



The Evidence-Based and Individualized Treatment of Depression

Resources for Clients

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This guide includes the various handouts and related documents described in the course “The Evidence-Based and Individualized Treatment of Depression.” They appear in the order they appear in the course.

Please note: Some handouts appear in this document but are not discussed in the course itself. These are included because they appear in the Depression Map Questionnaire. The handouts themselves are self-explanatory.

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The contents of this guide do not have page numbers, so that you can photocopy individual pages directly. Take note when you do so. Some handouts have several pages, and new subtopics often appear atop a page – what may look like a subsequent handout may just be a continuation of the handout preceding. Handouts from Session 2 onward begin with 16 point font.

These materials are also available as a set of separate pdf documents, offered free of charge to registrants in the course.

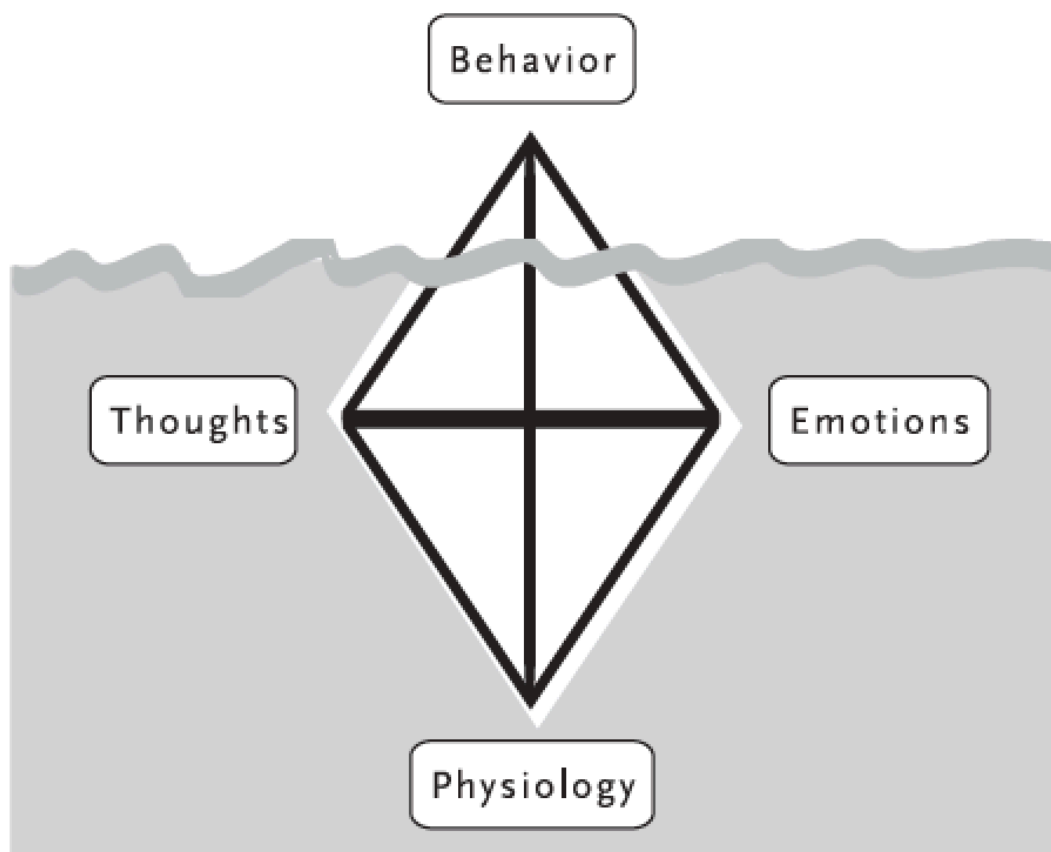
To receive these, simply email workshops@changeways.com and put “Depression Documents” in the subject line. We will send you a complete set of the documents, each with a title that should make them easy to identify.

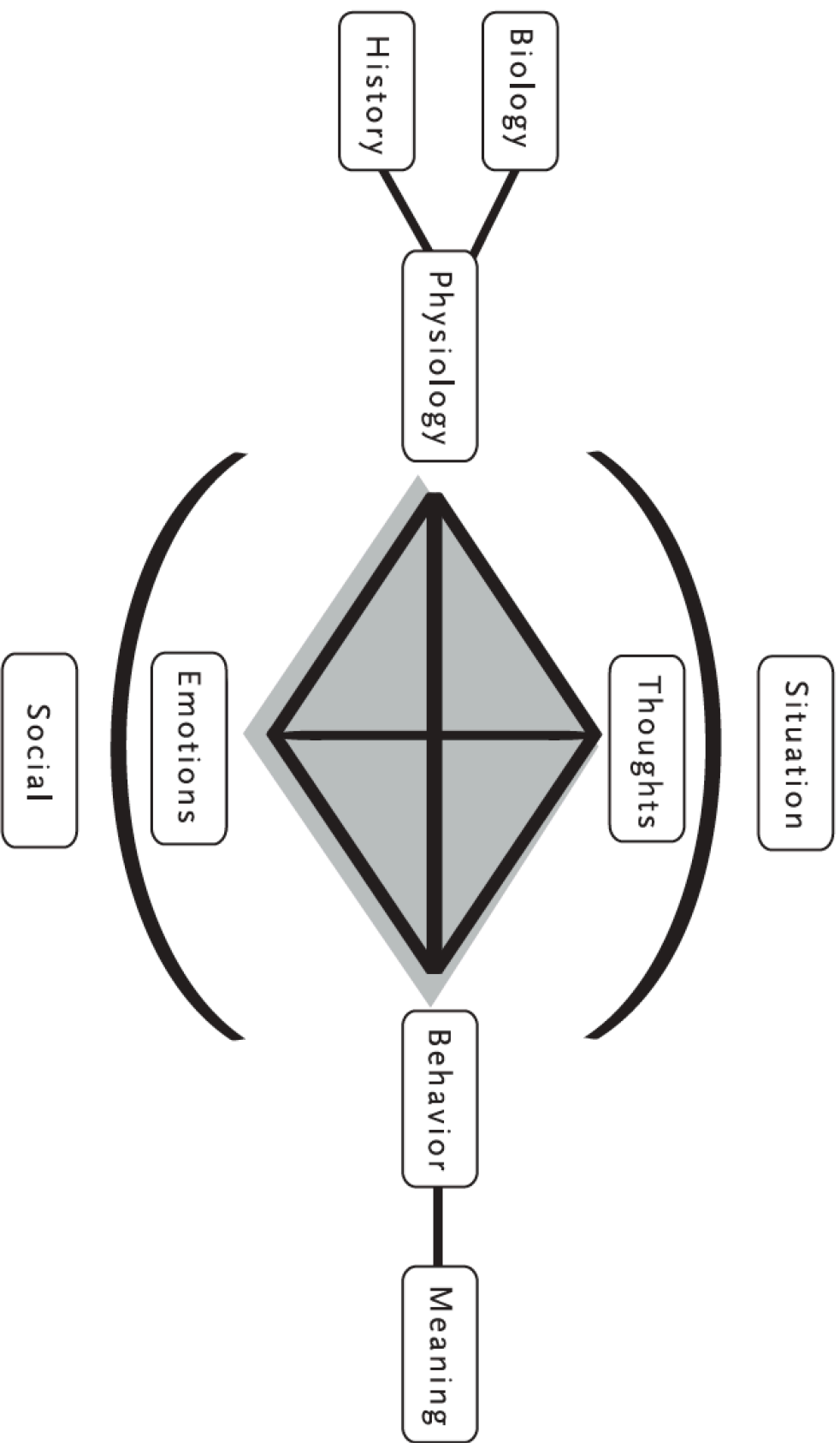
Materials Discussed in

SESSION ONE

Assessment

[illegible]





Medication List

On this form, please list all of the medications that you take on a regular basis. Please use the back if you run out of space.

- **Medication:** Include both prescription medications and over-the-counter or herbal medicines.
- **Strength:** The dose per tablet (usually this is given in milligrams).
- **Schedule:** The frequency and timing of the medication (for example, "one at bedtime," "one before each of three meals daily," "when I have panic attacks; about three tablets a week").
- **For:** What is the problem, symptom, or difficulty being treated?

Medication _____ Strength _____

Schedule _____

For _____

Medication _____ Strength _____

Schedule _____

For _____

Medication _____ Strength _____

Schedule _____

For _____

Medication _____ Strength _____

Schedule _____

For _____

Medication _____ Strength _____

Schedule _____

For _____

Name: _____ Date: _____

DMQ

Please read each of the statements below. Rate each statement as it applies to you, using the 1 to 5 scale below. Place your ratings in the space beside each statement. You can ignore the numbers (e.g., 9-1) beside each item.

- 1 Disagree strongly. This statement is not at all true.
- 2 Mostly disagree. This statement is only a little or occasionally true of me.
- 3 This statement applies to me some of the time.
- 4 Agree. This statement describes me moderately well.
- 5 Strongly agree. This statement fits me extremely well.

- 9-1 _____ I just can't seem to get myself moving.
- 9-1 _____ I set goals for myself, but I never seem to reach them.
- 9-1 _____ When I manage to do things, I feel discouraged at how much remains to be done.
- 12-1 _____ I'm having a hard time eating properly lately.
- 12-1 _____ My mood problems seem related to the way I eat.
- 12-2 _____ I haven't been getting much exercise lately.
- 12-2 _____ In the past I've usually felt better when I've been more physically active.
- 12-3 _____ I've been having a hard time sleeping.
- 12-3 _____ My sleep schedule isn't very regular.
- 12-4 _____ I drink more than two cups of coffee (or four cups of tea) each day.
- 12-4 _____ I drink a lot of caffeinated soft drinks such as colas.
- 12-5 _____ I spend a lot of time indoors away from natural light.
- 12-5 _____ I seem to get more depressed during the winter.
- 12-6 _____ I still drink (or use recreational drugs), even though I'm depressed.
- 12-6 _____ I may have a drug or alcohol problem.
- 12-7 _____ I was raised to think that doing things for the fun of it was silly or inappropriate.
- 12-7 _____ I don't do anything fun anymore.

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 - 5 Strongly agree. This statement fits me extremely well.
-

- 14-1 ☐ I'm not really aware of my negative thinking.
- 14-1 ☐ I seem to react to events more negatively than most people.
- 14-2 ☐ People have told me I blow things out of proportion.
- 14-2 ☐ Minor events seem to produce big emotional responses in me.
- 14-3 ☐ I put myself down a lot.
- 14-3 ☐ I seem to talk myself into despair sometimes.
- 14-4 ☐ My attitude seems to trip up my emotions.
- 14-4 ☐ My beliefs and assumptions are a big part of the problem.
- 14-5 ☐ I think negatively during depression, but I'm not sure how it happens.
- 14-5 ☐ In my mind I seem to distort what's really going on in my life.
- 14-6 ☐ I think about how I should be and I realize I don't measure up.
- 14-6 ☐ My life doesn't seem to go the way I think it should.
- 14-7 ☐ When things go badly, I tend to blame myself.
- 14-7 ☐ When things go well, I never seem to feel any better.
- 14-8 ☐ I'm a perfectionist.
- 14-8 ☐ I worry that other people expect too much of me.
- 14-9 ☐ I can't help thinking negative thoughts.
- 14-9 ☐ I'd like to learn how to talk back to my negative thoughts.
- 14-10 ☐ I worry about things a lot.
- 14-10 ☐ When I start worrying about something I find it difficult to stop.
- 14-11 ☐ My memory and concentration are really affected by the depression.
- 14-11 ☐ I can't seem to make decisions lately.
- 15-1 ☐ I want to put a halt to my negative emotions.
- 15-1 ☐ My emotions seem childish, wrong, or dangerous.
- 15-2 ☐ I've been under a lot of stress lately.
- 15-2 ☐ I need to learn how to handle stress more effectively.
- 15-3 ☐ Fear seems to play a big role in my depression.
- 15-3 ☐ I find it extremely difficult to face my fears.
- 15-4 ☐ I've been quite irritable or angry lately.
- 15-4 ☐ When I become very angry, I have a hard time letting go of it.

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-

- 15-5 _____ I'm easily overwhelmed.
- 15-5 _____ When I feel overwhelmed I tend to give up and stop trying.
- 15-6 _____ At times I feel overcome by guilt.
- 15-6 _____ I feel intensely ashamed of myself.
- 15-7 _____ Hope is the one thing I hang onto during depression.
- 15-7 _____ I seem to get my hopes up and then have them crushed, which makes me feel worse.
- 15-8 _____ When I feel better I have a hard time trusting that my mood won't just crash again.
- 15-8 _____ When I'm feeling well, I worry that the depression is lurking around the corner.
- 15-9 _____ When my mood dips, I become very afraid that I'll slide right back to the bottom.
- 15-9 _____ I want to get better steadily, without any setbacks.
- 16-1 _____ There doesn't seem to be enough time in the week to do everything.
- 16-1 _____ My life seems filled with things I don't actually enjoy or think are worthwhile.
- 16-2 _____ I usually try to give 100% to everything I do.
- 16-2 _____ I get frustrated when I'm not operating at peak efficiency.
- 16-3 _____ Work occupies a more central role in my life than it should.
- 16-3 _____ I think burnout at work is part of my problem.
- 16-4 _____ I often seem to be right on the edge financially.
- 16-4 _____ I'm deep in debt.
- 16-5 _____ My life is usually too rushed to let me slow down and relax.
- 16-5 _____ I'm always running from place to place trying to keep up with my life.
- 16-6 _____ There's a stack of paper at home (or work) that I haven't been facing.
- 16-6 _____ The list of small errands and tasks I have to do seems endless.
- 16-7 _____ The news affects me deeply right now.
- 16-7 _____ I'm a news addict; I constantly read or tune into the news.
- 16-8 _____ I spend most of my life in an urban environment.
- 16-8 _____ Nature seems to exert a calming influence on me.

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-

- 17-1 _____ I have acquaintances, but few deep friendships.
- 17-1 _____ I don't seem to spend much time with friends.
- 17-2 _____ Some good friends seem to have drifted out of my life the past few years.
- 17-2 _____ Since I became depressed, I've been deserted by people I thought would support me.
- 17-3 _____ I don't really know very many people.
- 17-3 _____ I need to expand my social circle and meet some new people.
- 17-4 _____ There are specific things friends could help me with during depression.
- 17-4 _____ Some of the people in my life would like to help but don't know how.
- 17-5 _____ When I'm depressed it seems that all I can talk about is how I'm feeling.
- 17-5 _____ When I'm depressed I pretend I'm fine.
- 17-6 _____ It's hard for me to stand up for myself.
- 17-6 _____ I wind up doing a lot of things because it's hard for me to say 'no.'
- 17-7 _____ I have children to take care of.
- 17-7 _____ I've noticed that during depression it's harder to be a good parent.
- 17-8 _____ What I really want is a romantic partner.
- 17-8 _____ My depression has had a negative impact on my relationship with my partner.
- 18-1 _____ Nothing seems important or meaningful to me right now.
- 18-1 _____ I used to have a sense of meaning and purpose in my life, but it's gone.
- 18-2 _____ I think that the values of society may contribute to my depression.
- 18-2 _____ I've tried "fitting in" for much of my life, but that hasn't given me a sense of purpose.
- 18-3 _____ I think my mood problem is partly a mid-life crisis.
- 18-3 _____ I became disillusioned about my life before the depression began.
- 18-4 _____ I've committed myself to my path in life and I can't change it now.
- 18-4 _____ I'm feeling trapped by the decisions I made in the past.
- 18-5 _____ Depression is just an illness; I won't learn anything valuable from it.
- 18-5 _____ I suspect that having depression could somehow change parts of my life for the better.

- 1 Disagree strongly. This statement is not at all true.
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-

- 18-6 _____ I feel a need for spirituality in my life.
- 18-6 _____ Religion and spirituality have played no part in my life lately.
- 18-7 _____ I seem very self-involved; I'd like get involved in something bigger.
- 18-7 _____ When I'm focused on a larger cause, my mood seems somewhat better.

Scoring the Depression Map Questionnaire (DMQ)

The DMQ does not provide an overall score. Instead, each item corresponds to a risk factor for a mood disorder. A high rating on a given item suggests that this is a topic that may (or may not) be relevant in the client's case. If subsequent questioning bears this out, the strategy or exercise associated with that item *might* be useful in the client's therapeutic work.

Each factor is associated with a number (e.g., 12-1). These numbers refer to the chapter and order of appearance of care strategies in the book *Your Depression Map*. These strategies, now updated, are provided to you as separate handout sheets for your clients and are reproduced in this guide. The handouts are also available as a series of separate pdf files, each one titled as indicated in the "Filename" column.

Most factors are represented by two items each. The first, Goal Setting, has three items. In most cases, a double (or treble) high point score (a rating of 4 or 5) suggests that a factor (and its corresponding strategy) may be particularly relevant. In some cases, the two items represent two independent ideas. For example, the first item about caffeine consumption asks about coffee and tea; the second asks about caffeinated soft drinks. Rating either one highly suggests that examining the client's caffeine consumption might be a good idea.

Note that the DMQ has not been subject to rigorous empirical validation. It simply asks relatively face-valid questions about symptoms and features of depression, and links these to therapeutic strategies that *may* be beneficial for clients acknowledging them. Consequently, the DMQ cannot be considered a substitute for thorough assessment, and cannot be used ON ITS OWN in structuring treatment. Instead, it is meant to provide a source of information to be used in addition to professional clinical judgment when formulating a case and a course of treatment.

To score the measure, use a scoring sheet (starting on the next page).

Starting at the beginning of the questionnaire, find the first statement that the client rated either 4 or 5 out of 5. Find the strategy number (e.g., 12-2) beside the statement. Write the rating (4 or 5) beside that strategy number on the scoring sheet. Do the same for all the other statements the client rated 4 or 5. As an example:

Item	Rating	Filename	Description
12-2	5, 4	Exercise	Developing an exercise program

If very few items are given a 4 or 5, look for 3s as well.

Strategies with one or more high ratings represent good possibilities for therapy strategies. Examine the table for sections (e.g., Emotion, or Thought) that seem to have large clusters of high ratings. These areas may be particularly fruitful to explore in therapy.

Goal Setting

Item	Rating	Filename	Description
9-1		GoalSetting	Strategies for setting achievable goals

Behaviour

Item	Rating	Filename	Description
12-1		Diet	Dietary management
12-2		Exercise	Developing an exercise program
12-3		Sleep	Sleep hygiene
12-4		Caffeine	Caffeine contents and recommendations
12-5		Light	Maximizing light exposure; light therapy
12-6		DrugsAlcohol	Very brief doc on avoiding substances during dep
12-7		Fun	Building fun into your life

Thought

Item	Rating	Filename	Description
14-1		Monitoring	Thought monitoring to increase awareness
14-2		Downward Arrow	How to do a downward arrow to detect core beliefs
14-3		Negative self-talk	Catching and halting negative self-talk
14-4		Beliefs	Maladaptive beliefs that promote depression
14-5		Biases	Cognitive biases that distort appraisals
14-6		IsShould	Distinguishing between reality and shoulds
14-7		Attributions	Balancing pos and neg attributions for events
14-8		Perfectionism	Coping with perfectionistic thinking
14-9		Thought Challenging	Challenging negative thinking
14-10		Worry	Strategies for reducing worry
14-11		CognitveImpairment	Dealing with poor memory and concentration

Emotion

Item	Rating	Filename	Description
15-1		EmotionBeliefs	Recognizing maladaptive beliefs re emotion
15-2		Stress	Coping with stress
15-3		Fear	Overcoming fear and avoidance
15-4		Anger	Strategies for reducing anger & angry outbursts
15-5		Overwhelmed	Turn feeling overwhelmed into an asset
15-6		GuiltShame	Coping with feelings of guilt and shame
15-7		Hope	Why hope can be a destructive force
15-8		MoodChecking	The temptation to look for dep when feeling well
15-9		MoodDips	What to do when mood drops

Situation

Item	Rating	Filename	Description
16-1		168Hours	How you spend the 168 hrs in a week
16-2		SpeedOfLife	Why operating full-out is a bad idea
16-3		Work	Keeping work in its place; overwork & burnout
16-4		Finances	Coping with financial stress
16-5		Simplify	Simplifying an overly complicated life
16-6		Hassles	Coping with a pile of small hassles & demands
16-7		Media	Limiting media & news overexposure
16-8		Nature	Enhancing contact with nature

Social

Item	Rating	Filename	Description
17-1		DeepeningFriends	Strategies for deepening existing friendships
17-2		RevivingFriends	Reviving friendships that have drifted
17-3		StartingFriends	Strategies for meeting new friends
17-4		SupportTeam	Building a personal support team
17-5		SocialBalancing	Balancing discussions about self and others
17-6		Assertion	Brief introduction to assertiveness skills
17-7		Childcare	Coping with childcare during depression
17-8		Romance	Coping with romantic relationships during dep.

Meaning

Item	Rating	Filename	Description
18-1		MeaningInventory	Listing what has been meaningful in your life
18-2		CultureSeparation	Separation/individuation from cultural expect'ns
18-3		WelcomeCrisis	Using emotional crisis as cue to change life
18-4		Backtrack	Backtracking from an unhelpful life course
18-5		DepressionMeaning	Finding meaning from the experience of dep.
18-6		SpiritualPath	Developing a spiritual path
18-7		LargerCause	Find a larger cause to be involved with

Activity Monitoring Sheet

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 am							
2 am							
3 am							
4 am							
5 am							
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							
12 am							

Materials Discussed in

SESSION TWO

Behavioural Activation

[illegible]

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: _____

[illegible]

[illegible]

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.

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.

"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."

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.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morn							
Aft							
Eve							

Name: _____ Date: _____

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?

Done? Goal

[illegible]

Materials Discussed in

SESSION THREE

Lifestyle Factors
Situational Factors

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 (*).

<input type="checkbox"/> Aerobics*	<input type="checkbox"/> Kayaking
<input type="checkbox"/> Aquabics* (aerobics in the water)	<input type="checkbox"/> Racquetball*
<input type="checkbox"/> Calisthenics	<input type="checkbox"/> Rollerblading*
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Rowing*
<input type="checkbox"/> Cycling*	<input type="checkbox"/> Running*
<input type="checkbox"/> Cross-country skiing*	<input type="checkbox"/> Squash*
<input type="checkbox"/> Dancing	<input type="checkbox"/> Stretching exercises
<input type="checkbox"/> Downhill skiing	<input type="checkbox"/> Swimming*
<input type="checkbox"/> Gardening	<input type="checkbox"/> Tai chi
<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis
<input type="checkbox"/> Hiking	<input type="checkbox"/> Walking
<input type="checkbox"/> Ice skating*	<input type="checkbox"/> Weight training
<input type="checkbox"/> Jogging*	<input type="checkbox"/> Yoga

Any other ideas of your own?

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.)

What are the first two steps that you could take toward a healthier role for exercise in your life? For example, maybe you need to visit your local community center to see the facilities, or see if your bicycle needs to be tuned up. Make the steps small enough that you can actually do them, even with a depressed mood.

1. _____

2. _____

Get started. Give yourself credit when you've done these steps; don't wait until you're on the Olympic podium to reward yourself. To get yourself going, keep your eye on

- 1) The very next step; and
- 2) What you've already accomplished.

Make exercise part of your ongoing goal-setting.

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:

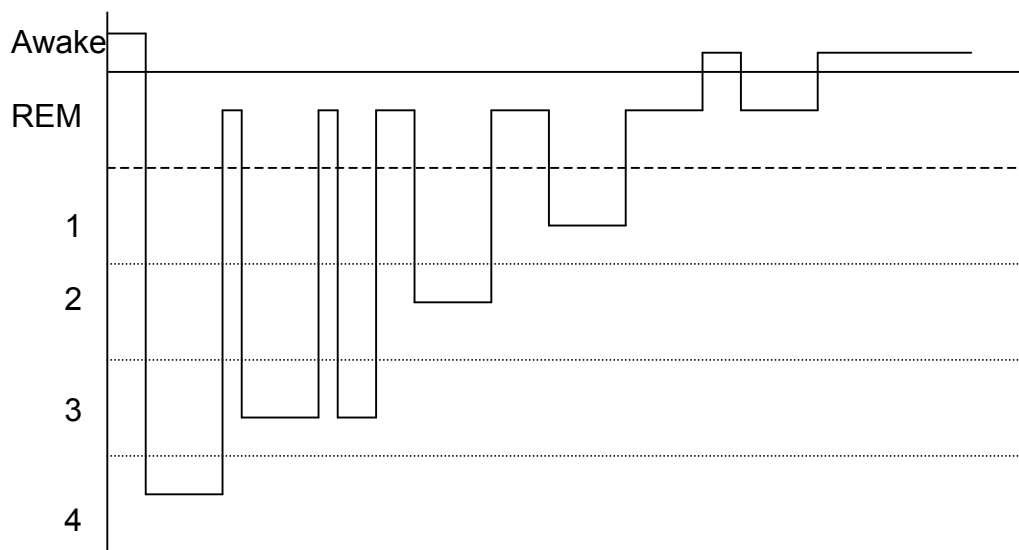
- **Sleep onset insomnia.** Regularly taking more than an hour to get to sleep.
- **Sleep maintenance insomnia.** Frequent waking, plus difficulty getting back to sleep.
- **Early morning waking.** Waking up extremely early (e.g., 4 am) and being unable to get back to sleep.
- **Hypersomnia.** Requiring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

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.

1. _____

2. _____

Getting Enough Light

Humans evolved to live in the outdoors. Our bodies are designed to take advantage of aspects of the natural environment in regulating internal processes. One such aspect is the light-dark cycle, which we use to regulate our circadian rhythms, including the sleep-wake cycle and certain patterns of hormone release.

One hormone, melatonin, is released by the pineal gland in the brain. When you are exposed to light, melatonin release declines; in darkness it increases. Melatonin helps you to fall asleep, and influences your alertness and ability to concentrate.

When you are away from a clearly defined cycle of darkness and bright daylight, your 24-hour rhythms begin to degrade. During the day you may feel drowsy, lack energy, and have difficulty concentrating. At night you may find it difficult to sleep. Modern life keeps most of us indoors most of the time – away from natural light-dark cycles.

Some people experience a seasonal pattern of depression. Typically they get most depressed during the months of lowest light (November to January in the northern hemisphere) and brighten with the return of the sun. Such problems appear to be more pronounced at northern latitudes, where the reduction of light is more extreme, and in cloudy climates where the sun's light is dimmed even during the day.

Even people with non-seasonal depression, however, appear to be affected by low exposure to light. One reason may be that depression often triggers an aversion to bright light, so people spend a lot of time in dimly-lit rooms.

Regardless of the form your depression takes, it may be helpful to maximize your exposure to light during the hours of daylight, and to restrict it for the hour or two before you hope to get to sleep.

Tips for managing your light exposure

Put a check mark beside any of the tips below that might be useful for you to try out.

- _____ If you work in an office with a window, point your desk at the window, not at the door. That way you will get strong light exposure while you work.
- _____ Open your curtains during the day. If you have blinds, raise them completely rather than just tilting them open.
- _____ Get some bright light exposure as soon as possible after getting up. Take an early morning walk or schedule your outdoor errands for the morning.

- _____ Examine your sunglasses. Extremely dark sunglasses can filter out so much sunlight that you are, in effect, in a darkened room even at noon on a sunny day. Some people have eye conditions requiring very dark glasses; most do not. Try to get by with sunglasses that don't filter out so much of the light.
- _____ During winter in northern latitudes the sun may rise after you head to work and set before you go home. Ensure that you get enough light by scheduling time to be outside during the brightest hours. Perhaps you could extend your work hours, and then exercise or run errands on a longer lunch break.
- _____ Avoid bright light for at least an hour before going to bed. If your schedule demands that you go to bed before sundown, or if you live where the sun goes down very late in summer, get indoors and draw the curtains an hour beforehand.
- _____ Don't be too concerned about the light from incandescent bulbs, computer monitors, or televisions. This isn't bright enough to suppress melatonin release to any significant degree.
- _____ Consider replacing your household fluorescent lights with high-intensity full-spectrum tubes to simulate daylight. Turn these off, though, long before you head to bed.

Is a lack of exposure to bright light a possible factor in your depression? If so, which of the tips above seems like a good first step?

What about light therapy?

In addition to the low-tech recommendations above, you can get special high-intensity light therapy units to help your mood and set your 24-hour cycle. For the most part, these units look like fluorescent tube fixtures on angled stands. You sit in front of this unit at a distance of 12 to 24 inches for a period of 20 to 40 minutes when you first get up in the morning. Some people eat their breakfast or read the paper in front of their unit.

Research supports the use of light therapy for people with a wide spectrum of disorders. Those with seasonal affective disorder are the most likely to be helped, though positive effects have also been found for regular major depression.

Light therapy boxes are available through most medical supply houses, and generally cost \$150 to \$300. Other versions of light treatment are also available (including light visor hats and dawn simulators). The majority of the research has been conducted using large light boxes, however, and these have achieved the strongest support to date.

If you think you would like to try light therapy, consider the following:

- Consult your physician or ophthalmologist to see whether you have any eye conditions that might be aggravated by high-intensity light therapy.
- See if you can rent a unit for a month before you buy one. If light therapy is going to work for you, the effects should be noticeable within a week to ten days of starting regular use.
- Use the unit early in the morning when you first get up (or, if you work shifts, whenever you first get up). Avoid using it within five or six hours of your planned bed-time.
- If you have bipolar disorder, consult your physician before using light therapy. There have been some indications that high-intensity light exposure can worsen a manic upswing.
- Start keeping a daily mood diary (such as the one in the Introduction) a week before you start light therapy, then keep going for four to six weeks. This will help you to see whether the light therapy is having an effect.

Does light therapy seem like a good option for you to try, given what you know of your depression? If so, what are the first few steps of a plan to try it out?

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, $\frac{3}{4}$ 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, $\frac{3}{4}$ 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; $\frac{1}{2}$ 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?

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?

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?

Caffeine

Caffeine stimulates the stress response. This can produce increased heart rate and blood pressure, tremor, a jittery feeling, rapid and shallow breathing, and emotional effects such as anxiety, fear, or irritability.

If you have been having difficulty with stress, anger, or anxiety, the last thing you need is a chemical that makes the stress response system more active. Caffeine can also aggravate tension headache, irritable bowel syndrome, chronic pain, and other physical problems. It doesn't seem to affect depression directly, but by intensifying stress and anxiety caffeine may contribute to the problem.

Caffeine is an addictive drug. Heavy users can become psychologically dependent on it, develop tolerance (meaning that more caffeine is needed to get the same effects), and undergo withdrawal if they don't get it. Withdrawal symptoms include headache, drowsiness, irritability, and difficulty concentrating.

Many people discover that they are dependent when they go for a day or two without coffee and develop splitting headaches. (If you suffer from headaches, think about whether they occur when you haven't had your usual coffee.) Addiction to caffeine isn't too serious a problem. The question is whether its effects are disrupting your life.

How much caffeine does it take to become dependent? Estimates vary, but 450 milligrams per day is about average. Some people are much more sensitive to caffeine, others less. The table below can help you to calculate your average daily consumption. Notice the serving sizes. Your coffee cup may hold more than this. Use a measuring cup to check, then adjust your calculation accordingly (for example, if your cup holds 16 ounces, double the amount of caffeine). The amounts of caffeine are approximate.

