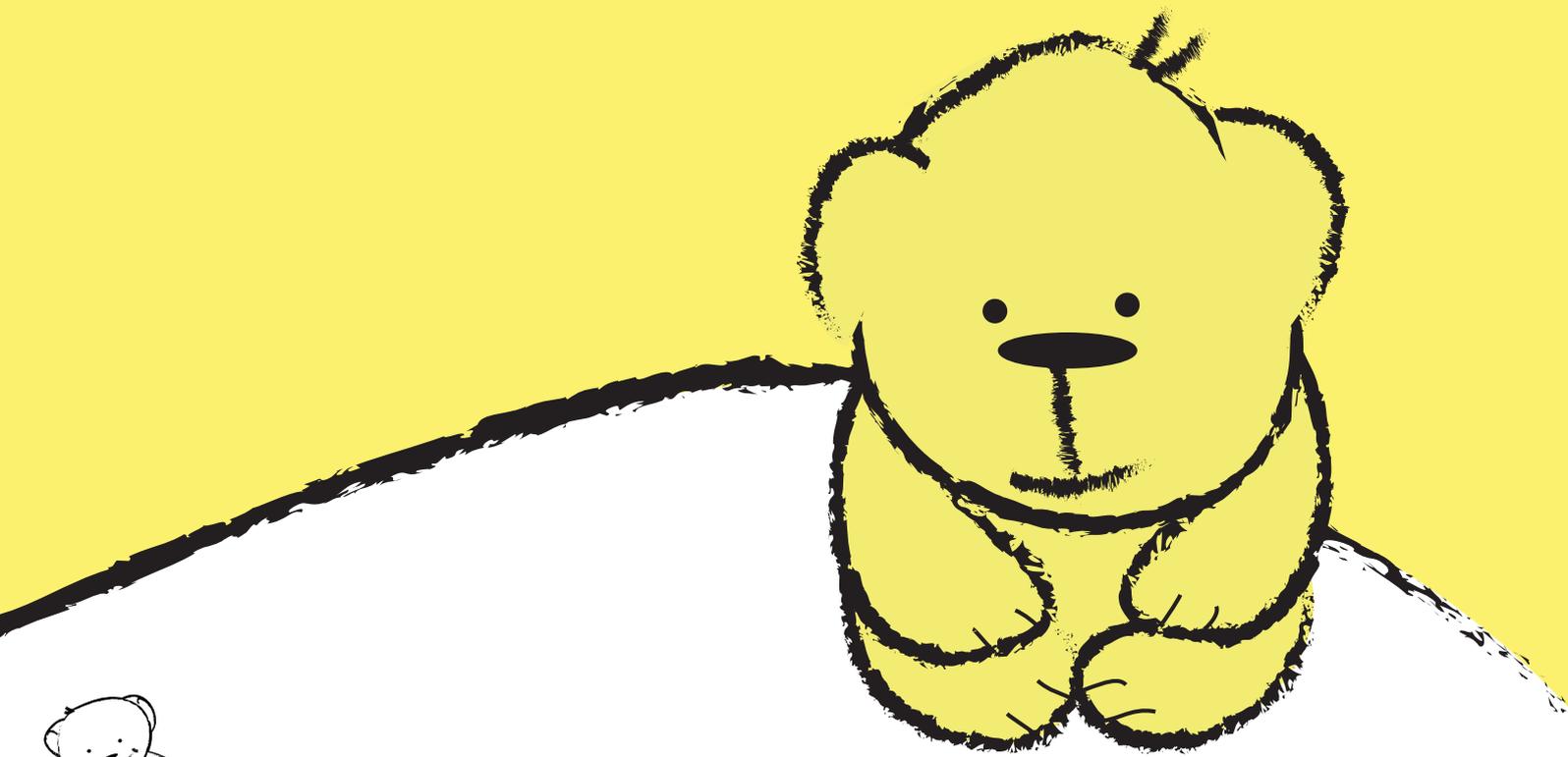


PULL YOURSELF TOGETHER

BRIDGING THE COMMUNICATION
GAP BETWEEN THE DEPRESSED
AND THOSE WHO LOVE THEM

WRITTEN BY NOCH NOCH LI
ILLUSTRATED BY DAI CAMERON



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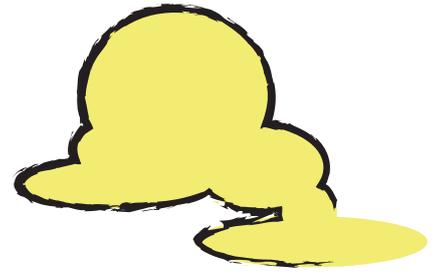
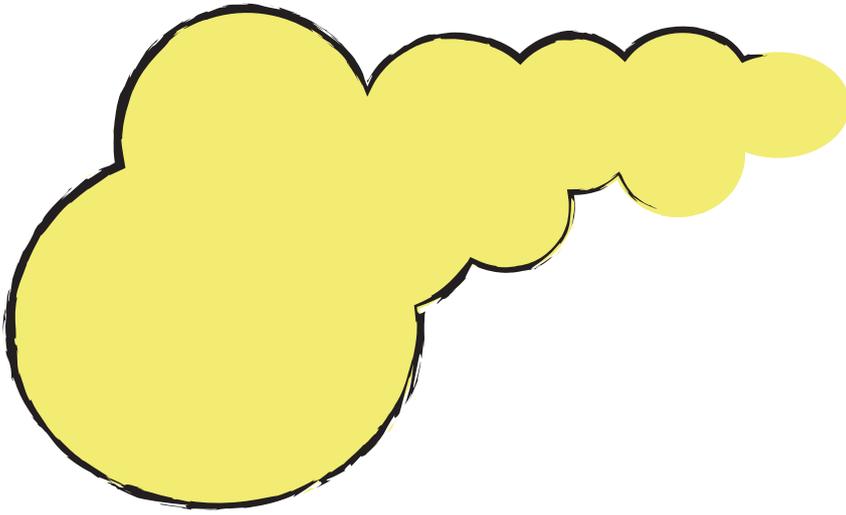
I know I'm in my own world –
it's okay, they know me here.

Anonymous

The single biggest problem in communication
is the illusion that it has taken place.

George Bernard Shaw





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Most of all, I would like to thank each and every person who downloaded this book, especially if you help spread the word about coping with depression. And a special thanks to my readers and supporters for taking the time to read my humble ramblings, and for never forsaking me.



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INTRODUCTION

Many do not know what [depression](#) is. Neither did I – until I [nearly took my own life](#) because of it.

I was diagnosed with depression at the end of 2009. Feeling as though I was buried under 50 feet of snow, I saw only [despair and suffocation ahead](#). My husband (who was my boyfriend at the time) tried to console me, but I rejected his love, feeling unworthy of his or anyone's kindness. Every time he tried to reason me out of my irrational thoughts, I found an even more negative rebuttal as to why I was a failure. I was frustrated that he could not comprehend my yearning to end my life; he was annoyed I did not share his zest for being alive. I thought him stubborn and unempathetic. He thought I was crazy and unreasonable.

Through these late night debates and fights, I came to realize the disparity between the way depressed people think versus those who are not depressed. The way the depressed communicate – or fail to communicate – creates a rift through misunderstanding.

Towards the end of 2010, I started a [blog](#) about my experience with depression, and the lessons I learnt while coping with it. Through readers' comments and emails alluding to the fact that they had felt the same irritations and frustrations my husband and I faced, I became even more convinced there was a [communication gap](#), and that the issue needs to be addressed.

I have been on both sides of the fence. I have seen how radically different my thoughts were when influenced by depression compared to when they were not. Because of this, I feel compelled to elucidate this issue for myself, and for others, in the hope that more understanding will facilitate empathy and open-mindedness. Ultimately, compassionate communication could help the depressed journey through their challenges, and bring them closer to those who love them.

There is no lack of books about depression covering everything from how to prevent it, why we have it, how to get out of it, personal experiences, and straight facts.

I do not attempt to tackle the epidemic of depression and mental health issues at large. This book addresses only one aspect of depression: *the communication gap between the depressed and those who are not – and how to build a bridge between them.*

I do this by elaborating on the thoughts and emotions behind behaviours exhibited in interactions between the depressed and those who are not. I start by pointing out the differences in thoughts and emotional reactions. Then I suggest practical ways for both the depressed and those around them to dispel misunderstandings and learn to communicate in ways that are non-judgmental and appropriate for the circumstances.

Finally, I share some of my readers' experiences (with their permission), and end with a list of resources for further support and reading.

Everyone has the responsibility to do his or her part in this communication process. We cannot simply complain that the other person does not understand or does not react in ways we expect or want them to. I hope this book can help you communicate what is in your head to others, so feel free to send this to your friends and family.

Let your prejudices dissipate.

Hopefully yours,

Noch Noch

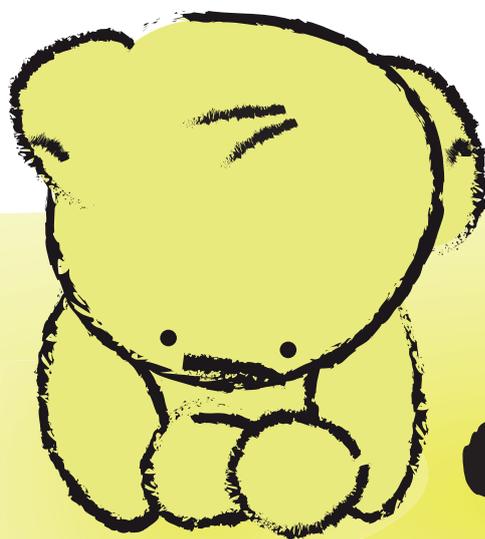


This book is not intended as a substitute for medical advice. Please consult medical professionals for accurate diagnoses and treatment. Please decide whether the advice is suited to your personal situation and do your own due diligence. If at any time any medical professional makes you feel uncomfortable, it is your right to terminate therapy or report them to an oversight organization.

