion. In the last 15 years, a huge body of research has confirmed this relationship. Consider:

- Inactive people have generally lower mood and more symptoms of anxiety and depression than active people.

- Poor fitness in nondepressed people is a significant risk factor for the subsequent development of depression.

- Studies have compared depressed individuals who are randomly assigned to either exercise or no-exercise treatments. Those in the exercise groups improve more than those in no-exercise conditions. The strength of the effect is approximately equivalent to psychotherapy or medication.

- Exercise may result in lower risk for relapse than treatment with antidepressant medication.

- Exercise has also been found to be helpful with anxiety-related conditions such as generalized anxiety, post-traumatic stress, panic disorder, agoraphobia, and social anxiety. Although seldom a complete treatment, exercise can be a major help for individuals with such difficulties.

- Regular physical exercise has been found to help people manage stressful life events more effectively and with less distress.

In short, regular physical activity may be the single cheapest and most effective physical treatment for depression and anxiety available, medications included.

Some people wonder if they can afford the time to exercise regularly. This concern becomes a justification for inactivity. In fact, the time that it takes to exercise is usually made up in reduced need for sleep, reduced time spent tossing in bed trying to get to sleep, increased alertness during the day, improved energy, and an increased ability to get things done. Exercise becomes a time saver in the long run.

Aerobic or nonaerobic?

Exercise is considered aerobic if it raises your heart rate into a specified “target range” for a specified period of time (the range depends on your age). Exercises capable of doing this include running, swimming, cross-country skiing, and, not surprisingly, aerobics. Exercises that do not raise your heart rate as much, or that do not sustain a high heart rate for as long, are called “anaerobic” or nonaerobic, and include activities such as yoga, tai chi, and walking.

Initially, it was thought that exercise had to be aerobic in order to produce beneficial effects on mood. Research comparing aerobic and nonaerobic exercise, however, has failed to support this idea. Consequently, it does not seem to matter whether your fitness activity is aerobic or not. That said, most of the research examining the effect of exercise on mood has focused on aerobic exercise. Further, aerobic exercise has better evidence for positive effects on other aspects of health, including cardiovascular fitness.

Recommendation: don't worry too much whether an exercise is aerobic or not. If your health allows you to engage in aerobic exercise, however, and if you can tolerate it as easily as nonaerobic exercise, then choose aerobic.

How does exercise affect mood?

Exercise has four main effects on mood:

1. **Exhilaration.** During and immediately after moderate to strenuous cardiovascular exercise many people experience a sense of exhilaration or euphoria ("runner's high"). This is related to the release of endorphins (a type of neurotransmitter) in the body. It's a nice reward for exercising, but during depression you may not experience it. Don't despair. This is the least important of the effects of exercise on mood, and it will probably come back as you get well.

2. **Mood Improvement.** A more general improvement in mood and reduction of anxiety tends to take place after at least a few weeks of regular exercise (three to four times a week, 30 minutes at a time). Again, it does not seem to matter whether the exercise is aerobic or not. What counts is the regular participation in physical activity.

3. **Energy.** Improvements in physical fitness are also associated with increased energy, which has a positive reverberation effect: It helps you to do more, which helps you to feel better, which raises your energy further, which helps you to do even more.

4. **Stress Reduction.** The "fight or flight response" is designed to prepare you for vigorous physical activity (hence its name). If you feel stressed and don't actually do anything, the increased tension can stay with you for a long while. Getting some exercise can be a good way of "burning off" stress when you are tense.

What to do...

The important thing is to pick activities you like. Put a checkmark beside any that you might enjoy doing. If you can't find one you enjoy, put a check by the ones that you hate doing the *least*. Activities that can often be aerobic are marked with a star (*).

___ Aerobics*
___ Aquabics* (aerobics in water)
___ Calisthenics
___ Canoeing
___ Cycling*
___ Cross-country skiing*
___ Dancing
___ Downhill skiing
___ Gardening
___ Golf
___ Hiking
___ Ice skating*
___ Jogging*
___ Kayaking
___ Racquetball*
___ Rollerblading*
___ Rowing*
___ Running*
___ Squash*
___ Stretching exercises
___ Swimming*
___ Tai chi
___ Tennis
___ Walking
___ Weight training
___ Yoga

Any other ideas of your own?

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Tips for developing an exercise program

When most people think about starting an exercise program they imagine they have to bring about a total revolution in their lifestyle, or do an exercise they hate, or spend hundreds of dollars on equipment or gym memberships, or exercise every day. All of these ideas set up barriers against exercising. Here are some ideas to help tear down those barriers:

- **Get a physical.** Before starting, ask your physician about any limitations on your activity, and any special considerations given the status of your health.

- **Pick the right activities.** The biggest challenge is keeping at it. Pick activities that you really enjoy (or that you dislike the least). Also pick activities that you can do without a lot of preparation or a long drive. Think convenience.

- **Variety helps.** Pick more than one activity and alternate them. Include at least one thing you can do when the weather is poor, and have ideas for both summer and winter. Experiment. If you haven't tried something before, give it a shot (but use caution to avoid beginner injuries). If you don't like it you can switch to something else.

- **Stretch and warm up first.** Learn how to do stretching exercises properly, then make sure to do them before each exercise session. Ease into exercise with some low-intensity warm-up techniques (e.g., walk briskly for a bit before breaking into a jog). This can help reduce the likelihood of exercise-related pain or injury.