Substance	Approx. mg		No. per day	Total
Coffee				
Drip (8 oz./240ml)	210	×	_____	= _____
Percolated (8 oz.)	150	×	_____	= _____
Instant freeze-dried (8 oz.)	110	×	_____	= _____
Decaffeinated (8 oz.)	5	×	_____	= _____
Espresso (1.5 oz. shot)	90	×	_____	= _____
Tea				
5-minute steep (8 oz.)	95	×	_____	= _____
3-minute steep (8 oz.)	55	×	_____	= _____
Other				
Hot cocoa (8 oz.)	15	×	_____	= _____
Regular or diet cola (12 oz.)	45	×	_____	= _____
Most other soft drinks (12 oz.)	0	×	_____	= _____
Small chocolate bar	25	×	_____	= _____
Total				= _____

In addition to the foods in the table, foods with guarana also contain caffeine – even though the label may not indicate this fact. Energy and “health” drinks often contain guarana, which will be listed as an ingredient. If you are attempting to limit your caffeine intake, avoid drinks with guarana.

It can sometimes be a good idea to reduce your caffeine consumption in order to see whether this helps you. This is especially likely to be helpful if:

- a) Stress, anger, or anxiety are significant problems for you, and
- b) Your total is over 450 mg *or* you suspect that caffeine affects you negatively.

If you decide to reduce your caffeine consumption, do so slowly to avoid withdrawal symptoms. If you drink ten cups of coffee a day, reduce to seven cups, then four, then two, then one, then none. Stay at each level for four to six days to allow your body to adjust. Drink as much herbal tea as you like, and feel free to have decaffeinated coffee, tea, and cola.

Based on your calculation above, are you comfortable with the amount of caffeine you are consuming? If you have symptoms of anger or anxiety, could they be linked to caffeine?

If you want to experiment with reducing your caffeine consumption, what will be your first step?

Avoid drugs and alcohol

During periods of depression and anxiety, it can be tempting to blunt the symptoms by using alcohol or recreational drugs. One of the reasons people take street drugs and drink alcohol is that these substances sometimes make them feel better – temporarily. In the long run they can make problems worse for a number of reasons:

- Problems are avoided rather than being dealt with.
- Performance at work, at home, and in social situations is impaired.
- Psychological and/or physical dependence can develop.
- Physical health can be impaired.

During periods of depression, anxiety, or stress, alcohol and drug use may be particularly tempting – and a particularly bad idea. Your tolerance for their effects and your ability to control your use may both be lower than usual. The situation usually requires concrete, constructive action rather than a retreat into substance use. As well, drugs and alcohol interact with many prescription medications, including most of the medications prescribed for anxiety and depression.

In general, then, it is best to follow these guidelines for a sustaining and sustainable lifestyle:

- Avoid recreational drug use.
- Avoid using alcohol at all during periods of depression or severe stress.
- Avoid using alcohol at all if you have a personal or family history of alcohol abuse.
- Even if you are feeling fine and have no history of abuse, adopt a personal policy to drink only in moderation.

If you are taking antidepressant medication, you should know that recent research has demonstrated that many of these medications cause a mild impairment in motor coordination, similar to having an alcoholic beverage. Even if you ignore the rest of this handout, then, remember one thing. You must not drive after having *any* alcohol while you are on antidepressants. If you usually believe you are fine to drive after a single drink, remember that you may already have the equivalent of a single drink in your system all the time. Adding a beer or glass of wine to this may make you significantly more impaired than it usually would.

The prospect of eliminating substance use from your life can be a daunting one. Remember that while using none is best (particularly in the case of recreational drugs), reducing your intake is better than becoming overwhelmed and giving up. Use the principles of goal-setting to help you examine the problem and overcome it a bit at a time.

How much alcohol have you had over the past week or two? What about other substances?

If you would like to cut back, what is your goal?

What steps could you take that would help you to reach this goal?

If your use of drugs or alcohol is altogether out of your control, you are in good company: Many people have had this problem. A number of organizations exist that can help you to regain control. Consult your physician or therapist for more information.

Having Fun

"I used to think that if I was struggling, straining, and sweating I must be doing the right thing, and that anything easy, fun, or pleasurable was 'shallow' and not worthwhile. When I look back on it I think this idea was guaranteed to make my life miserable."

Having fun? Stress, anxiety, and depression are serious problems that require serious solutions. Aren't they? Don't they?

Few strategies are more important in resolving anxiety and depression than having fun. When people become anxious or depressed they tend to give up the things that they normally enjoy. They often have less energy than usual and feel that they have to use all of the energy they have left on productive activities. Fun is seen as a time-consuming frill that they can't afford. This is a serious problem. Why? *Because having fun gives you more energy than it takes.*

If you have been having mood problems, your energy reserves are probably low. Removing the things that you normally enjoy can feel like a way of conserving your energy for more important tasks. In reality, giving up enjoyable activity *reduces* your energy in the long run. Ask a non-depressed person to do as little as many depressed individuals do – to have as few social contacts, to get out as little, and to give up many of the activities he or she enjoys. What will happen? He or she will likely begin showing signs of depression.

Conclusion: *Fun is not an option. It is important!* Although you may have many priorities in your life, it is *essential* that you make room for at least some of the activities that you used to enjoy. Some people report that creative activity (such as artwork, music, writing, or crafts) seems particularly helpful, because these activities can engage your attention fully, allowing you to "lose yourself" in the activity.

If you have been depressed or discouraged recently, you may have noticed that as your mood worsened you felt less like doing things. In other words, your low mood seemed to cause a loss of interest. This inability to enjoy things is called *anhedonia* ("no hedonism", or "no fun"). But once you are down, the lack of involvement feeds into the mood problem. This is one of the vicious circles of mood problems, what we call a *snowball*.

In overcoming this lack of involvement it is important to remember that you may not actually *feel* like doing the things you used to enjoy. Don't wait for your eagerness or interest to return before you get moving. They may not come back on their own. First you need to begin doing some of the things that you used to like. The enjoyment and enthusiasm typically come later.

What place does fun or enjoyment have in your life right now? Have you given it up recently?

Some people never learned to value enjoyment in their lives. Have *you* ever been much good at having fun? If so, when was that? If not, what do you think stopped you?

Name four activities you used to enjoy but haven't done lately:

1.

2.

3.

4.

There may be some items on this list that you enjoyed, but that might not be great for you right now (for example, going to a pub). Of the ones that would do you no harm, which one would be the easiest to work back toward? Or is there something else that you would like to try?

How could you pare this down to something manageable? For example, perhaps you used to like drawing for eight hours at a stretch. You might be able to do it for ten minutes the first day.

The first time you get back to an old activity you may not enjoy it much. In fact, you may find it quite unpleasant. Remind yourself that the first few times are the most difficult, and that you are just getting used to the activity again. Give yourself permission *not* to have a good time. Usually the old enjoyment creeps back in after a while – especially if you haven't been looking too hard for it.

The 168 hour question

How do you spend the hours of your life? What do you do, exactly? Take some time to make a list of all the different activities that you perform in a given week. Figure out the number of hours each week that you spend on each activity. Make a rough guess, and don't get too obsessive about the total – at least, not yet. You guessed: 168 is the number of hours in a week.

A partial list is below. Fill in the number of hours per week for each one. Try not to count the same activity twice. For example, if you use a computer at work, don't count the time under both work time and computer time. Use the blank spaces for additional activities. Also consider breaking some activities down into separate categories if that seems appropriate. For example, you might have four categories instead of one for socializing (with spouse, friends, family, and work colleagues). Use additional paper if necessary.

- ___ Sleeping
- ___ Trying to get to sleep
- ___ Work/school
- ___ Overtime/homework
- ___ Continuing education (e.g., night school)
- ___ Commuting
- ___ Preparing food and eating
- ___ Shopping (incl. groceries)
- ___ Grooming (showering, brushing teeth, using washroom, etc.)
- ___ Household cleaning, laundry, etc.
- ___ Home maintenance, repairs
- ___ Reading
- ___ Television/videos
- ___ Computer / video games
- ___ Social media
- ___ Other computer (apart from work: surfing, news, etc)
- ___ Looking at smartphone (texting, surfing, etc)
- ___ Exercise
- ___ Socializing
- ___ Sexual activity
- ___ Relaxing
- ___ Pet or plant care (incl. gardening)

- ___ Childcare
- ___ Caring for other relatives
- ___ Spirituality (meditation, church, etc.)
- ___ Drinking, smoking, drug using
- ___ Creative work (crafts, arts, writing)
- ___ Volunteer work
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____
- ___ _____

Now go back and total up the hours spent on the different activities you have listed.

Total: _____

Do they add up to a lot less than 168 hours? If so, see if you can track down the missing hours. Some people are surprised, for example, at how many hours they actually spend watching television.

Do they add up to *more* than 168 hours? Don't be too surprised. Many people schedule themselves so tightly that there is almost no time left over. They feel harried and stressed, always on the run.

A lot of people also engage in excessive multitasking: they manage to do two and three things at once (for example, ironing while cooking dinner and watching television). Although some multitasking is normal, chronic multitasking strains our ability to attend to the different activities and can be a major source of stress.

Do you *really* want to reveal something about your life? If so, go back again and rate each item in terms of how much you usually enjoy it. (If you're depressed right now you may not enjoy much of anything. Rate how much you enjoy it when you feel well.) Use a 0-100 scale, where 0 means you hate the activity, 50 means you neither like nor dislike it, and 100 means you really enjoy it. Squeeze in your rating to the right of each item.

Getting into it? If so, feel free to make other ratings.

- How important is each activity to you? Use a 0-100 scale, or rank Rank them from first (#1) to last.
- Which activities do you do because *other people* think they're important for you to do?
- If you know someone whose life you greatly admire, how much time do you think they spend on each activity? What are *their* priorities?
- Which of these activities have a tempting pull ("*This will be great*") but don't really turn out to be fulfilling? Hint: A good test is to ask yourself whether, when you're done, you think "*That was great, I'm glad I spent time on it.*" Examples of activities that often don't pass the test: drinking, drug using, internet surfing, compulsive shopping, looking at pornography, and others.

There's no way of scoring this exercise, but completing it is almost always enlightening. It shows you how you spend your time, and invites you to question the priorities that you seem to have set for yourself. Here are some sample realizations:

- *"I say my priority is the kids, but I spend most of my waking hours at work or watching TV."*
- *"I spend 10 hours a week surfing the internet, but almost never enjoy it."*
- *"The activities I value the least are the ones I spend the most time doing."*
- *"I love the time I spend with friends, but only do it once a week or so."*
- *"I have two conflicting priorities: I want to be the perfect parent and the perfect employee, and in my business the only way to be appreciated is to work 14 hours a day."*
- *"I never realized how much time it takes to keep the house and meals organized."*
- *"I reached 168 hours before I mentioned anything about time with my partner."*

Looking at your own responses to this exercise, what are some observations you have about your own life and priorities?

Are there any shifts you would like to make in your life or situation based on this exercise? What are they?

If you decide that you want to make changes, remember that change doesn't happen overnight. Use goal-setting strategies to clarify your goal, divide it into steps, brainstorm about actions, and create plans.

This is a good exercise to complete every few years or so. You may make new realizations each time, or discover ways of bringing your life into a better balance.

Create a media buffer

It happens with every major tragedy. The news is on every channel, and people all over the world feel the strange but familiar tug to watch images of something they don't really want to see. The impulse is natural, as is the networks' desire to satisfy it.

Although we often criticize those who slow down to examine car wrecks, we are probably *designed* to do so. Seeing the evidence of something startling or tragic helps us to adapt to it, just as seeing a body lying in state helps us confront the reality of a death. Could this natural impulse pose a problem, however?

During depression and times of great stress our usual defenses against the news – our ability to watch and not be deeply affected – are weakened. You may see a story of a bus crash and feel an emotional impact – as though members of your family had been on the bus. Though this empathy can be a source of insight into the seriousness of the world's problems, it can also be debilitating. It helps no one for you to be immobilized with grief or horror in front of the television.

What should you do? Eventually, it will be a good idea for you to be able to watch or read at least some of the news. But during times of great personal difficulty you have so little energy that it should be spent on helpful activities. For this reason, it may not be necessary for you to spend that energy on the news, at least for now – provided that you instead spend that energy on more productive activities that are likely to have a stronger positive effect in the long run. Examples include completing the small tasks of life, exercising, bringing about lifestyle change, and seeing other people.

Some find it helpful to switch media. They want to be informed, but find that the vivid and emotional imagery of television news is too much for them. Rather than avoiding the news altogether, they switch to newspapers or a weekly newsmagazine. The latter have the advantage of reporting only the major stories and omitting the endless coverage of fires, car accidents, and trials that seldom has lasting significance or usefulness.

Have you found it more difficult than usual to tolerate news media during the last while?

Do you often find that what you see in the news actually helps or changes something about your behavior or your life? When was the last time this happened?

If you find the media troubling, which types are most difficult for you?

If you were to cut back on your news or media exposure, how would you like to spend the time instead?

What would be the first step to take in limiting your media exposure?

The speed of life

“Whatever I do, I want to give it 100%. I don’t want to waste any of my time or opportunities. I expect myself to work at my full capacity.”

The person above sounds pretty admirable, no? Our culture pulls for this attitude – particularly in the work environment, though many people apply the idea to the whole of their lives. *“Go for the gusto.”*

Here’s another way of putting it: Figure out your absolute maximum capacity; the most you can possibly accomplish in a day, the fastest you can move, the most you can pack in. Then live every day at that level. *“At whatever you try, do your very best.”* Although this may sound like a good idea, there are three reasons why it isn’t.

Problem #1: Performance problems appear as you approach 100%

Automobile engines are designed to run at variable speeds from idle to several thousand RPMs. What happens if you run the engine at close to its maximum speed for an extended period of time? It becomes less efficient with fuel and develops far more wear and tear than it would if operated at a more moderate speed. Drive your car on a racetrack at a constant 50 miles per hour and it will run almost indefinitely. Drive it with the pedal pressed to the floor and you’ll be making far more pit stops.

Human beings are the same. There are limits to what you can do: the most you can lift, the hardest you can work, the most you can pack into a day. You are fully capable of working at your maximum capacity for short periods of time. But if you try to extend this and make it your normal speed, problems will arise.

People who constantly push themselves to their limits become anxious and irritable, their stress response is constantly activated, their physical health suffers, and their relationships begin to fall apart. They may wind up taking more time off with the flu, or burning themselves out. In the end they become *less* efficient, not more.

Life is a marathon, not a hundred-yard dash. If you push yourself all-out, you will not get as far. There may be times when you have to sprint. Fine. You were designed to sprint, but not all the time.

Problem #2: Unplanned demands

What if you *could* operate at 100% every day without experiencing ill effects? Unfortunately, there would still be a problem. Life isn’t completely predictable. It throws curve balls at you occasionally. Suddenly there is a family crisis, or a sick child at home, or a labor dispute, or even a traffic jam. If you have committed yourself to performing at 100%, you’re in trouble. There is no flexibility in your schedule, no energy in reserve for an extra push, no room to maneuver.

The closer you are to your absolute maximum, the less room you have for the unexpected and the more vulnerable you are to the whims of fate. Although the urge to strive your hardest might be designed to give you a sense of control, in reality it only makes you more helpless. The person in true control is in the car beside you, the driver who has an hour to spare and isn't desperate to live up to the demands of his appointment book.

Problem #3: Unplanned decreases in capacity

The world may be kind, and ask no more of you than your best. But what if you can't manage your best? What if you become ill, or experience a mood dip, or develop a full-fledged depression? What if you get a bad night's sleep? Your energy and ability to get things done will decline. You won't be capable of your best, of giving 100%. Your maximum will be 95%, or 85%, or 40%. If you have committed yourself to performing at close to 100%, you are going to have problems. You cannot be at your best every day.

If your ability to get things done is variable, then it can be wise to build some slack into your life. This doesn't mean that you have to sit bored on the couch when you feel perfectly well, or that a retreat to the couch is the best thing when you feel down or stressed. Far from it: Underutilization of your potential may be as big a problem as overcommitment. But it does mean that you should create a life that can handle periods in which you are able to do somewhat less than usual.



In sum, then, driving yourself to your limits can be good exercise, but it should not become a lifestyle. The good life is one that allows you to strive mightily but also one that provides time for calm reflection and keeps some strength in reserve for the unexpected.

Top speed is for emergencies, not for everyday life.

Do you tend to live your life at close to the absolute limits of your ability? How so?

Has this had any of the negative effects discussed in this handout? What have they been?

How could you build some flexibility into your life so that you have time for rest, energy left over for emergencies, and slack for times of low energy? Try to come up with at least two concrete strategies.

What would be the first step to put at least one of these strategies in place in your life?

Contact with nature

A big part of emotional difficulty is the fit between the person and his or her environment. An individual suited to one environment may experience difficulty when placed in another. Equally, a species (say, polar bears) that evolved in one environment may not adapt well to another (say, the desert).

Human beings did not develop in cities. We were not designed to walk on concrete, live in sealed buildings, breathe toxic fumes, see by artificial light, eat processed food, or travel by motorized vehicles. We developed in the natural world, and the natural world will always be, in some ways, more of a home to us than the homes we have built. Could it be that our separation from our original home contributes to our vulnerability to emotional distress?

We already know that this is true with regard to certain environmental factors. Lack of exercise (never a problem among primitive peoples) is a known risk factor for depression. A sugar-rich diet of overly processed food appears to be a problem. Lack of exposure to natural light can foul our circadian rhythms. Exposure to certain chemicals such as insecticides appears to be a risk factor for emotional and other problems. The noise of urban environments is associated with increased stress and fatigue.

Could something less obvious, less definable, also play a role? Could a simple lack of exposure to the natural world itself, to trees, plants, and water, predispose us to distress, and could contact with nature somehow be helpful or sustaining?

Well-controlled research on this question is scanty and difficult to carry out, so from a scientific perspective we're not really sure. But there are enough reports from individuals who suffer from depression and anxiety that it appears that contact with nature is helpful with these problems. Depressed individuals frequently report a sense of peace associated with gardening, paddling boats in quiet water, or walking in the wilderness. Those who take up walking for exercise in urban environments instinctively head for parks, trees, and natural spaces, and away from traffic and buildings.

How can such preferences be explained? Is there, perhaps, some magical curative force emanating from trees, from mountain streams, from waves on the beach? Not likely.

We may never understand all of the influences, in part because they are so numerous. Fresher air. Less noise. More natural contours to look at. Fewer distractions. Fewer rapid shifts of focus than we get in our music-video urban world. Brighter light. An opportunity to settle away from the perpetual train of demands we impose on ourselves. And, yes, perhaps some mystical, spiritual, or indefinable influences besides. It is no coincidence that retreat centers and monasteries are built far from urban areas, in naturalistic settings governed by the rhythms of the natural world.

A walk through the park is unlikely to cure anyone's depression or anxiety problem, and indeed during depression many people find that the attraction of nature is less than it usually is. Nevertheless, the opportunity for quiet and contemplation should not be discarded lightly. When you feel distressed, consider boosting your dose of nature and monitor what happens to your mood.

Are you often in contact with the natural world? How so?

When you spend some time in a natural setting, what usually happens to your mood? Do you find these settings calming or settling? What about when you are depressed or anxious? Although the natural world may not eliminate the problem, does your mood change at all? By 1%? 10%?

Based on your own experiences with and relationship to the natural world, do you think it would be helpful for you to "push" your exposure to nature? If so, how would you do that?

If this seems like a good idea to you, come up with a concrete action that you could take in the next week. This doesn't have to be a big step – no need to plan the 10-day wilderness camping trip. It might just mean walking near a local park, or visiting a greenhouse, or starting a windowbox.

Like most mood management strategies, you should not evaluate the success or failure of the attempt based on immediate improvements. Remember that depression and anxiety do not respond quickly. Be prepared to continue your efforts even if your mood does not budge at first.

Coping with personal finances

"Annual income twenty pounds, annual expenditure nineteen nineteen six, result happiness. Annual income twenty pounds, annual expenditure twenty pounds ought and six, result misery."

-- Mr. Micawber in Charles Dickens' *David Copperfield*

Poverty appears to be linked to depression and anxiety, but the relationship is a complicated one. For example, people in poorer countries do not necessarily exhibit higher rates of depression than those in wealthy ones. Further, when a country's fortunes rise (as they have in most western countries since the Great Depression of the 1930s) the rate of depression does not necessarily fall. Indeed, in North America the incidence of depression appears to have gone up since World War II.

Partly it does not seem to be the absolute level of income that is linked to depression. After all, western countries have wealth and a standard of living that most humans throughout history could never have dreamed of. If you are reasonably healthy, have relatively safe housing, and have a secured food supply, you are living a much wealthier life than would have been possible for most of history.

Instead, depression seems linked to the difference between what our culture leads us to expect and what we actually achieve. If the people around you seem able to afford Rolls Royces, then your Toyota may leave you feeling desperately deprived. If on the television shows you watch and in the movies you see the characters all seem to live far more luxurious lives than you do, you may feel impoverished without really knowing why.

"During the Depression you didn't feel poor because everyone was in the same boat." So said many of our ancestors. In other words, socioeconomic status (your standing relative to others in your culture) may be more important than the actual buying power of your own money. If you feel you are falling behind others in a way that seems important to you, this can cause distress. (Though keeping up with the Joneses means you buy a lot of stuff that even the Joneses don't really want.)

The other aspect of finance that seems relevant is the idea of financial strain. If, as Mr. Micawber seems to suggest, we spend even a bit *less* than we make, we contribute to our own happiness – even if that means we pass up some possessions. If, on the other hand, we spend even a penny *more* than we make, we contribute to our own misery. The more we overspend, the more intense the financial stress is likely to be. Financial stress is routinely cited by depressed people as a major factor in their day-to-day mood.

Anyone can experience financial stress, regardless of their dollar income or their socioeconomic status. You could live in the priciest home in the city and have the highest income, but still be under tremendous stress if the income failed to pay for the lifestyle. Further, those with less money would have a hard time giving you any sympathy. *"Sell the house and you'd be rich!"* they'd say. *"Give up caviar!"* But the stress you experience would still be real.

Changing your socioeconomic status is difficult and takes a lot of work – without the promise of a sure payoff. Living within your income, however, is available to almost anyone, as is choosing the people to whom you compare yourself. If you compare yourself to Bill Gates, you will always feel poor. If you compare yourself to a television character who has a job like yours, you will still feel frustrated, because television characters are almost always depicted in surroundings more luxurious than they could afford in real life.

Do you feel that you are falling behind, that your income just doesn't measure up? If so, who are you comparing yourself with?

Can you think of anyone else you could compare yourself to? Is there anyone who makes about what you do (or less) and still seems a) to live within their means, and b) to be happier than you are?

What about the relationship between what you make (revenue) and what you spend (expenses)? Are you always cash-strapped or in debt (apart, perhaps, from a reasonable mortgage on a home)? Do you depend on a credit line or credit cards to get through the month?

If you overspend, try to think of ways that you could lower your expenses to match your income. What could you give up? Hint: Most people faced with this question think that every item they spend money on they "couldn't do without" despite the fact that people have done without them for most of human history. Cable television may seem essential for life, for example, but didn't exist until a few decades ago.

If financial stress is a significant problem for you, consider trying one or more of the following strategies:

- Take out paper and pencil and make a list of all of your expenditures on a monthly or yearly basis. Don't forget taxes. If you get to the end and still can't understand why you don't have money left over, you're not finished. Keep thinking. You'll be surprised what you left out.
- If you're really ambitious, give each item a rating of 0-100 in terms of how much happiness it brought you or whether you could have done without it.
- Seek the help of a reputable debt counselor (your bank or an accountant should be able to recommend one). Know, however, that these individuals aren't magic: getting finances under control inevitably means *spending less*. Prepare yourself.

If you're not sure how to go about simplifying your life, doing without some of your must-haves, and potentially enjoying greater peace of mind, consider reading one of the many books on simplifying your life, such as *Voluntary Simplicity* by Duane Elgin. Oh, and: *Get it at the library*.

Simplify your life

High stress, high speed, high cost. Overcommitting, overspending, overstretching.

One reason that we have seen increased rates of depression since World War II may be the speed at which we live, the degree to which we commit our time, and the constant pursuit of more possessions with which to enjoy our shrinking spare time.

Some people with depression are probably *understimulated*. They have fallen into the trap of living out the same old routines day after day, watching television for their entertainment, doing little that is involving, exciting, or fulfilling. And it may be that this understimulation was a factor in the development of their depression.

Many more, however, are likely to have been chronically overstressed and *overstimulated*: scrambling from one obligation to the next, racing to keep up, buying gadgets and luxuries in a quest for happiness, and never having time for contemplation.

Both of these groups, but particularly the latter, may benefit from simplifying their lives. In recent years the voluntary simplicity movement has encouraged many people to re-examine their endless striving and how well it serves their happiness and mental health. What many have found is that by cutting back on the material pursuit of happiness they are more relaxed and enjoy life much more.

Voluntary simplicity typically has several components:

Reduced spending. Expenditures are carefully examined, rated for their importance to your well-being, and trimmed. This reduces the stress of being financially strapped and of being enslaved to the task of revenue generation.

Reduced work. Because there is less need for cash, striving to make a bigger income becomes less important. Although many people pursuing a simpler lifestyle work full-time, many discover that they can get by with part-time work or retire earlier. The choice of work may also change: the salary the work pays becomes somewhat less important, allowing other considerations (such as how interesting the work is, or how the work fits with your values) to rise in the priority list.

- **More free time.** Overwork, shopping, and maintaining one's possessions can take a huge amount of time. When these chores are reduced, you have more time for other activities.

Increased emphasis on fulfilling or meaningful activities. More free time doesn't mean you sit longer in front of the television. An important part of voluntary simplicity is learning to manage your time so that you spend more of it on enjoyable (but low-cost) activities, on your relationships with others, and perhaps on voluntary work with your community.

Greater environmental awareness. Because you are no longer tied to a high-consuming lifestyle, you are more able to emphasize sustainable or environmentally sound activities. You live a more fulfilling life while having a more positive effect on the world.

It's worthwhile also to remember what voluntary simplicity *isn't*. It isn't a retreat from the world. Indeed, because less of your time is spent in an office cubicle you actually have more time for the world.

Voluntary simplicity also isn't for those who have been defeated by "real life." It's for those who have tried the consumer-based existence and have found that for them it isn't fulfilling, so they are striking out on a new path.

It also isn't a religious or political stance. People of all faiths and all shades of the political spectrum have found that disengaging from overwork and consumerism has been helpful in their lives.

Finally, voluntary simplicity isn't all-or-nothing. You don't have to become an extremist. You can scale back your life as much or as little as you like.

Do you see your own life as being characterized by rampant consumerism and an obsessive need for income? How so?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Does the idea of trimming back appeal to you? How would you like to simplify your life?

Some suggestions

Start watching your money. For either one week or one month, carry pencil and paper with you and record every penny that you spend. At the end of the period you have chosen, total your expenditures into categories (e.g., “*lunches at workplace cafeteria*”). Rate each item on two 0-100 scales: necessity (How essential is this expenditure in your life?) and enjoyment (How much positive feeling does this expenditure give you?). Examine the list for items rated low on both counts, and for those that are moderately necessary or enjoyable but carry a big price tag).

Calculate minutes worked. If you are employed, consider using your after-tax hourly wage as a guide to how many minutes of your work time are needed to pay for each of these expenditures. For example, if you make \$20 an hour and take home about \$15 after tax, and if a recent Sea-Doo rental cost \$150, ask yourself whether the experience was really worth having to work 10 hours in order to afford ($10 \times \$15 = \150). If not, then perhaps you have an easy target for trimming back.

- **Read or join.** If voluntary simplicity seems like an attractive (or necessary) option for you, consider joining a group working on these issues in your community (try the community centers), or read one of the many books published on the subject (the book *Voluntary Simplicity* by Duane Elgin may be useful).

Keeping work in its place

Work is one of the biggest parts of most people's lives. This is no less true of people with depression or other difficulties, though some are in school, some are retired, some are unemployed, and some are on disability.

The quality of your work life can have a profound effect on your mental health. Much of this effect can be positive. Work imposes structure on our lives, which can be an enormous benefit. Work involves us in productive activity, opens an avenue for us to contribute, and provides us with feedback on our efforts.

At its best, work can also access our unique talents and abilities, provide us with a source of respect and esteem, and impart a powerful sense of meaning in our lives. On a more practical level, work can help pay the bills, and while money may not buy happiness, financial strain can certainly contribute to misery.

Unfortunately, work can also have negative effects.

- Long hours and shiftwork can be exhausting and detract from other life-giving activities.
- Working with the public can be demanding and, at times, thankless – particularly if people see you as the visible face of an organization they dislike.
- Insensitive supervisors can consciously or unconsciously launch a relentless attack on the self-esteem of workers, often by commenting only on deficiencies and ignoring strengths.
- Involvement in work that seems meaningless or, worse, destructive in its effects can sap interest, will, and motivation.
- Organizations that encourage an unhealthy approach to work (excessive hours, relentless competition, a preoccupation with obtaining the maximum effort from employees for the lowest price) can reinforce self-destructive tendencies already present in many workers.

Entire books have been devoted to creating a healthy work life. In this section we will consider just a few issues: balancing work and the rest of your life, avoiding burnout, and strategies for returning to work successfully after time off for depression or stress leave.

Achieving balance

It is in your employer's best interests for you to achieve a healthy balance between work and home life. With balance you will be happier, more productive, and less likely to leave for another firm. But don't rely on your employer to encourage you to achieve balance. Too many employers worry that an involving, fulfilling home life will distract you from your job. Balance will never be handed to you as a job benefit. You have to create balance for yourself.

Some tips:

- **Avoid overwork.** A reasonable amount of overtime is not necessarily problematic. Some employers, however, expect relentless overtime to the exclusion of everything else. Many people are capable of this type of intensity for a time; some thrive on it. Recognize this ability for what it is: temporary. Most people cannot lead a well-balanced, healthy life in the long run this way. Feel free to work overtime, but seriously consider setting firm limits if it prevents you from living the rest of your life.
- **Be cautious about shiftwork.** Some people are perfectly capable of working rotating shifts without ill effects. Others are not. This is a classic case of a person-environment fit problem. It could be that you are simply one of the many people who are incapable of working shifts without ill effects. If so, recognize the signs (exhaustion, sleep difficulties, inability to enjoy life), try some problem-solving (such as light therapy or changing the shift schedule), and if nothing works, admit it: This is not for you. Time to try something else.
- **Consider a career change.** Some people simply are not suited to their careers. They suffer too much from the stress, their skills and interests don't match the job, or the nature of the work conflicts with their values. No matter how much time they have spent trying to build the career, at some point they may have to recognize that they are in a personal dead end, turn around, and try something else. This is not uncommon for people who experience depression or stress-related problems. Sometimes they realize that they just can't (and don't want to) handle the stress. Perhaps more often, they realize that something else would be more interesting (even if there's less money in it). Once recovered, relatively few seem to mourn the loss of the old career. More often they regard the need for a career change as one of the messages that their mood problem was trying to give them.

Avoiding burnout

If you are able to achieve balance between your work and home life, you are much less likely to burn out on the job.