Please note that I draw a line between those who are diagnosed as being clinically depressed and those who experience brief bouts of depressed moods, which is common.



no point in living,
really, no point
in living..



CLINICAL DEPRESSION: THE FACTS

By 2020, depression will become the global disease burden

Stress is one main cause of depression

60% of the world's suicides are correlated to depression

There are many different kinds of depression, e.g. manic depression, post-partum, seasonal etc...

Depression is one of the highest causes of disability, and causes companies billions of losses each year due to employee's absence

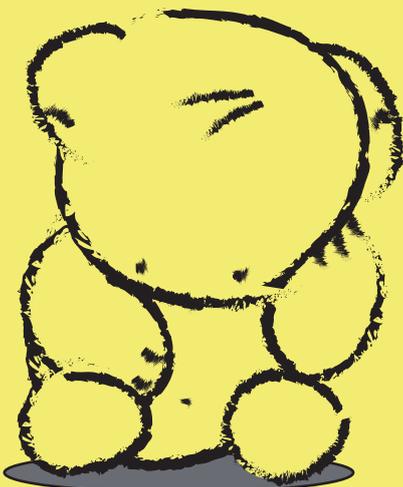
121 million worldwide have depression – and many more do so but do not know or are not diagnosed

A medical condition classified by the World Health Organization and American Psychological Association as a mood disorder.

Women are more susceptible to depression than men – but statistics could also be skewed as men are less likely to admit or seek help for depression

Depression is not simply “feeling depressed” for a day or two – the depressed would feel 5 or more of the symptoms listed for at least two weeks consecutively

Depression symptoms include:
loss of appetite, loss of motivation, lethargy, insomnia, suicidal thoughts, withdrawal from social activity, decrease in interest in activities once enjoyed, loss of sexual drive etc...

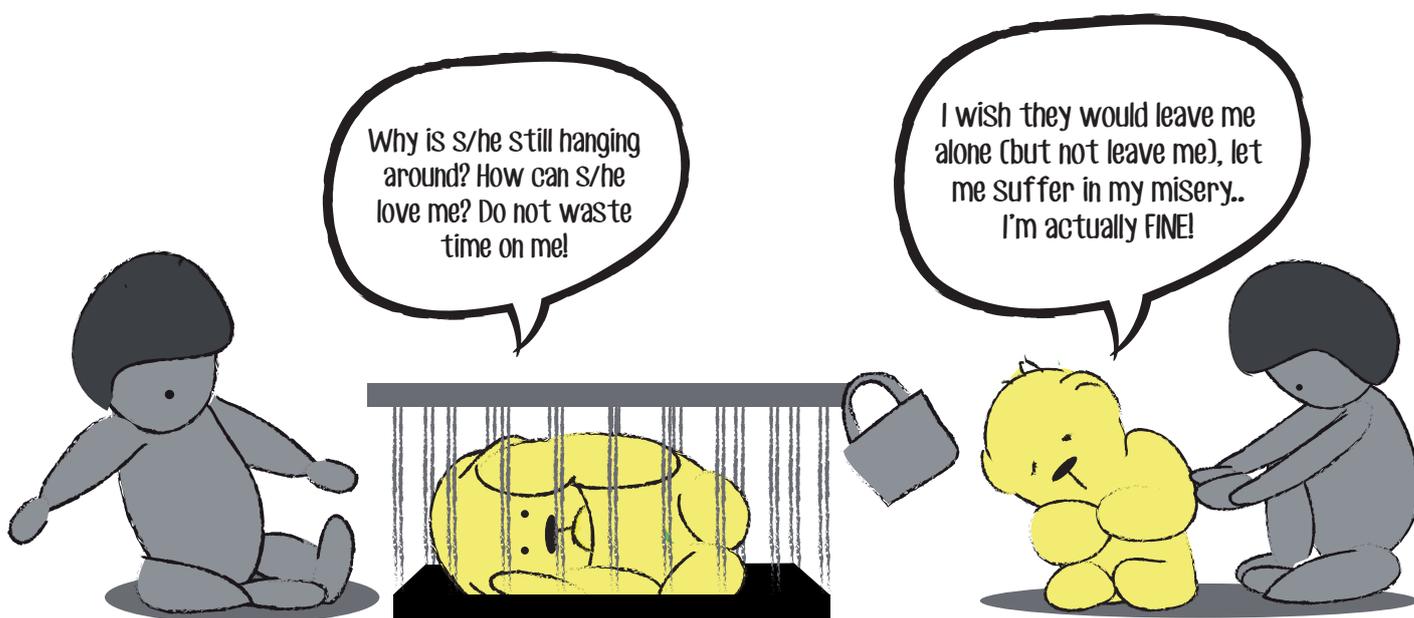


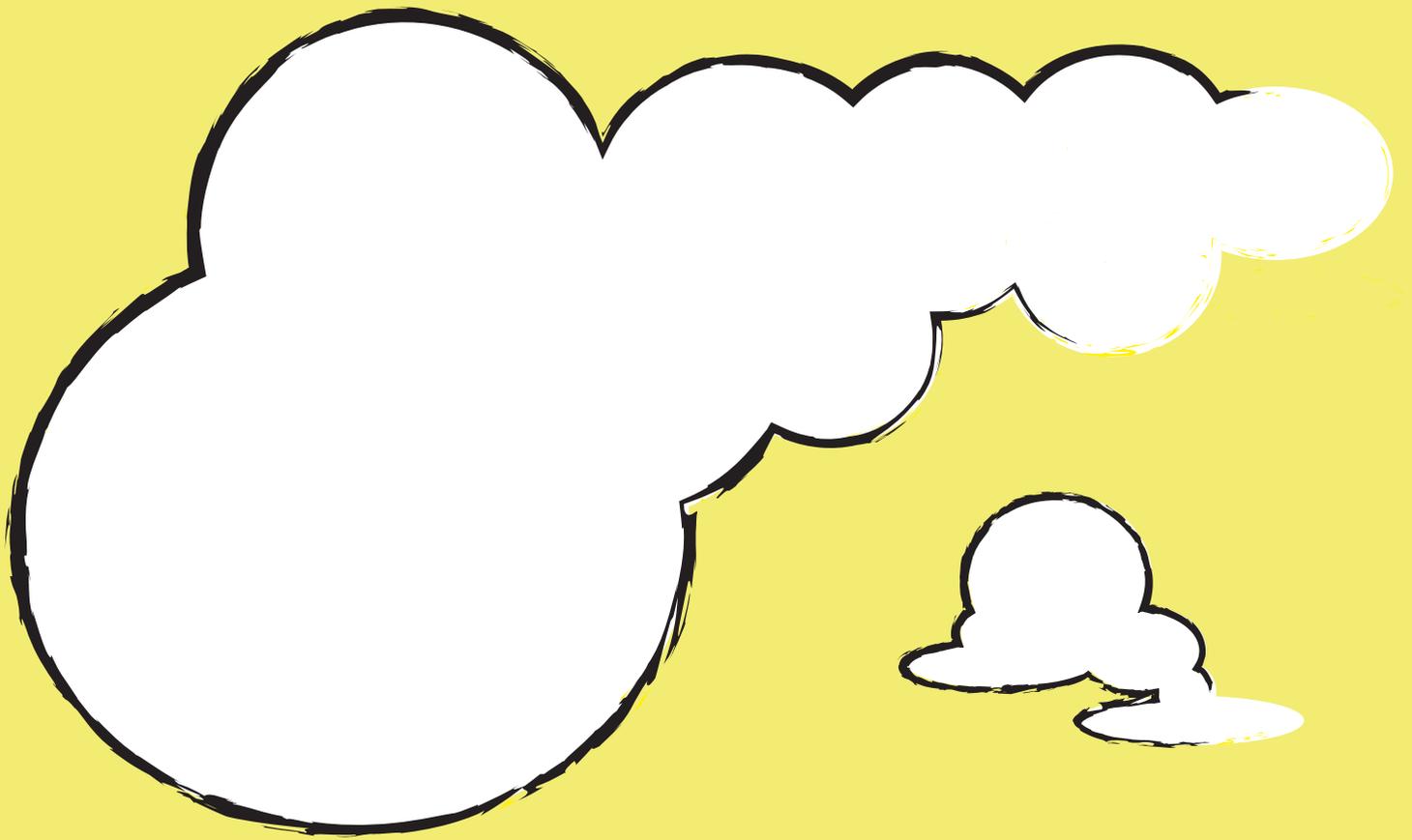


THE ISSUE: MISUNDERSTANDINGS & MISCOMMUNICATIONS

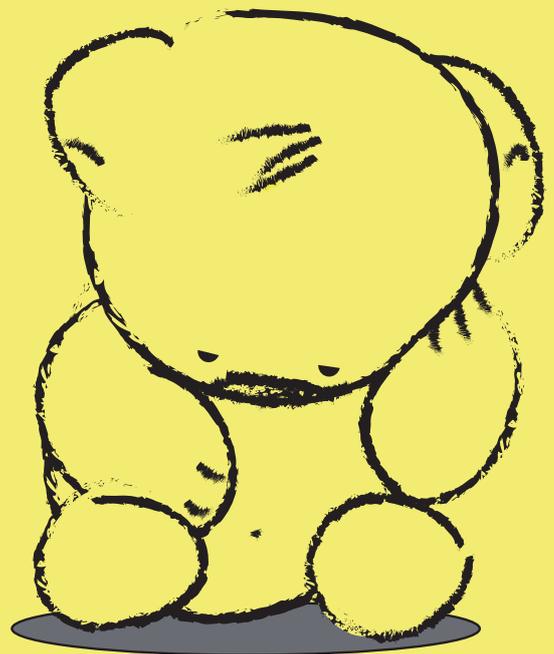
To the outside world, a depressed person seems “weird” -- at work they are lazy or emotional, or get angry easily. With family and friends, they seem disinterested and negative, always the “party pooper”. The depressed crave care and concern, and yet, not in the way sometimes given.

