

# Dealing with psychological issues

*'What lies behind us and what lies before us are tiny matters compared to what lies within us' (Ralph Waldo Emerson)*

Individuals will have their own personal and psychological issues to work through. This step addresses a number of psychological issues that may be experienced by individuals with depression. There may be other issues that you will decide to discuss with your GP, MHP or support person.

## **SELF-ESTEEM AND DEPRESSION**

**Self-esteem refers to how you see and judge yourself**, often in comparison to others. It describes one's sense of self-worth. In CBT terms it relates to our underlying attitudes and beliefs about ourselves. Self-esteem includes, but is more than, *self-confidence* (beliefs about our ability). Your sense of self-worth affects how you function generally and how you relate to other people. *Self-acceptance* is another important aspect of self-esteem.

Many individuals with depression express low self-confidence or self-dislike, even self-loathing. The founder of CBT, Dr Aaron Beck, found that 80% of people with depression expressed self-dislike. He spoke of feeling 'defeated, defective, deserted and deprived' in depression (Beck, 2008).

In *And Light at Last: recovery from depression* on Internet Mental Health (1998), the author 'Louise' describes the huge impact of depression on self-esteem. Sufferers 'cease to like or to love themselves', and come to believe they are worthless, hopeless and helpless. This is one of the most damaging aspects of the depression. In managing depression, it is very important to work on the issue of self-esteem (Dryden and Mytton, 1999).

**Early life experiences can affect self-esteem.** A child who is constantly criticised by others, for example, is not going to develop a strong sense of self-worth. Our self-esteem is affected by the society in which we live, and we are all in some way influenced by the media, culture, government, and education. The influences may be positive or negative.

Unhelpful thinking, as discussed in Step 5, is a major influence on self-esteem. All-or-nothing thinking is a real trap. It can lead to labelling yourself as a failure, for example, which can be self-defeating. Why try new things if you see yourself as likely to fail? (Burns, 1999)

Tanner and Ball (2001) write about 'beliefs that rob people of self-esteem'. These include the following.

- I must keep proving myself through my achievements.
- I must do things perfectly.
- I must have everyone's approval.
- I need to be loved to be worthwhile.
- The world must be fair and just.

They go on to talk about challenging these beliefs.

- **Our worth is not actually about what we achieve.** Achievements give a sense of satisfaction, but not true self-esteem. Focusing on achievement means focusing on the future rather than now.
- Perfectionism and the disappointment it can lead to was explored in Step 5.
- We all seek approval from others. You have to be careful not to measure your sense of worth based on the expectations or the praise of others. **What is really important is what you think about yourself**, whether you accept yourself and what you do.
- We all feel a deep need to be loved. Burns (1999) writes that most people are in fact loved by others, but what is missing is **self-love**. We have to watch that we don't base our sense of self-worth on being in a relationship.
- Unfortunately there is suffering in the world and things are not always fair. We don't always get what we would like, and need to be **realistic and flexible**. Work on **patience and acceptance**.

Do you have any other ideas about beliefs that might interfere with self-esteem? Write them down.

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### Ways to improve self-esteem

- Reflect on how your early experiences in life have affected your self-esteem. How does society influence how you view yourself?

- Use CBT (*see* Step 5):
  1. identify unhelpful automatic self-critical thoughts
  2. challenge them
  3. replace them with more positive responses.

It is always useful to write them down initially – use three columns, as shown below. Remember to remove the ‘shoulds’, ‘musts’ and ‘if only’ statements.

SELF-CRITICAL THOUGHT	THINKING ERROR	MORE HELPFUL THOUGHT
I never do anything right	Overgeneralisation	Actually, I do a lot of things right
It shows what an idiot I am	Labelling	I’m not an idiot

A technique that has proved useful over many years in clinical practice comes from a book by Hillman (1992) called *Recovery of Your Self-Esteem*. This technique involves three steps.

1. **Recognise your positive points and strengths** by making a list of ‘What I like about myself: my positive points’. Reflect on this list and add to it over time; maybe ask others for ideas. Read the list regularly and acknowledge your positive points. Contemplate them when you meditate.
2. **Recognise the ‘inner critic’** or the inner negative voice and make a list of ‘Things I do not like about myself: negative points’. Consider whose voice is being critical – has the criticism been internalised from other people?
3. Then **reassess** these negative things and be fairer on yourself. Are the statements too critical? Can they be re-worded so they are less harsh? Try reframing the statements into goals – an example would be ‘I tend to be quiet in front of others, but I am working on talking with people more.’

