

# **“HELP YOUR SELF TOWARDS MENTAL HEALTH”**

*A BOOK OF HAND-OUTS  
ESPECIALLY FOR PEOPLE  
SUFFERING FROM*

- **STRESS**
- **DEPRESSION**
- **ANXIETY**
- AND
- **LOW SELF-ESTEEM**

BY

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# INTRODUCTION

This Handbook is designed for people with depression, anxiety or with issues of low self-esteem. Unfortunately these problems seem to be very common and are often associated with stress. They are also (often) compounded by a multitude of problems stretching over someone's whole life. These notes & suggestions are not able to touch on some of these deeper and much more painful issues.

The pages of hand-outs are based on a series of patient "hand-outs" that have been put together into a small handbook. They came out of 9-months of psychotherapeutic work with patients in Lanarkshire, Scotland, many of whom had been referred for some Cognitive Behavioural Therapy (CBT). Since most psychologists only pay lip service to CBT, one gets what one gets – though usually from a very caring, empathetic and skilled professional.

Some of the hand-outs in this book have been adapted from notes in *The Mental Health Handbook* by T. Powell, to whom I must give a lot of credit as this is a classic text and it was written to be used with clients. Many other sources have also been utilised, both from within psychology & psychotherapy, and outside of it. I thank the authors of many of these sources for the effort and clarity that have been put into their thinking: however some of the forms and presentations did not seem to be either fully complete, or fully appropriate to the patient's needs; some of the sources were felt to be a little simplistic; and several others have also been superceded by more recent therapeutic developments.

I put these notes together, because I found myself saying the same sort of thing to many of my patients, over and again, and so I decided to try to write some of these points down. Often the patients also had difficulty remembering everything that had been said in the sessions, so these notes acted as reminders. Having something written down on paper, even if it is not totally relevant to one's own situation, can be helpful, to be referred to at other times, or to be shown to others to help their understanding, and to gain their support. This book is published in a format capable of being photocopied as hand-outs for client use.

So these notes and suggestions are just that: - they are notes and suggestions. They might help indicate a possible new direction. They might provoke different thoughts and ideas. They might suggest exercises and new routines to follow. However, every person is an individual, and, as such, must develop – perhaps from these notes – their own methods of coping and their own path to recovery. It is this which is crucial to this work, and this form of self-discovery and self-empowerment that forms a theme throughout the book.

Whilst these notes are written as a self-help handbook, they are not meant to form a substitute for working with a trained counsellor, psychotherapist or clinical psychologist. They can be used as an adjunct to these. That is why they are in the form of Hand-Outs.

Thanks are given to the members of the Dept. of Clinical Psychology, Hartwoodhill Hospital, Shotts, Lanarkshire. Sincere thanks are also given to all those people in whose difficulties and struggles inspired these writings and whose suggestions and ideas have been worked into these notes.

Courtenay Young  
Edinburgh, 2004

# STRESS

## Information:

Stress is one of the major problems facing us today: we just simply were not designed to live in cities, work in offices and factories, and live at the pace that we live at. Our body is basically not able to cope with the number, variety and constancy of the stressors found in modern life. We work longer, commute further, shop more and sleep 20% less than we did 100 years ago. In the UK, at least 40 million working days are lost each year due to stress. Psycho-physiological disorders, those concerning the body-mind, are nearly always caused by stress, or considerably worsened by stress.

## Causes of Stress:

These are numerous and include: Major life changes and life events; Noise; Crowds; Poor sleep, bad diet & an unhealthy lifestyle; alcohol or drug misuse (also all symptoms); Aggravation & Abuse; Pressure to perform (work, school, sports, etc.); Traffic; Chemicals; Trauma; Poverty; Discrimination; Frustration; Pregnancy; Work Pressures; Negative Emotions; Loneliness; Family Conflicts; Money Worries; Alienation; Uncertainty; Illness; Unemployment; Sexual Problems; Identity Problems; Relationship Difficulties; Going to College; Loss of any kind - theft; relationship break-up; divorce, redundancy; abandonment, death; - you name it!

## Symptoms:

The physical symptoms of stress are varied. You may experience:

- Feeling tired all the time;
- Your body feeling heavy and listless;
- Poor sleep;
- Either a poor appetite, or cravings for certain foods: chocolate, junk food, coffee, alcohol, etc.;
- Constipation or diarrhoea;
- Feeling that you want to cry all the time;
- Low sex drive;
- Nervous habits like nail biting, hair pulling, skin picking, etc.
- Breathless feelings;
- General malaise and lack of energy;
- Spots, blemishes or skin rash;
- Hard to relax.

The emotional symptoms of stress are also varied. You may experience:

- Feeling so low or sad that you want to cry all the time;
- Feelings of anger or irritation;
- Depression;
- Feelings of low self-esteem and of nothing good around you (pessimism);
- Feeling inadequate or helpless;
- Loss of interest in friend, activities, social life, etc.;
- Finding it very hard to make decisions;
- Low motivation;
- Loss of all desires;
- Unable to make contact with friends;
- Finding emotional expression very hard.

## Health Implications:

Stress has been ascribed as a major factor in: cardiovascular disorders (hypertension and coronary heart disease); asthma and other respiratory disorders; colds and fevers; ulcers and gastritis; several skin disorders; backaches; headaches; the speed in growth of several cancers; chronic infections; infertility and sexual disorders. Stress also negatively affects our intake of cigarettes, alcohol, sugar and carbohydrates, legal and illegal drugs; family, social and work relationships, our capacity for pleasure, our levels of tolerance, and our general sense of self-esteem. It also increases our aggression. In short, it is a killer.

There are several main areas of activity that can considerably help to reduce stress. They work best in synergy with each other, and most practitioners would agree that a combination of these is the only, repeat only, way to reverse long-standing (chronic) conditions. They share one common feature: they all help the body restore its natural functioning. Your body-mind is supremely designed to heal itself, and it will do so, given half a chance. If these self-healing methods are not being utilised, nothing much else written about in this book will make a great deal of difference.

You need to build your own recovery plan, depending upon what the main stressors in your life are. If you are constantly being late, not only must you plan your day better, but you must also look at some of the self-destructive or passive-aggressive tendencies that might also lie behind this symptom. If you are constantly feeling run down and getting ill, then you should boost your immune system, as well as looking at the causes behind your stress and depression. The physical and the emotional aspects of our selves are so complexly inter-related that they cannot be functionally separated.

# STRESS @ WORK

How do you know if you, a loved one, or someone who works for you, is suffering from burnout? Here are some of the early warning signs, especially if usually foreign to that person:

- Chronic fatigue - exhaustion, tiredness, a sense of being physically run down
- Anger at those making demands on one; frustration at set-backs
- Self-criticism for putting up with the demands, for not doing 'well enough'
- Reduced ability to share feelings, thoughts, socialise,
- Inner sense of being besieged, under-pressure, over-loaded, burn-out, run-down, etc.
- Exploding easily at seemingly inconsequential things, or at 'loved ones'; general irritability
- Frequent headaches, gastrointestinal disturbances, skin problems, muscular tensions,
- Marked weight loss or gain; flushed or out-of-breath; increased absenteeism
- Sleeplessness and/or anxiety and depression
- Increased alcohol, cigarette, coffee, sugar, medication consumption
- Mood changes: suspiciousness, feelings of helplessness, negativity, despair
- Increased degree of risk taking; having an affair; recreational gambling; extreme sports, etc.

Whilst many pressures can come from outside through inappropriate work schedules, deadlines, filling-in for others, bullying, inappropriate management, etc., many pressures are largely self-inflicted, though often supported by the underlying work ethic.

## **Stress-Building Beliefs**

### **Perfectionism**

Do you feel a constant pressure to achieve?

Do you criticize yourself when you're not perfect?

Do you feel you haven't done enough no matter how hard you try?

Do you give up pleasure in order to be the best in everything you do?

### **Control**

Do you have to be perfectly in control at all times?

Do you worry about how you appear to others when you are nervous?

Do you feel that any lack of control is a sign of weakness or failure?

Are you uncomfortable delegating projects to others?

### **People Pleasing**

Does your self-esteem depend on everyone else's opinion of you?

Do you sometimes avoid assignments because you're afraid of disappointing your boss?

Are you better at caring for others than caring for yourself?

Do you keep most negative feelings inside to avoid displeasing others?

### **Competence**

Do you feel you can never do as good a job as other people?

Do you feel your judgment is poor?

Do you feel you lack common sense?

Do you feel like an impostor when told your work is good?

“Yes” answers indicate potential road-blocks to a stress-free, or less-stressed work life. You will need to challenge some of these belief systems. You will need to discuss these with your colleagues or line manager. You may need to experiment a little and try to act in a way that is different to your usual behaviour. Then, evaluate the results. For example, if you feel overburdened because of a need to control, delegate a task, and observe the consequences. Notice your feelings throughout the process. Become more aware of how your stress-building beliefs affect your behaviour. Try to replace these thought-forms with more realistic and less stressful thoughts.

## **Helpful Techniques**

Try to replace any negative 'stress-building' statements with more positive 'stress-busting' ones. This takes practice, but the results are well worth it.

### **Stress Builders and Stress Buster Examples**

Stress Builder #1: "I'll never get this project in on time."

Stress Buster #1: "If I stay focused and take it one step at a time, I'll make steady progress."

Stress Builder #2: "My supervisor didn't say good morning. He's probably displeased with my work, and I'll get a bad evaluation."

Stress Buster #2: "I'm jumping to conclusions. My supervisor may have been in a bad mood. So far all my evaluations have been positive, so unless I get some negative feedback, I'll assume my supervisor is pleased with my work."

Stress Builder #3: "I can't get my mistake on page 53 out of my mind. The paper is ruined. I have disappointed everyone."

Stress Buster #3: "No one is perfect. I did my best. I'm overreacting to one mistake when the overall report is fine."

Try to add or build-in similar "Stress Busters" to your work life: your ability to handle difficult challenges in the workplace will improve and the benefits will transfer over into other areas of your life as well.

Concepts like "Good Enough": "I am paid to work from 9 to 5: I have done everything asked of me so far reasonably well: working regularly to 7pm means they should probably be employing extra staff: This Is Not My Problem!" "I have a family and a social life as well as work. I actually work better when I am rested and enjoying a more rounded life."

Adapted from: *Overcoming Panic, Anxiety and Phobias*, Babior and Goldman, Whole Person Press, 1996.

The main anti-stress principles are:

1. **Regularly Practiced Relaxation** – an absolute minimum of 10 minutes twice a day. Look for deeper, regular breathing first, then an absence of ‘busy’ thoughts, and then an inner feeling of warmth and relaxation throughout the body. Whether this is called “Deep Relaxation”, “Heart Coherence”, “Autogenic Technique” (see Appendix), or some form of meditation: the method is relatively unimportant: the regular experience is essential. Try to develop a more positive attitude to yourself, your work and family, and the world.
2. **Manage Present Conflicts & Stress Better:** There are many simple ways of doing this; though they are not, by any means, usually easy. There are lots of different techniques, and there are suggestions in this book: again the method is not important; the principles are:
  - Identify what your stressors are. External stressors can be: pollution, hydrogenated fats, smoking & alcohol, excessive sun exposure, heavy workloads, emotional problems, bereavement, divorce or separation, difficulties at home or work. Internal stressors can be: Food allergies and intolerances, auto-immune diseases, high cholesterol, metabolic waste not being eliminated properly, blood sugar imbalances (& diabetes), hormonal imbalances, nutritional deficiencies, endogenous depression (from chemical imbalance), etc.
  - With conflicts, go to the source of the conflict: check out the time & place; approach amicably; talk about (bad) behaviour first, and then how you are affected by it; finally say what you need to happen now.
  - Prepare in advance for known events: get good information; don’t rush things; don’t leave things to the last minute; don’t skimp. Prioritise the important or immediate tasks. Know what you do well and stick to that. Take one day at a time.
  - Do not overspend or get into debt (any further). Learn not to be a perfectionist. Try not to escape from the present. Address any problems now!
  - If all this doesn’t work, talk to someone. Ask for support. Get some professional help: be it from the HR or H&S dept, a counsellor, someone in the church, etc. Also listen to those around you; they can often see your situation more clearly than you can. Whatever the cost to your pride, pocket or principles, just do it. Life is complicated enough already without more everyday stress and conflict to deal with.
3. **Dealing with Trauma and Painful Memories:** if there have been traumatic events and/or events that provoke anger, sadness or other painful memories, these really need to be worked on, talked through, and eventually come to terms with in some way. You will not heal fully if you are still traumatised, or if these ‘old wounds’ are still suppurating emotionally. The methods that you use: EMDR, psychotherapy, emotional counselling, etc. are relatively unimportant, but the process of emotional healing is *totally* necessary. Be as honest with yourself as possible about your need to heal.
4. **Enrich Your Relationships:** Talk more to those around you; spend more time with them; listen to them (really listen); and value them more. Discover more about their background, their thinking (general & specific), their feelings, and their ideas. Ask about what affects them, what troubles them. Talk to them about what troubles you have; open up and share a bit more. Respect their views and how they cope: and how they cope with you. Empathy is a key concept. Also learn to say “No” to those who you feel are imposing on you, using you, or abusing the relationship. Become more aware of your own limits and boundaries.
5. **Rebalance your Diet:** When we are stressed, or in distress, our diet goes to pieces and we focus on comfort foods, and alcohol and drug intake increases. We are what we eat and the road back to health usually means adopting a better balanced diet. Again, the techniques are varied, most people know the main principles: reduce unhealthy (animal) fats; increase healthy (Omega-3) fats; reduce carbohydrates considerably; drink much more water – *at least 2 litres a day*; eat five portions of fruit and vegetables a day; eat less processed & more organic and home-cooked, if possible. Simple: but not easy!

6. **Exercise More:** The important features are not what you do, but how much and how often. Regularity is essential; and so is getting sweaty. Twenty minutes three times a week is the absolute rock-bottom ideal minimum. Try to vary the pace and vary the type of exercise. Exercise that is enjoyable is also probably much better for you: a forty-minute stiff walk to the nearest hill-top is sometimes better than pounding away on a running machine for the same period. Playing ping-pong in the basement, or football in the park, with the kids is usually more fun (even if you lose) than bench-pressing weights with macho body-builders in the gym. Remember that these are all principles of de-stressing: so don't stress yourself doing exercise.
7. **Regular Sleep and Waking Gently:** Getting into a regular sleep pattern is one of the most essential points. Always try to go to bed at the same time, and to wake up at the same time. Try to avoid stressors: including \*coffee\*, \*sugar\* and \*alcohol\* right before sleep. A gentle walk after dinner can be a good relaxant; so can a nice warm bath or massage. Then try to adjust the amount of sleep you get to the right amount for you: different people need different amounts: anywhere between six to eight hours is the most common. Then try 'dawn simulators' or a light (on a timer) going on gently before the alarm clock wakens you. Try to spend a few minutes in bed before getting up: don't rush into the day already stressed.
8. **Focus on Your Health:** Your health is important and it is not a constant. It needs to be worked at actively in order for you to stay healthy. Take care of yourself, on all different levels. Explore some of the other activities & possibilities around: try something different: as you may have got yourself into a rut. Take a little time out, a long week-end break: this can really refresh you. Consider also some of the more holistic approaches, alternative health concepts, or complementary medicine perspectives. Massage, acupuncture, tea-tree oil, or lavender oil baths can often help: so treat yourself.
9. **Seek a Larger Connection:** We all need to feel a part of something larger than ourselves; whether it be a community group, a church, sports, an interest group or political party, or helping out with a charity or a fund-raising event, again the method is unimportant: the wider contact is pretty essential. Maybe there are new belief systems, philosophies or spiritual practices that you would like to explore. Maybe greater and deeper self-awareness will help. Contact with nature is also very therapeutic: via the garden, the hills, the sea, wilderness holidays, or the woods and fields. You might even want to consider a form of pilgrimage at a significant point in your life.
10. **Breathe! Breathe! Breathe!** Be more aware of your breathing, regularly. Stop and breathe in for a count of 5, through your nose, and then exhale for a count of 6, out through the mouth. You can visualize breathing in, peace, strength, whatever you need; and breathing out all the stress and anxiety: let it all leave your body. When you breathe in, fill up your chest area, up to the shoulders. When you breathe out, breathe out to the bottom of your belly. A hand on the belly, when you breathe deeply, can serve as a reminder.
11. **Humour:** There is an archetypal story of a man who cured himself of cancer by locking himself in a hotel bedroom for 3 weeks with nothing but a collection of silent movies by Chaplin & Buster Keaton. He laughed his way back to health. Humour is very important for stress release. Also have a look at the 'Stress Test' on the next pages.
12. **Talk to Someone:** Not everyone finds this easy; but many people are capable of listening, and just the act of you talking things out can often provide you with the answers you need.

## YOU CAN ALSO TRY THESE:

**Imagery & Voice:** The next time you are describing to someone how you are feeling, use some imagery like (say) going down a large black plughole, and then add in a little sound effect: “*Schlooop.*” Or if your imagery is of carrying the world, like Atlas: groan and grimace a bit. You may get a light laugh, and you may feel just a little bit lighter yourself, because you can laugh with yourself, or at yourself, a little. It may also bring home a little bit more that that really is the way that you really *are* feeling, which might not be a bad thing, if you are going to do something about it soon.

**Anti-Stress Foods:** Certain nutrients have been shown to help with stress. The “Fighting Five” are the vitamins A, C & E and the minerals Zinc & Selenium. These disarm the free radicals produced under stress. Foods containing these antioxidants include plums, tomatoes, kiwi fruits, dark green vegetables (cabbage, kale, broccoli, spinach), seafood, sesame seeds and pumpkin seeds. With continued stress, it might also be worth getting a nutritionist to check your levels of DHEA (dehydroepiandrosterone) and cortisol. Stress decreases the former and increases the latter. A nutritionist can help you rebalance these. Vitamin C supports the adrenal glands and can be most easily found in black & red berries, kiwi and citrus fruits. The adrenal glands also need magnesium, found in grains, green leafy vegetables, soya beans, almonds, wheatgerm, cod & mackerel. Cutting down on sugar (and alcohol) helps the liver detoxify the body. Stimulant drinks (coffee & caffeine drinks) encourage adrenaline production and should be cut down or out.

**Acting Together:** In some situations, you may not be the only person being affected by stress. In a family, the other members are almost certainly affected; at work, there may be structural or management problems that also affect others. It may be helpful to talk to others in similar situations to see if they say the same. For example: you and your work colleagues together could talk to management, or to your union, to bring to their attention the pressing (and stressing) difficulties you are suffering from. A family conference, with everyone sitting round the table, can also help to resolve things: get an uncle or a grandparent to be there as well, their wisdom is often helpful. Residents acting together can help resolve difficulties with landlords; tenants and residents acting together can help to resolve situations in the street or on the estate.

**Information & Advice Agencies:** There are a number of advice agencies and help-lines that may be useful. They give information and advice; they can sometimes refer you to a specialist; they are usually professional and confidential. These include: Citizens Advice Bureau; Credit Unions (for help with financial difficulties); trades unions and professional associations, for work-related difficulties; various help-lines for specific problems (consult the local telephone directory). There are also Self-Help groups, usually with people who have had similar experiences. It helps not to feel that you are alone with these problems, and the ways others have coped may be helpful to you. Self-help groups can also sometimes help train people to help others.

**Different Roles:** Stress can put enormous strain on the strongest of relationships. Often we get locked into a particular role or pattern of behaviour. If one can step out of this role, things can suddenly seem different, or more possible. One way of doing this is to ask others close to you what their problems are, or what is giving them stress. It can be very upsetting, exhausting, and draining (for them) to be close to someone in stress (you): they may be feeling they are the one contributing to the situation; you may also be feeling guilty. Get talking along different lines. Another way is consciously to try to “walk a mile in someone else’s shoes.” Try going back to an earlier way of being together, doing things together, when things were better. Try to step out of your present pattern of behaviour, your present ‘role’: it is not working.

## THE AUTONOMIC NERVOUS SYSTEM (ANS)

The organs (the "viscera") of our body, such as the heart, stomach and intestines, are regulated by a part of the nervous system called the autonomic nervous system (ANS). The ANS is part of the peripheral nervous system and it controls many organs and muscles within the body. Mostly we are unaware of the workings of the ANS because it functions in an involuntary or reflexive manner, below the level of consciousness. For example, we do not notice when blood vessels change size or when our heart beats faster. However, some people can be trained to control some functions of the ANS such as heart rate or blood pressure. The ANS becomes most important in two situations: (i) In emergencies that cause stress and require us to "fight" or take "flight" (run away); and (ii) in non-emergency situations (most of the time) that allow us to "rest" and "digest.". The ANS is divided into two main parts: the sympathetic nervous system; the parasympathetic nervous system; there is also the enteric nervous system.

### The Sympathetic Nervous System

It is a nice, sunny day...you are taking a nice walk in the park. Suddenly, an angry bear appears in your path. Do you stay and "fight" OR do you turn and run away? These are the basic animalistic "Fight or Flight" responses. In these types of situations, the "sympathetic" part of the ANS switches into action automatically - it uses energy, your blood pressure increases, your heart beats faster, and digestion slows down (you don't want to be digesting your lunch, whilst trying to stop yourself from being someone else's lunch). Most of the sympathetic nervous system is "switched on" by adrenaline.

### The Parasympathetic Nervous System

It is a nice, sunny day...you are taking a nice walk in the park. This time, however, you decide to relax in comfortable chair that you have brought along. This calls for the "Rest and Digest" responses. Now is the time for the parasympathetic nervous to work to save energy; your blood pressure decreases, your heart beats slower, and digestion can start.

The **Autonomic Nervous System** (sympathetic & parasympathetic) affects the iris (eye muscle), pupil dilation and constriction; salivary glands; oral/nasal mucosa; the heart rate and force is increased or decreased; the bronchial muscles of the lung; in the stomach, peristalsis and gastric juices are affected; the small & large intestine; the liver increases conversion of glycogen to glucose; kidney & urine functions; the medulla secretes norepinephrine and epinephrine; the bladder wall is relaxed; the anal sphincter is closed; etc. The enteric nervous system is a third division of the ANS that you do not hear much about. The enteric nervous system is a meshwork of nerve fibers that innervate the viscera (gastrointestinal tract, pancreas, and gall bladder).

*It should be noted that the autonomic nervous system is always working. It is NOT only active during "fight or flight" or "rest and digest" situations. Rather, the autonomic nervous system acts to maintain normal internal functions and works with the somatic nervous system.*

The main operating nerve centres of the ANS are located in the spinal cord and the brain stem, well below the level of normal consciousness. However there are also chemical hormones called neuropeptides, that flow throughout the body. Candace Pert describes these as the "Molecules of Emotion" in her book with the same name.

It is evident, that while we are not constantly aware of the activity of the autonomic nervous system as we are of unusual sensory and motor events, the normal functioning of the autonomic nervous system day and night, from heart-beat to heart-beat, plays a largely unconscious but vital role in our health and livelihood. It is the main system through which we react to stressful situations, and it is also very significant in the 'storage' of stress. Adrenaline can easily be 'turned on' by any perceived threat, like a "bear in the park", but also by being late, by a loud noise, by heavy traffic, by an insolent teenager, or an angry boss. It is not so easily "turned off". Normally the body breaks down and discharges adrenaline and other stress hormones through physical activity: fighting or running away.

# **"The 2 Dolphins"**

## **STRESS TEST**

The attached photo has 2 almost identical dolphins in it. It was used in a case study on stress levels with patients at St. Mary's Hospital.

Look at both dolphins jumping out of the water. The dolphins are identical.

A closely monitored scientific study revealed that in spite of the fact that the dolphins are identical, a person under stress will find differences in the two dolphins.

If many differences are found between the two dolphins, it means that that person is almost certainly experiencing a significant amount of stress in their life.

If you find more than one or two differences, you may decide that you want to take a vacation!! Look at the photograph now.

Smile and have a great day!

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# WORKING WITH DEPRESSION

## **Information:**

Between 12% of the population (1 person in 8) and 25% (about 1 person in 4) are treated for depression at some time or other in their life. Periods of depression can often reoccur. The usual treatment, often a combination of medication & therapy, is reasonably successful: patients get better.

## **Source of Depression:**

Often a series of overwhelming life events will trigger a depressive reaction. With other people, depression can come on after a particular illness, or a pregnancy, which indicates a more internal origin. Severe and enduring depression can indicate that there are semi-permanent biochemical changes in the brain's functioning and these are not so amenable to psychotherapeutic treatment. However the methods suggested here can help 'manage' the depression.