- **Frequency is more important than duration.** Regular short periods of exercise (three to four times a week) are better than irregular long periods.

- **Focus on enjoyment.** People who exercise for enjoyment and challenge seem to show stronger mood improvements than people who exercise mainly to look better. Try to emphasize how you will feel rather than how you want to look.

- **Monitor if bipolar.** The effect of exercise on bipolar (manic-depressive) mood problems is less clear than for other forms of depression, mainly because the research has not yet been done. Some people report that strenuous exercise (particularly aerobic exercise) during a manic upswing seems to make it worse, and that gentler exercise works better at these times. If you or others notice an upward swing in your mood, move to nonaerobic exercise.

- **Nothing changes overnight.** Use goal-setting when developing a fitness program, and be sure to pick something achievable. For example, aim to swim once for five minutes rather than starting off by committing yourself to a daily 70 laps of the pool.

Like most interventions, exercise can have a number of side effects. In the case of exercise the side effects are mostly positive – such as increased health and longevity, greater energy, better sleep and appetite, and reduced susceptibility to injury.

An adequate level of fitness can be achieved with as little as twenty minutes of exercise three times a week. Based on this, what do you think about your own fitness level? Check one:

____ Probably adequate ____ Could be better ____Could be a *lot* better

How much exercise would you like to get? What would have to change for this to happen? (Don't say you'd have to feel better: This may be *how* you get to feel better.)

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Improving Your Diet

When we are depressed, anxious, or overwhelmed by responsibilities, our diet often suffers. Some people overeat. Others don't eat enough. Put this on top of a normal western diet, in which the food choices we make are often poor ones, and you have a recipe for trouble.

Whether an inappropriate diet is a cause or a symptom of difficulties for you, it can have a powerful snowball effect, worsening the problem. Here are some tips on keeping up adequate nutrition during difficult times.

What to eat

Health Canada distributes the Canada Food Guide as a reasonable rough guide to proper nutrition. It is widely ignored. Obesity is at unacceptable levels, nutritional deficiencies are common in the wealthiest countries on earth, and nutrition-related health problems (such as Type II Diabetes) are rising in incidence.

Many nutritional problems have been linked to depression and other psychological problems. An appropriate diet is a relatively simple and straightforward way of improving your physical and mental health.

Here are the guidelines from the US version: the Food Guide Pyramid. Each category is accompanied by the recommended number of servings per day. A few examples are provided, but there are many other possibilities in most categories.

- **Bread, cereal, rice, and pasta.** 6-11 servings, where a serving represents a slice of bread, an ounce of cereal, or half a cup of cooked cereal, rice, or pasta. These foods are important sources of complex carbohydrates (as opposed to simple carbohydrates like sugar).

- **Vegetables.** 3-5 servings (a cup of raw leafy vegetables, a half-cup of other vegetables, ¾ cup of vegetable juice). Vegetables include many vital nutrients that are often lacking (in sufficient quantities) in western diets. At least some of your intake should be in the form of dark green leafy vegetables (such as spinach or kale), as these are important sources of some of the B vitamins and other nutrients.

- **Fruits.** 2-4 servings (a medium-sized piece of fruit such as an apple or orange, half a cup of chopped or canned fruit, ¾ cup of fruit juice). Fruits are good sources of Vitamin C.

- **Meat, poultry, fish, dry beans, eggs, and nuts.** 2-3 servings (2-3 oz. of cooked meat or fish; ½ cup of beans, 1 egg, 2 tablespoons of peanut butter). Many of these foods are particularly good sources of protein, iron, thiamin, riboflavin, and other nutrients.

- **Milk, yogurt, and cheese.** 2-3 servings (1 ½ oz of cheese, a cup of milk or yogurt). Dairy products are good sources of calcium, niacin, riboflavin, and Vitamin B12.

- **Fats, oils, and sweets.** Recommendation: Use sparingly. You need some fats for optimal nutrition, but you are guaranteed to get far, far more than you need in almost any western diet. You may be eating a diet high in unneeded fats and you might still not be getting adequate levels of the essential fatty acids (particularly the omega-3 fatty acids). Canola, olive, and sesame oil are good choices for cooking oils, both for the types of fats they contain and the fatty acids they provide. Animal fats are generally to be avoided.

Which food groups are you not getting enough of? Are there any that you are overusing?

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Keep these particular food groups in mind as you read the tips below.

Tips for everyone

Whether you overeat or undereat when you are distressed, here are some strategies that can help.

- **Eat regular meals.** It is usually easiest to eat (and to control what you eat) if you keep to a routine. Try to have three (or more) set mealtimes per day. Ensure that you have enough food at home for all three.

- **Eat by the clock, not by your stomach.** During times of distress you may lose your appetite, but your body's need for fuel continues anyway. Push yourself to eat at mealtimes regardless of your appetite. At first you may only be able to manage an unsalted cracker for breakfast. Fine. Work your way up from there. If you have been overeating, try to eat only at mealtimes while sitting at the table.

- **Make it easy.** The effort of preparing a meal can be a barrier to getting enough nutrition. The important thing is to eat, not to cook. Buy foods that are easy to prepare (keeping an eye on their nutritional value). Once your energy returns you can go back to more elaborate dishes.