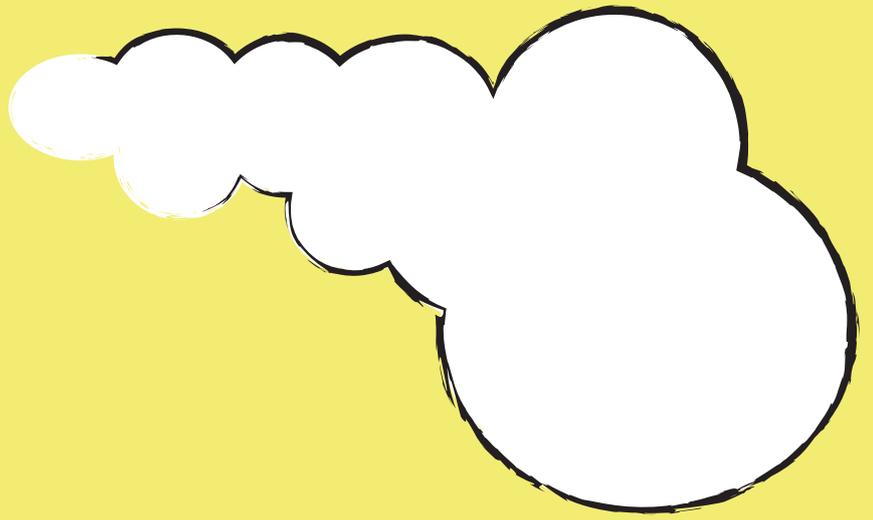
Those around us find us ungrateful when they try to help. We feel rejected when they dismiss our depressive thoughts. Hence the vicious cycle of misunderstandings and miscommunications begin...





I Feel Depressed..





It appears to others as..

negative Unhappy

Disrespect Aloof Laziness

Socially Inept No drive to do anything

angry agitated Recluse and Quiet

making a big deal out of nothing



THE SOLUTION: COMMUNICATE WITH EMPATHY



I. IF YOU'RE DEPRESSED

[Living with Depression](#) is by no means pleasant, nor a state we want to indulge in. When depressed, lassitude corrodes our energy and fatalistic thoughts consume our mind. We feel out of control of our own lives. Anger, guilt, pain, sorrow, and hatred amass until they burst forth in an avalanche, hit us with no warning and hurl us under 50 feet of snow, buried with no space to move, no air to breathe, and no way out.

The slightest things become annoying and the most innocent remarks come across criticisms. We recoil and hide. There is inexplicable despair. We isolate ourselves. We do not want to talk to anyone, for fear of ridicule and disbelief.

Such is the [irony of depression](#), that whatever is good for our recovery—exercise, maintaining a social life, eating healthy—becomes an effort, and lethargy prevents us from doing the very activities that would help us recover. Nevertheless, I urge you to try.

Be patient with yourself, and try to take care of yourself before others. Forget how people may judge you; [help yourself out of depression](#).

Only then will you be poised to communicate with the rest of the world.

Take Care of Yourself – in Your Own Time

There is [no universal treatment](#) for clinical depression. We are affected by our personal history, upbringing, environment, culture, and personality. Therefore, [each case is different](#), even if we experience similar depressive

symptoms. However, I hope the suggestions below give you a road map on how you can climb out from under the avalanche and take the first step to healing yourself.

i. Some Suggestions for Taking Care of Yourself

1. ACCEPT that you are facing a challenge and need help. Stop [denying](#) that you are struggling. Acknowledging there is a need for help is the first major step to recovery.

***My experience:** I was unable to admit I had depression for a long time. I was ignorant of the symptoms and refused to address the warning signs in the early days of my illness. When my depression became severe and doctors gave me the diagnosis, I felt weak and guilty that I could [not cope with life and stress](#). My overachieving, perfectionist attitude prevented me from seeing I was in desperate need of help.*

My [husband](#) dragged me to counseling sessions. I hated every minute of it, and hated myself for needing therapy. One day, I had a dream I was drowning myself in the bathtub. That was my turning point. I had to admit something was wrong and needed to be fixed. I finally accepted that I was ill; I became more receptive to therapy and actively sought help through a variety of resources. Even though there was still a long journey ahead, the worst days were over.

2. GET AN ACCURATE DIAGNOSIS by a [qualified doctor](#), psychologist and/or psychiatrist. If you do not like the first one you meet, try a second one, and a third one, however many it takes until you find someone who can help you.



My experience: I saw a few different psychologists, mental health counselors, and life coaches. It took me a few months to find one with whom I clicked. Some, I felt, did not understand me, or tried to put me in a box, or were too quick to label the realities I was dealing with: “culture shock,” “work stress,” “adjustment.” Eventually I found the clinical psychologist I still see to this day. It is a personal choice, and I encourage everyone to be comfortable with his or her medical professionals.

3. TAKE OWNERSHIP of your [recovery](#). It is your body, mind, and soul. You are responsible for taking care of yourself even though you will need help.

My experience: I was a task-oriented person. Once I realized there was a problem, I wanted to solve it. Of course I depended on the doctors treating me at that time, but I was active in seeking out the doctors I could trust, and researching alternatives to antidepressants. There was no point in [drowning in my own misery](#), although I did my fair share of that when I was first diagnosed. I was determined to get better and took action toward my own healing.

4. Find the MOST APPROPRIATE treatment for your circumstances. There is no lack of professional advice out there, but don't just follow what others say will be good for you. Try different methods and draw your own conclusions.

My experience: As soon as I mentioned my depression to anyone, they were full of advice and suggestions for what I could do to treat it. Some offered humble suggestions; others became self-righteous experts on my condition and criticized the treatments

I had been using. I welcomed the help, but the onslaught soon became overwhelming. I learned to keep an open mind about new ways I might ameliorate my condition, but also to not take every single suggestion to heart. Eventually I became tired of running from doctor to doctor based on the referrals of concerned friends and family. I stopped heeding everyone else's advice and went only to those with whom I felt comfortable. Just because meditation helped someone else did not mean it would help me.

5. BE PATIENT and give yourself time.

My experience: This was the hardest step for me. Once I admitted I was depressed, I expected to switch back to my old self overnight, as if it was that easy. I laughed when my psychologist said it could take a few years before I would be completely free of depressive episodes.

When I felt I was still in a rut a year later, still struggling with depression, I grew impatient and berated myself for not getting better quicker. The road to recovery takes three steps forwards, some steps back, and [a few detours](#) along the way. Pushing myself beyond what I was capable of at the time made it worse. Until I could let go and focus on the present during my treatment, instead of ruminating on when I would get better, I made little progress.

For more on my experience with depression, please visit my blog [NochNoch.com](#).

ii. Ways to Express Your Thoughts to Your Family and Friends

Everyone communicates in different ways. Communication can be verbal or non-verbal. When depressed, communication is not our strongest point. I shut myself away for nearly a year. I deleted friends from Facebook to avoid messages asking how I was doing and what I was up to; I did not know how to respond. I hid under the bed when the phone rang so I did not have to answer. I never returned calls, and finally shut off my phone altogether. I did not respond to emails until months after I received them. I could not explain my misery. I could not even look my husband in the eye.

During the years of my recovery, however, I found ways to express my thoughts and gratitude to those who stuck around during those times. Here are some suggestions, and I hope you will be able to personalize them and find your own ways to communicate with those closest to you.

1. Email and Instant Messaging

Emails felt less intrusive than phone calls, at least for me. I could choose when and how to respond to people. I could also spend some time thinking about my response, and whether to respond at all. I preferred telling people about my depression through email, but even then, it was only to close friends. I told them how I was feeling and shared some of my thoughts, knowing they would read with compassion. Email also gave the receivers time to think about what I had written and how they wanted to respond.

2. Blogging and Writing

Writing became my [saving grace](#). It helped me elucidate thoughts I did not even know I had in my mind. I wrote in my journal to ramble and vent, and get the negative thoughts out of my head and on paper. When I started blogging and publishing about my experience with depression, it was an indirect way of telling people who knew me about my plight. This was my means of communicating to the masses and helping loved ones and colleagues understand why I disappeared from their radars for so long. Other people

who have suffered from depression have used drawing or other forms of art to express themselves. It's important to find your own outlet for venting, expression, and catharsis.