## **Protection:**

Protective factors that decrease one's vulnerability to depression include:

- Increasing one's self-esteem based on self-worth, not on achievements: "who one is, rather than what one does".
- Stopping negative thinking patterns and practising positive thinking habits
- Cutting the depressive spiral (see below).
- Expressing one's thoughts, needs and feelings more clearly, openly and assertively.
- Increasing one's network of friends, activities and social support.
- Balancing stress, including the demands on you from others.
- Looking after your self better.

## **The Depressive Spiral:**

Continuous, automatic, negative thoughts distort one's thinking patterns and perpetuate errors such as "all or nothing" thinking, "awefulizing", "personalising", focussing on the negative" and "jumping to conclusions". These result in a low mood. This leads to decreased activity, which leads to a lesser rewarding existence. This leads to more negative thinking = a vicious spiral.

## **How to Stop the Depressive Spiral:**

There are several ways how to stop this spiral. Try all of them. Here are the main points:

1. Understand the problem. Identify your pattern; increase awareness of when you are doing it; stop any behaviour habits that don't work for you.
2. Forgive and forget the past. Instead focus more on the present and future as this is much more at your control.
3. Challenge your negative thought patterns. Your thinking affects your feeling, so change your thoughts; replace negative thoughts with more positive ones.
4. Increase your activity levels gradually; especially your physical activity. Identify and work towards achievable step-by-step goals.
5. Use your support systems – personal and professional; and increase these. A close confiding relationship is very important. Share your feelings, fears, etc as well as your hopes and pleasures.
6. Look after yourself. Try to increase your self-esteem; try to express yourself more assertively; say "No" and mean it; go for what you want, the way you want it.

Consult your doctor. Some medication may be appropriate and helpful. Usually the sooner this happens, the quicker and better the body's response to medication is.

# FOOD FOR DEPRESSION

Food influences our brain chemistry. Some foods promote a feeling of well-being, others can suppress positive emotions. Ironically, many foods that make us feel good are not especially beneficial to our health. Therefore we need to find a healthy balance.

Nerve impulses in the brain are carried by neurotransmitters. One of these needed is Serotonin and the SSRI type of antidepressants like Prozac inhibit the re-uptake of serotonin, allowing to remain available and thus produce a feeling of well-being. Vitamin B6 is involved with the synthesis of serotonin and can be found in certain wholegrains (millet, buckwheat, oats) as well as shellfish (prawns, shrimp, lobster & mussels). Ensure you have enough B6 to make the serotonin you need.

However, we often crave carbohydrates and sweet foods in depression, and these also affect brain chemicals – though in the short term only (“Quick Fix” “Sugar High”). So it is better to avoid these, and avoid putting on weight, and aim for longer term effects. Good blood sugar management is important in fighting depression. Try taking in complex sugars from proteins, and a little of the more natural sugars, fructose and glucose, rather than processed foods with lots of added sugar (corn syrup). Check the labels. Protein sources of complex sugars are nuts, legumes, beans, tofu, eggs, fish and poultry. You can eat these with a little carbohydrate, which also contain sugar, but this latter is processed more quickly. Increase the protein to carbohydrate ratio, and you will eat less anyway as your appetite is controlled by the amount of protein you eat.

Low levels of another brain chemical Dopamine are also linked with depression. This brain chemical is created from tyrosine, an amino acid found in protein type foods. It requires the vitamins B12 and B9 (folic acid) as well as the mineral magnesium for its production. Foods rich in tyrosine include almonds, avocados, bananas, cottage cheese, lima beans, peanuts (raw, unsalted), pumpkin seeds and sesame seeds. Foods high in B12 include dairy and fish products. Foods high in B9 (folic acid) include calves, liver, soya flour, green leafy vegetables (broccoli), eggs and brown rice. Magnesium can be found in sunflower seeds, green leafy vegetables, wheatgerm, soya beans, mackerel, swordfish and cod.

Vitamin B3 has also been found particularly useful in managing depression and this vitamin is found in fish, eggs, brewer’s yeast, wholegrains and poultry. There is also a link with low zinc levels, often in post-partum situations. Zinc is found oysters, endives, alfalfa sprouts, seaweed, brown rice, asparagus, mushrooms, turkey and radishes.

Energy-producing snacks, (“Yes, eat between meals!”) like these help rebalance the blood sugar throughout the day and help fight off depression.

- ❖ Almonds, chopped dates, and an apple.
- ❖ Natural low-fat yoghurt (sugar free) with ground pumpkin seeds and wheatgerm.
- ❖ Dried fruit (only once or twice per week) with a handful of mixed nuts.
- ❖ Crispbread or oatcake with cheese
- ❖ Oat and wheatgerm flapjacks with dried apricots and chopped apple
- ❖ Avocado dip with rice cakes or rye crispbread
- ❖ Raw vegetables with yoghurt or sourcream dip
- ❖ Cereal granola bars (sugar-free) with nuts and fresh fruit
- ❖ Houmous and crispbread or oatcakes
- ❖ Fresh fruit salad with sesame seeds

Some people with depression have food allergies. The foods that trigger these allergies can be identified quite simply now. The commonest allergens are wheat, dairy products, and citrus fruits. Some depressed people are allergic to gluten. If you think any of this applies to you, seek advice.

Remember to exercise as well. This stimulates all your systems and improves your circulation.

*Adapted from Edgson & Marber: “The Food Doctor”*

# SOMATIC ASPECTS OF DEPRESSION

## Depression and the Body

Many people who are anxious or depressed feel out of contact with their bodies. When we become frightened or distressed, we contract emotionally and physically. We shrink a little and tighten up. When we are feeling depressed, our heads drop and our chest area becomes more concave. These contractions all stop the healthy flow of pleasure, excitement and feeling within our bodies. We then start to feel out-of-touch with ourselves, and with others. Our ability to communicate and express our emotions is decreased.

If these patterns become persistent and chronic, then, even if our external circumstances change for the better, our bodies can become habituated into these contracted patterns. It then becomes very difficult to feel genuinely better, as we have become “stuck” emotionally as well as somatically. Effective therapeutic work with anxiety and depression may mean looking at these habitual and contracted patterns, and trying to work with them. Trying to cure depression just by changing our thought patterns is almost impossible as our physical energy levels are also depressed or blocked by tensions.

Patterns of breathing are very important in helping to restore a sense of vitality. Increased (deeper, fuller) breathing in the upper chest area is very important, if not absolutely primary and necessary. Take a few deep breaths: breathe in through the nose, out through the mouth, perhaps with a little sigh. Stretch and yawn a little if you feel like it. As we breathe like this, we straighten up a little and open up our chest and shoulders. We take in more oxygen, increase the circulation of the blood, and breathe out more. All this is healthy.

Straightening up will help us realise how slumped and contracted we have become, or how tense and tight we have grown. This can be painful as our musculature becomes aware of how tense and tight, or how collapsed we have become. As we become aware of our habitual physical ‘holding’ patterns, we can start to change them. Holding patterns in the neck and shoulders can then begin to relax and loosen.

Exercises, increased use of the body, and most importantly increased somatic awareness will become important factors on the way back to emotional and physical health. Find the form of exercise that suits you best and you enjoy most: walking, swimming, cycling, dancing, running, hill-climbing, aerobics, etc. Then start to do this more. Force yourself to do this regularly, even if you don’t feel like it especially on any particular day. You will start to feel better.

If we continue to do these things more frequently and regularly, we will start to become more aware of our bodies; more alive and more vital. This is just the start of the process back towards a healthy, vibrant life and an un-depressed state. It is a simple but not an easy road. It demands persistence and determination, but there are also considerable benefits as we start to feel more and more aware and alive.

Massage work, Shiatsu, Alexander Technique, Feldenkrais – Awareness through Movement, Touch for Health, Tai Chi, some of the martial arts like TaiQuonDo or Aikido, Bioenergetics, Body-Oriented Psychotherapy, etc; are all complementary therapies that can be useful in this process of working with the depression in our bodies and feeling better about ourselves.

As the body loosens up and some of the chronic tensions begin to ease, you may find that some of your more long-held feelings start to emerge. We begin to discover some of the feelings and emotions that might underlie or be associated with the depression: anger, frustration, pain, loss, rage, etc. can all start to emerge. Counselling or psychotherapy can be very useful, if not essential, at this point and can help provide a safe outlet for these feelings and an understanding of why we might have had to repress them in the first place. This then leads to further choice points and the progression out of the depression continues on upward.

## LIFE EVENT STRESS INVENTORY

It is quite often the case that an accumulation of very stressful life events in a relatively short period (eg: 12-18 months) increases one's vulnerability to depression, or can even bring it on due to emotional 'overload'. Several life events are suggested below and some sample scores (rated up to 100) are given. Please use this page and write in your 'stress' scores for those events that you have experienced over the last 18 months. For some people, their 'Marriage' was the happiest time of their life and everything went swimmingly; for others it was very, very stressful. So you decide upon your stress score. Two lines have also been left for you to add in any life events not mentioned in the list.

List of stressful "Life Events"	Sample Scores	Your Scores	Any Comments
Death of a spouse, partner or child	100		
Divorce	73		
Marital separation	65		
Imprisonment, jail/hospital detention	63		
Death of a close family member	62		
Major personal injury or illness	54		
Marriage	50		
Dismissal from work	47		
Retirement	45		
Major change health/behaviour of family member	44		
Pregnancy	40		
Sexual difficulties	39		
Gaining new family member	39		
Major business/work changes	39		
Major change in financial situation	38		
Death of a close friend	37		
Change to different line / type of work	36		
Major change in amount of arguments with spouse	35		
Taking out a major mortgage or loan	32		
Foreclosure on a mortgage or loan	30		
Major change in responsibilities at work	29		
Child leaving home (marriage, college, etc)	29		
Trouble with in-laws (or neighbours)	29		
Outstanding personal achievement	28		
Spouse begins or stops work outside the home	27		
End / change formal schooling, or begin college	26		
Major change in living conditions	26		
Change in social activities, personal habits	26		
Trouble with the boss	23		
Major changes in work hours / shifts / conditions	20		
Change in residence, new school / new work place	20		
Major change in amount of recreation / activities	19		
Taking out a smaller loan (hire purchase)	17		
Holidays / Christmas / family get-togethers	15		
Changes in sleep / diet / eating habits	15		
Minor violations of the law	11		
>....	•		
>....	•		
<b>YOUR TOTAL SCORE</b>	=		

If you scored more than 150 points, any minor illness may be due to stress; more than 300 points, your symptoms (often depression, sometimes serious illness, or an increased incidence of minor illnesses) are probably as a result of these stressful life events. Make sure you take appropriate measures to deal with these stressful events properly and reduce current stress in your life.

Adapted from Holmes & Rahe, 1967

# EMOTIONAL EXPRESSION IN DEPRESSION

## **Basic Principle:**

Often one significant part of depression is often the lack of emotional expression. When we do not, or are not able, to express some of our emotions, they can build up inside of us. This can create agitation and pressure: a little like a pressure cooker. Then, there is even less of an incentive to “take the lid off”. Further build-up can lead to these emotions turning ‘sour’ and ‘black’. We can even become bitter and cynical. We can begin to alienate ourselves from those around us. Or we can even turn these emotions against ourselves and, instead of being negative to others, we can become negative towards our self, self-depreciating and self-hateful. Even further build-up becomes untenable after a while. We can’t hold all these feelings in forever. We can either ‘blow’, or we can eventually collapse under all of this unexpressed ‘stuff’. This is usually a collapse into depression.

## **The Way Out is the Way In:**

The way out of this dilemma is the way that we got into it. At some point we will have to start to express some of these feelings that we have been locking up for so long. Unfortunately the resultant build-up or the turning ‘sour’ means that the initial stages of this expression can feel very nasty, as this is what tends to come out first – either as an explosion, or as a stream of blackness.

## **Find a Safe Channel:**

The initial reservation about expression can help to keep all of one’s negative feelings locked in. However this is also the initial ‘edge’ that we have to get over. We don’t necessarily want to open the floodgates wide, and risk getting swamped. So we need to find the safer methods, the sluice gates, first. We need to begin to let out some of these (negative?) feelings in a way that is not going to swamp us, explore, or horrify others.

It is sometimes better to use the “safe space” created by a confidential and therapeutic situation. Here one can begin to express some of the ‘unacceptable’ negative feelings in safety and confidentiality. Later, when these are more integrated, they can be mentioned to others when appropriate.

Another fairly safe way is to start to write – write a personal journal: write letters to the people in your life that you felt that you never said half of what you wanted to (but don’t send them); write as a means of remembering; write as a record of the things that happened to you that you have never told anyone; write to tell the real truth. Try it. It might not be your way, but try it out first.

Another way is through other forms of artistic expression; art work; painting; music; movement or dance therapy; sculpture or pottery; all of these, or any of these, can be the medium that works for you. If you feel drawn to one of these, try it out. It can be good to tell someone afterwards, why you shaped things this way rather than that way. This is turning your art into an art therapy.

## **Try a Style that Works:**

You can also try “talking about” feelings, rather than “talking from” feelings. It is a first step, a safer way. Some people start by telling things in quite a removed fashion: “*One often feels this way, doesn’t one,*” or “*It feels like this or that*” (rather than “*I feel ...*”). Try to find someone safe to talk to: a partner, a therapist, a good friend. Make a simple contract with them: not to tell anyone else; not to interrupt too much; not to question, or dismiss, what you are feeling. Take it in easy stages. Arrange a follow-up. You may not be able to tell much at first, but later ....

Try allowing yourself to feel some of these feelings when you are by yourself: when walking the dog; down by the river; on the beach; in a wood; in a car in a lay-by; in your bedroom. Pick up a stick or stone; throw it or hit something with it. Shout or make noises if you can. Hit the steering wheel. Allow yourself to cry. Hit a cushion or pillow. Curl up and put your thumb in your mouth.

Whatever works for you! The important emphasis is to own what you are feeling; and own that some of these feelings have often not been expressed for many years. These need to be addressed. There are legitimate steps in the clear expression of feelings: "I" statements help; More open communication and assertive statements help; Actively avoiding blaming thought patterns helps; Owning one's own thoughts and feelings helps.

### **Emotional Expression:**

Try expressing some of the safer feelings first: those of pleasure, appreciation, excitement, etc. In locking up our negative feelings, we can often also cut ourselves off from the positive ones. So dig deep and try to express some of the easier feelings and the more pleasurable ones. Simple statements like: "*Thank you for helping me do ...*" or "*I really appreciated it when you did (such and such)*" make a big difference to other people, and (in due course) to yourself.

Sometimes it helps to watch a tear-jerker film: like *Kramer v. Kramer*; or *Bambi*; or whatever helps to start the tears to flow. The other emotions can often follow once the sluice gates are open. It is your responsibility to track these feelings: no-one else can.

Sometimes, the range or volume of emotions confuses us. We don't really know what we feel because we feel so much and so differently. We may both love and sometimes hate our parents; our children; our partners. So, if this is your situation, just start with one of these feelings. Allow your self to feel first one thing; and then switch to something else. Later switch back. Any release is better than none.

Sometimes one's range of feelings has been flattened, even to the extent that you feel as if you feel nothing. In this instance, start with that: "*I feel flat; I feel nothing,*" and continue to describe how that feels. Other feelings will creep in if you let them.

Sometimes we have been avoiding feelings, or emotional expression, resorting to convention, or just locking things up. Try to make a simple statements like: "*I feel this ... or that ...*". Try to avoid using phrases such as "*I think ...*" or "*One should ...*" as these types of statement take one away from what you really feel. It is often all too easy just to say nothing, if that has been your pattern: so try to say something. Try to be as real as possible.

You could practice telling your feelings with someone else first; your hairdresser, colleague, counsellor, neighbour, partner, or minister. Tell them what you feel about this or that before you tell the other close members of your family. The emotional charge is much less. Success and honest feedback is sometimes more trustable from strangers, than from people you are already emotionally involved with, or who are involved with you.

Sometimes people are flooded with too many feelings: like crying that never seems to stop, or anger that doesn't die down. The doorway to one set of feelings is open and access to others is closed. Try to describe some of the other feelings: the non-dominant ones. Focus on these for a while. Balance will often come. However, this flooding can also be a symptom of trauma, and, if this is the case, you may need some specialist help.

### **Trauma Work:**

Many new developments are happening in this field. As regards emotional expression, the essential point is not to re-traumatise the person. All recall of events and appropriate emotional expression should happen within the person's emotional "comfort zone." This means working very finely, and very gradually, with a lot of precise attention from the therapist. People really do heal this way.

## POINTS TO REMEMBER

**Express Your Feelings:** this is a way of taking the pressure off yourself. It can relieve the pressure inside and your depression may start to lift. It will not disappear all at once; and it might come back again for a while. However, do what you have already been doing, and “this too will pass”.

**Your Feelings Do Matter:** You can start to feel surer of yourself. Your views are important. More often than not you may be right. You can make a contribution to the world.

**Life Is Difficult:** but it is not impossible. Don't expect things to be easy, it makes difficult times worse. Confront difficulties; don't avoid them. Problems can become challenges. We all make mistakes at time, this is how we learn, so see these difficulties as learning experiences.

**No-One Is An Island:** we do need other people. They can help us and they can hurt us, but we still need them. The people around you need you as well. And they need you for who you are. Accept them for who they are.

**Look After Your Own Needs:** We all need to take care of ourselves. You especially need to re-build your strength, your happiness, and your self-esteem.

**You Are 'In Recovery':** If you had broken an arm or leg, you would not expect yourself to do all the housework: similarly as if you had just had a major illness. See yourself as 'in recovery' in a similar way. You will be able to pick up the reins (the control) of your life later. For the moment you are healing, recovering from depression.

**Keep Your Own Ground and Strive For Balance:** Make sure that you know what it is that you want. Go for a balance of work & play; time to yourself and time with others; physical and mental activity; pleasure and leisure, activity and rest.

**Be Flexible:** nothing is all black or all white: just good or bad. “Should”, “ought”, and “must” are not particularly helpful. If there just seems to be two unacceptable choices, try to stay for a while in the “I don't know” place. “Good enough” is sometimes a lot better strategy than perfectionism.

**Take Full Responsibility:** for yourself: for everything. Do not blame anything: your parents, your childhood, society, what happened in the past, other people. They may have contributed, but you were also there. A 'blame culture' or a 'victim' mentality does not aid recovery. You are also responsible for the process of your healing.

**Consistency Works:** a stop-start approach does not work so well. “Little and Often” is also a good maxim for recovery.

**Glass Half-Full or Half-Empty?** Check whether you are looking at things from a negative perspective, or a more positive one. Try to find the other side of the coin, or the silver lining, or whatever. Things are not always totally black or bad: “Discover the Other”.

**This Too Will Pass.:** Sometimes it is just a question of time. When you are doing everything you should be doing, things will change for the better, but maybe they will change at a little slower pace than you would like. Patience! Your body & mind know how to heal - at their own pace.

**It is Never Too Late:** The rest of your life starts with today. You may not have don “this” or “that” before now, for very good reasons. You may not have realised what you now realise; you may not have felt strong enough or clear enough; there were other people or things to consider. You can choose differently now, or tomorrow, if you want to: it is never too late!

**Eat Properly:** “We are what we eat.” Eating properly, according to the above recommendations, can really help. Remember: “Five-A-Day” “Little and often” “Watch Your Portions” “A balanced diet means a balanced life.” Old maxims, possibly, but they often carry wisdom.

**Breathe More, Move More:** Find lots of different ways of increasing your vitality towards life. Pleasure is important. Increase awareness of your body and it will tell you what it needs. Breathe!

# THOUGHTS & MOODS IN DEPRESSION

## **Basic Principles:**

Experiences that happen to us (initially often neutral) are received by our senses and processed by our brain. There they are interpreted, or given a particular set of “meanings”, before we experience any emotional responses. Depending on the type of experience and the different meanings that we can attach to it, our subsequent emotional reactions can vary considerably. Essentially our feelings are often created by our thought patterns.

When we feel low in mood, our thinking becomes more negative. Then we may reflect more on (bad) past events or worry about possible (bad) future outcomes. We maintain the basic negative mood. The ‘depression’ (negative mood) can lead to pessimism (negative thinking). This means that we are also likely to view the present negatively and with a selective bias (“the glass is half empty”). Internal belief systems and sub-conscious thoughts determine how and what you perceive of the surrounding environment; events that happen or may happen; how you might respond to them; how you interpret your perceptions; and what conclusions you draw from these.

Example: On a greyish day, when you are feeling a little low as you might have just received a larger utility bill that you had budgeted for, you see an acquaintance in the street who doesn’t seem to notice you. You interpret this as either:

- 1) I am sad, flat and boring: s/he doesn’t like me any more; or
- 2) How rude of them, I am never going to speak to him/her again; or
- 3) How typical! Everything is going wrong today. I wonder what will happen next.

Taking things against your self; getting aggressive; or anticipating disasters are all very common forms of reaction in depression.

## **Understanding the Problem:**

If you can identify that you are feeling depressed, then you can begin to do something about it.

If you feel just totally depressed, “and that is all there is”, then it will feel as if there is nothing else and no hope. Your mood or feeling is swamping any cognitive ability. Cognitive input needs a level of detachment; an ability to recognise what is happening; the capacity to take a step back and look at your situation. With severe depression, some form of medication might be needed first in order to get to this point of objectivity.

Example: Imagine you can see a dial or a scale showing your level of depression in front of you: Where are you on the dial or scale? - 10%; 30%; 50%; 75%? This is a good first step. Now you can begin to work on reducing the needle of the dial, slowly and gradually.

## **A Reality Check:**

There are no ‘quick fixes; super pills; magic bullets to kill the ‘Black Dog’ days or ‘good fairies’ to wave the blues away. It takes time and effort. It usually works: most people do get better. It is important to remember this. A large number of people suffer from a depressive episode at one point in their life. That is the reality. There is usually just one ‘bad’ episode; if the depression re-occurs, it is usually lesser and more manageable.

## **Avoid Addictions:**

Sometime, when in depression, we can get into coping patterns that can become quite addictive. These can include work-a-holism, alcohol abuse, emotionally cutting off, over-eating, over-using stimulants, getting irrationally angry, etc. These will not help you cope in the long run. They are a product of your depression – and they need to be taken seriously.

**Identify Your Patterns:** If you can recognise a pattern of yours, then you have a good chance of changing it. If you can't recognise it yet, then you won't be able to change it. Try to see what patterns of thinking happen; or what takes you into a bad mood; or when does this seem to happen. *"Has this happened before?" "Do I always react like this to this/those set of events?" "Is this familiar?"* These are good initial questions. If this is the case, and you can identify a pattern, then this gives you a potential choice: the choice of doing something differently when it happens again.

### **Set Up An "Alarm Bell" System:**

Before you can make an effective change, you have to get to a 'choice point': a moment when you have recognised a pattern, and can consider doing something different. You need a little internal 'alarm bell'. This can be quite simply set up. It is as much of a mental trick as anything.

#### Examples:

*"Here I go again!" "I sound just like my mother/father." "I don't want to be like this any more." "I've just put myself down again"; or "I have just ... blamed myself again"; or "... just kept quiet again."*

These sorts of observations can set up the 'alarm,' and, once it is set and it causes you to stop, then there is the possibility of a new 'choice point.' *"I can try to do it differently this time."* Then it is a question of practice; of paying attention to the alarm bells. The more you do it, the better you get at it.

### **The "I Don't Know" Space:**

The place where you feel that: *"I don't know how to do it differently"* is actually quite an important and valuable place to be. Here, you are recognising something very significant: that you really don't know. You have not been here before. This is a new place. It is different; and it may thus be quite potentially useful. It can also be quite scary.

You know the old and familiar – and it is not working so well any longer. Now you have chosen to try something different. There are potentially 359 new and different directions. Some of them you probably do not want to try. That is fine. Use your discrimination. Use your judgement. Choose one direction that seems a reasonable one. Then go into 'Explorer Mode' – just one step at a time. If it does not work out, you can backtrack a few steps and then try another direction.

Most of the time we do not do this because we are afraid to the unknown. We don't see the positive aspects, only the aspects that seem scary. So, enjoy the new possibilities that can open up.

### **Forgive And Forget The Past:**

You are now entering into new territory. It is time to be totally in the present. Do not hang onto the past: old thought forms; old patterns; old attitudes. You will limit your potential if you do. What happened before – perhaps oh so many times – does not have to happen again. You can change, and the time to do this is now. Changing also means letting go of the old. Try changing your overcoat when you are still wearing a rucksack. Now is the time to leave the old stuff and change some of those thought patterns.