Burnout is typically described as a mood- and stress-related problem in which a person frantically tries to maintain a standard of work or reach a goal at work (no backlog, approval for the big project, everyone feeling satisfied), cannot do so (often because of organizational factors), becomes overanxious and frustrated, and experiences a decline in work functioning (exhaustion, apathy, inefficiency).

Some people lose their ability to cope quite suddenly (one day they simply can't force themselves into the office); others have a more gradual decline (steadily increasing absenteeism, slowly waning productivity). Avoiding burnout is easier said than done, but here are a few tips:

- **Learn appropriate assertiveness skills.** It is important to be able to set and maintain appropriate boundaries between yourself, coworkers, your employer, and your employees. The alternatives to assertive communication are: 1) being passive, in which case you will be taken advantage of, 2) being aggressive, in which case your behavior will poison the work environment, or 3) being passive-aggressive, in which case you will feel helpless at the same time as you undermine others' self-esteem.
- **Set reasonable expectations.** Idealists are the first to crumble because they have impossibly high aspirations and reality smacks them between the eyes in short order. Unrealistic therapists imagine that they will eliminate distress from their communities; idealistic environmentalists hope to eradicate all pollution through their own efforts. Because the goal is never reached there is never a feeling of accomplishment. A constant sense of failure kills motivation and interest.
- **Uncover your secret inadequacy.** Unrealistic personal expectations may stem from underlying feelings of inadequacy. *"I'm so worthless that I have to achieve twice as much as anyone else to be acceptable."* Because work achievements don't really change your inner worth, this striving becomes like the running of a hamster in a wheel. You never achieve contentment despite a gnawing feeling that it must be just out of reach (if only you could work a little faster or get one more promotion, you could relax and enjoy life).
- **Don't skip breaks.** You are entirely capable of working through lunch, taking no breaks, and even getting through a year without a vacation. In the long run, however, none of these strategies is a good idea. You need time to pull back, rest, and refocus. If you tend toward burnout, ensure that you take regular breaks, eat your lunch away from your work station, and take your vacation time. If this fills you with anxiety that you might never get all your work done, remind yourself that if you burn out you won't get it done anyway.

Returning to work

Some people get depressed during a period of unemployment. Others take time off or go on disability during depression, or lose their jobs due to the performance impairments that depression can bring. In most cases, a return to work is the eventual goal. Unfortunately, the stress of returning to work can strain your recovery. Here are some suggestions to smooth the transition.

- **Gradual return.** If you are returning to work after time off, see if you can return a step at a time. Perhaps you can go a day a week at first, or half-days only, and gradually edge your way back to full-time. Historically, disability insurers have been reluctant to support such a strategy: either you're off work or you're back at work. These days, most insurers are adopting gradual return options because it's cheaper: if gradual return helps you readapt to the workplace, you are less likely to return to disability and the insurers will have less of a payout. Check your own policy.
- **Volunteer work.** Don't feel ready for your old job, or not sure what kind of work you want? Volunteer work is an excellent option. You get to choose something you actually want to do, training requirements are generally lower than in paid work, the hours are typically part-time, the pace is generally less pressured, and the commitment is less onerous. Volunteer work also gets you out of the house, imposes some structure, and helps you adapt to the idea of working on a schedule again.
- **Impose changes gradually.** The return to work may involve multiple transitions: coping with coworkers, struggling with traffic, waking and getting yourself organized early in the morning, reducing the time available for other tasks, and so on. Rather than imposing all of these changes the same day, it's worthwhile to stretch them out. Begin getting up early a week before you go back. Drive to your workplace a few times then drive home again. Make and freeze dinners in advance so that you won't have to cook the first week. Give yourself permission to lighten up on your housekeeping for a while once you go back.
- **Vocational rehabilitation.** Many communities offer vocational rehabilitation programs to help people prepare to re-enter the workplace. Some of these programs offer retraining options, others are designed to help you adapt to the structure and interaction of the workplace. Many have work placement components in which you help out in an actual workplace without the pressure of a full-time job. If the return to work seems daunting, a vocational rehabilitation program may be an excellent idea.

- **Employment counseling.** Want to find a line of work that suits your interests and abilities better than your last job? Hoping to find a less stressful workplace? Employment counseling is almost entirely focused on the idea of person-environment fit: finding a setting and type of work that suits your personality, training, and style. Many postsecondary institutions offer employment counseling to their students, and some vocational rehabilitation programs offer employment counseling as a sideline. It may take some looking to find, but employment counseling can be invaluable in finding not just work, but work that suits you.



Of the work-related strategies covered in this section, which one speaks most directly to your own situation? Which, if any, seems like the best idea?

If you want to somehow implement this idea in your own life, how will you do it? Try to move from what might start out as a vague goal (*“Consider volunteer work”*) to a specific plan for at least the first step (*“Call the local volunteer bureau tomorrow morning and ask how to get a list of possible positions”*).

The hassles pile

Some evidence suggests that an accumulation of small-scale “hassles” can be as stressful as major life events. If major life events hit you like an avalanche, then these smaller problems build up like nighttime snowfall. One morning you awaken to find the pile of demands has drifted over your head. You try to handle one of them only to get distracted by the others, and you become overwhelmed by the sheer number of minor problems. All may be solvable, but taken together their bulk is simply too great.

“I owe birthday cards to three people, emails to ten, phone calls to five; I have to return Frank’s pie plate, replace the downstairs light bulb, fill out three government forms, do the laundry, find out where that smell of cat urine is coming from, visit Joan in the hospital, change the sheets, mail Juanita’s package, book a dental appointment, buy a new bicycle chain, return the moldy cheese to the store, and get a plumber for the sink. Then there’s that stack of paper I’ve been trying not to look at....”

Sound familiar? You know what that stack of paper is, don’t you? Unopened mail, unpaid bills, unfiled papers, bits and pieces you need to sort through, and somewhere buried in the middle is something important that you’ve forgotten to do. Got a pile like this? Many people do. Having such a pile gives you a wonderful opportunity to beat up on yourself. *“After all, none of those tasks is very difficult. If I was a capable, efficient human being I wouldn’t get overwhelmed by such trivialities.”*

Now for the truth: Having to cope with an accumulation of small, seemingly unimportant tasks may be among the most difficult aspects of your life situation. So how do you cope?

First, recognize that each of the small tasks facing you (for example, making your dental appointment) brings with it two burdens: *effort* and *pressure*.

- The effort is the amount of energy it takes to do the task. This is pretty much the same regardless of when you get the task done. The phone call, for example, will take a few minutes when you finally get around to making it.
- The pressure is the sense of guilt and obligation you experience every time you think about having to do the task. The amount of pressure you experience depends on how long you put it off and how often you think about it.

You may not be able to reduce much of the *effort* in your life. But you can absolutely reduce the *pressure*.

Here are some suggestions to help reduce the pressure from minor hassles:

- **Make a list.** Give up on actually getting any of your small tasks done for a bit. Just write them down in point form. Keep the list handy and add new items to it as you think of them. When you accomplish a task, put a checkmark beside it. Dwell on the fact that you completed it – just as much as you dwelt on it when it still had to be done.
- **Don't obsess about your list.** Remember, you have limited energy. Don't spend it all making huge, elaborate, categorized lists in multiple colors of ink; don't rewrite your list if it looks messy; and don't list every scrap of paper that you need to deal with (*"Throw out drug store flyer, Throw out grocery flyer, Throw out..."*). If the pile of random papers is the problem, don't list them all. Just set concrete and measurable goals to accomplish a certain amount: Spend 10 minutes working on it, deal with the two items on the top of the pile, get through ½ inch of the pile, whatever.
- **Give up.** Acknowledge that you aren't going to get everything done at once. Give yourself permission not to do everything on your list. You might even pick a few items and promise yourself that you *won't* work on them today.
- **Schedule time off.** One of the tiring things about the pile of small tasks is that it's ever-present. Any hour of the day or night you can make yourself feel guilty for not getting them done. Schedule times to deliberately give yourself permission not to work on *any* of them.
- **Be efficient.** During times of difficulty you have limited energy, so you need to conserve it. If you notice that there are several items you could do at the same time (for example, two errands that you could run on the same trip), do so. It'll be easier than making two trips.
- **Don't be too efficient.** You might be tempted to pile up too many things at once. *"I could run these six errands the same morning if I just map my route right..."* If these great ideas don't seem to translate into action, give up. Scale back to one or two goals at a time.
- **Finish tasks.** Try to stay focused long enough to complete a task, rather than moving multiple tasks along a step at a time. For example, it might be tempting to open all of your old mail at once, with the idea that you'll go back later to deal with it. The problem with this approach is that it leaves all the opened mail hanging over your head. A better plan is to open just a few pieces and get them out of your life: check written, stub filed, reply sent, *done*. A sense of progress and relief comes from getting things dealt with and *finished*.

- **Narrow your focus.** Some of your small tasks may involve household chores or cleanup. Try not to wander from room to room doing a bit here and a bit there. You won't see the improvement, so you won't have a sense of having accomplished anything. Instead, focus your efforts on one area (dust the bookcase, put away the things on the coffee table, clean the kitchen counters). Don't allow yourself to get too obsessed (if you're sterilizing the coffee table or scrubbing the counters with a toothbrush, you're going too far). Just bring that area up to a moderate standard, *then* move on.
- **Don't leave things hanging.** Should you get more or less caught up, avoid letting things pile up again. For example, you might adopt a personal policy of opening and dealing with the mail as it arrives. This reduces the pressure experienced every time you look at the pile of unopened mail.

Do you have a big pile of little tasks facing you? Would you be willing to give up on getting all this stuff done at once and take another approach? After all, it isn't going to get done all at once anyway, so you might as well try something else.

Identify two of the suggestions above that seem to apply to your situation and that you could make work for you. Which ones?

1. _____

2. _____

What's the first step you could take in dealing with these small tasks?

Materials Discussed in

SESSION FOUR

Cognitive Factors

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 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.

Beliefs to disbelieve

In 1999 there was widespread concern about the Y2K bug. Early in the “childhood” of computer language, programmers had built in a faulty assumption: that every year could be represented by just two digits (for example, “68” for “1968”). The impending arrival of the year 2000, when “00” would follow “99”, threatened to disrupt computer systems worldwide.

What if human beings had a Y2K fault like computers, built into us in our childhood? As it turns out, we do. Our own “bugs” are diverse, difficult to find, and significantly more problematic than the Y2K problem turned out to be.

Each of us learns a huge number of principles or rules about how the world works, and inevitably at least a few of these are incorrect or unhelpful. In the 1950s, psychologist Albert Ellis began exploring some of the underlying beliefs and assumptions that frequently get people into trouble.

Monitoring your thoughts can help you find some of your distorted beliefs. It helps, though, if you have an idea of what some of them might be. You probably have some distortions that are unique to you, or to your family. But you probably share some of the extremely common distortions seen in western culture.

What follows is a list of common distorted beliefs. Albert Ellis identified some of these in his writings; others have been identified by other clinicians or clients.

Read over the description of each one to see whether it seems to fit you. The most important question is not whether you seriously believe the statement. You might not believe it when you see it in print, but it could still affect you. Instead, the questions are: *Do you **act** as though you believed the statement? Do you react emotionally as though you believed it?* If you answer yes to either question, then the assumption may be one of your own hidden beliefs.

Beside each statement is a space. Place a check mark in the space if you think the distortion fits your behavior or your emotional reactions.

_____ **Everything I do must be absolutely perfect; otherwise I am a failure.**

This is the core belief of perfectionism. No one is perfect, and most things people do are imperfect in some respect. If you need to be perfect to feel good about yourself, you will rarely feel satisfied with your efforts. In addition, you may be reluctant to try new things, like skiing, writing, or using computers, because while you were learning you would make many mistakes.

_____ **I must always be at peak efficiency and performance.**

If you have established a personal best of some kind (fastest run, highest mark, most done in a day, best performance evaluation), then from that time on you must perform at the same level or better. There can be no slow days, no bad weeks, no low marks. If you don't do your best you think it is a disaster, and that you will continue to slide forever.

_____ **Life is fair.**

If you hold this belief you will feel guilty when bad things happen to you. After all, you must have done something terrible to deserve what happened. Work at accepting that the world is not always fair so that it isn't a shock when unfair things happen.

_____ **If others disagree with me, then I must be wrong.**

Do you usually wait for others to express their view before you express yours? If their views differ from yours do you feel embarrassed or change your opinion? Do you feel that you have a *right* to have an opinion? Having a healthy respect for your own attitudes will allow you to think about and weigh what others say rather than automatically assuming they are correct.

_____ **I am only worthwhile as long as I am doing something for someone else.**

Do you feel guilty and/or anxious whenever you treat yourself or take time for yourself? Remind yourself that you are a full human being with the full range of human needs – and rights. It is important to spend some time caring for yourself. Try turning around a well-known adage: Love yourself as you would your neighbor.

_____ **The way to be accepted and appreciated by others is to give and give.**

Are you always the one who gives more in your relationships? Why? Could it be to buy love and acceptance, to make up for a belief that you are secretly unlovable? What do you expect the other person to do in return? In reality, excessive unwanted giving (of time, favors, gifts, or always letting the other person make the decisions) often causes others to be resentful and lose respect for you. The solution is, again, to respect yourself as much as you respect others.

_____ **Anger is bad.**

Many of us grow up either suppressing our anger or letting it explode outward uncontrollably. Anger is a standard element of the human range of emotions. It helps us recognize when other people are crossing our boundaries, and can give us the strength to defend them (by saying “no,” standing up for ourselves, and so on). Anger pushes us to take action. Although we need to be careful not to violate the rights of others when acting on anger, it is important not to violate our own rights by ignoring it every time it comes up.

_____ **I have to do everything I am asked to do.**

If you believe this, you have to rely on other people not to ask you to do anything unreasonable. You won’t feel you have the right to defend yourself or say “no.” Because of this, control over your own actions is always in the other person’s hands. People with this belief feel angry and resentful when others make unreasonable requests, but they go along with those requests anyway. They often feel “used” by others.

_____ **I have the power to change people.**

In other words, if you care for someone the right way, they will become the person you think they could or should be. The belief is that by providing a secure, or loving, or educational environment, or by the pure force of your personality, the other person will change (give up drinking, get a career, go back to school, learn to control their temper...). Unfortunately, this seldom works. Instead, you wind up feeling resentful because you’ve spent all this energy and the other person hasn’t changed at all.

_____ **Good relationships have no problems.**

This belief comes from the “and they lived happily ever after” myth. The idea is that if you have found the right partner the relationship will never require work and effort. The reality, of course, is that every long-term relationship requires work and effort, and difficulties are not a sign that the relationship was wrong from the beginning.

_____ **It is unbearable when life is not the way I would like it to be.**

Do you find yourself saying “*When this job problem, and that family illness, and this other thing are all resolved, I’ll be able to relax and be happy*”? Of course, by the time all those things are over there are three *new* problems to deal with. This belief states that everything has to be going well in order for you to be happy. But think back over the past few years – how often has everything come together in this way? The trick is to *allow and expect* a certain amount of upheaval in our lives, rather than defining what it will take for us to be happy.

_____ **It is easier to avoid life's problems than to face them.**

Check your actions to judge whether you use this assumption. Think back over any problems you may have put off over the past year. How many of them went away or got resolved? Some problems do vanish when you ignore them. But most just get bigger.

_____ **I need someone stronger or more powerful than myself to rely on.**

This belief makes you helpless, because you have to have someone else around to take responsibility for you. In a relationship, this means you cannot take charge or assert yourself because the other person might then leave. How many things in your life are you genuinely and completely incapable of handling? For many people the proof that this idea is untrue is that they have *already* managed without such a person at some point.



The last few pages provide only a partial list of common irrational beliefs. After reviewing these, can you think of any other negative beliefs that might play a central role in your own life? Take a moment and write them down.

1. _____

2. _____

If you are like most people, you probably have certain faulty assumptions that recur again and again, affecting how you feel each time. It is important to become aware of these beliefs because they can have a profound effect on your mood.

If you had to pick your number one distorted belief from the last few pages, which would it be? Which one seems to have the biggest impact on your life? Write it out in your own words.

How does this belief affect your life, exactly? When does it occur, and what are the effects?

It is not enough just to know the beliefs you are using, though this helps. You need to challenge the belief when it is influencing you. For example, you might counter the need to be perfect with *“Relax – no one is ever perfect.”* You might counter a belief that you need constant support and guidance with *“I am a capable human being and I can rely on myself.”* When your most important distorted belief begins to affect you, what could you say to yourself in response? (Work hard on this one: it's important.)

If you want to weaken the grip the negative belief has over you, you will have to repeat the revised belief above over and over to yourself, especially in situations in which the negative belief has a big influence on you.

Recognizing biases in thinking

An intelligent woman believes she is the most stupid human on earth. A capable man thinks his life has been a complete failure, and dismisses any attempts to point out his past successes. A new mother looks to the future and sees only catastrophe for herself and her young daughter – catastrophe that no one else sees. How do such ideas persist?

In this section we consider a variety of ways in which thinking can become biased. These biases have been identified by Aaron Beck, David Burns, and others. Place a checkmark beside the ones that seem to affect you. After the description of each bias is a reminder that you could repeat to yourself when you catch the bias in action in your own life.

_____ **Filtering**

Every moment of every day we screen out most of the sights and sounds around us. We have to do this. There is too much information at any one time to understand all at once. The problem comes when you screen out all of the positive and neutral information and only pay attention to the negative things in your life. As a result, your life seems unrelentingly bleak and depressing.

Reminder: *I need to pay attention to the whole picture.*

_____ **Disqualifying the Positive**

You reject all of the positives in your life by insisting that they “don't count” for some reason or other. In this way you can hold onto a negative belief about things no matter how many positives there may be. The supportive friend you have doesn't count because she's the only one. The accomplishment you made doesn't count because it came about by pure luck. The step you took the other day doesn't count because “anybody can do that.”

Reminder: *Positives count – no excuses.*

_____ **Overgeneralization**

You make an absolute and general rule based on very little evidence. At work you don't know what Form 3A is, so you are *completely* incompetent. A friend expresses her displeasure with you, so *everyone* must hate you. You can't catch a ball, so you are a *disaster* at all sports. The emotional impact comes from the inaccurate conclusion you draw (everyone hates me) rather than from the situation itself (Sarah is displeased right now).

Reminder: *There are absolutely no absolutes.*

_____ **The Mood-Congruent Memory Bias**

Depression can affect not only how well you remember, but *what* you remember. When you are depressed you will find it easiest to remember the times in your life when you have felt sad or discouraged. Times when you have felt happy and confident are harder to remember and may seem less real to you. Consequently, it is easy to overestimate how much of your life you have felt down or depressed, and you may feel that you have always been depressed “underneath.” This idea may be true, but it may also come from the shift in memory that commonly occurs during depression.

Reminder: *Look for the memories that don't fit the bad mood.*

_____ **The Fortune-Teller Error**

You believe that you are capable of telling the future, and the future looks grim. You anticipate that things will always turn out badly and you feel convinced that your predictions are accurate. You've signed up for a course, but you are sure to fail it. You have met someone new, but he or she will dump you soon. One of the problems with fortune telling is that you can make the future you predict come true. If you are going to fail, why study? If your partner will dump you, why put a lot of effort into the relationship?

Reminder: *You don't own a crystal ball.*

_____ **Catastrophizing**

You take a relatively small event (a quarrel, a bad haircut, missing your dental appointment) and imagine extreme and horrible consequences that could happen as a result. A mistake making a wedding toast will offend your family for generations. A missed meeting means you will lose your job. A criticism from your partner is the beginning of the end of the relationship. Once you have blown the problem up into something huge, you experience an emotional impact as though the entire thing had *really happened* (as though you really had lost your job, for example).

Reminder: *Deal with the event, not with imaginary consequences.*

_____ **Labeling**

Labeling is a way to make a problem unsolvable by turning a temporary *event* into a permanent *characteristic*. When you make a mistake you *could* focus on the error and how to correct it. Instead, you attach a negative label to yourself: “*I'm a loser.*” It's not that you made a mistake, it's that you have a permanent personal characteristic that *causes* mistakes. This brings on helplessness. Some people do this with depression, saying to themselves “*I'm a depressive*” (the depression is an essential part of my identity) rather than “*I have depression right now*” (which may change in the future).

Reminder: *Focus on the event, not on the person.*

_____ **Magnification and Minimization**

You exaggerate your own foul-ups and other people's achievements *"She has her degree – a genius! And I took the wrong bus the other day – what a moron."* At the same time, you minimize your own achievements and other people's foul-ups. *"I landed a good job but they must have been desperate to hire; she lost her job but it was probably politics."* This way you almost always come out looking inferior. The problem is that you use completely different standards for yourself than for anyone else – standards that make it difficult for you to feel good about yourself.

Reminder: *Use the same scale for everyone – yourself included.*

_____ **All-or-Nothing Thinking**

With all-or-nothing thinking you see things as being either black or white, never as shades of gray. You are either fat or thin, on the diet or off the diet, smart enough or completely stupid, depressed or happy, competent or incompetent, and so on. The same can apply to others. A relationship can be either perfect or horrible; your brother is either considerate or completely self-centered.

Reminder: *Where are the shades of gray in this?*

_____ **Mind Reading**

You don't have to ask what someone else is feeling or thinking, or why they did something. You know it by mind reading. *"He's just in it for the money."* *"She just said that because she feels sorry for me."* *"He secretly wants out of this relationship."* *"She thinks I'm stupid."* *"He's a bigot – I can tell by the way he looked at me."* While the interpretations you make are usually possible, other possibilities are often missed. Maybe he's in that business because he enjoys it. Maybe she said that because she respects you. Maybe he looked at you that way because you took the parking space he wanted.

Reminder: *Stay in your own head.*

_____ **Emotional Reasoning**

You assume that your negative emotions reflect things the way they really are. *"I feel it so it must be true."* *"I'm afraid of getting more depressed, so I must be on the way to depression."* *"I feel hopeless, so there must be no hope."* But remember: Your emotions depend on what you *think* is going on, not on what's *really* going on. If you see the situation the wrong way (*"The boss's frown means she hates me"*) you will experience the wrong emotion (fear of being fired). Most people who use emotional reasoning only do it with unpleasant emotions. They never assume that when they feel happy everything must be fine.

Reminder: *Don't believe everything you feel.*

Checkpoint: Catching your biases

Most people find that they use more than one of the biases. Which one seems to give you the *most* trouble?

You probably don't use this bias *all* the time. Which situations are you *most* likely to distort in this way?

Distortions work best when you're not aware that they are happening. The next time you find yourself in one of the situations you have described above, try to catch the distortion as it happens. Then remind yourself what to do instead (perhaps using the reminder provided). What would be a more reality-based way of thinking in one of the situations you have listed?

Repeat this revised way of thinking over to yourself a number of times. It will probably feel quite artificial at first because you are not used to it. With time it will become more familiar and will begin to *feel* right.

Situation	Automatic Thoughts	Emotions

The Downward Arrow

Your first thought isn't necessarily your only thought. Underlying your automatic thoughts are deeper assumptions and general beliefs about the world. To detect your underlying thinking, you can use an exercise called the Downward Arrow. Briefly, take a negative automatic thought that you have identified. *"I'm going to fail this exam."* *"She hates me."* *"That elephant is going to break loose and crush me like an ant."* What's at least one negative thought that occurred to you in the past week?

This thought (*"My best friend hates me"*) might be accurate or it might not. It's often hard to tell. Assume for the moment that the thought is absolutely true. *"Okay, she really does hate me."* What would be the worst thing about that? What would it mean about you or about your life? (Perhaps: *"It would mean my relationship with her is about to end."*) Write your own answer below.

Now: What if this consequence was also true? What would that mean to you? What would be the worst thing about it?

Imagine that this too is absolutely true. What would that mean? What's the next thought?

And if that was true, then...?

And then?

Keep going until you can't think of anything else. With each step, you may notice that the thinking gets more and more extreme.

Here's an example:

Situation:	Job interviewer glances out window.
Negative automatic thought:	<i>"He's not paying attention to my job interview."</i>
Downward arrow:	<i>"He's bored."</i>
So: <i>"He's not going to hire me."</i>	
So: <i>"Maybe no one will ever hire me."</i>	
So: <i>"I'm not worth hiring. I have no skills."</i>	
So: <i>"I'll be unemployed forever."</i>	
So: <i>"I won't have money to buy food."</i>	
So: <i>"Eventually I'll lose the strength to go out at all."</i>	
So: <i>"I'll die alone and forgotten."</i>	

This person is going to feel overwhelming discouragement and desperation. After all, she is imagining a terrible future for herself. And what brought on this feeling? Her interviewer glancing out the window. A fairly minor event can lead to an immense emotion. But it isn't the *event* that produces the feeling, it's the *interpretation*.

When you do a Downward Arrow, you will usually find that the huge emotions you've been feeling really aren't so mysterious after all. In fact, they make sense. Anyone else who thought the way you do would feel exactly the same way.

The Downward Arrow reveals a lot about the assumptions you make about the world. Usually the underlying assumptions don't come right out in the list of statements, but they do become more obvious. In the case of the job interview, we can see a few assumptions:

- If the interviewer looks out the window, he's bored.
- If he gets bored it's because of me.
- If I bore him he'll never hire me.
- If he doesn't hire me, no one will.

If we look toward the bottom of the downward arrow we can see some very general ideas that we might call *core beliefs*. *"I have no skills."* *"I'm unemployable."* *"The future is bleak."*

As you discover your assumptions and negative core beliefs, other possible interpretations may come to you.

"He might look out the window because he's thinking, not because he's bored."

"It doesn't matter if he's bored; he's hiring a clerk, not an entertainer."

"Even if he doesn't hire me, that doesn't mean others won't."

And for the core beliefs:

"I do so have skills, and they include..."

"I'm obviously employable, because I've had jobs in the past."

"I don't have a crystal ball; how do I know what the future is like?"

Use the Downward Arrow any time you want to discover the assumptions underlying your negative automatic thoughts.

Challenging Negative Thoughts

Thought distortions are extremely powerful, in part because they can operate for so many years that they become automatic. Increasing your awareness of your most common distortions can help in two ways:

1. When you become aware of an automatic process, it usually starts to fall apart. When experienced typists watch their hands, they slow down and start making mistakes. What is bad for typing is good for thinking, because you *want* to disrupt negative automatic thoughts.
2. When thoughts occur outside your awareness you cannot bring your critical mind to bear on them. It's like signing papers that come across your desk without reading them: how would you know they didn't contain errors? Increasing your awareness of automatic thinking can help you discover errors, mistaken assumptions, and biases.

Sometimes simple awareness isn't enough, however. You may have to *argue* with your negative thoughts. If you examine your negative thoughts, you will usually find parts that don't really make sense. Perhaps you are telling yourself that you can't handle something, when in reality you have *already* handled similar situations in the past. You might be thinking that nobody cares about you, when really you can think of several people who do care.

On the next page you will find a five-column exercise sheet that you can use for thought challenging. Make as many copies of this page as you like. Here's how to fill it out, column by column:

1. **Situation.** Describe the situation briefly. Example: *"Argument with daughter over car."* Don't go into a lot of detail.
2. **Emotion.** How did you feel in that situation? *"Anxious."* *"Discouraged."* *"Hopeless."* Cognitive therapists believe that these feelings come from what we are thinking about the situation more than from the situation itself. So next, let's look at those thoughts.
3. **Automatic thoughts.** Write down all of the negative automatic thoughts that come to mind. *"No one in this family ever pays attention to me."* *"I'm helpless to do anything about it anyway."* *"She's completely inconsiderate."* *"I'm a terrible parent."*
4. **True?** Rate how much you believe each thought on a 0 to 100 or 0 to 10 scale, where 0 means *"I don't believe this at all"* and 100 means *"I believe this completely."*
5. **More realistic thought.** Respond to each of the negative thoughts with a statement that seems more balanced and true. *"They do pay attention, though not as often as I'd like."* *"It's my car, I get to decide who borrows it."* *"She thinks of others some of the time, but if I'm not satisfied then I need to stand up for myself."* *"I'm not a terrible parent; teenagers can be difficult to deal with."*

Situation	Emotion	Automatic Thoughts	True?	More Realistic Thought

This technique is one of the most powerful techniques in cognitive therapy. Careful practice can bring enormous payoffs, not only with the situation you happen to be concerned about at the time, but with other situations in the future.

Developing fair and balanced thoughts

Sometimes it can be difficult to come up with the more balanced, realistic view. If so, pull back from the problem. Imagine that a friend is going through this situation and saying or thinking all of these negative things. What could you say to help your friend see how distorted the ideas are?

It's not enough just to come up with the more balanced view. Remember that you have probably given yourself the negative message dozens of times in your life. You will probably have to repeat the realistic script many times before it begins to replace the old idea.

- One strategy is to stand in front of a mirror and talk to yourself out loud. You may feel silly at first, but the results are worth it.
- Another technique is to write the realistic thoughts down on a piece of paper and carry it around with you. Read it over whenever you find yourself in a similar situation.

Whichever strategy you use, the balanced view will seem false and artificial for a while. That's because you are more used to the automatic negative thoughts. With time and a lot of practice the balanced view begins to feel more natural. At this point, your emotional response to the situation will begin to change for the better.

Is this the power of positive thinking?

No! This is the power of *realistic* thinking. The problem is that all of us think unrealistically some of the time. The solution is to figure out a more realistic way of seeing the situation and repeat that to ourselves until our emotions begin to respond.

Positive thinking is telling yourself unrealistically positive things ("*Everyone loves me*" or "*I'm the best parent that ever lived*"). This doesn't help in the long run because it becomes obvious that you are kidding yourself. That's why the third column in the table is entitled "More Realistic Thought". You must tell yourself something that you believe (even if at first it may not "feel" true).

Thought Monitoring

If you are depressed right now, it may seem as though your mood is constantly low. But it isn't. It rises and falls. It may never rise as much as you'd like, but it does rise. If you think of your mood on a 0-100 scale, sometimes your mood is 20/100 (lousy) and sometimes it's 5/100 (downright awful).

In Thought Monitoring, we try to identify the thoughts associated with changes in your mood – especially downward changes. In order to work with this thinking, we have to know what it is.

Here's the exercise:

For one week, carry around a pen and paper. Whenever you notice your mood take a dip, even a slight one, ask yourself one important question:

"What was going through my mind just then?"

Write down the situation you were in when your mood declined, and write down what you were thinking. Here's an example:

Stuart was taking a sign language course at night school. A fellow student managed to sign an entire sentence properly and for a moment he felt a slight, mysterious slide in his mood. At first he didn't know what had caused it. As he strained to catch his thoughts, he realized he'd been comparing himself to her. The thought went something like "I'll never sign that well no matter how hard I practice."

At first you may find this exercise frustrating. Your automatic thoughts are just that: automatic. You usually aren't aware of them. When you ask yourself what you were thinking, your immediate reply might be *"Nothing!"* You may find yourself guessing at first. *"Maybe I was worried the dog would bite me."* Fine, write down your guesses. *Keep listening.* Eventually you will develop an ear for your automatic thoughts.

You may start to notice that you are writing down the same thoughts over and over again. *"This one again!"* Wonderful. This tells you that you have identified some of your primary negative automatic thoughts. If writing them down becomes tiring, just place a checkmark beside the thought each time it happens. As your rows of checkmarks grow, you'll see which thoughts are particularly important in shaping your mood.

