



A self administered program for
dissolving depression.

Victor C D Barnes PhD

**Polishing the Sun
Self Administered Program to Dissolve Depression.**

Victor C D Barnes PhD ©1984 Phone (08)8339 5465

To start with I'm taking it for granted that you suffer from some level of depression. In a moment you will have a chance to complete an assessment of whether or not you are in fact depressed and if you are, to what level.

Can you really help yourself, i.e. be your own therapist? Einstein is said to have made comment to the effect that the thinking creating a problem cannot solve it. I suspect there's a good deal of truth in the statement, for in the realm of self-administered psychotherapy there is a myriad of ways in which we subvert our own efforts. We avoid, we crib and we cheat without even knowing we are doing it. That's why the obese person who gets enthusiastic about, and takes up this or that system of weight loss stays obese year after year and decade after decade and any triumphs along the way are short lived. Therefore, I expect your success to be related to the degree to which you are willing to put your own natural inclinations on hold and simply let me be your Director. Remember:

You are not totally alone because you can call me on (08)8339 5465 (Adelaide business hours) and if necessary I will call you back or email you no matter where in the world you live .

You are obviously the Administrator of this program but I am the Director or Coach. You need to be in a similar frame of mind to the motivated young football player who does what the coach tells him, even though it hurts at first and even though he personally doesn't think what the coach is saying makes much sense or has much relevance for him. Of course you wouldn't want to listen to a coach without knowing something of his credentials. You can find out about mine at:

<http://www.psychologynatural.com/resume.html> . But never forget this: Most of us suffer depression of some degree at some time, but if it gets to the point where you are suffering misery and your work and social life are affected then you should go see your doctor or psychologist, because at that level it can be considered an illness. On the other hand, regardless of whether or not your doctor is treating you the guidance in this program will make a big positive difference to you.

You are going to develop new habits of thinking.

If at times I sound a little "directorial" or presumptuous, it is because I know the kind of resistance I would be likely to meet if you were my face to face client. For example, I know about the procrastination that goes along with depression.

Support: Don't think you are totally alone in this program, that it is totally impersonal and that you are left to your own devices. If you make an attempt at this program but encounter problems you can phone me and I will speak to you for 10 minutes or so as time allows at no cost (08)8339 5465. I'm busy so you might have to trust me to ring

you back. And if you need more support than this you can make an appointment for a professional consultation with me, or I can refer you elsewhere according to whatever seems most appropriate. Online and phone consultations are also a possibility though this works best where there has been at least some face to face consultation.

Note that in the title I've used the term "dissolve depression" and not "fight depression". We're not going to "fight" anything. We are just going to practice thinking in a different way and experiment with new ways of behaving. When you switch on the light the darkness just disappears. There's no fight involved, it happens naturally, but there is some effort needed to flick the switch.

It is now time for you take an assessment of your level of depression. After that I will explain the major types of depression. Then we can get down to business.

Self Assessment: Depression.

Test 1 The following is not the Beck Depression Inventory (an instrument used by psychologists and psychiatrists), although it is similar because it has to have regard for critical DSM1V criteria. The DSM1V is an American manual setting out essential criteria for psychiatric syndromes. In Australia the DSM1V is the commonly used diagnostic guide. This test is not a full substitute for a face to face evaluation but it can confirm what you've already been told by others or what you already suspect or feel, and it can be a starting point for discussion with your mental health consultant.

How to Do It: Place a cross "x" in front of (or at the end if you prefer) the one sentence in each group that most nearly applies to you. If more than one statement seems to apply then choose the statement with the highest number in front of it. Then save your efforts for later reference. **Scoring:** Now add up the numbers in front of all the sentences you crossed as applying to you. If you were to put a cross in front of the 4th sentence, i.e. statement number "3" in each of the 16 groups then your total score would be $3 \times 16 = 48$.

(1)

- 0. I don't feel sad.
- 1. I feel sad more often than I used to.
- 2. I am sad all the time and can't snap out of it.
- 3. I am so sad it is painful.

(2)

- 0. I don't feel I'm a failure.
- 1. I've failed more than most people.
- 2. I have never succeeded at anything that's worth much really.
- 3. I'm a total failure as a human being.

(3)

- 0. I'm not suffering a sense of guilt.

1. I feel unworthy most of the time.
2. I feel guilty or unworthy most of the time.
3. To be honest I'm a bad worthless person.

(4)

0. The future looks OK, reasonably "rosy".
1. The future looks a bit daunting.
2. I don't have much, to look forward to & my problems seem hopeless.
3. I'm afraid the future looks totally hopeless, there's nothing to look forward to.

(5)

0. I'm reasonably satisfied with my life.
1. I'm bored just about all the time.
2. I've lost interest in doing most of the things that used to give me pleasure.
3. I'm dissatisfied with everything.

(6)

0. I'm not being punished.
1. I feel something bad might happen to me.
2. I feel I will be punished.
3. I deserve punishment.

(7)

0. I have no thoughts of harming myself.
1. I think of harming myself but wouldn't do it.
2. It would be better if I were dead.
3. I would kill myself if I could.

(8)

0. I can make decisions OK.
1. I put off making decisions.
2. Decisions give me great difficulty.
3. I just can't make decisions!

(9)

0. I don't cry more than anyone else.
1. I cry more nowadays than earlier in my life.
2. I cry all the time.
3. I can't cry anymore.

(10)

0. I am just as interested in socialising as ever.
1. I'm noticeably less interested in other people than I was.
2. I've lost most of my feeling for and interest in other people.
3. I've lost all my concern for other people and honestly don't care about them.

(11)

- 0. With regard to work I'm as productive as ever.
- 1. It's hard to get started on work.
- 2. I have to push myself hard to do anything.
- 3. I can't get any work done at all.

(12)

- 0. I just as interested in sex as ever.
- 1. I'm not as interested in sex as I was.
- 2. I'm much less interested in sex than I was.
- 3. I've lost interest in sex totally.

(13)

- 0. I sleep OK.
- 1. I awaken tired in the morning.
- 2. I either have trouble getting to sleep or I awaken too early and can't get back to sleep.
- 3. I wake up hours too early. I'm getting a few hours sleep if I'm lucky.(or: I sleep too much, I seem to virtually live in bed).

(14)

- 0. My appetite is normal.
- 1. My appetite is not as keen as it used to be.
- 2. My appetite is much less strong than it was.
- 3. I simply have lost interest in food. I don't feel any appetite.

(15)

- 0. My health is normal.
- 1. I have some bodily concerns (eg: aches, pains, constipation, upset stomach, cramps)
- 2. My health problems are taking up a lot of my attention.
- 3. My various health or body problems are now absorbing my attention almost totally.

(16)

- 0. My general intellectual ability is about as good as ever.
- 1. I can't focus my attention as well as I used to. I think my memory has deteriorated.
- 2. My memory and ability to focus attention and solve problems have severely deteriorated.
- 3. My memory and intellect are "shot to pieces" and I cannot focus my attention, or think clearly, or rely on my memory.

The Meaning of Your Score:

- 0 – 1 You aren't depressed!
- 2 – 3 Possibly very mild depression.

4 - 10 Mild to Moderate.

11 or Higher: Possibly serious and seeking professional help for a further, more detailed and thorough assessment is recommended.

IMPORTANT: Things to consider: A high score could be caused by factors that do not make up ordinary clinical depression. These things include: Medication you are taking, recreational drugs you are taking, health problems or disease with which you have been formally diagnosed, and the effects of advanced age. Further, your high score could be uncharacteristically high as a result of a cataclysmic event in your life such as bereavement, divorce or separation, insolvency, diagnosed very serious illness in yourself or family, or other catastrophe suffered such as a car smash or other trauma, or the loss of your home in a fire etc. More will be said about these latter sorts of things below.

Test 2

1. (a) Do you get relief from talking a lot about your problems? Or
(b) have you become uncommunicative and say very little about anything at all?
2. (a) Do you get relief and perk up when friends visit? Or
(b) would you rather your friends stayed away?
3. (a) Do you attribute your depression to the ill-will, hostility or incompetence of others with whom you are currently involved in your work or personal life? Or
(b) do you blame yourself almost entirely and think badly of yourself?

If you answered “yes” to the second part (the “b”s) of these 3 questions then you might have very serious depression and should go see your doctor as soon as possible. If you said “yes” to the first part of these 3 questions or felt that neither part applied to you then you may have what used to be called "neurotic depression" and have a high chance of being helped by the methods in this program right now.

