

**A M I
D E P R E S S E D
O R I S I T
S O M E T H I N G
E L S E ?**

FEELING LOW?

AM I DEPRESSED - OR IS IT SOMETHING ELSE?

Our mood naturally varies with time and from day to day and everyone gets down at times. We may say that we are “down”, “fed up”, or “feeling blue”, or put it down to “feeling under the weather”; we may get disheartened about something that happens or doesn’t go the way we would have liked. Although people often say “I’m depressed” to mean these things, this would not clinically be called depression and is simply part of the normal ups and downs of life. Some people naturally experience frequent mood changes, while others have relatively stable equilibrium.

Similarly, if we suffer a major loss, we readily understand that it is normal to grieve. Although some of the emotions we feel when we are bereaved appear similar to depression, grieving is a natural and ultimately healing process. Sometimes, though, past losses which were not fully mourned at the time may appear as depression much later.


SO, WHAT IS DEPRESSION?

Put simply, the distinction between feeling “down” and being depressed is one of both degree and duration. Depression certainly includes a persistent low mood and loss of interest or pleasure in life - it also commonly involves:

- A change in eating, weight and/or sleep patterns
- Lowered energy levels and a reduced level of physical activity
- Difficulty with concentration
- Feelings of worthlessness
- Loss of interest, enthusiasm and enjoyment
- Feeling irritable and short-tempered or tearful

Being unable to continue as usual with work and interests, maybe because of feeling listless, “they cannot be bothered” or things feeling pointless. Sometimes people feel that it is just not worth going on, or think about suicide.

Please note that we may feel some of the above for reasons other than depression, or even several together for a brief while, without this being of major concern.



Someone who is depressed will experience a number of these changes persisting for quite some while. Nonetheless, depression is very common - it affects people of all ages and backgrounds and is one of the most common reasons for people seeking help from counsellors or GPs.

WHY DO PEOPLE GET DEPRESSED?

Often depression is a response to events or circumstances that are felt to be deeply troublesome or distressing, or which seem to threaten our personal identity. Usually these circumstances seem too hard or even impossible to change. There can be a sense of powerlessness, hopelessness and an all-pervasive gloom.

However, sometimes people seem to get depressed for no obvious reason. In these cases, it may be that something that hurt deeply some time ago (even years ago) begins to surface now. Although this is perplexing and just as distressing, this process is not uncommon. Sometimes, though, the onset of depression seems to be caused by nothing other than chemical/hormonal changes affecting our body-chemistry.

It is understandable to feel down for a while after something upsetting has happened, like the end of a relationship or feeling disappointed that you have not done as well as you would have liked. Usually this disappointment passes with time, and people find that they can come to terms with what has happened and start to look forward to the future in a more positive way. However, if the low persists, or seems so severe that it affects your ability to function normally, it is time to seek out some help.

NEGATIVE THINKING

When people are depressed they usually find themselves thinking very negative thoughts about themselves and the world; typically these thoughts are felt to be absolutely true and that there is no way of things ever changing. However, studies have shown that when people are no longer depressed they go back to seeing things in a more positive balanced way.

Negative thoughts affect the way people feel, so seeing things in a strongly negative way will exacerbate feelings of depression. Negative thoughts are usually:

About yourself:

- Nobody likes me
- I am doing really badly on this course

- I am a fraud - I should not be here
- Nobody will ever want to have a relationship with me

About your situation:

- My town is a horrible place
- I will never be able to do all the work
- I have nothing in common with anybody here

About the future:

- It's hopeless
- Things will never get any better
- I am always going to feel like this

Situations which people describe as making them vulnerable to becoming depressed include:

- Feeling lonely and thinking that nobody cares much about them
- Finding work difficult
- Thinking that they are a failure


HOW TO HELP YOURSELF

There are some things you can try which have been shown to help lift a depressed mood. These involve changing your behaviour and challenging your negative thoughts.

People who are depressed often stop doing pleasurable activities which would make them feel better in the short term, for example they may stop going out, opt out of regular sporting activity or stop going to see friends or to lectures.

Encourage yourself to start doing things again - activity can lift your mood and you may well find that you can do things better than you fear. Any activity will be helpful, but enjoyable activities and physical exercise/sport are particularly effective. If you usually enjoy going to the cinema or swimming, for example, try these things to start with.



