

Karuna

Counselling and Psychotherapy

Depression Management and Treatment

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Depression: Management and Treatment

Depression

Most, if not everyone has days when they feel low when everything seems to go wrong and they feel what's the point in anything, the "I should have stayed in bed" feeling. These are part and parcel of life, and though unpleasant, are different from what health professionals call clinical depression. The main differences between the two, are that in clinically depressed people these feelings last longer, they effect more of the individual's life, and are more severe.

Healthcare professionals use a list of symptoms to help diagnose people with clinical depression. The following list is an extension of that used by these professionals. People often feel relieved to know their experiences are part of a common illness which can be treated, this also helps to reduce their sense of isolation.

Indicators and Symptoms of Depression

1. Low/ depressed mood for most of the day. May feel bleak, empty or numb.
2. Changes in appetite or weight, usually both drop but some people may comfort eat leading to weight increase.
3. Feeling tired all the time. This may result in the person wanting to curl up in bed or lie on the settee doing nothing all day.
4. Withdrawing from friends, family and activities.
5. Feeling anxious or agitated without knowing the cause.

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Indicators and Symptoms of Depression Continued

6. Changes in sleep pattern. Usually difficulty getting off to sleep or difficulty staying asleep, so you may wake very early in the morning and be unable to drop back off. Occasionally people may sleep longer as a way of trying to escape from day to day living.
7. Inability to find interest in otherwise pleasurable tasks.
8. Feeling pessimistic always putting a negative interpretation on everything and believing that nothing will ever work out okay.
9. A feeling of hopelessness where you believe things will continue to be pointless for ever. You may see the future as containing nothing but misery and loss.
10. Feeling worthless, that you are bad useless or inadequate, that life is pointless, you may feel excessively guilty.
11. Problems with concentration, perhaps not even being able to concentrate on a conversation.
12. Problems remembering things.
13. Loss of interest in sex, low libido.
14. Increased irritability and anger.
15. Morbid or suicidal thoughts. These may range from feeling it would not be so bad to die accidentally, to actively making plans to end your life.

Prevalence

Depression is very common. Some statistics suggest that 1 in 6 people will experience some form of depressive episode at some point in their lives. This means that if you were in a class of 30

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children at school, 5 of your classmates will be clinically depressed at some time during their life. However, most depressed people do recover, many without treatment. Treatment aims to speed up the process and support people through the worst periods.

Nonetheless, depression can also be a killer. A significant minority of people with depression commit suicide. If you are feeling suicidal, get in touch with a professional as a matter of urgency, never feel you're wasting someone's time. You may find some of the information at the end of this booklet useful but this will be insufficient on it's own, so do seek help. Treatment during these very bleak periods can literally be a life saver.

The average length of time someone typically experiences depression is between 3 and 6 months. Taken as a percentage of your life time, this is comparatively short. However, for some, depression lasts longer and about half of depressed people will experience a recurrence. Medication and psychological treatments aim to increase your chances of staying well and lessen the impact should you have a recurrence.

Why Me?

There are three main schools of thought as to why people may become depressed. These are biological, psychological and social in origin.

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1. Biological

There is a strong body of evidence to suggest that our biological makeup plays a significant role in whether or not we experience depression. We know there is a genetic link: if you have a parent who has been depressed, you have a greater chance of becoming depressed at some point too. However, professionals refer to this as a predisposition, an increased likelihood, and not a certainty. There are many people who have family members who have been depressed and they have never had such an experience. Therefore we know that our biological and genetic makeup doesn't provide us with all the answers.

2. Psychological

Psychological theorists have found relationships between unpleasant events, particularly those experienced in childhood, and the likelihood of becoming depressed. Just as our genetic makeup can leave us predisposed to depression, so too can experiences such as loss of a parent through death or divorce, abuse, poor or inadequate attachments as well as many other negative experiences. Again having these experiences doesn't mean that we will automatically become depressed, only that the person is more vulnerable to depression or some other form of psychological distress.

Often when people first experience depression there is a trigger, a significant event which frequently is similar to the childhood experience which perhaps the child was unable to go through

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fully at the time. For example, a child who lost their mother may become depressed in later life at the loss of a friend.

3. Social

Further researchers have found that people who are depressed share a number of social factors in common. They are more likely to;

- a. Live in poor housing in run down areas.
- b. Be unmarried or married but estranged leading to a feeling of isolation.
- c. Have two or more children under 14 years (the percentage increases for mother's of children under 5 years).
- d. Be unemployed, or work at home. Employment outside home is often seen as protective against depression.