3. Posting Depression-Related Articles on Facebook

This also constituted indirect communication but was a message to those who read my news feed about what topics interested me then. A few people got in touch and once I told them what I was going through, they shared their experiences with depression or other mental illnesses. Some were judgmental, but most were sympathetic and encouraged me to be more open about my challenges.

4. Asking for Patience

I tried to be more social eventually, as I knew having a social life would help my recovery. But sometimes dragging myself out of the apartment was impossible. I felt guilty for having to cancel repeatedly on friends, but I also knew I had to take care of myself first. By apologizing and asking for their patience when canceling, I was honest with friends and respectful of my own needs as I healed.

5. Delivering Baked Goods as Thanks

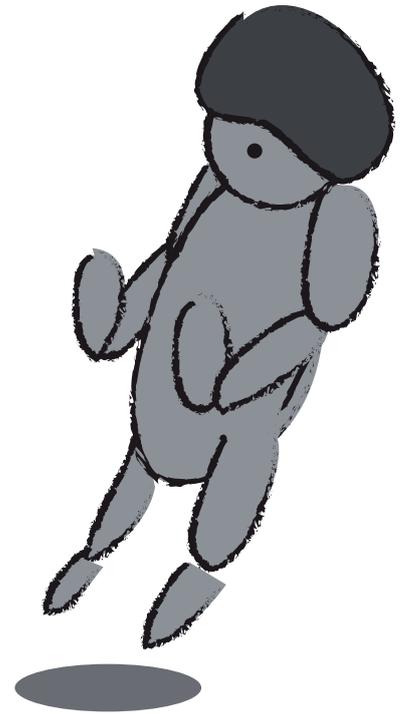
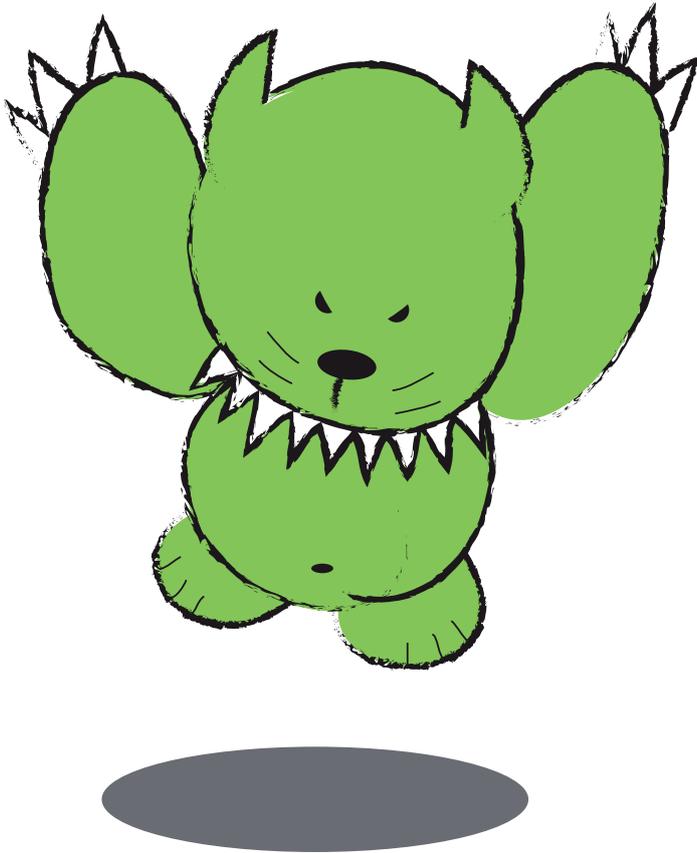
[Experimenting with cooking](#) while I was at home, unable to work, helped me rediscover a long-dormant interest. This was a non-verbal gesture, but on days I could leave the apartment, I would bring some of the treats I baked to my friends. It was my way of showing gratitude for their patience with my recovery and random disappearances.

6. *"I have been diagnosed with depression. I don't understand it well, but I am learning to cope. I will need some time."*

This was a response I gave to people who meant well but had too much to say about how I was living my life. This was not an outright criticism, and it was polite. But it sent the message to them to back off and stop imposing their opinions on me.

7. Ignoring those who made me feel worse.

[Some people were intolerable](#). They



questioned why I was depressed, given the outwardly successful life I was leading. I had no time or energy to explain to people who did not want to listen and had their own presumptions. I ignored their phone calls and did not reply to their messages. I have lost a few such friends along the way but I do not consider those relationships a loss. Perhaps we'll reconnect in the future, but for the time being, I need to protect myself from negative triggers.

8. “I am facing some challenges in my life at the moment. I do not want to elaborate. Please understand and give me some space and time. Thank you for your concern.”

Many people genuinely were concerned for me. However, our relationship was not close enough that I felt comfortable opening up about what was going on. This response was a good middle ground – I acknowledged that their worries were real but politely declined to elaborate. It affirmed their thoughts and

gave them the peace of mind that I was working through my challenges. Expressing gratitude also made them feel valued instead of rejected.

9. “Thank you for your suggestions on how to get better. I will give them some thought.”

People generally mean well when they're referring you to a doctor or suggesting witchcraft to help you banish the darkness. Arguing with those who offered outlandish solutions I knew I wouldn't take only burned energy I didn't have. I recognized that they cared enough to try to help, so instead of refusing their ideas outright, I thanked them for their concern and said I'd consider what they had shared. This way, I was able to express my gratitude without committing myself to a tactic that didn't suit my recovery process. And it was a means to placate the know-it-alls who wouldn't stop yammering at me until I assured them I'd at least think about their advice.

10. **“Thank you for looking after me.”**

The simplest phrases always work best. I felt guilty that my husband had to look after me. I felt sorry for bombarding my closest friends with negative thoughts and random tantrums. But I appreciated their constant care and concern, even on my worst days. You don't need to write an essay to express your gratitude. A heartfelt “thank

If you've ever been in this situation, kudos to you for sticking by someone through their depression.

One must understand that people who are depressed see reality differently. They are inundated by negative thoughts and fears that may seem irrational to outsiders, but are very real to them.



you” conveys much.

If you're struggling to communicate with friends and families as you work through depression, consider sending them this book. This small non-verbal act of communication may give them insight into your challenges and help bring down the walls between you.

II. **LOVED ONES OF THE DEPRESSED**

Other people's minds are a mystery, especially those of people suffering from depression and other mental health issues. When someone we care for is sick or hurting, we want to help. We [have good intentions](#), and are confused and frustrated when our loved one rejects our attempts.

Because of this, the pep talk or provocation that might generally spur a person to action may backfire if used as a tactic on someone who has depression. Below I share my suggestions on what you could say or do instead to be encouraging, followed by some things I suggest avoiding saying. Innocent but tactless words have the potential to deepen the spiral for someone struggling with depression.

i. **10 THINGS TO SAY OR DO WITH A DEPRESSED PERSON**

You'll want to tailor your strategy based on your loved one's personality, but the following are things that helped me cope. I hope

you'll draw some inspiration on how you might approach helping someone you know who is depressed.

1. "I am here for you, whenever you want."

Hearing this made me feel I had someone to hold on to, even though I had no strength or desire to talk. The thought of a friend who would not forsake me no matter how miserable I felt reassured me that I was loved, despite my desperate circumstances.

2. "Hey! Did you see this new app/read about X funny incident?"

Instead of asking "How are you?" (to which I would inevitably respond "Sh*t"), my friend [Slo](#) simply sent me a message every day to talk to me about topics unrelated to my illness. These notes or links to articles distracted me from crying bouts and sometimes stimulated my curiosity enough to poke my head out [from under the covers](#).

3. Lie with me when I cry.

Sometimes when I was sprawled sobbing on the living room floor, my husband would [lie beside me](#). I wailed and choked on my own tears, and he brought me tissues and hugged me. He did not ask why I cried during those episodes, or tell me not to cry. He just sat with me. Eventually I would tire myself out and fall asleep, but when I woke up, I felt some sense of release and comfort that he had been there with me through those storms.

4. "I cannot necessarily agree or understand how you feel, but I respect that this is your perspective and these are your emotions."

My thoughts were undoubtedly [irrational](#) during my worst depressive episodes. I lamented about life and complained about every innocuous detail. I had [no confidence](#) in myself despite my [so-called achievements](#). I had [no hope](#). Every day I told my husband there was [no point in living](#), work sucks, I hate myself, and I would prefer to rot at home instead of getting up to do some exercise. In the beginning, my husband tried to reason with me, giving me evidence for how living

could be meaningful, how I could help others, how I could change jobs, and how my worries were exaggerated. He tried to paint the comparative picture for me that I had a blessed life and many things for which to be thankful. I had a counter argument for every point he raised. This negativity [deflated him](#), and made me [feel guilty and more depressed](#).

Eventually he realized that when I was spiraling in my thoughts, reasoning would not help. I was not looking for a discussion. What I needed was empathy, or at least sympathy, and reassurance that [it was okay to feel the sadness](#) and frustrations I experienced.

It was key that I could embrace my emotions and not feel guilty about them. Only by acknowledging my emotions could I [decipher the thoughts](#) behind them and find ways to cope.

5. "I cannot see the man but I believe you can see him."

While on one particular depression medication, I had [hallucinations](#) of a man dressed in a black cape and hat spying on me. I also saw ghost children running around on top of cars. I was convinced I spoke to the archangel Gabriel as he visited me in the bathtub, and I would stare out the window for ages waiting for Elijah's fire chariots. No one else could see them. Those who couldn't understand what I was going through were tempted to discount my experience and insist these figures weren't there. Whether or not they were there was not the point. Trying to get me to question my visions made me feel worse about myself. Besides, [who were they to judge](#) whether those spirits did or did not exist for me?