Halt Your Negative Self-Talk

Imagine that something has gone wrong in your life. Say the following aloud and put as much feeling into it as you can.

"This is a disaster. A complete disaster. I can't get through this."

Notice the feeling you get as you tell this to yourself. It won't be very strong, because it's only an exercise, but you can notice a certain emotional tone arise.

What is the feeling?

Now imagine that you said something different to yourself. Say it aloud:

"This is disappointing. I wish it hadn't happened. But I'll survive it."

Is there any difference in how you feel reading this relative to the last script? (Read both of them again if necessary.)

If so, why? It was the same situation, the same event. But in one case you told yourself that couldn't handle it. In the second case you told yourself the truth: that you weren't pleased by the way things had turned out, but that you would survive. Any difference in feeling was caused not by the situation, but by the message you sent yourself.

If you give yourself the same negative message over and over again, even if you don't mean it, you can come to believe it. Imagine that every time you make a minor mistake, you half-jokingly tell yourself *"I'm an idiot!"* After a hundred, a thousand, ten thousand repetitions, you may begin to feel truly inadequate. You have programmed yourself to believe a negative message.

Take a look at the list below. Do any of these statements sound like messages you give yourself repeatedly? Place a check mark beside any that you think you use a lot.

- | | |
|--|--|
| <input type="checkbox"/> I'm an idiot. | <input type="checkbox"/> He's an idiot. |
| <input type="checkbox"/> I never get anything right. | <input type="checkbox"/> They hate me. |
| <input type="checkbox"/> I've screwed up again. | <input type="checkbox"/> Everything happens to me. |
| <input type="checkbox"/> I'm so ugly. | <input type="checkbox"/> I might as well give up. |
| <input type="checkbox"/> It's all my fault. | <input type="checkbox"/> I wish I were dead. |
| <input type="checkbox"/> I don't have what it takes. | <input type="checkbox"/> My life is a nightmare. |
| <input type="checkbox"/> No one cares for me. | <input type="checkbox"/> Nothing will ever work. |
| <input type="checkbox"/> I'm all alone. | <input type="checkbox"/> This will finish me. |
| <input type="checkbox"/> They expect me to be a slave. | <input type="checkbox"/> It's hopeless. |
| <input type="checkbox"/> My spouse is a butthead. | |

If you tell yourself any of these things often enough, you will begin to believe them, and feel the emotions that come with them. Chances are you have some of your own. Over the next day or two, try to listen for the negative messages you give yourself. Write them here:

1. _____

2. _____

3. _____

Now: Imagine that you honestly believed the literal meaning of these statements. *“This is killing me.”* How would you feel? Would it help your mood or harm it?

In most cases these statements are exaggerations or outright lies. Try to catch yourself saying them – preferably *before* you say them. Then tell yourself the truth. Is it really killing you? If not, what is the truth? Respond to the lie.

“This is uncomfortable, but I will survive it.”

Your responses will probably sound weaker than the original statement. The reality is usually less extreme than the negative messages we tell ourselves.

Pick one of the statements you repeatedly give yourself. What would be a more accurate thing to say?

Memorize this replacement. This week, use it whenever you might normally give yourself the negative self-programming.

At first, the replacement message will seem silly or false. It may not help your emotional state at all. Fine. Keep using it. Eventually the truth in it will sink in, and the message will seem more natural.

The Worlds of Is and Should

Look around at the world you live in. It's hard to imagine that somewhere there might be a planet just like this one. But perhaps there is. And perhaps that planet is called *Should*, and on it everything happens the way it should happen. Life is fair on that planet. Debts are repaid. Affection is returned. Hard work is rewarded. The good prosper.

Then there is the planet we are standing on right now. This one is called *Is*. Here things are the way they are. Life isn't always fair. Debts aren't always repaid. Affection isn't always returned. Hard work isn't always rewarded. The good do not always prosper.

Not much of a comparison, is it? The world of *Should* seems much more attractive. We know what the planet *Should* is like, because we all have a sense of how things *should* go. In fact, all of us, at times in our lives, pretend that we are in a world where things happen the way they *should* happen. We have unrealistic expectations of ourselves, other people, and the world around us. We try to ignore the fact that here in the world of *Is* things often work out differently. When the reality of life breaks in on us, and things do not go the way they should, we experience surprise, sadness, and anger.

Albert Ellis has probably done more than anyone else to identify the "shoulds" that we use to sabotage our lives. Identifying our own shoulds can help us catch them in action, and remind ourselves that we live on planet Earth, the world of *Is*, and that when we talk about *should* we are discussing a world to which we have never been and will never go. Below you will find a list of common shoulds, each preceded by a space for a check mark if it's one of yours.

- _____ I should be absolutely competent and flawless in all I undertake.
- _____ I should achieve as much as my mother/father/sibling/mentor/coworker/friend has achieved.
- _____ I should do everything I can to please other people, otherwise they will reject me.
- _____ Other people should love and accept me completely.
- _____ Things should be exactly the way I would like them to be; and until they are I can never be happy.
- _____ By this time in my life I should (be earning more money / have a better home / be married / be past my depression).

Are there other “shoulds” that you place on yourself? What are they?

Shoulds can have powerful negative effects on our lives:

1. When directed toward ourselves they impose a burden of guilt and pressure. *“I should really be doing this and I’m not.”* Many of us feel quite enough guilt and pressure.
2. When directed toward others they cause us to feel anger and resentment. *“He should be doing that and he’s not, the rat.”* This seldom leads to a positive outcome.
3. They breed dissatisfaction with our lives by encouraging us to focus on what we don’t have. *“The weather should be better this time of year.”*

How can we handle shoulds? There are three basic strategies.

Reassess your standards

Most shoulds are unreasonable. *“I should be flawless.” “She should consider what I want and agree with me.”* Reassessing your standards does not mean abandoning them. You can still strive for excellence, but you don’t have to see yourself as inadequate if you don’t always achieve it. *“I’ll do my best.” “I would like it if she went along with my ideas some of the time.”*

Take one of your own “shoulds” and reword it to say something more reasonable. Remove the words “should” and “must”.

Emphasize your choice

If we abandon our shoulds, won’t we just sit around doing nothing? What will we use to motivate ourselves? Answer: Personal choice.

Try saying the following out loud: *“I really should get out of bed and get to work.”* Feel the guilt? The pressure?

Try this instead: *"I've decided to get out of bed and get to work."* Feel any different? This statement is more real: it really is your action, so it really is a choice you are making. You've evaluated the consequences of getting out of bed (going to work) and staying in bed (potential trouble from work), and you've chosen the best option available. This kind of statement emphasizes your own role, your choice, and your ultimate control. You didn't *really* have to get out of bed. You chose to do so.

Here are a few examples:

"I should have sent off this order before now" becomes *"I'm choosing to send this order today."*

"I should be neater" becomes *"I've decided to spend half an hour tidying up."*

Sometimes when you reassess the *should* you make a different choice.

"Instead of sitting here reading this book, I should be cleaning up the garden" becomes *"The garden can wait. Right now I've decided that reading this book is a higher priority."*

In the space below, reword one of your own *shoulds* to emphasize your personal choice.

Release others from your *shoulds*

Some of our *shoulds* involve others.

"He should know by now how I take my tea."

"She should be more considerate when I'm trying to sleep."

Recognize that no one has to live by our standards, and they are not evil if they have standards different from ours. Rather than making ourselves miserable dwelling on their failings, we can consciously release them to live their own lives and make their own standards. *"If I don't like the tea, I can make it myself."*

This doesn't mean abandoning all input, however. You may have to negotiate agreement if you live together, if you are raising a child, or if you are working together on a project. If so, straightforward assertiveness skills are likely to work better than the guilt-inducing tactic of *"shoulds."*

If you leave them unexpressed (*"He should be able to type faster than that!"*), shoulds serve only to make us angry and frustrated.

If we express them as a guilt-inducing strategy (*"You should have filed that before now"*), shoulds often breed anger and resentment in others.

Assertive communication expresses your desires and invites a dialog toward a resolution. *"Patient records have to be filed and locked away by the end of the day. How could we make sure that happens?"*

Have you identified any shoulds involving other people (he should, she should) which you could release or reduce? Try to reword one of your shoulds as a more reasonable position.

Balance your Attributions

Think about something positive that has happened to you in the past month. It could be a major thing or something minor. What is it?

Why did that happen? Write a brief explanation below.

Now think about something bad that happened to you in the past month. What is it?

And, briefly, why did that happen?

Depressed people, and those vulnerable to depression, tend to show a certain pattern of these attributions for events. When they pass an exam, make a friend, get a compliment, or are offered a job, they tend to attribute these positive events to the situation, or to luck. The exam was too easy, the friend would like anyone, the compliment was offered out of politeness, and the job was given to whoever applied first. It never has to do with them. It wasn't that they were intelligent, or likable, or deserving. It's something external.

When something bad happens, on the other hand, it's all about them and has nothing to do with the situation. She failed the exam because she's stupid. He lost the friend because he's inadequate. She was given the insult because she deserved it. He didn't get the job because he gave a terrible interview. The bad things get attributed to something internal, and usually something quite general (*"I'm inadequate"* rather than *"I wasn't nice to her that day"*).

The result is an imbalance: never giving yourself credit for the good things that happen, but taking all the blame for the bad things. This bias is destructive to self-esteem and promotes a negative view of yourself and your world, leading to a sense of helplessness. It is at the core of a major theory of depression called the “learned helplessness” theory, developed by Martin Seligman.

Go back to your explanations for the positive and negative events above. Write “internal” beside the explanation if you attributed the event to your own actions or abilities. Write “external” beside it if you attributed the event to something about the situation, or to luck.

If you suspect that you often blame yourself for negatives and fail to give yourself credit for positives, consider writing out your explanations for at least three negative and three positive situations, then classify them as internal or external. Perhaps your mood influences your pattern. When you feel well, do you take some of the credit for positives and blame yourself less for negatives? What about when you are particularly depressed?

Go back to the positive event you identified. If you attributed it to something external, can you think of anything about you that might have had an impact? For example, if a friend invited you out to dinner, perhaps this suggests that you are likeable!

Now take a look at the negative event. If you attributed it entirely to yourself, can you think of anything else that contributed? For example, if you got in a traffic accident, might the other driver have been at least partially responsible? What about the weather, or the brakes on your car?

This is not an attempt to deny all responsibility for the negative events that happen to us. Sometimes we really are at fault, just as positive events sometimes happen that have little to do with our own efforts. If you ignore your own role in negative events you lose the chance to learn from them. For example, if you wind up in debt from overusing your credit card, it is useful to recognize your own role in this so that it doesn’t happen repeatedly.

We are trying to achieve a balance, so that negatives don't immediately and automatically lead to self-blame and credit is at least sometimes taken for positives.

If you seem to have a depressing pattern when making attributions for events, try to recognize good and bad events as they occur.

Watch as you come up with an automatic explanation for an event. Classify it as internal or external (something about you or something about the situation). If it shows the unbalanced depressive pattern, come up with an alternative attribution.

- If the event was positive, try to think of something you did that might have contributed to the success.
- If the event was something negative, think of something outside yourself that might be partly responsible.

Let go of perfectionism

Perfectionistic thinking is a recipe for misery. Because you are a human being, few things you do are perfect. If you hold perfection as a personal standard, you will constantly feel like a failure.

Researchers Paul Hewitt and Gordon Flett have identified three types of perfectionistic thinking.

Self-oriented perfectionism is a tendency to hold high personal standards for yourself.

Other-oriented perfectionism is a tendency to demand perfection from others.

Socially-prescribed perfectionism is the belief that others in your life expect you to be perfect.

This last type appears to be particularly destructive to mood and self-esteem. Depressed people often imagine that others have impossibly high standards for them, and that they are constantly letting their family and friends down. They typically do a bit of mindreading to get this idea, guessing what others might want and then trying to live up to it. It often comes as a shock to find out that others don't expect quite so much from them.

Perfectionism is difficult to overcome. It often has deep roots in childhood experiences of disapproval and feelings of inadequacy. Sometimes it can arise from well-meaning parents who focus on the room for improvement rather than on what the child achieves. *"Oh, you got 98 out of 100 on the exam! Let's see what went wrong with those two questions, shall we?"* The parents may have a genuine desire to help the child do well, but inadvertently communicate the idea that nothing will ever be good enough.

Reevaluating your standards

In which areas of your life are you plagued by perfectionistic standards? Your job, your social life, your parenting, your romantic relationships? Some other area, maybe?

If you are a perfectionist, this means that you have unreasonably strict ideas about what is “good enough.” *“My baby should never cry.” “My wife should always be overjoyed to see me.” “I should never make an error in my records at work.” “I should send birthday cards to everyone I know, including acquaintances.”*

What are some of your standards? What would be good enough? Write these down in the numbered spaces below.

For each standard, ask yourself this question: Who really expects you to perform at this level? Is it you, or is it someone else? Write your answer beside the standard in question.

Then ask yourself what would be a more reasonable expectation. *“Recognize that all babies cry some of the time.” “Let my wife feel what she feels.” “Know that everyone makes mistakes, and try to catch and correct mine.” “Remember to send birthday cards to immediate family.”* Write a better personal standard beside “Revision”.

1. Standard: _____

Revision: _____

2. Standard: _____

Revision: _____

3. Standard: _____

Revision: _____

4. Standard: _____

Revision: _____

5. Standard: _____

Revision: _____

6. Standard: _____

Revision: _____

Try to catch yourself in “trigger situations” that normally cause you to become perfectionistic (e.g., finding a mistake at work). Remind yourself of the more reasonable standard you have set for yourself. Repeat it to yourself, out loud if necessary.

Perfectionists often have great difficulty deciding what is reasonable. They often imagine that everyone has their impossibly high standards, and that the world would fall apart if they didn't. If this describes you, ask the people around you about their own standards. Ask other parents how often their babies cry, and whether they think this means they are inadequate caregivers. Ask people how many birthday cards they send.

If the problem is what you imagine others expect of you, ask them. *“I’ve been feeling guilty that I don’t iron your underwear. Do you expect that from me?” “How fast do you need this file back?” “I worry that you think I should be earning more money in this job. What do you really think?” “I feel inadequate if you want sex and I’m not up for it. Is it okay with you if that happens sometimes?”*

Often you will discover that the person never held the standards you had been imagining. If it turns out that they really do have unreasonable expectations of you, this may be time to practice your assertive communication. *“I’d like to get this repair job done in an hour, but unfortunately it’s going to take until tomorrow.”*

For more suggestions on overcoming perfectionism, consult *When perfect isn’t good enough* (Antony & Swinson, 1998).

Coping with Cognitive Impairment

In addition to the negative tone of thinking during depression, the very process of thinking is disrupted. Memory is poor, concentration is fleeting, and the simplest of decisions can be overwhelming. Of all the many symptoms of depression, these cognitive impairments often seem to last the longest, and lag the furthest behind initial signs of recovery. *“My mood’s back to normal, but I still can’t read or follow conversations as well as I used to.”*

Why this should be so is unclear: Is it a natural feature of the depression, or does the mind simply get out of the habit of concentrating? Just as an arm immobilized in a cast becomes weak from disuse, the mind may become flabby and undisciplined from the enforced slowness of depression.

If so, then gentle challenges may sharpen the mind, just as weight training will build back muscle. Here are some strategies that can make the period of cognitive recovery more bearable, and some that might actually shorten the process.

Memory and concentration

The cardinal rule for difficulties with memory and concentration during depression is *accept them*. They are normal and expected, and yes, they will eventually get better. Here are some additional coping techniques.

- **Use a daybook.** Even if you can usually remember all of your appointments without writing them down, during depression you will likely find this a challenge. A simple daybook (or electronic organizer) can be helpful in keeping your commitments straight.
- **Carry a notebook.** A small notebook and pen can be invaluable in remembering the two questions you want to ask of the car mechanic, or the three items you want to get at the store.
- **Quiz yourself.** When you are beginning to recover, gently test and flex your memory. What’s the name of that restaurant you like? What’s the next street coming up? What are the names of the people you’re likely to see at dinner tonight? Adopt an extremely accepting attitude toward memory lapses that arise; avoid becoming anxious or angry at yourself.
- **Drop your reading level.** If reading becomes difficult during depression, allow yourself to stop trying to read at your usual level. Drop Dostoyevsky and take up Harry Potter. If necessary, drop Potter and read the comics. As your ability to read and process information returns, inch your way back up to where you used to be.

- **Try audiobooks.** Some people find listening to audio books helpful. You can go back and listen again when your mind wanders, and the expressiveness of the reader may draw you in more than the printed word.
- **Read shorter pieces.** It can be hard to remember names and plot lines over hundreds of pages. Depression is a good time to read short fiction (the shorter the better) or brief nonfiction pieces. Magazines may be better than books.
- **Puzzle yourself.** Simple crosswords and other word or logic puzzles can get you back into the habit of looking at the printed page, and may help sharpen your attention. Don't frustrate yourself by trying hard ones, though.
- **Reduce background noise.** Depression can make it difficult to follow conversations; it increases distractibility and reduces the capacity to filter out irrelevant noise. Pick quieter settings if you want to converse. Turn the radio or television down or off when you want to talk. Avoid noisier restaurants. At social functions, try to get away from the main group of people into a quieter corner to talk. As you recover, ease yourself back into lively spaces.
- **Walk and talk.** During depression, some people find it distracting or overwhelming to look at someone while talking to them. If you go for a walk together, you will both be focused ahead rather than toward one another, and you may be better able to concentrate on what is being said.

Making decisions

During depression it can be more difficult than usual to make decisions. To some extent, this is fine. Just as we recommend putting off major decisions for someone who has been recently bereaved, some decisions are best left unmade until a major depressive episode passes. Nevertheless, you can't put off every decision. Do you want soup or salad? Would you prefer a morning or afternoon appointment? Often it doesn't matter too much what you decide, so long as you make a decision. Here are some strategies that may help.

- **Pick the one on the left.** When it doesn't really matter what you do, you can get past the dithering by using a simple rule. Pick the one on the left. Don't use this for important decisions (*"Which of these two shall I marry?"*), but for minor problems it can help you to make a decision quickly and efficiently. If you prefer, flip a coin.
- **First thought, best thought.** Often the worst possible option is to do nothing, so it can sometimes be useful to take whichever option pops into your head first. It may or may not be true that your first thought is your best thought, but it will shorten the decision-making process.

- **Pick the most important.** Given a list of tasks, which should you do first? Identify the most important task and do it first. The rationale: You seldom complete everything on your list anyway, so you'd best get the important stuff out of the way. As well, the most important thing is probably weighing on you and giving you a sense of pressure.
- **Pick the easiest.** Sometimes it's hard to get started. If you start with the easiest item on your list you'll be able to get yourself to do it. Having started, you will have a small feeling of accomplishment and it may then be easier to move on to some of the more important tasks.
- **The column technique.** This strategy is best for significant but complicated decisions. Take a sheet of paper and divide it into two columns (or more, if you have more than two options). Under each option, write all of the advantages and disadvantages of taking that option. Try to be complete. When you are done, rate the importance of each consideration on a minus 10 to plus 10 scale (where -10 means something horrible that must be avoided at all costs, 0 means completely unimportant, and 10 means absolutely crucial). Add up the numbers in each column. The column with the highest total may be your best option. Although not foolproof, this strategy can help you tease apart all the elements of a complex decision.



Which of the tips in this section seems most likely to be helpful, given your own situation?

How could you put this into practice?

Combat your worry

Worry promotes anxiety and depression. You find yourself thinking the same catastrophic thoughts over and over again, becoming steadily more anxious, and you never come up with a solution to the problem.

Perhaps you worry about your health. *“What if this mole is really skin cancer?”* Perhaps you worry about harm coming to yourself or others. *“John’s late. What if he got in a car accident on the freeway?”* Perhaps you worry about the consequences of your actions. *“What if I forget my lines in the play?”*

Sometimes it is important to think about the issues facing us. Unless we examine our finances we cannot sort them out. If we ignore our health we can miss real symptoms that should prompt a visit to the doctor. Without careful thought we might never figure out our job options. It is important to *problem-solve*. If this is what you are doing, keep at it.

Worry is different. In true worry we simply grind away at the problem, never coming to a solution and secretly knowing that we won’t. We think *“what if, what if, what if?”* and never get to the problem-solving. This kind of worry we can do without.

There are several approaches that can help us cope with worry. Each is valuable, and each is applicable to certain situations. We’ll cover four of them.

Strategy 1: Facing the worst

We often worry about trivial matters. *“Look at this traffic! I’m going to be late for my dental appointment.” “If I don’t get this gift bought today it’ll arrive late for Christmas!”* We work ourselves into a full-blown stress reaction.

Keep in mind that your stress response developed in a primitive world for one purpose: To save your life. When you find yourself becoming extremely stressed, ask yourself two simple questions – *and answer them*.

- *What is the worst thing that could happen?*
- *Could I survive that?*

So there you are: caught in traffic, late for your appointment, and with a powerful stress response happening. Your body is all set to rescue you from the saber-toothed tiger, but there isn’t one nearby. What is the worst thing that could happen? *“I’ll be late for my appointment and I’ll have to reschedule.”* Could you survive that? *“It would be inconvenient to have to set another appointment, and it would be embarrassing to admit to the receptionist that I forgot about rush hour. But yes, I would survive it. My life isn’t in danger.”*

When you look at the worst possible outcome, you often realize that while it might be unpleasant, it is completely survivable. This allows you to let go of some of the tension you have been holding. *"I guess I can slow down and stop driving like I'm on a racetrack."*

Strategy 2: Worrying to the end

When we worry, we often play out a frightening little "what if" movie for ourselves. We play the movie up until a particularly unpleasant moment, and then we rewind and start again. We never get past that particular moment, and never see beyond the worst moment to the resolution of the situation.

Tracy was afraid of having a panic attack and fainting in the shopping mall where she worked. She imagined herself parking her car in the lot, walking to the entrance and feeling a little bit dizzy, walking along the access corridor and feeling dizzy still, walking out into the main, crowded area, becoming overcome with dizziness and panic, and fainting. And then she would imagine the entire scene over again. She kept worrying up until the point when she would faint, and then she would start over.

To combat her worry she opted to worry it all the way through. So there she is, passed out on the floor of the mall. What happens? *"A crowd gathers. Someone calls an ambulance."* And then? *"The ambulance comes. I'm awake by this time and they examine me with everyone looking."* And then? *"They pack me into the ambulance and take me to the hospital."* And then? *"They look me over and realize it's a panic attack and give me a sedative."* And then? *"They send me home."* And then? *"Well...nothing really. It's over. I'm home."*

Tracy was able to worry beyond the moment of fainting to the resolution of the event. No longer did it seem to be a blank wall she was headed toward. She knew that if the worst happened, it would eventually resolve and she would be safely back at home. This allowed her to relax a bit and allow for the possibility of having a panic attack at the mall. Because she was no longer so worried about it, she didn't hyperventilate on the way to work, didn't become dizzy, and had fewer panic attacks.

If you want to try this technique, write down the topic of the worry (e.g., *"fainting at the mall"*) and the sequence of thoughts that you have when you worry about it. Describe it as though you are actually seeing it happen. See if there is a moment when you stop the movie and start again. If you find such a moment, keep the movie going. Ask yourself *"And then what happens?"* and write down your best guess. Then what? Then what? Write down all of the steps until you reach a resolution of some kind.

Strategy 3: Worry inflation

In Judo, you try to use your opponent's strength against him. If he lunges forward to hit you, you might grab his hand and pull it even further, causing him to lose his balance. In worry inflation you do the same thing. Rather than trying to minimize your fears, you make them as big as possible.

Why would you do this? Because if you exaggerate some fears they eventually become ridiculous. You can let go of the worry more easily. It's a little like blowing a balloon up more and more until it pops.

Joanne came to therapy to overcome her intense fear of public speaking. She especially wanted to be able to conduct the bible reading at her church, a role taken on by various members of the congregation in turn. She had never done it and feared being unable to speak if she tried. She chose to use worry inflation on her fear. Working with her therapist, she came up with a script for her worry:

I arrive at the church and it's my day to do the bible reading. The place is packed. I'm terrified. When it's time to do the reading I get up to walk to the lectern and my legs are shaking so badly I can barely move. I finally get there, and the big church bible is open at the lectern. I'm shaking so badly I hang on to the bible and the lectern beneath it, which rattles loudly against the wood floor. My mouth is so dry that nothing comes out, just a choking sound. I'm holding the bible so tightly that the pages begin to rip out of the binding and fall to the floor. The congregation is shocked. They begin to boo, and yell at me to sit down. I can't move.

Eventually they start throwing their hymnals at me. Some of the books land on the steps, some of them skid along behind me, some of them hit me. Then they start throwing the communion glasses, which explode like little glass bombs as they crash all around me. Some of the hymnals hit the stained glass windows, which collapse inward in showers of broken glass. Eventually I can't take it any more. I dart out from behind the lectern, race down the center aisle and out of the church. The entire congregation pours into the aisle behind me. They chase me through the streets, yelling and waving their fists. News helicopters fly along overhead. Eventually God appears, and He's mad at me too....

Joanne found that her script had the same effect on her as it might have had on you. At first she got more anxious. Then, as the situation got worse and worse, it eventually struck her as funny. The anxiety vanished. She knew the congregation wasn't going to attack her, that no one would throw anything, that she wouldn't be chased through the streets. She didn't have to convince herself of these things or challenge her beliefs. She reread the script a number of times. Whenever she found herself worrying about doing the bible reading she would push it to the extreme, news helicopters and all. The anxiety would fade. Eventually she did the reading, and it went well.

Worry inflation doesn't work with everything. If you magnify some worries (a fear of a violent partner, or a concern about being diagnosed with a fatal illness, for example) they may never reach a point where they become ridiculous. But many of our everyday worries can be inflated to the point of silliness, and this can help us let go of them.

"When I turn up late, the dentist is so furious that he screams uncontrollably and chases me out of his office. I'm blacklisted for every dentist in the city, my teeth fall out, and newspapers publish photos of my mouth as a caution to people to be on time for their appointments...."

Is there a worry of yours that you could use this technique on? If so, what is it?

On spare paper, write out a script that takes you to the moment you fear most. *"I'm at the lectern but can't speak."* Then make it worse. And worse. Push toward more and more outrageous outcomes.

When your script is done, read it over and over until you have the scenario memorized and your anxiety at reading it has faded.

When you find yourself worrying about your fear, go through your imaginary situation to "pull" it to an extreme. Keep making it worse until the anxiety fades.

Strategy 4: Worrying Time

Worrying time is designed to help you stop worrying about problems for most of the day by saving your worrying for a particular time. This can be easier than stopping the worry altogether, and you may *have* to think about some of your worries in order to decide what to do about them. Here's the strategy:

- Pick a time during the day or week (for example, Mondays and Thursdays between 6 and 6:30 pm) when you will sit down and think about the things that have been worrying you. Pick times when you will not be distracted.
- Carry a pen and paper (index cards work well) with you at all times. When you catch yourself worrying, make a note of the topic. Assure yourself that you will think about the issue, but not right now. Shift your mind onto something else.
- When it is time to worry, take out your list of topics and consider each of them in turn. You may find that you can actually come up with a solution or a decision about how to handle some of your worries. Others you may just worry about.

This strategy may sound a bit odd, but it can be surprisingly helpful if you are disciplined at carrying it out. Setting a time for worry helps you feel in charge and often makes worry more productive.

Materials Discussed in

SESSION FIVE

Emotional Factors
Social Factors

The River: Living with Emotion

Imagine yourself sitting on a stretch of grass on the bank of a wide, deep river. The river is busy with ships of all sizes. Here comes one now, sailing into view, passing in front of you, and vanishing around the next bend. Here's one from the opposite direction, approaching, passing, and fading off into the distance.

All of these ships have names. Here comes one named *Anxiety*. Off to the right, one named *Despair*. A brightly painted one, *Happiness*. A dark red one, *Anger*. A hesitant one by the far shore, *Doubt*. *Guilt*. *Joy*. *Shame*. *Enthusiasm*. They all ply these waters.

You can take a variety of stances with regard to these ships. One option is to stand up, wade out into the middle of the river, and raise your arms to halt any ship you do not wish to come your way. But they loom forward anyway, become huge in your eyes, and bowl you over with their wake. Some ships are slow to leave. You can wade out behind them and push mightily, but your efforts are in vain. It almost seems that your pushing only anchors them more firmly.

Some ships you wish would stay. Joy, for example: A soaring, beautiful tall ship, rigging singing in the breeze. When you spot it you can rush into the water and grab hold of the stern, forbidding it ever to leave your river. It sails on anyway, tearing itself out of your grasp.

There is an alternative.

You can wade back to your patch of grass. Sit down. Relax. Gaze out at the river. Give permission for each of those craft to be there. And watch them as they sail toward you, pass before you, and sail off into the distance. Sometimes the threatening ships come, sometimes the bright ones.

If you are reading these words, you are human, and if you are human you are an emotional being: a being designed to experience the full range of feeling. Some of these emotions are easier to take than others. Some are welcome, some are painful. It is tempting to rush forward and try to control our feelings, to make happiness stay, to chase misery off. We post signs announcing that anger is not allowed, that sadness may kill us if it comes, that guilt is out of bounds. But emotions cannot read, and come anyway.

Are we helpless, then? No. We can exercise, eat properly, work on our negative thinking, build a supportive life for ourselves, and find a vision for our life's purpose – and all of these things will affect the boat traffic on our river. We may never see the last of that barge called *Anxiety*, but it may visit our port less often.

The attempt, however, to control emotions *directly*, to forbid or resist them, is doomed to failure. Worse than failure: our efforts to stave off fear may make us more fearful, our personal ban on dissatisfaction may leave us dissatisfied. Much of our unpleasant emotion may come from the very effort to eliminate it.

In sum: *The more you try to eliminate an emotion, the more you will feel it.*

One day, Carmen experienced a sudden, sharp burst of fear while shopping at the local mall. It was such an unpleasant experience that she resolved to avoid the place until she felt confident that she could shop without disturbance. Months later she felt no more secure. When, one day, she tried to go she felt overpowering anxiety that convinced her to give it more time. But the fear kept growing. To control it she began avoiding grocery stores, then banks, then busy restaurants. Carmen's attempt to avoid experiencing fear resulted in her life being governed by it.

Arthur had been depressed for months, and he was impatient to feel better. One morning upon waking, as he felt the dark shroud encase him once more, he decided that he had had enough. The depression would end. Today. He would not allow himself to feel it. From now on he was going to be his old self. He sternly marched himself about the house, pushing far beyond his carefully-set goals, determined to browbeat himself into becoming as capable and energetic as he used to feel. It worked – for about half an hour. Then he began feeling the depression coming back, deepening like a tide and sweeping up over his head. Now he was depressed again, with the added indignities of failure, resentment, and humiliation.

Kathy was raised to be unfailingly considerate and kind, and never to show anger. Anger was unacceptable even as a feeling, let alone one that could be discussed. She had a strong religious faith that she understood to say that anger was unacceptable, and she stamped it out as best she could. Her friends, though, commented (when they dared) that she seemed always to be angry about something, that she never opened up the way friends do, and that some of her mistakes or slips of the tongue seemed calculated to hurt others. Kathy knew the secret: she was filled with anger, and this made her unacceptable and inadequate, which angered her even more. Her mission to sweep anger from her life had allowed it to take control of her, had caused it to become her dominant emotion.