Approaches to Treatment

Explanations of the causes of depression influence how it is treated. If we support the idea that there is a genetic link, that our biological makeup plays a part, then we in turn are more likely to consider treatments which influence this, i.e. drug treatments, in this instance, antidepressants. On the other hand, if we believe that psychological and social factors influence depression then we are more likely to be swayed by talking therapies. However, we do not have to choose between these, we can try one, or other, or both. Personally speaking, I would argue that the best option is to keep an open mind. Try and see what works for you because there

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is no right or wrong way through this but there will be things which will suit you better than others.

1. Drug Treatments

If antidepressants are something you wish to try, then your first port of call is your GP or a psychiatrist. Antidepressants aim to correct the chemical imbalance associated with depression. These do not work overnight, they take between two and four weeks of continuous use before you are likely to see any benefits. Unfortunately you cannot take them just when you feel particularly low, they need to be taken consistently in accordance with their prescribed dosage.

Antidepressants do sometimes cause some unpleasant side effects which affect some people. If you are considering taking antidepressants your doctor will be able to offer advice on this. Unfortunately sometimes the side effects are evident before the beneficial effects of the treatment kick in and so this leads people to sometimes stop taking them. However, often these side effects decrease over time as your body gets used to the treatment.

Also people often worry about becoming addicted or dependent, fearing that they will be taking their medication forever. If these are your concerns talk them through with your GP or psychiatrist, it may also help you to make a balanced decision if you weigh up the alternatives. Depressed people often have problems sleeping and whilst refusing antidepressants, use other means to self medicate through alcohol, illicit drugs, sleeping tablets etc. Is

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reliance on these non-prescribed mood altering substances any better?

People take antidepressants for varying amounts of time, sometimes years, but then they come off them often without any problems. What is important, is that when you decide to stop taking your medicine you do this slowly and you don't just stop taking it overnight.

2. Psychological Therapies

Psychotherapists, counsellors, psychologists and some psychiatrists, use talking therapies to support people through depression. Which of these people you see will influence the type of approach they adopt in treatment. You can learn more about these on my website (www.karunatherapy.co.uk) by clicking on articles on the menu bar. What follows below are techniques taken from many different psychotherapy approaches.

I have tended to focus upon techniques which can easily be taught and readily picked up. However, in counselling and therapy often the most important therapeutic influence is the therapeutic relationship. Whilst it would be ideal if everyone were able to have a professional to fulfil this role, this is not always possible for many reasons, or it may be helpful to talk to someone whilst you're waiting to see a professional. At the end of this section, under the heading relational therapy, I have also included some hints about areas which may be important for you to focus upon

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with a friend or relative, you may feel less lonely and isolated as a consequence.

3. Sociological Support

Many of the social factors listed above which can influence psychological well-being are raised and explored in psychotherapy. However, where people have little choice over their living arrangements, if it becomes evident that someone's physical environment, where and who they live with, is preventing the person from recovering, the professional may support the person by making a referral to an appropriate agency.

Psychotherapy Treatment

Cognitive Behaviour Treatment

Cognitive behaviour treatment, is one of literally hundreds of treatments and therapies. It has been widely researched and evidence demonstrates that it is effective in the treatment of some psychological problems in some people. It is particularly popular amongst health care practitioners because it offers people a number of accessible techniques or tools to try in order to help them feel better. The basic tenet is that how we think, influences how we feel, which in turn influences how we behave. If we can change our thoughts, then we can similarly change our feelings and behaviour.

I offer the following techniques from cognitive behaviour theory with one reservation. If having tried these approaches you're still

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suffering, don't assume that either therapy is not for you, or that you have failed in some way, persist. This is but one of hundreds of different therapies and I believe it is very much a case of what may suit one person may not suit another. Similarly, many people need supporting in a number of ways not just one, therefore these tools will not work for everyone and may not work in isolation. It is really a matter of finding what suits you best.

When we are depressed we tend to see the world in a different way, one coloured by our sadness. We are more likely to interpret events in ways that fit our low mood. The trouble is, it then becomes difficult to see the good things in life, and things we would once have seen as normal everyday hassles, become catastrophic due to our skewed interpretation. Cognitive behaviour therapists argue that how we interpret a situation, influences how we feel about it and also how we subsequently behave. They use the phrase negative thinking. What they suggest doesn't involve you just saying nice things to yourself, or ignoring the bad things that happen but it does involve reality testing and ensuring your not jumping to conclusions.