Test 3

1. Have you been feeling sad or depressed virtually all of each day for at least 2 weeks?
2. Have you lost interest in the things that once interested you and have lost interest in just about everything?

If you answered “yes” to both questions it is possible you have major depression and should seek help. If you believe you are depressed it is a good idea to get a general health check-up to satisfy yourself that what you are experiencing as depression is not a secondary response to some other underlying medical condition.

Different Kinds of Depression

A lot of what gets said and written about depression and other mental illnesses leaves unanswered questions. The reason is that definitive answers simply don't exist. The

fact that chemical changes occur in your body at the same time that your mental state changes does not prove that the chemical changes are the primary cause of the mental state in any given person. Psychological conditions can bring about the chemical changes. For example threat is a psychological condition bringing about biochemical changes and so too is sexual excitement. Cause and effect is very hard to prove scientifically, as we all know from seeing the tobacco debate. There is good evidence that depression can be due to chemical imbalance as a primary cause and that genetics can be responsible for predisposing one to depression. In the context of depression, you might read, or hear your doctor say that you need an antidepressant “serotonin reuptake inhibitor”. Such drugs ensure that your nervous system has enough serotonin which is a neurotransmitter allowing nerve messages to “jump” from one nerve to another at their junction or synapse in a calm and orderly manner. When the nerves don’t have enough serotonin we become depressed.

Instead of boring and confusing you with slavish reference to the DSM1V mentioned above I will classify the types of depression in a way roughly similar to the way it used to be taught to nurses when I was teaching the subject.

1. Very serious depression with the hallmarks of psychosis.

Such patients may not have the ability to take care of themselves properly. Organic conditions involving the nervous system may be the primary cause, or if not, have to be considered such for all practical purposes. Such a patient will have little or no insight and is likely to be suicidal. The patient might not have enough psychological energy to get out of bed and experiences misery at the pain level. Such a patient might not have any sense of humour whatsoever and attempts to get the patient to smile or laugh could even cause him or her to cry. A self help program like this will be totally useless in the early stages of treatment which definitely needs medical intervention.

The good news is that you are not likely to be suffering that kind of depression. Why? Because in getting this far you have already displayed two important and redeeming characteristics: 1. By being prepared to listen to me you’ve displayed hope. 2. In responding to the opportunity of this program, even in logging on to your computer you’ve displayed psychic (psychological/mental) energy. Total negativity and absence of energy are characteristics of serious depression. However just to prove this to yourself try these 2 little quizzes:

If you answered “yes” to both questions in Test 3, then although this program may have a high chance of helping you, it is nevertheless very possible you suffer a major depressive illness and should consider seeing a mental health professional for further assessment.

2. Reactive depression. I call it “bad luck depression”.

If you are sacked from your job especially when you have big credit card or other debts and obligations, if you are going through divorce or your business has failed, or

if your house has just burned down or your superannuation funds have collapsed, you failed your exams, or you've lost a court case, or your children have been in trouble with the police or school – then you can expect to be depressed!

How serious is reactive depression? Once the life crisis passes we usually make a recovery and become our old selves. Nevertheless it can be severe enough to lead to suicide and if the stress goes on too long the depression sometimes becomes “endogenous” and hard to shift. We become chronically depressed and negativistic, can't shake ourselves out of it and treatment becomes necessary. Recognising the depression and following this program could help a lot. If you've been daydreaming about suicide as a way to end the suffering and the dilemmas in your life then you must go and see a mental health consultant.

There are 2 special kinds of reactive depression that need to be mentioned, and because they are special, and severe, the DSM1V puts them in a category of their own, even though at a common-sense level they are forms of reactive depression - because they result from meeting unfortunate and unhappy circumstances. These are bereavement with consequent grief, and posttraumatic stress disorder.

The grief of bereavement can be very long lasting and sometimes needs medical intervention. The support of family and friends is important. Face to face counselling is strongly recommended. The support of a religious or positive life philosophy also helps many people deal with their grief. Don't “go it alone”. This program too should be helpful.

With regard to posttraumatic stress syndrome, face to face intervention is needed. If you have “flash backs” to the time of a horrifying or life threatening event, avoid associated places and situations and have a fearful pessimistic view of your own future then it is likely you have posttraumatic stress disorder. Once again, you must not “go it alone” but rather consult your doctor and mental health professional such as a psychologist or psychiatrist as soon as possible.

Clinical Depression

This term really means that you are not just naturally down because of the mortgage payments, the bill from the vet and the bad report card your child brought home but that you do indeed have depression to the extent that it can be considered an illness because it is a source of suffering and interfering with your productivity and enjoyment of life. However, if you find you cheer up when agreeable company calls, that you seem to get relief by talking a lot about your problems, and perhaps can identify people in your life who you think are committed to making you miserable or undermining you then your depression is unlikely to be the most serious type.

The No-Win Dilemma

Face a firing squad, or be hung? Sometimes life puts us in a situation of having to choose between alternatives none of which offer us escape from unpleasantness. One

of my case histories resulted from a situation in which a very pleasant well liked man committed suicide. He had been carer for his disabled wife. None of their friends had ever guessed he was so depressed and filled with psychological pain he would even consider suicide. One can only speculate on his thinking. He might have felt himself to be trapped with no honourable way out. In suiciding, his wife was still left to find care plus having to cope with the psychological misery of totally unjustifiable self recriminations.

When we get into a very anxious and depressed negativistic state we not only “catastrophise” (a neologism used by American psychiatrist Albert Ellis) but our thinking and creativity becomes grossly restricted. We can’t see the obvious and we become prone to “fixed pie” thinking. A parable to explain what I mean: Two sisters argued over an orange. They finally decided to end the argument by cutting it in half, each accepting just half of what she really wanted. Only then did they discover that one of them only wanted the juice for a drink and the other only wanted the skin to grate for a cake. It is no accident that Fritz Perls, an American psychiatrist famous for training psychotherapists made a training film entitled “The Philosophy of the Obvious”. When we are depressed or anxious not only does our “vision” and creativity become very restricted i.e. we get “tunnel vision”, but easy tasks look too hard to face up to – we suffer lowered ego strength. And we often cannot see the obvious. In situations like this, it very important to get professional help. A psychologist can help you by boosting your ego strength which can put an end to procrastination enabling you to find the strength to do what has to be done, and help you with problem solving strategies.

The Curved Ball

Shattering news from the doctor, or from a knock on the door: Everything I’ve said about dealing with the “no-win” dilemma applies here. Don’t go it alone!

Existential Neurosis

I used to call this “ageing intellectual” depression but in reality one doesn’t need to be either ageing or an intellectual to suffer this kind of depression. Only a few text books mention this kind of “neurosis” as it does not fit squarely with official diagnostic syndromes. It was described by S. R. Maddi in the *Journal of Abnormal Psychology*, 1967, vol. 72. It involves in essence (a) a sense of meaninglessness and an inability to believe in the truth or value in anything one is doing or can imagine doing – a sense of the pointlessness of everything, (b) apathy interspersed with depression. Sufferers may see themselves as being nothing more than realists and support the view with virtually irrefutable logic. The approach I take in helping to deal with this debilitating and life draining condition is essentially the same as that taken by the famous psychiatrist Albert Ellis in dealing with guilt: Basically, we are either going to continue living or we aren’t and if we are then we might as well go about trying to get some satisfaction out of it. There are constructive things one can do instead of beating oneself up or bemoaning the essential futility of everything and

all existence. Even if intellectually you see life as an exercise in futility this is of no comfort to someone else who might be suffering in some way, and could benefit from your talents, time and efforts. A famous existentialist American psychiatrist, Victor Frankl (“Man’s Search for Meaning”) learned in Auschwitz the vital, life saving importance of helping people to find at least one thing in life that is worth staying alive for.

Advanced age has always been associated with depression and the connection might often be largely biochemical. Every age has its upside and downside. The youth suicide statistics suggest that although we like to remember our youth as our “halcyon days” in fact, being young comes with its own particular problems as well as benefits. And this is just as true for our older years when we get to enjoy the benefits that were out of range in youth. At every age we have a choice as to where we focus our minds. We can revel in the benefits we enjoy, or wallow in the problems and the gloomy side of things.