In each of these cases, the attempt to eliminate an emotion resulted in more of that emotion being experienced. But what's the solution? Should Carmen simply drag herself into the mall and experience horrifying waves of anxiety? Should Arthur give in to his depression and lie, defeated, on the couch? Should Kathy vent her anger loudly in hope of clearing the backlog of a lifetime's fury?

Well, no. None of these strategies would help much. But each person could benefit from recognizing that the attempt to suppress or avoid an emotion typically makes that emotion stronger in the long run. The solution is to wade back to the riverbank, sit down, and allow the ships on your river to be there. To give up on controlling emotions directly, and to work indirectly instead.

We can work on our thoughts. We can work on our behaviour. We can work on our physical health. Changes in each of these areas have an impact on how we feel. But attempting to establish direct control over our feelings, to force happiness or forbid misery, backfires badly.

Further, we need to recognize that our emotions are not there simply to torment us. Each emotion has a purpose; each can teach us something. We are *designed* to experience the full spectrum of human emotion. It's tempting to say "*I just don't want to be anxious anymore.*" This goal cannot be reached. Less anxious, yes. None, no. Happier, yes. Incessantly, endlessly happy to the exclusion of all other shades from the emotional spectrum, no. All of those boats will remain on your river, visiting at least occasionally. The challenge is to learn to sit on that riverbank, letting them pass by, watching and learning from them all.

A model of emotion: Three stages or five?

Cognitive therapy often uses this model of human experience:

Situation ⇒ Interpretation ⇒ Response

Something happens, you figure out what you think it means, then you react. The "response" stage includes both emotion and behavior: how you feel and what you do.

But it doesn't stop there. We also impose meaning on our responses. We behave a certain way and evaluate our behavior. We feel certain emotions and decide what that means about us. So we could say:

Situation ⇒ Interpretation ⇒ Response ⇒ Interpretation ⇒ Response

Something happens, you figure out what you think it means, you react, you think about your reaction, then you react to your own reaction.

Imagine a situation: a prankster at an office party flourishes what looks like a gun but turns out to be a lighter. You initially interpret the object to be a gun and react with extreme fear. Then you evaluate your reaction. Imagine saying to yourself "*What a coward. I should have known anything Dave does is a joke. I'd never survive a real crisis.*" You might then react with embarrassment or humiliation, perhaps avoiding

future office events or endlessly dwelling on your reaction. The fear you felt was fleeting; your reaction to it may become the real problem.

This secondary reaction is the source of many problems. A man recently recovered from depression learns that a friend has been fired. He thinks about the difficulty this will cause her and feels sad. Situation, interpretation, response: all perfectly normal. But because he has been depressed he is on the alert for sadness. He interprets his sadness as a sign of a coming relapse, and all that it would mean for him to go through another episode of depression so soon after the last one. This line of thinking causes him to become hugely discouraged. The problem is not his reaction to a friend's situation, but what he thinks his reaction *means*.

What are emotions for?

Emotions developed as a kind of behavioral guidance system. We experience an emotion, and this brings with it a motivation – almost a temptation – to engage in a certain kind of behavior. We can refer to this motivation as an “action tendency.” In other words:

Emotion ⇨ Action

Different emotions are associated with different action tendencies:

- Happiness may bring a motivation to repeat the experience.
- Fear brings a motivation to avoid the situation.
- Anger motivates us to attack.
- Sadness or discouragement encourage us to withdraw.

Each emotion has a purpose; each prods us in a particular direction. Our ancestors who were prodded in the right direction survived and had offspring. Those who weren't tended not to survive to reproduce. In a primitive environment, the resulting constellation of emotional responses, or action tendencies, is likely to keep us as safe and effective as possible.

The problem is this: *You don't live in a primitive environment.* You live in a modern civilization. The emotions you experience were never designed for this world. As a result, they may prod you in directions that aren't helpful. Erupting into rage when someone cuts you off on the freeway isn't going to make you safer. Running away from your tax form won't help get it done. The responses you are programmed to make to the emotions you feel are sometimes inappropriate. They may take you *into* danger, not out of it. They may harm your relations with others, not help them. They may lead you deeper into emotional trouble, not out.

So how can we cope with having an outmoded emotional system? One strategy is to ignore your emotions altogether. Pretend they don't exist. Base all your behavior on logic and the requirements of the outside world. Your tax form arrived, so do your taxes. Your boss asks you to work overtime, so work overtime. Your spouse wants you to like the opera, so say you like it. Unfortunately, this solution isn't very satisfying, and most people can't sustain it for a lifetime.

Another strategy is to shut the emotions off. If uncomfortable emotions can be compared to a blaring fire alarm, then try to snip the wires to stop the noise. You might use alcohol, or drugs, or even therapy to quiet the din. But if there really is a fire, you will have missed your signal to cope in another way. Sometimes our anger, or sadness, or anxiety, or, yes, depression can be a vital message: *“There’s a problem in your life. Do something about it!”*

Our emotions are part of us. They are important. If we don’t listen to their sometimes convoluted messages, our life fades to gray. We may need to work at understanding our emotions, obeying some impulses and intervening with others, learning how to work *with*, rather than against, our hopes and fears. But if we can’t obey our every emotion (*“you’re angry and want to hit him, so hit him”*), and if we can’t ignore them, then what other options are there?

Perhaps for some of our emotions we need a new model, something like this one:

Emotion ⇨ Evaluation ⇨ Action

We find ourselves in a situation and we experience an emotion. If it’s an emotion that normally prods us in the right direction, we might just give in to the action tendency. This is the essence of spontaneity, and should not be stamped out. If, however, it’s an emotion that often leads us astray, then

- 1) acting on it may bring trouble, and
- 2) ignoring it may cause us to miss an important message.

So instead, we can use the emotion as a cue to ask ourselves *“Hmm, what’s going on here?”* We can look carefully at the action tendency the emotion is leading us toward and decide whether it’s such a good idea. *“I feel like lying in bed all day. Will that help me feel better in the long run?”* If yes, then go ahead. If not, then do some problem-solving and come up with an alternative. *“Lying in bed usually doesn’t help, so even though I don’t feel like it I’ll get up and go for my morning walk. Then I’ll plan what comes next.”*

This approach avoids the obey-or-ignore problem, and allows us to learn even from emotions that threaten to lead us astray.

Challenging Negative Beliefs about Emotion

What holds us back from taking a more helpful approach to emotional life? We may hold negative or distorted beliefs about emotions; assumptions that get in the way. Place a checkmark beside any of the beliefs below that you have been taught to hold.

- _____ **It is immature or childish to experience emotion.** Great sadness, anger, joy, love, passion, curiosity, or other emotions are all signs of arrested development. To be mature means to control not only how you express your emotions, but also which emotions you feel. A mature individual is unaffected by the world and is unswayed by emotional considerations. Life should be governed entirely by reason and duty. The individual with this belief may have been punished or scorned when displaying strong emotion as a child. The result is that strong emotion, rather than being a motivator to action or contemplation, instead triggers shame or guilt. *"You're really a child inside."*
- _____ **It is unmanly to experience emotion.** Many men are raised with the idea that being male means being a kind of emotionless robot. Boys don't cry, boys don't get excited about art or music, boys don't feel sorry for themselves, boys are in control at all times. If true, then boys lead dull lives, boys are afraid of emotions, boys shut themselves off from a tremendous source of self-knowledge, and boys are going to be vulnerable to all kinds of emotional problems because they don't pay attention to the messages their feelings are giving them. Suggestion: Recognize that boys are human beings too, and have the full range of human emotions.
- _____ **Nice girls only feel certain emotions.** They don't get angry, they don't have ambitions, they don't think of themselves, and they certainly never feel lusty. A woman who holds these ideas will regularly be confronted by the unacceptable emotions she has rejected and, as a result, feel inadequate. Suggestion: Same as for the guys. Women are born with the full range of human emotion. Sooner or later you'll get a taste from every carton in the emotional ice cream store. And that doesn't mean you're not female, or that you can't be "nice."
- _____ **Certain emotions are morally wrong.** It is unacceptable to experience certain emotions (such as pride, lust, desire, anger, fear); those who do are inferior, indulgent, or sinful. If experienced, the emotion triggers guilt and shame. The belief may also encourage denial: *"I just never get angry."* Saying this belief is distorted doesn't mean that we should dwell on and exaggerate these emotions. It isn't necessary, for example, to focus on our anger to the exclusion of everything else, and grow it into frothing rage. But we may need to acknowledge that, as humans, we experience these emotions. By admitting to them we may develop the ability to cope with them in a way that harms neither others nor ourselves.

_____ **Good mental health means not feeling emotion.** Good mental health may well mean that fear, sadness, or despair do not go on and on endlessly. But the goal is never to remove elements of the emotional guidance system. Rather than shutting off certain emotions, the goal of therapy is often to help us *open up* to the experience of feeling emotion without immediately doing something to stop it. Good mental health means that all emotions (not just happiness) are available to be experienced.

_____ **Powerful emotion is dangerous, and may lead to madness.** If you experience enough fear, it will drive you insane. You will explode, “crack up”, or “break down.” This belief is encouraged in families that avoid emotional experience, and is reinforced by television programs and movies that equate powerful emotion with madness. In fact, human beings are designed to experience strong emotion without falling apart. The experience may not always be pleasant, but it is not fatal.

_____ **Emotions are always correct.** When you feel something, it must be true. If you feel jealous, your partner must be fooling around on you. If you feel sad, life must be unrelentingly awful. If you are afraid, something terrible must be about to happen. If you feel discouraged, you must be about to fail. Think back, though: How often have you felt fearful and nothing bad happened? Have you ever been angry and it turned out no one meant to hurt you? Our emotions are based in large part on our interpretations of events. If the interpretation is wrong, the emotion will be a misfire too. We’ll feel frightened when we’re safe, jealous when our partner is faithful, doomed when things are getting better. We do sometimes develop intuitions about events; we “get a feeling” that later turns out to be valid. This is a different phenomenon, however – one that can be thrown off by depression (causing you to feel intuitively certain that you’re worthless, or that everyone hates you). Emotions can be mistaken, just like thoughts.

Do any of these beliefs apply especially well to you? Which one(s)?

What could you tell yourself when this belief arises?

Working with Mood Dips

Everyone's mood rises and falls throughout the day. Most of the time we don't pay much attention. We feel a bit more anxious or discouraged, and then it passes. When you have had a recent bout of serious anxiety or depression, though, two things are different.

- First, your mood is even more up and down than usual. When you are well your mood might decline into moderate sadness. During depression it can drop into intense despair.
- Second, you may get more alarmed than usual at changes in your mood. You may worry that small changes mean *"the problem's coming back"* or *"it's getting worse."* You might picture yourself sinking into a pit of depression.

These ideas can be frightening or depressing to think about, and so your mood *does* get worse. Then it seems like you were right (*"it **is** coming back"*), which is even more alarming, which makes you worry more, which makes the mood worse still. This is a snowballing bad mood.

What should you do when you find your mood dropping, then? First, remember that worrying, interpreting the drop (*"This means I'm going to feel awful for the rest of the week"*) and resisting the drop (*"Oh, no, I **can't** feel this way!"*) all tend to make the problem worse. Instead, try to accept the change in mood as a normal part of the recovery process. Allow the lower mood to sail on your emotional river. Recognize that it isn't there permanently.

Then carry on with the other activities you had planned for the day. Avoid giving in to the mood and becoming inactive, as this usually makes it worse. Focus on activities that you normally enjoy, or tasks that will bring you closer to your goals. If you had planned to do a month's grocery shopping today, then perhaps with your lowered mood you will not feel up to it. Go to the store anyway, but do the shopping for just a few days instead. Push yourself to do something that normally you would find enjoyable: a walk in the park, lunch with a friend, a bath with a magazine. Don't let yourself completely off the hook for your duties, but be nice to yourself as well.

Meet mood setbacks with acceptance and activity.

When your mood dips, what could you tell yourself that would help to make it less alarming?

Avoiding the Mood Checking Trap

Imagine that you have injured your elbow in such a way that it produces pain only when you put your arm behind your back. You see your doctor, who tells you that there is nothing to be done but wait, and that until it gets better you should not, let's say, play tennis. One morning you notice that you haven't had that pain for a while. Maybe it's gone. What would you do?

If you are like most people, you would try putting your arm behind your back. Your idea would be that if the pain comes back, the injury needs more time to heal. If you can't produce the pain then you must be cured. This is a perfectly reasonable strategy, one that even your physician might recommend.

Now imagine being depressed (as, indeed, perhaps you are). One morning you suddenly notice that you feel well. Maybe this is the day you have been waiting for. Maybe the depression is finally gone. Maybe you can take your life back. Or...maybe the depression is just temporarily hidden, and is about to return. What would you do?

The temptation for many people is to use the same strategy that they would use with their elbow: Try to produce the pain. The reasoning is that if you go looking for your depressed mood and cannot find it, then you are cured. If you do find it, you must still be depressed "underneath." How do you look for a depressed mood? You might think about all the depressing things that you normally think about when you are depressed: your failures, disappointments, losses, and fears.

The problem is that you *will* find the depression. Your mood will sink and your fears will be confirmed. "*No, I'm not better; the depression was just hiding.*" But it is the strategy that is the problem. Checking for your elbow pain does not produce an elbow injury. Checking for the depression, however, involves a kind of thinking that is part of depression. So a strategy that works well for the body does not work for the mind. Being well won't mean that you *can't* make yourself miserable, only that you *don't* do so.

If you like, you can think of depression as a destination at the end of a road in your mind. When you are feeling better it can be tempting to go down that same road to see if depression still sits at the end of it. It does. Being well means traveling a different road: allowing yourself to think in a different way. Being well means allowing the boat named *Happiness* or *Contentment* or *Joy* to sail on your emotional river, without going searching for the boat named *Depression*.

You may have a hard time "letting go" of the depression without hunting for it. After all, what if it comes back? The first few times, it probably *will* return. Most people recover from depression in a halting, two steps forward and one step back manner. The first time you feel well won't be the last you see of the depression. It will rise up and seize your mind several more times before it releases you completely. The challenge is to face this fact, and to allow contentment, or good mood, to be on your river anyway, even though they may not stay for good just yet.

This approach goes against what every Canadian child learns. If ice has formed on the lake, then before you go skating you should stand at the edge and pound on the ice in an attempt to break through. If you can't, it's probably thick enough to support you.

With depression, you may find yourself supported by a buoyant mood. The temptation is to test its strength, to try to break through to depression. Don't. Just keep walking. *"But I could break through any second!"* Yes, and you probably will break through a few times. Keep walking anyway. Don't overcommit yourself, don't stop your medication or your self-care, don't assume you're cured just yet. But keep walking. Let yourself be supported for as long as it lasts. The longer the ice is undisturbed, the thicker and stronger it gets.

If the depression isn't there, don't go looking for it.

During depression, most people have moments (or, if they are lucky, hours) when they feel quite normal. When you feel somewhat better, do you notice the temptation to "go looking for the depression"? What do you think about?

What happens when you think these thoughts? Does your mood begin to sink?

If so, don't worry. This happens to most people. How could you remind yourself just to relax and enjoy the better mood, rather than bringing the depression back?

The Problem with Hope

During depression, enthusiasm is typically absent. Hope is often out of sight. The goal of much of treatment is to rekindle the enthusiasm for life, to resurrect hope. It seems unlikely that either of these sought-for outcomes would harbor a hidden danger, but they do.

Hope is focused on the future. We look forward to an imagined outcome and try to gain strength from it. This is necessary for many during depression. The present is so bleak; it is only through the promise of a brighter future that some can endure it. But what is the hope *for*, exactly?

For some, the hope is becoming “my old self” again. For others, the “old self” seems, in retrospect, to have been trudging along the road to depression. The goal may not be to return to the old self, but to carve out a “new self,” a life less prone to depression.

The hoped-for self can also become an ideal against which the present self is measured. That person eats properly, this one doesn’t. That one has the energy to climb mountains, this one can’t climb the front stairs. That one can work, this one can’t get showered in the morning.

The gap between the future vision and the present reality can be so great that every step of progress seems tiny and insignificant. “*Sure, I’ve started brushing my teeth again, but that’s nothing compared to attending full-time classes like I want to.*” Hope draws the eye forward to the distance yet to go. A standard recommendation of goal-setting is to cast the eye *backward* to the distance we have already come, which builds motivation. Focusing on the enormity of the task ahead tends to kill motivation. So hope can be a problem.

This is not to say that hope must be eliminated. It is valuable to have an idea of where you wish to go. It is vital, however, to then *release* that hope back into the future, to acknowledge that you are not there at present and will not be there for some time.

Perhaps you recall as a child walking excitedly to some distant but richly anticipated destination: the movie theater, the park where your friends were to meet, the swimming pool. It was important to know where you were going and how you would get there. But focusing on how far you had yet to walk made it seem impossibly far. Perhaps instead you paid attention to what you were doing on the way (“*Look at that tree*”), or picked a series of closer goals (“*That next lamp post*”). Releasing the ultimate goal from your mind helped the walk feel faster, and helped keep you from becoming discouraged. You need that skill even more in your recovery from depression.

Name a goal that you hope one day to reach. Examples: to recover fully from depression, to change careers, or to complete a college program. Be as specific as you can. What is it?

If you were to break this ultimate goal into smaller immediate goals, what would the first step be? Examples: make an appointment with physician (rather than recover fully), update your resume (rather than change careers), or get a college course calendar (rather than complete the program). Come up with an achievable goal related to your ultimate goal above.

When hope turns to despair, sometimes you need to change your ultimate goal. More often, however, you need to use the despair as a cue to switch your focus from the ultimate to a more immediate goal, and “let go” of your hope temporarily.

Feeling Overwhelmed: A Hidden Ally

People with depression frequently feel overwhelmed, an unpleasant emotional mixture of anxiety and futility. *“I really need to do this but I know I’m not capable of it.”* It drains energy, kills motivation, and makes any task more difficult. It may seem odd, then, to hear that feeling overwhelmed can be an important tool in overcoming depression, rather than an insurmountable barrier. But it is. Rather than trying to stamp out this feeling, we can welcome it at the door. It is the bearer of tremendously useful information, without which recovery would be far more difficult.

The message is simple, and it is always the same. *“You are attempting the impossible.”*

When you feel overwhelmed, trust it. If you *feel* overwhelmed, you *are* overwhelmed. If it seems to be too much, *it is*. Believe it. It may not seem like an impossible task (*“all I’m planning to do is clean the garage, not bring about world peace”*), but it will be impossible if you feel too overwhelmed to do it.

The temptation, the hidden trap in this feeling, is to give up altogether and go sit on the couch. *“If I can’t do it, I should stop trying.”* This is close to being a good idea, but it isn’t quite long enough. *“If I can’t do it, I should stop trying to do this, and do something smaller instead.”* This is the message of feeling overwhelmed. Give up on what you have been attempting, cut it back to something more manageable, and do that instead. Convert tall barriers into manageable staircases by chopping large goals into multiple smaller goals. Feeling overwhelmed is your signal to start chopping.

Sandy knew her “depressive diet” (as she called it) of coffee and taco chips wasn’t such a good idea, and she wanted to start eating properly. But for her, eating properly meant buying fresh ingredients at the local market, consulting her recipes, making a complicated and well-balanced meal, forcing it down despite her lack of appetite, and repeating the process for the next meal. She felt overwhelmed at the thought and would sit and have another handful of chips instead.

Trying to accept the message of feeling overwhelmed, she consciously “gave up” on her goal, chopping it back to something that didn’t make her feel so overwhelmed. For one meal she bought ready-made pasta and some sauce and made it for herself, not worrying whether it was a perfectly balanced meal. The success encouraged her to branch out to other easily-prepared foods.

One day she announced to her therapist that she’d had a breakthrough: She’d bought prepackaged and prewashed baby carrots to eat as snacks – something her puritan work ethic (“You should at least be able to wash your own carrots!”) had never allowed her to do before. As her mood improved her meals gradually returned to her usual standards, but she suspected she would never have achieved her goal if she had kept focusing on it from the start. The only way to reach it had been to “give up” in response to feeling overwhelmed.

Sometimes we are overwhelmed not by having too large a goal, but by thinking about too many smaller goals all at once. Perhaps you think of a demand that is being made on you or a project you want to complete. That reminds you of another problem or demand, then another, then another until you feel completely overwhelmed. *“I have to clean out the garage, but I also wanted to call about my insurance, and the house is a mess, and the kids are coming home for lunch, and I don’t have any food, and I just started the laundry, and I have to get that report done for work....”*

Does this pattern sound familiar? Human beings are only able to think *clearly* about one thing at a time. The goal is to set aside the main stack of demands and focus on the one thing that you are working on. You may find it helpful to write a list of your problems and projects so that you don’t have to keep them all in your head.

To sum up: *When feeling overwhelmed, focus on one thing at a time.*

What about once you are feeling well? It’s still a good idea to learn from your emotions. Make it routine to use the feeling of being overwhelmed as a cue to cut back on your immediate goal and focus on one thing at a time. This doesn’t necessarily mean accomplishing less, as Sandy found out. By refocusing on a single, small, immediate goal you can accomplish it without feeling so overwhelmed. Then you can move on to the next goal.

Can you think of a situation recently in which you felt overwhelmed? What was it?

What were you trying to do? What was your goal?

It may not seem that this goal was impossible, but it was difficult enough that you felt overwhelmed. If you were to narrow down the task, what could you set as the goal instead? For example, if you were planning a family dinner you might start by deciding on one part of the dinner, leaving the other parts for consideration later.

When you next feel overwhelmed, what would you like to remind yourself? Try to come up with a ritual that will help you make scaling back your goals a habit (perhaps saying “Thank you” to the feeling for the helpful information it brings).

Working with Guilt and Shame

Guilt and shame are often treated as poisonous emotions that none of us should ever experience. Like all of our other emotions, however, they are potentially valuable and helpful.

We feel guilt when we have behaved in a manner that does not live up to our own standards for our behavior. We believe we should have done better, but didn't. Shame is a response to a perceived inadequacy in our personality or makeup. Guilt, then, is about what we *do*, whereas shame is about what we *are*.

Guilt may seem useless, but it is essential to be a functioning member of society. Our behavior can have a profound effect on others. If we are to live together, we must be conscious of these effects, and guide our behavior based partly on our own needs and desires, and partly on the rights of others. Our rights end where those of others begin. Guilt tells us that we have crossed the line, or broken the rules, and guides us toward future change.

The critical question, of course, is this: What *are* the rules? Many of us feel a vague ongoing sense of guilt much of the time, and we are unclear what we may have done wrong. Our standards are sometimes obscure even to us.

Rather than fighting guilt, you can welcome it at the door. You can use it as a cue to ask the critical two-letter question: "*Of?*" Never leave guilt as guilt alone; always finish the sentence. "*Guilty of...?*" If the discomfort of guilt is a penalty for something, then know the crime before you pay the price. Define exactly what it is that you have done wrong.

Sometimes you will discover that you have violated a standard that you hold dear. You want your children to feel loved and you have not hugged them in a week. You struck the dog in anger. You borrowed a friend's car but didn't put gas in it afterward. And you feel guilty. Fine. Define what it is that you want to do next time, or how you could correct things this time (mail a check to the friend, for example).

Sometimes, however, you will discover that there is something wrong with the standard you have been holding. For example:

- It is someone else's standard, not yours. *"I feel guilty for sleeping with my boyfriend before marriage, but I don't really think that's such a bad thing."*
- The standard to which you have held yourself is hopelessly unrealistic. *"I feel guilty for not stopping my friend from getting on that flight that crashed."* *"I feel guilty for not having a perfect house, or for having children that sometimes cry in public."*
- Two standards you hold may be incompatible. *"I want to work enough overtime to thrill the boss, and be a perfect parent and spouse."*

When you discover that a standard you hold is unrealistic, ask yourself what *would* be realistic. Sometimes you won't know. *"I feel guilty that I don't iron the sheets, but I'm not sure how many other people iron theirs."* In that case, it's time to do a survey. Ask some people what they actually do, then take this into account when revising your own standard. You don't have to adopt the standards of your friends (high or low), but you can use their standards as input in coming up with your own.

Note that if you are depressed, you may not be able to work to your full capacity. Consequently, you will have to content yourself with having somewhat more relaxed standards than you might prefer. If normally you like having an extremely tidy house, you might have to make do with a "relatively sanitary" house for a while. Consider adopting a standard that you can actually achieve. Later, when you feel better, you can revise your standard again. *"Okay, now I'm ready to say that we should get take-out only twice a week, not six times a week."* Be careful, however, not to raise your goal back to an unrealistic level.

Once you have a revised standard in mind, identify the situations that trigger your guilt. *"Taking sheets out of the drier and folding them without ironing."* Then repeat your new standard to yourself in those situations. *"I'm putting these away because I've decided for myself that I don't have to iron them."* You may feel a little silly talking to yourself at first, but eventually you will adopt the new standard more whole-heartedly.

As an aside, it can sometimes be valuable to identify where you learned the original distorted standard. This isn't essential, but it can sometimes help you let go of the standard more readily. *"It was Uncle Frank who said that the woman of the house should always be the one to cook."* Think about why they might have held that belief, and about their other beliefs that you don't necessarily agree with. When you feel guilty because of the distorted standard, remind yourself who gave you that belief, and that the voice of guilt is theirs, not your own. You don't have to paint them as villains, but you can see them as holding standards different from your own. *"Uncle Frank was from a different time."*

If guilt seems potentially useful, then shame might seem less so. After all, we can change what we do, but how do you change what you *are*? Shame, though, breeds humility, the opposite of arrogance. None of us is perfect, none of us has every talent, none of us has all the answers. Healthy shame reminds us of our humanity, of our very real limits. It enables us to look outward with admiration at others who can do the things we cannot.

Unhealthy shame, however, breeds envy and resentment. It can come from shaming experiences in childhood, or throughout life. Unhealthy shame tells us that we are hopeless. Rather than inviting us into the fold of humanity, it expels us as subhuman. Unhealthy shame, like inappropriate guilt, often comes from unrealistic or unworkable standards for ourselves.

If shame is a problem for you, it is worth asking what it would take for you to be *good enough*. We can think of self-image as falling on either side of a dividing line: Not good enough or good enough. Where is that dividing line for you? What defines a “good enough” person? Notice that we are not attempting to identify your *ideal* person or your *ideal* self, the standard that few of us can attain. We are only interested in that dividing line. If you feel shame about your sexual prowess, ask yourself what would be “good enough” in that area.

There is a problem, however. If you survey enough areas of your life, you will eventually find one in which you are genuinely not “good enough” to meet your standard. This, too, is part of the nature of humanity. There are personal characteristics that you value, that you envy, that you wish you could have, and at which you are not and may never be “good enough.” And yet, perhaps as a human being you are still “good enough” overall. Some things you can change, others you can’t. Shame can offer you the opportunity to practice accepting yourself, faults included. As you do so, it may turn out that some of the “faults” you find are not faults at all, but only shades of the natural diversity found between different people.

Which is a bigger problem for you, shame or guilt? Or are both a significant problem?

Describe a situation recently in which you experienced shame or guilt.

What was your standard for yourself? What should you have done? What would be “good enough”?

Evaluate your standard. Is it realistic? Do most people seem to hold this standard? What is the unrealistic aspect of it? If your standard needs revising, what would be a more reasonable standard? (This should be something that you could actually meet.)

Remind yourself of the new standard in situations in which you tend to feel this way.
What situations are those?

Continue to use shame and guilt as cues to evaluate your standards and, where appropriate, shift your future behavior. Avoid using them as cues to destroy your self-esteem or motivation, or to attack yourself.

Working with Stress

Stress is closely related to a variety of emotions, including anger, fear, anxiety, and excitement. The stress response developed as a strategy for dealing with threat. When you are threatened in a primitive environment, the best option is usually either to fight or to run away. Those who could fight the hardest or run the fastest lived to reproduce; others did not. This created an advantage for those who could make themselves stronger and faster when they felt threatened.

When the stress response is activated, blood is diverted away from the skin and digestive system to the large muscles. Blood pressure and the heart rate rise. Respiration increases to maximize oxygen availability. Glucose is released into the bloodstream by the liver. Sweat is released in anticipation of heat generated by fighting or running. We may feel anger, fear, anxiety, or excitement. Concentration narrows, the senses sharpen. Between these and other changes, the overall effect is to improve our ability to survive an immediate physical challenge.

At some point in your life the stress response is likely to prove very helpful. It may even save your life. But most of the time when you feel threatened, beating someone up or running away won't help.

Instead, most modern stressful situations are best dealt with by sitting down, thinking through your options, selecting one, and calmly putting it into action. This might mean discussing the family finances with your spouse, thinking through a new strategy for dealing with a child's misbehavior, coming up with a good way of asking for a raise, or pulling a chair up to your desk and working on your tax return. To do any of these things effectively you need to calm down the stress response, which will hinder rather than help your efforts.

During depression, most people find that their stress response is more active than usual. They are nervous and jittery. They worry a great deal, endlessly replaying "*what if?*" scenarios that keep the stress response going. Consequently, for many depressed individuals it is important to learn to manage stress effectively.

How is this done? We can think of stress as involving four elements. Coping can occur at any or all of the four.

- **Situation.** This is the event or series of events that trigger the whole process. You can cope with the situation by restructuring your life, managing your time, reducing demands, being assertive, and so on. It can also be extremely useful to insert a gap away from the trigger situation to allow you to calm down. "*Mind if I take an hour at my desk to think about this one?*"

- **Interpretation.** This is your appraisal of the situation, which often makes situations seem more threatening than they really are. You can cope with your interpretations by becoming aware of your underlying assumptions, examining your automatic thoughts, and replacing distorted, unhelpful, or overly negative ideas with more reality-based ones.
- **Response.** This is the fight or flight response itself, with its attendant physical and psychological changes. You can deal with the stress response directly by using it as a cue to engage in a calming procedure: either physical exercise (to burn it off) or relaxation training (see below).
- **Resistance.** This refers to your underlying physical resistance to stress – the degree to which your stress response is on a “hair trigger.” You can increase your physical resistance to stress by limiting your caffeine intake, eating a healthy diet, exercising, and getting enough sleep.

Here we'll mainly consider the strategies for coping with the stress *response*. There are many relaxation techniques, some well-researched and others not, some technical (such as biofeedback) and others traditional (such as a warm bath). Which strategy should you use? The ones that work the best for you.

- **Exercise.** Regular exercise helps lower susceptibility to stress, but it can also be a useful calming strategy. The stress response prepares you to engage in vigorous physical activity. If you just sit there the physical symptoms will take time to pass. An alternative is to do exactly what the response intends you to do: Get some exercise. A run, a swim, a squash game, a brisk walk – all of these can help burn off the nervous energy that the stress response brings, leaving you calmer and more able to deal with the situation at hand. The only caution: Don't overdo it and risk giving yourself a sports-related injury. Remember to stretch and warm up first, and hold yourself back a bit.
- **Progressive muscle relaxation training (PMR).** PMR is the most well-researched of the relaxation techniques. It involves increasing and then releasing the tension in various muscle groups in sequence. In general, the instructions request that you tense a specific muscle, focus on the sensations produced for five to ten seconds, then release as much tension as you can and focus on the developing sense of relaxation for 20 to 30 seconds before moving on to the next muscle. PMR is particularly helpful for those who feel they want to “do” something during their relaxation training, who characteristically hold a great deal of bodily tension, and who find other exercises vague or difficult to master.