Negative Thinking

Example 1.

Sally has arranged to see her friend Amy for lunch but Amy doesn't show up.

Negative Thoughts

"I knew I said something to offend her last time we met, I've blown it".

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“She doesn’t like me anymore”.

“I’m not worth bothering with. I have no friends, never have had, no-one likes me, everyone always lets me down”.

How is this likely to make Sally feel and behave? What is the evidence Sally is basing her assumption on? Is it sound evidence or is she jumping to conclusions without really knowing what has happened? How likely is it that she will contact Amy based on these thoughts?

Fact Finding

Now consider how Sally would feel if her thought processes involved fact finding. There are several ways Sally could embark on finding out why Amy didn’t meet her. She may follow a number of different theories.

“Perhaps there has been a mix up over times or dates”.

“Maybe she got held up.. she doesn’t normally miss our appointments”.

“Perhaps her mother has been taken ill and she didn’t have time to phone”.

“She has been so busy maybe she just forgot. We did arrange it a while ago”.

How is Sally likely to feel now? Through searching through several theories she can find out the real reason and is more likely to reach a decision based on them, rather than on her negative automatic assumptions. In this instance it is more likely that Sally will telephone her friend and find out what happened. In phoning she can make a rational decision based on hard evidence rather

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than on her fantasy. Of course Sally's fear may be real, Amy may not want to see Sally anymore. She may have offended her last time they met. This would obviously upset Sally but this would not necessarily mean that Sally was not liked by anyone for evermore and as Sally was already upset in finding out the real reason what has she got to lose?

Thoughts Influence Feelings Influence Behaviour

We can see in this first example that how Sally thought about Amy not meeting her influenced her feelings and could potentially influence her subsequent behaviour, reducing the likelihood of her telephoning Amy. Therefore our thinking not only influences our feelings but it also influences how we will behave in the future. When Sally follows her negative thinking without checking this out, she is less likely to bother getting back in touch with Amy because she has assumed she doesn't want to be her friend. This feeling may generalise to other friends so that she contacts no-one. This increases her sense of isolation and loneliness. She may also seek out instances which confirm her theory that no-one likes her, so that she discounts all or part of future experiences which don't fit.

Over-Generalising

Notice how in example one, Sally begins with something specific, a friend not showing up and generalises her belief to all friends, past and present and all situations. “..I have no friends, never have had, no-one likes me, everyone always lets me down”. These are common thoughts processes when we are depressed. However, it is important to check out these conclusions. Watch

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out for words such as always, never, everyone, no-one, everything, nothing. Situations usually are less clear and in most cases it is more likely to be sometimes, some people, some things.

Mind Reading

Example 2.

Sally receives a phone call from Jay. Instead of thinking “I do have Jay as a good friend, he has telephoned”, instead she discounts this idea because it doesn’t fit with her theory that she is unlikeable. Instead she says “He only phoned because..”

“He is being nice and is nice to everyone”.

“He feels sorry for me”.

Mind reading the thoughts and feelings of other people without good evidence is likely only to lead us into trouble. Whilst these kind of thoughts are evident in everyone from time to time it is particularly important to stick to the facts when you are depressed because often your judgement is skewed. Forcing yourself to look at alternative explanations can help you to reach a more reliable conclusion based on the facts.

The Impact of Negative Automatic Thoughts

Example 3.

Before finding out the real reason for Amy not showing for their date, Sally began to beat herself up for offending Amy. The conversation goes around and around in her head. I said this, Amy said that, I should’ve said...It seems to turn in her head like an endless wheel.

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“You’re stupid you shouldn’t have said X to Amy”

“Why don’t you ever manage to say the right thing”

Again this will have a negative impact on how Sally views herself, her self esteem is already likely to be low and this self berating is only likely to worsen it.

Alternative Views

If Sally hadn’t been down, would she have still said the same things to herself? How would her mum read the situation? Would she say that Sally was stupid or that she always said the wrong things? What about if a friend said this about themselves to you, would you see it the same way? Sometimes we have double standards, ones in which we are much harsher of our own misdemeanours than of our friends.

Challenging being Perfect

It is impossible to always get everything right all the time. Depressed people often set unrealistic goals and then condemn themselves when they don’t achieve them. Sally blamed Amy’s no show on herself, assuming it was her mistake, the impact of how she responds to this will be very different if she expects to be perfect than if she is permissive of her mistakes. For example, saying;

“You’re stupid you’re always upsetting people” will have a more damaging effect on self esteem than if you accept that you’re a human being and human beings are fallible. Saying “I cant always get everything right, it would have been better if I hadn’t said it

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but I did and it's done now" would therefore be less damaging to self esteem and better enables Sally to move on.