#### Examples:

*"I did this or that because I did not know any better then: I did not have much of a choice. Things can be different now."*

*"I did it that way to survive. It worked then. So I continued to do it that way. It does not work so well now. That is why I am changing."*

### **Focus On Yourself:**

Many times we have ended up where we are because of our concerns for other people have dominated our lives. Whilst this is very admirable, and we have given and given; one of the problems is that now it seems that we have ended up with nothing for ourselves. This can be what is depressing and debilitating. Resentment and bitterness can also grow here. The way out is to focus more on what you need.

Look inside of yourself and see what sort of situation you want to create for yourself. This is what you need. This is what you can give to yourself. It sounds simple, but is not necessarily easy to do to begin with. You may need to practice a little. Some of the old “What about ...” scripts will get in the way, at first. Persist. Let yourself dream a little. How would you like it to be?

Try this on for size: *“I am going to do it my way; because this is what works for me.”* See how it makes you feel. Try it out in little ways first.

This can be a hugely important change. It may feel quite selfish at first: but don't worry - this has to be one of the new directions that you are going to try. This way you can restore yourself and help to become more yourself. Then you can choose to help others again ... if you want to; when you want to; and in the way that you want to. This way it works for you – as well as for them.

### **Look to the Future:**

As you begin to make these changes, start to imagine what might be possible. If you can't imagine it, it won't happen. You just will not see this is a possible or legitimate direction.

What goals would you like to achieve? Where would you like to be; in six weeks; in six months; in twelve months? What would you like to have changed? Dream a little more. Follow that thought, *“Oh, I wish ...”* or that *“If only ...”* or that *“I have always wanted to ...”*

It really does not matter what that is, except that it comes from somewhere deep inside you. That is the important point, and the one to follow.

### **Take the Next Step:**

If you were to go in that new direction, what is the next step? What would it take to do that? Today can actually be the first day of the rest of your life. *“Carpe Diem!”* – seize the moment. Try it out, and just see what happens. These dreams or goals will help you to set a new direction for yourself. You can then take at least one step in that direction. The journey starts with that one step.

Example: You are depressed because your life does not seem to be going anywhere. You dream of going back to college; of passing a course in ... (whatever). Good! Ring up a college and get a prospectus. That is the first step. Get some more real information. Read it and find out what course might suit you. Find out what the requirements are; how long the course is; how much?

Don't let the answers put you off. These answers can help you to formulate your next set of goals. *“Oh, first I have to do this ...”* and *“Then I have to get that ...”*

### **Find Something That You Can Do Well:**

Nearly everyone can do something (or one or two things) well. Focus on these. Do not castigate yourself for not being able to do that or the other. Choose the thing that you can do well, and develop that aspect of yourself more. It may turn into something unique and valuable to you.

# A PROGRESS CHECK

**What has been happening is that you have started on a positive road towards health. You have started to reduce your levels of stress and to tackle some of the residual stress.**

**You have also started to change your thought patterns, and you will almost certainly find that, in due course, your moods will begin to change as well.**

**You have started not to accept the perspective that is being dominated by the depression any longer. You have started to look for other possibilities. This is a positive change.**

**You have begun to challenge that the way that you have done things previously is the only way possible. You have also begun to challenge some of the setbacks, the negative thought forms, and the inherent difficulties of depression a little, as well as challenging some of your own fears. This is excellent.**

**Challenge is a necessary part of change. This is the start of the way forward, the way that will get you out of the depression. It is a little like picking yourself up by your own boot laces, but that is what it is like. You are ultimately the only person who will be able to help yourself out of this depression.**

**Now, in a moment, we will have to look at some of the ‘Nasties’ that can exist in depression: these are called “Thinking Distortions” & “Irrational Belief Systems”. This next section contains some of the cognitive work that you have to do in order to change. It has to happen – and to happen right now. It is a little like driving on the right when you go across to Europe or you hire a car in America. You learn to drive on the right, rather than the left. You just have to do it, and learn to do it very quickly, and then to keep on doing it.**

**What is necessary first is to identify and then to challenge these distortions and patterns of thinking. Set up another little mental alarm bell whenever you notice one, or get someone close to you to help you identify one (or some) of these patterns which you have. This is the first and very necessary step.**

**Then you have to stop thinking that way. You have to learn to stop. This is the hard bit. It is like a habit, or even an addiction. It is very hard to stop thinking that way. But to carry on thinking that way, is to stay in the depression – rather like keeping on driving on the left, dodging French juggernauts.**

**What helps to stop, is to try to replace the negative ‘Thinking Distortions’ with something more positive. If you can do this, that is great. If you can’t, just stop the negative thought patterns, and then think about something else.**

**Later on you may also have to tackle some of your habitual patterns of behaviour, your addictions, your ways to hide or avoid some of the deeper stuff, and such like that. You may well need some specialist extra help at this point.**

**For the moment, let us press on.**

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*“Our emotional brain is wired to crave four aspects of life: a sense of connection to our body and inner states; intimacy with a few select human beings; a solid role in our community; and a sense of connection to the mystery of life.” These enable us to release the force that we were all born with: our instinct to heal.*

*(from Servan-Schreiber)*

# THINKING DISTORTIONS IN DEPRESSION

## **The Depressive Spiral:**

One of the ways we stay in a depression is because we have continuous thoughts that keep us from feeling better. These thoughts are usually negative and often “distorted” and when we are under stress or depressed, these can be exaggerated, keeping us in the depressive spiral. There are about six categories of these types of thoughts: it is important to begin to be able to recognise them and then one can begin to eliminate them.

## **All-or Nothing Thinking:**

This is thinking in absolutes: white or black; good or bad; all or nothing. Since you are depressed, it is therefore usually the second choice; the negative one. You may also tend to judge people (including yourself) or events in very absolute terms: *“He’s horrible.”* or *“I’m an idiot.”* or *“That was a disaster.”* You may condemn yourself completely as a person on the basis of a single event: *“I failed then, therefore ... my life is in ruins(?)”*

## **Negative Focus:**

In this example, you tend to focus on the negative side of things. You ignore the positive possibilities; or misinterpret them. You focus on your inabilities and weaknesses: you ‘forget’ any of the strengths or successes you have already had. You constantly look on the dark side. There is quite an active filtering out of anything that contradicts this ‘world view’. This is not |”your view” but it is an active part of the depression. It is the depression speaking; it is nothing to do with you – nor often anything to do with reality.

## **Awfulising – Catastrophising:**

This is when you tend to magnify or exaggerate the importance of events; how awful or difficult they will be; over-estimating the consequences or chances of disaster: whatever can go wrong, will go wrong – in your mind’s eye. A setback turns into a defeat. A molehill becomes a mountain.

## **Jumping to Conclusions:**

This is where you make a negative interpretation of events without any evidence or fact. You might predict an ‘inevitable’ negative outcome, or ‘know’ that people are thinking bad thoughts about you. Again, this is the depression speaking; it is nothing to do with you. And again, there is no evidence for this; it is not real.

## **Personalising:**

You take full responsibility (unrealistically so) for anything unpleasant and for absolutely everything that goes wrong: even if it has little or nothing to do with you. If it is bad, it must be your fault. If it hasn’t worked out, you ‘inevitably’ spoilt it – and for others as well. This is also a distortion.

## **Living By Fixed Rules:**

This is where you have exaggerated the usual social codes of behaviour into absolutes. They become “fixed rules” and your life is led totally according to these. Words like “should”, “must”, “can’t”, “ought to” abound in your speech. Anything different is either unthinkable or so laden with morality, guilt or disappointment from others as to become almost impossible to consider. The more rigid these rules are, the more disappointed, angry, depressed or guilty you are likely to feel.

## COMMON IRRATIONAL BELIEF SYSTEMS

There are several common irrational belief systems, or beliefs, that underlie our thinking about our selves and about the world. They are often learnt early on in life and become the (unchallenged) bedrock of our thinking patterns. If these beliefs are held too rigidly they are likely to lead to emotional distress later on in life. These irrational belief systems are usually carried around by us as statements like:

- *I must be successful, competent and achieving in everything that I do in order for me to consider myself worthwhile.*
- *I should be liked or accepted by every significant person in my life for almost everything that I do.*
- *When things are not the way I would like them to be, it is awful and terrible. Things should be different. Things should be perfect.*
- *If something is, or may be, dangerous, then I feel anxious, upset and preoccupied and if I feel these things, then something around me must be dangerous.*
- *Human unhappiness is caused by events beyond our control, so people have little or no ability to control their negative feelings. I am unhappy, which means that I am out of control.*
- *It is easier to avoid facing many of life's difficulties and responsibilities than it is to face up to them. I will just keep on avoiding things.*
- *It is too late. I should have done something years ago. Now I have learnt to live with it, I suppose. It doesn't make such an impact now. I have got used to it.*
- *No-one has been there for me up-to-now. No-one really cares. No-one will help me anyway. I'll just have to struggle on alone.*
- *The past is all-important, so if something once strongly affected one's (my) life, it cannot be altered. I will always be like this.*
- *When people act badly, they are bad. When people act nicely, that means they are nice. People do not change.*
- *I know what is wrong. So why should I talk to someone else about it? They can't really do anything.*

Adapted from Powell: Mental Health Handbook

# ANXIETY

## **Introduction:**

Anxiety is often the cause of many ‘somatized’ problems, and we will see this in the next section on Panic Attacks. Anxiety can also cause a person to be much more aware of every sensation in their body: though these are usually misinterpreted and they think something may actually be physically wrong with them.

Anxiety is not an illness. Most of the time it is a perfectly natural and normal way to feel. It often has a useful purpose. It is your body’s natural alarm system, and it peps you up to deal with any difficulties. It is a feeling, based on a perception of danger (real or imaginary) that prepares you to deal with the danger by stimulating adrenaline. Anxiety is real, and it is not in your imagination. The physical feelings and sensations of anxiety actually happen to you. They can be very strong, however anxiety is not dangerous. These feelings will not hurt you in any way at all. Anxiety can affect you physically, mentally, and in your behaviour. Anxiety can accompany some other conditions, like depression. Most of the symptoms in the Beck’s Anxiety Inventory (BAI) – a test for the degree of anxiety – are somatic (feelings of choking, dizziness, feeling light-headed, face flushed, numbness or tingling, wobbliness in legs, etc.) Other symptoms can include heart racing or pounding, dyspepsia, chest pains, breathing difficulties, choking sensations, dizziness, blurred vision, wobbly legs, or a fear of dying. The chances are that these are all symptoms of anxiety. Anxiety can also affect the way you think. There is a tendency to think in ‘all or nothing’ terms, to jump to conclusions, to personalise, to focus on the negative, or to exaggerate what you imagine might happen – ‘awefulize.’ Shakespeare wrote: *“There is nothing good or bad, but thinking makes it so.”*

Finally anxiety can affect your behaviour: what you do and how important it feels to do it. Anxiety often drives you to do things right away, without hesitation, or impulsively. Sometimes it can turn into repetitive behaviour, or avoidance behaviour.

## **What Not To Do:**

It is usually not necessary to take medication for anxiety, though often one of the benzodiazapines are prescribed, and sometimes analgesics (like codeine) are self-prescribed. Extensive studies have shown that for many people (at least 40%, as much as 55%, occasionally 70%) a placebo is just as effective as the medication being tested. Medications and drugs can also create dependencies, some are addictive, and some may have side effects. The root cause of the anxiety is also not being addressed. So, don’t reach for the bottle of pills. There are other ways.

Obviously, some people are so prostrated by their anxiety that they may need some medical help to get them into a state where they can act coherently and address their anxiety, but this is usually only a very short-term solution in extreme cases.

## **Self-Soothing:**

Anxious people can first ‘prepare’ themselves for non-medical methods of working with their anxiety, and these preparations can increase the efficacy of non-medical approaches. This preparation work can be described as ‘self-mothering’, ‘self-soothing’ or giving oneself ‘solace’. The child’s security blanket or favourite teddy bear are examples of ‘transitional objects’ that provide solace. In an adult, these may take the form of a ritual ‘cup of tea’, or getting under the duvet for a while. Shopping is an expensive form of self-soothing. Putting on a favourite CD; wearing one’s special sweater, having a bowl of ‘chicken soup’; are all cheaper and well-tried ways. What is your method? Seriously, what works for you?

It is very important to give yourself a pleasant, soothing, relaxing experience. Then you can start to cope with your anxiety much better. Sometimes your anxiety is centred on the ‘fear,’ or the ‘pain’ of suffering, or anticipation of another bout of depression, or migraine, or of failing, or whatever. Take yourself somewhere ‘safe’, and soothe yourself a little. Knowing, consciously, that you can do something very simple that is not only pleasant and safe, but staves off the chance of further suffering, is a very important first step.

**Conscious Control:**

The next important thing is to address some of these anxieties directly. The anxiety may be real, but, in itself, it is NOT going to kill you. It is important to realise there is nothing to be afraid of in these feelings. You may have become Afraid of the Fear itself. Do NOT Panic. DON'T TRY TO RUN AWAY FROM, OR FIGHT OFF, THESE FEELINGS. The solution is simple. You must sit with them; just let them be; let them pass away and change; and not let them affect you.

The trick is to breathe. Stay in control and breathe. Don't let the thoughts continue going round and round, or escalate; don't fight them; don't run away; just breathe. It is easy to say, and harder to do. But this is all you have to do, for now.

As you begin to master this – and you will – then you can start deliberately going in to situations where you used to feel anxious. Just keep the thoughts under control and keep breathing. If you have been having palpitations whenever you get in to a high place, or a small confined space, deliberately start to go back to these places, when it is nice and quiet – and just breathe. Take it one step at a time. Try to get back, as soon as possible, to doing all the things you stopped doing because of your anxiety. You will feel anxious at first; but then it will pass. Stay in control. Don't hurry the process. Use whatever little tricks you have. Do it with friends, if that works for you, or alone, if it doesn't.

Remember – do NOT leave a situation until the anxiety, the fear, or the panic, has diminished and until you have felt that you are in charge of your feelings. Any moment of anxiety is another opportunity to practice these techniques. Plan your 'targets' and be specific: *"I will go to the supermarket and stay in there at least 15 minutes. I will buy at least five items. I will not go to the shortest queue. I will wait till the anxiety goes down."* Practice makes perfect and you will feel stronger and better each time. Don't just do it once: do it several times. Don't let yourself take things easy: keep at it. Don't procrastinate or put off tackling these situations. Just keep doing these sorts of things until you master many of your anxieties. There may be a few set-backs, but you will recover from them. The anxieties may not go away completely, but they will become much less disabling, and you will become more confident.

**Avoid:**

Too much tea, coffee, or caffeinated drinks. Don't smoke too much: it has a similar effect. Don't take too much sugar or salt. Don't drink too much. Don't eat too little – or too much. Try to avoid overworking or being overtired. Avoid too little relaxation – you are going to need to be strong, rested and ready to go.

**Other Benefits:**

These methods of consciously utilising your own internal resources are also useful and effective for people with chronic pain conditions, and they can help boost one's immune system. They work by increasing a sense of internal balance, harmony, relaxation and peace. Physiologically endorphines are released in your body from your brain, and these start to help you to relax.

In such a slightly more relaxed state, your body-mind's own resources and healing processes become optimised, and self-regulation is restored. This is not a New Age belief, but well-researched psychobiology (see Bakal, 1999; Servan-Schreiber, 2003/4) The many various techniques all have their own claimants: visualization, relaxation, prayer, humour, biofeedback, massage and meditation are some choices. Most carry a significant feature: increased self awareness.

**Somatic Awareness:**

This is another method of 'tapping' into the body's own resources: through increased self-awareness about anxiety. This is specifically dealt with later on in this Handbook as it is a method that can be applied to many different conditions. For anxious people, it is very effective. Anxiety Management, in the form of various breathing, relaxation & imagination exercises, are promoted by various Clinical Psychology departments of various NHS Trusts.

# ABOUT PANIC ATTACKS

## What Are They?

Panic attacks are quite common, occurring in 2-5% of the population. They are one of the symptoms that accompany acute stress, or post-traumatic shock, or sometimes agitated depression.

They are not dangerous in themselves, but they can feel very frightening. They occur more frequently in women than men. There is evidence of some inherited potential. People who experience panic attacks also seem to be those who experience stress in their respiratory and cardiovascular system, rather than anywhere else. They can be affected by changes in hormone levels (as in menstruation or the menopause). There is also a strong connection to the levels of carbon dioxide CO<sub>2</sub> in the bloodstream. They are defined by a sudden onset of intense apprehension, fear or terror accompanied by physical symptoms such as difficulty in breathing, dizziness, palpitations, chest pains, tingling sensations, shaking, sweating, and feelings of unreality.

The panic attack often involves quite strong **physical feelings** or body reactions such as one's heart racing, feeling suffocated or smothered, nausea, sudden sweating, tingling feelings, hot or cold flushes, clammy hands, shaking or trembling, upset stomach, breathlessness or dizziness. The **emotional feelings** involved might be a sudden rush of intense fear, or the person feeling they are losing control, or that something awful might happen to them. The **thoughts** that accompany panic attacks often include; *"I am going mad," "I am going to die," "I am having a stroke or heart attack," "I am going to embarrass myself," "I'm not normal."* **Behaviours** associated with panic attacks include: the inability to sit still, fidgeting, snapping at people, pacing up & down, frequent yawning, or sighing.

Sometimes the fear of having another panic attack makes one limit one's actions and either avoid places where you might be likely to have one: busy shops, crowded places; or avoid doing certain things for the same reason; exerting yourself, being alone, going to the cinema, having an argument, etc. These are called **Avoidance Behaviours**.

Panic attacks can last for a few seconds or can continue for a longish period leaving one feeling shaken, tense and exhausted. People can feel as if they are having a heart attack or stroke and, the first time it happens, they often call out their G.P. or an ambulance. Once you have been diagnosed as having panic attacks or panic disorder, this sort of medical intervention should not be necessary as there are a number of other things that you can do for yourself.

Panic attacks can sometimes be predicted, especially if they have happened to you in similar circumstances. Sometimes they are unpredictable, and within a few seconds you can be in a state of panic. Sometimes one can wake suddenly from sleep in a state of panic, which is very frightening as there is no warning. A fear of dying during such night-time panics is quite common. A form of very shallow breathing called hyper-ventilation is also quite common.

Panic attacks are horrible, but they are not dangerous in themselves. The fear of having such a panic attack can be almost as bad as the panic itself. Avoidance behaviours are quite common. If you are interpreting things as dangerous or horrible, they may seem more so and then you are in a vicious spiral.

However, don't panic! – Panic attacks are treatable. It **is** possible to reduce the frequency of panic attacks by addressing one's general levels of anxiety and stress. It **is** possible to control an actual panic attack by taking a few very simple measures. Persistent panic attacks can also be treated pharmacologically now.

# WORKING WITH PANIC ATTACKS

If you experience reasonably frequent panic attacks, there are some things that you can do to reduce the likelihood of having them; to prevent one happening; or to stop an actual attack.

## **Reduce The Related Problems:**

Many people who have panic attacks find that they are overstressed generally. If the panic attacks are related to your general level of stress, you **must** do something about this first. Relaxation tapes, meditation, and some cognitive therapy can all be quite affective.

Some people have drinking problems. The alcohol itself makes you more likely to have a panic attack; then you have a drink 'to steady your nerves' and so a spiral begins.

Depression can also cause panic attacks, so this needs to be addressed: either by medication, or by therapy, or both.

Some people have experienced a severe trauma, which is still unresolved. This can also precipitated panic attacks and some form of treatment (medication) as well as some form of therapy is almost certainly necessary.

## **Be More Aware:**

It is really necessary to become more aware of when you might start to feel panicky, or start to get over agitated; then you can begin to do something about it. Even if the onset of a panic attack seems to be almost immediate, there is nearly always a build-up, even if it is a short one. Set up a mental alarm bell: get friends or family to give you some feed-back; become more aware of the possible 'triggers' to a panic attack; there may be also background factors like lack of sleep; general stress levels; too low blood sugar; and situations where you feel less secure.

## **Remember:**

Remember panic attacks are the body's normal reactions that are being exaggerated. There almost certainly isn't an emergency. Nothing worse will happen. Stay in charge. Accept the feelings you have and let them run through you. Stay with the present – what is happening *now*. Don't run away, avoid the situation, or try to escape.

## **Do Something:**

It is important to do something, just one action that triggers you back into being in charge, and being in control. This might be to apply a little pressure at the pressure point in your wrist; or to make a deep long out-breath; or just to sit down. Consciously relax any tense muscles. Focus on relaxation. The fact you have done something puts you back in control and the panic lessens. All this becomes easier and more effective each time you do it.

Imagine the anxiety or fear being reduced. Gradually take yourself closer to or more often into the situations which give you panic attacks: choose 'safe' times and ways to do this: discuss the situation and your fears first; practice; and then follow through on the agreed plan of action. This is called "graded practice."

## **Breathe Out:**

In a panic attack, it is very common to struggle for the in-breath, or to have very high, short, fast breaths. It is important – indeed absolutely necessary – to breathe out deeply in order to change the Oxygen and CO<sub>2</sub> balance in your blood in order to stop the attack. Focus on the out-breath first, and then the in-breath will follow. Force the air out of the open mouth and imagine you are fogging some glass - even try giving a little sigh with the out-breath. Then allow the breath to come back in, slowly. Repeat this for a couple of times. Practice it regularly. Then you will know how to cope in a panic attack.

# SELF-ESTEEM STRATEGIES: 1

## **Basic Principle:**

One of the main reasons behind a general lack of self-esteem or self-confidence is that these naturally occurring feelings have been eroded over a long period of time. If this erosion started in early childhood, it is possible that even the concept of self-esteem or self-confidence might seem strange or alien. There is a way to get it back: one just needs to claim it – or re-claim it.

Here are a few techniques gleaned from other (sometimes famous) people's successes:

- Look confident, even if you are quaking inside.
- Be realistic about what you ask for, then stick to it.
- It's better to be honest, even outrageously so, than to lie or evade. People always know.
- A truly confident person doesn't rely on the assessment of other people.
- Doing something you really want to do gives you a fantastic sense of self-worth.
- Many people have "the imposter syndrome" – where you feel someone's going to expose you for who you really are. Just be true to yourself.
- If you haven't got the confidence yet, learn to fake it: tell the truth later.
- As a child you have no armour, so when bad things start to happen you start to think something's wrong with you. It seems there's no way out. A large part of confidence is banishing the feeling it must all be your fault.
- Learning to develop a 'mask' or 'professional persona' is a good short-term measure. Later on you should drop it. You will want to be accepted for who you really are.
- Learning jujitsu, or some other martial art, gives a woman a fantastic sense of confidence. You can think, "I can flatten this bloke if I want to."
- The courage to take risks comes from knowledge and experience. This means you have to take risks carefully and learn from your mistakes. The first time is the worst.
- Most successful people will acknowledge they could not have done it by themselves. Confidence alone is a great start: confidence backed up by other people is unstoppable.
- No-one should ever tell anyone that they cannot do something. It is very provocative and they are inevitably proved wrong eventually. Go to it!
- The more you experiment and practice, the more you will feel sure about yourself.
- One way of dealing with anxiety-provoking situations is the "Don't Panic" rule. Take a deep breath; don't panic; and you will 'wing it' somehow.
- Recognise when you are having an off-day and don't try to change it. Go home and get cosy.
- Whatever you are up against, there is always a way to succeed or get through.
- Never assume you are going to be great. Don't try to be fantastic. The key to success is not to put too much pressure on yourself. Just give it your best.
- Other people may look relaxed or confident, but most of them are feeling just like you, and so they are faking it. You can do that too.
- Eventually you will have to learn to stop worrying about yourself, and become more concerned with other people. This makes you very good company.
- If you find meeting new people difficult, there are ways of making it easier. When you go out, always wear something you feel good in. Don't get stuck in a corner; just circulate – you'll look confident even if you aren't feeling it. Have a couple of opening gambits.
- It is important to stretch yourself. Image your epitaph: "She tried everything; took it all in her stride and gave it a go."
- Confidence comes from knowing you will cope; that you will get over any mistakes; that you gave your best. In the end, that is all that matters.

Adapted from a series of women's magazine articles.

## SELF-ESTEEM STRATEGIES: 2

### **Basic Principle:**

One of the main reasons behind a general lack of self-esteem is that this naturally occurring feeling has been eroded over a long period of time. If this erosion started in early childhood, it is possible that even the concept of self-esteem might seem strange or alien.