- **Passive relaxation.** This technique is similar to progressive relaxation but omits the tensing. Instead, you are asked to focus on a muscle group, sense the tension already being held there, and then concentrate on releasing it over 20 to 30 seconds. This strategy is widely preferred by those who suffer from chronic pain and those hoping to use relaxation to get to sleep. On the down side, it leaves some users feeling that they're "not doing anything", some people can't relax easily without tensing first, and still others find that the drifting sensations that are produced can be anxiety-provoking at first.
- **Autogenic training.** This strategy focuses on sensations of warmth and heaviness in various parts of the body. As such, it may work by having users tune in to peripheral blood flow rather than muscle tension. (The stress response tends to inhibit blood flow to the extremities, resulting in chilly hands and feet.) It has been demonstrated to be an effective stress-reducer and, not surprisingly, may be the treatment of choice for those complaining of cold extremities.
- **Diaphragmatic breathing.** Whereas the above techniques typically involve a 20-minute-or-so practice period (often using a recorded instruction tape, at least initially), diaphragmatic breathing is usually practiced in several shorter periods spaced over the course of a day. Described below, it is designed to slow and deepen the rapid, shallow breathing most people practice when under stress or in the lead-up to a panic attack.

All of these strategies benefit from personal training by a professional, but they can also be learned on your own. They all require several weeks of daily practice before beneficial effects are felt. Although you might feel relaxed during an exercise sooner than this, the intent is not really to help you relax while lying on your bed. Instead, the plan is to develop skill at relaxing on the spot in stressful situations.

What's the agenda of relaxation? Is it to rid of stress forever and keep it from returning? Not at all. As we have seen, stress is an essential, useful, and normal part of your physical and emotional makeup. Indeed, one of the goals of therapy is often to help people open up to the harmless elements of stress. But prolonged, grinding stress is typically unhelpful, and prolonged activation of the stress response can aggravate many ailments and suppress immune function. Consequently, the goal is to help the individual relax away unnecessary stress.

If you opt for relaxation training, consider the following:

- **Commitment.** Decide in advance to practice on a daily basis, *without expecting results*. You won't get any for several weeks. You will need to practice anyway.
- **Schedule.** Build relaxation into your everyday routine. You should practice at the same time each day. If it's not routine, it won't get done.

- **Communication.** Let everyone in the house know what you are doing, and have them agree to leave you alone unless a major emergency arises.
- **Get help.** Consider seeking out relaxation training from a professional therapist.
- **Evidence.** Your first choice should generally be an evidence-based technique such as one of the ones above, rather than one of the dozens of other strategies.
- **Give it time.** For the first few weeks, don't try to apply your relaxation skill to stressful situations. It won't work. You need to practice at home in a calm environment before you can relax during a stressful meeting, in traffic, or during an argument with your spouse.
- **Trim.** To make the transition between relaxing on your bed and relaxing under stress, gradually shorten your exercise, trimming it down to the basics you require in order to achieve a deep state of relaxation.
- **Introduce gradually.** Begin applying relaxation by practicing a subtle form of your exercise in calm situations such as riding the bus, walking, sitting at a desk, or shopping. Scan your body for tension and gently release any that you find while breathing slowly and deeply.

Relaxation instructions and tapes can be purchased at many stores or can be supplied by many mental health professionals. A good resource for detailed relaxation instruction is *The Relaxation and Stress Reduction Workbook* by Davis, Eshelman, & McKay.

A diaphragmatic breathing exercise

We breathe using two sets of muscles. One set pulls the ribs forward (making the chest appear bigger). The other set lowers the diaphragm (a sheet of tissue separating the chest from the abdomen). This makes your stomach stick out when you inhale. When you are under stress, you tend to rely more on the chest muscles than the diaphragm. This can result in a light-headed or dizzy sensation, a feeling of tightness in the chest, tingling in the hands and feet, and shortness of breath.

This breathing exercise uses both the chest and the diaphragm. To do the exercise you may find it helpful to imagine that you actually have two sets of lungs: One set in your chest and the other in your stomach. If you have asthma or other breathing difficulties, please consult your physician before trying it out.

Place one hand on your abdomen and the other hand on your upper chest. Then proceed through these four steps:

1. **Stomach.** Breathe in deeply using your diaphragm. Your stomach should expand and your chest should remain still. Imagine that the lungs in your stomach (which feel like they exist, even though they don't) are inflating, while your chest lungs remain inactive.

2. **Chest.** Without breathing out, breathe in further – this time using the muscles of your chest. Your chest should expand (moving forward and slightly up) while your stomach remains inflated.
3. **Release.** Breathe out slowly and naturally. Don't push or blow the air out. Simply relax and let go.
4. **Pause.** Pause for a few seconds before starting the whole process over again. Since you are getting more air with each breath you will need to breathe at a much slower pace than usual.

Repeat the procedure for at least five breaths. Some people notice a sensation of dizziness or tingling as they do this type of breathing. This means that they are breathing too quickly. Welcome these harmless sensations and use them as cues to slow down your breathing. Just lengthen all four of the steps.

Practice the exercise twice a day for several minutes each time. Keep this up until you can do it sitting up without having your hands in place. Then practice while walking around your home. When you can do that, you may be ready to begin using the technique in stressful situations to relax yourself.



If you want to calm the stress response, what's your usual strategy? Hint: If it's to have a drink, you probably need to learn an alternative.

Do any of the options above appeal to you? If so, which exercise seems most interesting? How could you go about this?

Consider whether you have the will to practice on a daily basis to give the strategy a good trial. If not, then leave this idea until you can make such a commitment. A few days of relaxation training may be worse than useless, because it can leave you thinking "*I tried that and it didn't work.*" It takes effort to learn a technique to the point where it becomes useful to you in stressful situations. Is now the time?

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.

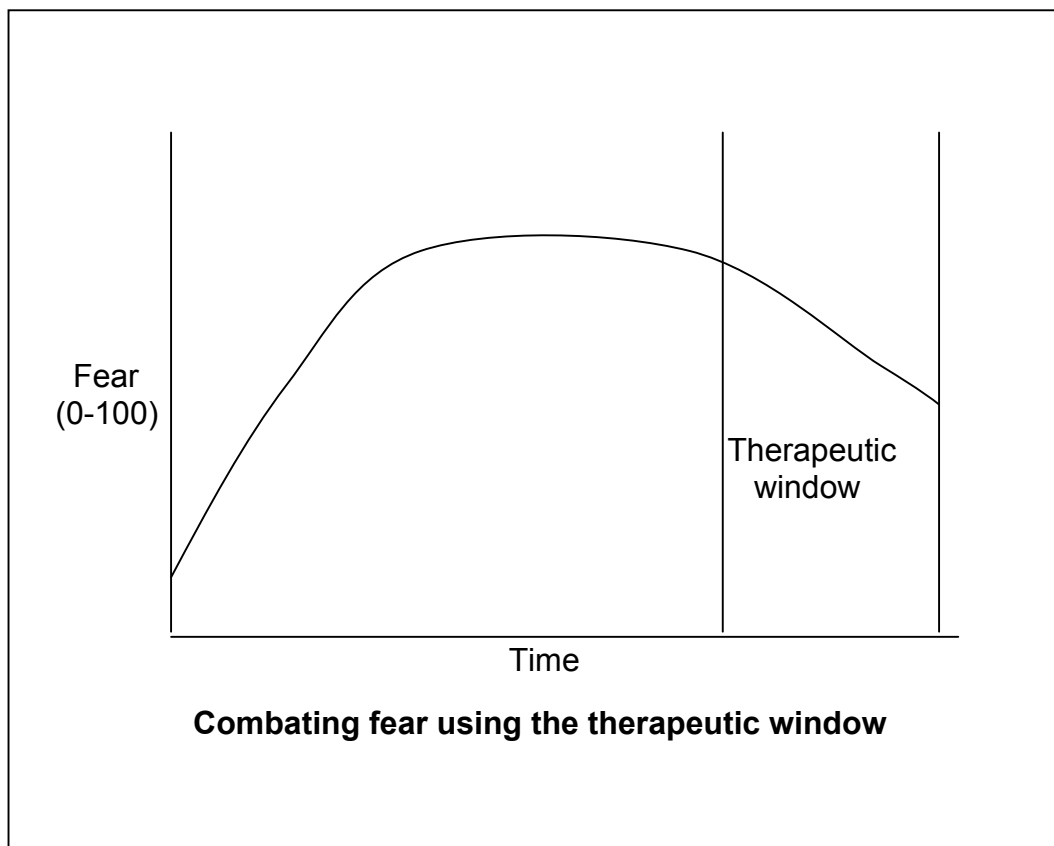
In modern culture we often feel fear and want to escape in situations from which escape does not solve the problem. Running away from the work presentation doesn't help; we'll only have to do it tomorrow. Not opening our credit card bill doesn't reduce the amount payable. "Forgetting" our dental appointment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

Working with Anger

It is no surprise that anger is routinely pathologized in western culture. Anger developed as a means of motivating attack, a way of defending turf. In our culture and others, anger spills over into destructive aggression and violence. We hear more and more about road rage, air rage, school bullying, and fatal attacks over minor disagreements. Clearly anger is dangerous, clearly it needs to be stopped, clearly we need to eliminate it.

Or do we?

Why is it that so many people are overcome with anger and lash out in violence? Could it be that our rejection of anger somehow promotes its expression as aggression?

Carl Jung argued that characteristics that we cannot accept in ourselves, which we deny to be a part of ourselves, control us. Putting them out of sight takes them off the leash, and lets them run wild behind our backs. We tell our children *“Don’t be angry”*, but we don’t tell them how to remove anger from their minds. No surprise there. We don’t really have a strategy to offer. Result: The anger remains and is overlaid with shame or guilt, which only magnify the anger.

One way of looking at aggression is that it is a strategy to release anger. We feel angry, and believe this is an intolerable state. We have to change it, but how? Perhaps if we give in to temptation, if we lash out with tongue or fists, the pressure will ease. Sure enough, it does, for a few seconds, only to be replaced with shame or guilt. Then to get rid of *these* feelings we engage in endless justification. *“She deserved it, she stole my bagel and dropped it deliberately!”* The anger, now justified, returns and escalates.

Intolerance of our own anger causes us to do almost anything to overcome it, but this only magnifies the anger in the end. Anger snowballs into rage.

The popular idea of anger is that it *needs* to be discharged. We can get rid of it by yelling, screaming, and stamping our feet. Curiously, no one suggests that loudly crying out our fear will make us courageous, that declaring our love will end it, or that rehearsing our sadness will make us happy.

In fact, it *can* be important to be able to understand, experience, and express our anger effectively. And it can be helpful, particularly in therapy, for an individual who has blocked out anger to experience and express it in its full intensity. Nevertheless, the research does not support the idea that the loud expression of anger releases it or causes it to fade. Indeed, acting anger out seems only to magnify it.

One way of working with anger is to become aware of your thoughts as you experience the feeling, and track how these thoughts feed back and reinforce the anger.

Imagine, for example, that your spouse were to drive off, unannounced, on a Saturday to run errands using the only working vehicle in the family, when you had plans to run some errands of your own. You might be irritated.

Imagine that you then inventoried your spouse's every inconsiderate act, and began to view your spouse as an inconsiderate and selfish being. The anger would likely increase.

What if you then imagined your spouse chuckling at the thought of you sitting at home frustrated, or angrily lashing out should you mention the problem? The anger might increase still more.

By the time your spouse got home you might be in an all-out rage. By that time, however, you wouldn't be angry about the vehicle anymore. Your anger would be about a series of remembered slights and your fantasy about your spouse's motivation and thoughts. For one absent-minded act your spouse might be put on trial for every lapse in the entire relationship.

This is the type of sequence many people go through when they are angry. By the time they are worked up, they aren't really angry about what happened anymore; they have made themselves angry about a sequence of thoughts following their initial irritation.

How could anger be dealt with in a more useful fashion? There are many strategies. Here are a few:

- **Take time out.** Anger can be the product of a complicated web of thinking, and the stress associated with anger can make it hard to think through – especially when you are still in the situation. Take time for a walk (which allows you to get some perspective and burn off some of the stress).
- **Identify the threat.** Ask yourself what you are really angry about. Anger is a response to feeling threatened. What is the threat to you, exactly? Are you responding to the here-and-now situation, or to a fantasy about what the situation might mean (the relationship is over, I'll lose my job over this)? Remind yourself to focus on the event, not the fantasy.
- **Look for opposing evidence.** Anger may tempt you to label the person ("*she's a slob*") or overgeneralize ("*he **never** thinks of what I might need*"). Your mind will then search out and find evidence confirming your theory, escalating your anger. Look for evidence that goes *against* your theory. Remind yourself about the times when she *has* cleaned up, when he *did* behave considerately. This exercise can serve to de-escalate the anger.

- **Explore the issue.** If the event calls a larger issue into question (“*He seems to do this repeatedly; maybe I need to rethink this relationship*”), take out pen and paper and explore your thoughts regarding the issue – rather than just spiraling upward into rage. What is the question, exactly? “*Do I want to be with him, considering everything?*” Identify the all of the considerations, pro and con.
- **Cope.** Decide what really needs to be done about the situation at hand. Even if the problem seems to be part of an overall pattern, you need to focus on the immediate in order to start unraveling the pattern. Perhaps you want to start a discussion about the issue, state your position, or take a stand. Fine. These ideas should be thought through, however, otherwise you are likely to be just blowing off steam rather than solving the problem.
- **Breathe.** When you are angry, your stress response is switched on. Calm it down by doing some slow, deep breathing using the muscles of the diaphragm (which will make your stomach protrude each time you inhale). Count to five breaths. At the end, see if you are calmer. If not, do another five.
- **Get help.** If anger is a significant problem for you, consider seeking help for it. Anger management groups are offered in many communities, and there are good books devoted entirely to anger and aggression (such as *The Anger Control Workbook* by McKay and Rogers).

Whichever route you try, recognize that the goal is not to stamp out all of your anger. The goal is anger *management*, not anger *elimination*. The only thing to be eliminated is pointless, destructive aggression.

If anger is a concern for you, which of the above suggestions applies best to your situation? How could you begin to apply it?

Your Social Network

Human beings are social by nature. We need social interaction to function at our best. As a result of our social nature, many of our most difficult stressful situations have to do with other people: misunderstandings between friends, conflicts with romantic partners, pressures from workmates, and social isolation. Positive social interactions, on the other hand, cushion us against stress. By building up our social support and using social skills and assertiveness to reduce interpersonal friction we can cut down on our total load of stress.

The quality of your relationships influences how you feel about yourself, how connected you feel to the world, how much fun you have, and whom you can call upon for different kinds of help.

When people become emotionally overwhelmed, their social lives are usually among the first areas to be affected. In depression, for example, social isolation is one of the primary symptoms. Unfortunately, isolation only makes the depression worse.

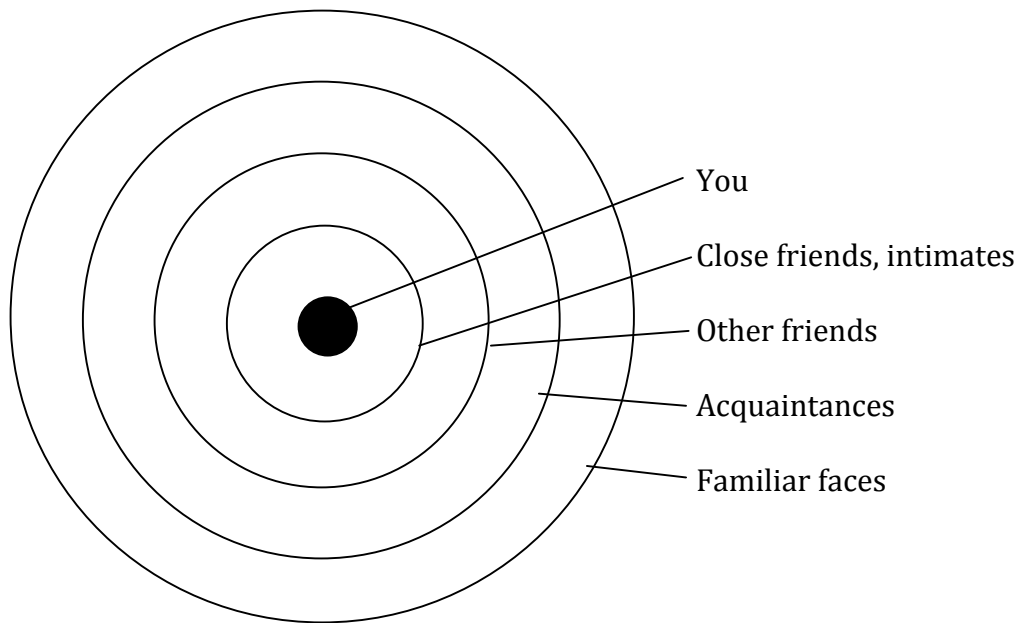
The Nature of the Network

Your social network is made up of all of the people you know. It includes family, friends, coworkers, neighbors, physicians and other professionals, and everyone else who has a place in your life. Some you barely know; others you know very well. Some you haven't spoken with in months; others you see regularly.

One of the most helpful ways to look at your social network is to consider it as a series of concentric circles, like the diagram on the next page.

In this diagram, you are in the middle. Each ring represents a different group of people. The closer a ring is to the middle, the deeper is the relationship those people have with you.

- **Close friends**, or intimates, are the people with whom you can discuss almost anything about your life. You are extremely open with them.
- **Other friends** are the people with whom you feel comfortable sharing *some* personal things, but perhaps not everything.
- **Acquaintances** are the people with whom you spend some time, but are not especially close to. You don't often discuss your personal life with them. Many neighbors and coworkers may fit into this category.
- **Familiar faces** are the people you recognize but with whom you seldom speak. They may be in a class you are taking, live in your building, or work at a shop you use.



Imagine that there are not one, but two sets of concentric circles to describe the people in your life:

1. Your *actual* social network. This includes the people who are in each of these groups in your life *right now*.
2. Your *ideal* social network. The number of people you would *like* to have in each group.

The big question is not whether the number of people in your life matches some set standard. There is no magic number of friends that you must have. Some people prefer more, others fewer. The best indication of whether you have a good social network is how closely what you have resembles what you would *like* to have. So the critical question is: How close is your *actual* social life (the way it is right now) to your *ideal* social life (the way you would like it to be)?

Your Social Census

Take some time to list the people in your social network right now. Include friends, family, partner, coworkers, and professionals (such as your physician). When you are done with each group, count up your list. Then think of how many people you would *like* to have in each group. We won't count your familiar faces here, as there may be too many of them and they seem to be less important than the inner three circles.

Close friends, intimates: List the people you can talk to about your deepest personal issues.

How many are there? _____ How many would you like to have? _____

Other friends: List the people you feel comfortable talking to about *some* personal matters.

How many are there? _____ How many would you like to have? _____

Acquaintances: List the people you spend at least some time with, but don't consider close personal friends.

How many are there in all? _____ How many would you like to have? _____

Some observations about the census...

- **Social life not ideal?** Welcome to the club. Most people can find fault with their social network. The most common complaint is that there are too few social contacts, especially in the “friends” and “close friends” categories. The goal is to bring your social life *closer* to what you want. It will probably never be perfect, and it doesn’t need to be.
- **Don’t want a network?** Your ideal social network should be based on what you want when things are going reasonably well. Many people find that during depression or bad times they don’t want to socialize. Your ideal social network at these times might be to have no one at all! Although this is normal, social isolation usually makes things worse. Try using gradual goal-setting to push yourself *gently* into being with other people. As your mood improves, you can expect that your interest and enjoyment in socializing will return.
- **Got some recent shrinkage?** You may notice that your social network has shrunk recently, especially if you have been going through mood difficulties or a major life transition. It can also shrink quite a lot if you move, change jobs, leave a relationship, retire, or give up alcohol or drugs. If this has happened to you, then building up your social life may be particularly important.
- **Shared experience helps.** It can help to have at least one person in your social network who has gone through crises and transitions similar to your own. You may be able to talk with that person about your experiences in a way that you never could with people who haven’t been there. If you don’t know anyone like this, a support group may be an option.
- **Shallowness can be fun.** We hear a lot about the importance of deep friendships. It can be easy to neglect the people with whom we just go swimming or see movies. These kinds of social contacts are important too. They get us out and involved and allow us to “lighten up” now and then without talking about deep issues incessantly.

Need to build your network?

Most of the people in your social census probably fell into your life one way or another without too much planning on your part. Perhaps you met one person at a class, two more through relatives, one at a job you once had, and so on. You didn’t plan to meet them. They just showed up somehow.

Having people drift into your life like this works – but it takes a lot of time. If your social network is too small, you may have to take a more active role in building it up. We are not used to saying “*Okay, I need to expand my social network. Here’s the strategy.*” But social support is too important to leave to chance. It must be a priority.

Deepening Current Relationships

When thinking about improving your social life, start by looking at your *existing* social network. Of the people you already know, are there any you would like to know better?

How do you deepen a relationship? Well, you've done this already with a lot of people in your life. You probably know the things that have helped bring you closer to people in the past. Listed below are some ideas that may be familiar to you. Put a check mark beside those you think you need to work on.

One principle deserves special consideration:

Make your relationships a priority.

"You can play with your friends when your chores are done." Were you raised with this rule? It may have worked well for you in childhood. Recognize, however, that you are now an adult. Your chores are *never* going to be done. Ever. And if you're hanging on to this rule, you will never get to socialize with anyone. If you are ever going to get to *"play with your friends,"* then your social life has to be given higher priority daily tasks like washing dishes, or to solitary activities like reading or watching television.

- _____ **Regularity helps.** And absence can make the heart forget. Strive for reasonably regular contact with the people who mean the most to you. Some people set up regular meetings, like a weekly squash game or a monthly lunch.
- _____ **Open up.** When talking about topics like movies, work, or local events, get a bit more personal about yourself. Briefly share your own feelings, opinions, or experiences. *"When I saw that it reminded me of how I felt when...."* Then give the other person a chance to open up a bit in turn. If they do, show interest and open up some more. If they don't, give it some time and do it again. Gradually you may find that the relationship gets stronger.
- _____ **Allow closeness without pushing it.** Friendships are voluntary. But friends are so valuable that it can be tempting to grab hold of them, using guilt or pressure to keep them nearby. Unfortunately, this usually has the effect of driving them off. Getting together, talking about personal matters, and having fun all work better if they come from an open invitation rather than a sense of obligation.
- _____ **Intimacy equals vulnerability.** Being open with someone takes trust and a sense of safety. Express your acceptance of friends as they are. Acknowledge differences without pushing them to change to suit you. Allow them to be themselves, and let go of the temptation to try to make them think or act the way you do.

_____ **No bumping.** It can be easy to forget about friends when you develop a new romantic relationship or go through a stressful period. Although you may want to scale back your social commitments occasionally, maintain reasonably regular contact with your friends.

_____ **Combine activities.** In a busy life it can be hard to find time for friends. One way to manage this is to socialize and get something else done at the same time. If you have to shop for clothes, invite a friend to go with you. Exercise together. Carpool. Form a reading group. Some friends get together to buy groceries, work on home improvement projects, watch television, or do baking.

_____ **Keep a wide focus.** One good friend can be a big help in your life, but one is seldom enough. Try to maintain your friendships with a number of people rather than spending all of your time with one person.

Think about your current social network. Identify at least two people you'd like to know better. Identify *who* the person is, approximately *how often* you see them, and *what* you usually do when you are together. Then try to come up with some ideas about how you could *improve* your relationship with them. This might involve seeing them more often, doing different activities (specify what they are), relating in a different way, or talking about certain issues. Be as specific as you can.

Who? _____ How Often? _____

What do you do now? _____

Improve? _____

Who? _____ How Often? _____

What do you do now? _____

Improve? _____

Reviving Old Friendships

One way to increase your social network is to rebuild friendships from the past. Do you have any friendships that have lapsed? List here any old friends you haven't seen for a while.

These are people who used to be in your social network but have become a less important part of it recently. Perhaps you could bring them back in.

There are good reasons to do this. Imagine that you were to go out on the street and randomly select 100 people to interview. Your mission, at the end of the day, would be to say how many of these people seemed like great friendship candidates: you enjoyed their company, you had a lot in common, they seemed to like you, and you liked them. What's your guess? How many of the 100 would you like to draw into your social network?

Some people say none, some say 1%, some 5%, some 10%. Not a lot. And do you mean that all the others are evil, unlikable, dull people? No. It's just that you wouldn't have much in common with them, so there wouldn't be much of a basis for a long-lasting friendship.

What's the point? The people who have been in your inner circles and drifted away are *pre-screened*. They are in that 1% or 5% or 10%. These people are rare. Don't let them get away too easily. You have at least four reasons to keep them:

1. **Compatibility.** Your personal styles mesh to at least some degree (probably not perfectly, but we're giving up on perfection, remember?).
2. **Intimacy.** It takes a while to get to know new people. The intimacy with old friends is already there.
3. **History.** You have a shared past with old friends that gives you a basis for conversation and understanding.
4. **Common interests.** You probably shared interests in certain activities before – perhaps you can pursue them together again.

Maybe something holds you back. There are barriers to reconnecting with old friends who have drifted out of your life. Many of these barriers can be overcome. Consider (and place a checkmark beside any that apply in your own case):

- _____ **Distance.** Perhaps your friend has moved away, or perhaps you were the one who moved. Letters, phone calls, and email can still be rewarding ways of interacting with these individuals, and you can make a point of visiting if and when you're in the same community. It's a poor idea to have everyone in your social network live far away. But it's just fine to have *some* of them at a distance, and to keep in touch.
- _____ **Disagreements.** Some relationships end due to arguments. If this is true for you, think about what the friendship meant to you when it was going well. Then compare this with how important the issue was. You may discover that the disagreement wasn't worth losing the relationship over. Old disagreements, even major ones, can lose their heat over time.
- _____ **Insecurity.** Reconnecting with old friends can raise a lot of doubts about yourself. Do they like you? Did they ever like you? Did they drift away because they weren't interested? Will you be imposing yourself on them? The only way you will really know the answer is by contacting them to see. What's the worst thing that could happen? You lose the relationship. What happens if you don't call? You lose the relationship. Maybe it's worth the gamble, and the price of staring down your own feelings of inadequacy.
- _____ **Abandonment.** Some friends drift away when you go through a difficult time in your life. It can be tempting to assume that they are inconsiderate, or don't care. But often this drifting happens because the person having the problem stopped accepting invitations or returning phone calls. The friend can mistakenly assume that *you* don't care about *them*, and give up on the friendship. There's only one way to know whether this has happened: talk to them and see. Many people are surprised when they find out why the other person *really* stopped calling.
"Abandoned you? I thought you abandoned me!"
- _____ **Insensitivity.** It can be tempting to let go of people who show insensitivity toward a major crisis in your life (such as depression). Unfortunately, this may account for almost everyone you know! It can help to try a bit of education with them using books and pamphlets. Eventually, though, it is usually worthwhile to keep them in your life and accept that they will never completely understand the issue. How well would *you* have understood depression if you hadn't been through it?

It takes courage to call up an old friend but it is usually worth the effort. Take a glance back at your list of friends you haven't seen in a while. Are there one or two people you would like to contact? Who are they?

Starting New Friendships

Making new friends can be challenging but worthwhile – especially if your social network is too small for your liking. But how do you meet new people? You could just walk down the street and start talking to people, but that probably wouldn't work. In fact, we could go so far as to say "*There is no way to meet new people!*" As long as you are focused exclusively on meeting people, it won't work.

So how do you do it? Acknowledge your desire to meet people. Then *let go* of that desire and think about what else you like to do. Then do that activity in a way that puts you into contact with people.

Which interest? Look over your list of friends and try to remember how you met each one. Then think of the activities that you have enjoyed in the past or would like to try in the future. Is there any overlap between the two? Perhaps you met some of your best friends on a hiking trip and you would like to take up hiking again. Joining a hiking club will get you out and put you into contact with other people who share your interest.

Even if your favorite activities are solitary you can make them social. If you like reading you could join a reading group. If you like photography you could take a class. Here are some possibilities:

Community center activities
Sporting clubs
Night school courses
Social clubs at work
Volunteer work

Religious attendance
Health clubs, gyms
Political groups
Social action groups
Parties/events held by friends

Think about your own situation and interests. How could you do something you like in a way that would put you in contact with new people?

What if you want a partner or a best friend?

The closer the relationship, the fewer the possibilities. There may be only one in a thousand people you would want for a best friend, whereas you might be satisfied to have almost anyone for a casual acquaintance. Consequently, if your social life is too narrow, it is generally best to *look for acquaintances first*. Once you get to know them, some acquaintances will become friends, and some of those may become *close* friends. You can also meet people through your acquaintances. This will increase your chances of finding a best friend or a partner.

Here are some more tips on meeting new people. Place a check mark by the ones you think may be useful for you to remember.

- _____ **Take an active role.** Don't always wait for others to introduce themselves or break the ice. Mingle at parties and events. Have a few things in mind that you could talk about.
- _____ **Consider your safety.** Women on their own may need to take special care. Is this a setting that is safe for you to talk to strangers? Are there other people nearby?
- _____ **Be yourself.** You don't have to hide your true nature or be unusually clever or charming. Remind yourself that people respond better to warmth and genuineness than to attempts to impress.
- _____ **Limit your expectations.** Your goal should be to talk with a new person, not to find a soul-mate. Most of the people you meet won't become close friends, so avoid hoping for too much.
- _____ **Build your confidence.** Remind yourself that you are in control of the situation. If you don't like what is happening, you can always end the conversation.
- _____ **Ask questions.** People who ask about the other person are often felt to be the best conversationalists. It's also much easier than carrying the conversation all on your own.
- _____ **Permit awkwardness.** Meeting new people is difficult. Accept this and try not to put yourself down if you stumble. Everyone looks awkward occasionally.
- _____ **Reward yourself.** Once you have spoken to someone new, dwell on the fact that you have accomplished something that is difficult for most people. Give yourself credit for your efforts.

If meeting new people is a priority for you, take a moment to define what your first few steps will be. Remember to make these steps clear, specific, and achievable.

Coping with romantic relationships

Sometimes during depression it's difficult just being with yourself. Trying to carry on a romantic relationship with someone else (a boy- or girlfriend, a spouse) can seem all but impossible. And indeed, depression can be a time of trial for a relationship. That said, there are opportunities for deepening a relationship through depression, and strategies to help the relationship survive. To begin, though, what if you're "just looking"?

Don't look now

Relationships get started at the most awkward of times, and you never know when the fates are going to toss someone your way. It's a faintly superstitious but possibly accurate maxim that *"the loved one will appear when you stop looking."* During depression romance may be the last thing on your mind, so you might well find yourself faced with Mr. or Ms. Right. Be cautious, however, and question whether what seems to be love isn't just the deep sense of need that depression can bring.

In general, now is not the time to be hoping to start a romantic relationship. Why not?