Remember that our positives and negatives can be like two sides of a coin. A strength, such as being determined, can also be a negative at times – determination might be interpreted as stubbornness. Reinforce your strengths with positive self-talk such as ‘This is a strength’ and ‘I can manage this’.

Here are three tables to use for this exercise:

**What I like about myself: my positive points**

**Things I don't like: negative points**

**Rewrite the negatives**

- Think about children; it is clear that each one is special and unique. Children grow up into adults, so remember that **each individual is special**

**and unique.** Consider your uniqueness. What things about you make you unique? It doesn't matter how small or mundane these things seem at first glance. It might be that you have freckles or a special smile. You might enjoy collecting stamps or reading thrillers. Maybe there is something special or unique about your personality. Jot ideas down in your journal, or use the space below to record your ideas.

**I am a special and unique person!**

Celebrate your successes and achievements, *and* your uniqueness.

- The book *How to Stop Worrying and be Happy* (Gressor, 1996) speaks of **letting go** of the things that you don't like about yourself. It suggests that you:
  - *look outward* to see that others make mistakes too
  - *look inward* and learn from any mistakes
  - *look forward* because you cannot change what has happened, but you can decide how to live in the present and learn for the future.

All good advice!

- Other tips are:
  - know and use your abilities
  - set realistic goals for yourself
  - develop your strengths. You will find that confidence in one area tends to spread into other areas
  - don't compare yourself with others (remember that everyone has their own strengths and weaknesses)
  - ask for help with things if you need to. That's okay. And have patience with yourself. Everything takes time
  - learn to enjoy your own company and sense of independence
  - develop your own interests.

(Burns, 1992; Kidman, 2006)

- A colleague once said that when she feels low and lacking self-esteem, she focuses on what it is like to be feeling better and more confident. This gets her back to feeling more positive. Sometimes she pretends that she is feeling confident, and this helps lift her too.

- **Self-respect** is important. Try treating yourself as you do others, and don't put yourself down. Be compassionate to yourself. Nurture yourself and be a friend to yourself. This can mean allowing yourself to enjoy some pleasurable activities – jot down a list of possibilities in your journal, and revisit goal setting (Step 1) to make some plans for pleasure. Pleasurable activities can be a great reward for effort. Nurturing yourself also means looking after your health and well-being (*see* Step 3).
- **Develop creativity.** Doing something creative is a great way to boost self-esteem. It is very rewarding to create something, whether it is a special meal, a poem or artwork (*see* Step 7).
- Finally, but most importantly is **self-love**. This is the aim – accepting and loving yourself for who you are. Burns (1999) explains in *Feeling Good: the new mood therapy* that at 'the bottom line, only your own sense of self-worth determines how you feel'. The need for approval is strong in some people – not everyone is going to give us approval, but we can give ourselves self-approval. Eleanor Roosevelt was very wise when she said, 'No one can make you feel inferior but yourself. We may learn to be self-critical but this can be unlearned.'
- There is an excellent book by Choquette (2008), about loving yourself and living consistently with your spirit which encourages the reader to be aware of what their passions are, and to honour themselves and their passions.
- McMillen and McMillen (1996) wrote a book called *When I Loved Myself Enough*, which is a series of contemplations about loving one's self. One of the very important messages they give is that **when you love yourself, you come to realise that you are special and unique, and life becomes simpler.**

### Points to remember

- Self-esteem refers to how you see and judge yourself.
- One of the most important tasks in dealing with depression is raising self-esteem.
- Early life experiences can affect self-esteem.
- Our worth is not based solely on what we achieve.
- What is really important is what you think about yourself.
- We need to be realistic and flexible, and practise patience and acceptance in life.
- To improve self-esteem:
  - reflect on the influence of early experiences and society
  - use CBT techniques
  - recognise your positives and reassess your negatives
  - remember that each individual is special and unique
  - let go of the things you don't like about yourself, and learn from mistakes
  - develop your strengths
  - self-respect is important
  - develop creativity
  - aim for self-acceptance and love.

## LOSS AND GRIEF AND DEPRESSION

The information presented in this section on loss and grief is largely based on the work of grief expert, Dr Sheila Clark, and the Graduate Program in Grief and Palliative Care Counselling at the University of Adelaide in South Australia.

As mentioned in Step 1, **depression may be triggered by loss in life**. Loss may be **death-related or non-death-related** (Bowlby, 1980). We may grieve the death of a person or pet. An example of a non-death-related loss would be divorce, or loss of one's job or health. 'Attachment' between individuals develops to maintain a state of balance in life (Bowlby, 1980). Loss and grief disturbs this balance – people often describe a sense of their 'whole world being thrown upside down'.