What causes depression?

Brain chemistry and genetic predisposition have already been mentioned as an explanation at the physiological level. At the psychological level depression is caused by:

- (a) Loss: the loss or expected loss of something valued, or similarly a feeling of having missed out on something valuable at sometime in the past; or,
- (b) Lack of positive reinforcing feedback i.e. having gone too long without experiencing the pleasure of success - “everything I try turns to muck! I’m a born loser”, or,
- (c) Stress in not being able to cope with environmental pressures.

Knowing the above provides the clues as to how best deal with depression.

An atavistic theory of depression:

According to this theory depression is a natural survival mechanism to ensure we don’t expend precious energy on futile or dangerous activity. If the landscape is covered with snow, there are no fruits or berries around and game animals are hard to find, or if this is the season of too many flesh eating dinosaurs in our vicinity, then maybe the wisest thing we could do is huddle together around a campfire in the back of our cave and in between long snoozes enjoy grouching about our rotten luck and how nothing these days is as good as it used to be! Depression according to this scenario is a sort of energy saving hibernation. Such theories are not really scientific but rather speculative.

Now to get started.

I am going to ask you to do things. Your natural response is likely to be, “If I had the energy or drive or gumption to do this stuff I wouldn’t be depressed. Make me feel

better first and then I'll do those things!" Well, I'm sorry but that is not how it works. I'll suggest small and easy behaviours so with a little pushing of yourself you will do them. The behaviour comes first, the feeling of energy and enthusiasm comes later as a consequence! If you want to argue about this then you have no option but to rely entirely on pills. I am going to ask you to make "real world" efforts and also to pick up pen and paper and do some exercises that will challenge the way you think. You can't just read this and do it all in your head, you actually have to follow the instructions, so if I ask you to get pen and paper, you do exactly that. Focussed thinking is actually work, so beware of the, "after I've made a cup of coffee and put the cat out" syndrome to which all writers and creative thinkers are prone.

Pretending: Cleaning up the outwards signs of depression.

[If this section seem quite inappropriate to you and genuinely doesn't describe you at all – then be happy because it means you are far from being as depressed as you could be. Even if this section does not apply to you the following section, "But I'm as neat as a pin!", might.] You are going to start out by being an actor! You are going to play the part of someone, yourself, but as a normal happy, vigorous, non-depressed you. Imagine a new client walking into a psychologist's office. A lady, and there's as much lipstick on her teeth as on her lips, there's a ladder in her stocking, her hair is not quite under control and the expression on her face suggest she's "lost 2 shillings and found threepence"! She's glum. Or the man, in old broken sneakers, a creased shirt with an egg stain or an old worn pullover, hair not combed and wearing an expression evocative of Lenin just before the revolution. The psychologist within seconds will be thinking, "Hmmm depression?"

When people become depressed their egos or senses of pride are less likely to push them to put their best foot forwards. Most non-depressed people when visiting their professional consultants like to present themselves well, and are at least clean and neat. Now, perhaps none of this applies to you. Perhaps you have always been and continue to be as neat as a pin. If this is the case then perhaps the section that follows immediately after this might apply to you. You yourself will know whether or not you have become uncharacteristically careless about your personal appearance and neatness of your home.

So, assuming that in all honesty you know your personal "standards" have slipped your first task is to take stock of your personal presentation, even when there's no-one around to see you. Even though the voice in your head tells you it is all pointless. Depending on the extent of your depression your personal grooming is likely (admittedly not necessarily) to have slipped. If so, go through the motions of correcting this even though you don't feel like it or it seems pointless. You may tell yourself you will start doing this or that and then forget. The way around this is to leave written reminders. A scrap of paper with a note written on it left on the kitchen table, by the electric kettle or in the bathroom will remind you of the resolution made the day before, because after a sleep it will surely be forgotten.

Is your home in a mess and needs tidying and cleaning? If you are depressed the answer is likely to be “yes”, especially if you live alone. Start by focussing on just the one room where you are most likely to entertain people. Throw stuff out, put things away, tidy up and clean up. Don’t work on other rooms until that one room is fixed up as well as you can do it. There should be pictures or decorations on the wall and some flowers of some sort for colour. I suggest artificial flowers because being at the moment depressed you are likely to end up with vases of dead flowers – which suggest depression. Now already your appearance does not suggest depression and your immediate home environment does not suggest depression. This will influence the way other people respond to you and this itself will have a subtle positive effect on you.

But I’m as neat as a pin!

If the above section definitely does not apply to you, are you the exact opposite? Do friends regard you as a “control freak”? Do perhaps, your spouse or friends joke that you tend to clean the crumbs off the coffee table faster than anyone can eat their cake? Does a single unwashed coffee mug on the kitchen drain-board make you uncomfortable so that you are driven to stop what you are doing in order to wash it or put it out of sight in the washer? If I’m describing you “down to a T”, and if you are depressed, then based on my clinical experience, it is quite possible that you also suffer from panic attacks or tension headaches.

Panic: If you suffer panic attacks that started suddenly it is likely that they were triggered by an identifiable trauma. Sometimes this might be a relatively minor trauma such as for example a minor car accident or something else that shook you up and gave you a scare. Sometimes, this triggering trauma is really just the “straw that breaks the camel’s back”. It gets blamed for being the cause of the panic attacks when in fact there is sometimes in the background, a deeper unhappiness such as a bereavement or unsatisfactory marriage situation. What should you do when the panic hits you? One piece of conventional wisdom is that when the sensation of panic overcomes you should just give into it, indulge it and if you for example you want to go to bed, then go to bed. However, eventually you will have to experience graded exposure if you want to get over this.

Graded exposure means experiencing, at first in a small way, the things that trigger your panic (once you've identified them) while remaining very calm. You should get a diary or school exercise book and in it note (a) the date and time of any attacks, and (b) the environment at the time, i.e. where were you and what was happening, (c) what you were doing, (d) what you were thinking, (e) what you were feeling, and (f) any evaluations, thoughts or insights about what you have written. Eventually patterns may emerge and these can be used in your graded exposure exercise. Experiencing a triggering event in a very small way could involve getting yourself very relaxed and then just *imagining* a low-grade example of the triggering stimulus while staying relaxed. When you next see the triggering stimulus let yourself relax

before panic hits you. Practice the breathing exercises given below – it is good for treating depression and vital in treating panic.

Antidepressant medication can help so you should consider going to see your doctor. The guidance in this paper might also be helpful in enabling you to either avoid medication or at least reduce the extent of your medication. This paper is really about depression but depression and anxiety are usually close companions.

Brooming away the clouds.

If you are depressed there's a reasonable chance that you have some dark clouds hanging over you. These are background thoughts about certain problems that should be faced, i.e. these are low grade anxiety and stress producing problems in the back of your mind and they contribute to depression. Or you might have some potentially very serious problems. Anxiety and depression tend to be "marriage partners". I'm referring to the issues you know you should do something about but never get around to, even if it just a matter of getting started on your tax calculations. When we are under stress we practice "denial" like the ostrich and this allows the unchallenged problems to grow in size and scope. Regardless of whether you have marriage/family problems, business problems, or health problems (that you are perhaps secretly frightened of having properly diagnosed) the general principle that they will get worse and harder to correct the longer they remain unchallenged holds good. If you are seeing a psychologist get that person to help you with problem solving strategies because as I've told you already, when we are under stress the obvious can be hard to see.

OK, now get a piece of paper and write down all the practical problems you have been avoiding facing under the separate headings of: social, family/marriage, business, and health. Now put asterisks alongside those problems for which your own common-sense tells you it might be wise to get professional help. Dealing just with those with the asterisk, set about defining the problem or problems as you would explain it to your professional consultant. Write it in your exercise book as well as on a piece of paper to take to your doctor or other professional consultant. This will help you to articulate the problem in your own mind, precisely and in some detail. This might take a little time.

If the worst came to the worst with each of these problems what would it be like? Write it down in coldly objective language. What do you think is the probability of the worst case scenario actually happening? Write down the probability as a percentage. In the event of a worst case scenario how would you cope, what would be your alternatives or options? Write these down. When you have done this for each of the marked problems get out the Yellow Pages and identify the appropriate consultant for the problems. You might have a business problem or a financial problem that needs sorting out. You might have a nagging health concern e.g. a urinary problem or a spot on your skin. Or you might be going through a marriage break-up. Pick up the phone and book the consultations – with an accountant, a doctor, a lawyer, or

psychologist as appropriate. You'll feel better right away! Be sure and take along a piece of paper with your relevant questions and concerns written on it, because when we get to our consultant we tend to develop tunnel vision and as we drive away we remember all the things we meant to ask but didn't!