Those who acknowledged my experience rather than trying to convince me that what I saw wasn't real earned my trust and convinced me I could confide in them without fearing ridicule. This made me feel safe enough to talk about what was going through my head. Only through opening up could I get better.



How long will this take?
Why doesn't s/he
understand I am
trying to help?

Why does s/he push
me away?
What did I say or
do wrong?

What should I say or do?
Feel rejected,
confused, helpless

6. "Can I do anything for you? Do you want some water? Honey lemon? Soup? Chicken wings?"

Usually my response was "No," but occasionally I'd bite (no pun intended). I lost my appetite more often than not during the worst depressive periods, and had dropped about 20 kilograms in weight during the ordeal. My body lacked nutrition and therefore the energy or vigor to do much of anything. Eating was an achievement, so offers to bring me food not only made me feel cared for but sometimes led to small victories on the road to regaining my health.

7. "Shall we take [Floppie](#) to play?"

This one is probably particular to me, but you can apply the idea to your loved one's hobbies and comforts. I had a [Gund Snuffles bear](#) that became my companion and solace when I was depressed. I had gotten in the habit of staying indoors as much as possible, sometimes for ten days at a time. To lure me outside for a walk, my husband would use the bear to get me up

and moving. He suggested [taking Floppie to the park](#) or to take pictures in the snow. This sparked something in me enough to throw on some old clothes and go outdoors for a while. Going outside created a chain of positive effects, and combined with the other supportive actions above, encouraged me to open up and seek help.

If your friend, partner, or relative isn't a lover of stuffed bears, think of something else they enjoy. What are their hobbies - basketball, chess, badminton, hiking, movie-watching, cooking? Whatever it is, engage them using their passions. You may need to be persistent: depression makes one lethargic and unmotivated, and most people lose interest in activities with which they were engrossed previously.

8. Be persistent and vigilant.

My denial period was a long one. Even when the [psychologist](#) told me "_you are severely depressed and I am putting you on anti-depressants_", I refused to acknowledge that

I had a problem. Because I wouldn't admit it, I took no self-motivated steps to resolve it. My husband [had to carry me out the door](#), into a taxi, and into the doctor's office before I got the help I needed. He also administered my medication every day, watching as I swallowed the prescribed pills.

My husband could keep a close eye on me because we lived together. But if you do not have this kind of relationship with the person suffering, or have no authority in the situation, it can be difficult to make sure they are taking the necessary steps to get well. In some cases, being forceful or authoritative can even backfire. If being assertive seems to upset the other person even more, you can provide them with resources on where to seek help, but the decision to act lies with them.

However, if you think someone is going to harm themselves, my suggestion is to contact local counselors or suicide prevention centers. Most of them have hotlines to call and can give more concrete advice depending on the situation and your friend's behavior. Unbeknownst to me at the time, my husband called a local hotline during the prelude to my downward spiral, when he suspected suicidal tendencies. Experts advised him on signs to look for and gave him suggestions on how to help – which in my case was to accompany me whenever possible.

9. Say Nothing While Letting Me Vent.

Sometimes no response is the best response when a depressed person is sharing their feelings. I often just needed a brain dump, to sit with someone and have them listen without giving advice or solutions. I needed to know someone was there and would not make me feel guilty for feeling badly about myself.

10. Hug me.

A bear hug does so much more than you realize for someone who is feeling low. A good cuddle always soothed me. I felt loved even though I stewed in self-hatred.

ii. 10 THINGS NOT TO SAY TO A DEPRESSED PERSON

We relate to one another based on our own experiences and perspectives, sharing anecdotes and advice that we believe are helpful. But bear in mind that depression [compromises rationality (<http://nochnoch.com/2012/07/23/random-thoughts/>) even the most well-intentioned words may backfire. Here is an analysis from my personal experience of how the depressed mind responds to typical words of wisdom. These are so common that they seem the obvious response when someone tells you they are depressed, but in this case, ignore your gut reaction. These often make a depressed person feel more alone and misunderstood.

1. “Remain Positive.”

I think: Duh! I'd love to, but how? My reality is that the world has already caved in. What is irrational to you makes the utmost sense to me. I am so angry/upset/ sad/ lonely/ devastated/hopeless/desperate... Why can you not see that I'd love to stay positive but simply cannot?

I feel: My instinct is to recoil further into my shell to avoid future contact and meaningless advice because you never told me *how* to remain positive, only that I should.

2. “Do not think like that.”

I think: Why not? What is wrong with thinking the way I do? This is my genuine perspective and experience. It is negative, but this is the way I think, so what is wrong with that? How should I think instead? Like you? We're different people, why should I think and feel as you do?

I feel: I did something wrong by thinking a certain way, and you reprimanded me for thinking so. I withdraw, berate myself for my negativity, and spiral further down into depression due to self-criticism.

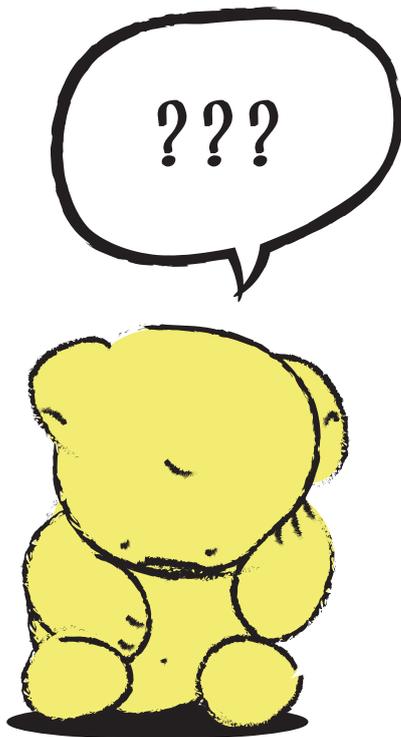
3. “Pull yourself together.”/“Snap out of it.”

I think: How? I do not want to be like this. You think this is fun?

I feel: Completely useless and hopeless, like I am incapable of holding myself together and getting better. Depression snowballs with this sense of incompetence.

4. “Why do you need to be depressed?”

I think: I wish I knew. Doctors said it is because of some serotonin imbalance. I do not know. I do not know. *I do not know.*



I feel: That being depressed is a crime. I’m confused because I do not know what caused my depression. I feel lost and do not know how to get out of depression. I feel inferior and my self-esteem plummets, so I hide from you because I do not want to feel inadequate.

5. “Look at how lucky you are already!”

I think: I am thankful for what I have. But what does that have to do with depression? Doctors and every website I’ve read say depression is an illness and has biological factors. Depression needs to be treated as any other sickness.

I feel: Misunderstood as a spoilt, ungrateful little girl, when that is not what I am. I’m frustrated at being misunderstood. I cry. I wail. I feel sad. I retreat into my hiding place, *again.*

6. “Go do something and you will feel better.”

I think: Go do what? I cannot be bothered. I am tired. I am not interested. I have no energy. I just want to sleep. Doing something will not make me feel better. Leave me alone.

I feel: Tired and lethargic, and I have no energy to think about what to do. I feel harassed because you keep telling me to do something with myself.

7. “What is wrong with you?”

I think: I wish I knew. Oh how I wish I knew. Can you tell me? Can somebody tell me? I do not want to be like this. Why am I like this?

I feel: Hopeless because I do not know why I became like this, and because I am unable to find out the reasons behind my depression. I feel belittled and become angry at myself. I cannot deal with this. I might as well die.

8. “You should do this (such as see a doctor)...” or “You should not do this (such as kill yourself)...”

I think: Why? This is my life; I am allowed to end it if I want. Why should I eat? I am not hungry. Who are you to say what I should or should not do?

I feel: Patronized by your condescending tone (even if you did not actually have one). I feel rejected by your judgment of my actions or lack thereof. My self-confidence dwindles, and your *shoulds* made me feel more desperate and depressed.

9. “See how others suffer even worse, and have no food to eat. Be grateful for what you have.”

I think: But you told me not to compare myself with others when I told you I was envious of others who have achieved more than I have. Now you say to compare myself to those who are less fortunate in order to feel better about myself? I know you are trying to tell me I should count my blessings – and I do, trust me, I do. But how does this solve my depression? I still feel that life is not worth living despite being grateful for what I have.

I am too tired to carry on.

I feel: Baffled as to why sometimes you say do not compare, and other times you tell me to do so. I do not understand how being thankful makes me feel better, because what I have now has no meaning and no value to me. I just want to die. Maybe if I die, there'd be more food for those who do not have any. Cue thoughts of jumping out the 30th-floor window.

10. "It is all in your head..."

I think: _It is not!_ Depression is real. How do I change what's in my head? It is not my fault. I did not want this. I cannot control it. I am trying, but I cannot!

I feel: Furious at myself for not being able to control my mind. Inept at everything I am trying to do, and guilty for disappointing you. I feel alone and that no one can understand me. I alienate myself. I feel doomed to fail and that I might as well die. And a selection of other pet peeves from my readers, for similar reasons as mentioned above:

- "You just need to pray more."
- "I am worried about you."