- **Make extra.** You can cut your preparation time by making larger amounts than you need and refrigerating or freezing certain dishes for reheating later.

- **Make it healthy.** Stock up on nutritious food and snacks using the food guidelines above.

- **Watch your sugar intake.** Eating refined sugar can lead to a sharp increase in blood sugar (sometimes experienced as a jittery high) followed by an equally sharp drop (a depressive crash) that can produce a craving for even more sugar. This is an emotional roller coaster you don't need. Limit your intake. Complex carbohydrates (such as those in whole wheat breads or pasta) or low-carbohydrate snacks are generally preferable.

Don't try to "revolutionize" your diet. Revolutions seldom last for long. Which of the above tips seems particularly important or promising based on your own situation? What could you do to put it into action?

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Special tips for overeaters or binge-eaters

Some people are tempted to overeat during times of difficulty, but the temptation is usually to binge on sugar or fat-rich junk food, never to have a dish of steamed spinach. Some people report that depression (in particular) kills all of their desires, except one: The craving for sugar. Perversely, this is one desire that you shouldn't indulge.

- **Shop after eating.** If you go to the grocery store when you're hungry you are more likely to buy foods that have immediate appeal – like chips or ice cream. It's easier to buy the right foods if you're not distracted by your stomach while you're in the store. If it's not a good idea for you to eat it, don't have it in your home.

- **Buy nutritious snacks.** If you are an uncontrollable snacker, stock up on snacks that won't do you any harm – like celery, baby carrots, or granola.

- **Eat at the table.** Whenever you eat, set a place for yourself at your dining table. No eating while you're doing anything else – standing in the kitchen, reading the paper, watching television. Make eating a completely separate activity and wash the dishes when you're done.

- **Avoid dieting.** If you wish to lose weight, avoid strict diets. These may change your metabolism so that you gain weight even faster when you end the diet. It is much better to adopt healthy (rather than restrictive) eating habits and burn more calories by increasing your physical activity. Also remember that our culture promotes images of unhealthy thinness. Before attempting to lose weight, determine whether you really are too heavy. See your physician for further advice.

- **Consider help.** If binge-eating is a major concern, if you engage in purging (using laxatives or self-induced vomiting to avoid gaining weight), or if you believe that you are too heavy despite being underweight by most standards, seek help. You may have an eating disorder that can contribute to your other difficulties – and that needs special attention.

If you have been overeating, consider putting all of the tips in this section into practice using goal-setting and step-by-step planning. Which would you like to implement first?

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Working with Fear

Fear has two primitive functions, each of which can sometimes be helpful in the modern world:

1. **Escape**. Fear motivates us to escape dangerous situations when we find ourselves in them. With the stress response activated, you can escape more quickly than you usually could.

2. **Avoid**. Fear teaches us not to get into those situations in the future. We learn to associate certain situations (the area near a bear's den, for example) with danger, so we fear even the prospect of entering those situations. This can help keep us safe.

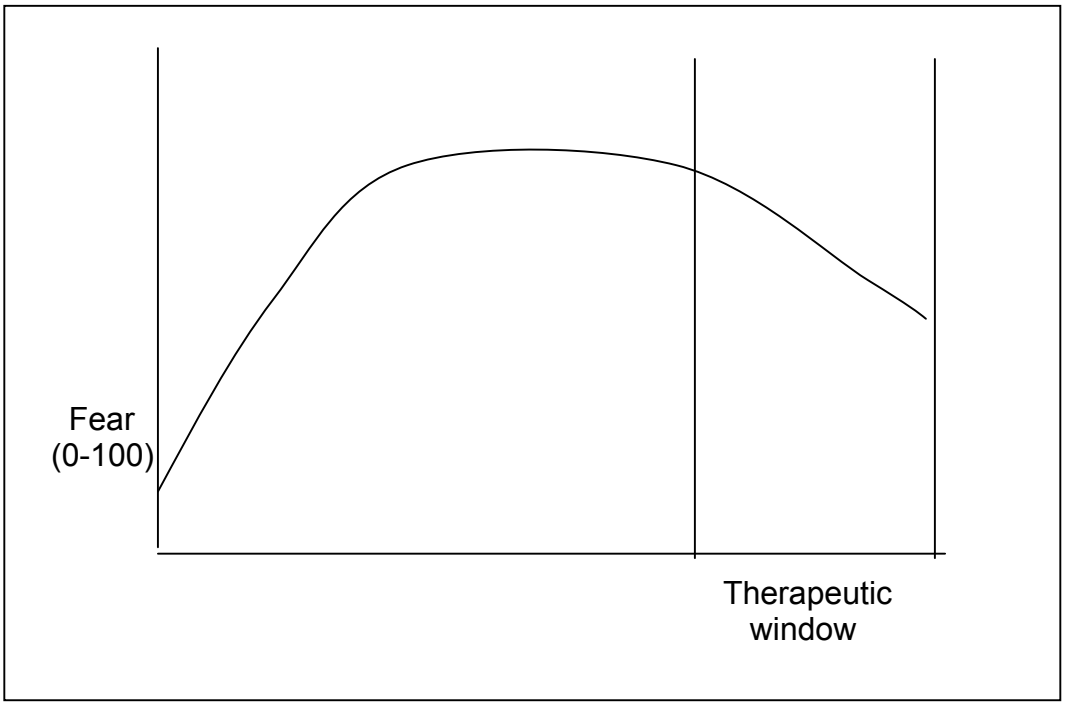
In modern culture we often feel fear and want to escape in situations from which escape does not solve the problem. Running away from the work presentation doesn't help; we'll only have to do it tomorrow. Not opening our credit card bill doesn't reduce the amount payable. "Forgetting" our dental appointment doesn't fix the broken tooth.