Now what about the problems which didn't warrant an asterisk, the ones that don't need a professional consultant? You can solve them yourself with a bit of creative thinking. So, actually settle down with pen and paper and do the thinking! For each of these problems start by asking yourself, "what will happen if I do absolutely nothing?" Many problems just solve themselves or were never real problems in the first place being just a manifestation of your negative phantasing. For these problems that need to be faced write down all the ideas relevant to their solution. Prioritise the ideas. Where alternatives have to be compared write down all the pluses and minuses and give them a weighting (some factors are more important than others). By the time you've done this you'll have a clear idea of how best to approach the problem. Write down specific action plans, e.g. to make this or that phone call or go buy this or that object etc. Then cross them out as you complete them. If you can't find a way out of a problem it doesn't mean there is no way out. Stressed people, regardless of education, often cannot see even the ridiculously obvious. So don't give up until you've tried professional help.

From the "Pretending" heading above, down to here has only taken me a few paragraphs to write but it might have involved you in many hours of work over several days. But be honest. You are probably feeling a little better already. You are not living in depressing surroundings, you know you don't look miserable and you have made a start on fixing up the little nagging problems and moving forward. You have started to take control of your immediate environment and destiny.

Breathing Exercise

To be practiced daily: If you are depressed and suffering panic attacks you are almost certainly hyperventilating. Sit calmly and breathe-out. Hold this state without taking a breath until it becomes slightly uncomfortable and then slowly breathe in using your belly rather than your chest. Breathe down into your belly. This, as every trained singer and actor knows is diaphragmatic breathing. Hold it for a few seconds and breathe slowly out. Try to become very calm in your mind as you gradually slow your breathing rate down to no more than 5 or 6 breaths per minute. Think of this as a kind of simple meditation. If you are actually having a panic attack you could try breathing with a paper bag over your face which has the same result in raising CO₂ level, but this is really defeating our purpose which is to learn control, new emotional habits and confidence. Definitely avoid rapid shallow breathing.

If you are prone to panic attacks write down in your journal when they occurred with special attention to antecedents – i.e. what was happening in your life at that time. The idea here is to be able to identify triggering events. Attention to your breathing when you feel yourself starting to get stressed or panicky will help you to condition

yourself out of having the attacks. If you can identify specific triggering circumstances you can start to look at those circumstances with a fresh, more functional perspective. Probably there are “imperatives” in your life that are not really imperatives at all. Very few tasks for example, if not completed today will lead to you facing a firing squad, bankruptcy or loss of your job. Also write down in your journal any insights about the triggering circumstances, e.g. “not worth stressing over, could have been done tomorrow”, or “a phone call could have taken care of the problem.”

Nutritional or naturopathic interventions. (For educational purposes and as a possible starting point for discussions with your GP.)



Some prescription antidepressant medications do not mix well with other medications, including over-the-counter formulations and even with some dietary regimes – and the result can be as dire as death. Do not mix prescription medication even with naturopathic or “over the counter” drugs without first discussing it with your doctor. You absolutely must not attempt, on your own initiative, to use this information to replace medication which your doctor has already prescribed for you. If your doctor has placed you on a special dietary regime you must not alter this without consultation and your doctor’s approval. Many people are too embarrassed to tell their doctors about the natural remedies they are taking, thinking wrongly that the doctor will be opposed to, or dismissive of non-prescription remedies as a matter of principle. This reticence is a dangerous mistake.

There are quite a few naturopathic medications used for depression but the status of most is unsettled with research such as it is, yielding mixed, generally to my mind unimpressive results.

A naturopathic medication which is being taken seriously and extensively researched is St. John’s Wort. I understand that in Germany it is prescribed as often as major prescription antidepressants. So, providing you are not on any other medication for depression you might consider (a) St. John’s Wort together with (b) vitamin B group supplements (make sure it includes B6, B12, Niacin and Folic acid (B9)).

IMPORTANT: If your doctor is treating you with medication for depression or anxiety definitely do not try St Johns Wort until you have discussed the matter with your doctor. Otherwise the result could be dire! And if after discussion with your GP

you decide to try St Johns Wort take up the issue of product-quality with your pharmacist. For example, in my opinion if you see the words “homeopathic” on the label you are probably being “ripped off” with ingredient quantities and qualities only sufficient for bare minimum legal requirements (if you read the history of homeopathy you might understand why). But seek the opinion of someone better qualified than me i.e. your actual pharmacist.

Choline: Choline gets turned into the neurotransmitter acetylcholine which is important to the parasympathetic nervous system. It leads to feelings of well being and relaxation. The best way to get the doses you need is actually both the natural and cheapest way – through diet. Up to 3 heaped desert-spoons of lecithin granules on your breakfast or stirred into milk or fruit juice will do the trick. It is also held to improve memory. To get the same dose from a bottle you might have to take a number of tablets daily at horrendous cost. Frankly, lecithin is very “rich” and can “repeat on you” all day. One way around this is to simply have less! I’ve found just 1 desert-spoon of the granules stirred into a ¼ glass of milk and skolloed down causes no problems and is not unpleasant.

Tryptophan. This is an amino acid that leads to production within your body of niacin (which promotes sleep) and serotonin, which as you know is precisely the purpose of prescription medication! You can buy it in various formulations but it will be wasted unless you take it with a high carbohydrate meal. Fortunately you can get your tryptophan the natural, cheaper and more enjoyable way. You can get the equivalent of a 1,000 – 2,000 mg mega dose of tryptophan by eating a few handfuls of cashew nuts.

A few portions of beans, cheese or peanut butter each day can also get you the more modest amounts of tryptophan you actually need: 1/2kg (or roughly 1lb) of peanuts in their skins yield about 800mg of tryptophan. I love dry-roasted peanuts still in their red-brown skins and eat 1/2kg per week (from Adelaide Central Market).

Carbohydrate is needed to get this nutrient across the “blood-brain” barrier. So snacking on “cheese and crackers” makes sense. Poultry is a rich source of tryptophan, and also fish, so a chicken or turkey sandwich on wholemeal bread can also be a form of medication! A packet of fish and chips sitting in your car by the beach also makes good sense (if you are not trying to lose weight and not worried by artery-plugging trans-fat). If you are having trouble getting off to sleep (a key symptom in depression), enjoy a chicken sandwich or cheese and crackers washed down with a glass of warm milk before retiring.

General dietary considerations.

Regardless of whether or not you choose to ignore what I’ve written above about Naturopathic, or nutritional approaches don’t ignore the following: (a) Try eating several very small meals per day, (b) avoiding sugar and other refined carbohydrates (e.g. foods made with white flour and sugar), (c) avoiding alcohol and (d) avoiding

(or greatly reducing) coffee. (e) Don't use marijuana at all – it causes depression, wrecks your lungs and possibly erodes memory. (f) Include in your diet plenty of green leafy vegetables, meat/poultry (liver if you enjoy it), eggs and citrus fruit.

Depression and Brain inflammation – an immune system problem.

On August 11, 2011, 1:00 p.m. Radio National's (Australia) "All in The Mind" program featured Prof. Michael Berk, Psychiatry Dept., Deakin University, Dr Bronwyn Hegarty, Black Dog Institute, University of New South Wales and Prof. Michael Maes, Mae's Clinics.

Berk made the observation that depression involves a state of immune system activation, "low grade but demonstrable as indeed there is with almost all major psychiatric illnesses." He discussed some of the biochemical factors involved. He made the points:

High quality diet reduces risk.

Exercise reduces risk. (exercise has an anti-inflammatory effect)

Smoking increases risk.

A "bad" lifestyle – sedentary, with poor diet, a smoking habit, alcohol, plus stress plus hereditary predisposition increases the risk of oxidative insult damaging brain function and leading to depression.

Dr Hegarty had researched the use of fish oil as an anti-inflammatory depression treatment and had excellent success with many sorts of depression but not with post-partum depression. The researchers pointed to anecdotal evidence from GPs that certain anti-arthritis medications had the side-benefit of reducing depression. Some however did not work.