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- Break down tasks into steps or manageable “chunks” and tackle these one at a time. Although it may not seem so to you, you will probably be able to do things just as well as when you are not depressed;
 - Start with easier tasks and then progress to more difficult ones. This will help you to regain your confidence;
 - Be realistic and allow yourself more time to do fewer things; Allow yourself to feel pleasure at what you have achieved and reward yourself for each achievement;
 - It is very important to spend time with people who are supportive. Isolating yourself increases depression, while social support helps lift a low mood;
 - Find people with whom you can be honest about how you are feeling, and with whom you do not have to put on any pretence - but don't take up all their time.

CHANGING NEGATIVE THOUGHTS

As already stated, there is a link between negative thoughts and increased feelings of depression. If you are not aware of any specific negative thoughts and are confused about why you are depressed, you may find it helpful to talk with someone.

A trained counsellor can help you understand the depression and find the most effective and appropriate ways of dealing with what you are experiencing. There are different ways of challenging your thoughts. One way is to use a structured cognitive approach (such as described here) which involves being aware of your negative thoughts and allowing yourself to consider alternative explanations for your situation. Some examples are given in the table below:

SITUATION	NEGATIVE THOUGHTS	OTHER EXPLANATIONS
Getting critical feedback for an essay	I am stupid	I didn't have much time to do this essay - the workload has been very heavy recently. I chose to do other things as well. The work is supposed to be challenging. Constructive criticism helps me to improve. I've done well in the past - which shows I can do well.
My partner does not want to see me tonight	They don't care about me anymore	They said they had to work all night - this is most likely true. We saw each other at the weekend and had a good time. They said some nice things to me lately and seemed caring the last time we met.

Do not automatically believe your negative thoughts no matter how strong they feel at the time. By considering other explanations, your worst “possible” conclusion will be seen as only one of a number of possible explanations for your situation. This allows you to consider each explanation and see which is most likely to come true, or try to collect “evidence” which will help test the different explanations.

If you feel it is appropriate, try talking to other people to help you get a balanced perspective on which are the most likely explanations.

MEDICATION

Modern antidepressant medication is not chemically addictive and can be safely taken over extended periods of time. Usually it takes two to three weeks before having any beneficial effect. GPs will probably remind you that medication of this kind is not in itself a cure. If there are difficult circumstances contributing to your depression, medication won't make them go away - but it may help you to rediscover our natural abilities to address these issues.

If you feel this may be an appropriate way forward, you will need to speak to your GP. Be as open as you can with him/her about how you feel and your circumstances, so that you can decide together on the best course of action.





It is important that you only change your use of medication after talking to your GP.

WHEN TO SEEK FURTHER HELP

- If your low mood and negative thoughts persist or are so strong that you feel powerless to do anything about them
- If you have nobody to confide in who can help you look at why you are feeling depressed
- If your low mood is interfering with your life, work and relationships

WHERE TO SEEK HELP

- Talk to a member of the Wellbeing Department
- Talk to your GP who can discuss the range of treatments available to you, including medication.
- If you feel really desperate and despairing out of normal working hours, telephone your GP practice (a message will give you an emergency number) and a GP will call to talk to you.
- Telephone the Samaritans (Local: 01245 357357 or National 08457 90 90 90).
- Look at Students Against Depression, an excellent website on depression for UK students which is packed with information, resources and real student stories.



HOW TO COPE AFTER EXPERIENCING TRAUMA


WHAT IS TRAUMA?

A trauma is a stressful event or incident of a threatening nature which is likely to have a pervasive impact on anyone experiencing it. Examples include events like serious accidents, physical and sexual assault, crime, natural and man-made disasters, witnessing a shocking event. Less dramatic events and incidents can have a similar effect if they exceed a person's capacity to cope, or if they are perceived by the person as a threat to their physical or psychological integrity.

COMMON REACTIONS

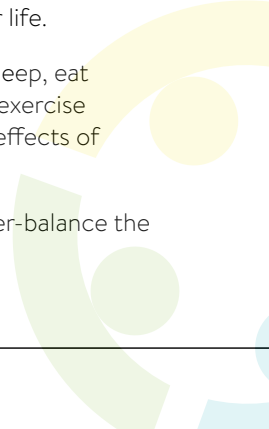
Most people involved in a traumatic incident experience some kind of emotional and physical reaction. Knowing about common reactions can be reassuring because it can help you to see that you are not going crazy and are not weak or inadequate. They are normal reactions to an abnormal event.