In fact, in most modern situations avoidance makes things worse. Work gets more stressful, the bank adds late charges to the credit card bill, the tooth gets more painful.

As well, avoidance tends to generalize. At first we avoid the intersection where our car was hit, then we avoid intersections like it, then we avoid driving altogether. We think we are escaping our fear, when in reality we only make it bigger. Avoidance grows our fears; it does not shrink them.

How, then, do we overcome our fears? Neither of the two obvious strategies works well. Avoidance breeds avoidance and causes our fears to generalize. Barreling forward (doing your best) doesn't work all that well either. *"I'm just going to go straight to the intersection that bothers me the most until I can't stand it anymore!"* We jump into the deep end of the pool, become overwhelmed by our fear, and scramble out before we have a chance to get used to it.

The solution is to take a more gradual approach. Identify what you fear and why. If it's a reasonable fear (*"I'm reluctant to jump off this cliff"*), then fine: keep it. If not, then identify how much fear it causes (perhaps on a 0-100 scale) and how much you are willing to tolerate. *"Since the accident I fear the open ocean 90/100, but I can only handle 60/100 before freaking out and running away."* Then think of something similar that produces a degree of fear, but not more than you can tolerate. *"I have about 50/100 fear of the little pond at the back of my uncle's place, because it's not as rough or deep as the ocean."* Then move *toward* your fear. Put yourself in the manageable situation and *stay there*. You should notice a pattern in your fear, illustrated on the next page.



You get in the situation and your fear rises fairly rapidly. At first it seems as though it will rise forever, until you explode or lose your mind. Eventually it levels off, then (finally) begins to decline. You're still in the situation (wading in your uncle's pond, standing on the ladder, looking at the spider, standing near the intersection), but the fear begins to fade. This is the "therapeutic window", the period during which the link between your fear and the situation is being weakened. The longer you stay in the situation, the weaker the link gets. If you leave the situation before you get to the therapeutic window, the fear usually gets stronger. It isn't necessary to stay until your fear is gone altogether (though this would be ideal). The link fades as long as you remain in the situation with your fear decreasing.

Notice that you don't *fight* your fear this way. You aren't saying to yourself *"I must not be afraid! It would be terrible if I was afraid!"* Far from it. You are welcoming the fear, greeting it. But you are staying long enough to watch it sail away into the distance. The fantasy with fear is that it will come, drop anchor, and stay forever. By staying in the situation you give it a chance to depart on its own. Once you really *know* at an instinctive level (rather than an intellectual one) that fear leaves, it becomes less difficult to tolerate its occasional presence. And the more you can tolerate your fear, the less it tends to come. It is the fear of fear that brings fear.

Once you have mastered one fear-producing situation, you are ready for a more difficult one. The work you do at each step makes each subsequent step easier. It's like a staircase: it might be hard to go from the bottom to the top step, but taking the first step brings the next into easy range.

Does fear seem to be a big factor in your life? What are you afraid of? Try to identify something specific: heights, cats, meeting people, public speaking, crowds, grocery stores, open water, busy traffic, or …?

A fear is reasonable if you are really in danger in these situations. Are you?

If you're not sure, consult other people. *"How likely is it, really, that the balcony will fall off the side of this building?"* If you really are in danger (for example, if your concentration problems make you a poor driver right now), then avoidance is fine. Otherwise, the way to work with your fear is to approach it gradually.

How much fear can you tolerate? Rate this on a 0-100 scale where 0 is none at all and 100 is the most fear you have ever felt in your life.

What would put you into contact with your fear without exceeding your tolerance? For example, if you are afraid of heights, perhaps you could stand at a second floor balcony or on a chair. If you're not sure about how fearful an exercise will be, err on the side of caution.

Once you have mastered this step, go back and come up with a more difficult one. Continue until you have met your goal.

This approach to fear is discussed in more detail in Edmund Bourne's *The Anxiety and Phobia Workbook*. The general principle, however, is this: the way to overcome

avoidance is neither to give in nor to barrel through. It is to mark the direction of our fears and move gently toward them. *The way past your fear is to lean into it.*

We can broaden the recommendation, however, to suggest that your fears point you in the direction of future growth. They mark the areas of life left unexplored, the forbidden ground of our own minds. The doorway to a larger life is always guarded by fear, and without courage we remain sitting in the waiting room. The comfort and safety of the room is illusory, because if left unchallenged the fear only grows larger and the waiting room shrinks.

Make your fear your agenda.

An Introduction to Cognitive Therapy

Has anyone ever told you that you don't live in the real world?

If so, they were right. You don't. None of us do.

We live in a world of ideas, interpretations, understandings, assumptions, beliefs, concepts, and opinions. We are connected to the so-called "real" world by our senses – our eyes, ears, skin, nose, and mouth. These tell us about the world "out there". Then it's up to us to make sense of it all.