- "Take a pill."
- "When I feel sad, I always do this or that..."
- "You make us feel miserable/sad/uncomfortable being like this"
- "What is wrong with you?"
- "Why don't you grow up?"
- "You are scaring us/your family/your friends."
- "You don't have depression. My friend has it, you definitely don't act like her and so don't have depression."
- "Cheer up."
- "Be more open. You have such negative attitude. If you were not so narrow-minded, you would be happier!"
- "You don't need to be depressed. You have everything. I know some people who should be depressed but aren't."
- "Are you just looking for attention?"/ "You are just faking it."
- "You are so weak!"
- "How stressful can your life be?"
- "Stop complaining about everything. Be more positive."
- "Your way of thinking is wrong, just change your perspectives on the matter."
- "Why are you always sad/angry/crying...?"



iii. For Everyone: Sharing Perspectives

The Internet is full of websites with information and [stories of those with depression](#) and other mental health challenges. There are many books in which people share their experiences. If you do want to get better, and if you do want to take care of someone suffering from depression, search and find out more.

Be empathetic and do not judge.

Here are a few of my readers' thoughts on the matter. They are not my opinions and I do not think they are right or wrong. I am presenting a few different points of views to give you some inspiration for the various and specific realities you deal with.

A Stone for the Bag

By J: J is 31 years old. He graduated with a degree in English and a focus on Professional and Creative Writing. He has suffered from depression since the age of 10 and the battle still continues, one day at a time.

If depression could be likened to anything, it is like carrying a backpack filled with heavy stones. Every judgmental or unhelpful comment from others adds another stone. With each stone, they cause the wearer's knees to buckle and crush them under the weight of their words.

Once upon a Christmas, my brother said this about my depression, "Just man up and deal with it." And then, "Grow a pair," after many rounds of rum and coke. He even went so far as saying, "You're 30 years old. Still living with Mom and you're getting a degree in a useless area. If things do not change in five years, you may as well kill yourself."

Another stone for the bag.

Someone else told me, "Be a man for once in your life instead of crying about it, pussy."

Another stone for the bag.

If only the people had the knowledge and

education to understand the effects of their words, they would choose them more carefully. And so that must be the first step, the first brick of the bridge between the depressed and the rest of the world: knowledge.

Yes, I AM that sort of person

By Paul Brook: Paul is a 36-year-old husband, dad, and self-described local panto fool, writer, Christian, Yorkshireman, vegetarian, publishing manager, and lots of other things. Paul loves nonsense, laughing, walking, wildlife, coming up with ideas and encouraging people, and writes about mental health, family life, birds, and anything else that amuses or interests him. He is recovering from his second bout of depression. (Find him on Twitter: @paulbrook76)

A few years ago, when someone close to me was going through depression, another acquaintance remarked: "Oh no, but I did not think she was that sort of person." Another phrase I've heard, and even thought about people myself before I understood depression, is "What have they got to be depressed about?"

I often see this in response to stories about well-off celebrities who have depression. They're rich, famous, probably very attractive... So why are they so miserable?

And then there's that old notion that you can just snap out of depression, as if it is an inconvenient stint of grumpiness and self-pity that you can be roused from because it's making someone else uncomfortable. If you're a woman, you should 'be strong and keep going. If you're a bloke, you should just 'man up' and get on with being stoic and manly.

I do not think any of these statements or beliefs are malicious. I think they were made out of ignorance and lack of awareness of what depression is.

They were also the result of confusion about the difference between feeling depressed – a short-lived spell of low

moods – and depression, which is an illness. It is this last point that I think is the major cause of misunderstanding when it comes to depression.

I have two views about the idea that someone isn't 'that sort of person.' The first of these views is that depression can happen to anyone, due to a number of factors. In my case, it was a long, slow build-up of constant stress that triggered it, and that in turn exposed my problems with perfectionism, fear of failure, pent-up anger and frustration, and a crippling lack of self-esteem.

My second view is that maybe there is a certain type of person prone to depression – the sort of person who is strong, not weak, but goes on being strong for too long, trying too hard to please everyone else and achieve the impossible, in the hope that it will make them feel better about themselves. Well, that was the case with me.

As for those other points, well, depression is an illness. You can no sooner 'snap out of it' or escape from it by 'being strong' or 'manning up' than you can leap up from your bed after suffering a heart attack.

There are things you can do to prevent that build-up of stress, but chances are



you probably will not realise this until it is too late. You will no doubt only learn these important methods for looking after yourself once you've had depression and ideally gone through some counselling, and discovered for yourself that you're worth more than you thought you were.

Support for Those Depressed

By Lily: Lily is a health professional by training, but is currently teaching full time. She is still finding her feet in this world, still searching for her destiny in life.

Depression is a word that has been thrown around a lot, especially in the media, citing well-known personalities/celebrities who took their own lives due to depression. That was the extent of my knowledge of depression - famous people in some faraway land committed suicide because of this illness called depression.

In the last two years, depression has been creeping into my life. I was getting news that friends were battling depression. These were no longer unknowns in some faraway land. This was happening to MY friends, living in the same city, sharing similar lifestyles and career pathways as me. This was too close to home. I was told how they reached for the bleach at home, how knives were kept out of reach from them, how they laid in bed all day not wanting to do anything but cry, how they slit their wrists, and how they jumped in front of a moving train to end their lives. I remember sitting at a funeral for a friend from university, listening to his parents' bittersweet eulogy, wondering how one gets to this stage.

A close friend confessed that he was battling depression after months of failed contact with him. He showed me the cut marks on both his wrists and explained how he got there. I did not know how to react. I would never have imagined a smart, intelligent, ambitious, young man like him could have collapsed the way he did.

I then started reading about depression more extensively. It is more common than I

expected and it could happen to anybody. My group and I were determined to get our depressed friend 'out of the rut.' We spoke to him everyday. There were days when he would not answer at all. We sat with him on his bed while he continued laying there, not wanting to see anybody. We encouraged him, motivated him, reasoned with him, set goals, accomplished tasks, secretly worked together with his family members to make sure he was okay.

He was frank with us. He would chase us away if he did not feel up for it. He would oblige for a drink when he was feeling better. However, I do not think he knew what he could say or do to make himself feel better, or to enable us to help him feel better. I think he felt inferior to us, felt like such a failure that he did not want or did not know how to communicate with us. On our part, we were just trying everything that we knew in order to communicate with him. Whether or not it actually helped, I really do not know.

One thing I know for sure is that it is so extremely important that he had us, and his family as his support group to help him through the dark days. Whether or not we were doing the 'right' things, just by being there for him, on the phone, by his bed, letting him know that we were there for him, I think it made a world of difference.

So, do not keep quiet if you are battling the illness. Talk to someone. There is always hope.

Family Influence

By Giles

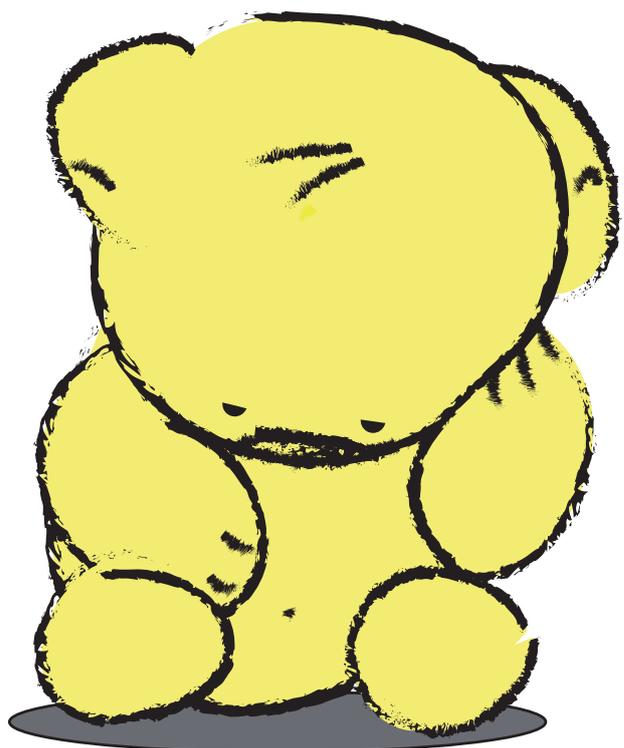
I am from a broken home. My mom and dad separated when I was about 10 years old. As an adult, it's reasonable to keep yourself from referring too often to the past as the reasons for your problems. But the fact is, the situations we went through when we were kids have all contributed to who we are today.

As soon as I finished high school, I had to go and live with my mom in a bigger city than

where I was currently living. But because she traveled frequently for business purposes, I often had to stay with my uncle.

At one point, I got an opportunity to travel to the UK with my siblings to further our education. However, my uncle told my mom that I was worthless, senseless, and would amount to nothing. He told her I could not perform well in class and that I would just be a waste of money and investment to the family. My mom became angry at me. If my mom would not believe in her son, who else would? And that was the beginning of my depression. I began to doubt myself. I began to question my existence. I contemplated suicide. I got into drinking, smoking, and other irresponsible behavior that helped me not think about the worthlessness of my existence.

Three years later, I happened to read Napoleon Hill's book "Think and Grow Rich." Ever since then, I have been hooked on personal development/self-help books that have significantly turned my life around. Although it didn't happen overnight, I have learned how not to let external situations influence my happiness. My perception of how and what life is now are totally different than before. With persistent and meticulous study of human nature, I am able to organize



my life in such a way that no external factors can control my emotions and deplete my belief and confidence in myself.

Now at 30 years old, I have come to the understanding that depression arises due to a constricted awareness.