- Shock and disbelief at what has happened, confusion, feeling numb as if things are unreal, feeling isolated from or different from other people, physical symptoms ,e.g. shaking, palpitations
- Fear for your safety or that of others, apparently unrelated fears and anxiety, feeling vulnerable, the world might seem threatening and the future uncertain.
- You may also experience a wide range of emotions such as anger, sadness and guilt. Anger is a common response. You may feel angry because of what has happened to you, angry because you don't feel in control of your life any more, angry with others.
- Sadness may be about the losses, human and material, and also about the loss of feelings of safety and security. Some people may start blaming themselves for what happened and feel guilty. Some may experience survivor guilt (guilt over surviving while others did not), although they are not responsible for it in anyway.
- Frequent thoughts or images of the incident may occur. You may also experience episodes of repeated reliving of some aspect of the trauma in the form of intense memories (called flashbacks), nightmares and frightening thoughts.
- Physical reactions to trauma are various and include: sleep difficulties, exhaustion, being easily startled by noises, general agitation and muscle tension, headaches, breathing difficulties, changes in appetite.

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- Feelings of previous trauma and loss can be rekindled by a traumatic event.
 - Problems in concentrating, e.g. on your studies, when watching TV
 - Preoccupation with questions about the meaning of life. Is there life after death?

While the above reactions and more are common, it is important to realise that each person reacts differently to a life threatening experience because each person and each situation is unique. Most reactions are part of the normal process of recovery and help the person to adapt to the trauma. They can, however, be very unpleasant for those affected. Usually symptoms will diminish over a period of a few weeks, although some may last for considerably longer, especially if the experience was particularly frightening.

HOW CAN YOU HELP YOURSELF?

- Don't blame yourself for any of the above reactions, they are normal human responses.
 - Treat yourself extra-kindly and don't ask the impossible of yourself. Take time out to sleep and rest, and be with close friends and family.
 - Find a way to talk about your distress and shock with someone who will understand. When you are ready, talk about what you saw, what it was like for you and what you feel now. If you want to talk about it again and again, that is fine. Talking about the experience can help to make it less overwhelming. You may also need time by yourself.
 - Writing down your feelings and thoughts just as they come -jottings, prose, poetry- can help to express emotions and may make them more manageable.
 - Re-establish, if possible, familiar routines and ordinary every day activities. This will help you to restore some sense of order and normalcy in your life.
 - Look after your health. Rest when you need to even if you can't sleep, eat healthily and regularly, avoid stimulants such as caffeine. Regular exercise like walking, jogging, swimming is good for reducing the physical effects of post-traumatic stress.
 - With time you may be able to access positive memories to counter-balance the negative ones.
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- Using alcohol/drugs to help you cope with your reactions may be tempting but may lead to more problems in the long term.
- Be careful - accidents are more common after experiencing serious stress.
- If you are concerned about your reactions or are unsure about anything, you may wish to contact your doctor or a counsellor. Sometimes it helps to talk to someone not known to you. A university counsellor will be pleased to see you.

POST-TRAUMATIC STRESS; WHAT IT IS AND HOW TO COPE

WHAT IS IT?

A collection of reactions - feelings, thoughts, behaviour - which are experienced following a sudden distressing event which is outside the range of normal everyday human experience. It is the unexpectedness of the incident which seems to evoke the stress because it undermines one's trust in normalcy - one can never quite believe in an ordered existence any more. Incidents that can sometimes lead to signs of post-traumatic stress (PTS) include such things as burglary, an attack or an accident.

WHEN DOES IT OCCUR AND TO WHOM?

Signs of post-traumatic stress, such as those listed below, may not appear for days, weeks or months after the event, and can affect those not directly involved in an incident - e.g. to those who witness an accident, or to rescue workers, or to relatives of those involved.


WHY DOES IT OCCUR?

It is the way by which our mind and body 'process' the event, to try to make sense of it, so that we can eventually react to it in a less distressing way. The processing is often made apparent through physical, emotional and psychological signs.

SIGNS AND SYMPTOMS

- Recurrent intrusive recollections of the event
- Changes in sleep (e.g. not being able to sleep, or wanting to sleep all the time)
- Recurrent vivid dreams about the event



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- Feeling or behaving as if the event were happening again
 - Changes in behaviour (e.g. short temper)
 - Changes in feelings about yourself (e.g. feeling useless)
 - Numbed responses
 - Changes in work effectiveness (e.g. poor concentration)
 - Reduced interests in the external world (e.g. feelings of detachment and estrangement)
 - A sense of always needing to be ultra-alert
 - A sense of being vulnerable, leading to a fear of losing control
 - Avoidance of activities and/or places which arouse recollections of the event
 - Forgetting an important aspect of the event
 - Guilt at surviving, or for things not done

Post-Traumatic Stress is different from a bereavement reaction (in that it is about a stress reaction to a perceived threat) although the two can occur together and interlink. It is also linked with depression, in that 30% of those in whom the condition is not recognised and dealt with early go on to develop depression.