**There is a way to get self-esteem back: one just needs to claim it – or re-claim it.**

### **Claiming Your Space:**

Just as you have a right of determination over your own body, so you have the right to your own space – whether it is physical space, psychic space, or whatever. You exist, so you have the right to the proper space to exist in. You have the right to breathe, to stretch, and to take up space. Just claim it.

Don't apologise for existing. Don't be sorry that you are there. The planet is a richer place with you on it. You have as much need for or rights of a space of your own: and that means a **safe** space. Somewhere where you feel safe. If you don't have this, you should have it. You need it. Claim it.

You should have a room in the house, or a space or place in the house that you feel is rightfully Yours. You can go there and not be disturbed; you can go there and feel comfortable; you can go there and do whatever you want to do, or do nothing. We all need this sort of space. Claim yours.

### **Claiming Your Ground:**

You also have the right to stand on firm ground. Everyone needs to be a degree of surety, of security, of consistency. Chaos is not O.K. Domination is not O.K. You may need to determine what your ground is: no-one else can really do this for you.

Don't shift about just because others seem to want to be where you are standing. Don't always defer to others: why are they any more important than you? If you all claim the different pieces of ground you are standing on, then the territory gets bigger and more interesting. It is not an either ... or ... situation: it is a both ... and ... situation.

You are there and I am here: we are both present. That is your position and this is my position. We may be close to each other, and there may be subtle differences. Maybe we can agree and maybe there are differences, so we may have to agree to differ. You being right, does not make me wrong. Me having a valid point does not deny the value of what you say or feel. Claim the validity of both.

### **Claiming the Right to Speak:**

You also have the right to political, social or other opinions and the right to freedom of speech. You certainly have your own unique perspective on things, on anything – as no-one can see things exactly your way, because they are not you. Your views and perspectives may have never been fully or clearly formulated, expressed or heard. That does not make them any less important: it actually makes them more important.

Your views are important – they matter. If they are not heard, you may feel ignored and others may miss out on something different, something valuable. So just speak out what your views are. Choose a moment when no-one else is speaking and just say them. Claim this right as well.

### **Claiming the Right to be Heard:**

Are you really any less important than anyone else? They seem to be able “to claim the right” to be heard. Why not you? Why is your voice any less significant?

Or do you not claim this right for yourself? Part of re-claiming one's self-esteem is also re-claiming this right. You may have been shouted down in the past. You may not have dared to speak out – in the past. But this is now, the present, times are different and things are changing. You are now claiming your right to be heard.

**Rights ‘With’ not Rights ‘Over’:**

All of these rights that you are claiming or re-claiming are not “rights over” someone else, but “rights with” someone else. In the past, someone else’s rights might have superceded yours, or you might have felt someone else was more important or needy than you and you gave over your rights in favour of theirs. Now you are re-claiming your rights. These are not rights that are more important than anyone else’s – except to you. They are rights that you are claiming – equal to anyone else’s rights. The only difference is that that have not been claimed for a while.

Other people may have to adapt to this new situation. They may have to make room for you – because you are now more present. This should not diminish them in any way – it just levels the playing field. It may mean changes – it does mean changes. These are not bad changes. They are changes that make things more equal – ultimately better for everyone. Other people may not want to change: they may not like the “new you” – Tough! You like the New You. You are now claiming your space, your ground, your right to speak, your right to be heard. This is who you are NOW. Now you are re-claiming your self-esteem.

**This Just Takes Practice:**

Like everything, it will take a while to do. It sounds simple, but it is not easy. There are a thousand scripts telling you that: “you shouldn’t do this”; “other people won’t like you”; “you are selfish”; “you should think of others”; etc. etc. etc.

Don’t listen to these scripts. You have listened to them for years and you have ended up where you are now. You do NOT need to do this again. This is a habit that needs to be broken. You are stopping doing this now. Re-claim your self-esteem. Now!

The rest of your life starts now. Yes, you will listen to the old scripts, but their power is broken. You have re-claimed the right to choose. Sometimes you may choose the old way (that doesn’t serve you: you are human and fallible) – sometimes you will choose the new way – and this serves you, and ultimately everyone else. You decide for yourself. You choose.

**We Embody What We Think:**

Are you still carrying the cares of others? Are you putting yourself last - again? What would you look like, feel like, if you stopped doing these things? How would you like to stand, or move?

Just check out how you feel about yourself. Are you standing up straight? Do you look a bit less depressed? Do you begin to like being who you are a little more? What does a calmer, stronger ‘you’ look like? Think your body into this sort of state of being.

Take a deep breath – in the upper chest. Allow your back to straighten, and your shoulders to drop, and gently reset. Take a couple of deep breaths. Hold your head up. Turn your head from side to side, to straighten out the neck. Then look straight ahead. Take another deep breath.

Now choose – choose how you would like to stand, to move, to appear to others. Try it out for a few moments. Think how you would like to be: then be it. Do what is right for YOU! How does it feel? Would you like to go on: feeling this way; being this way? You can! But you have to choose for yourself. You have to embody this new Self. And you have to keep on doing it.

## SELF-ESTEEM STRATEGIES: 3

### **Basic Principle:**

If you are not sure of yourself, this is for you. So the basic principle here is to ensure that: the “you” that you are; the “you” that is feeling; and the “you” that you are working from; is the “you” that you know, want and like.

### **Main Exercise:**

Ask yourself these three main questions:

“What am I feeling right now?”

“What would I like or need right now?”

“What works for me & what doesn’t work in my immediate surroundings?”

Try not to judge your answers. Sometimes they might seem trivial, or ridiculous, or impossible, or just plain selfish; but, Hey! – That **is** what you are feeling, or this **is** what you want, not that – at this moment in time. So just accept it. It might change later; feelings often do. If it doesn’t change, then you probably really feel this, or really want this, or really don’t like that. And **that** is really important information.

As you learn to accept these aspects of yourself, however quirky, you learn to accept yourself. As you learn to accept yourself more; so your self-esteem will start to grow. As your self-esteem grows, you will begin to be able to start to communicate these thoughts, feelings, wishes, or injunctions to other people. But don’t worry about that now – that comes later.

Keep on doing this exercise. As you do this exercise, and as you keep on doing this exercise, you will start to build up a much clearer idea of who you really are; what you really feel; what you really want; and what you really don’t want. This is essentially a process of clarifying, and of strengthening, and of “centering.”

It is important that you practice this; and just keep on practicing it. Practice makes perfect! Repetition makes it better, clearer and stronger. And the reason this is important is that somewhere along the line, your self-esteem and self-confidence got eroded. This is just part of the process of getting it back; claiming it back.

### **Asking For What You Want:**

Whether you realise it or not, you also have the “Right” to ask for what you want or need. Check out the “Rights Charter” (see later). Many people have a problem in asking for what they want (approval, help, more attention, more time, time for themselves, forgiveness, variety, rest, etc.). Often this is especially true in depression, or with anxiety.

Many people have a problem asking certain people for what they want (parents, colleagues, friends, partners, boss, children, strangers, etc.). Many people have problems in asking for what they want when they ... (need help, are embarrassed, have an idea, feel selfish, feel guilty, feel vulnerable, feel stupid, are in a position of lesser power, are afraid the answer will be “No”, etc.). Check out your own fears.

The most effective way to ask for what you want, and an important skill you may need to practice, is to formulate a clear and assertive request. You may want to prepare this in advance. And you may need to determine certain ‘facts’ in order to do this effectively: We shall look at this a little later, in the next section.

# SELF-ESTEEM 4: BECOMING MORE ASSERTIVE

## **Basic Principle:**

Being assertive is communicating our thoughts and feelings, openly, honestly and without violating other people's rights. It is a healthy alternative to being aggressive. or being passive.

## **Being Assertive Means That:**

- We are able to say what we think and feel;
- We are able to ask for what we want;
- We can say 'Yes' or 'No' clearly;
- We can express a range & depth of emotions;
- We can express personal opinions;
- We can communicate effectively in relationships;  
- all without restricting ourselves unduly through fear of censure, criticism or lack of confidence.

## **Being Unassertive:**

We are usually unassertive because we have 'learnt' or 'been forced' to be so. Young babies are naturally self-assertive; but our behaviour gradually becomes shaped by those around us, the messages they give us, and their general level of encouragement, or lack of it, and also by repressive or deprived circumstances. Lack of self-assertion can become chronic. In the long-term, being unassertive depletes our self-esteem, and the more we become unassertive, the more we lack a sense of identity. This can result in a lack of: sense of purpose; faith; good feelings about the world and ourselves; feeling in control; etc. Negative feelings, depression, anxiety or stress can even result, and these can also have physical and psychological repercussions.

## **Becoming More Assertive:**

This is really the only way out of the above. Becoming more assertive can improve our sense of identity; our self-confidence; our pleasure in ourselves, our lives & the relationships around us; our general mental & physical health. It can reduce feelings of depression, anxiety, and stress. It can save energy and give pleasure. It all sounds very simple, but it is not necessarily easy. It usually takes time, practice, a safe place to start, and possibly some help. However, it is well worth the effort.

## **Practical Steps:**

There are several practical steps to take:

- First** You have to understand the theory and the underlying principles of this approach. Most of this is stated above, so you have already taken the first step.
- Next** You have to recognize what the differences are between the passive, the aggressive and the assertive styles of communicating - in yourself and in the people around you. See what you like and dislike in yourself and others; see what you admire, and would like to be like. This will give you some good clues as to 'how' to be different, or more assertive. You are probably already fairly aware, somewhere, what might work for you, and what might not.
- Then** You have to identify one or two situations where you feel you would really like to, or need to, become more assertive. You need to choose these a little carefully, as they need to be relevant to, and possible for, you.  
You can create simple checklists or use questionnaires (available from T. Powell: Mental Health Handbook) to help identify those situations where you feel quite uncomfortable, or those where you would like to feel more assertive.

You might want to choose a relatively safe arena in which to start, where the possible repercussions might not be too dramatic, or where it is relatively safe.

**Practice** a little bit first: you might want to prepare what you want to say; role-play it, or rehearse it a little. Try things out with the help of the therapist, or a friend. Don't worry too much; it will always be different to what you imagine. You can probably imagine the worst, and it is usually never like *that*. Also allow yourself the potential to make mistakes and your ability to learn from these.

**Don't** be put off by your fears about the reactions of others. Sometimes you just think or 'know' that there are going to be repercussions as other people have come to 'assume' that you are like 'so' or 'such': however they may also be getting a surprise sometime soon as well. So don't let that stop you. You may also be quite surprised yourself soon, as people often like self-assertion in others.

**Transfer** the results of the above into a real life situation. Don't raise your expectations too high; don't assume total failure. Get some feedback; modify things appropriately – maybe you could have been more assertive, or could have said 'this' rather than 'that'; or in a slightly different way; and then just repeat and continue to become more assertive. This is just the start, but hopefully it is the start of something increasingly positive.

### **Watch Out for Negative Thought Patterns:**

Negative Thought Patterns are internalised statements like:

- It would be selfish to say what I want.
- If I'm assertive, I'll just upset someone else.
- I might really embarrass myself, and then that will be worse.
- If they say 'No', it will prove that this has all been a huge mistake.
- I shouldn't have to do this: people should know what I want.
- I have been like this for so long; I haven't the right to change now?
- The present situation is 'all right'; why rock the boat?
- They will just laugh at me, or get angry.

### **Identify Your Negative Thoughts:**

What negative thought patterns do you have that are effectively stopping you becoming more assertive? Let us try to get them clearly identified; and labelled as "negative"; and then you must work quite hard to clear them all out of the way. They are stopping you. You have been stopping you, through these negative thought patterns. They are not you. They are just negative thoughts. So, start by making a list; and keep adding to it. Then see that all these thoughts are really obstructions: they are stopping you becoming you. Now comes the hard bit: how can you stop them stopping you? Where is the little switch inside you that you can turn and say "*Enough!*" "*No more.*" "*I've had it, already.*" "*I am going to live my life the way I want to.*"

### **Check Out the "Rights Charter":**

This is another concept available (see page 32: Handout R1) that identifies a number of basic "Rights" on the presumption that we are all equal and that we all possess these same basic human 'rights'.

Many people either ignore these (if they like being 'in charge' or in control) or have forgotten that these rights exist (or apply to them). The goal of assertiveness is to "*Re-claim Your Rights*" without violating the same rights of others.

# THE RIGHTS CHARTER

There are a number of basic 'Rights' that are very important, yet often forgotten, ignored, or not implemented, and all of these can really affect your self-esteem. These 'rights' are slightly different from the basic Human Rights referred to later in the list of "Legitimate Needs":

- **I HAVE THE RIGHT TO BE TREATED WITH RESPECT AS AN EQUAL HUMAN BEING.**
- **I HAVE THE RIGHT TO ACKNOWLEDGE MY NEEDS AS BEING EQUAL TO THOSE OF OTHERS, AND IMPORTANT FOR ME.**
- **I HAVE THE RIGHT TO EXPRESS MY OPINIONS, THOUGHTS, BELIEFS AND FEELINGS, WHICH MAY WELL BE DIFFERENT FROM OTHERS.**
- **I HAVE THE RIGHT TO BE LISTENED TO; AND TO BE TAKEN SERIOUSLY; AND FOR MY VIEWS TO BE PROPERLY CONSIDERED.**
- **I HAVE THE RIGHT TO MAKE MISTAKES; AND TO LEARN FROM THEM.**
- **I HAVE THE RIGHT TO SAY, "I DON'T UNDERSTAND" - AND TO HAVE THINGS EXPLAINED PROPERLY.**
- **I HAVE THE RIGHT TO CHOOSE NOT TO TAKE RESPONSIBILITY FOR OTHER PEOPLE, OR THEIR PROBLEMS.**
- **I HAVE THE RIGHT TO SAY "NO"; TO WITHDRAW CONSENT; OR TO CHANGE MY MIND, HABITS & PATTERNS OF RELATIONSHIP.**
- **I HAVE THE RIGHT TO BE 'ME', WITHOUT BEING DEPENDANT ON THE APPROVAL OF OTHERS.**
- **I HAVE THE RIGHT TO ENJOY MY LIFE; TO ENJOY MY OWN COMPANY, MY BODY, & MY WAY OF DOING THINGS; TO SET MY OWN PRIORITIES. I HAVE THE RIGHT TO PRIVACY; AND TO DO WHAT I WANT TO DO.**
- **I HAVE THE RIGHT TO CHOOSE. I CAN CHOOSE TO BE PASSIVE; OR TO BE ILLOGICAL; OR NOT TO CARE; OR NOT TO CONFORM. I CAN CHOOSE TO STAY AS I AM NOW, OR TO CHANGE WHEN I WANT TO.**

**I AM AN INDEPENDENT, MATURE, POTENTIALLY POWERFUL & SUCCESSFUL PERSON, WHO:** .....

.....

.....

Copy these 'Rights' out, adapt them, or add to them to make yourself feel they are really yours. Put them up somewhere (viz: alongside the mirror, or on the fridge) so that you (and others) can see them regularly. Say them over to yourself frequently. They do help. They are important.

Adapted from Powell: Mental Health Handbook

# WHAT WORKS?

There are a number of well-tried things that can really work towards becoming more assertive:

## **Body Position & Non-Verbal Behaviour:**

Many unconscious body positions and movements give off a 'passive' signal; others may adopt 'aggressive' body attitudes; there are also 'assertive' body positions and movements. These include eye contacts, facial expressions, speech patterns, and the use of your voice.

Become more aware of what is being communicated by you, and to you, non-verbally. See if someone can video you: how do you come across when you are asking for something?

If you can deliberately make some small and quite subtle changes in your body language, you will find that you get very different responses from people. Experiment with these! Practice the ones that you want.

## **Listening Skills:**

Whilst these may not actually be a direct step towards being more assertive, they can really help understand what people are saying and give you 'spaces' to say, more easily and appropriately, what you think & feel.

These listening skills tend to fall into categories like: Attending Skills; Postures of Involvement; Appropriate Body Language; Eye Contact; A Non-Distracting Environment; Following Skills; Door Openers; Minimal Encouragers; Open (infrequent) Questions; Attentive Silence; Reflecting Skills; Paraphrasing; Reflecting Feelings; Reflecting Meaning; and Summarizing. However this is not a Counselling Course and most of these skills are fairly self-evident, or can be found out about in books. They can be practised gently in relative safe situations, as with a friend in a Co-Counselling set-up (where you each talk almost without interruption for 15 or 20 minutes).

By doing some these things when you are listening to someone, you are changing the dynamic of the relationship between you at that moment. You are not being passive; you are now listening actively. One or two of these will change the dynamic quite seriously; you do not have to do all of them (or any). The intent with which you listen to others will have changed. That is enough!

## **Assertive Skills:**

There are also some basic assertiveness skills. These can really help you come over as being more assertive. They are:

1. **Being Specific:** (KISS - Keep It Simple and Specific) Try to be as clear and precise as possible. Say whatever you want to say just as simply and specifically as you can. Avoid rambling, padding, justifying, qualifying, excusing or whatever. These can be part of any follow-up statement later. Keep It - your essential statement - Simple and Specific. There is strength and clarity in such simplicity.
2. **Repetition:** Just keep repeating what it is that you want to say (a little bit like a broken record) – though you can always use different words - until it is clear (to you) that the other person has *really* heard you and has really understood you. This can help you stick to what is important for you, without being distracted by their arguments or their objections. You can relax a little because you know what it is that you are saying; you just have to keep on saying it. You have some power as you can go on saying it until you feel satisfied you have been heard. You can also avoid any irrelevancies, different logics, emotional appeals, arguments, objections, or any other distractions. It is really an exercise in determination.
3. **Self-Disclosure:** This skill is where you can disclose (a little) what you are feeling with a relatively simple statement like: *"I feel a bit nervous about (saying this),"* or *"I feel slightly guilty, or selfish, in saying what I want."*

The advantage of this sort of self-disclosure is that it usually reduces your levels of anxiety. It also gives a basis for greater honesty and clarity. It can possibly encourage some reciprocation from the other person. It is also a subtle power position in that it can put ‘the ball into the other person’s court’ as they usually then need to make a response.

4. **Negative Assertion:** This skill involves agreeing with someone else’s (true) criticism, and then perhaps qualifying it. It means accepting that you have faults, and then adding in one of your virtues or positive aspects. You do NOT accept their negative statement as the complete picture about yourself. It takes a little self-confidence to do this, and a certain level of self-awareness and a small belief in yourself that you are NOT “just” what the other person says you are. Part of what they might say is (perhaps) true, and also you are much more than that.
5. **Negative Inquiry:** This is where a possible (negative) criticism is turned into a piece of constructive feedback. For example: “*You’ll find that difficult, won’t you, because you are so shy?*” is replied to by: “*In what ways do you think that I am shy?*” You are thus inviting further information in order to find out whether the criticism is constructive, or manipulative or harmful. You are also subtly but assertively questioning their judgement of you and even opening the situation to an improved channel of communication.
6. **Workable Compromise:** When there is a conflict between what you want and what someone else wants, it is important to remember this skill or principle. A workable compromise is something you can *both* agree to. It is not where one person wins and the other loses: it is more a negotiation to a situation that both parties can live with, and where both feel listened to and respected. Compromising on a solution in a difficult situation does NOT mean compromising your self-respect or self-esteem. If the situation seems polarised: either ... or ...; win /lose; black or white; then hold out, maintain the “I don’t know” space, stay in the ‘undecided’ position until you find an acceptable ‘middle way’ that works for both parties. Don’t try to get there too soon. Don’t leave it too long.
7. **“Both ... And ...”:** This is something that is often forgotten about. It is very different from “*either ... or ...*” This skill firstly gets us out of the false duality often presented or imagined in (sort of) either/or statements: “*He is right, therefore I am wrong.*” It allows both you to have a clear position and the other person to have their point without negating either: both can be valid. It also puts you firmly in the picture without necessarily threatening the other person’s position. It can go much wider: You can both want this and see the potential dangers of it; or “We both agreed to this and now I happen also to want that.”

These reminders are just a start. There are many more Assertiveness Training skills and they can often be explored best in some sort of a Self-Esteem Group (see later). There are also lots of other self-help types of books on these topics. Local Health Boards and specialist groups (like MIND) also put out booklets.

However we hope the tips in this hand-out can give you some ideas about how to move forward in your goal to becoming less depressed, less anxious, and more self-assertive.

# WHAT WORKS FOR ME !

## **Basic Principle:**

This section contains ideas, concepts and exercises to help you work out what ‘works’ for you ,and what doesn’t. It forms part of the Self-Esteem section; and it can stand alone as a technique to help you get clearer about what it is that you want for yourself. If some of it works for you that is great! If something doesn’t work for you, bin that idea: use something that works. Focus on what works for you: and only on that. This really starts the process of Self-Empowerment. But remember also: this is **Self-Empowerment**: **You** have to be the person who empowers himself or herself. This information can only offer you ideas and suggestions: you decide.

## **Take The Time And Space That You Need:**

Often what does not work is when we do not have enough time and space for ourselves, even to find out what it is that we need. We can easily get caught up in other people’s rhythms and routines, and what they expect of us; we can also get caught up in our own ‘busy’ patterns that prevent us thinking, or feeling, too much. Things will probably not improve for you much until you prioritise this sort of time & space for yourself. Some specific time set aside for self-reflection, relaxation, leisure or meditation is usually fairly essential.

Twenty minutes once a day is usually the absolute minimum to make a significant difference: 10 minutes twice a day is slightly better: 20 minutes twice a day is much better. It is usually possible to find this sort of time by making some small changes in your normal routine: getting up a little bit earlier; eating lunch by yourself; pulling into a lay-by before you get back home; sitting down in the bedroom whilst the others are downstairs; taking the dog out for a walk; some gentle gardening; going to bed half-an-hour earlier; or whatever.

Please try to get this sort of ‘time out’ regularly, and then do it fairly religiously, for at least a month. See what a difference it can make.

## **Finding “Your” Own Voice:**

Often we listen to the voices of others too much: “*You should do this,*” or “*You can’t say that.*” What would happen if you listened more to your own voice? What would it say? We sometimes do not give ourselves the space and time to find out what our “inner voice” is saying, let alone ever saying it out loud. Sometimes you only find your voice in times of silence, like when taking ‘time out’ as mentioned above, or by asking yourself some of the above questions.

An increasing sense of yourself can mean that, in odd moments, you suddenly ‘know’ what it is that you want. It is then surprising how clear your voice can be; how simple what you really need to say can be; and how extremely difficult actually saying it can be. Just be aware of these difficulties and then the right moment will present itself.

What we are describing is a very different experience to ‘hearing voices’ that often say things that you don’t like or want to hear. This is much more a sense of an inner knowing: knowing what it is that you want to say, and what it is that perhaps you just have not really said before: perhaps never said. Remember this is part of a general Self-Empowerment process. You are just saying what works for you, and what it is that you are feeling, wanting, or needing right now.

Try to focus on the fact that this, just this one thing, is what is absolutely true for you, right now; and that it is all that you really need to say. It doesn’t matter whether people particularly like it or not; it is the truth. It is your truth, and maybe it hasn’t been said clearly or properly enough yet – if ever. So just let the words come out: just let them be spoken, now. They will come out, at the right moment. It often then gets easier after that.

## **What Do I Really Want?**

There are three essential questions that we have met already. You may need to keep asking yourself these three questions and eventually the answer to the question, “*What do I really want?*” will come to you. The three questions are:

- “What am I feeling right now?”
- “What would I like or need right now?”
- “What works for me & what doesn’t work in my immediate surroundings?”

The answers to these questions, if you keep repeating them over and over to yourself, will eventually come to you, and these will really help you to identify what works for you, and what doesn’t. They are based on what you are feeling right now - and this can change moment-by-moment. So keep on asking yourself these questions. Remember that you are probably coming from a position of depression, anxiety, or lack of self-esteem. Things are already difficult for you. Asking these questions, changing some of your thoughts and perceptions, and doing these little exercises helps put ‘you’ back, much more clearly, into the picture.

## **The Tyranny of Niceness:**

It is really nice that we want to be nice to others; and that we can be nice to others; and it is fantastic when people are nice to us. However sometimes ‘having’ to be nice to others can eventually become something of a tyranny. It can become a trap for our selves. Only ever being nice to others means that (in some way) you are not allowed to be nasty, irritated, annoyed with them, or whatever. This can mean that you get depleted, exhausted, run down, possibly very angry inside, and, eventually, of little use to yourself or anyone else.