- A compatible romantic partner is about the most difficult type of person to find. It takes a lot of energy to track such an individual down – energy that might better be spent in the quest for acquaintances (through whom most of us eventually meet our partners anyway).
- Relationships, particularly in their early stages, can be tremendously demanding and draining. You may not have the energy.
- The drive to find someone might be a product of an intense desire to avoid having to look inward for your own strength.
- There's a good possibility that a relationship formed during depression will be based on reliance on the other person. You run the risk of becoming the object of a rescue mission rather than a partner in a relationship.
- Depression changes your way of relating to people. When you get well, you may seem like a stranger to anyone who met you while you were depressed. And if they fall in love with you while you are depressed, are they falling in love with a helplessness and vulnerability that you may not wish to keep?

Coping with communication

A sex therapist once said that “*Every heterosexual couple is in a cross-cultural relationship.*” By this she meant that males and females are typically raised so differently that they might as well be from different cultures. This doesn’t sound the death knell for these relationships, but it does suggest that, as in a cross-cultural relationship, extra work needs to be done on both sides to understand the communication style of the partner. Family therapist John Gray has gone so far as to suggest that “Men are from Mars, Women are from Venus,” joking that men and women act as though they are from different *planets*, not just cultures.

And so? Communication difficulties can pose enormous problems for human relationships. It can be worthwhile to learn about different communication styles and how they are experienced by others. Oh, and lest gay and lesbian readers feel smug, rest assured: same-sex relationships are rife with communication problems too. Books on communication, such as John Gray’s books, Deborah Tannen’s *You Just don’t understand*, or *Messages: The Communication Skills Book* (McKay, Fanning, & Davis, 1995) can help provide valuable insight.

How might communication become more difficult during depression? One answer is obvious. The depressed person often just doesn’t want to communicate, or doesn’t have the energy to try! It takes motivation to push past this reluctance and try to work on problems.

One strategy used by some depressed folks is to write down what they’re thinking and pass along the notes. This gives them time to concentrate enough to figure out what they want to say and allows them to get it all out without interruption or the self-consciousness of having the other person present. This strategy may not be as warm or personable as in-person contact, but it can be much, much better than no communication at all. It helps immensely if you’ve first had an in-person conversation with your partner to explain why you’d like to try communicating some of your thoughts on paper.

Nevertheless, one of the things most depressed people need is someone to talk to about the depression: Not someone to solve all the problems, just someone to talk to. Your spouse, however, may hear your description of the problems as an invitation to get in there and start offering advice about how to handle things. If this is really what you want, fine. If you were hoping simply to be heard and understood, you are likely to become frustrated.

This interaction pattern is particularly common when the listener is a male. Many males are raised to be “problem-solvers.” If you tell them about a problem, they’ll try to solve it – whether that’s what you mean them to do or not. In fact, if you tell them that you just wanted to be heard, they may get confused. “*Why would you tell me about a problem unless you wanted advice?*”

If the woman in a relationship is depressed, the male may see this as the ultimate test of his problem-solving ability. If he offers his great ideas and the spouse takes none of them or responds angrily that she just wants to be *heard*, he may feel that his efforts have been judged inadequate. He is likely to become resentful in return and be reluctant to offer more help, suspecting that his spouse is only getting him to suggest ideas so that she can shoot them down. Result: a classic pursuit-withdrawal pattern in which one partner tries to explain how she feels, while the other avoids what feels like a set-up.

Males who become depressed have often been raised with the idea that they have to solve their problems on their own, or that emotional problems are best solved by ignoring them. As a result, they may be highly reluctant to tell a partner what's going on. Depression isn't easy to hide, so the partner will know something is wrong and may try to find out what it is. The depressed male may then feel as though his defenses are under attack and will withdraw further, causing the partner to "pry" even more out of concern for his welfare: another pursuit-withdrawal dance.

If a depressed male eventually does discuss the problem, he may do so in a classic male problem-solving style. If the partner responds only with empathy and withholds advice, the depressed male may become frustrated. *"I didn't tell you this so you could get depressed too, I wanted you to suggest something. Your 'uh huhs' and sympathy aren't what I need!"* The nondepressed partner will feel attacked for trying to help and may become resentful; the depressed male will then feel guilty and resentful in return.

These individual differences in communication style don't divide strictly along gender lines. Some men want empathy and receive only advice; some women want advice and are disappointed when they get only empathy. How do you know, and how do you cope?

- Don't assume your partner (or anyone else) will know what you want. Spell it out. If you just want to be heard, say so. If you want suggestions, say so.
- If you find yourself feeling resentful, remind yourself that this comes from not getting what you think you need. It may have more to do with a mismatch in communication than from your partner being deliberately frustrating.
- If you find that you can't communicate constructively about your depression with your partner, consider seeking counseling to help discover what's going on.
- If your partner absolutely cannot change gears (if, for example, he's a big problem solver and you just need to be heard), see if there's anyone else in your life who can play that role. As you discovered long ago, your partner is not and never will be "everything you need" like in the hit songs – no partner is.

Coping with the impact of depression

No matter how well you communicate, depression will still have an impact on your relationship. Know this, expect it, accept it, and work with it. Depression can be a challenge to a relationship, but a challenge doesn't have to be a catastrophe. Here are a few observations and suggestions.

- Most people find that depression puts some strain on close relationships. Avoid giving this too much significance. It doesn't mean the relationship is doomed, that you weren't meant to be together, or that now through your depressed eyes you're seeing your partner as he or she really is. It's possible, but not too likely.
- Depression normally brings on role changes. The depressed person isn't as able to carry out the functions he or she usually does. Try to negotiate these changes with your partner openly and clearly, rather than through passive avoidance.
- It's easy during depression to pin all of your hopes on your spouse or partner (*"He/She will save me..."*) and neglect the things you need to do for yourself. Keep up your own efforts.
- Consider couples therapy, especially if difficulties in the relationship seem to have contributed to the development of the depression.
- Try not to make big decisions about a long-standing relationship while you're depressed – unless you have a lot of outside help and advice. During depression your judgment is so affected that you might see futility and hopelessness in the best of relationships. You might become aware that the relationship hasn't been working for you, but leave the decision to maintain or end the relationship until your mood has improved.
- Push to have your spouse or partner included in treatment planning and education efforts. Family members are frequently left out of treatment unless you ask specifically.
- If necessary, educate your spouse yourself. Some excellent books that can be helpful include *"When someone you love is depressed"* by Rosen and Amador, *"Darkness Visible"* by William Styron, and *"On the edge of darkness"* by Kathy Cronkite.

There's one more special challenge for romantic relationships during depression: Sex. Loss of sex drive is extremely common during depression, and it can also be a prominent side effect of antidepressant medication. If you don't keep this in mind, you might be tempted to wonder *"Why am I no longer turned on in this relationship?"* Your partner, too, may wonder what the problem is, and feel deprived, unloved, or anxious about the low frequency of sex.

It's common for the nondepressed partner to become extremely watchful for signs that you might be open to having sex. Holding hands, hugging, even smiling may be interpreted by your partner as a signal that you're ready for sex when you're not. Result: many depressed people become reluctant to give off any signs of physical openness. They'd like to be hugged, but don't want to feel pressured into sex or lead their partner on. So they hold off, stand back, and isolate themselves physically when they might need physical contact the most. Many relationships become entirely affection-free out of a fear that the nondepressed partner will get "turned on."

Here are a few tips for coping with low sex drive during depression:

- **Alert your physician.** If it seems clearly linked to the antidepressant medication you are taking (rather than to the depression itself), see if a medication change would be in order.
- **Communicate clearly.** It's easy for nondepressed partners to forget that low sex drive is a symptom of depression. They frequently think it's a symptom of the health of the relationship, or your lack of love for them, or their inadequacy or lack of attractiveness.
- **Create a sex signal.** In the past, the two of you probably communicated a mutual desire for sex in a very subtle way – a glance, a hug, a touch. These subtleties are now potentially misleading. With your partner, agree on a clear, overt signal that you are open to having sex (like maybe actually saying "*Let's have sex*"). This way your partner will know when you're ready and won't spend the rest of the time guessing.
- **Create a contact agreement.** Discuss with your partner the kinds of physical contact that you feel comfortable with. Create an agreement that the two of you can engage in these types of contact without progressing to sex, and that sex is only on the menu if you give the "sex signal." This way there is no need to avoid physical contact. Both partners can feel free to sit close, hold hands, hug, or give other forms of affection – without the worry that it will lead to sex. When your sex drive returns, you can go back to your usual more subtle way of dealing with intimacy.



Which of the ideas in this handout seems most important to you given your own situation? How could you put this into action in your own life? What's Step One?

Managing childcare during depression

During depression it's hard enough to care for yourself. Caring for children can be doubly difficult. Consequently, there is one core principle on raising children when you are depressed: Don't do it alone. Here are some suggestions:

- **Don't be alone with the children all day.** Caring for children at home can be a risk factor for depression, most likely due to isolation from other adults. It's said that it takes a village to raise a child. One reason for this is that it takes a village to keep the parent sane. If you are raising a child at home, ensure that you have contact with other adults each day. Attend parents' and children's drop-ins, play groups, or community events. Make dates with other stay-at-home parents to get together to socialize, shop for groceries, exercise, or prepare food.
- **Ensure that you still have time to yourself.** Develop a system that allows you to have some time away from your children to regenerate – preferably in small chunks each day rather than in large gaps once a month. If you have a partner, arrange for him or her to take the children off your hands for part of the day. Make this a family custom, not an occasional treat that you have to ask for each time. If you don't feel you need your time off one day, *take it anyway* – avoid disrupting a valuable tradition. If you do not have a partner, see if another family member or a neighboring parent can help you out, perhaps by trading childcare duties.
- **Trade other favors for help with childcare.** If you want regular help with your children, avoid relying exclusively on the other person's good will. See if there's anything you can do in exchange. Payment is an obvious possibility, but isn't an option for most single parents. Cooking, laundry, ironing, or bartering for your professional skills are often more practical avenues.

When a parent is depressed, it's also hard on the child. There are ways of reducing this impact, however:

- **Ensure that children don't blame themselves for the depression.** Children naturally see themselves as the center of their own worlds. When a parent is depressed, they often assume that it has something to do with their own actions, and they may blame themselves. *"Mom's sad because I'm not good enough."* It's a good idea for a parent or a family friend to ask the child what they think about the depression. If they blame themselves, the adult can gently correct them in words that the child can understand – perhaps by drawing an analogy with other illnesses or conditions. *"It's kind of like that time your dad had those problems with his gall bladder. You didn't have anything to do with that either, right?"*

- **Ensure that children carry on with their own lives.** Part of a child's sense of security comes from having a routine. Depression runs the risk of disrupting that routine. Try to keep as much of a child's normal life intact as possible during a parent's depression. If Thursday has been Family Pizza Night, keep the tradition as much as possible. Also ensure that the child's outside activities do not suffer too much. If dad used to take the kids to the ball game Saturdays but just can't face the task, perhaps someone else can take them. The goal is to keep children involved in their own lives and to maintain as near-normal a routine as possible.
- **Ensure that children have someone to talk to.** Children often don't have adult confidantes that they can talk to about issues that confuse them. When a parent is depressed, they need one. Try to enlist the help of another trustworthy adult who can listen to the child's concerns, and perhaps help maintain the child's regular activities. In a pinch a therapist or other professional can play this role, but a friendly relative is often even better.
- **Watch for marked behavior changes.** Children can't easily put their concerns into words. Instead, problems are expressed in their behavior: aggression, inattentiveness, anxiety, or poor school performance. Regression to behavior from an earlier point in childhood (a reappearance of bedwetting or excessive clinginess, for example) is also a common response to distress. Any of these may be a reaction to a parent's depression. If the problem raises concern, seek help.
- **Consider taking an effective parenting course.** Raising children isn't easy, and most of us have no formal training in it. Most community centers or night school programs have courses on effective parenting skills, and almost every parent can learn a few tips that will help. There are also parenting support groups. If your local community center doesn't offer such programs, ask for suggestions as to who might. If your mood problem makes it difficult to contemplate taking such a course or attending yet another support group, put it on your list as something to consider when your mood improves.

If you are raising children, has your mood problem had any impact on your ability to parent? How so?

What's one positive, concrete step that you could take to deal with these concerns?

For more ideas, consult *Parenting Well When You're Depressed* (Nicholson et al., 2001).

Create a personal support team

Depression. Panic. Chronic illness. Bereavement. Sometimes having a good social life does not provide enough support for us. One option is to join an organized support group. You can often locate these by calling the business line of the Crisis Centre in your community, or asking your physician or therapist.

You can also create your own personal support team: a group of people who know you and agree to help out in specific ways. Your support team might be made up of some people who have been depressed, and others who haven't.

There is a common problem with involving people who haven't been through depression themselves. People who have never been depressed have a tendency to say silly or insensitive things around depressed people. *"I was depressed last Monday, then it got better by lunchtime."*

Recommendation: Keep these folks in your social network, try to educate them a bit about depression, but recognize that they will never entirely "get it" unless they go through depression themselves. Depression is as mysterious to those who have never experienced it as "violet" might be to someone who is color-blind. It's a bad idea to cut people out of your life just because they can't fully understand your depression.

It is an excellent idea, on the other hand, to have at least one person in your life who has been through depression. In fact, consider it mandatory. You need someone who gets it, and who you can talk to about your experience.

What are the other ones going to do – those who haven't had depression themselves? Chances are, they're sitting on the sidelines feeling helpless. They don't know what to do or how to help. They might be guessing that their job is to get you over your depression, and they haven't a clue how to accomplish that. It's your job to tell them that they don't have to cure you. But perhaps they can still be part of your support team. Here's how.

- **Identify candidates.** Identify close friends and relatives that you would like to have as supporters.
- **Define what you want.** Think about how you might like them to help. Some examples: regular baby-sitting to give you time to yourself, availability for emergency pet-sitting, weekly get-togethers to buy groceries and prepare food together, or Sunday morning walks.
- **Ask for assistance, not replacement.** It's best to ask for *help* doing something, rather than asking the other person to do it for you. If you can't face the grocery store, ask the person to accompany you rather than asking them to do your shopping.
- **Limit your request.** The temptation is to ask for a lot, particularly when you might be feeling helpless or inadequate. Set limits on the size of your request.

- **Give them permission to decline.** Before you ask, prepare to have them decline the request or suggest something different. Allow for the possibility, without feeling crushed.
- **Ask.** Be clear and be specific. Present your request as something you would like, but not as something you *need*. Implying need makes the request into a demand, and threatens to impose guilt on the person if they don't comply with your wishes.
- **Make it an exchange.** Some supporters are one-way, but often the agreement is mutual. *"If you take the kids on Tuesday, I'll take yours Thursday."*
- **Avoid relying on only one person for support.** You may need more than any one person can give. It helps to have a larger network and to limit your requests from each person.
- **Keep up your own efforts.** Remind yourself that your support network can provide help, but they cannot take on the problem for you. You will have to do what you can to help yourself as well (exercising, eating, setting goals for yourself, and so on). Supporters will drift away if they sense that they are working harder on your difficulty than you are.

Would you like to set up a support network for yourself? If so, which people in your life do you think might be open to a request?

What would you like from them? Be as specific as you can.

Social Balancing

Most social relationships have a balance between one person and the other; between giving and receiving. You give by listening to others, helping them out, and showing an interest in their lives. You receive by having them listen, asking for help and advice, and including others in the events of your life.

When you go through a difficult period in your life, this balance can be upset.

Sometimes you may want to ignore the pain you are in, so instead you focus entirely on the other person. You say nothing about yourself. If the other person asks, you just say *"I'm fine"* and quickly move the conversation back to them.

At other times the pain you experience may be too great to ignore. As a result, you find it difficult to focus on the other person. Your conversation shifts toward yourself. It may be hard to talk about anything other than your own problems.

Neither of these patterns is shameful or wrong. Both are normal responses to emotional pain. Unfortunately, they can have a negative effect on friendships. When you constantly shift the focus onto the other person they can feel shut out of your life. If you focus only on yourself they can feel that their own lives don't matter to you.

How do you think your own social balance has been over the last while? Mark the line.

<hr/>		
Too much about me.	About right.	Too much about them.

If your social interaction has been away from the middle for the last while, this may be understandable. As you get better, however, you might wish to get a bit more balance into your relationships. It is this sense of balance, or give and take, that many people value in their social lives – much more than how witty or fascinating their friends may be. The list below gives some suggestions. Place a check mark beside any that you would like to work on in your relationships.

More about me

- ☐ Describe how you have been feeling
- ☐ Ask for feedback about something
- ☐ Describe positive things in your life
- ☐ Admit to having difficulties
- ☐ Ask for help with something

_____ Say something about your life you haven't told them before

_____ Host the person at your home

More about them

_____ Listen with interest in some aspect of their lives

_____ Offer information to help them reach a goal

_____ Invite them to an enjoyable activity

_____ Offer transportation, childcare, or a similar favour

_____ Teach a person how to do something

_____ Provide companionship

_____ Help the person complete a task

_____ Express your interest or affection

Is this something you'd like to work on in a current relationship? If so, who is the person and what step would you like to take?

Become more assertive

"I was raised to be 'nice.' Which is fine, I guess, except that 'nice' meant never saying what you wanted, never saying 'no,' and never having an opinion different from anyone else. I thought the only way to be assertive was to yell and get red in the face. It took a while to learn that I could be honest, be myself, and still be considered 'nice.'"

Assertiveness means more than just being able to voice your complaints. It is a set of communication skills that allows you to express respect and care for yourself and others. It means being able to say what you want to say when it is time to say it, and feeling fine doing so.

What does it mean to be assertive? The table below, adapted from work by Dr. Lynn Alden, compares assertiveness with passivity and aggressiveness. For each row, place a check-mark in the box that describes you best.

	Passive	Aggressive	Assertive
Behaviour	Keep quiet. Don't say what you feel, need, or want. Put yourself down frequently. Apologize when you express yourself. Deny that you disagree with others or feel differently.	Express your feelings and wants as though any other view is unreasonable or stupid. Dismiss, ignore, or insult the needs, wants, and opinions of others.	Express your needs, wants, and feelings directly and honestly. Don't assume you are correct or that everyone will feel the same way. Allow others to hold other views without dismissing or insulting them.
Posture	Make yourself small. Look down, hunch your shoulders, avoid eye contact.	Make yourself large and threatening. Eye contact is fixed and penetrating.	Body is relaxed, movements are casual. Eye contact is frequent but not glaring.
Attitude	Others' needs are more important than yours. They have rights, you don't. Their contributions are valuable. Yours are worthless.	Your needs are more important and more justified than theirs. You have rights, they don't. Your contributions are valuable. Theirs are silly, wrong, or worthless.	Your needs and theirs are equally important. You have equal rights to express yourselves. You both have something valuable to contribute.
Feelings	Fear of being rejected. Helpless, frustrated, and angry. Resentful toward others who 'use' you. Your self-respect may suffer.	Angry or powerful at the time and victorious when you win. Afterwards: remorse, guilt, or self-hatred for hurting others.	You feel positive about yourself and the way you treat others. Self-esteem rises.
Goal	Avoid conflict. Please others at any expense to yourself. Give others control over you.	Win at any expense to others. Get control over them.	Both you and others keep your self-respect. Express yourself without having to 'win' all the time. No one controls anyone else.

Did you rate yourself by putting a check-mark in one box for each row? If so, which column got the most check-marks?

This isn't a formal questionnaire, so don't make too much of the result. But if all of your checks were in the column titled "Passive", then perhaps you use this style a lot.

Key Points About Assertiveness

- **Assertiveness is what you do, not who you are.** Some people feel that they can't be assertive because they don't have the personality for it. But assertiveness is a *skill*, not a personality trait. Like any new skill it feels awkward for the first while. Gradually it becomes more comfortable as you get better at it. Just as it takes time to learn to ride a bicycle, it takes time to become more comfortable being assertive.
- **Start easy.** Perhaps there is one person in your life who is especially difficult to be assertive with. If so, don't start practicing assertiveness with them. Start with people who are a bit less threatening. As you get better at assertiveness, you can take on more and more difficult situations. Save the most difficult person for last.
- **It's not necessary to be assertive all the time.** Some situations call for more assertiveness than others. You might accept a cup of tea from Aunt May even after you have said you don't want one. And when you are alone with someone you know to be violent it may not be safe for you to be assertive. When you are safe and when the issue is important to you, however, assertiveness generally leads to better results than the alternatives.
- **Ask for time.** Some people think of the right thing to say after the discussion is over. They get talked into things and then kick themselves later. If you realize during a discussion that you would like to be more assertive but can't think of what to say, ask for time. Use phrases like *"I can't answer that right now,"* or *"I'll let you know next Tuesday."* This will give you the time you need to think the situation through. As assertiveness becomes a habit, you will get faster at coming up with the responses you want.
- **Assertiveness equals openness.** Assertiveness is not just for conflict situations. Being assertive means being more open and genuine, and being willing and able to share and express your inner feelings and ideas, including your caring and appreciation for others. The more you feel free to be yourself, the less tension there will be in your ongoing relationships. Being assertive in close or intimate relationships opens communication channels.

The Assertiveness Pitfall

After reading about assertiveness, you might decide that you would like to become more assertive and less passive or aggressive. This is an appropriate goal. But keep this in mind: *When you start being assertive with someone, things usually get worse before they get better.*

Consider an example. Imagine that you have a coworker who constantly gives you his own work to do. One day you tell him that your own workload is more than enough and that from now on you will be unwilling to do his work. What happens? He will probably try to push his work onto you even harder than he did before. Giving in under this pressure is a bad idea. You would be saying, *“If I ever tell you what I will or won’t do, get really pushy and I’ll give in.”* Bad message. If you stick to your new rule, he will eventually give up and stop pushing.

Another example: You have a child who insists on staying up watching television after her bedtime. You become assertive and tell her *“If you are not in bed by your bedtime, I will turn the television off and you will not be able to watch TV the next night.”* At first your daughter may not believe you, and may respond with outrage if you follow through. If you are able to keep to this new plan, however, she will likely adapt to the new rule and abide by it.

So: Some guidelines...

- **Only set barriers that you are willing and able to defend.** If you make threats that you cannot keep (I’ll quit this job, leave you, ground you for a year, never speak to you again), people will not take your attempts to be assertive seriously.
- **Don’t start getting assertive when you are strained to the limit.** Remember that the relationship will get more difficult for a while. Pick a time when you have the strength to handle the pressure.
- **Don’t back down.** When you set the barrier and the other person begins pushing against it, be prepared to keep to the rule. Otherwise they will push harder the next time.
- **Don’t get assertive with everyone in your life at once.** You probably won’t be able to stand having all of your relationships becoming more difficult at once. Pick one person at a time.

Think back over your dealings with others this past week. Complete the following exercise for two of the interactions that you found difficult. Briefly describe the situation, then your reaction. Consult the descriptions of passive, aggressive, and assertive behaviour to see which best describes your response. For each passive or aggressive response, write down an assertive response that might have been better.

Situation: _____

What did you do? _____

Was this passive, aggressive, or assertive? _____

Alternative assertive response? _____

Situation: _____

What did you do? _____

Was this passive, aggressive, or assertive? _____

Alternative assertive response? _____

Are there any situations coming up this week that will require your assertiveness skills? In the space below describe the situation, the people involved, the outcome you would like, and the assertive strategy that you would like to use.

For more ideas about assertiveness you could read *The Assertiveness Workbook* (Randy Paterson, New Harbinger Publications, 2000), available from online booksellers or through bookstores.

Materials Discussed in

SESSION SIX

**Meaning-Based Factors
Response Prevention Strategies**

The meaning inventory

To find meaning in the present, it's worthwhile to look at the past. Think back over your life. What has given you the deepest sense of meaning? What has seemed really worthwhile to you? There may be many items on the list, there may be few. Some items may have given you a profound sense of meaning, others may have given you a flicker. Some may have lasted for years or decades, others for a moment.

Don't distinguish between them. Brainstorm. If anything gave you an ounce of meaning for an instant at any time in your life, write it down.

Note that we are after a sense of *meaningfulness*. This does not necessarily mean a sense of *enjoyment*. Many of the experiences that give us a sense of meaning are painful, or difficult, or involve loss.

Put the first dozen here; then keep going using additional paper.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Leave your list lying around for a few days. The act of doing the exercise will trigger other ideas, other memories. Write them down as they occur to you.

Here are some experiences that others have found meaningful. See if they spark any further ideas for you.

Giving birth	Writing poetry
Reading philosophy	Creating art
Raising my daughter	Meditating
Funding my niece through university	Discovering I could live alone
Sponsoring a child in Nepal	Letting go of my grief
Attending my mosque	Playing music
Walking in the forest	Attending Narcotics Anonymous
Graduating	Returning to my family
Working at the food bank	Caring for my ill father
Supervising students	Fishing
Getting through my first depression	Teaching my son to read
Being married	Learning to give massages
Building my home	Gardening
Hosting the family at Christmas	Peacekeeping duty in the Balkans
Traveling in Europe	Getting a story published
Working on my genealogy	Going on a monastic retreat
Leading the Scout troop	Overcoming my fear

There are things on this list you may have tried, and they did not give you a sense of meaning. Others you cannot imagine would ever give you such a sense. Everyone's experience of meaning is different. They are only illustrations to help you explore your own reactions. If many of the items on the list seem rather grand compared to your own experiences (peacekeeping duty, for example), don't let this stop you. Write down the experiences that have been meaningful to you. Be as specific as you can.

Before moving on, take a look at what you have written. Are there any common themes in your list? Do a lot of them involve other people? Creative work? Solitude? Nature? Personal growth? What are some of the similarities you see?

Perhaps these themes suggest where meaning is to be found for you. Perhaps they indicate where you have found it in the past but don't any longer. Perhaps you can see areas of your life left unexplored. What does this exercise suggest to you about finding meaning in the future?

Problems with your mood may cause you to focus on how many of these things are no longer available to you. Perhaps athletic competition in your teen years gave you a deep sense of meaning, and you are no longer able to play that sport. Perhaps a relationship gave you that sense of meaning, and that relationship is now ended. Perhaps a role, such as motherhood, gave you that sense of meaning, and your children are now grown. Perhaps a religious faith gave you that sense, and you now no longer believe.

Why not indulge that part of your mind for a moment? Finish this sentence:

“The sense of meaning I got from the first thing on that list is no longer available to me because....

_____.”

There. If you repeat that sentence to yourself long enough, magic may occur. The sentence, and the belief behind it, may become transparent. You will see beyond it, and perceive how that desire, or goal, or path might still be a part of your life. You are no longer a teen athlete, but could take a role as a coach. Your children are grown, but the local neonatal ward is looking for volunteers. Your faith no longer sustains you, but there is that other faith you have been meaning to look at.

Does this exercise point you toward a positive course of action? If so, what is it? How could you take the first step toward it?

Aligning yourself with a larger cause

Depression can make it difficult to focus on issues beyond yourself – indeed, it can make doing so almost impossible. Depression is, by its nature, inward-looking. You relinquish your interests, your involvement in groups, and your commitment to issues. Everything is sacrificed as your energy shrinks to the point of self-preservation. This is normal.

And yet, ultimately, we cannot build a full life from a focus entirely on ourselves. In the depths of depression you will likely feel unable to look at life on a broader canvas, and certainly you are likely to feel unable to influence things on that scale. What you *can* do, however, is ask yourself what your involvement *might* be like if you had the energy, if you had the interest, and if you had the belief in your abilities. The goal one day to contribute to the larger world can guide you forward and give you an answer to that troubling question “*Why try to get well?*”

The “peak experience” described by psychologists in the 1970’s and by those who have had them throughout history almost invariably involves a perception not of the triumph of the self, but of involvement in a larger world, the immersion of the self in a bigger issue. At times, for example in experiences with the natural world, it is a sense of oneness with the entirety of life. But often it is a sense of deep involvement in, or commitment to, a cause that is greater than oneself. When we talk to people who are truly vital, energetic, and fascinated by their lives, they always seem to be actively involved in such a pursuit.

What kind of cause? It could be anything, but to provide you with a deep sense of commitment and meaning, of *point*, it should be something in accordance with your own highest values. It might be a political or social cause. It might be a religious involvement. Perhaps an environmental cause. Perhaps a community-building exercise, or a national or international cause. Some examples (there are almost as many possibilities as there are people):

- Involvement in the passing of an international landmine treaty.
- Support for international aid work.
- Sponsorship of a disadvantaged child.
- Pushing for the preservation of wetlands.
- Work on behalf of human rights.
- Initiatives to combat hunger.
- Fundraising for literacy programs.
- Building community gardens.

The cause or issue that would suit you is almost certainly not on this list, nor would it be if the list was twice or three times as long. A cause that might use your unique talents, appeal to your interest, and push in the direction of your core values – this is something that can be tricky to define.

Want to try building something like this into your life? Here are some suggestions, if such a quest seems valuable for you:

- **Don't wait for exactly the right cause.** It can take years to find something that suits you perfectly. Find something that approximates your interests first, and get involved. From that vantage point it will become easier to see something that would suit you better.
- **You still have to deal with people.** The people with whom you become involved may share some of your core values, but they are still human beings. They have diverse opinions, strange habits, odd motivations, and unaccountable tastes. They certainly won't all be your soul-mates. Prepare yourself to meet, accept, and welcome their diversity, including those aspects that seem at times to get in the way of the cause.
- **Define your ideals, then let them go.** Know what your ultimate goal might be, then recognize that you will not, on your own, achieve it. Idealists are often the least helpful members of an organization, because they spend more time dealing with their own disappointment and resentment than with the cause. You will not end world hunger, you will not cure AIDS, you will not single-handedly pass any human rights legislation. Any worthwhile cause requires the input of many people. Gandhi said *"Whatever you do will be insignificant, but it is very important that you do it."* Prepare yourself for frustration, and confront any grandiose ideas you seem to develop about your role.

In your past, has there been a cause that has given you a sense of meaning? What about other causes that appeal to you but which you have never done anything about? Take a moment to brainstorm a bit.

Now: If you were to become involved with any of these causes, what would you like to do, exactly? (Remember that you won't find the *exact* role for yourself that you envision, but it's good to have an idea of what you might like.)

Is there a step toward one of these causes that you would like to take in the next while? Alternatively, do you want to save your involvement until you are feeling a bit better?

Separating from your culture

Forget, for a moment, everything that your experience has shown you to be meaningful in your life. Become an alien from outer space. You know nothing about humans or what it is to lead a meaningful human life. Look closely at the culture. Watch television, go to movies, read magazines, look at advertising, listen to political speeches. What does the culture tell you is meaningful? If you wanted to feel fulfilled, what does your culture tell you to do, or think, or feel, or believe? Come up with a few ideas before moving on.

Now: You are also a member of a subculture. Perhaps you are Asian-American. Perhaps you are Buddhist. Perhaps you are a computer programmer. A skateboarder. A corporate executive. A gay man or a lesbian. A city-dweller. An environmentalist. A political party member. A country club member. A single parent. Which subculture(s) do you belong to?

As an alien, you visit this subculture. You read its magazines, attend its meetings, meet its members. What does your subculture tell you is the meaningful life, or the road to happiness and fulfillment?