HOW DOES YOUR BODY HELP YOU COPE?

Numbness At first you may be numb because your mind will only gradually allow you to feel the experience. So the event may feel unreal, as if it couldn't have happened to you. But as you allow your experiences to become more real in your mind, there is a need to think about the event, to talk about it, and at night to dream about it over and over again.

Activity To be active, maybe through helping and giving to others, may give some relief. And doing things routinely can give a sense of bringing life back to normal.

But both of these 'natural' ways of coping have inherent risks. Some people seek refuge in numbness by avoiding any remainder of the trauma - and so it is never dealt with. And over-activity is also a way of diverting attention from the fact that you might need help yourself.

HOW CAN YOU HELP YOURSELF?

Keep in touch with information about the event and any developments. This keeps the trauma 'real' and helps you come to terms with what has happened and how it has affected you.

It can be a relief to receive other people's physical and emotional support, even though part of you might want to reject it as part of wanting to deny what has happened. Sharing with others who have had similar experiences can feel good, barriers can break down and close relationships can develop.

As well as being with other people, you will sometimes want to be alone in order to deal with feelings: privacy (as opposed to isolation) is important.

SOME DO'S AND DON'TS

Don't

- Don't bottle up feelings
- Don't avoid talking about what happened
- Don't let embarrassment stop you giving others as well as yourself the chance to talk
- Don't expect the memories to just go away. The feelings could stay with you for a long time.

Do

- Do express your emotions
- Do take opportunities to review the experience with yourself and others
- Do try to keep your life as normal as possible after the experience.





WHEN TO SEEK FURTHER HELP

- If you feel disturbed by intense feelings or body sensations that you can no longer tolerate
- If you think that your emotions are not falling into place, and that you feel very tense, confused, empty or exhausted
- If after a month you continue to be numb and do not have appropriate feelings, or you have to keep active in order not to feel distressed
- If you continue to have nightmares and poor sleep
- If you have nobody with whom to share your feelings with and you feel the need to do so
- If your relationship seems to be suffering, or sexual problems develop
- If you have accidents
- If you smoke, drink or take medication to excess since the event
- If your work performance suffers

WHERE TO SEEK FURTHER HELP?

PTS can be associated with loss of cognitive skills such as the ability to think clearly, to conceptualise, to concentrate and to remember, so you may need to discuss how best to manage your work.

The NHS has specialised PTS clinics, which can be accessed through your GP. Your GP might also discuss whether medication might help you cope with some of the symptoms.



KNOW SOMEBODY WHO HAS EXPERIENCED TRAUMA?

When someone close to you has been through a traumatic incident you may want to be supportive but it can be difficult to know what to do. The most important thing you can do is to offer to be there with them. Immediately after a trauma people are likely to be in shock and may not be able to talk about the incident or their feelings. Be gentle, comfort them in non-verbal ways - warm sweet drinks are good, holding hands or touch, if appropriate - letting them know it's OK to cry or rage or be silent if they need to. Being there is 'doing' a lot and listening if they do want to talk. Do not attempt to 'debrief' them with endless questions, as there is some evidence that this can reinforce the trauma and may make it harder to deal with later.

When your friend feels more like talking, being specific about the amount of time you have to listen to them can be helpful for both of you (e.g. I want to spend the next hour with you, but then I need to go and write an essay, phone parents etc.) This allows your friend to relax, knowing it's OK for that hour and that they are not burdening you, an understandable worry between good friends. Sometimes it may be quite harrowing to hear about what they have to say. If so, you may want to suggest that someone else may be better able to help them, such as a counsellor, doctor or chaplain. You can still continue to show your support in other ways, e.g. going along with them to make an appointment, meeting them for coffee, continuing to socialise.

HELPFUL HINTS

Do:

- Ask them if they want to talk about it and offer a listening ear.
- Respect their decision if they are not ready to.
- Ask how you can be most helpful to them
- Offer help in practical ways (shopping, note-taking, child care etc.).
- Encourage them to be gentle with themselves.
- Encourage others to be patient





Do not:

- Tell them to stop crying, raging, feeling whatever they are feeling.
- Tell them someone else is worse off.
- Be afraid to mention the trauma for fear of upsetting them.
- Pretend that nothing has happened.
- Don't take their anger or other feelings personally; they are part of the normal response to trauma.
- Ask them lots of questions about the trauma directly after the event.