Perhaps we feel that we should always be nice to others: but this is when it can start not to work for us. We can start to feel resentful: “*When is anyone nice to me?*” The trick is, and the way out of the trap is, to be nice to yourself, first: most importantly to like yourself: and so to look after yourself really well. Once you do this, you are then much freer and much more able to be nicer to others – when it is right for you to do so.

## **Which Bit of “No” Do You Not Understand?**

Sometimes what works for you is just what works for you; and what used to work for you, now just does not work for you any longer. Other people can therefore sometimes have a considerable difficulty in hearing that, or accepting that, maybe, you have changed, or circumstances have changed.

They can even seem to be unable or unwilling to hear you say “*No!*” and that is when you might need to say something like: “*Which Bit of ‘No’ Do You Not Understand?*” or “*Sorry; but my “No” means “No” or, simply, “I can’t do that: it just doesn’t work for me any more.”*”

People might take a little bit of an offence at first, especially if they are expecting you not to say “*No*” (because you never have done) or to say “*Yes, of course!*” - (because you always do). But they’ll get used to the change eventually. If it doesn’t work for you, you cannot go on doing it; and by stopping now, you will probably become a nicer and happier person, and so they may even learn to appreciate the changes that you are implementing.

## **Getting Rid of Addictive Patterns**

What works is to use this opportunity to get rid of any other addictive patterns that you might have been using to get through the depression, reduce the anxiety, or boost (artificially) your self-esteem. These can include abusing alcohol, smoking, comfort eating, over-spending, over-using caffeine or sugar, gambling. You may need additional help to eliminate these behaviours. But it is good to try and get it done now.

# LEGITIMATE NEEDS

Here is a list of totally legitimate needs. These are what we all need – every person on the planet - and we even have a right towards. Many of these have been incorporated into the UN Charter of Human Rights. It is up to us to own them, and to claim them – in everyday life. These are an assorted mixture of environmental, social and personal conditions, activities, and experiences, all important for our physical and psychological health.

- **Physical Needs:** From the moment you are born, you have the need for: clean air, pure water, and wholesome food. You also need suitable shelter and clothing. You need to be able to feel safe. These are now seen as basic human rights. You also need to be able to keep yourself healthy.
- **Emotional Needs:** As humans and social animals, we need the company of others. We need to love and be loved; to have friends; and to feel respected and valued. At times of stress or distress, we need sympathy and compassion. At times of achievement, we need recognition, appreciation and congratulations. At times of difficulty, we need understanding, help, and maybe even forgiveness. We need to be able to be happy. We need outlets for our emotionally expressive feelings, and for our sexual or intimate feelings.
- **Intellectual Needs:** Our minds need information, stimulation and challenge: we have an innate need to understand people and the world around us. We need, and have the right to, education. We need variety, recreation and play. We have a drive towards accomplishment, and need to exercise this. We need to grow and experience change. We also need times of quietness and peace. We need the freedom of ideas, and to be able to express these openly and honestly. We have the right to freedom of thought and speech. We need authentic and consistent responses from others.
- **Social Needs:** We need to be able to interact with others; and we also need to be able to be by ourselves sometimes. We need creative and useful work: often linked to a role in society that helps define who we are and what we do. We may need to feel that we are making a positive contribution to society. We often need to feel that we are part of a group, or groups, and these can also help determine who we are, in terms of social identity. We also need a degree of autonomy, self-determination and to make our own decisions about our own lives.
- **Moral, ethical and spiritual needs:** We all need to feel there is some value to our life. We need to feel that there are rules and a degree of order, value and rightness: chaos does not work, neither does anarchy make for contentment. We need to figure out, and live by, our own standards of behaviour. We need to believe in ourselves, in people, in a natural order to things, and in the power (or rightness) of love. We also nearly all seem to (need to) believe in something larger than ourselves: a Higher Being – by whatever name one calls it.

Not having these needs fulfilled (being deprived of them, not owning them, nor claiming them) can mean that we get to feel lesser than we are, or less than we should be. We limit our own potential through limiting own self-image and cutting our selves off from some of our legitimate needs. This can mean that we eventually become depressed, ill, feel angry or bad about ourselves. It can mean that we feel depleted or deprived. We have a degree of responsibility towards ourselves to fulfil all of these legitimate needs. We may even to challenge conditions, or others, that prevent us from so doing.

# EXPRESSING YOUR NEEDS

## **Needs are Different from Wants:**

The above 'needs' are different from 'wants': though sometimes it can be just a matter of language. At one end of the spectrum, those needs are paramount: they are needs that can mean life or death. At the other end, we can do without some of those needs for a considerable period of time: even though we might still need them. 'Wants' are on a different scale: we will not die, nor suffer much, without a new washing machine, or without pistachio ice cream. We may need a better working environment; and yet we may want a new job.

## **Expressing Your Needs:**

Only you can also put these needs, or wants, into words. You need to be able to 'formulate an assertive statement.' This means telling others clearly what it is you need, which is significantly different from asking for what you want.

It works best if you can specify fairly precisely all the aspects of what it is you need. This almost become formulaic. "*I need ... (specifically this) ... from ... (this person) ... by ... (such a time, date or frequency) ... in or at ... (a place or manner) ... with ... (any others, or conditions).*"

Try to fill in such an assertive statement outline. Maybe write it down, practice saying this (in private), or discuss it with someone else first. Distil or work these five points out into a brief statement, suitable for the situation and for the person you are talking to. Try to eliminate any ambiguities.

You may also need to give the person you are talking to some degree of rationale, or reason, to help them understand you need. You might need to say what you are thinking, and/or to indicate how you are feeling, and why this does not work for you. This forms a fairly complete 'package', a whole message. It also helps others to understand and respond more sympathetically or co-operatively. It just works more effectively. The 'whole message' comes in three parts: *I think ... ; I feel ... ; I need ...* Often indicating a positive result is helpful as well.

Example: "*I think that I do more than my fair share of the work around the house. You do not do any housework. I feel resentful when I am working and you are reading the paper. I need you, Alan, to help me more around the house, putting things away, on a daily basis, and especially when you see me working. Then we can both sit down and relax afterwards and enjoy being at home together. This would make me feel a lot better.*"

Here are some useful hints: Try to make sure that you are speaking to the right person, the 'source' of your problem; Get this other person to agree to a time and place for the conversation that you need to have with them; Approach them positively rather than negatively; Keep the 'change' that you need them to make small enough to avoid a huge reaction (i.e. one step at a time); Keep the change requested as simple and specific as possible; Don't blame or attack the other person, just describe their behaviour that gives you a problem; Use "I" statements about your own situation and feeling; Express to your own thoughts & feelings as factually as possible; Stick to facts, avoid exaggeration; Keep your voice tone and language moderate; Be specific; Watch your body language; Maintain eye contact; Speak firmly; Practice also makes perfect.

All of this sounds quite simple: but it is usually not at all easy. It can even be very difficult. It can also be very rewarding, and (since it hasn't happened yet) it will probably take you quite a lot of effort; maybe even a row, a few tears, and a bit of emotional pain. It will also take practice. Maybe you will also have to say this a few times in different ways and on different occasions. Maybe you will also have a number of different things to say to a number of different people, in different ways, in order to get things working out better for you. It is really worth the effort. Success builds on success.

### **Two D's and Three P's:**

The two D's are **Discrimination** and **Determination**. You, and only you, really need to discriminate what works for you and what doesn't; between what you need and what you want; between what you like and what you do not like; between who you think who is 'right' and who is not; and between what works for you and what does not work for you. Only you can decide.

You might also need to discriminate between your needs (which you may undervalue) and the assumed needs (often 'wants') of others, which you might have over-estimated: especially if you have issues of low self-esteem. You may be surrendering legitimate 'needs' of your own, for fear of hurting or offending others, by depriving them of what they 'want'. You are actually depriving yourself here. And you are also the only person who can change this situation. You will need to hone the tool of discrimination.

You will also need to determine what it is that you want; what (new?) direction you are going in; when you are going to change; and what you might want to do with the rest of your life. You may need to determine your priorities. Some of your needs may be being fulfilled; others may be being ignored: the priority then is for a broader perspective, or for more of a balance.

Sometimes it is important to prioritise others: their needs become paramount (especially if they are young, or ill). And at some later point, the balance needs to be redressed, and your unattended-to needs now become more important. Only you can determine when this balance needs to shift.

The three P's are **Patience**, **Persistence** and **Positivism**. You may need to exercise some patience (which is very different from passivity). This may be patience with yourself, with other people, and with the time it takes to change things around.

You will need to persist as, once that you know what you want and what works for you, it may take some considerable time and effort to implement these changes more fully or significantly. Other people need to be considered, or negotiated with, sometimes; and that takes time (patience) and determination (persistence).

You will also need to become quite positive that this is what is right for you; that this is what really works; and that this is what will make things, not just better for you, but also better for those around you. You are both moving towards a more positive future for yourself, and for those that you care for. This is what will work better for everyone. This is what fits in better with the changes that have already been made, with your whole process of recovery and growth.

Do not be put off by any fears and anxieties (your own or others). They have been around a long time, and you have considered them fully. As they have done in the past, they are now still preventing you from fulfilling yourself. They will still continue to be around, and you are also learning to master these anxieties, and to get beyond that stage.

### **Appreciate Yourself:**

You should also appreciate and congratulate yourself for surviving; for getting here, today, to this place, where you are at already. You really deserve a medal or two, or three. Get used to wearing them. Then you can also reward yourself again – another medal - for any of your successes in these directions as you continue along your road to recovery. You need to give this sort of appreciation to yourself. Do not rely on others.

It is also very nice when they notice and appreciate you for what you have done. Say to yourself: "*Not before time,*" and out loud, "*Thank you for noticing.*"

### **Breaking the Rules:**

Rules - traditions, rituals, laws, policies, regulations, codes, conventions, guidelines, patterns of behaviour, etc. - are usually there to be adhered to: and it usually works best if everyone actually does stick to these rules.

However, sometimes, rules don't work – for an individual; in a certain circumstance; under certain conditions. And that might mean for you, here, and now.

If the 'rule', or whatever it is, is really not working for you, then you need to make a decision: whether to continue to follow it and continue to suffer, or - not to follow that particular rule and try to change it, or get it changed.

Obviously one needs to proceed slightly cautiously as the 'rule' may be there for a valid reason: and maybe that reason is now outdated, but maybe it is not. Please proceed cautiously, but also with determination. This should not necessarily be taken as an inducement towards breaking the Law.

There may often be consequences or reactions to 'breaking the rules'; and you should be aware of these, and you may have to accept these, if you do decide to break these 'rules'. But rules – even laws - that don't work can often become tyrannies. It takes a little more courage to step across that line and break that 'rule'. And sometimes that is the only way things will ultimately change for the better.

You can ask “*Who made these rules?*” and “*Why?*” as part of the process of discrimination, determination, and deciding what to do, or what not to continue doing. These questions do not really help the actual process of self-determination. Sometimes the “rules” were made for very good reasons, which now just may not apply here, to you, or now. This 'rule-breaking' can also be a significant part of the process of Self-Empowerment.

Just because it is a 'rule', it does not mean to say that it works for you. It may only work for the person maintaining that it is a 'rule'. It might be their way to hang on to power, status, a way of doing things, or to protect themselves from change. Maybe things need to change.

It is usually best to challenge the 'rule' first and give the other person, or people, a chance to change it for them selves. Maybe they did not realise how much it did not work for other people. Maybe they were stuck into tradition, or whatever. The 'challenge' can be difficult and support, from friends, other workmates, family, your union, the ombudsman, a grass-roots organisation, etc. might be necessary or helpful. Please also refer back to the advice about expressing your needs clearly.

***All Power to the Person!***

# RESPONDING TO CRITICISM

## **Basic Principles:**

One thing that happens, quite often, is that as we emerge from our depression, or position of anxiety, or lack of self-esteem, we encounter some form of criticism. This may not be genuine criticism; it might be that we are just hearing things this way. However, it might also be genuine. The other person might not like what we are trying to do. And we might still not be strong enough to challenge this sort of criticism head-on.

## **Responding to Criticism:**

One effective way to respond to criticism is to use an assertive style. This style doesn't attack, surrender to, or sabotage the critic: it just gently disarms them. When you respond assertively to a critic; firstly you may need to clear up any misunderstandings, and then:

- You acknowledge what you consider to be accurate (though it may be biased),
- You state your perspective or point of view, which might well be different,
- You give your reasons, and then ...
- You ignore the rest.

Thus you put an end to the unwelcome attack without sacrificing your self-esteem. This is very important. Much of the loss of self-esteem has come from unwarranted criticism. Being able to respond to criticism is thus very important for people with low self-esteem.

There are three secondary methods that it may be helpful to use in order to respond to criticism assertively. These are: Acknowledgement, Clouding, and Probing:

## **Acknowledgement:**

This is basically agreeing with the criticism and its purpose is to stop any further criticism immediately, and it usually works very well. When someone criticizes you, and when the criticism is accurate, just follow these four simple steps:

1. Say, "Yes, you're right about ... (this)."
2. Paraphrase the criticism into your own words so that
  - i. You feel more comfortable with the criticism, and
  - ii. The critic is clear that you have heard them properly.
3. Thank the critic, if this is appropriate, and also indicate that you can benefit or learn from this criticism. Constructive criticism is very useful, and even if it has not been expressed positively, you can often turn it round and 'disarm' the negative aspects and turn it into something useful.
4. Explain yourself, if this is appropriate. You can give your reasons, or your perspectives without falling into an apology. It is probably best, at first, never to apologise, and possibly not to explain too much. This can always come later.

Remember also that criticism is usually uninvited and unwelcome and that most critics do not deserve either an apology or an explanation. They will just have to be satisfied with being told that they are right – in this instance, or about this particular point. Remember also that valid criticism about something you might have said, or done, or not done, does not, repeat not, invalidate you, as a person.

Acknowledgement doesn't protect your self-esteem if you acknowledge something that isn't true about yourself. Acknowledgement only works to protect your self-esteem when you can agree sincerely with what the critic is saying: - even if you dislike intensely the manner or force of the criticism.

This also means that you need to be strong enough to be able to ‘filter’ the ‘truth’ in the criticism out from any malice. This can be quite difficult and it may take a little time. You might need to get away somewhere and think this out quietly to yourself first. Rehearse what you are going to say and then come back and ‘face’ your critic. When you can’t agree fully with the critic, you might want to try clouding.

### **Clouding:**

Clouding involves a token agreement with a critic. It can be used when the criticism is neither constructive nor accurate. When you use clouding to deal with a criticism, you are saying to the critic, “*You might be right about this bit, or that bit.*” But you are also stating implicitly (to yourself and others), “*But you are not right about the rest.*” You therefore ‘cloud’ by agreeing in part, in probability, or in principle.

1. Agreeing in part: When you agree in part, you find just one part of what the critic is saying to be accurate or valid, and you acknowledge that part only. Often criticisms, especially if they are expressed very emotionally, contain ‘blanket statements’ – “*You’re no good*”; or exaggerations – “*We’ll loose the house*”; or inaccurate statements – “*You are always late!*” You need to filter these out and pick just one accurate or factual statement to respond to.
2. Agreeing in probability: You agree in probability by saying, “*It’s possible that you are right.*” Even if the chances are extremely unlikely (like a million to one against), you can still say honestly that, “*it’s possible*”.

The essence of clouding is that you are appearing to agree, and the critic will have to be satisfied with that. The unspoken, self-esteem-preserving message is, “*Although you may possibly be right, I don’t really think you are. And I intend to exercise my right to my own opinion. And I’ll continue to do things (mostly) my way.*” You are thereby maintaining your own integrity.

3. Agreeing in principle: This clouding technique acknowledges a critic’s logic without necessarily endorsing all of their assumptions (about you). It uses a conditional “if ... then ...” format. Again, you are appearing to agree with the critic, but you are also indicating to yourself (and others) that although their principle may be absolutely ‘correct’ – driving too fast is dangerous; the application of it to you at this moment in time may not be appropriate – you may not be driving ‘too fast’ – 60 mph on a clear, dry, motorway, and the critic is being over-sensitive or over-cautious at this moment in time.

Clouding is a legitimate defence against inappropriate criticism. Such criticisms usually come from someone with power issues and there may also be issues of rank and/or relationship that get in the way of a fuller response. You do not have to feel bad just because you are being criticized, especially if the criticism is inaccurate, or overstated, or inappropriate. The criticism is often laden with negative emotion and this can even be an indication of the critic’s own insecurities. Again it is probably important to stop as soon as you have used this technique.

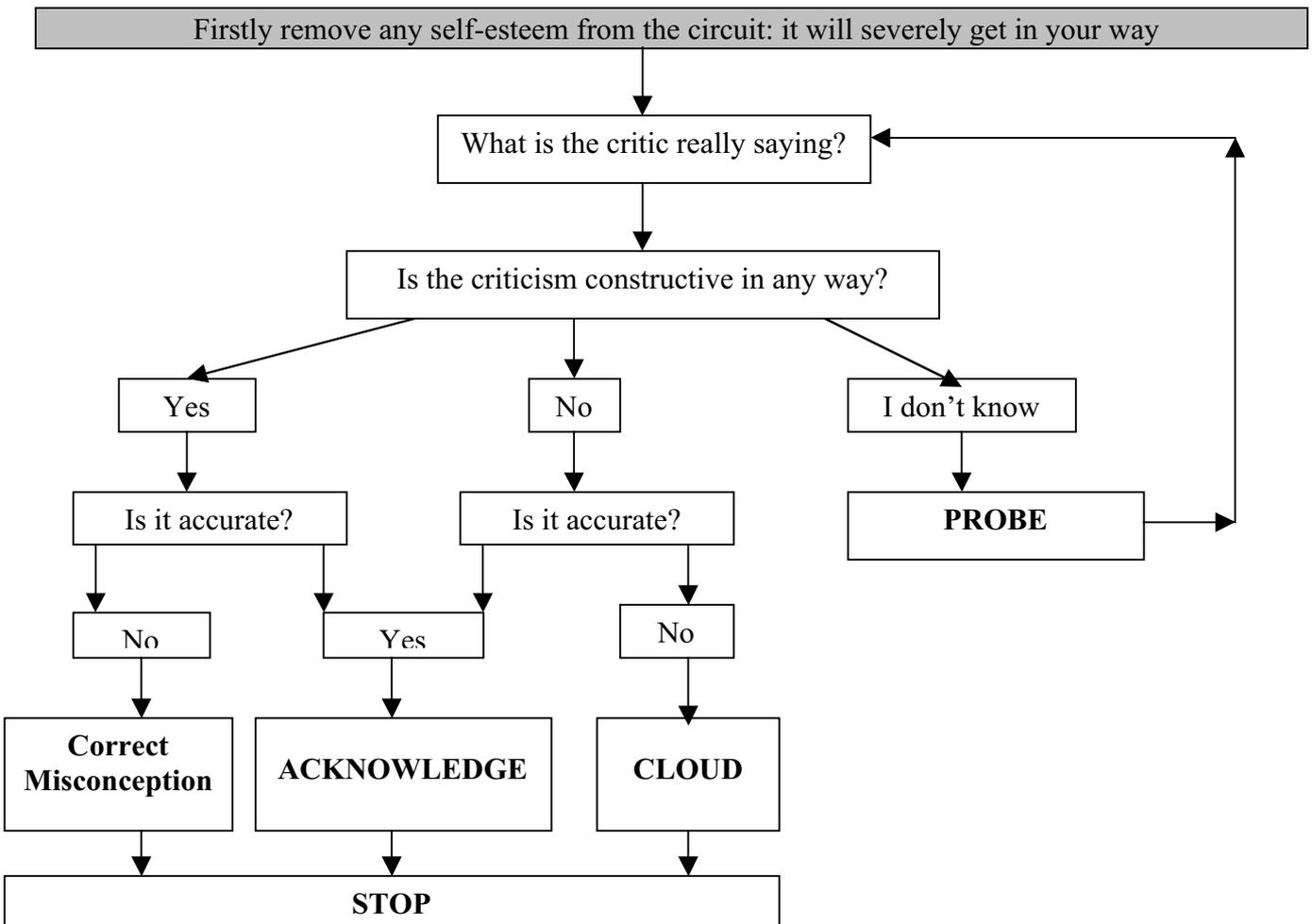
Stopping does not mean that this issue is over. It just means that you have chosen not to go any further with it for the moment. It is your choice to end this now, and this can be quite empowering in itself. Stopping also leaves any of the ‘un-said’ statements more clearly un-said. If you find yourself being quite confused about the criticism, and not understanding what, why, when, how, or where the other person is really coming from, a third totally legitimate response is to use the probing technique.

**Probing:**

Probing is where you begin to check the accuracy of what the critic is saying, or the purpose of the criticism. It is best to use this as a last resort as it can be slightly more confrontational than the other two options: acknowledgement or clouding. It is also best to be quite polite about this. A typical probing statement might be, “Excuse me, but I am not sure exactly what you are meaning. Could you explain a little bit further please?” You have not taken on the criticism, whatever it is, and you have put ‘the ball back into the critic’s court’ – so to speak. It is now up to them to make a more reasoned and understandable approach to you. Once they have done this, you can use either of the other techniques. You can also use this probing technique to gain a moment of thinking time.

So, now try to use the following ideas to give yourself a clear idea of what response to make to any criticism. This may take a little time and/or practice before you feel any more confident about facing criticism from someone and not losing your self-esteem. However it is worth it!

Remember to take that important and essential preliminary moment and try to remove any of your (old) self-esteem issues from the ‘circuit’. Your self-esteem is your affair; you are dealing with it, but deal with it later. Someone else’s criticism, at another time, is something else; this is what you are dealing with now. They are not necessarily connected. Put your feelings firmly to one side and try to listen to what the other person (the critic) is saying to you, about something you may have said or done, or not done. This does not have anything to do with the rest of you at this moment in time. Try to memorise these steps:



Adapted from various sources.

# WIDER PERSPECTIVES

## **A Wider Perspective:**

Sometimes we need to take a wider or a different perspective. Such a perspective might include the possibility that some wounds just do not heal: and that this is actually important. The wounds may heal slightly but our scars may help to define who we really are, and what has happened to us.

## **Another Wider Perspective:**

Sometimes the crises that happen to us, in retrospect, can be seen to be the exact and perfect ‘nudge’ that got us out of that stuck position and forced us to change our life. The important words are: “*in retrospect*” because, at the time of the crisis, there is no way of telling. However, if we accept a fairly matter-of-fact perspective on life, let go of any expectations, and accept just what comes, and then try to work with it, then this can sometimes actually aid our ‘process of change’.

## **A ‘Family Systems’ perspective:**

This type of perspective might say that we are often playing out some ‘role’ within our family of origin and that whatever happens to us is seen in a particular light relating to this role. A classic example is someone being the “*Black Sheep*” of the family. This person ‘carries’ the unacknowledged problems of the family; then they become “*The Problem*”; and then everyone else is relatively all right – except, of course, that they are not. As soon as the “Black Sheep” decides not to be in this role any longer, the family system will tend to try to identify someone else to fit into this role. There are many other ‘roles’ that can be carried by different family members, and determining your role and how to get out of it is quite a skilled task. Some therapeutic help may be necessary, if this is your situation.

## **Another Wider Perspective:**

Some times the crises that have happen to us, in retrospect, can possibly be seen (on a good day) to be the exact and perfect ‘nudge’ that got us out of that previously stuck and painful position and forced us to change our life quite radically thereafter. The important words are: “*in retrospect*” because, at the time of the crisis, there is no way of telling this.

However, if – when in crisis – we can learn accept a fairly matter-of-fact perspective on life, and if we let go of any expectations, and if we accept just what comes, and then try to work with it, then this sort of approach can sometimes actually aid our ‘process of change’. We are ‘going with the flow’ even if we do not know where that will take us, rather than trying to put the old structures back together again. It is scary: it is traumatic; and sometimes it works out O.K. – in retrospect.

## **Life-Changing Situations:**

People who have been in prison; or in war; had illnesses or accidents; or near-death type of experiences, or who have been in other traumatic or horrific situations, or some extended family crises, describe these events as ‘life-changing’. Their lives have changed, often quite radically. And when they look back, again in retrospect, they often talk about those events as having a particular significance: they would not necessarily want to return to being the person they were before that event. It has matured them.

Occasionally it is almost as if, when they speak about it, they, in some way, speak as if they almost in some way ‘enjoyed’ the experience, even if it was horrific, as it has had such a positive result. Sure they could have done without the horror, but to do without the whole experience ... ?