Impact of Ruminating

Hence, when the inevitable happens and we do make a mistake, it is important to examine what the effect of dwelling on it has upon our feelings and subsequent behaviours. Again self berating is likely to be harmful not helpful. Few of us need reminding when we make a mistake. Therefore try and be forgiving and move on.

Self Talk

Our self talk comprises of the things we say to ourselves habitually. The voice in our heads which speaks a running commentary. There are several things to watch out for in this commentary the general aim is to be kinder to yourself.

a.) Don't ask yourself unhelpful questions

Some questions are simply unhelpful. "Why do I always get things wrong?" "Why can't I be like X?" "Why is everything so unfair?".

b.) Don't condemn yourself on the basis of one event

Shouting at the children on one occasion doesn't make you a bad mother. Failing to meet a deadline doesn't mean you will never be any good at work or studying. Cognitive behaviour therapists call this type of thinking black and white because the individual can see no shades of grey. They are either good or bad, right or wrong, wonderful or awful. In reality this is seldom true, most people

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have both good and bad points. This is as true of people as it is of events and situations.

c.) Do remember the times when you succeeded and celebrate them

There will be times when you coped well, passed the exam, said or did the right thing and so forth, recall these times too. Replay them at opportune moments like when you've just dropped a clanger.

d.) Do pay attention to the things which have gone right

It is all too easy to only see the bad events when we're depressed and assume that because one thing went wrong then the whole day was or will be disastrous. Try not to condemn the whole meal out because your main course was cold, when in reality you enjoyed the company, the change, the wine etc.. Paying particular attention to things when they go right, directly challenges your negative thinking / self talk.

e.) Don't Fortune Tell

Depressed people often fortune tell, they say things like "I'm not going to do "x" because I "know" it will be boring, unpleasant, etc. Try to stay open minded until you know something for sure.

f.) Experiencing some bad things is unavoidable

There will always be times when you experience something unpleasant. Seeing a disaster in the news, hearing from a friend about someone else's misfortune and so forth. However you do

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not have to dwell on these, focus instead on what you can do to make things better either for yourself or others and remember you don't always have to watch the news or listen to the sad songs, you can choose to do something cheerier instead or in addition.

g.) Believing something to be true doesn't make it true

Simply because you believe something to be true doesn't mean that it is true. Feeling inadequate doesn't mean that you are inadequate. Feeling that the whole world is against you doesn't mean that it is. Recall that when you are depressed this colours your whole perception, keep challenging your thoughts and feelings asking yourself how true they really are.

Problem Solving

Recall Sally blamed herself for Amy not showing, she said it was because of something she had said. If Sally were to discover this was true, instead of ruminating Sally can begin problem solving.

“Now what am I going to think and do about this”?

“This doesn't mean that I always say the wrong thing”

“This doesn't mean the friendship is necessarily broken, I can apologise to Amy and if the friendship is sound we will stay friends. If she wants to give up on our relationship, I have to ask how good was it in the first place if it ended after my just sharing my opinion with her?”.

“ I could telephone her, apologise and see if this was the reason why she didn't meet me”.

“What's the worst that will happen if I do this?”

“She will say “get lost I don't want to see you again”

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“What impact will this have on me?

“I will feel angry and upset but I feel upset anyway, perhaps I don't have much to lose”.

I often talk to people about making a cost benefit analysis in situations such as these. What are the advantages and disadvantages in performing the behaviour and in doing nothing? Write down, with the help of someone else if you can (their view is less likely to be biased), the benefits and costs. Base your behaviour on a rational decision based on this information not on automatic assumptions arrived at by negative thinking. Below is a list of things that you could try when faced with a dilemma.

1. Brain storm ways to solve the problem. Exclude nothing on the grounds that you feel it may not be feasible / sensible etc. The idea is to think creatively initially. Write anything and everything that comes into your head.
2. Work out from your list by weighing up the advantages and disadvantages to each which is the best. Repeat this for each option.
3. Pick the option which seems to have the most advantages. Sometimes you may have to pick the least worst alternative. If all seem to be equally good then pick one at random.
4. Put the solution to the test. Don't feel you have to do this all in one go. It may be easier to break it down into smaller more manageable steps. Write the individual steps down beginning with the easiest and ending with your target.