Now we come to the extremely important part, the part that can be every bit as important as medication, but the part where I am afraid I might lose your hearts and minds. The fearful word is:

EXERCISE!

This has a significant effect on depression. It is by far the most superior natural therapy for depression. Some impressive medical research suggests it can be as effective as prescription antidepressant medication. So take this advice seriously. You might be asking, if exercise makes us feel good how come so many of us try to avoid it? Well, it IS enjoyable, addictive even but there is inertia to be dealt with. Getting started is the hardest part.

Could you manage 45 minutes of cardiovascular exercise such as brisk walk almost every day? If like me you live in a temperate climate the coming of winter is a

problem because the regular walk gets put on hold and then it is hard to get started again. Another thing that can make exercise unpleasant is being too competitive, even against yourself, and pushing yourself too hard before you are ready. You only end up with aches and joint pains and the fun goes out of it. After a few weeks of walking you might find yourself automatically breaking into a jog for fifty metres or so. This indicates your fitness is improving. Build up slowly in line with your fitness level. Otherwise it all becomes an unpleasant strain instead of one life's pleasures that you look forward to. If you can easily afford it join a gym, at least for the winter months. You get the benefit of seeing other people around you. And the temperature is always comfortable in gyms.

When I talk about walking and exercise in my practice, clients often say, "Oh I walk a lot, I'm on my feet all day at work walking around, or, I get heaps of walking on my farm. But this is not the kind of exercise I'm talking about. I'm talking about steady effort keeping the heart rate up at least a little, constantly, for half to one hour. By all means put those little "i-Whatever" earphones in your ears if it helps. (personally I like it to treat the time as meditation and prefer the birds, wind and creaking trees and at odd moments along the walk I spend a few seconds on acute "mindfulness" [see my section on this below], paying full attention, for a few seconds or minutes at a time, to the sights, colours, textures, creatures and sounds of the bush) You might also consider push-bike riding if you have a trail where you'll be safe from motor traffic.

You could buy an exercise bike and put it in front of the TV to ensure it gets used but home gym equipment usually ends up rusting in a shed or on sale at the nearest pawn broker. So force yourself to make a decision about precisely when and how you will start getting your exercise. Act on that decision. It only takes a fortnight of daily exercise for the effect on overall fitness – and depression, to become noticeable. If there's an exercise that is better than walking in cases of depression (and panic) it is swimming! If you have easy access to a heated swimming pool this is the way to go. This is because swimming is even more effective in raising the body's CO₂ level (your nose and mouth are under water part of the time) which in cases of depression, anxiety and especially panic attacks tends to be too high (due to hyperventilation).

If you have a physical disability, consider exercising "around your injury or disability" i.e. using the non-injured or non-disabled parts of your body. The main thing is to raise your heart rate a little and keep it constantly raised for say 40-60 minutes or so, most days of the week. If you are over 40 be wary of high intensity sudden stops and starts especially as in squash, and even tennis and similar games. Walking is good and safe and you can if you wish gradually make it more intensive with increasing speed and weights or a track that includes a hill. I live in the Adelaide Hills and frankly I've learned to avoid hills on my walks but I notice young pushbike enthusiasts (I call them the "lycra brigade") seem strangely attracted to them. There's no explaining human perversity, but such are the wonders of youth!

Light therapy.

If you are taking medication for any form of psychosis you should discuss the idea of light therapy with your doctor because some psychiatric medications such as lithium and others can cause your eyes to be overly sensitive to light. Contact lenses can also cause photosensitivity.

Seasonal affective disorder (SAD) is depression resulting from insufficient exposure to light. Some writers have claimed 30% of Canadians and 30% of the population of Minnesota suffer this kind of depression during the winter and it has been correlated with suicide. Traditionally people in such climes have referred to it as “cabin fever”. But it is now known that, contrary to early research, people who suffer depression of a kind not correlated with winter also respond to light therapy. All you need is ½ hour to 1 hour exposure of light of 10,000 lux intensity. Optimum distances at this intensity about 225-300 cm (13-16 inches). Balanced-spectrum florescent tubes are the best because fewer headaches and less eyestrain are reported. It is possible to get desk lamps producing this intensity and drawing only 85 watts of power. Less lux intensity requires longer exposure.



Yes it is possible to overdose on light exposure with eyestrain, headaches or agitation being the unwanted effects. Face the light source without staring directly at it and go about your business, reading, enjoying your breakfast or whatever. When? Trial and error is involved. If you are most energetic and productive in the morning and fade off in the afternoon then sometime between 3pm and 7pm would be a good starting point. Or a few short sessions throughout the afternoon and early evening. Or try prolonged exposure at lower intensity during the afternoon and evening. If on the other hand you are sluggish in the morning and find it hard to wake up and get going exposure for ½-1 hour between 6am-8am would be your starting point. If you fade-off in the afternoon then you might try another exposure in the afternoon. I have installed bright fluoro daylight-like lights in my kitchen and family room because I consider myself “allergic to winter”.

Meditation



Meditation can be of benefit in many cases of depression. If you are experiencing feelings of absolute despair however, then any meditation beyond the simple breathing exercise given above (which is vital) would be best done under the guidance of a face to face teacher. Meditation is likely to be very beneficial in cases where the depression is linked to pressure and stress, say pressures coming from your work for example. Essentially you just remove yourself from interruptions, sit in a relaxed position with eyes either closed or downcast and after a couple of long, slow breaths gradually slow down your breathing. See the paragraph under heading “Breathing Exercise” above. Ten minutes is better than nothing. Twenty minutes would be ideal but you will need to work up to that as most of us are not unaccustomed to focussing our attention inwards and become restless.

There are countless ways to meditate. You can imagine a powerful beam love and strength being directed at you and filling you. Or you can imagine yourself surrounded by an invisible protective bubble that goes everywhere with you. Imagine gradually making it even stronger by the process of meditation. The unconscious mind accepts fantasy as reality. But what you absolutely must not do is use the meditation sessions as problem solving sessions or worse still “beat yourself up” sessions. If you believe your problems are the result of unwise decisions or attitudes in the past then just accept the fact. Whatever is today is. If you could have done better in the past you would have.

THE WAY YOU THINK

Depressed people develop negativistic thought patterns that keep them depressed in a vicious cycle. It is time to arrest these thought patterns using the guidance below.



Learned helplessness.

This concept, discovered and described by well known academic psychologist Martin Seligman (a Harvard professor) and his colleagues describes and explains the thought patterns of people prone to depression and how it differs from persons resistant to depression. Seligman, and colleagues conditioned dogs to fear the sound of a certain tone. That is the dogs were presented with a certain sound immediately followed by electric shock until they exhibited fear upon hearing the tone. The dogs were held fast in a sling or hammock so they couldn't escape the shock. Next the dogs were put in a double pen with a low wall that they could easily see over and easily jump over. The dogs were placed one side of the wall and presented with the tone. It was expected they would jump the wall. But they made no effort to jump the wall. So then the dogs were given actual electric shocks. Again the dogs made no attempt to jump the wall! By way of comparison, ordinary non-conditioned dogs were then placed on one side of the wall and given shock. They behaved as expected, in accordance with conventional operant conditioning theory and jumped the wall to escape the shock.

Explanation: During the conditioning period involving electric shocks the dogs had been restrained and unable to escape the shock. They had learned, i.e. "accepted" that escape from shock was impossible and had no interest in making effort which they had learned was futile. • Dogs were exposed to unavoidable shocks • The dogs when placed in a situation where they could now jump to avoid the shock, failed to make the escape response. • Learned helplessness occurs when one perceives that one's actions (e.g., working hard) does not lead to the expected successful outcome.

In reality there is another way to learn helplessness. If you have grown up in an environment where every knotty problem has been solved for you by someone else, you might have learned helplessness and likely continue to expect that someone else should solve your problems. When you come across a problem, say with your studies or in mastering your computer, do you try hard to work it out yourself or do you almost immediately run for someone else to solve the problem for you rather than struggle with it yourself? If your first reaction is to avoid struggle and look for someone else to handle the problem then you may be a victim of deep seated learned

helplessness. Seligman went on to study the difference in the thinking of depressed, pessimistic people and optimists. Pessimists and depressives overgeneralise from negative experience and are more inclined to be self blaming. Accepting responsibility can be a positive thing in the right context and time, but it can be taken too far. Basically, Seligman found that the explanations we give ourselves for negative outcomes or failure could be rated on three dichotomies:

(1) personalization: internal i.e. intropunitive or self blaming (I failed) vs. external, extra-punitive or “other” blaming (he failed me).