These ‘transformational’ components are extremely significant to a person, even if they are not necessarily welcomed by the people around them. Their husband, father, brother, son (say) has ‘changed’ and the rest of the family would (initially) prefer the old familiar person, even if they were somewhat dysfunctional. As people nowadays say, “*Live with it!*”

# CHRONIC FATIGUE SYNDROME

(Myalgic Encephalomyelitis or Fibromyalgia or Post-Viral Fatigue Syndrome)

## **Basic Principle:**

A section on this topic has been included here as many people suffering from depression, either have, or might think they have, chronic fatigue. Whether they have got Chronic Fatigue Syndrome or not is irrelevant. The principles of working with overwhelming tiredness, fatigue and debilitation are much the same.

## **Symptoms:**

CFS or ME is now established as a recognised syndrome or illness. The overwhelming symptom is long-lasting (chronic) & debilitating fatigue. Other symptoms often associated with this are muscle pains, poor sleep, or mood disturbances. There may also be sickness, headaches, nausea, tingling, shakiness, joint pain, etc. Some people have an intolerance to certain foods, which may be associated with significantly lower levels of sulphate. Frequent sore throats or colds may indicate a run-down immune system and mental symptoms may include concentration difficulties, memory problems, or the inability to find the right words. In order to be classified as CFS, it needs to have been present for 6 months and for more than 50% of the time. A variety of associated symptoms usually also have to be present.

## **Causes:**

The main cause of CFS is not really known. Symptoms often develop after a flu-type virus, or glandular fever type of illness. The virus is thought to attack the body's immune system, which is why one doesn't get better quickly. There are similarities to 'soft-tissue' rheumatoid arthritis. The main suggested common factor, present in most cases, is a prolonged period of severe overstress, or serious distress, just before the illness. Many sufferers seem to pay a lot of attention to other people, rather than to themselves. Since the children of CFS sufferers can also get CFS there may be some genetic predisposition, or it might be a 'learned' syndrome.

## **What causes the fatigue?**

Some CFS sufferers have been found to have much higher levels (increases of 30-50%) of choline than other people in the areas of the brain related to voluntary movement. Choline has a significant role in the synaptic communication of messages to the voluntary muscles and this might explain why CFS sufferers can feel exhausted making simple everyday movements, or why they interpret these as exhausting as many more messages instructing the muscles in order to move would need to be made.

If, as the name ME suggests, there has been an infection of the myelin sheath around the motor nerve fibres, then the insulating effect of the myelin sheath could be compromised and it would take many more impulses than usual to make a simple movement. This would feel exhausting. The Glial cells are responsible for supporting the main 'motor' messages and also for restoring the myelin sheath, and so something may be malfunctioning with them: they largely operate using calcium and a phosphate, ATP; so there maybe a deficiency there.

There also seems to be evidence in some people of reduced red blood cell mass; reduced magnesium sulphate; there is some evidence of damage to the Autonomic Nervous System; and the immune system is almost certainly affected in many people. What is going wrong with the mechanism may not be so important. What is important is the road to recovery.

## **Will I get better?**

In some people CFS comes and goes, or is less severe. Sometimes the symptoms just disappear after a significant period of time, especially if there has been a significant change in lifestyle or environment.

Prognosis is reasonably good and most people recover almost completely, becoming well again, but it usually takes time – several months into a couple of years. A combination of gentle exercise therapy and Cognitive Behavioural Therapy (CBT) seems the most effective treatment, especially with a knowledgeable and empathic therapist. Family-focussed therapy work and simple psycho-education are also effective.

### **Are there any drugs I can use?**

Some drugs can help with some of the symptoms: non-steroidal anti-inflammatory drugs for pain relief; sleep-enhancing medication; low dose tri-cyclic antidepressants; anti-anxiety medications, etc.. Avoid any drugs that give you unpleasant side effects. Discuss these with your doctor, and if your doctor is unsympathetic, find one that is more open to discussion.

### **How do I get better?**

The main way to get better is by understanding that your previous way of doing things, the way you had of doing things that in part caused the ‘burn-out,’ is almost certainly absolutely and totally the wrong way for you to do things from now on. You and your internal systems have become seriously overloaded: or ‘burnt-out’ even. This is going to take some considerable time to heal. You need to find a much slower way of doing things: like first and second gear. This is the key to successful recovery; and it is the most difficult thing to do: especially for a ‘high-flyer’ - like yourself?

Even though you are seriously fatigued, some light regular physical activity is absolutely essential. Modest regular exercise is very important. You will need to re-discover exactly how much to do and especially when to stop. Only increase your levels of activity very gently and gradually. Avoid increasing your overall levels of fatigue, as you certainly won’t get better that way. Be gentle, consistent and increase what you do and can do very, very gradually. Aquatic therapy, light exercise, gentle stretching, some forms of yoga, or Tai Chi can all be very beneficial.

Doing things much more gently, in a ‘Tai Chi’ type of way, is also much better than doing things in a ‘Karate’ style or manner, with sudden bursts of movement and activity. Only do something when you have the energy. Another useful analogy is considering your body’s nervous system as a (now) somewhat faulty electric circuit; so use ‘constant low voltage’ rather than occasionally bursts of high voltage, that are then followed by further burn-out.

Do not do anything that results in exhaustion. Aim for tiredness. Do not try to do too much: split things up into bite-sized pieces. “*One thing at a time*” is an excellent maxim. Focus or concentrate just on this. This is almost a form of mental discipline or active meditation. Do it well. When you are doing the washing up, just do the washing up: don’t start thinking about anything else.

If your health has been severely compromised, you should try to get professional help and/or some form of supervision. Do not try to do it all by yourself (that’s probably your old pattern). You may also need to explain things initially to employers and/or family members and friends, but then they need to co-operate with you (and each other) if they are going to be of any real help to you. They may also need some advice, help or counselling.

Try to avoid emotional stress or worrying about things overly. That uses up energy. Learn to delegate. Get others to help you. Just concentrate on getting well, rather than on doing what you cannot do, or have not done. Do NOT do things for other people any more: focus purely on yourself. Cut out things that cause you any level of worry or stress. Get in a cleaner; take a sabbatical; let someone else take over the committee work; use an answering machine for the phone and cut the bell out so it doesn’t disturb you; listen to some nice soothing music. Chill out and heal.

Try building in some form of mental relaxation: relaxation tapes, meditation or similar as a daily and significant part of your lifestyle. Try focussing on today, possibly tomorrow, but certainly not the far distant future - or the past. “*Why am I like this now?*” or “*Will I ever get better?*” are not particularly helpful questions: “*How do I get through today?*” and “*What do I need to do to plan for tomorrow?*” are much more useful topics for consideration.

Some complementary health therapies can be pleasant and can possibly be useful: therapies such as massage therapy, acupuncture, cranio-sacral work, and therapeutic touch, etc. They are most effective when combined with your own regime of very gentle, regular activity: don't rely on them nor use them exclusively. Many of these therapies have not been proven effective: some proposed new treatments or products are even unproven and may be harmful. Any therapy should not aggravate any existing symptoms or create any new problems. This is very important. Therapies that seem to impose a large additional financial burden should also be avoided. If someone says that their treatment works, ask to be put in touch with others who have got better. You should consult, or at least tell, your doctor about anything else that you are doing or taking.

Avoid caffeine, sugar, and other stimulants, as they will not help your body heal. Use something like the timetable (Handout - X4) to plot when you do things; what your energy levels are, hour by hour; and when you get up and go to bed; etc. See if you can gradually change the pattern to one that works for you, and others, better. Try to build up the ‘low times’ and not to do too much when you do have some energy. This is best done in consultation with someone who can give you objective feed-back..

### **Finally:**

It takes time to heal. This particular form of healing may also require that you change your whole way of doing things, possibly of how you see the world. Be conscious of how you do things and the way you do things; instead of how much you do. Achievement is not the only criteria of whether you are leading a full and satisfactory life: whether you are nice to yourself and other people is as important, or more so. You may find that you need to learn how to respond to other people differently: with greater tolerance, acceptance and even that ‘4-letter word’: love.

Your body has definitely said, “*Enough already!*” Listen to it: it has a particular wisdom. Don't fight it, or condemn it for being weak. Listen to it. It will also tell you how to get better.

### **Where can I find out more information:**

You should have got some information from your doctor or the local Health Centre. The easiest other available source is through the Internet. There are a number of websites about CFS or ME: try typing “chronic fatigue” or “fibromyalgia” into a web search program like Google. Be very careful of those websites that seem to be trying to ‘sell’ you a particular remedy or a wonderful new therapy. Don't give out your e-mail address, you may find your mailbox full of e-mail messages about treatments or products from other sources; some of these messages can contain computer viruses. Anyway here are a few general (good) informational ones:-

[www.cdc.gov/ncidod/disease/cfs](http://www.cdc.gov/ncidod/disease/cfs)

[www.ayme.org.uk](http://www.ayme.org.uk)

[www.cfids.org](http://www.cfids.org)

[www.nlm.nih.gov/medlineplus/chronicfatiguesyndrome](http://www.nlm.nih.gov/medlineplus/chronicfatiguesyndrome)

There are also pamphlets put out by Health Boards or specialist CFS groups. Ring up your local Health Information Centre, or ask in the local library. The local groups are particularly useful as you can use them to meet other people with the same (or similar) problems. Groups can be great, even if they are initially difficult. Persist with them if you can. Come back later, otherwise.

	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm
<b>Sunday (Date)</b>														
<b>What I did</b>														
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Please photocopy this sheet several times

# HAVING TO CARE FOR OTHERS

## **Basic Principle:**

This section has been included as people in depression often seem to have someone else that they feel they have to care for and, sometimes, people who have to care for others get depressed. We have been emphasising how to care much better for your self. Now we need to consider the other people in your life as well.

## **Reactions:**

When we discover, suddenly as a result of an accident, illness or trauma, or gradually as a result of age or deterioration, that we now **have to** be looking after someone else (perhaps a parent or partner), it is useful to have some awareness of what might be some of the usual initial reactions. Forewarned is forearmed. However the principles and the methods can also be applied to parents having to care for children and therapists who have to care for clients.

## **Emotions:**

Various emotions may be aroused because of the cared-for person's situation, injuries, inabilities, or from their suffering. These can be very difficult to cope with. You may also have emotional reactions or your feeling may be also related to the emotional needs of the sufferer, and/or your personal identification with them.

Carers can experience many of the emotions associated with high states of arousal that these events can engender. These may include: anxiety, anger, guilt, shame, depression, helplessness, volatile emotions, and sleep difficulties. There may also be excitement, challenge, and masses of positive determination.

There may be repetitive images, concerns & even obsessions, and/or a marked change in character as we begin to deal with this new (and often unwanted) situation. These symptoms are usually part of the increased level arousal associated with the increased level of demand onto the caring part of our selves.

It is important to recognise that these emotions are mostly and probably quite 'normal' reactions to an essentially 'abnormal' situation.

## **Roles:**

Roles change and various different thoughts and attitudes about this are quite common. This person (sometimes your parent) may have been looking after you and now this role is reversed. You may have married someone, and now have to care for their child. Since it is a new role, we can often become concerned whether we are doing enough in such a situation: it is called 'caring guilt' - "*Could we do more? Could we do better?*" In such a situation, we need to discover more about ourselves, what is really needed of us, and what our limitations are. We may also be grieving for any lost roles, in the sufferer and in ourselves.

## **Relationships:**

Sometimes the emotional arousal and the changes associated with increased demands of caring for others can lead to difficulties in your relationships with other people: in the family, at work, with friends. We have less time available because of the increased demands; we may be preoccupied with this new level of demand, and somewhat shut off from other people and our loved ones. We become less open to other people's needs. We may need someone to be looking after our needs; and caring a bit for us. Again, these are probably perfectly 'normal' changes or reactions to an unusual or even 'abnormal' situation.

### **How to cope better:**

The main thing to do is firstly to give yourself a ‘gold star’ for doing what you are doing, and to keep on appreciating yourself for coping and for caring. Relatively minor and momentary glitches need to be balanced with what you do, all the time, every day, and what you do well.

- **Three Basic Principles:** Increase Your Self-Awareness; Find Your Centre; Be Clear of Your Ground. Sensing these three essential aspects of your self, in whatever technique, form, or image that works for you is the first major step. This is something that you can do anyway, anywhere and anytime. Without these you will not have a clear sense of who the “I” is in any statement: “*I am feeling .....*”
- **Recognise** the possibility for the feelings, changes, etc. which may be as a result of you doing something very different, or much more demanding, than what is/was usually experienced in (your) everyday life. These feelings are an important part of this new situation.
- **Labelling:** Do **NOT** label any of the above feelings or experiences as evidence that there is something wrong with **you**. Recognise they arise out of the change or abnormality of the situation that you are in and it is the situation that is the source of these feelings.
- **Individual:** You are an individual and will react individually. There is no set plan: there is no correct way to respond. Some people need to talk; others do not. Your own experience is what is important for you. If others you know of in similar situations *seem* to be coping better or differently, then you don’t know the half of it and they are also different from you. Try to avoid comparisons.
- **Limitations:** Check on your limitations. Your abilities and your situation is what is unique to you. What can you give; and what are you just not able to give to a situation. What works for you; and what does not work for you? If doing this, that *and* the other exhausts you, try to find an alternative: only do this, or that, and let someone else do the other.
- **Special Time:** Try to get some special time to yourself: when you are officially “off duty.” Use these times to relax, to unwind, to enjoy yourself. There should be no guilt about using this time just for you: indeed it is absolutely necessary if you are to continue in this caring role. If you can use this Special Time successfully, you will return to the caring role or duties much more refreshed and able to be more efficient, more patient and more compassionate. This is really fundamental, and it is often the most ignored.
- **Speaking About or Sharing:** It is also often necessary and/or advisable – as well as being quite helpful – to speak about or share some of your experiences on a fairly regular basis. If you have any colleagues, or know of other people, in a similar situation, you might be able to work out an arrangement with one of them, that you are able to see them, or speak to them on the phone, about some of your experiences and concerns. There may be a local voluntary support organisation or group for carers. There may be support staff accessible through your doctor, the hospital or social services. There may be internet web sites, chat rooms etc. that have special information or which can guide you towards such support facilities. Don’t try to do this all alone: get appropriate support for yourself and allow yourself to talk about the situation you are in.

Try to get these ideas set up and built practically into the caring situation that you are in as soon as possible. It is much easier then to add and modify them to your own needs and circumstances, rather than to try to add them in later and get things changed then, by which time you may be desperate. Then it is too late.

# 12-STEPS PROGRAMS

*The original 12-Steps program was designed for people with an addiction to alcohol and forms the basis of the Alcoholics Anonymous method of treatment. The 12-steps program has been shown to apply equally successfully to other forms of addiction, like drug addiction or gambling.*

*The 12 -Steps are really a guide towards living a moral happy life by trying to conquer the addictions or compulsions that hold us back.*

## ***The 12 Steps***

1. We admitted we were powerless over ----- (the particular addiction), and that our lives had become unmanageable.
2. We came to believe that only with the aid of a Power greater than ourselves could we restore ourselves to sanity.
3. We made a decision to turn our will and lives over to the care of that Power, God, as we understand Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to that Power, ourselves, and to (at least) one other human being the exact nature of our wrongs.
6. We make ourselves entirely ready to have all these defects of character removed by that Power, and by ourselves.
7. We humbly asked Him to help us to remove all of our shortcomings.
8. We have made a list of all persons we had harmed and we are now willing to make amends to all of them.
9. We will make direct amends to such people, wherever possible, and at their discretion, except when to do so would injure them or others.
10. We have continued to take a personal inventory and, whenever we were wrong, promptly admitted it.
11. We have sought through prayer and meditation to improve our conscious contact with that Power, as we understood Him, praying only for knowledge of His will for us and the power within ourselves to carry that out.
12. Having had a spiritual awakening as a result of these steps, we have tried to carry this message to others, and to practice these principals in all our affairs, and in all aspects of our lives.

Adapted from the 12-Step Program

## THE 12-STEPS IN COUNSELLING

This remarkably successful program has some lessons for us in a counselling situation. Firstly, it really does work. About 67% of all people who start in properly on it, get significant help from it. A high percentage of these either manage to stop their addiction, or gain significant control over it.

The present “addictions” or, more commonly, those persistent habits that are something less than full-blown addictions, can also be seen as akin to old “survival techniques” or “perceptions about life” that we developed in our family of origin, have used fairly religiously ever since, and are now increasingly inappropriate or dysfunctional. It is these that we need to change, but have great difficulty in so doing.

These persistent habits can include: low self-esteem, patterns of blame, lack of personal responsibility, persistent self-sabotage, work-a-holism, self-abuse or self-harm, inappropriate anger reactions, heavy drinking or smoking, financial mismanagement, a series of affairs, persistent flirting and/or inappropriate sexualization of other people, staying in an abusive situation, and also co-dependent relationships.

The first 5-Steps can be applied by anyone, relatively easily, to any of the above situations without doing any harm, and with the distinct possibility for discovering, or re-finding a degree of self-control or a sense of self-empowerment and self-benefit.

Start going through the Steps and writing them into your own language or terms. Keep the essential point of each step, but re-phrase it to fit your present situation. Discuss this with a friend, or your partner, or your therapist, saying how it might work for you. Listen carefully to yourself, as you justify what you have written. Listen also carefully their advice. They know you quite well and know something of how this persistent habit has got a hold of you.

Either try one at a time (the best way): or the first 5-Steps: as it is difficult to remember any more at the beginning. Steps 6-8 also take one into a different phase of the work of rehabilitation and change. Please notice they are written in the past tense. You have not completed the step until you can fully acknowledge, over a period of time, that this step is now true. Until such a time, you are working with it, trying to make it happen.

Scrupulous honesty and self-awareness are what really works in this program. Otherwise you are just fooling yourself. You can try and fool others, but it won't work for long; and then you will have (again) destroyed any trust or good will that you might have built-up in the interim.

The other successful part of the program is that your compatriots, fellow addicts, sufferers, travelling companions, whatever, have all been there, done it, and “got the T-shirt” – sometimes many times. They are the only experts: because they have done it already themselves. They know all the tricks and self-delusions, because they have been there before you. It is therefore sometimes very useful, if not essential, to try to find and get into such a group of like-minded people. Do NOT even think of trying to do this just by yourself: re-read Step 5. It probably will not work, and Square One will become very familiar.

The final useful concept that comes out of the 12-Step program is the perspective that you are a recovering “-----aholic” every day for the rest of your life. Take it one day at a time. You haven't done ‘... this ...’ today. Do not get complacent. Remember the addictive component. It will always be there.

# BEREAVEMENT & GRIEVING

## Someone Has Just Died

This is one of the most difficult situations that can be experienced and it is often very difficult to deal with well. There seem to often be issues in talking about death and dying. When someone has just died, everyone is supposed to be sad: but we often have a whole mix of feelings. Having a strong emotional reaction to someone's death is perfectly normal and healthy, and yet other people find strong emotions difficult to deal with. The process of adjusting to someone's death is called grieving: and, as a society, we don't do this very well.

## Factors That Can Influence

- Much will depend on your relationship with the person who has died: what was the actual connection (friend, parent, sibling, child, etc)? How close were you? When did you last see them? What was the quality of that contact? How might you have liked it different?
- Much will also depend on the circumstances of their death: What was the manner of their death? Was it expected? Was it a sudden death, or one following a long illness? Was there a lot of pain involved for the person who died? Was it a suicide? Was it a peaceful death? What was the age of the person? Does this death carry a considerable 'loss factor' (young person, just before a wedding, birth, etc.)?
- Your previous experiences of loss and bereavement: Have you experienced bereavement before? Was this death very different for you? Were other losses very painful, and does this death recreate some of those feelings? Are you still recovering from another loss or bereavement?
- Your views on death may be significant: Have you really thought about death before? What are your beliefs about what happens after death – if anything? Are you scared of dying or of other's dying? Do you believe that you "shouldn't" be feeling this way because of other people's views, or because "Others seem to be coping O.K.", or because "You were not that close", or because "Others were closer", or because "You have to be strong for ...", or because "It is time to get over this."

## The Process Of Grieving

There are several stages in the grieving process, that continues long after the death and funeral, that most people usually need to go through. These are all quite common stages. There is also a sort-of sequential aspect to these stages in that if you do not complete one stage properly, there may a tendency not to be able to progress to the next stage.

1. **Disbelief** It is often hard to make sense of information about someone's death – at first. You can hardly believe it. Sometimes people feel quite numb, feel nothing, or want to deny that the person has died. It can be quite an adjustment to get used to someone not being alive: you may expect that person to come in at any moment.
2. **Overwhelmed** Sometimes we are overwhelmed by the amount of feelings, or the conflicting feelings that we have around someone's death; usually someone who was significant for us. There may be reminders everywhere. Physical symptoms might include: anxiety, emotionality, sleeplessness, inability to concentrate, loss of appetite or 'comfort eating', feeling sick, or a feeling of lethargy. Sometimes it is as if you cannot think about anything except the person who has died, or how you will cope without them.
3. **Low Mood** Bereavement involves a lot of natural sadness. This can affect how we feel about anything, everything else. Most other things can seem unimportant in comparison and there is little motivation or interest in your usual activities. Do not worry. This is natural grieving. It will pass. If it doesn't, then there may be strong feelings that are being repressed.

- 4. Strong Feelings** Bereavement often involves strong feelings: anger, rage, guilt, loneliness, frustration, emptiness, etc. Our belief in the ‘rightness’ of life may have been threatened; that person may have always ‘been there’ – and now they are not. Your belief systems may have been thrown in turmoil; there can be ‘anger’ at ‘God’ for letting this death happen.
- 5. Adapting** This stage takes time; lots of time; much more time than the people around you often seem to want to allow you. “Time is a great healer” has to be balanced with “It’s time to move on.” If you are in the midst of your grief, then you are not yet ready for this stage. However it will start to happen anyway. Some people try to hold it off by keeping things unchanged: like the room of a child that died. This may give some comfort, but they may also be trying to ‘hold on’ to the person by holding on to things as they were. They are not allowing themselves to adapt to the death and bereavement. It is very natural, but it is not very productive.
- Moving on and adapting do not mean forgetting about the person, or betraying the very special place that they had in your life. It means that your life continues: in a different way to the way that it might have continued if they had not died.
- There will be special times when your grief is brought back into focus again. Special dates (anniversaries, birthdays, etc.) can be triggers for remembering and can also be celebrated: sometimes something surprising will bring back the memories, and the grief: a smell, a change meeting, a location. However the grief does lessen with time, and the memories can still be kept alive, but more as an acknowledgement or a testament to that person’s life.

A healthy grieving process will include the opportunities to go through all these different stages: to be in the low moods; to express all of the strong feelings; to adapt to the new situation; to retain the memories healthily. It is surprising how many people will find that they will empathise with you; you will find that you are not alone.

Please try to use the sympathy and support that is being offered. You might not want it all, but it is being offered to you, in your grief and bereavement. Friends, family, ministers, counsellors, all want to help you. A temporary distraction, a shoulder to cry on, a stranger in the train, a listening ear, can all be useful for momentary relief.

There are also various other support systems and groups that can help the grieving process. The work and writings of Elisabeth Kübler-Ross are excellent and are fairly readily available: [www.elisabethkublerross.com](http://www.elisabethkublerross.com) and there are other recommended books like: Tattelbaum, J. (1997) *The Courage to Grieve*; Penguin, London: or Ironside, V. (1997) *“You’ll Get Over It”: The Rage of Bereavement*; Penguin, London.

The organisation CRUSE has branches in many cities (Edinburgh: 0131-551-1511) and has a national phone help-line (0870-167-1677) and website: [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)



# SELF – AWARENESS

## **Increased Self-Awareness**

Increased Self-Awareness, which includes increased ‘Somatic Awareness’ – awareness of what is happening in your body, is an essential part of the road to full recovery and healthy emotional self-regulation thereafter. This has been mentioned before in various ways throughout this handbook. Essentially it is a commonplace inner experience; readily discernable, ever-changing, and unique to you. You are encouraged to do everything that you can to increase this level of awareness as the process of doing this will mobilize your body-mind’s resources to their maximum potential, and you will start to get better, stronger, to like yourself more, and to heal. Increased self-awareness is a very good ‘heuristic’- a device to understand the unknown.

## **Increased Attention**

This is one of the first pre-requisites. You will need to spend extra time “listening in” to your inner self and your body. Several ways have already been suggested: progressive muscular relaxation; meditation; deep regular breathing exercises, Autogenic Technique, asking your self various questions; etc. These all require some special time to be set aside regularly for this.