If a person is overly dependent on external factors and circumstances, the tendency to be depressed increases. But if you know your true essence as a divine being, you will never know depression. Go within and discover who you are, for it is the only way to be in this world, but not of it.

Life Less Lived - A Passage Through Burn Out & Depression in the Suburbs (Excerpt)

By Richard Hawkey: Richard is the author of the book Life Less Lived, and is based in South Africa.

At the time of my breakdown, I was a 39-year-old, happily married father of two. My senior management position in a large bank afforded me the privileges of living in the leafy suburbs of Johannesburg. I had a good career, happy family life, and enough remote controls to hide a small coffee table. I was 'successful.'

Ever so slowly life was becoming less enjoyable. Little by little, I was losing interest in things that I had previously enjoyed and just did not make the effort to be with friends or family or pursue interests. The simplest things would become a chore - going to get ice cream with the boys, for example. For years I had been living from holiday to holiday. I would plan our breaks at the beginning of the year, and once back at work from one, I would set about making any arrangements necessary for the next one. They acted like a beacon through the fogginess of day-to-day life, and I attached major expectations to them.

Then I started living from weekend to weekend. Then I was living from evening to evening. Grasping at the fleeting moments of happiness I felt when sitting quietly with my family, reading bedtime stories, or getting a

goodnight hug and kiss.

I suffered no particular trauma or hardships. My depression was the result of a decade-long plod along Burnout Boulevard; relentlessly being grated away little-by-little every day doing a job that I found unfulfilling, setting especially high standards for myself and those around me and by slowly developing powerfully negative and cynical thought habits.

I am not proud to admit that although I considered myself to be an educated and well-read person who held progressive views about many things, I was terrified of the thought of going to a psychiatrist. Again, social stereotyping had been particularly effective in portraying practitioners of that branch of medicine as syringe-and-electrode-wielding men in white coats – visiting one of them signaled your inexorable slide into insanity.

“I have been under some stress but nothing compared to some people. I have a good life, why cannot I just deal with this? It doesn't make any sense. I am scared.”

Eventually, medicine and Cognitive Behaviour Therapy helped me recover. I also read extensively on the subject and [started] making small but resolute lifestyle changes. I did not get 'better' quickly – it is a process and I know that may be scary for some people who are reading this: depression is not a headache that can be cured in twenty minutes with a paracetamol tablet. Indeed, it is an ongoing process that demands attention and hard work.

Depression arises from different causes – a traumatic event, comorbidity with other diseases – but if you are like me, a normal person running on life's treadmill and feeling overwhelmed, please take notice of how you are feeling, talk to someone, and start investing in yourself. It is the best investment you will ever make.

THE FUTURE FOR US

Steps to Recovery - Bridging the gap..

The depressed Talk about their feelings and thoughts

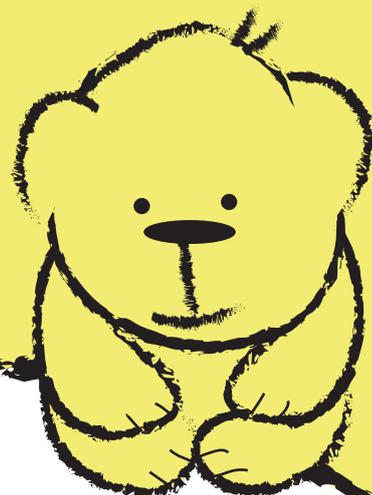
CARERS listen with compassion and empathy

CARERS support and provide encouragement

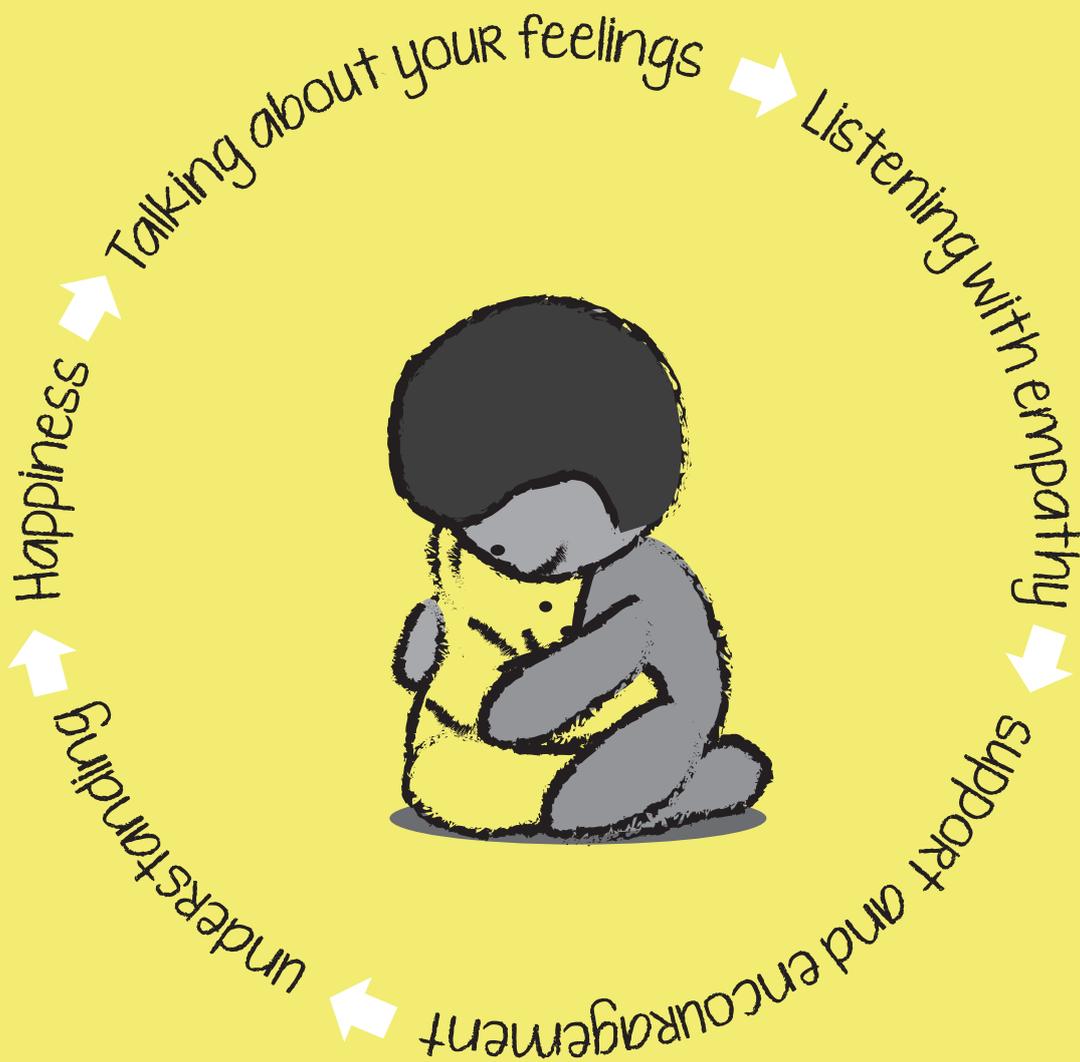
All communication is judgement free

Communication Leads to understanding

Then recovery - Everybody happy



All is not lost. We can improve communication and understanding between the depressed and those around them. It takes effort, patience and thought from both sides.





ABOUT BEARAPY & THE PRODUCTION TEAM



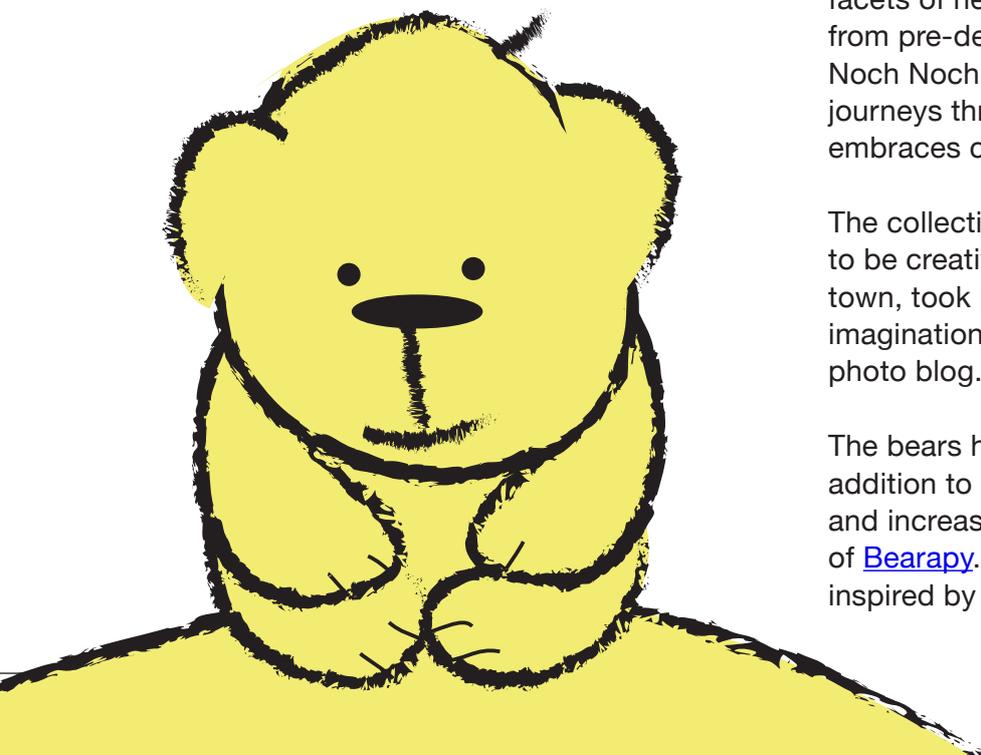
ON BEARAPY:

Noch Noch is the creator of [Bearapy](#), which was developed through her collection of Gund Snuffles bears. Her aim is to help others in transition from depression to recovery become the persons they want to be.