Grief is the response to loss, and affects many aspects of the individual – **physical, emotional, behavioural, cognitive** (such as memory and concentration), **social and spiritual**. It involves adaptation to the loss, and as loss threatens our inner assumptions about the world, it takes time to re-adjust (Corr, 1998; Parkes, 1988).

Loss may be hidden by individuals, particularly if there is stigma or shame involved. Loss may be gradual, such as adapting to dementia in a parent. There may be differences between men and women in grieving, or cultural differences. Individuals may not seek help with their grief because of these factors.

Sometimes individuals can become stuck in their grief and an intense grief reaction continues (Rando, 1984). This can be related to unresolved feelings such as guilt. An ongoing or long-term grief is called **chronic grief** (Middleton, Burnett, Raphael, *et al.*, 1996; Parkes, 1998).

Grief is accompanied by sad and low feelings. **Many of the symptoms experienced in normal grief overlap with symptoms of depression**, such as sadness, crying, loss of appetite, disturbed sleep and poor concentration. However, these symptoms gradually lessen over time. On some occasions though, a depressive illness may develop. This is when depressive symptoms are both prolonged (more than two months) and more severe than expected (American Psychiatric Association, 2000; Davies, 2000).

Depression itself may cause losses, such as loss of health, social contacts or ability to work. These losses in turn may add feelings of grief to the depression. Depression can be a hidden illness, due to the stigma associated with mental health problems. What losses have resulted from your depression?

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### Grief work

Adjusting to loss **takes time** and effort. It can be very useful to talk with your GP or MHP or a friend. It is important to find someone who is a good listener and someone whom you trust. There has been a lot written about grief work, and there are a number of different approaches to grief therapy. Several approaches providing a holistic way of dealing with loss and grief will be highlighted here.

- Grief therapy approach of Worden (1982, 2008, as cited in Payne, *et al.*, 1999).
- **Understanding** the process of grief, and that it is normal to have positive as well as negative feelings about the lost person or object.
  - **Sharing** thoughts and feelings about the loss and reviewing what it means to the individual. It can be helpful to look at photographs or mementos of the lost person together, for example.
  - Identifying and **expressing** negative emotions associated with the loss – such as self-blame or anger. One way to do this is to talk about things that we miss or don't miss about the person.
  - **Problem-solving** ways of coping with the troublesome feelings resulting from the loss, practical problems, or new ways of coping in life (*see* Step 4).
  - Eventually **letting go** of attachment – this does not mean giving up on the lost person or object, but rather 'finding an appropriate place' for them in our emotional lives.

Dr Sheila Clark's advice.

1. Allocating **grief time** each day – say 15 to 20 minutes in which to have a cry or write about the loss (such as in your journal).
2. **Naming the problems** – emotional or practical.
3. Looking after general health – endeavouring to eat regularly, and avoiding overindulgence in alcohol or smoking.
4. Taking time out to walk in the park.
5. Sometimes spoiling yourself, for example, having a coffee with a friend, or relaxing in a hot bath.
6. Not making any major decisions before at least one year has passed.
7. Continuing existing relationships, seeking support.
8. Getting some advice on dealing with practical issues, or dealing with special occasions such as Christmas or the anniversary of the loss.
9. Understanding that your ability to think and remember is reduced – don't be too hard on yourself, and use reminder lists.
10. Considering whether you need some time off work or to negotiate reduced working hours.
11. If possible, finding some meaning out of the loss, such as growing in strength as a result (Clark, 1995).

There are also a number of strategies for dealing with **negative thinking** that can occur in grief. Fear, guilt, anger, sadness, self-blame or blaming others can all occur in grief. The principles of CBT outlined in Step 5 can also be applied in the context of loss and grief.

- Be aware of your thinking (keep a thought diary).
- Identify thinking errors, for example, all-or-nothing thinking ('I'm hopeless – I can't manage everything.') or catastrophising ('What if I lose someone else?').
- Challenge unhelpful thinking.
- Work on developing more helpful thoughts.

Sometimes **thoughts can be intrusive** in grief. You may not want to deal with them at the time (it may not be an appropriate time to have a cry, for example), or just need a break from them. Try imagining putting the thought aside, perhaps into a box on a shelf. You can then come back to it later, such as in your grief time, and deal with it.

Note too that **self-esteem can be adversely affected** through loss and grief. Be aware of this and work on raising your self-esteem.

Reviewing progress can be a powerful tool in recovering from a loss – could you have coped as well three or six months ago, for example? What resources have you found within yourself that have helped you cope?