(2) pervasiveness: specific (It didn’t work this time) vs. universal (that sort of thing just doesn’t work).

(3) permanence: temporary vs. permanent.

A person’s characteristic style of explaining negative results correlates with their susceptibility to depression. “Every time I invest my money the bottom falls out of the market starting next day”. Or “I failed maths because it’s a subject I just can’t handle.” These statements suggest discouragement, and hopelessness - depression. The statement is “internal” (use of “I”), universal (every time) and permanent (at least implied permanence). Less pessimistic versions of the above statements would be, “So far the big market manipulators have beaten me.” (Someone else is blamed and the situation is not necessarily permanent). “The damned maths teacher hates me and marked me down, and besides I missed a few lectures due to illness.” (The responsibility avoiding attitude in that example might not be conducive to getting better math results in the future, but at least it is not a pessimistic self-hating attitude).

It is interesting that when persons with a pessimistic explanatory style gets good results they downgrade the importance of their own contribution to the good result and are inclined to explain it as sheer “luck” or invoke some other external reason. As an aside, Seligman found Americans tend to be optimists and Australians tend to be pessimists. Everything below is an attack on the kinds of thinking that characterise depressive thinking. Seligman’s work gives us further clues on how to attack pessimistic, depressive thinking.



Fun things & Goals.

Restricted activity levels: Depression depletes energy and activity levels. You are now going to start doing things even though you don't feel like it, but on a small scale to get your feet wet and start experiencing some successes.

EXERCISE: *Old Pleasures and Pastimes: In your book write down the things you used to do with some enthusiasm and have ceased. List the hobbies, talents, interests, perhaps social or community activities, and pastimes that were once an enjoyable part of your life.*From the above list, mark those hobbies or activities (FUN things only – not major ambitions) that would be nice to reactivate. That is, prioritise the list. Pick just one thing (highlight it in your exercise book) and start doing it again immediately. Try to spend a little time on it each day. You'll find an old guitar or fife in just about every room of my home. When I get a little tired of what I'm doing I have a few minutes fun practising with them. An acquaintance keeps a half-built model galleon and tools on his kitchen table and relaxes adding a few pieces each day. Stuff you used to love could be gathering dust in your shed. A special little pleasure could be as simple as a nice cup of tea, a bath with scented bath salts, a trip to the shops, or sitting back listening to your favourites CD or radio program. But like me you might have to take care not to just use things as an aid to procrastination and avoiding doing what needs to be done.



***New Goals Pleasures and Pastimes:** Write down the interesting, enjoyable things you've often thought about doing but have never got around to, e.g. a course you wanted take or skill you wanted to learn. Maybe you've often thought about learning to ski or play guitar, or fly a plane, or learn to build a brick wall, learn to use your computer or basic bookkeeping, or join a local theatre group or choir - whatever! But they must be things you could start right now. Prioritise the list. Again, carefully choose 1 thing and highlight it in your exercise book.

From the 2 lists choose a total of just 1 thing in each list. It is very important to keep ambition and ego-tripping under control. The idea here is FUN activity, not fame, praise or riches. In other words set out to learn to play a guitar for the fun and satisfaction in it, not because you dream of having a great career as a musician. **KEEP YOUR IMMEDIATE GOAL SMALL, AFFORDABLE, FUN, AND EASILY ACHIEVABLE. KEEP YOUR COMMITMENT SMALL.** For example, if you

joined a theatre group then in the beginning you should just go along as a helper and not commit yourself to a rigid and onerous schedule of rehearsals.

OK, now get started. If there are any arrangements to be made or questions to be asked write them down now and then pick up the phone and do it. If you need to get anything, go out to the shed and get all those discarded hobby things together again, or drive into town and buy what you need. Just do it.

Stop thinking self-deprecatory thoughts!

Reject your own voice saying self deprecatory things. “Oh I’m lazy I guess.” Reject the labels, “lazy” “dumb” “I can’t do...” “I’m no good at...” and, even though you might resist the idea of doing this, remember the times when you weren’t lazy etc., and put a lot of effort into something – and succeeded at it. When things go wrong and you “muck up”, make a joke out of blaming someone else! “The damned Philistine of a teacher hasn’t recognised my talent.”(But don’t let him hear you!). Never say, “I can’t find my socks, I’m always losing them.” Instead say, (jokingly - to wife, husband or Fido the dog), “Where on earth have you hidden my socks – you’re always putting them where I can’t find them!” It doesn’t matter that the blame can’t justifiably be assigned to other people; just have fun blaming them anyway! Enjoy their outrage. Lighten up!

Kicking someone else feels much nicer than kicking oneself all the time. I’ve been doing this for decades and it’s still fun! No, I’m not really advocating avoiding responsibility for those things for which you are properly responsible, but I am asking you to “lighten up,” keep your sense of humour and not catastrophise with self deprecatory thoughts (beating yourself up) for everything that goes wrong, or for everything that could be just possibly construed as a failure on your part.

If your child got kicked out of the classroom for swearing, the idea, “I’m a failure as a parent”, or “all the other parents will see me as slipshod parent,” is a ridiculous magnification or distortion of reality.

There was a time when I would say, “Despite scraping my way through 3 years of psychological statistics courses I have no head for maths, hate it; can’t handle it.” But these days I say, “I unfortunately missed a good foundation in maths but when I get the time I’m going to learn it again from first principles.”

Humour



You should take what I've said about humour - seriously! There is now a body of research indicating that humour has a profound positive effect on our immune

systems, and further, that experimental subjects exposed to a good deal of humour experience greater feelings of "hopefulness" than matched control groups. A flat humourless demeanour is one of the indicators of serious depression. If you are interested in the effects of humour this website address can be a starting point: <http://www.comedycourse.fsnet.co.uk/laughther.html> ,or simply "google" "psychological effects of laughter humour". There are laughter groups in virtually every country.

My first boss in psychiatry, Professor Burton G Burton-Bradley was a great believer in the link between depression and the sense of humour. After meeting and greeting a new patient who seemed very dour he would say with a half-smile on his lips, "Now I want you to smile for me." After a split second of puzzlement the patient would grin, or put his head in his hands, or burst into tears. Anything less than a grin and Burton would be half way to a diagnosis of Major Depression.

In your book, write down any self-deprecating thoughts to which you are prone. Underneath, write down a well considered correction – together with at least one item of evidence in support of the correction. If you have been beating yourself for "being an inadequate parent", write underneath the negative notion a realistic retraction with evidence to support it, i.e. things that have happened or that you have done that demonstrate the label "bad parent" is false and that you are for example a conscientious parent who is learning and getting better all the time.

Judgements.

Depressed people tend to be harsh judges, especially of themselves, but of others also, and to make unrealistic, dysfunctional rules. So monitor your thoughts for the use of the words, should, must and "...have to..." (rarely does anyone really "have to" do anything unless they so choose) And as the movie title suggested, never say never. Living your life by imperatives will lead to unnecessary misery in the form of depression and to lost opportunity. Often we arrive at such imperatives as a result of a chastening experience, say for example a failed marriage or business venture and then we make the mistake, as suggested by the work of Professor Seligman mentioned above, of universalising from those one or two negative experiences.

Parable: A little boy always walked to school and saved 20 minutes by taking the short cut. One day a savage dog came out of an open gate and bit him. So he vowed to never take the short cut again and he was as good as his word. The dog however had died of food poisoning next day and no dog was ever seen in that street again. This is called the neurotic paradox. It might to some extent also be seen as an example of "pre-cognitive commitment" (the reason flies bred in a jar take so long to escape when the lid is removed). Had the little boy, after a few days say, cautiously tried a few tentative forays down that street or recommended that route to his sister (just joking) to see what happened he might have saved himself a lot of time and walking!

It has been shown with university dog experiments that when ordinary dogs are placed in one side of 2 pens separated by a low wall and then electrocuted they jump over the wall to what they “hope” (behaviourist psychologists will just have to excuse my use of this word – I won’t let pedantry stand in the way of communication) is safety but if electrocuted on the other side also, they jump back to the first side. The electricity can be turned off and the dogs will continue jumping back and forth across the wall until they drop from exhaustion. If they took a risk and stopped after an interval, they would have discovered that it was safe to stop jumping. The psychology here is the same as that in the story of the little boy and the short cut. We cannot get the risk out of life and we simply need to make tentative experiments. Heaven knows I’ve tried to get the risk out of life and it has cost me in lost opportunity!