DEALING WITH GRIEF

‘Grief’ is the word we use to describe the feelings and reactions that we have when we lose someone we care about or something we value. Grief affects everyone: it is the universal reaction to loss. It is painful and stressful, but also natural, normal and necessary.

THOUGHTS AND FEELINGS

There are no right or wrong reactions to death. We all need to grieve in our own way and in our own time. For some this might mean crying, for others not. For some this is likely to take months and years, for others not. Reactions and feelings can change from hour to hour, and day to day. Some days are good while others are bad; some days you'll be up and others down again.

Over time the emotional swings will lessen in intensity as you learn to adapt to your changed circumstances, but to begin with it can be hard.

The following is a summary of the most common feelings:

Shock and disbelief: It can take quite some time for news of the death to sink in. You don't want to believe it - who would? You can't believe it, not at first.

Loss: You've lost so much - the person, their love, their friendship, their companionship, intimacy, opportunities, hopes... and accompanying the loss can be a deep sense of sadness.

Guilt and regret: Maybe you regret having said that hurtful thing or not visiting the previous week as you'd promised. You feel bad for feeling angry. Some will feel "survivor guilt" - to be alive when another is dead. If the death was suicide, feelings of regret and guilt will probably be heightened. You might also feel shame or blame yourself.

Injustice: Why did s/he have to die so young? Why did this have to happen to me? It's not fair!

Envy: You might envy others for having what you don't have - the friend, lover, mother, father... that you have just lost. You could also envy others their apparently carefree lives.



Anger: You might feel angry with the world or with people for:

- Causing the death
- Not being able to cure the illness
- Not understanding your feelings
- Making thoughtless remarks
- Carrying on with life and having fun.

You might feel angry with yourself too, for what you did or did not do. But perhaps most difficult of all, you might feel angry with the dead person for dying and abandoning you and for the pain you are suffering as a result of their death.

Loneliness: Grieving can be a lonely process. You may feel that no-one can possibly understand what you are going through or that no-one cares. And you might have just lost someone who played a big part in your life. See [Self-help Information > Loneliness](#)

Depression: Feeling low is a natural part of the mourning process. For a time you could lose interest in life and feel that there's no point in going on. At worst you might feel despair. See [Self-help Information > Depression](#)

Relief: You might feel relieved, especially if the death follows a long illness or if the person's life has been reduced to a shadow of what it once was e.g. through advanced old age.

Despair: And finally you might feel as if it will go on forever, which of course it won't. You might wish to avoid such difficult feelings, but for the process of healing to occur (and it will, given half a chance!) the pain of grief has to be experienced and expressed.

Effect on Behaviour: Grief also affects our behaviour and functioning. You may find it affects you in some or all of the following ways:

Sleep disruption: You may find that you can't get to sleep or can't stay asleep, or that you wake early.

Loss of appetite: You might not feel like eating, or you may feel sick when you do.

Restlessness: You may find it hard to relax and ‘switch off’. Your mind goes into overdrive trying to make sense of what has happened, especially when you are alone or in bed at night.

Exhaustion: Grief is stressful, and if you are also not sleeping or eating well, you are bound to feel tired and worn down.

Preoccupation: You might be so preoccupied with thoughts of the dead person that you imagine seeing or hearing her/him. (You are not going mad - this is quite common!)

Anxiety and panic: With so many powerful and unfamiliar feelings aroused, you might become anxious - that you’re going crazy (which you’re not) or that something terrible might happen. See Self-help Information > Top Tips for Stress Relief.

Inability to cope: You might find it difficult to cope with ordinary, everyday things like shopping, cooking, and your work.

Loss of interest: Things that were once a source of great pleasure to you now feel meaningless and tiresome.

Irritability: You might find yourself ‘snapping’ even if you are not the sort of person who normally reacts in this way.

Tearfulness: You might cry a lot; in fact, sometimes it’s all you can do. Crying can bring relief as it is an outlet for the emotions, tension and strain that have built up.


Other physical symptoms: Palpitations, nausea, dizziness, tightness in the throat and digestive problems - all can be experienced during grieving. If you are concerned, consult your GP.

These are all normal and understandable reactions to bereavement and a natural part of the mourning process. Given time, support and understanding they will lessen and eventually disappear.