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A number of factors which help individuals adjust to loss have been identified (Gamino, Sewell and Easterling, 2000). At some stage, **achieving a sense of closure** is important. This generally refers to closure with the physical body after a death, but it does not include closure to the love and influences of the person who died. Letting go of the lost person or object can be difficult, and tends to happen gradually – part of this may be gradually giving away the deceased person's belongings. Sometimes there are still things that need to be said to the deceased, and it can help to say these at the graveside or in a poem or letter.

Narrative therapy speaks of 'saying hullo again' to the deceased, rather than saying goodbye (White and Denborough, 1998). This refers to incorporating what has been lost into the present, for example, holding on to the influence (or some other aspect) of that person that is meaningful. Although someone may no longer be alive this does not mean they no longer exert influence. What would they have said or done in certain situations? Can you see their characteristics in your sibling or child for example?

The other factors include **creating positive memories** of the lost person or object. (Note – if the person was abusive this may not always be appropriate.) You may choose to look at photos and talk about the loss. Creating a special scrapbook or memory box with photos and mementos can also help. Focusing on what was special about the person and the things they brought into your life is part of discovering **meaning**.

Consider **what you have learned** through the loss – have you grown in any way, developed strengths or discovered true friends? What about **spiritual beliefs**? There are studies that indicate that spiritual beliefs assist in resolving grief (Walsh, King, Jones, *et al.*, 2002). Spirituality can be based on differing beliefs, but usually 'it places one's relationship with a higher power at centre stage and uses a religious creed to organise life events and experiences' (Allport and Ross, 1967). Have your beliefs been challenged, changed or strengthened?

You may want to write down your thoughts about what you have learned, how you have grown, or how your spiritual beliefs have helped or been changed.

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Consider looking at relevant websites such as Grieflink ([www.grieflink.org.au](http://www.grieflink.org.au)), undertaking reading or courses on relationship loss, or asking well-known funeral directors about grief work in groups. There are many good books available on grief.

**Points to remember**

- Adjusting to loss and grief takes time.
- It is important to understand the process of grief, and share thoughts and feelings about the loss.
- Allow 'grief time' each day.
- Look after yourself.
- Take time out.
- If possible find some meaning out of the loss.
- Challenge unhelpful thinking related to the grief.
- Self-esteem can be affected in grief.
- Achieving a sense of closure is important.

**THE 'NEGATIVE' EMOTIONS AND DEPRESSION**

We all experience a range of emotions, including **anger, guilt, shame, jealousy and hate**. These are often referred to as 'negative' emotions. This does not mean they are 'bad', but they can have an adverse affect on how you feel about yourself or others. Emotions such as anger may be expressed in unhelpful ways, such as through aggressive behaviour or withdrawal. These behaviours can lead to more difficulties, and so the aim is to learn to express these emotions in helpful or constructive ways.

The first step in dealing with any of these emotions is acknowledging that they exist. This involves learning to recognise and name the emotion (Burns, 1992; Greenberger and Padesky, 1995).

**About anger and jealousy**

Anger is what you feel when provoked. The emotion of anger ranges from irritation to rage. It is accompanied by physical reactions such as tight muscles and increased heart rate – remember the 'fight-or-flight' response explained in Step 3? Well, this is the fight part! The anger reaction is also accompanied by thoughts and behaviours. Anger does not have to lead to aggression. It can have a positive function, such as energising you to express yourself (Greenberger and Padesky, 1995).

In terms of thinking and anger, look back to Step 5, especially the part about

beliefs. Anger can be linked to thinking that we have been treated unfairly (this will vary between people), or prevented from obtaining something we expected to achieve. In relationships, anger is often related to unfulfilled expectations of the other person. It is important to consider how realistic those expectations are, and whether they have been clearly communicated to the other person.

Anger is a normal response to many situations. It is a normal part of grief, for example. There are close associations between anger and depression, and you may find that you move between the two. If an individual has been abused in the past, they may be alert to more abuse and become angry when feeling threatened. Chronic anger may be experienced (Greenberger and Padesky, 1995).

You need to consider whether the anger is a problem for you.

- Do you get very angry?
- Do you stay very angry?
- Do you act aggressively?
- Does anger interfere with your work or relationships? (Montgomery and Morris, 1989)

If so, learning skills for managing anger will be very important for you.

In *Beating the Blues* (2001), Tanner and Ball describe two types of jealousy – the envious type ('I wish I had . . .') and the possessive type, which stems from fear of loss. Possessive jealousy can impact negatively on relationships, whether with a friend or partner. There may be underlying insecurity or low self-esteem.