Mind Reading.

Are you a mind reader? If so give it up. When I was much younger I got a phone call from my boss right on knock-off time, 5pm on a Friday. “Vic, I want to see you in my office first thing on Monday morning,” he said in his clipped Welsh accent, and hung up abruptly. I knew he didn’t like me because my paper qualifications were better than his and he was jealous of my social life at that time. My 6 months probationary period had almost expired, I could still be fired without much fuss and salaried employment had caused my private practice to all but disappear. I spent a miserable, sleepless weekend. On Monday morning I entered his office. He bid me shut the door and take a seat which he’d adjusted to be much lower than his own. I took a deep breath and waited. He said, “Vic I’ve been invited to address a standing committee on Arts and Education at Parliament House, and I’d like you to accompany me and bring a synopsis of the paper you wrote on adult illiteracy.” Instead of wanting to punish me he’d simply wanted to stick a feather in my cap and offer me a privilege.

Thus, I had suffered a weekend of wasted negative emotion, wasted misery! Sure, think ahead and do everything reasonable to protect yourself but don’t think you can read other’s minds or predict the future. Trying to read other’s minds can also be a mistake in business. On the other side of the coin fearing the unknown is natural enough. So what could or should have I done to reduce or defuse the anxiety I suffered over that weekend? Before I suggest an answer perform the following exercise:

EXERCISE: Write in your book a brief account of one or two times you attempted mind reading and got it wrong. Yes, sometimes your “second guessing” might have been right but you set yourself up for failure and anxiety when you try to “mind read” or second guess others. Keep an open mind and listen before jumping to conclusions. Now, underneath what you’ve written, write down what practical measure you could have taken to reduce your anxiety or to reduce the chance of being wrong.

For example, in my own case mentioned above, I could have immediately phoned my boss back before he left his office and asked what he wanted to talk about and frankly stated I wanted to know so I could be properly prepared for the Monday interview. There's no way he could have avoided giving me a straight answer without showing bad faith. So why didn't I do that? The only reason I can offer is that I fell prey, in that moment, to the "ostrich syndrome", I hadn't wanted to know! I was afraid that knowing might lead to even more anxiety. Mistake! It is better to swallow a tot of metaphorical rum, and look your perceived enemy straight in the eye and without double guessing him, ascertain his intentions. I say "without double guessing him" because if you do, your general tone and demeanour might be inappropriate and you could make a fool of yourself at best!

Being objectively and calmly assertive is not the same as being terse and aggressive. Sure my boss might have discerned my anxiety and in secret enjoyed a quiet chuckle at my expense but, so what! At least I would have saved myself a miserable weekend. And he would have enjoyed his chuckle. Happiness all round! You don't really know what others are thinking about you. And you can't know. So just don't "sweat it", or you'll make yourself miserable – anxious and depressed, for nothing!

If you are significantly depressed and have been so for some time then it could have adversely affected your behaviour to the extent that others at work for example might have noticed it, and treat you in an "at arm's length" sort of way, and this in turn could cause you to become paranoid, that is to become concerned and even more depressed about what they might think of you. Again I say double guessing them and "catastrophising" is counter-productive. The way out is to pretend you haven't noticed any stand-offish or cold behaviour towards you (it might be all in your mind anyway), and begin in small ways to extend warmth to them, volunteer for activities that indicate involvement and interest in the group. Their attitude towards you will change, perhaps very slowly, but if you persist it will happen. Don't wait for them to make the initial warm approaches towards you, because it just won't happen.

Positive(+) and Negative(-).

Depressed people develop the habit of ruminating on the negative. It's time to break the habit.

Expectations: What are you looking forward to or expecting?

Waiting on exam results, a court case judgement, a job application, or perhaps the result of an investment decision? If you've done all that can reasonably be expected of you as your part of the deal, then of course you expect SUCCESS. For example, "I attended most lectures, I revised the whole curriculum and have a good grasp of the material, and therefore I expect to pass." NOT: "Most students are much better than me so I'm sure to fail." But what if you didn't go to lectures, didn't work at learning the curriculum? "I expect to get a mark at least consistent with my effort and with a bit of luck better than that."

Every Winter I buy raffle tickets for multi-million dollar seaside homes in the Queensland Boys Town lotteries. I open out the glossy poster-sized brochure and I say, (sometimes mumble out loud) “I’ve not only helped a worthy cause but I’m getting this magnificent home in the sun – so I’d better work out right now whether to live in it, or sell it and invest the money.” I then agonise for a few minutes over which to do. Then I fold it up and put it away until I need another “shot in the arm.” The intermittent 10 minutes of entertainment is worth more than the price of the ticket. Note, I don’t say, “Oh God I’m a loser, I’ve wasted 15 bucks on a stupid 1:500,000 chance, what a sucker I am.”

The message is this: Listen to the talk going on in your head, the things you say to yourself (write them down in your book). If you “hear” a negative message, correct it. Turn it into a positive (and write the positive version down in your book next to the crossed out initial negative version). Under the headings of “Work”, “Business”, “Social”, “Family”, write down your major issues, aims and hopes for the near to mid-term future. Now for each, write your expected outcome, and avoid use of negative expressions. E.g. (under “Family”) “Our son will almost certainly pass his matriculation and get into the Engineering faculty.” Note I’m definitely not asking you to set yourself up for disappointment with unrealistic feel-good nonsense. So what if your son, on the basis of objective evidence (getting medium to bad grades) will not almost certainly pass his matriculation? Then you might write for example, “Our son will do his “matric” (university entrance exams) and even if he doesn’t pass them (get a sufficient score) he will only have to revise a small part of the course next year.” Or, “At least he should be able to get into TAFE (technical education) and use that as a springboard to university later.” Focus your attention on the positives.

You can’t change reality but you can manage your response to it. If you have made a decision that has not worked out well for you, beware of the tendency to beat yourself up and depress yourself. In your journal write down what you did, why you did it, and the outcome. Was there anything wrong with your thinking at the time you made the decision? And what did you do right! Make sure you write this down too. Be objective in what you write so you can learn from mistakes but also, very importantly, write down “pat on the back” statements about what you did right. We have an unfortunate tendency to ignore the positives when things have not gone the way we hoped.

The basic idea behind the book or journal can be approached another way, but it is not an “either or” situation because the idea I’m about to introduce should be used in conjunction with your journal. The idea I’m introducing is nowadays commonly known as:

Mindfulness.

You could find this to be the most important part of the course. If you write it off as airy-fairy guff then you are making a huge mistake. The aim of “Mindfulness” is to achieve freedom from the tendency to react automatically to thoughts, feelings, and

events. Thus we can act and respond in a way that is intelligent or at least functional rather than just react in a stereotypical, often self-defeating way – both emotionally and in action.

The technique could not be more simple as you will soon discover, and yet as you learn more about it you can find that it leads on to areas of philosophical consideration. The essence of the technique is found under different names in psychotherapy and philosophy, and especially Buddhist philosophy from which it is borrowed with its stress on meditation. Sigmund Freud, the founder of psychoanalysis wrote of the benefits of what he called “evenly hovering attention”. The American genius experimental psychologist William James wrote, 1890, *"The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. . . An education which should improve this faculty would be the education par excellence"*.

You will find the method (not always labelled as “mindfulness” described and recommended in many self-help books, e.g. Guy Finley’s *The secret of letting go*, Llewellyn, Minnesota, 1993 (I tend to read it every few years during times of unusual anxiety). And again, mindfulness is a cornerstone of Robert S De Ropp’s *The Master Game*, Pan, 1969 which is an excellent book for anyone interested in positive-psychology philosophies that encompass and go beyond the mythologies of culturally established religions. I re-read it every few years. I’ll resist the temptation to float off onto philosophical issues. You will find many references to mindfulness on the internet. As a practical, very easy to read guide, I recommend Melbourne psychologist Colin Thompson’s *Everyday Mindfulness*, which is quite thorough – and a free download. Just type the title and his name into the search bar of your internet connected computer. If it piques your interest you will find several other very important works on the subject within it.