WAYS OF COPING

Most of us have within ourselves greater reserves of strength than we are aware of. Mostly we don’t need to call upon them, but when we are grieving we do. There may be times when you feel that it is all too much and that you can’t cope - but with the help of friends and these inner resources you will.





The following can also help:

Ask for help: It's not always easy and it takes courage. Start by accepting that you need help. Ask someone you feel you can trust - a friend, a tutor, a chaplain, or a parent. It may make sense to seek counselling - many people get help following a bereavement.

Talk about it - “get it off your chest”: It brings relief and helps you clarify and understand what has been going round and round in your head. It also helps counteract feelings of isolation. Again choose someone you feel you can trust. Even talk to a favourite pet. And, if you are a believer, talk to God.

Express yourself in some other way: If you don't feel like talking, see whether you can write about your feelings and experience. Choose a form you feel comfortable with - a diary, letter, prose, poetry, song... If you can't find the words to describe what you're feeling try “speaking” about your experience through dance, song, painting, clay modelling... Let shape, form, texture, colour, rhythm be your words.

Keep some mementos: Gather together some photos or jewellery, a piece of clothing, anything that helps you to remember the person who has died. Remembering can be painful to begin with, but over time painful memories will be replaced by ones that can give you pleasure and comfort.

Get some exercise: This might be the last thing you feel like doing, but it will help. Exercise uses up excess energy and it's also a way of expressing some of the frustration and aggression you might be feeling.

Listen to music: Many people find music has the power to get through to us in a way that nothing else can. Choose music to suit your mood. At other times you may need to take your mind off the bereavement. Use music to help you escape for a time.

Take good care of yourself: You may feel you can't be bothered or that there's no point, but it will help. Eat well, bath or shower regularly and get the sleep and rest that you need. Some people attempt to block out their feelings using alcohol or drugs - but these only bring short-term relief and merely serve to postpone the process of grieving.

Trust yourself: Within reason, follow your feelings and reactions. If you want to be alone, or to go out and be with people, then do that. Remind yourself as often as you need to that 'it is normal to feel the way I do' following a bereavement. Acceptance allows your feelings to be expressed and understood - an important part of the healing process.

Go easy on yourself: Don't expect too much of yourself too soon - grieving takes time. Take each moment or hour as it comes. Concentrate on living through the present and don't worry too much about tomorrow or next week. Give yourself credit for surviving each day.

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BACK TO THE FUTURE

After the initial shock most people begin, albeit slowly, to adjust to living without the person who has died. The time it takes to adjust is different for each person. The change is usually gradual, but over time you will feel less and less overwhelmed and preoccupied by the loss.

To begin with you may think about what happened and about the person who has died almost constantly, but in time you will begin to 'forget' - at first just for a few minutes, then for hours and eventually for days at a time. This is not a betrayal and it does not mean that you love them any less. It is perfectly natural to not think about someone - we do it all the time with our living friends and family. People, living or dead, do not cease to exist for you when you stop thinking about them. You will always have your memories and the times you spent with them. Nothing can take that away from you.

In time you will be able to give your attention and emotions to others and begin to get on with the rest of your life. The goal of the grieving process is to learn to live with loss. As you grieve, life will slowly begin to feel meaningful and enjoyable once more. There will be times, though, when you are taken by surprise - a piece of music or a place may remind you of the person who has died and you will find yourself flooded by grief all over again. This, too, will lessen in time.

Special days or anniversaries, especially the first one or two after the death, can be difficult. Some people find it helpful to plan for these anniversaries and to mark them in some quite personal way.

You will probably be changed by the experience of grieving. You might find yourself reassessing your priorities, values, beliefs, hopes, aspirations, friendships. You could

also find that you are:

- More aware of your and others' difficulties and needs
- More understanding than before
- More able to live with the often unanswerable question "why?"
- Better able to cope with life's knocks, especially losses of all kinds

WHEN TO SEEK ADDITIONAL HELP

If you are alarmed by your physical symptoms or if they persist – consult the Wellbeing Department or your GP. If your work is affected speak to your tutor or your director of studies or to your manager or someone from HR. You need them to be understanding at a time like this. It is quite possible that you won't be capable of working effectively for a time following bereavement. It may be possible to shift deadlines or to lighten your workload in other ways for a while. You can also seek advice from the Students' Union Advice Service. If sleep disturbance persists, if your appetite or interests don't begin to return to normal, speak to your GP you may have become depressed and they can help.