We don't see the real world clearly. Our view is clouded by our past experiences. Your last three bosses were bad-tempered, so you assume the next one will be too – even though you haven't met her yet. Your fourth grade teacher told you that you were stupid, and you have believed it ever since. At five you almost drowned, and you have viewed the sea as an evil force from then on. Our view – our very *experience* – of the present is shaped by our past.

Many of these influences are helpful. But all of us have distortions in the way we see the world. We use "knowledge" that is false, apply rules that no longer hold true, impose meaning where there is none, and ignore meaning where there is plenty. We view life through the distortions of a fun-house mirror constructed over the course of our lifetime. In some places the mirror is relatively clear; in others the image is cloudy or reversed.

Research has shown that depressed people, for example, have a powerful set of negative biases in their view of the world, as though they wear a particularly dark and bleak set of sunglasses. These biases can contribute to a depression. The depression can also create these biases or make them worse. The problem can snowball: Negative thinking helps bring on depression, depression makes the person think more negatively, this makes the depression worse, which makes the negative thinking worse, and so on.

During depression, the biases and distortions we have carried with us all our lives tend to become more powerful. If you have often felt a bit inadequate, during depression you may become completely convinced of your utter worthlessness. If you often find the world a bit dull, during depression it will seem crushingly, oppressively bleak.

Cognitive therapy makes much of the idea of *symbolic value*. The events in our lives echo with events from our past and our ideas about the world. For example, a friend forgetting to say goodbye to us may be disappointing, but if it makes us feel awful then something else is going on. Our ideas about other people and our own worth are probably involved. Maybe she takes us for granted. Maybe she secretly doesn't like us anymore. Maybe no one else likes us either. Maybe they never did. Maybe all of our friends are frauds, tolerating us only for what they can get out of us. The pain is not from the failure to say goodbye, it is from the symbolic value of the event: what the event seems to *mean*.

But what if our interpretation of the event is mistaken? Then we have created a nightmare world for ourselves that may have no relationship to reality. It is here that cognitive therapy works: on the manufactured tortures we put ourselves through.

Lunch with a friend

Let's get practical. Think of a friend with whom you could set a date to have lunch. Who is it?

_____

The morning you are supposed to meet you get a message that he or she has cancelled. No explanation is given. Perhaps the person who took the message was in a rush.

Now: human beings are *designed* to try to understand the world around them. You don't have enough information to figure out why your friend cancelled lunch, but that won't stop your brain. You'll try to guess anyway.

Knowing your friend, what is the first explanation that comes to mind? Why did they cancel the lunch date? Write your guess in the space below.

_____

_____

Are there any other possibilities? Come up with at least three more explanations.

1. _____

2. _____

3. _____

How you feel about the cancelled lunch will depend on your explanation for it. Imagine that you find out that your original idea was correct after all. If you knew this for certain, how would you feel? Excited, happy, angry, disappointed, sad, hurt, relieved?

Now imagine that the real reason your friend cancelled lunch was the one you wrote beside the number 1. How do you feel, knowing that this is why lunch was called off?

Next, imagine that it was reason #2. How do you feel? Then imagine it was reason #3. How do you feel?

Notice what you have done. You have created four different experiences, each dictated by a sequence: situation, interpretation, response:

Situation:	Interpretation:	Response:
Friend cancels lunch date.	She won the lottery and had to pick up the money.	Happy for her (and a little jealous).

Maybe at least one of your explanations wasn't so positive. Maybe you suspected that your friend got a better offer, or never really wanted to have lunch with you in the first place, or doesn't like you. The emotion would differ. In every case, we react partly to the event (it's disappointing to miss out on a lunch with a friend) and partly to the symbolic value (she hates me).

Thinking without thinking you're thinking

Hold on. The last time you felt bad, maybe you weren't aware of thinking anything at all. Your friend mentioned your weight problem and you reacted. You didn't seem to be going through a long series of thoughts about it. *"Aha, she mentioned my weight so it must really be showing, and if it's showing to her then everyone must notice and just not say anything, and maybe it's so unpleasant that it explains why I wasn't invited to the beach last week and…"*

Perhaps, as far as you can tell, you didn't do this. You just reacted. She said it, and you got depressed. But could you be thinking something and not know you're doing it?

Let's check. Can you type? Quickly, without looking at a keyboard or moving your hands: What's on either side of the letter 'X'?

Notice how long it takes you to answer that question. Most typists take at least 10 seconds. Some give up altogether. If you can type without watching your fingers, then obviously you have the information in your head, but it can be hard to find. When you're typing, you use your knowledge about the keyboard automatically, outside your awareness.

Can you drive a car? Do you remember the first time you sat behind the wheel and suddenly realized what driving involves? Keep both hands on the wheel, signal with one hand, change gears with the other, steer, work three pedals with two feet, obey the traffic rules, anticipate the actions of the other drivers, listen to the radio, and carry on a conversation. At some point it probably occurred to you: *"This is impossible!"* You were right. Driving *is* impossible. You can't do it – not with your conscious mind. Driving is too complicated for your conscious mind to handle. The only way to do it is to practice until the skills become so automatic that you don't have to think about them.

Some of the things that you now do automatically you learned with your conscious mind. *"The 'x' is down here on the lower left." "When the engine sounds like this, shift into a lower gear."* You picked up other rules without even knowing you were learning them, and they influence your behavior every day.