## **The Perilous Question**

You will also need to move towards any specific problems: “*What is this migraine trying to tell me?*” or “*What does my body want me to do?*” or “*How do I reduce my levels of stress?*”- rather than avoiding them and cutting off from them, or trying to drug them out of awareness. This approach I call “The Perilous Question” from the Arthurian legend of the Holy Grail. “*The wound will not heal, nor will the wasteland flourish, until someone asks The Perilous Question: “How can this wound be healed?”*” An answer always comes – though sometimes it is not the one you want to hear!

## **General Well-Being**

Again, as mentioned before, all of these methods need to be seen in a holistic context. We are trying to change the whole body-mind system, and to help it achieve a sustainable method of self-regulation, rather than just focussing on fixing a tiny bit of it. You will not be very effective in the changes that you want to make, if it is a matter of two steps forward, one step back, because you might also be stressing yourself out, stuffing yourself with junk food, or popping a variety of pills.

## **Dreams and Images**

The body operates in terms of impressions, sensations and particularly images, which sometimes also surface in our dreams or in odd moments of reverie. Pay attention to these images; explore them; talk from them, rather than about them; paint them.

## **Breathing**

Your pattern of breathing is a wonderful gateway into the sub-conscious. It is a vital component in increased self-awareness and somatic awareness. It helps you to re-balance. Just listen to your breathing; allow it to adjust to a natural, even, deep, effortless breathing ‘wave’ – with a similarity of pattern and flow to waves on the beach coming in and going out. Let your chest rise and fall as well as letting your belly move in and out. Spend some time, a lot more time, just breathing consciously and effortlessly. Other things will follow.

Practice this full effortless breathing at odd moments throughout the day: on the bus, in the office, at home, when on the computer, or when out walking. You only need do it for four or five breaths every half-hour or so. Do it as often as you can. It is best, when sitting, if your back is reasonably straight and upright, or, when lying, lie flat on your back. Various disciplines teach different types of breathing: childbirth classes, chronic pain groups, relaxation, yoga, qi gong, neo-Reichian therapies, etc. Healthy breathing is essential for good physical and mental health.

## **Special Times**

You will definitely need special times daily, and maybe a special space, like a quiet, undisturbed bedroom, in order to increase your level of self-awareness and somatic awareness. As mentioned, about twenty minutes twice a day is the usual minimum. You can break the twenty minutes up into different parts: 10 mins relaxation; 10 mins of awareness. Many people find that this sort of relatively minor adjustment is the only definable extra time commitment. It does take a little longer to find some of the other suggested alternatives, but, once found, they are then readily available.

## **Letting Go**

It is sometimes necessary to 'let go' of old patterns of life, habits, ways of being, dysfunctional relationships, emotions, mental rigidities and prejudices, muscular tensions, physical and emotional stress, perfectionist attitudes, workaholic tendencies, etc.

This 'letting go' is different from 'giving up' or 'dropping out'. It is consciously creating a space for something new and better to come in. There is an implication that this 'letting go' is not permanent or final. Some of the better of functioning aspects of the above can be picked up again later and re-integrated, if you want to. 'Letting go' does naturally create some anxieties, usually just before you let go: afterwards, there is often a great relief. 'Letting go' is often necessary and important in order to experience and recognize the more positive aspects that you are trying to connect with and introduce.

## **Facing Yourself**

This is the hard part. We often have to face up to aspects of ourselves that we do not want to look at: really! We may have been actively avoiding these aspects for years. This can be part of the "Dark Night of the Soul" or the "Valley of the Shadow". And it is hard, very hard!

However there is often the understanding that it is necessary; that things will not improve unless this is done; that maybe, just maybe, there is a form of redemption on the other side.

You will probably need help. Help will be there. You may have to find it, or find the right person to help. This might be something an addiction; or that you have hurt or abused others; or that (at times) you are not a nice person; or that you have seriously f\*\*\*ed up. Owning up to this: living with this reality: making amends where possible (promises don't mean a thing): facing your self and others with what you have done; are all part of this process.

## **Special Techniques**

There are several special techniques that have been mentioned. All contribute to increased self-awareness. Remember the goal is not to put your self into the hands of another (alternative) professional who will do different things to you. The goal is to attain a state of health and well-being where you do not suffer from these problems. This state is sustainable and self-regulating. Techniques may be useful initially to help you on the road. You may decide to continue with them for a while. Ultimately you should not need them.

These techniques can include: therapeutic touch, biofeedback, massage, reflexology, acupuncture, homeopathic medicine, 12-Step addiction programmes, Autogenic Technique, cranio-sacral work, progressive relaxation, various forms of meditation, EMDR, etc.

## **A More Caring Environment**

Finally whilst you need to focus much more on yourself in the short-term, in order to build-in these new patterns of attention and behaviour, you will not be very successful caring more just for yourself: this is not sustainable in the long term. We do need other people around us and it is important to feel cared for, and to care for others. A lot of depression and anxiety comes from not feeling cared for, or cared about; or from just feeling lonely and isolated. So try to create a more caring environment for yourself.

Adapted from Bakal D. *Minding The Body* (1999)

# THE PATH TO HEALTH

## Twelve Steps to Health

There are twelve steps towards better health. They are simple, but this does not mean they are easy. You will need to challenge some of the ways in which you are currently **not** staying healthy. The definition of health we are using is that “*Good health requires a regular set of active and varied measures in order to maintain, or improve, your general health.*”

The essence of this regular programme can also be stated as: “Taking Care of Yourself.” This means you need a good routine, that is sustainable, and that includes exercise, meditation or relaxation, a good diet, the right clothes to wear, the right home to be in, a good working environment, opportunities for personal growth, intimacy and friendship. Mix these, in a flexible fashion (as things change from week to week), with some self-awareness (see above) and improved self-esteem (or love) and you have a almost guaranteed winning formula. You determine what it is that you need.

- 1. Exercise:** As mentioned before, you will need to do some exercise. **Not** using your body is **not** an option: over-using your body verges on abuse. Somewhere in between is a formula that works for you. Find it. If your working day is spent sitting at a computer; your exercise will need to be more varied and regular than if you have been stacking shelves all day, in which case you will need something gentle and flexible. Try to vary what you do from day to day: yoga one day; swimming another; a work-out in the gym; walking or whatever on other days. Try to combine it with a creative activity or another leisure pursuit: like gardening, playing tennis with your partner, or football with your kids. Now look very carefully at the reasons you give yourself for **not** doing these. How valid are they? Challenge these reasons. What would give you most pleasure? So, go do it!
- 2. Meditation:** As also mentioned, some form of regular relaxation, mediation, de-stressing or whatever is also pretty essential. These are usually all quite simple; but to get the full benefit, you **must** do them regularly. It works cumulatively. Try sitting upright, closing your eyes, and breathing in. Imagine taking in the qualities that you need: strength, determination, love, energy, peace of mind, etc. At the top of the breath, hold a fraction so these qualities can be absorbed. Now breathe out and release all the qualities you don't want: stress, fear, anxiety, depression, selfishness, anger, etc. Then hold again for a moment, before you begin the next cycle. Do this twice a day, every day, for 20 minutes at a time and see whether it does not change your life.
- 3. Good Food:** And not too much of it either. You only need about 2,000 calories a day, unless you are doing hard manual work. Try to mix the best quality of food (fresh, organic, unprocessed, seasonal, no additives) in an appetising and varied way, with five portions of fruit and vegetables and a mixture of grains and nuts. This should give you all the vitamins you need: eat foods that give you extra B vitamins, calcium, potassium, magnesium and vitamin C. Vitamin supplements can help, but it is better coming in naturally. Find what you need to take in; the amount you need; when to take it; and for how long.  
Pay attention to what you eat, and when you prepare it, and cook it, and especially when you eat it: appreciate it; chew it; absorb it. Pay attention to what you crave – which is usually what you are allergic to or what is not good for you: the cravings usually go away after a few days. Discover instead what it is you need. Pay attention to when you eat, often a heavy meal three times a day is not the best routine, and especially to how much you eat. “*Watch Your Portions.*”  
Wash what you buy before you prepare it. Also rinse dishes well so that you are not eating detergent residues. Drink lots of water. Keep alcohol to a minimum.

- 4. Good Hygiene:** Cleanse your body well: care for your skin. It is a major body organ. Use pH-balanced products (soaps, shampoos, shower gels, etc.) where possible, as these do not destroy the slightly acid skin layer of protection from infection. Use a shower brush to help to get rid of old skin. Keep all parts of your skin moist (with pH-balanced lotions) especially in dry weather.  
Wash your hair regularly and rinse it well. Use pH-balanced conditioners if you must. Brush your hair lots and it will shine, without extra products.  
Brush your teeth twice a day; floss your teeth once a day; use mouth washes if you have any gum problems. Get your teeth checked by a good dentist twice yearly.  
Be careful with washing your hands after going to the toilet, especially before eating or preparing food.  
Don't smoke.
- 5. Rest:** The amount of rest and the amount of sleep you need is very personal. Since life has 'speeded up' considerably, you will probably or certainly need more rest and sleep than you are currently getting. Listen to your body. Don't stay up too late. Take naps, or little 20-30 minute rests, during the day. It really is a lot healthier.  
Sit down when you can. Put your feet up when you can. Take a break from routine activity: at least 5 minutes in every hour. Do a couple of stretches whenever you stand up. Don't rest immediately after a large meal (which you should not have anyway): walk a while before you rest.  
Get into a better sleep pattern. Try to emulate the normal daytime: get up with the sun; go to bed at night. Use 'daylight' bulbs in the house if you don't get enough natural daylight.
- 6. Clothing:** Many synthetic fabrics (acrylics, polyesters, nylon, etc.) interfere with air getting to your skin, or can cause skin irritations. Try to wear silk, cotton, wool, and undyed fabrics next to your skin where possible: they are healthier. Mixtures are OK: 50% cotton etc. Try different textures to see what you really like.  
Some people need to wear certain colours, or different types of clothes. Find out what works for you. Try colours that you don't normally wear occasionally. Again, variation and experimentation are usually quite healthy and fun.  
Wear different layers so that you can take something off easily if the home or work environment is hotter, and put it back on when or if it is colder. That way you may also use less heat and not contribute to global warming so much. That's healthy too.
- 7. Home & Work Environment:** Whilst these can be very different from each other, you will probably spend more than 80% of your time in one or the other.  
At work, there are now quite strict health & safety codes about what constitutes a minimum standard for a healthy working environment: these codes are not always followed. Make sure that you know what these codes of practice are, and therefore what to insist upon. If you are not healthy at work, some one else is responsible.  
Some people have different individual responses: they react badly to neon light, or are very affected by noise, or smells. Some people have been made very sensitive to certain products or chemicals. Some buildings are just 'sick'. How healthy is your work environment for you? Has it changed recently? What works for you at work, and what doesn't?  
At home, you should have more control over your environment. Is it pleasant? Do you like it? So, do what you can to change it and make it better for you, or move. Try using plants; different colours and fabrics; different lighting, an air ionizer, or precipitator.

Change things around a little until you feel totally happy with them. What about the mix of space and activity? Would you feel happier with your bedroom downstairs, or your kitchen or living room different? Think carefully about what might work for you. Discuss it with others; get some professional advice; watch some of the TV programmes to get a few new ideas; work out the costs and possible benefits. Then go for it.

- 8. Leisure & Pleasure:** You will not stay healthy unless you have suitable amounts of these. Most people skimp on these, then eventually get run down and get sick, then have to take time off work, etc. It is not a good combination. Try to re-balance your work, home and leisure & pleasure activities into a better mix. Do those things you really like doing, even if it means a bit more effort or expense. At least do them occasionally. Try to do something regularly as well: a night out once a week does not have to break the bank. Combine it with doing a different type of exercise; or going to a special class, or something. It is worth it to be able to have a good time, to laugh more, to glow a bit more, and to start again refreshed. Try different activities; join different groups and mix with different people. Challenge those fears, or ‘scripts’ or thought forms that keep you from enjoying yourself more.
- 9. Personal Change & Growth:** This is where we get really serious. You may well have been told, or decided that “*something must change*”. That ‘something’ is actually **you**: surprised? Everyone has things that they need to change, or to work on, or areas where they want to grow. Do **not** get into a rut of disempowerment or apathy. You can change: one step at a time. It is simple, but it is **not** easy: otherwise you would have done it long ago. Now is the time to do it. Don’t assume that you will do it tomorrow. This is the day, the time, the moment that you need to decide to change: and to keep on deciding, as you may well have some habitual patterns, or even addictions, to break. *Carpe Diem!* The change does not have to be a huge one, yet. Small changes can build on each other. What might you have to do, **before** you change your job, or get do what you have always wanted? Check it out. Listen in to your inner wisdom. Make a plan. Do a little research. Ask others. Check it out again. Then do it. *Your deepest longing may be the one thing that you have always wanted to do in your life.* Your best assurance of health is to do what you want to be doing. Start NOW, otherwise you may never start. If you do start, just keep going. The goals may vary as you go, but you are changing and growing.
- 10. Intimacy & Friends:** We all really need these. We will not be happy and healthy eventually without these. These are also two very difficult areas and by no means easy to resolve or attain. Find out, by asking yourself, what these words ‘intimacy’ and ‘friends’ mean for you. What would you like to do with friends? What sort of friends? What sort of intimacy? Be as precise as you can. Make your own rules: they are what work for you. How much have you been stopping yourself, in this area? What is going to have to change? Do you need some help or advice of this? Is there someone you would like to be friends with, or more intimate with? Have you said anything to them? If it doesn’t work, try someone else.
- 11. Accident and Illness:** Before you have need of one, make sure you find a local health care professional that you like and trust. There are many now available. Also make sure you are registered with a doctor that you like and trust, and who respects your views. For yourself: please read up on some of the alternative medicine and complementary health disciplines that exist. Without knowledge, awareness is limited. Some of these might be right for you. See which attract you. Try them out gradually.

Keep your doctor informed if you have a specific condition being treated: most doctors are now fairly open about these types of treatment.

These treatments include: homeopathy, acupuncture, shiatsu, massage, naturopaths, chiropractors, osteopaths, kinesiology, nutritionists, sports medicine, etc. and are mostly fairly reputable, have reasonable training, abide by codes of ethics, are members of professional associations, and have appropriate insurance. Ask about these points. Check some of these remedies out on the internet, or in the library if you have heard of them before.

Most of them work more generally (holistically) than symptom-based allopathic treatments and are concerned with your general health, as well as with the specific symptoms.

- 12. Self-Care:** Ultimately we come back to the one person who is totally responsible for your general state of health: - **you!** You will need to do all of the above – and more, if you are wishing to stay in good health. Symptoms are often indications of things going wrong on a deeper level. You can determine what is going wrong on that level, often yourself. You will need to “listen in” more: and be aware. Here is an exercise:
- (i) Scan your body in any way that you wish, or that works for you. Find the area of your body that you are most concerned about.
  - (ii) Try to give it a form, a colour, a substance, a shape, or a density. Try to make ‘contact’ with it in some way. If it is a type of pain; what type; when; how long; etc.
  - (iii) What is this area or pain connected with? Has something changed recently? Is there a connection with any recent life event? Has this happened before?
  - (iv) Are there any feelings connected to this area or pain: fears, anxieties, anger, etc? Are you using a habitual response which does not take these feelings seriously? What other responses may be possible?
  - (v) Is there any way that this pain or area of concern could be working **for** you? Is it stopping you doing something, something that you don’t want to do? If you consider the question: “*Why might I have created this?*” what would be your answer?
  - (vi) Now, place your hands over that area. What does this area of concern or pain need? How can you help it? What do you need to do? How can you help this to heal?
  - (vii) By the way, the answer is never that you have done something wrong or there is something bad about you. This is a wrong answer. The right answer may well be something like: “What I need to do now is ... ”
  - (viii) Then go and do that thing. Often it may be something you have avoided doing, or are scared of doing. Pain and fear are likely elements that have prevented you doing what you have identified as needing to do. This is the hard bit. You have to go through these and do it anyway. Remember this is “Self-Care” – or another form of Love. You are learning to love yourself and appreciate yourself, and do things for yourself that work for you.
  - (ix) These above points will not heal you instantly. You will need to keep on doing these things until you know what the connection is and what you need to do about it. Keep on persisting with these points.
  - (x) If there is serious pain, or it gets worse, or if the condition does not go away, then you **must** consult your doctor, **without fail**. This is also an essential part of Self-Care: - knowing when to consult others. This will not negate anything you have done, or will continue to do for yourself.

Adapted from: *Hands of Light* by Barbara Ann Brennan (Bantam New Age) 1987

# SELF –ESTEEM GROUPS

## INFORMATION, CONCEPTS & EXERCISES

### **Basic Principle:**

Most people do not know very much about other people. They think they are the only one with: ...this problem; or that fault. This affects their Self-Esteem. So an important principle in this work is to find the courage and take the opportunity to share with other people what are (usually) quite ordinary issues and problems that many of us have. Some of the benefits of a Self-Esteem Group are that everyone is there for the same reason and thus all the participants, including the group leader, know about many of the problems involved with Self-Esteem.

People may need a little encouragement or some one-on-one sessions first with a counsellor or therapist before they can get themselves to a Self- Esteem group. We have given some examples of what might happen in a Self-Esteem Group. You can do these by yourself, if you like, or you do these with other people. It is a good idea to nominate one person as the 'Group Leader' for each session.

In such a group, there are a number of "Ground Rules" that it is important for the Group leader to emphasise at the beginning and maybe on a couple of other occasions in the first few sessions.

### **Ground Rule 1: Confidentiality:**

Whatever happens in the group, stays in the group. It is absolutely not OK to talk about any of the group member's issues with people outside of the group. If you are very upset about something someone said and did, and really need talk to someone about how that affected you: please preserve that person's anonymity. Don't say anything that can identify the person in the group to other people. Written material gets either taken home by the person who wrote it, or is disposed of safely by the group leader: - probably shredded. Everyone in the group needs to agree to this confidentiality rule out aloud.

### **Ground Rule 2: Punctuality & Participation:**

The group works best when everyone is on time, present, fully alert, and taking part. If you have a difficulty, please communicate this. If you can't come one week, or are going to be coming late, please contact the Group Leader as soon as you know before the group. If you want to pull out or leave of the group, please discuss this with the Group Leader beforehand, just not turning up or effectively disappearing can create worries for others.

If you are very upset, or being affected emotionally by the work someone else is doing, please say this and then someone can be there for you. If you don't want to do a particular exercise, that is OK; but please stay in the room – going out of the room, except for the toilet, diminishes the energy, changes the numbers, and people can get worried about how you are doing, so that it affects their participation. Discuss any problems with the Group Leader, rather than with other people.

### **Ground Rule 3: Speaking & Listening:**

When someone is talking, please do not interrupt them. In group work, a lot of powerful emotions can be stirred up; people may be saying something that they have never told to anyone else before; people may be very vulnerable. Please respect their space and their sharing. Allow a moment or two after they have finished speaking, before you say something.

Some people naturally speak more than others; some people find it hard to speak in a group, or to get their point of view across. Please don't speak too much or too often, give others a chance. And please allow others the space and time that they may need to come out with their stories.

It is often a good idea to only make “I” statements. Sometimes we wrap up what we think about a particular matter in general statements: “*That is wrong.*” or “*Everyone knows that ...*” It is much better to say, “*I think that that is wrong.*” or “*I like to think that others know ...*” Personalising these things can also be quite empowering: you are owning your ideas and beliefs. It also gives others the chance to differ, if they think or feel something different from you, and then they can state their views.

#### **Ground Rule 4: Touching:**

Please be careful before you touch someone else. Quite a lot of physical contact can happen in this type of group work, and it is nearly always announced clearly beforehand and done in a safe, controlled and respectful way. Please be aware that some people have strong feelings about being touched, about who can touch them, and about how they can be touched. Don’t assume anything; ask or indicate whether it is appropriate. If it is not, don’t.

#### **Ground Rule 5: “No” means No. “Enough” means Enough. “Stop” means Stop:**

These three words are important. They must be acted upon instantly, by all members of the group, in order for all the group members to feel safe and relaxed. In some cultures or in some circumstances, some people have a great deal of difficulty in setting boundaries; in saying “:No”; or in maintaining their differences. This has affected their self-esteem, and that is why they are here.

If you cannot respect yourself, you won’t respect others. And if you don’t respect others, you won’t respect yourself.

#### **Expectations:**

These are essentially a bummer. The larger the expectation, the more likely you are to get disappointed. So see what you can do to try to remove any of your expectations of the group, of yourself, of the group leader (who does not have a magic wand) and of this process.

Life is difficult. If you expect otherwise, or anything different, then you have two problems: one is that your expectations have been thwarted; and two, that life is just plain difficult at times.

Try to stay in the moment and with what is in front of you. Cope with it now. Then take the next step.

#### **Homework:**

These groups are not something magic. They stimulate different ways of thinking and some emotional material. They give you a relatively safe place to experience things; and they show you something about yourself and about other people, just like you.

The main work towards change that will happen is what you do outside of the group, by yourself. How much you are going to apply the lessons and insights depends entirely on you. You can do some of the exercises, or re-thinking either once or twice between groups; or you can apply the new principles “60-24-7” (every minutes of each hour in each day of the week).

Give yourself a little extra space and time during these weeks to apply some of the material you have learnt in the group. Practice some of the lessons and insights regularly – often even. The more you do, the more you will benefit.

#### **Self-Talk:**

Much of what has been happening to your self-esteem has been that essentially you have been eroding your own self-confidence. The messages might have come from somewhere else originally, but you have been perpetuating them; rather like a bad habit. It is now time to change – and only you can do it. The essential key is to tell yourself how you want to be, and not how bad, or poor, or stupid you think you are. These sorts of internal messages erode your self-esteem and self-confidence rather like

corrosive acid. You have to start controlling your self-talk and replacing the negative statements with more positive ones.

### **Individuality:**

The main thing is to see yourself as an individual, separate from everything else and from all other influences. You can make your own mind up. You are a personality in your own right. You have a mind of your own. You have wishes, desires, thoughts, feelings that are unique to you. If you listen a little more inside of yourself to this uniqueness, you will be listening less to what others think of you, or what you imagine others think of you.

### **Building Self-Esteem:**

There are a number of different ways to increase low self-esteem: you will need to try them all out and see which are the best and most effective for you. Having a higher self-esteem does not involve believing that you are perfect. Other people's views are important; but until you are clear about who you are and what your views are, you will have no real basis for comparison. Thinking about what you want, does not mean that you are selfish. You are trying to build your self-esteem now; that is what is important. Here are some of the ways:

**Talk positively to yourself: Acknowledge your skills and strengths: Change behaviours and things you are not happy about: Look after your physical health actively: Treat yourself more often: Get to know yourself – your likes, your dislikes, your moods, your passions: Stop some of your destructive patterns: Ask for help and support when you need it: Think carefully about what you want or need: Communicate this to others – and expect them to see changes in you**

### **Accepting Yourself:**

Accepting yourself for what you are – with your strengths, with your limitations, with your hopes and dreams, and with your fears – is the first really positive step towards creating a new reality for yourself. Appreciating yourself and looking after yourself is not a selfish thing to do.

**Firstly;** If you don't do it, who else will?

**Secondly;** You cannot continue to give to others from such a depleted position.

**Thirdly;** Accepting yourself and valuing yourself is much more pragmatic and productive than trying to measure up to what you imagine might be the expectations of other people.

### **Substituting Negative Statements:**

We often carry around a whole mass of negative thought forms about ourselves:- *"I wasn't wanted."* *"I can't do anything right."* *"People don't like me."* *"I'm stupid."* *"I can't get what I want."* *"I never know what to do."* *"I dislike my body."* *"Nobody really cares for me."* *"I'm worthless."* *"I am not very interesting."* *"I might as well be dead."* You must set up an alarm bell against these. Stop yourself from thinking these thoughts. You think they are true: but they are not. They are biased. They are old stories that someone else said to you once-upon-a-time; and they are very destructive.

Replace them with more positive statements:- *"I am loveable."* *"What I think matters."* *"I can do things for myself, and in my own way."* *"People care about me."* *I feel very good about certain parts of me; and others I would like to change."* *"I like my body; it is me."* *"I can make decisions; my way, in my time, and according to my beliefs."* *"It is not just OK, but legitimate and necessary that I can ask for what I want."* *"There is absolutely nothing wrong with me."*

### **Body Awareness:**

Notice how these new statements make you feel slightly different. You will start to hold your body differently. You may look people more in the face and eyes. You may sit and stand up more straight. Your voice may seem stronger. You may walk more assertively. Notice these differences and build on them – in your own way, of course.