If you feel overwhelmed by your feelings, particularly if you continue to feel hopeless and despairing and especially if you start to feel suicidal - contact the Wellbeing Department or your GP.

Talking to a counsellor can help you find your way through the painful and otherwise lonely process of grieving. Almost all counsellors are aware of the issues involved in bereavement and mourning and have considerable experience in this field.

OTHER SOURCES OF HELP

- **Cruse:** National charity for bereaved people in England, Wales and Northern Ireland <https://www.cruse.org.uk>





EATING DISORDERS

WHAT ARE EATING DISORDERS?

Eating disorders are often described as an outward expression of internal emotional pain and confusion. Obsessive thoughts about, and the behaviour associated with, food are maladaptive means of dealing with emotional distress which cannot be expressed in any other satisfactory way. The emotional distress is often to do with a negative perception of self, a feeling of being unable to change “bad” things about oneself: food is used as an inappropriate way of taking control.

Perhaps due to cultural ideas of what constitutes perfection, people often feel a strong desire to be thinner than their bodies naturally tend to be - “when I am thin everything will be alright”. They confuse who they are with what they look like. As a result they change their eating patterns and may as a consequence be at risk of developing an eating disorder.

An eating disorder involves a distorted pattern of thinking about food and size/weight: there is a preoccupation and obsession with food, as well as an issue of control or lack of control around food and its consumption.

There are several recognised eating disorders which can be described as follows:

Anorexia

Anorexic people starve themselves with the aim of losing weight to a point which others would consider to be very thin (although the sufferer is unlikely to perceive themselves as such). The longer the condition continues, the more difficult it can be to tackle, and in severe cases can necessitate hospitalisation and can even prove fatal. Sufferers are typically in their teens or twenties and most are women, although around 10% are male. The following are symptoms:

- Distorted perceptions of one’s weight, size and shape
- Behaviour which results in a marked weight loss
- A morbid fear of gaining weight or becoming fat
- Excessive exercising (while starving)
- Cessation of periods in women

Bulimia

Bulimic people may well maintain their normal weight. The condition is characterised by:

- Bouts of eating followed by purging
- Distorted perception of own weight, size and shape
- A powerful urge to overeat, leading to binge eating and a resultant feeling of being out of control
- Compensatory behaviour such as self-induced vomiting; misuse of laxatives, diuretics or other medication; fasting; or excessive exercise
- A morbid fear of gaining weight or becoming fat

Compulsive eating

- Recurrent episodes of binge eating and consequent feeling of being out of control
- Marked distress about binge eating and the attempts to control it
- During a binge may: eat more quickly than normal; eat until uncomfortably over-full; eat large amounts when not hungry; tend to “graze” rather than eat meals; eat alone in secret; feel disgusted and guilty with oneself

Food deprivation

- Weight-loss accomplished primarily through extreme dieting, fasting or excessive exercise

Non-specified

Other, but related difficulties with food include:

- Anorexic behaviour though still menstruating
- Anorexic behaviour where, despite significant weight loss, current weight is still normal
- Someone of normal weight inducing vomiting or purging






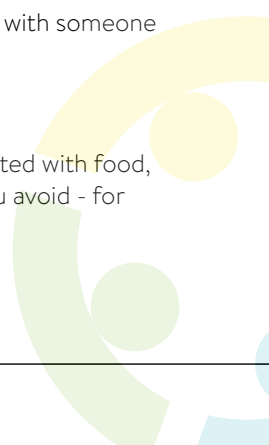
WHAT CHARACTERISES EATING DISORDERS?

Apart from the characteristics described above, there are other fairly common features which are often present. Some are more likely to be recognised by friends rather than the person with the problem.

- Preoccupation with thoughts of food so that diet and food become the central focus of one's life
- A reliance on behaviour associated with food to deal with difficult emotions, stresses and tasks
- A desire for control over at least one aspect of one's life
- Perfectionism
- Low self esteem from failing to meet expectations, which is then reinforced by the behaviour associated with the eating disorder, resulting in more self-disgust, shame and guilt, leading to lowered self-esteem
- Distorted thinking - e.g. when I am thin I will be able to cope with...
- Secondary disorders caused by the behaviour - e.g. dental and digestive system damage, depression
- More women than men are affected
- Sometimes, difficulty in adapting to being adult and to being sexual

HOW TO HELP YOURSELF

The earlier help is sought the easier it is likely to be to change, but people do get over even very serious difficulties in time. The suggestions below may sound rather simplistic - in practice it usually helps considerably to talk about these with someone who is trained - and it may take some persistence!