If you use ideas or rules for things like typing or changing gears, then think how many rules you must use for more complex situations:

- How do you know when to break in on a conversation?
- How do you know what is appropriate to say?
- How do you know whether someone loves you?
- How do you know whether you are good enough?
- How do you know whether life is worth living?

Imagine the number of ideas, rules, and concepts you must be using to make judgments like these. What are they? Where do you get them from?

We all have thousands of ideas about the world: understandings, assumptions, principles, values, guidelines. We use most of them without even knowing we are doing so. Fortunately, most of our rules are accurate and helpful. Every one of us, however, has at least a few rules that don't measure up. They are inaccurate, imprecise, or flat-out wrong. They lead us into biased decisions, into emotions more painful than they need to be, and into situations that don't work out for us.

Some of these negative, distorted rules are taught to us as we grow up: *"You're the stupid one in the family." "It's selfish and wrong to care for yourself." "When you came along you ruined our lives."* Other rules are picked up through experience. No one ever teaches them to us; we develop them based on our own discoveries. *"The way to get by in life is to be as invisible as possible." "I will lose anyone I love." "I'm worthless."*

So long as these ideas sit outside awareness they can exert a profound influence on your mood and your behavior. They color your perceptions of the world and shape your understanding. In order to change them or re-evaluate them, you must bring them into awareness and think about them, test them, challenge them. More than anything, you must catch them in the act of biasing your thinking. There are many tools for changing negative thinking, but all of them depend on awareness:

In order to dismantle an unhelpful thought structure, you have to know what it is.

Core Concepts for Parents

Parenting is not the art of raising children. It is the art of raising *adults*. Babies become children relatively automatically. Children do not become adults as easily.

The primary goal of most parenthood is to produce a human being that is capable of existing without our help and presence. We may give occasional help, and we may be present in the young adult's life, but the goal is for this to be voluntary, not something they need in order to survive.

Parenting involves a dynamic tension between two primary goals for our children:

1. Keep them safe from physical and emotional harm and hardship.
2. Promote their independence, capacity, and ability to protect and care for themselves.

For a newborn, almost all of our parenting is in service of goal #1. Over time we shift to an emphasis on goal #2. Initially we might be 90%-10%. By age 18 we might be 10%-90%. Eventually we hope that goal #1 becomes unnecessary, and that goal #2 has been fully achieved.

Out of concern for our children, we often focus our efforts on goal #1 and underemphasize goal #2. When helping a young adult achieve independence (especially when this process shows signs of delay), the parental role is often to focus our efforts on how to help independence rather than continuing to serve the young person's dependence.

The task of achieving independence is almost entirely up to the person himself or herself. Parents can have a role to play, however.

A core principle of human communication is *"The only person's behaviour we can control directly is our own."* It's tempting to try to increase a young person's independence by arguing with them, trying to convince them, or becoming angry or frustrated.

These strategies usually do not work, for two reasons:

1) We are trying to change their behaviour, not ours.
2) If they obey our urging they are adopting a child role, which is the opposite of the adult role we hope them to achieve. In order to retain any of the adult independence they already have, they must resist our efforts to control them.

Consequently, the key question is not *"How can I get them to change?"* A more helpful question is *"What can I do to help foster their independence?"* Or *"What am I doing now that may be helping them remain dependent?"* It's about changing yourself, not changing them.

It is important to note that this is not about blaming the parent. Generally, almost everything parents do is designed to help their young person. The question is how to offer the kind of help the young person needs. For many parents, the best help is simply to do *less*.

This does not mean abandoning one's role as a parent or doing nothing. The key mantra is *"Foster their independence, don't serve their dependence."*

Or: *You're their parent. Not their best buddy, and not their household staff.*

Examples of behaviour that may be helpful to rethink:

Doing all grocery shopping for family (rather than rotating this task).

Buying the young person's favourite foods (with no expectations of them in return).

Buying desired but counterproductive birthday gifts (e.g., video games, TV for bedroom).

Serving as a human alarm clock or morning motivator.

Enforcing bed-times (independent adults do this themselves).

Providing accommodation rent-free.

Providing allowance or paying for necessities with no exchange in chores.

Cooking all meals, rather than sharing responsibilities.

Delivering meals to young person's room, or leaving meals to be re-warmed at their convenience.

Providing chauffeur services or free use of motor vehicle.

Providing and paying for 24-hour internet services, Netflix accounts, etc.

Providing groundskeeping and home maintenance services.

Providing laundry and ironing services.

Providing secretarial and scheduling services (e.g., keeping track of appointments).

Refraining from going on holiday because "my adult kid needs me." If at age 20 they can't cope with your absence for two weeks, how will they manage their own apartment?

Examples of behaviour to consider:

Create a rota of household chores, with all able-bodied occupants expected to contribute.

Expect offspring with part-time or no employment to do more chores.

Do the things you planned to do when they grew up: college, night school, trips with friends, going back to work, downsizing, converting the playroom to your office, etc. Move on, even if they haven't.

Avoid stocking the home with snack foods for adult offspring.

Cook meals based on what you want, not on what *they* most want.

Serve meals at standard times or for your own convenience, and only at the table.

End all room service, unless they have the flu. You are not running a hotel.