### **Managing anger**

- Can you identify the **underlying reasons** for the anger? Sometimes we are angry for different reasons than we think. It might help to ask yourself, 'What do I really need or want?' (And if there is conflict with someone else, what do they really need or want?) Do you need reassurance, or are you tired and stressed and need some help? (Scott, 1990)
- **Accept responsibility** for the part of the anger that you own. External factors play a significant part, but how we interpret them and how we control the anger are also very important.
- Identify and recognise your own **early warning signs** of anger, for example, muscle tension or black-and-white thinking. Know what coping strategies work for you, and put them into place.
- Monitor your level of anger, and use self-talk. When you feel anger building up, tell yourself to take some **time out** or remove yourself from the situation. This allows you to get back in control of your emotions and prevent the situation from escalating (Scott, 1990).
- Put the anger aside and **deal with the problems**. See the problem-solving technique outlined in Step 4.
- Use the anger as a sort of drive to take positive action to bring about change.
- **Anticipate** events that are likely to trigger anger and prepare yourself. What will you say? How will you remain calm and in control? Rehearse

the situation in your mind and give yourself encouragement about coping (Greenberger and Padesky, 1995).

- Work on **understanding the thinking associated with the anger**. Stop and record the situation, your mood and thinking. Or recall a situation in which you felt angry and identify the thoughts that you had.
- Review what you learned in Step 5, and challenge the unrealistic or unhelpful thinking. Anger is often triggered by catastrophising the situation, black-and-white thinking, believing the situation is unjust, or blaming yourself or others. Replace thinking 'it's not fair and it's their fault' with 'bad things happen at times', or 'they couldn't help it' (Tavris, 1989).
- Beware of always needing to be right or in control of others. This may stem from insecurity.
- Try helpful self talk, such as these examples.
  - 'Yes, I am angry. I'll notice what I'm thinking.'
  - 'I can handle the situation calmly.'
  - 'Breathe and relax, then deal with the situation.'
- You can apply the same cognitive principles to dealing with **conflict in relationships**.
  - Be aware of thinking errors that can worsen conflict, such as black-and-white thinking ('you always . . .') or mind-reading ('you think . . .').
  - Avoid generalising in arguments – stick with the central issue rather than also including other things you think are a problem.
  - Avoid resurrecting old issues over and over; avoid labelling yourself or the other person ('I'm . . .' or 'You're . . . useless'); and avoid blaming ('It's all your fault').
- **Communicate effectively** if the anger is related to others. Listen to the other person and encourage them to listen to you. You both need to be able to express yourselves and understand the other's position. Consider what you need to say and how you can express it clearly. Look at the person and speak firmly. Say what upset you about what the person did (be specific), and tell the person how you feel. Then suggest how the situation might be prevented from happening in the future.
- Note that **being assertive is different to being aggressive**. Learning assertiveness skills can be really helpful (explained in Step 9).
- A useful strategy, developed by Adelaide psychologist Lindy Petersen to assist with parenting, can be applied to dealing with anger. It involves traffic lights! We are all familiar with red for stop, orange for caution and green for go.
  - Remember to stop (red) and think. What is the problem and how do you feel? What is going on for you and for the other person?
  - Take your time and be cautious (orange) before you act. What could you do? What are the options and what might happen with each of these?
  - Once you have made your choice and decided what to do – whether that is taking time out or expressing your anger – then go ahead (green) and act constructively (Petersen, 1992).
- **Look for the positives** in people and situations (Montgomery and Morris, 1989).

- Is it possible to **let go** of some or all of the anger, and find compassion in yourself to forgive the other person or the situation? It may seem a very big ask of you, but it may help you feel better in yourself (more about this later).
- Work on **accepting** that sometimes other people do not have the capacity to change or act differently. Accepting this may help you move on.
- **Rest and relaxation** can help. Sometimes you get a new perspective on the situation after a rest or sleep. Try the relaxation techniques outlined in Step 4. Breathing and relaxing can be particularly helpful.
- **Let off steam** through exercise, talking with a friend, or expressing yourself creatively. Throwing and shaping pottery clay, or even play dough, can be very therapeutic. So can punching your pillow.
- Can **humour** help – is there a funny side to relieve some of the tension? Or perhaps taking some time out and finding something to laugh about might help (for example, watching a comedy).
- Finally, when **dealing with another person's anger** it can help to communicate effectively, by listening and speaking clearly. Empathy statements can help the other person tell you about their anger – an example is 'I can see you're very angry. Can you tell me about it and help me to understand why?' Suggest time out if the anger is escalating, and make sure that you feel safe.