Think of a scale of meaningfulness from 0 to 100, where 0 is “completely meaningless” and 100 is “the most meaningful thing in your life.” From *your own personal experience*, rate each of the ideas above that your culture and your subculture has about the meaningful life. For example, if your culture says that buying lots of possessions is the way to fulfillment, and you’ve found this to be absolutely correct, rate it 100. If you’ve found it to be absolutely false, rate it 0. Half and half: 50.

Notice anything? Many people discover that they are surrounded by ideas from their culture and their subculture about what makes for the meaningful life – and that most of these ideas don't really seem to be true. Perhaps a few of them are helpful, or believable, or, yes, meaningful. But there are a lot of false messages getting delivered.

The problem is this. When you live inside a culture, the messages of that culture are all around you, like a kind of soup. It's hard to escape them. After a while you stop seeing or hearing the messages. They become a natural part of your reality. You hear several hundred times a day that buying something will lift your mood, so eventually you come to believe it – perhaps without even knowing that you believe it. You hear that gathering wealth, or obtaining a promotion, or taking an exotic holiday, or cleaning the house, or having vast amounts of sex are very fulfilling ways of living a life, and you hear them so often that they couldn't possibly be wrong. Could they? And if they're right for other people, then they must be right for you. Mustn't they?

Psychologists use the term *separation/individuation* to describe the process of questioning the values and ideas of your family to decide which ones suit you. The idea is that as we mature we examine our ways of understanding the world and shift from a set of beliefs that we hold "*because mom and dad think so*" to a set that we believe *because we think so*.

Separation/individuation is used almost exclusively to describe a shift that takes place in our relationship with our family. It is less often used to describe a process of re-evaluating the values of the larger culture. The concept is similar, however, and arguably just as important. Perhaps if we lived in a society designed exclusively with the goal of promoting good mental health, we could rely on its values and ideas about the "good life." But we don't.

What are some of the distorted messages we might be receiving, and what are the motivations behind them? In a consumer culture, one of the primary motives for communicating is to get us to buy something. We receive a great many messages telling us that the way to happiness, to fulfillment, and to virtue is to purchase a product of some type. This car will get you love, this suit will get you success, this deodorant will get you social approval. Here's what you should wear, here's how you should look, here's how much you should weigh, here's what should be in your house, and here's where you can buy it.

The difficulty is that the message isn't based on research demonstrating that the car really does produce romance; it's based on the desire for your money. Many of us spend much of our lives obeying these messages only to find that the promised pot of meaning or happiness does not, after all, lie at the end of the rainbow. This can be confusing. Surely it can't be that the messages you've been receiving are incorrect. It must be that there's something the matter with *you*.

Well, maybe there isn't. Maybe one cause of difficulty for you is that you have been obedient, have listened well to the messages of your culture, and have done what you were told. You bought more things than you could really afford and found yourself in financial trouble. You ate fast food and found yourself malnourished. You tried to get the magazine-cover body and didn't get the magazine-cover smile that was supposed to go with it. You ran after the corporate success and weren't happy when you reached it. And under it all, the feared question built up: "*What's the point of all this?*" Answer: Perhaps none. But perhaps there *is* a point, if you look elsewhere for it.

Where is the point to be found? Chances are, it's already inside you. Hard to find. But perhaps if you cultivate your skepticism about the messages from outside, the ones that tell you where the point is *supposed* to come from, it'll become easier to listen to the messages coming from *inside*.

Are there particular messages from your culture or subculture about what you should be doing, or buying, or how you should look, that you need to be particularly skeptical about? Which are the ones that you have found seductive but ultimately unfulfilling?

What could you do to stop yourself from automatically obeying these messages in the future? What could you tell yourself as a reminder that they don't point the way toward happiness?

What is ONE THING that you have found helpful, useful, or meaningful (regardless of whether it agrees with what you have been told by others)?

Welcoming the Crisis of Meaning

For some people, a crisis of meaning becomes most intense at mid-life. They've spent half their life striving, straining, building for the future and one day they realize: the future is here. This is it. This is the life I've been looking forward to. I'm not a kid anymore. I'm an adult.

And I still don't feel like I've made it.

Jungian analyst James Hollis argues in his book *The Middle Passage* that this realization is at the crux of the mid-life crisis. It's a crisis of meaning, of pointlessness. The realization that youth is gone or fading fast and we still haven't "*got there*". Perhaps we have had a goal and realize that we'll never make it. "*I'm not going to be Prime Minister.*" Perhaps we have reached our goals and don't feel the payoff we had anticipated. "*Okay, so now I'm the big successful lawyer with the fat paycheck. Why do I still feel empty?*"

The crisis can be tremendously anxiety-provoking. Some of us respond by leaping backward into youth: buying the sports car, having the affair with the 22-year-old, getting the tummy tuck. Others try to anesthetize the worry with alcohol, or worse. Still others spiral downward into depression.

Hollis suggests that crisis of meaning can be an opportunity, not just a threat. It's a chance to look inside and discover our core values, the things that are really important to us, and to make them the centrepiece of our lives.

Hollis' idea is that when we first reach adulthood we have scant notion of how to be an adult. Naturally enough, we look around for examples and suggestions. "*Amy over there looks confident and is headed for medicine; maybe I should try that.*" "*Dad wants me to be an accountant and I don't have any better ideas, so...*" We spend much of our early adulthood trying to live up to these external images, taking our cues from the world around us and ignoring our own inclinations, talents, and desires.

It works...for a while. We have a few successes, learn the roles we have chosen, and look like we're getting somewhere. Maybe fulfillment is just up ahead. But by the time we reach midlife we have proceeded far enough along this path that we begin to suspect that the road just continues on and on and never gets any better. Despair. Anger. Fear. And a thought: "*Maybe fulfillment just doesn't exist; it's a myth, like the Emerald City.*" Disillusionment.

But with the death of the illusion comes the opportunity to see the reality. Having tried to live by other's standards and ideas of life, we are granted another chance to "give up" on the mad chase for the approval of others, and instead look inward. At that point we can find our own meaning, and forge a new adulthood, one dictated less by the expectations of others and more by our real interests, talents, and values.

Can you identify any aspects of your life that you adopted to satisfy someone else's expectations? What are they?

Does it seem likely that your difficulties are linked in any way to these areas of your life?

If so, could this situation be turned into an opportunity to re-examine that area of your life so that you can pursue your true interests? How?

Now may not be the time for such a move, especially if you are depressed or especially discouraged. Major decisions are often best left for a time when your mood is improving, and you may not have the energy or stamina to handle a major life upheaval.

But now may well be the time to begin thinking about your personal style, your real interests, and the kinds of choices before you.

Additional reading:

Hollis, James (1993). *The middle passage: From misery to meaning in midlife*.
Toronto: Inner City Books.

Finding meaning through depression

An event need not be welcome in order to offer new paths. Given a situation – good, bad, or indifferent – what could you learn from it? Are there positives to be found in negatives? Opportunity in loss? Hope in chaos? What if you were to treat the implosion of your career as a chance to explore other paths? What if you took abandonment as an opportunity to come to terms with solitude or self-reliance? What if a loss of faith became a time of exploration, of deepening, or renewal?

To take this perspective you need not become Pollyanna. *“Oh good! Isn’t it wonderful that things have fallen apart – I’ll learn so much!”* There is a time for grief, for mourning, and for acknowledgement of the value of what you have lost. But there may also be a time to examine your trials for what they offer as well.

We’ve all met people who have led very fortunate lives. They’ve never had a death in the family, never suffered unrequited love, never had a relationship sour, never had to struggle financially, never had a mood problem. We envy them – to an extent. But we may also become aware of a certain lack of depth, a lack of insight, even a lack of strength. Steel is tempered by fire to make it stronger and more resilient. Perhaps humans require adversity for our own tempering.

Even in the most painful of human experiences, such as depression, people find meaning, purpose, and value. Once safely out of depression it is not uncommon for a person to say *“I would never have chosen to become depressed, and I wouldn’t choose it again. But I learned some profoundly valuable things about myself and my life in the process, and I would not willingly give those up.”* Some people discover the value of their relationships. Some discover that their life has been on the wrong path. Some learn to care for themselves. Some learn to care for others. Some learn to live in the moment. Some learn to plan ahead more effectively.

Can you think of a negative event or circumstance in your life from which you learned something valuable? What was the event, and what did you learn?

Depression is so painful, so unwelcome, that it's often hard to acknowledge that you might learn something from it. Can you feel this reluctance in yourself?

There's no rush to learn from your depression, and little point in trying to make it "a good thing" that it happened to you. But has the experience of depression taught you anything worthwhile? Are there insights you'd like to keep after the depression has faded? What are they?

Sometimes we learn the most when we are tested to the fullest. Depression tests us to the limits of our endurance. You will probably never be glad that this happened to you. But depression has a high price; it would be a shame to get nothing in return. Keep looking for the valuable insights that your survival of this test can offer you.

Strategies for Coping with Depression:

Developing a Spiritual Path

Researchers have found that people who have a religious faith or practice tend to have lower rates of depression than those who don't. The reason for this relationship is unclear. Perhaps nondepressed people are simply more attracted to religious faith than the depressed, though this goes against the idea that people find religion in difficult times. Although no one has been able to conduct an experimental study on the subject (randomly assigning people to have a religion or not), there is a strong suspicion that the direction of causality flows the other way: that religious faith and/or practice contribute, overall, to better psychological functioning.

It doesn't appear to matter which faith a person chooses, so reduced vulnerability to depression doesn't seem to be a special benefit from above for those who have made the "right" choice. Nor does religious extremism or fundamentalism appear to be essential. Indeed, there are aspects of all stripes of religious extremism that can be antisocial: attempts to force belief on others, inducing fears of after-death consequences, divisiveness between "the chosen" and the rest of society, a decline in the ability to appreciate the humanity of nonbelievers, attempts to legislate the sect's own vision of human behavior, and, in the most extreme forms, religious intolerance, war, and terrorism.

Two aspects of spirituality have been found to be particularly helpful in depression. The first is privately-held religious belief and practice – a personal spirituality and belief system that may or may not be shared with others. There is some evidence that private devotional behavior such as prayer is associated with higher levels of depression, but this is likely due to people turning to prayer during periods of distress. On the whole, having a spiritual belief system appears to be beneficial – and a worthy quest for people with mood difficulties.

The second aspect of spirituality is involvement in a spiritual community – a church, synagogue, mosque, sangha, or other group or organization focused on spiritual practice. As a part of such a group you can get social support and a greater depth of communication than you often get with acquaintances. It's unclear whether the benefits have more to do with the spiritual practice or the opportunity for human contact.

A search for a spiritual community, or development of a spiritual path, may be particularly helpful for you if: 1) you have found meaning and strength in faith before, 2) you know of a supportive community where you feel at home, or 3) your depression seems to have been triggered by a spiritual crisis of some kind.

The “dark night of the soul”, a time during which the strength and sense of meaning from faith may feel utterly absent, is a standard symptom of depression but may also be a *trigger* for depression in some people. Sometimes it signals the end of a particular spiritual path (though not the end of the human need for spirituality). Sometimes it represents a time of transition toward a new and deeper exploration of one’s spiritual path or faith. Indeed, various forms of Buddhism view the experience of emptiness and meaninglessness as an essential – and central – part of spiritual growth.

Here are a few suggestions for developing your own spiritual path. They are far from complete, however, so you’ll want to look beyond the confines of this book for advice.

- **Don’t restrict the search.** Perhaps you have lost the faith of your childhood (or never had it to begin with) and cannot imagine going back to it. Cast the net a bit wider and consider other faiths or practices that may have more to say to you.
- **Sample communities.** If you are looking for a spiritual community, don’t base your choice solely on book reading or the Yellow Pages. Attend a few different groups, churches, or temples for a while, and don’t pressure yourself to make a final choice in a big hurry. Even if you’re pretty clear about the tradition you want to be a part of (e.g., Roman Catholicism), you still need to find a community with which you feel comfortable.
- **Consider alternatives.** Perhaps membership or involvement in a religious or faith-based organization is not for you. Fine. Many people develop a powerful sense of meaning and spirituality by interacting with the natural world (a quiet, solitary walk through old-growth forest is as inspiring as a cathedral for many people).
- **Spirituality is not a prerequisite.** Research generally supports spiritual practice as a source of strength for some people in overcoming depression. Developing a spiritual path is not a mandatory step for recovery, however. If you feel more drawn to other strategies, fine.

Like every strategy, there can be pitfalls in making spiritual growth a part of your depression management program. Here are a few of them:

- If your path involves meditation or prayer, be prepared for depression to be a disruptive influence. You may be more distractible, you may have difficulty concentrating, and you may get less from the practice than usual. Adopt a gentle, forgiving attitude toward yourself. If your mind wanders, this doesn’t mean you are a “bad meditator” or less than pious.
- Don’t allow prayer to become your only coping strategy. The helpless feeling depression often brings can be a powerful temptation to pray for God to save you – and to ignore your own role. If prayer is a part of your practice, consider praying for strength. Then use your strength to help yourself.

- Religious leaders, like anyone else, may have limited understanding of depression, its source, or its treatment. Accept what they have to offer, but avoid relying on them as an exclusive source of information or guidance. Try to adopt a forgiving attitude toward any lapses in empathy or understanding that may occur, just as you would with your family members.

Has spiritual practice or participation been a source of strength to you in the past? How so?

Are there steps you could take now to reconnect with your spiritual side while you are working on your mood problem? What are they?

The courage to backtrack

With every decision you make, you create a new future for yourself. You choose to attend a party and meet your future spouse. You select one high school course over another and set yourself on a career path. You wander left instead of right when looking for an apartment and wind up in a completely different area – and life – than you would if you'd gone the other way.

Sometimes you know that a decision is momentous in advance: *"Which school shall I attend?"* Sometimes a choice seems unimportant but has huge consequences that are only obvious in hindsight. *"Should I go bowling tonight?"*

We can think of our lives as almost infinite arrays of future possibilities, some of which are made more likely by each tiny decision we make, each phone call, each purchase, each meal – while other possibilities are made less likely. Inevitably we make some decisions that we regret. We choose paths that are unfulfilling, we base our futures on the expectations of others, we rely on instincts that prove faulty, we create futures out of mistaken ideas. And the momentum of our choices often causes us to look only forward, further along the path we have chosen. Never back.

We resist backtracking. Many people feel compelled to stay on a life course that is intensely unfulfilling. They are unwilling to give an inch, to give up any ground, perhaps because they already feel they have given up so much. *"No, I trained too hard for this career to change it now, even though I hate it."* *"No, I couldn't move to a smaller home, even though the mortgage payments make me a slave."* *"No, I can't give up on this relationship, even though my partner beats me and will never change."*

Have you ever walked in a hedge or corn maze? Inevitably, you take wrong turns. Indeed, if you don't, the experience isn't satisfying. You go back, knowing the only way to the end is along another path. The feeling of "stuckness" to which we are all prone at times, often comes when we find ourselves in a dead end, a blind alley. The solution is to let go of the progress we have made, turn back, and try another path.

When we feel stuck or trapped in our life, the real problem is often the crisis of meaning it brings about. *"Without this relationship/job/home/role, what am I?"* The resolution of the crisis involves letting go of the former path – to the point that we can look around and see what other possibilities await us.

Is there a part of your life that seems to be a dead end – even in those moments when you are feeling somewhat better? (During depression or when we feel particularly awful, almost everything can seem like a dead end, even when it isn't.) What is it?

Have you been resisting “letting go” of something that seems to be dragging you down because you worked so hard to get it? What?

It can be a bad idea to make big life decisions when you are particularly depressed or discouraged. You can wind up discarding perfectly good parts of your life because of the negative filter that a low mood can impose on your judgment. Generally it’s best to wait until you feel somewhat better, then re-evaluate.

Nevertheless, if you were to change course in this area of your life, which path might you take instead? For example, if you were to give up your present job, what else would you like to do?

Is there any information you would need in order to evaluate this new path to see whether it really would be a positive move? How could you find this out without actually committing yourself to a change of course?

What’s one thing that you could do to get started on this information gathering effort? It should be clear, achievable, and straightforward.

Consider carrying out this first step in the coming week. If it seems too big, cut it down some more.

The Road Ahead: Preventing Future Difficulties

Depression is a dark forest. It's difficult to find your way out. So difficult, in fact, that once you succeed you may wish to collapse in a heap, rest, and relinquish all of your efforts. *"Now I can forget all this self-help nonsense, stop worrying about medication, and go back to my old life."* Sound tempting?

The problem is that depression can come back. More than 50% of people who have had a major depressive episode will have at least one more in the course of their lifetime. The percentage rises for those who have had two episodes, and rises again for those who have had three. The vulnerability to relapse or recurrence is greatest in the first months following recovery, but it remains significant for years afterward.

This can sound like discouraging news – just what you needed to hear when you get near the end of the book. In fact, it's not. For you to have a recurrence you have to get well first. The hidden message is that almost everyone gets well, and goes on to live most of their lives being well. They may have a subsequent episode, but they'll get well from that one too.

What most people want when they get well is an ironclad guarantee that they will never have to go through a depressive episode again. No such guarantee is possible. But then, no one anywhere has such a guarantee. Anyone can experience depression, no matter how old or young they are, no matter how wealthy or poor. The next time you walk through town, take note of the people you pass. Not one of them has a guarantee that this time next year they won't be in a major depressive episode.

The challenge ahead is not to make a recurrence impossible. It is to make it as unlikely as you can, while acknowledging that it might still occur and reminding yourself that depressive episodes are survivable – something you have already proven. Should depression recur, the challenge is to intervene early to make it as brief as possible and to see if you can prevent yourself from going as deep as last time. Put another way, once you find your way out of the woods the new challenge is to prevent yourself from going right back into them again. Fortunately, there are strategies that can make a recurrence less likely and that can help you catch recurrences early. One of the most potent is to continue taking care of yourself once you are well.

Why treat depression when you're not depressed?

If you're like most people, you pay the most attention to your well-being when you're feeling unwell. As long as you feel healthy and capable you don't spend a lot of energy maintaining your health or positive state of mind.

Sometimes even a decline in well-being doesn't attract people's attention. They ask themselves "*Can I keep going?*" If the answer is yes, they continue on the same path. The mood gets worse, and the same question gets asked again. They don't use their mood as a cue that something isn't quite right, that there is work to be done. Only when they cannot stand it do they begin to take care of themselves. Even then, they only do so until they reach a point where they feel "good enough." "*I think I can cope now.*" The goal is to get rid of the worst of the pain. This approach has a few problems:

- Waiting until you feel truly miserable before you start coping is a bad idea. The lower your mood goes, the more difficult it is to dig yourself back out again. If you could catch yourself before things got out of hand, it would be not be as difficult to overcome the problem.
- Your emotions and your sense of well-being give you valuable feedback about how your life is going. If you are beginning to feel down or anxious or overwhelmed, you can *use* this information as a cue to take a look at your life. Perhaps there is something more you could be doing to care for yourself. If you ignore these feelings, the situation may only get worse.
- Good mental and physical health is much more than the absence of disease or distress. Caring for yourself when you are already feeling "good enough" can help you feel even better. For most people there is no need to sit on the edge of feeling terrible all the time.

In other words, you can move beyond "good enough" or "not bad" to "really well." You can increase your enjoyment of life. You can realize your potential. And you can reduce the impact of energy-draining crises.

Do you tend to stop caring for yourself when your mood or situation improves to the point that it is "just barely tolerable"? In the past, what has been your signal to stop working on improving your life?

What are some of the things you would like to keep working on, even after you feel well again?

How could you remind yourself to keep up your efforts when your mood improves?

Planning Ahead for Stress

A key part of prevention is early recognition. The earlier you become aware that your mood is changing or that a stressful event is going to have an impact on your life, the quicker you can act.

Major life events can be important predictors of depressive or anxious feelings. Events that may have a negative impact on people include:

- Death of a family member or friend
- Relationship breakdown
- Transitions and separations (e.g., a child going away to university)
- Health-related events (e.g., illness or pregnancy)
- New responsibilities and adjustments (e.g., new child in the family, promotion)
- Work and/or school-related events (e.g., exams, returning to work after time off)
- Financial and material events (e.g., large investment, loss of money)

These events (and others like them) require a lot of adjustment in your life, which means additional stress.

Other factors that may predict a period of difficulty include:

- The onset of winter (for those with a seasonal pattern of mood problems).
- The end of a major project (with the sense of loss of direction that sometimes follows).
- A difficult milestone (such as the anniversary of a bad event in your life).

Perhaps you can think of others that might predict increased stress in your own life.

What should you do to cope with these times? What many people do is *hope*. “*I hope I can handle it.*” You’ve been reading this book long enough to know the answer to this idea. Don’t hope. Plan. In advance. Don’t wait until you feel overwhelmed. Begin coping *before* you have trouble.

- When possible, introduce the new stress gradually. For example, if you are starting back to full-time work after being on disability, see if you can go back part-time at first.
- Lighten up on your ongoing responsibilities – especially if you are about to get a lot of new ones. If you are about to have a new child, for example, let people know that you will be less available for other responsibilities. If you usually host dinners for the extended family, see if someone else will take over.
- Keep up your self-care. If regular exercise is one of the ways you keep balanced, figure out how to keep it in your life. If a weekly lunch with a close friend is important to you, work other things around it. Don’t give up the things that keep you going when you most need them. During times of stress you need them *more* than usual, not less.

- Relax some of your standards. If you slave away at keeping the house perfect, recognize that you might not be able to keep it as tidy while you are attending night school. Give up on non-essential responsibilities and devote the time you save to your favorite stress-reducers.

Can you predict a period of a few weeks when you will be under more stress than usual? What will cause it and when is it likely to come?

Try to develop a coping plan in advance. What can you do to help yourself get through this period?

Make a commitment to yourself to start coping before the event happens – and not to rely on hope. Planning is how hope gets turned into reality.

The sign in the road

If you have just gone through depression, you may find yourself wishing you could forget that it ever happened. This is not a good idea.

What were the risk factors that contributed to your mood problem?

It was probably a combination of things. Some of them you couldn't control, and may never be able to control. But perhaps you have identified a few things about your lifestyle that contributed to the problem. Hang onto these insights and be watchful that you don't start sliding into your old habits.

Maybe you are a compulsive caregiver. When you are in a room of 10 people, you will give care and support to 9 of them: Everyone except yourself. You may have discovered that you need to start caring for the one person you have left out.

Maybe you work too much. You accept duty after duty, project after project, never delegating responsibility and never saying "no." Your work hours steadily expand, crowding out your social life, your family, everything other than the job. Perhaps you have learned that the most valuable workers are those who pace themselves, and that there is more to life than sitting at a desk.

Whatever your insights, recognize this: For all the pain it may have given you, that old way of living – that *road* – is familiar. Human beings like familiarity. We are attracted to it. So if you have recently chosen to travel a *new* road, realize that it will be tempting at times to go back to the old way. You may find yourself traveling that old road (working late, caring for the world, drinking too much, being passive) without meaning to do so.

You will need to put up a stop sign on that old road as a reminder to yourself. *"Stop! Remember where this road leads."* This is like the warning message you get with some computer programs when you are about to do something that can't be changed. *"Stop! Are you sure?"* When that sign comes up, you will become aware of what you are doing. Having caught yourself, you can choose again to take the new road.

When should this sign appear in your mind?

Maybe when you realize you haven't had an hour to yourself in a week. Maybe when you stay at work past seven p.m. more than two nights in a row. Maybe when you walk through the door of a bar. Maybe when you feel yourself falling for someone exactly like your abusive ex-partner. Maybe when you let an entire business meeting pass without contributing. It depends on the old pattern that you want to change.

Is there a certain aspect of your lifestyle (e.g., overwork, not enough exercise, bad relationship decisions, drinking too much) that contributed to problems for you? What is it?

What would be a sign for you that you are sliding back into that pattern? Be specific. Examples: taking one drink, working past nine p.m., going a week without a night off.

If you catch yourself doing this again, what would you like to tell yourself? *"You can't control everyone's life."* *"Remember where this led last time."*

What would you like to do instead? Some examples: Call your support buddy, schedule an evening just for you, leave work at quitting time the next day.

The Mood Emergency Action Plan

What if it comes back? What if, despite all of your efforts, you have another depressive episode?

This is the question that most people fear. They may fear it so much that they don't even want to think about it. Planning for a relapse or recurrence seems self-defeating. *"Maybe if I just ignore the possibility it won't happen."* But the worry continues, and it may be strong enough to become a major risk factor for relapse. At the very least, it can slow down your recovery.

Having a plan of action in case your mood worsens can be one way of reducing this worry. Developing a positive coping plan may make it less likely that you will need to use it. And if for some reason the problem *does* return, having a plan can help you get assistance more quickly and reduce the length and depth of the bad patch.

Your Mood Emergency Action Plan should be clear, practical, and specific, and should take into account the factors that are really likely to help. Here are some examples:

George was feeling much better and was thinking about bringing his therapy sessions to a close. He was anxious, however, about the possibility of a relapse. Consequently, he asked his therapist if the last few sessions could be spaced further apart than usual: two weeks, then four, then six. He also asked whether, if he should begin feeling worse again, he could get in to see her without having to go through the agency's four-month wait list. His therapist agreed. Later, George suspected that having the door open to further sessions reduced his worry, and was part of the reason for his continued improvement.

David's episodes of depression had a history of coming on suddenly and violently, with symptoms of profound confusion and disorientation. He knew he should call his physician when this happened, but he would get too confused and disorganized to remember the number or get himself to the clinic. Part of his Mood Emergency Action Plan involved writing down the name, address, and phone number of his family physician and his psychiatrist, along with simple instructions on how to get to the office of each. He kept this information stored with cab fare under his phone. From then on, all he had to remember was to consult the list.

Your Mood Emergency Action Plan should consider the details of your own situation, and the factors most likely to help you. The goal is to develop a positive plan to get help, begin coping, and reduce stress as quickly as possible. Here are some suggestions:

Increase your rewards. If your mood declines, it will be important for you to care for yourself. You can do this by increasing the number of rewarding or pleasurable activities as much as possible – even if during the decline some things don't seem as much fun as usual. What could you do to build up the enjoyable side of your life if you notice your mood sliding? Be specific.

Reduce obligations. When your mood is in decline you are less able to handle a lot of obligations. Feeling overwhelmed is not going to help. Like a hot air balloon, you will want to be able to let go of a few sandbags when you feel yourself sinking. You should not get in the habit of dropping your responsibilities very often, but during a significant decline in mood you may need to do so. Some possibilities:

- An agreement with work to scale back tasks or hours if needed.
- An agreement with friends to provide baby-sitting relief.
- An understanding with family that sometimes you won't be cooking elaborate meals.
- A reserve fund to cover the cost of occasional housecleaning help.

How could you reduce your load in a mood emergency? What would you need to do in advance to make that possible?

Get professional help. The longer a problem goes without attention, the bigger the struggle to get back out of it. You won't want to seek help for every momentary mood dip, but if your mood declines sharply you might need to do so. Some ideas:

- Keep your list of caregivers (your physician(s), therapist, or others) with their phone numbers and addresses in a safe place that is easily accessible.
- Give your permission to one or two close friends or family members to tell you when you should seek help. Sometimes they can see this better than you can yourself.
- Before you end your contact with a therapist, ask if you can avoid the waiting list and get back into treatment quickly if the need arises.

Should things get worse, how could you get professional help quickly?

Get support. In the event of a major mood decline you will need the support of others. You may just want to talk with them, or you may wish them to do specific things such as taking you to get your groceries.

What types of support would be helpful for you in the event of a serious mood problem? How could you arrange for this in advance? Name names.

Manage your lifestyle. Allowing your self-care strategies (such as diet, exercise, and sleep schedule) to slip can contribute to a mood decline. As well, once a mood decline is underway you might find yourself neglecting your self-care, which will only make things worse. Based on your work in Chapter 12 (which focuses on lifestyle), which would be the most self-care strategies to push?

Remember: If you allow a slide in mood to carry you along, the natural pattern will be to isolate yourself, drop the sustaining elements of your life, and increase your negative automatic thoughts. You need a *plan* to help you reverse this trend.

Ulysses (and his brothers)

You know it yourself: During depression your judgment may be off, and your perception of yourself can be skewed. Sometimes other people are better friends to us than we are to ourselves. For this reason, it can be useful to get the input of others when thinking about care decisions. This can be done in three ways:

- **Verbal agreements.** If you just wish to give someone informal permission to let you (or your physician) know when you are behaving differently, a simple verbal agreement may be all that is necessary. *“Joan, you always seem to know when I’m getting depressed before I do. I’d like you to tell me if you notice this happening. If I get angry, remind me that I gave you permission to do it.”*
- **Written agreements.** Perhaps a verbal agreement runs the risk of misunderstandings, or perhaps you have more detailed instructions you would like to convey. In this case, you may wish to write down a) exactly what you want people to do, and b) exactly what events should trigger them to do it. *“Should I begin showing the signs of depression I have mentioned, I want Fred to alert Dr. Cheung (555 1234) immediately.”* Everyone involved gets a copy of the agreement. The intent is to create a clear and specific set of guidelines for all involved, but not for it to become a legally-binding document.
- **Legal agreements.** Most jurisdictions have legislation outlining the requirements for a written agreement to be legally binding. These agreements can, for example, assign legal responsibility for decisions regarding your care to a specific individual in the event of your own incapacity. Because of their legal power, these agreements need to be carefully thought through. They are not necessary for most people who suffer from depression. Some people who have bipolar disorder, however, find them extremely helpful – especially in coping with the loss of impulse control associated with mania.

The term given to these advance directives is the Ulysses Contract. The name refers to Ulysses’ instruction to his crew to tie him to the mast of his ship and ignore his requests for release so that he would not be tempted by the song of the Sirens to steer his ship off course. The idea is to transfer some responsibilities from you to others during times when your own judgment may be affected. In some jurisdictions the term is used to refer to legal advance care directives, while in others it refers mainly to written but nonlegal agreements.

If you think that a legal agreement is necessary given your history, you should consult professional advice in your region. Here we will consider primarily informal written agreements. Such an agreement might include the following:

- A list of the people involved in the agreement, and their contact information (such as telephone number).
- The overall purpose of the agreement. For example, *“... to provide my family and care providers with clear guidelines for my care in the event that I show signs of significant mania or depression.”*

- Your current treatment regimen, including the medications you take and the professionals you see.
- Special instructions/information for care providers. The agreement might list medical conditions, past medical problems, food and drug allergies, and so on.
- The changes that should spark action on your behalf. For example, your typical signs of depression or mania.
- Actions to be taken. These include who should be contacted, which professionals should be informed, whom your physician can inform about your care, and whether anyone can make decisions on your behalf.
- A term for the agreement. Perhaps you don't want the agreement to sit around and be used 20 years from now. *"This agreement is in effect until two years from this date _____, unless extended by me in writing."*

These possibilities do not take the specifics of your own situation into account. Most people find they do not require a particularly elaborate or formal agreement. If you develop one, however, you should consult experts in your area to clarify the legal implications. If you don't want an agreement to be legally binding you should ensure that this is spelled out in the document, or that you clearly distinguish your agreement from one bearing legal weight.

Based on this description, is there anyone with whom you would like to make a verbal, written, or legal agreement about your care or condition? Who is it, and what type of agreement seems like the best idea?

What would you like to include in your agreement?

If you have concerns about the legal implications of your agreement, or want help writing up a legal document, where could you get some advice?

The Treatment of Depression:

Recommended Reading and Resources

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