If basic expectations are not met (e.g., dirty dishes left in room, possessions strewn about), avoid nagging or shouting. Sharply reduce your own contributions instead (e.g., provide meals or car loans only to those meeting basic expectations).

Transfer responsibility for waking up, going to bed, and doing personal laundry to the young person.

Charge rent on a sliding scale based on young person's ability to pay, ranging from a nominal amount to market rate.

Consider charging a share of utilities (internet service, Netflix, electricity, etc.).

DO help with apartment hunting, shopping for "interview clothes," learning to cook, iron, wash clothes, and do other shores (without commenting on how they "should have known this already").

Have a basic level of chores without payment as part of "contributing to the house."

Tie any financial help to additional chores (e.g., painting the bathroom, repairing the fence). It's fine if this work is overpaid, at least when you're starting out.

Loan motor vehicles on the condition that fuel is paid for. If it is not, delay the next use by a pre-specified period (e.g., 2 weeks) rather than nagging or criticizing.

Consider financial aid for appropriate educational activities or for a portion of the rent on first apartment.

Lighten certain home responsibilities when employment is achieved (don't let *"I don't have time to work"* be a rationale for remaining unemployed).

Remember:

We grow up, become responsible, and establish independent lives only partly to "pursue our dreams."

Much of the motivation comes from wanting something more than we have: money so we can go out, a place for romantic entanglements, a car, a place for entertaining friends, money to go on holidays, the ability to get the food we want most, and so on.

By providing all of these things, parents often create the opposite motivation. Leaving home and becoming independent mean getting *less* of what you want, not *more*. Independence is a sacrifice and a loss, not an achievement.

Failure to Launch: Resources and References

Video & Film

7 Ways to Maximize Misery (2017). CGP Grey, popular YouTube personality, posts a 7 minute summary of Paterson's book *How to be Miserable,* emphasizing hikikomori-like habits. Examine some of the over 12,000 comments to see just how many viewers recognized their own lives.

Failure to Launch (2006). Perhaps not the best resource, this US film portrays a reasonably confident and socially fluent 35 year old male (Matthew McConaughey) living at home mainly for convenience, and his parents' hire of a consultant (Sarah Jessica Parker) to help extract him.

How to Buy Happiness (2016). By Randy Paterson. Online course on using personal finances in the pursuit of happiness (avoiding debt, living within a budget, buying things based on life plans rather than impulse, etc). Available at psychologysalon.teachable.com. Clinicians wishing to recommend this course to clients or colleagues can contact Changeways Clinic offices for a discounted coupon code enabling others to get the program at a reduced price.

Welcome to the NHK (2006). Japanese anime series (dubbed) based on an earlier novel and manga, portraying Sato, a young unemployed man, fearful of the scrutiny of others and living in his tiny parent-funded apartment, developing near-psychotic delusions that his problem is the result of television programming. This entertaining series covers most of the bases in the phenomenon as he attempts to recover and get his life on track. Available in its entirety on YouTube.

Status anxiety (2004). Video based on Alain de Botton's book of the same name, suggesting that concerns about status have increased in recent decades in lockstep with the idea of equal opportunity. If we are equal and someone achieves more than you do, does this say something about you? Tangentially related to our topic of failure to launch, but an interesting treatment of the subject. Available on YouTube.

The 40-Year-Old Virgin (2005). Judd Apatow directs Steve Carell, who portrays a socially anxious man living alone and struggling to adapt to the demands of adulthood and his wish for a relationship. A coarse, crass comedy, but one that captures the innocent ambivalence about relinquishing childhood.

The Marshmallow Test (various). Use this term for a YouTube search and you can see examples of the marshmallow test in action.

The Secret Life of Walter Mitty (2013). The original Mitty movie with Danny Kaye is perhaps the earliest clear depiction of the parent-bound man longing for adult accomplishments while fearful of adult demands. In this remake, Ben Stiller plays a socially-withdrawn man, prone to fantasy, who has moved out on his own and is employed as a clerk by Life magazine until circumstances take him far from his comfort zone.

Books

Bourne, Edmund (2015). *The anxiety and phobia workbook*, 6th ed. Oakland CA: New Harbinger. The classic compendium of strategies for coping with anxiety, including exposure and desensitization approaches.

Brown, Kelly Williams (2013). *Adulting: How to become a grown-up in 468 easy(ish) steps*. New York: Grand Central. A 20-something author addresses the details of adult independent living in a series of down-to-earth (and occasionally profane) micro-essays. Lots of great recommendations for the young person venturing forth into the world. Mostly addressed to young women, though almost equally appropriate for young men.

Chilton, David (2011). *The wealthy barber returns*. Financial Awareness Group. An accessible look at financial self-management from a Canadian perspective. A good resource for almost anyone – including young people who feel at sea in this area.

De Botton, Alain (2012). *Religion for atheists: A non-believers guide to the uses of religion*. New York: Vintage. A book examining the benefits of religious practice apart from theological considerations – including as a venue for social contact and social skill development.

De Botton, Alain (2004). *Status anxiety*. New York: Penguin. A look at the phenomenon of anxiety about one's status relative to others – a central issue in the lives of many people with launchpad problems, who view themselves as defective or low-status and often believe others can immediately detect this flaw. Not a defense of the class system, thankfully, but an interesting look at a common preoccupation.