### **Managing jealousy**

- Sometimes jealousy is triggered by low **self-esteem** and feeling insecure as a result. Work on building your self-esteem (*see* earlier section on self-esteem in this step).
- Avoid comparing yourself to others. Remember we are all unique individuals.
- We all need to be independent, even if in a relationship. Develop your independence and your ability to manage challenges and difficulties using your own resources.
- Be aware of the jealous thoughts and challenge them – are they realistic and are your expectations realistic? Replace these thoughts with alternative and more positive **trusting** thoughts.
- Remind yourself of more positive experiences (Tanner and Ball, 2001).

### **Guilt and shame**

**Guilt** occurs when we have not lived up to our own standards, when we think that we 'should' have done things differently. **Shame** is the sense that we have done something wrong, and tends to involve a very negative view of ourselves (Greenberger and Padesky, 1995). Sometimes guilt and shame are quite appropriate, if we have actually done something wrong.

But in depression, the emotions of guilt and shame can be out of proportion to the situation, or quite misplaced. They can be associated with thoughts about being 'bad' or 'worthless'.

Take these steps to deal with guilt and shame.

1. Assess the seriousness of the situation by asking:
  - are you justified in feeling guilty, or is your thinking distorted? (*See* thinking errors in Step 5.)
  - what is the evidence?
  - how important is it in the bigger picture of life?

You might ask a friend what they think about it.

2. Work out how much responsibility *you* need to take and how much others own – be realistic here, because you may have blamed yourself when you were not actually responsible (for example, we may blame ourselves for things that others did to us as children, when the adult person was really the responsible one).
  3. Talk about the situation and the uncomfortable feelings with your GP or a friend.
  4. Accept that you are human and that everyone makes mistakes – watch out for unrealistic ‘shoulds’ and any perfectionistic tendencies, and work on forgiving yourself.
  5. Make amends for the part you are responsible for.
- (Burns, 1999; Greenberger and Padesky, 1991)

Again, relaxation can help you deal with uncomfortable feelings like guilt or shame – breathe in, and relax as you breathe out. Let go of the ‘shoulds’. You are okay!

### **‘LETTING GO’ IN DEPRESSION**

The potential value of letting go of negative emotions was mentioned earlier. Negative emotions can hold back your progress. You may feel ‘stuck’ in anger or guilt, maybe from the past, and the emotion may be continuing to get you down.

There is a book by Bev Aisbett (1996) called *Letting it Go: attaining awareness out of adversity*. It is a useful little book, and in part looks at learning to love and forgive others and ourselves. It explains that this takes courage and it helps reduce your own suffering. It can free you up to move on.

Writing in your journal or doing other creative activities may be a good way to gradually express and let go of troublesome emotions.

Another way of enabling you to let go of emotion is via a ‘ritual’ or ceremony (Bass, 2008). You would be aware of various rituals in our society such as marriages and funerals. These help us prepare for, acknowledge, and cope with changes in life, and sometimes to bring closure to events.

In the same way very simple psychological rituals can help us to let go of emotion which may have been holding us back. They focus on letting go of the negatives, making a time for change and a new beginning (Saunders, 1992).

*[Only consider a ritual if you are feeling ready emotionally. Discuss your thoughts with your GP or MHP.]*

Here are some *guidelines* for planning your ritual.

- Think about the theme of the ritual, and decide your goal.
- Take time to plan the ritual carefully.
- Keep it simple.
- Incorporate elements or symbols in it that are meaningful to you.
- Are there things that you particularly want to say or express?
- Do you want to have music?
- Choose the right time and place – do you want the ritual indoors or outdoors?
- How do you want to feel at the end of the ritual? What do you want to be different?
- Always end the ritual with something positive.
- Take time to reflect afterwards.

*Here is an example of a ritual.*

A young woman, improving after having had some mental health problems, wants to let go of the remaining guilt and grief. She also wants to celebrate her improvement and what she has learned about herself. She decides to buy some helium-filled balloons, and plans for each one to represent something different. One will represent guilt and another grief. She chooses the brightest coloured balloons to represent her hard work in recovery, and the positive things about herself – her strength and courage. The young woman makes a cake and has a special celebration. She lets go of the balloons representing guilt and grief. The brightly coloured balloons representing positive things become the centre-piece at her table.

## **LONELINESS AND DEPRESSION**

We are social creatures, and relationships are important. In depression there is a tendency to withdraw from people, and feeling lonely can be an issue. You may live alone and feel lonely, or be in a relationship and feel lonely.