So how do you do mindfulness?

Are you sitting down? Are your hands cold, warm or just right? Can you feel the pressure of your shoes? Do you feel sceptical or cynical about what you’ve read so far? If you are mentally answering any of these questions, then you are being “mindful”, that is your mind is *attending to the present moment*. When I am driving home up Adelaide’s South Eastern Freeway and I suddenly discover I don’t know whether or not I’ve passed through the tunnel, I realise I have not been mindful. Instead, my mind has been “off with the pixies” and I’ve been driving my car on automatic pilot. Now in true Mindfulness, one doesn’t just notice things, one does the noticing without passing judgement. So if you were to notice a less than noble, or downright immoral tendency or thought, while in mindfulness, you should simply attend to and explore its nature without judging it as good, bad or indifferent. It is only after this non-judgemental observation that one consciously chooses how to actually behave.

You will recall I said at the outset we would not be fighting depression but rather dissolving it. Instead of fighting our depression we are going to study it and it should then gradually dissolve away, or at least abate to a significant and satisfying degree.

Of course we cannot be centred in the “here and now”, i.e. mindful all the time. We need to think and reflect on things and we need the luxury of attending only to what genuinely interests us and ignore the rest. In fact some things can only be done competently if they are done on “automatic pilot” once “over-learned”. If you try attending to the mechanics of what you are doing while you are running down a flight of steps you could break your neck, or if you are a typist, you’ll make a lot of “typos” errors if you try attending fully to the mechanics of what you are doing. Skilled performances often require non-mindfulness.

Unfortunately we also over-learn (automate) a lot of performances that are counter-productive. In a great many areas of life our mechanical responses are sabotaging our efforts to get the best out of our social and business lives, and our ability to live with the minimum of stress and maximal life satisfaction. For example, if a friend or relative tells you about his or her latest plans or schemes do you tend to *automatically* respond with all the negatives in the plan, or in other situations to respond to certain statements with a particular story or joke? The answer, in truth, is likely to be “Yes”. Mindfulness will help you to “bite your tongue”, and think carefully before speaking.

A basic technique in mindfulness is to pay attention to your breath. Your breath can be your basic anchor into mindfulness. Notice each breath, the rise and fall of your chest. Or the sound of your breath passing through your nostrils (this is my favoured method). Or notice the feeling of the air passing through your nostrils. You do not try to control your rate or depth of breathing. You simply notice it. You can attend to the feel of the air flowing into your nostrils, the rise and fall of chest, the occasional stretching of your intercostals muscles between your ribs as you take a bigger than usual breath, the feeling in your belly as your diaphragm flattens. If your mind drifts away to other things not connected with what you are doing, remember the exhortation of William James above – simply bring your mind back to your breathing, and if it wanders again, you simply bring it back again, no matter how many times, just as James suggests. Persistence is the key. Less than say five mindful breaths might be all you can manage without your mind wandering off to daydreams, plans and fantasies. That’s fine. It’s natural. But when you discover your mind has wandered congratulate yourself on the discovery and go back to attending to your breath.

Anytime you want to be mindful, you start by attending to your breath. You can do nothing more than that if you simply want to rest your mind. But if you want to shift your mind to something problematic, you do so. So if you have a pain for example, you mentally attend to the pain. You do not try to “psych yourself” out of it or make it go away. You simply embrace it, and notice everything there is to notice about it, where precisely it resides and the character of the pain.

The same thing applies to emotions, e.g. the surge of anger or outrage, anxiety/fear, hopelessness (e.g. that “sinking feeling” when you see the exam paper or electricity bill) or whatever else. Emotions tend to be accompanied by a physical sensation, for example, a nasty feeling in the solar plexus or facial flush of anger or embarrassment. In mindfulness pay attention to these sensations and become an expert on them – without judging them. Mindfulness is more about gradually *changing your attitude* to the conditions of your life than it is about changing them. For example: A patient who had received brain surgery for intractable pain was later asked by his surgeon, “Well, how are you feeling now?” “Great!”, said the patient. “So the pain is gone?” asked the surgeon. “No”, said the patient, “it’s still there but it doesn’t bother me anymore.” Pain (of all kinds) is a complex thing made up of various components. It has emotional and interpretive components. And these can be modified.

Mindfulness is not practiced in any particular position or at any particular time. You can do it as an exercise, even without involving the breath, while making the bed, washing the dishes or brushing your hair or teeth, hanging out the washing etc. - even if only for short bursts of a few seconds of clear mindfulness. Being mindful while doing these chores you will eventually have the insight that *they are not to be resented* but are necessary. Not being mindful, i.e. “in the present” while doing them means you are actually missing out on something - life! It’s sort of like going on a long journey by car, focussed entirely on the destination while resenting the journey itself. *The present is all we have.*

How does all this relate to depression? In mindfulness you would simply attend to the feeling of depression, the sadness and any accompanying sensations in your abdomen. You would not beat yourself up for it, or try to psych yourself out it or tell yourself the feeling is “bad”. Try to avoid labelling the depressed feelings but study their nature or character closely. Remember, I said depression can relate to something lost, or something to which you should have been entitled but feel you didn’t get – like for example, love, or appropriate treatment when you were a small child? Does your sadness feel as if it relates to anything like that? Does your depression seem to relate to a whole string of losses and-or failures? The answer is very likely to be “Yes”. Well, now you know what to do with those feelings. You notice them and become expert on them without judging them – or yourself in general. *The bad feeling is just a feeling you acknowledge as having right now, but it does not define who you are or your nature.* If you do this often enough when you have those depressed feelings you will eventually notice that they flatten out and calm. You will have relief from your depression. It will become less severe and episodes will be less often.

To get the best out of your mindfulness you should link to the journal I recommended you keep. Write down the experiences and insights your mindfulness has yielded.

Think about it for a moment – whenever in the past you’ve been successful in modifying your emotions and habitual behaviour, on your own, it will have been via the process of mindfulness, even though you might never have heard of the term.

SUMMARY

Very important and all equally important:

*Walking /bike riding/swimming/gym.

*Socialising – with friends and family, even if you don’t feel much like it.

*De-cluttering, cleaning, chores and things that have been put off too long.

*Getting started on mindfulness. It only takes minutes throughout the day.

*Personal journal. Write thoughts, events with emotional charge, nocturnal dreams.

Re-write self deprecating (negative against self) ideas. Combine your journaling with your mindfulness endeavours recording your experiences and insights with it.

*Set new easily achievable goals or re-establish old easily achievable goals – and get started on them – now!

*Establish or re-establish hobbies, interests or pastimes.

Secondary things to consider (these will not make a noticeable difference to Major Depression).

*Fish oil, say 20 mls or about 3 teaspoons in orange juice, daily.

*St Johns Wort – providing you have your doctor’s clearance (if you are on any medication, even though it is “over-the-counter” product) daily.

*Light therapy.

*Humour

Well, your home or office is neat, bright and cheery, a pleasant place to be. You have attacked any practical problems besetting you and you are getting professional help with them where necessary. You are proactive, taking charge of your destiny. Your body and brain are brimming with neurotransmitters and other nutrients and all the walking or swimming is making you as fit as a Mallee bull. Friends are commenting on how well you look. You are having fun with some of the old pastimes and activities in which you have always “found your soul”, and via your journal and mindfulness you are growing in insight, experiencing less anxiety or fear and learning to appreciate yourself more. In your self-talk you are tending to be more often self complimentary. You are getting out and about to enjoy socialising with old friends and family members. It is very hard to be depressed under these conditions. Let me know how you go and what you found to be most useful.

So in a nutshell:

Keep the Black Dog Behind You



PS: I took the title of this paper from a song in an old movie. I think it captures the feeling of recovered joy de vie we all seek.

Who's been polishing the sun
Sweeping the clouds away?
They must have known just how I like it
Everything's coming my way

Now the world was getting all rusted
And I was getting disgusted
But everything has been dusted today
The sky's a little serener
The grass a little bit greener
There's been a vacuum cleaner this way

Who taught every little bird
How to sing a merry roundelay?
They must have known just how I like it
Everything's coming my way

(excerpts from song, *Who's Been Polishing the Sun?* by Leslie Holmes, 1934, HMV; sung and tap-danced by Jack Hulbert in movie, *The Camels are Coming*, 1934.)

Vic Barnes PhD