Jay, Meg (2012). *The defining decade: Why your twenties matter – and how to make the most of them now*. New York: Hachette. Jay addresses this book to twenty-somethings, and challenges the idea that the 20s can and should be used exclusively for play and exploration. She emphasizes the idea of building identity capital – skills, qualifications, and experience that can be used throughout life. She also has a TED talk on the same subject.

Koslow, Sally (2013). *Slouching toward adulthood: How you can let go so your kids can grow up*. New York: Plume. A great book for parents on the issues faced by parents of adult children (what Koslow calls "adultescents"). Not specifically focused on F2L kids, but emphasizes the more global issue of young people failing to seize adult responsibility. A good recommendation for many parents.

Mischel, Walter (2014). *The marshmallow test: Why self-control is the engine of success*. New York: Little, Brown. A discussion of the original experiments, plus research on the importance of self-control in a variety of spheres – and how this is likely a more important determinant of adult mastery than intelligence, talent, or any of a variety of other traits.

Skenazy, Lenore (2009). *Free range kids: Giving our kids the freedom we enjoyed without going nuts with worry*. New York: Jossey Bass. While some might urge caution recommending this book to parents, the author (embracing her label as "America's worst

mom" after allowing her nine-year-old to ride the subway alone) makes valid points about the problems with overprotection. If there is an optimal middle ground, the parents of many F2L clients seem to have erred on the side of extreme caution, resulting in unprepared and underconfident offspring. A useful counterpoint to our culture of fear.

Selected Research Articles

Hairston, M (2010). A cocoon with a view: Hikikomori, otaku, and Welcome to the NHK. *Mechademia*, *5*, 311-323. Summary of Welcome to the NHK as novel, manga, and anime.

Kato, TA, et al. (2012). Does the 'hikikomori' syndrome of social withdrawal exist outside Japan? A preliminary international investigation. *Social Psychiatry & Psychiatric Epidemiology*, *47,* 1061-1075. Psychiatrists in multiple countries read case studies from Japan and most felt the problem was present in their own areas as well, particularly in urban centres.

Kondo, N, Sakai, M, Kuroda, Y, Kiyota, Y, Kitabata, Y, & Kurosawa, M (2011). General condition of hikikomori (prolonged social withdrawal) in Japan: Psychiatric diagnosis and outcome in mental health welfare centres. *International J of Social Psychiatry, 59,* 79-86. Most of 337 hikikomori subjects could be diagnosed with an existing disorder; personality, anxiety, and mood disorders predominated.

Koyama, A, Miyake, Y, Kawakami, N, Tsuchiya, M, Tachimori, H, Takeshima, T (2010). Lifetime prevalence, psychiatric comorbidity and demographic correlates of "hikikomori" in a community population in Japan. *Psychiatry Research, 176*, 69-74. A household survey suggests a 0.5% household rate of hikikomori; these appeared to have markedly higher risk of a comorbid psychiatric mood disorder.

Krieg, A, & Dickie, JR (2011). Attachment and hikikomori: A psychosocial developmental model. *International J of Social Psychiatry, 59*, 61-72. Discussion of development of hikikomori in a Japanese sample from an attachment perspective.

Lebowitz, E, Dolberger, D, Nortov, E, & Omer, H (2012). Parent training in nonviolent resistance for adult entitled dependence. *Family Process, 51*, 90-106. Israeli parents trained in reducing enabling behaviour appear to have reduced dependence in adult overdependent children.

Nagata, T, Yamada, H, Teo, AR, Yoshimura, C, Nakajima, T, & van Vliet, I (2011). Comorbid social withdrawal (hikikomori) in outpatients with social anxiety disorder: Clinical characteristics and treatment response in a case series. *International J of Social Psychiatry, 59*, 73-78. 19% of social anxiety patients were comorbid for hikikomori and seemed to have earlier onset and more severe symptoms; treatment was less effective than in those with SAD alone.

Newman, KS (2008). Ties that bind: Cultural interpretations of delayed adulthood in Western Europe and Japan. *Sociological Forum, 23*, 645-669. Examines economic factors associated with the phenomenon; mainly narrative in style.

Primack, BA, Swanier, B, Georgiopoulos, AM, Land, SR, & Fine, SJ (2009). Association between media use in adolescence and depression in young adulthood: A longitudinal study. *Archives of General Psychiatry, 66*, 181-188. Particularly in young males, increased media exposure seems predictive of subsequent depression.

Suwa, M, Suzuki, K, Hara, K, Watanabe, H, & Takahashi, T (2003). Family features in primary social withdrawal among young adults. *Psychiatry and Clinical Neuroscience, 57*, 586-594. Attempts to identify family features that increase risk, including lack of emotional expression and communication.

Teo, AR (2010). A new form of social withdrawal in Japan: A review of hikikomori. *International J of Social Psychiatry, 56*, 178-185. A review of the phenomenon.

Teo, AR (2012). Social isolation associated with depression: A case report of hikikomori. *International J of Social Psychiatry, 59*, 339-341. Alleges to be the first documented case of hikikomori in the Americas.

Umeda, M, Kawakami, N, & The World Mental Health Japan Survey Group 2002-2006 (2012). Association of childhood family environments with the risk of social withdrawal ('hikikomori') in the community population in Japan. *Psychiatry and Clinical Neuroscience 66*, 121-129. Japanese cases appear to cluster in families with higher education and mothers with panic disorder.