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5. After you've completed your first steps consider how it went. Was the solution effective or do you need to try a different solution?
6. If at first you don't succeed try a different way. See it as learning, rather than you failing at the first hurdle.

Example 4.

Problem Solving

Your task may be to socialise more but you feel fearful at the thought. You could begin by identifying one friend to meet. Perhaps initially you could ask them for a cup of tea making it just the two of you and for a short time (time can be constrained by appointments either side). Next perhaps suggest a lunch. Plan the menu, shop, prepare the table and finally cook the meal. Congratulate yourself on completing each step. If you cannot make the final stage of your friend coming and have to cancel at the last minute, congratulate yourself on going through the earlier steps. What would you need to do to manage the final hurdle? Once you have done this with one person you know well, consider inviting someone you know less well or go out somewhere instead. The important thing to keep in mind is that you break down your task into small manageable steps, ones in which you're confident you will succeed. It is upon these small successes that you will rebuild your confidence. Never criticise yourself. Think of yourself as a vulnerable child venturing into the world - be firm but fair. This is only one example any task that you're finding difficult you can break down into these sorts of more manageable steps.

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Behaviour Therapy

Behaviour therapists argue that it is by performing tasks we can influence our thoughts and feelings. We all know that sometimes when we have had a fun time we can forget our problems for a while. Working on this principle try to;

- Schedule physical activity, walking, swimming, cycling etc into your week. Physical activity raises your body's own feel good chemicals. Take advantage of this.
- Increase your mastery or achievement of tasks which you find rewarding. This may simply be sorting and dealing with the post, tidying a room, getting washed and dressed or it can be venturing on something more long term like a vocational evening course.
- Increase the amount of time you spend doing pleasant tasks. What did you used to enjoy? Painting, drawing, playing a musical instrument, reading, writing..
- Time management. Allow yourself time to sit quietly in your sadness but also force yourself to have time to do something physical or practical. You can even set yourself a timetable if you're someone who finds it difficult to keep going. Some people allow themselves the length of a cd, or television programme. Some set an alarm. Some have someone to visit.
- Routine is very important because it provides structure to your day. Try and have meals and bed time fixed at set times each day. If you're sleeping poorly still try and rest at set

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times. Allocate the times in-between to do exercise, work (could be house work or gardening) or just to be active.

- If you find yourself ruminating try distracting yourself. If you cannot do any tasks at this time try to;
 - Count and name all the things in the room which begin with the letter “R”.
 - Describe what you can see, feel, hear in minute detail.
 - Hear the words to a song in your head and repeat them to yourself.
 - Recall a funny moment or one which gave you pleasure.

Relational Therapy

Whilst the above are all things you can try on your own, relational therapy requires another person, someone with whom you can relate, or talk to. The most effective element of counselling and psychotherapy is the relationship you have with your therapist. However, this doesn't mean that you need a therapist in order to get support, often people have a close friend, a relative or colleague with whom they can offload some of their concerns. Of course this may not be sufficient for everyone but talking to someone in the meantime while you are waiting to see a professional may make a big difference.

When considering who to talk to, there are some things to have in mind. This person needs to be;

- a. Someone who you can trust to keep what you say to themselves.

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- b. Someone who you feel you can show your vulnerable side and not feel embarrassed, ashamed or awkward afterwards. It may be someone who has turned to you in the past.
- c. Someone who has time and energy to listen. If they could do this for a short time once a week, preferably without you having to keep asking, this is ideal. People can often contain their distress if they know that they have a time set aside to let go of how they're feeling.
- d. Someone who will not judge you, tell you what you should do, or condemn you but just support you.
- e. Someone who cares about your well-being irrespective of what you can or cannot do.
- f. Someone who you feel wont become overwhelmed themselves but will take what you say in their stride and stay calm and level headed.

Often people come to therapy with some specific incident that is causing them distress. Below is a list of things that it may be helpful for you and your supporter to think about when you tell them what's wrong.

Exploration

Go through the incident or incidents in as much detail as you can. Look at what has happened from every angle. Who was there? Who said what to whom and why? What do other people feel or think about it? How has this influenced you or other people? Are you behaving differently now?

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If there isn't a set event, talk about the thing that is bringing you down. Can you describe it even if you cannot label it? How does it make you feel? What does it stop you doing? How is it affecting how you behave? When does it happen? With whom and in what situation? Can you determine when you first felt low? What was happening at that time?