Sometimes loneliness and loss go together (Holmes and Holmes, 1993). One may feel lonely because of loss through death or divorce. This is an issue of dealing with loss and grief – the principles outlined earlier in this step may be helpful.

With respect to loneliness resulting from being disconnected from people, it can be useful to check your thinking. For example, you might think that ‘no one cares’. But maybe people who have actually been helpful in the past are unaware of the current problems. Are you communicating about the problems? Have they got a lot of their own concerns right now?

Sometimes we compare ourselves to others, and imagine other people lead fabulous lives all the time. For example, a pop star reported enjoying the adulation of an audience and then feeling very lonely when returning to an empty hotel room after each concert. Things are not always how they seem. **Focus on your life and enriching it rather than comparing yourself to others.**

If loneliness is a problem, **do some goal setting** (see Step 2). You may decide to work on becoming more active and involved with others. Activity is a great way

to lift mood (*see* Step 7) and to meet people, or you may want to work on existing relationships.

### HOPELESSNESS, SUICIDAL THOUGHTS AND DEPRESSION

Depression may be associated with feeling hopeless and with thoughts of suicide. There is greater risk of suicide in someone who:

- is feeling severely depressed and feeling hopeless
- has made plans for suicide, or
- who has a family history or past history of suicide attempts (Mann, 2002).

It is very important to talk with someone if you are troubled by suicidal thoughts – a family member, friend, your GP or MHP. Suicidal thoughts can be very frightening and distressing, and just talking about your thoughts can be a relief.

Your GP will assess your level of risk of suicide and work out the best treatment (Horgan, 2002). Sometimes, understanding that others have experienced the same sense of hopelessness and have recovered, helps (Mann, 2002). Sometimes support and treatment by your GP or MHP is helpful, and sometimes advice from a psychiatrist or hospitalisation is needed.

It is important to identify your thoughts and feelings. Is there underlying anger or guilt? Are there thoughts about punishing yourself? Remember things are not hopeless – *there are always solutions to problems*. There are other options to suicide and there are reasons for living (Burns, 1999). You are not alone – **help is available**.

If you are feeling suicidal, keeping close contact with your GP is vital. It is useful to keep a note of what to look out for in your feelings and thoughts, and who to contact in case you feel suicidal (Morgan, Jones, and Owen, 1993). See the Resources section at the end of this guide, or your local phone book for Mental Health Emergency phone numbers.

#### Points to remember

- We all experience a range of emotions – anger, guilt, shame, jealousy and hate.
- Anger is what you feel when provoked, and can be a normal response to many situations.
- If the anger is a problem, learning anger-management skills can be important.
- Work on understanding and dealing with the thinking associated with the anger, jealousy, guilt or shame.
- Work out how much responsibility *you* need to take and how much others are responsible for.
- Good communication with others is important.
- Letting go of negative emotions can be very valuable.
- Focus on enriching your life and connecting with other people.
- If you are feeling suicidal, talk with your GP. Remember that you are not alone, there are solutions to problems, and help is available.

## FINDING HOPE AND MEANING

*'Inside myself is a place where I live alone and that's where you renew your spring that never dries up' (Pearl Buck)*

### The importance of hope

Near the start of this guide it was stated that depression treatments are effective and that 'you will improve'. You were asked to remember that there is light at the end of the tunnel! This was done because of the importance of hope in recovering from depression.

It is important to recognise that the symptoms and problems that you have been experiencing are part of the depression. As the depression improves, many of these resolve. This healing, along with the skills that you are learning and the lifestyle changes that you are making, will help in recovering from depression and staying well in the future.

Unfortunately life does have difficult times and times of suffering. Accepting this, and the ways in which you respond to these challenges are important (Yapko, 1991). That is why you have been asked to work hard on your thinking and emotional responses. It will be important to keep developing your coping skills, positive lifestyle choices, and thinking.

### Finding meaning and purpose

People have probably always asked the question 'What is the meaning in life?' There is a counselling approach called existential therapy that is concerned with understanding the person and what it means to them to be alive. This approach considers the person to be in a constant process of learning and change (Dryden, 2002).

Victor Frankl (1905–97), one of the founders of existential therapy, was Jewish and experienced Hitler's concentration camps first-hand. He described three sources of meaning that allowed victims to survive: a life purpose, a love, or a sense of meaning through suffering (Christie-Seely, 1995). He wrote that the essence of being human could be found in the search for meaning and purpose (Corey, 2008).