# SELF-ESTEEM GROUP - EXERCISE 1

## **Introduction 1:**

Participants get into a circle. 1<sup>st</sup> person says their first name: *"I am ...."*; all the others repeat: *"You are ..."*. The next person then continues.

## **Introduction 2:**

Still in the circle, each person makes a simple movement, and then says their name again, and says: *"I like ....."* (a food, a colour, etc.). The rest of the group then repeats the gesture or movement, the person's name and the statement, *"...(x)... likes ....."*

## **Warm-Up:**

The group leader has prepared a card, sticker or badge for each person. Each card has a single word or picture on it. The cards are then pinned or stuck to the person's back so they cannot see their own badge, and so that the person does not know what their card is. The cards have a number of duplicates: ie; in a group of 20 people, there might be 4 groups of 5 or 5 groups of 4, each with a different colour: or 2 groups of 5, 1 group of 4 and 2 groups of 3.

The group is then given the instruction: *"Please walk around the room and then, without looking at your own card, and without speaking at all, try to get into a group of people with the same card as yourself."* *"You can use gestures, mime and indications, and you can help others as well."*

It takes about five minutes or so: you can repeat the exercise if you like.

## **Main Exercise:**

Each group member is given a piece of paper and a pen; the paper is folded and torn into five strips: or the strips can be pre-cut and each person gets five strips.

Members then write down, on three separate strips, three positive qualities they feel that they have (e.g. generous, kind to animals, hard-working, tolerant, charitable, likes the countryside, etc.) Each person must think of three qualities. There does not have to be any hierarchy to these qualities.

Once everyone has finished, and the group leader can make some generalised suggestions to people who have difficulties ('likes listening to music', 'wants world peace'), the group is divided into smaller groups of three, four or five. Each person then reads out his or her three qualities to the small group and they then suggest two more qualities for that person. These are written on the other two pieces of paper, but only if the person agrees that the suggestions are true.

When everyone has had their turn, the large group is reformed. Each person, in turn, is asked to choose the quality that means the most to them, and say whether it was a quality that was given or one they wrote themselves.

Allow a short time for general feed-back about the exercise, how the people found it, and how and why they decided on the most important quality.

## **Closure:**

Each person is given a number of sticky address labels, part of a roll. They should have enough labels for everyone in the group: 2 or 3 boxes of labels will be needed. They must write a simple positive statement about each of the other people in the group on a label and then stick it on the clothing of that person, telling them what the label says:- *"You are great."* *"I like you."* *"You have a nice face."* *"I like your sense of humour."* *"I like that jacket on you."* Everyone gets covered with these labels containing positive statements about themselves. At the end, each person is given an A3 or A1 piece of paper, which they can use to stick all their labels on and take home with them.

## SELF-ESTEEM GROUP - EXERCISE 2

### **Introduction:**

Group members sit in a circle and introduce themselves by saying their name and something that they are reasonably proud of or that is particularly significant for them:

*"I am ..... and I have.... done this "... (e.g brought up 3 children, achieved a university degree, paid off a mortgage, raised £300 for charity, ran a half-marathon, etc.)* The group should applaud each person's statement.

### **Warm-up Exercise:**

The group members walk about the room, each tapping their upper chest or sternum, and saying *"Me; Me!"* to other people they meet from the group. Then they move on. After a little while they should be encouraged to stop in front of someone else, form a pair briefly, and each say, *"No, Me!"* to the other person. The other person does the same. They can be as loud as they want: they can also stamp their foot if they wish. There should be no physical contact.

Sometimes people can get quite emotional with this exercise; it can also be a lot of fun. Allow a few moments for the pairs to share how it was for them.

### **Main Exercise:**

Give the group a few minutes to think about an important decision that they have made in their lives: to do something or not to do something.

They should then take a large piece (A1 size) of art paper and some pencils, crayons, colours and portray this decision in the middle of the paper, in a fairly simple way – with a diagram or a few words.

Next they should depict the various different influences on this decision. This could look like a life map, or a number of vectors coming in to the central hub of the decision. Some of the vectors can be thicker than others: some of the colours may be different. Questions such as: *"What was happening in their life at this time?" "What options were open to them?" "What forces influenced their decision?"* These are all relevant.

Now try to show the effect of this decision in art form: as a vector coming out, or as a continuation of the 'life path': or as a different drawing on another piece of paper. What has this decision led to?

Allow quite a lot of time for this exercise. The group leader should talk quietly with anyone who seems to be having difficulties or seems stuck. General help may be useful: *"What colour or shape might that look like?"*

The group should then cluster in small groups of 3-4 people and each person should describe their picture and the decision and life event to the rest of the small group. These others should just listen, or only ask questions of clarification. Each person should have about 5 minutes, at least to share.

Back in the large group, people can be encouraged to share how this exercise was for them; what they got out of it. They do not have to share any personal details of their life story or decision. They can take their pictures home with them, and (if they wish) share this with members of their family.

### **Closure:**

All group members lie on the floor; if possible with heads touching and feet out in a star or sun-shape. If there is not enough space, divide into two groups, or sit up with shoulders touching. Everyone close their eyes. The group leader will then ask people to sing a single note: *Aaaaah!* and continue with this note. Often a lovely resonant harmony develops. It will die down naturally after a minute or two. Wait a few moments in silence and then say *"Thank you"*.

## SELF-ESTEEM GROUP - EXERCISE 3

### **Introduction:**

The group are asked to introduce themselves and describe one way in which they like to really indulge themselves. Eg: *“My name is ..... and I really like ... Belgium chocolates.”*

### **Warm Up:**

The group form into pairs and sit opposite each other. Each person is asked to look at the other person carefully for a few minutes and try to work out what the other person is feeling. Then they should share their impressions using this formula: *“When I look at you carefully, I see ‘this’ and ‘that’.* *‘This’ makes me think that you are feeling ..... And ‘that’ makes me think you are feeling .....*” Each state their impressions in turn. Then the pairs can share with each other whether or not they really felt that way; and if not, what they were actually feeling. The pairs should then thank each other.

### **Main Exercise:**

*Part One:* Going back to the introduction, the group leader encourages a brain-storming session, about what makes people feel better about themselves. The suggestions or comments should all be written up on a flip-chart.

*Part Two:* Group members should take a few moments and identify one thing that they would really like to achieve for themselves in life; what is their ‘dream’. This thing should be within the realms of current possibility: not like going to the moon; growing wings; etc. It could be things like: becoming more assertive; getting healthy; losing 5 lbs weight; doing a course in ..... This list should be put on a flip-chart with the person’s name and a simple word reminder: “assertive” “healthy” “course”

*Part Three:* The group now splits into small groups of threes or fours. Each person in the small group expands on their ‘dream’ and the others listen and try to identify (i) what steps need to be taken to fulfil this dream; and (ii) what obstacles might be in the way – from inside the person, or external factors. Someone should take notes whilst one person is speaking. The notes can be like a small picture with the goal at the centre and arrows pointing away indicating forces that prevent; and arrows pointing to indicating steps towards achieving the goal. Then the roles can change. The group leader can keep time: - allow about 7-10 minutes for each person.

*Part Four:* Each person is given a pen and a piece of paper and encouraged to make a statement of commitment relating to achieving their dream. This might be *“to take the first step tomorrow”,* or *“to stop allowing ... x ... to stop me from taking the first step.”* The commitments should be as clear and precise as possible, and realistic. If there is time, they can share or check this commitment out with the small group. This is the opportunity to amend the statements. Each written statement is then put in an envelope, and the person writes their name and address on the envelope and gives it to the group leader.

*Part Five:* The committed step is spoken out by the person and written down on the flip-chart alongside the person’s goal. Eg: *“John” “Becoming more assertive” “Saying ‘No’ when x asks me next week to ... (do something I don’t want to do)”*; *“Lisa” “Losing 5 lbs weight.” “Not allowing any chocolate to come into the house for 2 months.”*

*Part Six:* There is then a discussion in the big group about how the exercise was for people and also about when the envelopes should be sent by the group leader to the person: viz: end of next week; after 2 months.

### **Closure:**

The people lie on the floor and some gentle music is played. They are instructed to (i) listen to their breathing, feel their bodies; (ii) and then imagine that they have actually achieved their goal; what changes in their body, in their breathing, in the way they feel about themselves.

## SELF-ESTEEM GROUP - EXERCISE 4

### **Introduction:**

Each person introduces themselves and tells the group one thing they really like about other people and one thing they really dislike about other people: viz: "My name is ... x ... And I like people who like cats and I really dislike people who shout in the street at night on the way back from the pub." The next person in the circle then repeats this and adds their own script. "This is ... x ... and s/he like people who like cats and dislikes noisy drunk people. And my name is ... y ... and I like people who like dogs and I dislike people who drive too fast when I am a passenger."

### **Warm-Up:**

The group are asked to stand in a circle all facing the same way and so that both hands are on the person in front's shoulders. There may be a necessity to spend a little time getting the size of the circle right and positioning people so they can reach someone's shoulders. Then everyone massages the person in front's shoulders for two minutes. Then everyone turns through 180 degrees and massages the person in-front-of-them-now's shoulders, for two minutes. Massage should reduce tension in muscles; reduce pain; stimulate circulation; reduce tension and anxiety; help promote a feeling of relaxation and well-being. If anyone wishes to step out of the circle at any time, for any reason: that is OK.

### **Main Exercise:**

In the group setting, people are encouraged, one-by-one, to share issues they have about their own self-esteem or self-image.

The language used can be important: "I" statements – rather than "one": talking about one's own issues rather than other people's sharings. The group - and the group leader - should not offer any feed-back, ask any questions other than questions of clarity, nor should it try to problem-solve.

People's sharing should be respected: use of a talking stick or talking stone – to be held by the person talking thus not allowing any interruption until they put it down - can be used.

It can be useful sometimes to give people a simple structure such as to state what their issue is; why they think they developed this issues; and what would they like to do about it.

At the completion of the round, the group leader should congratulate people for their courage and honesty, and for the respect and attention that they showed other people, and themselves. They might also mention that certain particular, possibly difficult, moments touched them personally or deeply.

There should be not commentary about a particular person's sharing; nor any criticism or negation; nor any specific advice unless the person has expressed an intention to harm themselves or others, or something similar. There may be general advice given; like "Are you aware that there is a Self-Harm Support Group, run by people who have also self-harmed themselves, on such a telephone number?"

### **Closure:**

Group members lie on the floor, so that they have a clear space around them. They should remove glasses, shoes, or loosen belts if appropriate. They should be encouraged to breathe fully and deeply for a few moments and relax as much as they are able. Instructions such as: "imagine yourself sinking just a few centimetres into ground, so that you are comfortable and relaxed, like lying on warm, soft sand" may be appropriate. Pause.

*Instruction: "In your mind's eye, look at the picture you have just drawn of your decision, or of that point in your life. Now imagine you are rising up away from it slightly. You can see more of your life now. Rise a little further away from it still, as if you are floating gently above your life's path; you can see it all clearly, but you are detached a little from it. Maybe you have made other significant decisions as well. Some might have been good; others you might choose differently now you have an overview or hindsight. Keep breathing: stay relaxed. Now imagine you are walking away; it is beginning to fade a little; and something else is becoming clearer, brighter, stronger. In a few moments you will open your eyes; you will be back in this room; and you will feel clearer, brighter, and stronger. You will take these feelings away with you when you leave the room.*

## SELF-ESTEEM GROUP - EXERCISE 5

### **Introduction:**

The group are asked to introduce themselves by saying their name and then by saying something that they done that they were not proud of in the last day or so (viz: walking past a street person and not giving them sixpence) and then something that they were proud of in the last day or so (viz: clearing out the cupboard under the stairs).

### **Warm-Up:**

Still sitting in the main group, each person thinks of an occasion when they were not able to say “No” or a time when they wanted to say “No” but were unable to do so. Then they all walk around the room randomly: and when they meet someone else, they say “No” and move on. After a while stop in front of another person and each say “No”. The group leader can give the instruction to allow the “No”s to get as loud or as emphatic as they want to be. Then the pair splits and the people move on. Find another person, stop in front of them and each person repeats their “No” again. Allow a short time for discussion so that people can tell how it was for them in their last pair; either with each other, or back in the main group.

### **Main Exercise:**

Form the group into pairs or threes. Each small group will identify a person as Person A. They will start to talk about the negative statements that they carry around about themselves: viz “*I can’t do this*”; “*I have never been able to deal with .....*”; “*I feel that I am ugly*”; “*People only like me if I do nice things.*”

Having identified two or three seemingly significant ones, the other group members will help that person turn the statement around into a more positive statement. This positive statement must be acceptable to person A as basically true, albeit difficult to believe in fully. Viz: “*I have never tried to do this properly.*” “*I have difficulties dealing with ....., but these may not be insurmountable.*” “*I may not be very glamorous, but I am a very nice person.*” The two statements should then be written down. This should be repeated for the two or three significant statements. Then another person will become person A.

When everyone has had their turn and got their two or three statements, with the new positive versions, the group will reform into a big circle. Each person will then read out one of their negative statements and then the more positive statement. The group leader will encourage applause or appreciation to support that person. The participants can be encouraged to act out their negative and positive statement a little using body language. If there is time, the circle can go round again with the second negative to positive statement.

The group leader can talk a little about how it is important to stop when we tell ourselves these negative statements. They may have come from our childhood or types of conditioning: school, peer-group, religion, etc. But catching and stopping them is more than half the battle. Then the negative message doesn’t get continually reinforced. “*When a weed is not watered, it dies.*” The positive statement is then a bonus and helps heal the long-term damage from the negative thought form and thus helps transform the person’s self-image.

### **Closure:**

The group can lie down with a space around them, or sit in the circle. The group leader gives this instruction: “*Imagine you are surrounded by a soft blue light. It glows all around you for a couple of feet outwards from your body. This is your energy field. Nothing bad can come in to your energy field and harm you: anything that comes in is filtered and changed by your energy. It protects you always. And it always has done. You have survived. You are here now. Imagine this energy field getting stronger. As you breathe in, it expands; as you breathe out it contracts and eliminates anything you do not want inside of you. Breathe in and out. In and out. Continue doing this for a couple of minutes and then say “Thank you”*”.

## SELF-ESTEEM GROUP - EXERCISE 6

### Introduction:

The group are asked to introduce themselves by saying their name and then by saying something that they would really like to do; viz: *“My name is ... x ... and I would like to appear on stage in a Broadway play.”* The next person repeats this person’s script and then adds their own script. The third person repeats the other two people’s scripts and then adds their own; and so on round the group.

### Warm-Up:

People split off into pairs. Person A says: *“I want to do ... something ...”* Person B contradicts them: *“No you don’t.”* It is important to keep to the same verb. Person A repeats; and person B repeats. .” Person A must keep going. After a minute the group leader says: *“Person A - change the verb to “I can do ... something ...”* and person B contradicts with *“No you can’t.”* Person A must keep going. After another minute, the group leader says: *“Person A – change the verb to “I will do ... something ...”* and person B says, *“No, you won’t.”* Person A must keep going.” Finally the group leader says: *“Person B, shut up.”* Then let A and B change over and repeat the exercise. Discuss it afterwards.

### Main Exercise:

Each person lies on the floor with some space around them. The group leader reads the following script:

*“Imagine you are on a long journey. Pause You have been travelling for a long time. Pause You realise that soon you are coming to the end of this particular journey. Pause You see a mountain ahead of you. You can picture it clearly in your mind’s eye. Pause You know that the end of your journey is connected to the mountain. Pause Slowly the mountain gets closer. Pause It seems very high, but you know that you have to climb towards the top. Pause You start to ascend the mountain. Pause The going gets harder, but you also find that you are stronger and tougher than you thought. Pause You get higher and higher up the mountain. Pause As you get closer to the top, you see something ahead of you. You know you must reach that something. Pause You get closer, and the going gets really hard now. You are at the limit of your strength, but you keep going. Pause You realise that you are heading towards a cave near the top of the mountain. Pause You remember the old stories you have heard about a wise person who lives in a cave at the top of a mountain, and you realise that it is this mountain, and this is the cave. Pause You arrive at the cave with the last of your strength. You have to go in; there is no alternative. You have no strength left and you will not survive outside. Pause You go in, despite any fears or worries. Pause Inside there is a glow, and you can see a person. This is the Wise Person you have heard about. Pause As you look at them, a question begins to form in your mind. Pause You ask them the question. Long pause In your imagination, you hear the Wise Person give you an answer to your question clearly, inside of your head. The answer may be a bit strange, but you will remember it. Pause Then the Wise Person gives you a gift. You look at it carefully, even if you are not sure about what it is or why it is for you. Pause Then you leave the cave. Pause You have your strength restored and you make your way back down the mountain. Pause Something has happened to you, or something now happens to you as you go back down the mountain. You are changed somehow. Long pause You find the end of your journey. You realise that you have your question, the answer to your question, and a gift; and you have changed. Pause You lie down, this is the end of your journey. You can rest. Pause And in a moment or two you will open your eyes and you will be in this room, in the here and now, safe and relaxed.”*

### Closure:

In your own time, come back up to a sitting position and discuss this with someone sitting close to you. You may also want a few minutes to make some notes. In the big group, people may wish to state how this experience was for them. They do not have to tell the whole story. They may wish to mention what their question was, what the answer was, and what the gift was. They may also want to state something about what changed.

## APPENDIX: THE AUTOGENIC TECHNIQUE (AT)

This technique has been mentioned a few times throughout the book. It is a cheap, effective and virtually risk-free technique for stress that can be taught quite simply. It is been shown to be effective in many scientific and medical studies undertaken in several different countries.

It entails a range of easy-to-learn mental exercises that promote relaxation. Once these exercises have been learnt and practised a little, they can be done, at home, in the car (though not whilst driving), or anywhere, without any further medical or therapeutic supervision. It just depends on you – and how often and regular you do the technique.

Formal instruction is usually 8-10 short supervised sessions, though the basic principles can be taught in about 20 minutes. The technique can be easily adapted to your needs.

The technique takes about 10-15 minutes to do and ideally should be practised three times daily: at least at first and until you are familiar with it. It is really good to then take another 5 minutes or so after going through the technique to allow yourself to feel the full benefits of the relaxation.

The Autogenic Technique is form of passive concentration. This type of mental exercise influences the way we perceive our body, and can also subtly influence the physiology of our body. Together these two effects can generate feelings of deep relaxation. Over time these feelings of relaxation have a profoundly positive effect. The exercise works cumulatively. Ideally it should be done regularly to have the maximum effect.

Therefore, once learnt, you can, at any time, within a few minutes, easily dip into a state of relaxation and emerge feeling relatively stress-free and energised. *“Towards the end of the basic course, clients should be able to practice AT and enter states of relaxation in a variety of every-day situations: while travelling in a train or bus, while having a few minutes free at the office, or while sitting in a dentist’s waiting room.”*

For more specific information, practitioners, courses, books, etc. visit the British Autogenic Society website: [www.autogenic-therapy.org.uk](http://www.autogenic-therapy.org.uk)

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There are also other excellent forms of relaxation taught, or available, often using tapes or CDs. One of the main ones that is used frequently in counselling, psychotherapy and Clinical Psychology is “Progressive Relaxation”. Tapes of this type are fairly readily available from Clinical psychology depts..

Some people also like using gentle music, or natural sounds, or New Age music (whale songs, pan pipes, etc.) and various relaxation tapes and CDs like this can be found in most major music shops. Try to find out what works best for you. Then use whatever works for you regularly to get the best effect. These forms of relaxation work cumulatively, and should be done regularly.

## APPENDIX 2: MEDICAL INFORMATION ON THE WEB

There are a number of websites on the Internet now which give reasonable medical advice and through which you can discover more information for yourself. Most of these have a search function, so medical conditions are quite easily found. You can also do a general search of the whole web, but this is likely to bring up a large number of very different sites, all to do with your 'search'.

Some of these will be commercial sites, trying to sell you something. Please don't pay a lot of attention to these: if it is good for you, your doctor will probably know about it: if it is not, you shouldn't even think of taking it. Don't take anything without consulting your doctor.

**Bandolier:** [www.jr2.ox.ac.uk/bandolier/](http://www.jr2.ox.ac.uk/bandolier/)

A look at what works and what doesn't in a bullet-point format, with widely drawn information in a monthly journal. There are a variety of studies on different topics like: diet and prostate cancer risk, electronic pain diaries for children, paracetamol for osteoarthritis, body piercing, etc.

**Best Treatments:** [www.besttreatments.co.uk](http://www.besttreatments.co.uk)

The site draws its recommendations from Clinical Evidence, the BMJ's survey of medical research, so it is a little staid, but very solidly conventional. It tries to cover about 77 conditions. It also covers what doctor's mean by "risk".

**Children First for Health:** [www.childrenfirst.nhs.uk](http://www.childrenfirst.nhs.uk)

4,000 pages of content about health information, experiences, games, competitions and practical information designed for children of different ages: tots (0-3 yrs, with guidance); juniors (3-6), kids (7-11), teens (12-15) and 16+. It is financed by the charity, Wellchild.

**Cochrane Collaboration:** [www.cochrane.org](http://www.cochrane.org)

This reviews up-to-date information on effective treatments. A little technical perhaps, and you may need a medical dictionary.

**Dipex:** [www.dipex.org](http://www.dipex.org)

This is a database of individual patient experiences. It currently contains about 85 hours of audio and video clips on about 14 health topics: including cancer, heart disease, terminal conditions and depression. Individual accounts are supported by further information and links to other sites, including debates and discussion groups.

**Dr Foster:** [www.drfooster.co.uk](http://www.drfooster.co.uk)

This is an independent organisation which collects and analyses information on the availability and quality of health services in the UK so people can make more informed decisions on how to access the right healthcare. You can find thousands of facts on hospitals, doctors, and local NHS and private health services as well as information on complementary therapists and other specialists.

**HealthWatch:** [www.healthwatch-uk.org](http://www.healthwatch-uk.org)

This supports the scientific testing of conventional and complementary or alternative treatments and tries to explain why clinical trials are the best way of assessing a form of treatment. It includes lots of debates about various treatments.

**Hitting the Headlines:** [www.nelh.nhs.uk/hth](http://www.nelh.nhs.uk/hth)

This site takes news stories about health and gives background to these. Don't believe all you read in the papers, but within 48 hours there should be something a bit more factual here. It is part of the NHS National Electronic Library for Health, an archive that stretches back to 2001.

**National Voices Forum:** [www.voicesforum.org.uk](http://www.voicesforum.org.uk)

Supported by the Rethink (National Schizophrenia Fellowship) and allows all sorts of "mad" people to tell their own stories about mental illness, make their own websites, publish their poetry, whatever!

**QuackWatch:** [www.quackwatch.org](http://www.quackwatch.org)

Tries to be a reputable site that dispels the "quackery" about health and combat health frauds etc. but seems to be a little bit over-weighted towards conventional medical treatments.

**Healthcare Commission:** [www.healthcarecommission.co.uk](http://www.healthcarecommission.co.uk)

The Healthcare Commission has taken over responsibility for reviewing complaints about the NHS that have not been successfully resolved at a local level.

(Source: Guardian G2: 07/12/04)

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## CONTACTS:

MIND Info Line, PO Box 277, Manchester, M60 3XN      Tel: 0845-766-0163 ([www.mind.org.uk](http://www.mind.org.uk))  
The Samaritans, The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF      Tel: 0208-394-8300: 24-hr 08457-90-90-90  
CRUSE – Bereavement Care, Cruse House, 126 Sheen Road, Richmond, Surrey, TW9 1UR      Tel: 0208-939-9530  
Compassionate Friends, 53 North Street, Bristol BS3 1EN      Tel: 0117-966-5202  
SANE, Cityside House, #1, 40 Adler St., London E1 1EE      Tel: 0207-375-1002: Help-Line 0845-767-8000  
NHS Help Line      Tel: 0800-22-44-88

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## About the Author:



**Courtenay Young** is an accredited Humanistic, Transpersonal & Body-oriented psychotherapist, UKCP registered, who has worked in a variety of different ways and different situations in the mental health field over the last 20 years. He was resident psychotherapist at the Findhorn Foundation, an international spiritual community located in north-east Scotland, for over 17 years and recently started working in the NHS as a Psychological Therapist and Counsellor. He is currently living in Edinburgh. He is also writing a book on Psychophysiology; a book on Spiritual Emergencies and a bibliography of Body-Psychotherapy. He can be contacted by e-mail: [courtenay@courtenay-young.com](mailto:courtenay@courtenay-young.com)

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