Clarification

Ask your friend to keep clarifying what you are saying,, even if they know that they've understood, it is important for YOU to know that they have understood. Get them to keep checking out what you're saying. Occasionally ask them to summarise in their own words what you have said.

Analyse and Interpret Account

Try and take yourself out of what has happened and look at it as if you were an onlooker. Look at why other people may be thinking, feeling, or behaving the way they are. Check out your thoughts, feelings and behaviours with your friend. Look at it dispassionately like turning an object in your hand, describe it.

Encourage Expression of ALL feelings

There are two main emotions which are deemed socially unacceptable to express, particularly in public, these are sadness and anger. Hence, often we learn as children not to do either, or show either, in front of others. Nonetheless it is important that if you can, you allow yourself the freedom to express all your emotions at safe times. This can be difficult not only because of

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how you feel about it but also how your friend feels too. So try to ignore the old messages which said “don’t cry” “dry your eyes” “get a grip” “mind your tongue” “calm down” or whatever were your or your friend’s particular stock phrases. If you cannot express your emotions in front of your friend, then try and do it alone. I often use the analogy of us representing dustbins. Carrying a lot of rubbish around with us, namely old hurts and anger about events in our pasts. However, we all have a level within which we can tolerate and no more and then the lid has to blow and the rubbish seeps out. Think of crying yelling, moaning, releasing your emotions, as a way of tossing some of your rubbish out of your bin, you may feel lighter as a result.

If you are grieving, your tears may come in waves, where sometimes you feel you cannot contain your crying. Try and go with the feelings of loss at times when they arise and when you feel safe or okay to do so. Allowing yourself time to grieve means that you will have time when the sadness subsides a little for a while, or becomes less all consuming. Initially the spells of feeling okay will be short but gradually the waves of sadness become shorter and the spells of okayness longer. If you find it difficult to stop crying and it has lasted more than an hour or so, you may need to distract yourself by doing something practical. Initially this can feel quite forced and you may want to just stay in your sadness but try now and again to force yourself to do something and try and make it something you used to enjoy.

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Suicide Risk

Some depressed people have a feeling they would rather not be around or exist. Whilst unpleasant, this is not usually life threatening. However, it is still important to take action when these feelings emerge or are persistent because a minority of people die through accidental overdose. These people may have taken a cocktail of alcohol and drugs (licit or illegal) because they are experiencing unpleasant thoughts and want to blot them out. This may lead to accidental suicide. It is therefore important that if you begin to feel overwhelmed by your thoughts and feelings you do not stay alone with them. Whilst some people find it difficult to share how they are feeling at these times with family and friends, they may be able to offload to someone outside their normal circle of friends. Whoever you can turn to at these moments do. I have given you a list of numbers of local organisations should you find it easier to turn to them.

If you have thought about ending your life and have begun to make plans about how you would carry this out, then you should talk to your GP or a mental health practitioner as a matter of urgency. I have worked alongside many people who have felt like this but have hung on and later been glad. Be one of those.

If you are feeling particularly desperate;

1. Is there anyone you could talk to now? A friend, a colleague a family member or someone from a voluntary professional organisation (see over leaf).

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2. Distract yourself as much as possible with tasks you used to enjoy. Paint, draw, listen to music, watch a favourite film, have a relaxing bath, burn incense or candles, potter in the garden, window shop, walk the dog, look at photographs of happier times do anything which will keep you occupied for short periods of time.
3. Go outside of the house to somewhere busy if you can this will be more distracting. Try and focus on other people and what they're doing.
4. Phone me or a voluntary organisation. Never feel you're wasting someone's time.

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Organisations

Alcoholics Anonymous	0113 245 4567
Cruse Bereavement	01423 705 391
Cruse Bereavement	0113 234 4150
Eating Disorder Association	0845 634 1414
Harrogate Alcohol and Drugs Agency	01423 525 999
*Karuna Psychotherapy and Counselling	01423 502 622
Leeds Addiction Unit	0113 295 1340
Leeds Samaritans	0113 245 6789
Mind	01423 503 335
The Market Place, Leeds	0113 246 1659
Relate	01423 502 173
Samaritans	01423 525 352
Women's Counselling service	01423 527 615

*Whilst I cannot guarantee if you telephoned I would be available to talk to you, if you were able to leave a message, I would return your call as soon as I could. I would give you the opportunity to talk and we could sort out a plan together of how and where you can get further support in the future. I would not ask for payment from you for this initial contact and would never feel like you were wasting my time.

Jo. Ringrose