Existentialism recognises the importance of the physical aspects of oneself, as well as the social, psychological and spiritual (Dryden, 2002). For some people the spiritual aspect may relate to a relationship with a God or higher power; for others it is about finding meaning through nature or within oneself. You may have a particular religious belief, or you may not. Sometimes exploring different religious ideas can be helpful. Spiritual approaches can sometimes help us cope and find meaning, even when facing suffering (Aldridge, 2000).

Buddhism acknowledges suffering in the world, but is optimistic. It recognises the importance of placing less emphasis on ourselves, and more on kindness and compassion. Buddhism advocates that people have a capacity to grow, and meditation is seen as central to this growth (Lafitte, 2002). Christians believe in God and an after-life. For many people these beliefs are central to their lives. Love and compassion are advocated.

The Dalai Lama is sometimes quoted as saying that ‘the purpose of our life is happiness’. This is explained further in his book, *The Art of Happiness* (1998). Our task in life is to discard the things that lead to suffering, and accumulate the things that lead to happiness. This is done by gradually increasing our awareness of what truly leads to happiness.

ACT is viewed as having elements of existentialism. It aims to help us create a meaningful life, while accepting the pain that goes with it. It focuses on the individual’s values and connecting with a sense of purpose in life (Harris, 2007).

Narrative therapy was referred to earlier in this step and in Step 1. Two approaches used in narrative therapy may be helpful in dealing with suffering and finding meaning. One is externalising the problem – talking about how ‘the depression’ affects you – recognising that you are not the depression. The other is looking for alternative experiences. Even during very difficult times, people find strength to cope (White, 1998).

Philosophy also provides some helpful observations on happiness. The philosopher Epicurus divided human needs into different categories. The ‘natural and necessary’ needs include those essential to a safe and happy life, such as food and shelter, clothing, freedom and friends. A meal at an expensive restaurant would be considered ‘natural but unnecessary’. Needs that were self-centred, such as fame or power, were considered ‘unnecessary’. Epicurus was born in 341 BC, yet these thoughts are just as relevant today.

When considering your own personal fulfilment and happiness, remember to look at all areas of your life – the physical, social, emotional and spiritual (Fenton-Smith, 2002). When you review your goals (from Step 2) from time to time, look at establishing goals in all these areas.

Also, over time, focus on your passions in life and the areas in which you find purpose.

### **Being thankful**

Psychologist Joseph Hinora also advocates thankfulness, or recognising the things that you can be thankful for. These may include things that someone has done for you, or the things that you have received (no matter how small). It may simply mean being thankful for the food that you are eating today, or being thankful for your health, family members or friends.

There is evidence that keeping a weekly gratitude journal (or list of things you are thankful for) can enhance an individual’s feelings of happiness (Lyubomirsky 2007). Consider keeping a gratitude journal each week, and writing down what you are grateful for in life, even if it is just someone making you a cup of coffee, or the sunshine (Lyubomirsky, 2007; Reynolds, 2002).

Can you list five things that you are thankful for today?

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### **Inspirational writings**

Inspirational quotes have been included at the beginning of most steps in this manual (and sometimes in between). These have been included to stimulate thought and hopefully provide encouragement and inspiration. It is worthwhile looking out for quotes, poems or pieces of writing that have meaning to you as an individual. Sometimes they can help inspire hope, remind us of what is important, or lift the mood and spirits. Here is a poem by Nancye Sims that says some of the important things mentioned in this guide. (Included with permission from the author.)

#### ***A Creed to Live By***

*Don't undermine your worth by comparing yourself with others.*

*It is because we are different that each of us is special.*

*Don't set your goals by what other people deem important.*

*Only you know what is best for you.*

*Don't take for granted the things closest to your heart.*

*Cling to them as you would your life, for without them, life is meaningless.*

*Don't let life slip through your fingers.*

*By living your life one day at a time, you live all the days of your life.*

*Don't give up when you still have something to give.*

*Don't be afraid to admit that you are less than perfect.*

*It is this fragile thread that binds us to each other.*

*The quickest way to receive love is to give love;*

*We deserve to love and be loved.*

*Don't dismiss your dreams.*

*To be without dreams is to be without hope; to be without hope is to be without purpose.*

*Don't run through life so fast that you forget not only where you've been but also where you are going.*

*Make each day count, life is precious and short.*

*Life is not a race, but a journey to be savoured each step of the way.*

#### **Points to remember**

- Hope is vital.
- There are different ways to think about and explore meaning and purpose in life.
- Recognise the things that you can be thankful for.
- Inspirational writing can be very encouraging.

**NOTES PAGE**