While coping with depression, Noch Noch sought comfort from a Gund Snuffles bear, and in her time at home, she started reading more about these bears. During the two years she struggled with her illness, she developed a large Gund collection. However, the bears were not just toys. Noch Noch [gave them names and personalities](#), and throughout her treatment, she realized that the personalities represented different facets of herself – either characteristics from pre-depression years, or characteristics Noch Noch hopes to acquire as she journeys through depression and embraces changes in life.

The collection also encouraged Noch Noch to be creative. She brought them around town, took photos of them, and used her imagination to create stories and a photo blog.

The bears have become a [creative pursuit](#), in addition to a form of therapy to release stress and increase self-awareness. Hence, the birth of [Bearapy](#). This book's illustrations were inspired by the bears.



THE AUTHOR – NOCH NOCH LI

Brought up in Hong Kong and Australia, [Noch Noch](#) was a young, overachieving executive for an international corporation. After seven years of living what was once her dream life, she suffered a serious stress-related depression that turned her life upside down. As she battles with depression, Noch Noch is on a quest to be the wake-up call for others in similar plights. She does this through her blog, [NochNoch.com](#), where she shares her reflections on living with depression and cultivating self-awareness.

Her writing has been published in *Forbes Woman*, *South China Morning Post*, *The Charitarian*, and websites such as *Talent Develop*, *Expat Women*, *The Change Blog*, *Black Dog Tribe*, and others.

In addition to visiting more than 150 cities, and having studied and/or worked in the US, UK, France, Japan, The Netherlands, and China, Noch Noch has a broad understanding of international business and culture. She holds a double degree in Law and Politics from University of Hong Kong and Institut d'Etudes, Paris, and a Master of Laws from University of London. She is studying organizational psychology at INSEAD and will obtain an Executive Masters degree in 2015. Noch Noch speaks Chinese, English, and French. When not writing, she indulges in Chinese calligraphy, basketball, cooking, jigsaw puzzles, and playing with her dog, Bamboo. She is now based in Beijing, China.

THE ILLUSTRATOR – DAI CAMERON

Although a traditional graffiti artist at heart, Dai's work is not confined to the traditional parameters of graffiti or street art; his work continues to explore un-chartered territory. Dai's current projects include science fiction novel illustrations for TV and film development, digital art, illustration and life drawing, painting commercial and residential properties, and canvas works. Dai is based in Canberra, Australia. His work can be seen on [Flickr](#).

THE EDITOR – CASEY HYNES

Casey Hynes is a freelance writer, editor and consultant based in Asia. She is a 2008 graduate of Columbia Journalism School in New York City, and has written for *The Wall Street Journal*, *Vogue India*, *The Magazine*, *South China Morning Post*, and *Asian Correspondent*.

Her work can be seen at [CaseyHynes.com](#) and she blogs about travel and personal growth at [Spinning Free](#).

THE DESIGNER – CHANTAL LESEREAU

Chantal Lesereau is a freelance designer based in Melbourne, Australia. She is undertaking a post graduate course in Advertising at RMIT University where she will obtain a Masters degree in 2015. Chantal has a degree in Communication Design at Swinburne University where she was granted a scholarship to undertake a semester in Graphic Design and Art Direction at ESAG Penninghen in Paris, France. Her focus is on branding and publication design where she has worked as Creative Director for tourism publications and runs her own business where she caters to the restaurant and hospitality industry towards branding, advertising and media services.

For more information please feel free to contact her [here](#).



ONLINE RESOURCES



1. EXPERT ADVICE, AND/OR ACCESS TO THERAPISTS ONLINE, FREE ADVICE, HOTLINES ETC:

-[Psychology Today](#) – web version of the magazine with access to information concerning depression and other mental health issues. Has a database to search for qualified experts in the US and Canada if you need to find a psychologist or counselor. There are comprehensive [links to blogs written by doctors on depression](#) and other issues.

-[Psych Central](#) – aggregates information on mental disorders and techniques for recovery. Has a forum for readers to pose questions to therapists for free online advice, including [online support groups](#). There is a variety of posts on [different aspects of depression](#), such as the symptoms, teens in depression, and personal stories.

-[Look OK Feel Crap](#) – online service to help those struggling with depression. Has a community and forum for people to share their experience and thoughts, and a list of [SOS contacts](#) for immediate assistance if you are feeling low or having suicidal thoughts.

-[WebMD](#) – database with articles and news about mental health, including depression, with a list of resources for [further reading](#) and qualified online support.

-[National Alliance on Mental Illness](#) – America’s grassroots mental health organization dedicated to helping Americans affected by mental illness lead better lives. Offers [resources](#) and treatments for depression.

-[National Health Service UK](#) – health website primarily catering to the UK, with [Mental Health Helplines](#) and a [search function](#) for therapists and doctors located in your vicinity.

2. ADVICE:

-[Beyond Blue](#) – Australia-based website about spirituality and mental health. There are two posts which could provide another perspective to readers’ questions on [what to say](#) and [what not to say](#) - to a depressed love one.

-You can also find a [photo gallery by CBS News](#) on what not to say to a depressed person

-“[10 no cost strategies to fight depression](#)” by Health.com

-[American Academy of Child and Adolescent Psychiatry](#) – focused on child and teenage mental health issues, including [depressionhttp://www.aacap.org/cs/Depression.ResourceCenter](http://www.aacap.org/cs/Depression.ResourceCenter)

-[ULifeline](#) – anonymous and confidential site aimed at college students who need counseling

3. SUPPORT:

-[Black Dog Tribe](#) – an online social group to meet others who are depressed and find support. Not comprised of doctors and cannot give medical advice but refers you to organizations that could. A strong community for people to talk, whether depressed or not. Yours truly’s articles on “[10 things not to say to a depressed person](#)”, “[10 things to say](#)“, and [an interview with my partner](#), were featured on their blog – much obliged.

-[To Wear Love on Her Arms](#) – an NGO in the US with a vision to help and support those struggling with depression, anxiety, and suicidal thoughts. They are not trained psychologists but have [consolidated a list of hotlines and associations](#) which could offer immediate assistance and other types of counseling.

-[Mental Health Foundation](#) – helps reduce suffering of mental health patients through research and campaigns, with an emphasis on managing and coping with stress
-[Depression Understood](#) – online community, forum, support group for like-minded individuals to share experiences and offer help for one another. They have a [search function](#) to locate organizations which could provide assistance in each individual country. Pretty comprehensive and I have not come across any other websites which offer a similar service.

-[International Foundation for Research and Education on Depression](#) – aims to educate the public about depression. Has an insightful list on famous people with depression.

-[Depression and Creativity](#) – website dedicated to inspire those with depression to find their creativity through illness, with stories of how famous artists have done so.

4. CAMPAIGNS TO END MENTAL HEALTH DISCRIMINATION RELATED ISSUES:

-[Time to Change](#) – UK-based program to end stigmatization and discrimination of mental health patients. Also has [references to organizations](#) one could contact for expert and qualified assistance.

-[Blurt It Out](#) – UK-based campaign to end discrimination, and to support and inspire those with depression to speak out and help one another. Their blog is comprised of personal stories of members.

-[Support Line UK](#) – offers support for mental illness sufferers, with a comprehensive list of where to find expert help for a range of issues in the UK, such as bullying, addiction, anxiety, and of course [depression](#).

5. CHINESE LANGUAGE RESOURCES:

-[Beijing Suicide Research and Prevention Center](#) – focuses on depression and mental health issues in Beijing and China. Has links to free online therapy and support groups.

-[Shanghai Mental Health Center](#) – research on mental health in China, with resources on where to find help in China.

-[Hong Kong Suicide Prevention Center](#) – established by the Faculty of Social Sciences at the University of Hong Kong for research purposes, aims to prevent suicides in Hong Kong. Has links to other resources in Hong Kong for therapy.

<http://www.xlzx.com/>

[China Daily Health Page http://www.](http://www.chinadaily.com.cn/jiankang/yyz/yyzl/)

[chinadaily.com.cn/jiankang/yyz/yyzl/](http://www.chinadaily.com.cn/jiankang/yyz/yyzl/)

[Maple Psychological Counselling Center](#) – a counselling center focused on guiding women out of their problems.

6. SOME BLOGS I RECOMMEND:

-[Dippyman](#) by Paul Brooks – on depression, birds, and fatherhood

-[Depression Helper](#) by Karl Perera

-[Storied Mind](#) by John Folk-Williams

-[If you are going through hell, keep going](#) by Susan

-[Demystifying my Depression](#) by Stephanie Rexroth

-[Depression and Creativity](#) by Douglas Eby

-[Depression Getaway](#) by Wendy Love



You have brains in your head.

You have feet in your shoes.

You can steer yourself

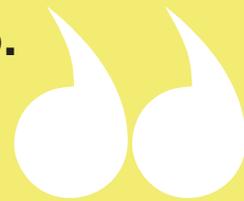
Any direction you choose

You're on your own.

And you know what you know.

And YOU are the guy,

who'll decide where to go.



- Dr. Seuss -