- Acknowledge that the problem exists!
 - Rather than just trying to tackle the unhelpful behaviours connected with food, try to identify what the eating disorder is disguising or helping you avoid - for
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example, are there difficulties in relationships or within the family, or events in your past that have hurt you and changed how you feel about yourself?

- Challenge the distorted thinking. Although you may still think of yourself as overweight, at least allow yourself to recognise that others may see you quite differently, or even that they may be disinterested in your weight and just see you for who you are.
- Develop a pattern of eating that suits you and keeps you healthy. This isn't the same as saying develop a rigid routine of eating that cannot be varied! Maintaining a generally balanced diet is important, but allowing yourself to party (and break the rules') is also OK sometimes!
- Accept your body, i.e. respect your body regardless of it's current shape or size; set realistic expectations for changing it; recognise and understand its strengths and limitations. Recognise, too, that your body is not the same as your identity - confidence and personal contentment can be present however you look.
- Don't keep it a secret any longer - and it is unfair to expect a friend to keep secrets for you. Rather, seek support in dealing with the disorder from a professional helper or a self-help group.

HOW TO HELP A FRIEND WHOM YOU SUSPECT HAS DIFFICULTIES WITH FOOD


- Remember that your friend is a person first, and someone who has difficulty with food second. So continue with whatever activities you would normally engage in together, and don't let issues of food dominate the friendship.
- Tell them of your suspicions - and be prepared for them to deny it
- Be supportive and encourage your friend to seek professional help. Ultimately, the problem is your friend's; if they won't seek help the consequences will be theirs. Your responsibility is only to encourage them to seek help, or, in more extreme circumstances, to alert others - even against your friend's wishes.
- Don't nag about food, spy on your friend or get inveigled into imposing some form of external monitoring or control.

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- Be available to listen when your friend can express his/her distress, but don't take on more than you can comfortably cope with. We all have limits - of knowledge, ability to help, understanding, time, etc. - so offer the level of support you feel able to sustain. If you try to offer more than that, you are likely to feel burdened and in time, perhaps, annoyed or angry, which is unlikely to help either of you, or the friendship.
 - Look after yourself! Maintain your normal range of friendships and balance in your activities. Don't let this one issue take up all your time.
 - If you are unsure whether your style of supporting your friend is actually helpful, or are quite concerned for your friend, you can seek out a professional (such as a counsellor) yourself, just to check out these things.

WORRIED ABOUT A FRIEND?

If you are a student worried about the emotional and mental health of another student or friend, this leaflet is for you. It offers practical guidelines about what you can do in the situation and what help is available for you and your friend.

WHAT CAN I EXPECT?

- Your friend has told you they have a problem
 - You've noticed dramatic changes in your friend's appearance e.g. weight loss/gain, decline in personal hygiene
 - You've noticed changes in, or heightened, mood e.g. more sad, withdrawn, hyperactive, aggressive
 - Other friends have expressed concern about your friend
 - You've noticed recent changes in behaviour or attitude e.g. towards work, friends, commitments
 - You are concerned about the safety of your friend
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HELPFUL THINGS TO DO

Try not to avoid the situation and try to talk with your friend and tell them you are concerned. If they don't want to talk, respect their privacy.

Be prepared to listen sympathetically and show that you understand your friend's predicament. Listening can be very effective and may be all that is needed. You don't have to come up with solutions.

Try not to take responsibility for your friend's problems and be aware of what you can take. Being with someone in a personal or emotional crisis is exhausting and time consuming.

Decide in your own mind how much help you are able to give to your friend in this particular situation. Setting limits on the time you are prepared to give can be helpful and may reassure your friend that they are not over burdening you. Taking on too much, usually not sustainable, is unlikely to help you, your friend, or your friendship in the long run.

Involve others where possible so that your friend has support other than you which may ease the pressure.

Look after yourself which means giving time to your own needs and priorities, including study. Don't forget your other friends and accept any support for yourself.

Accept that you will have mixed feelings about the situation and your friend. It is common to feel frustrated and angry as well as sympathetic.

Encourage your friend to seek professional help, if this is appropriate, and suggest who they can contact. You can offer to go with your friend which may help if they are feeling scared.

If your friend refuses help and you're still worried and feel you need to tell someone, try to get your friend's consent. If you don't have this you can still get advice and help for yourself by talking to a personal tutor, a counsellor or someone you trust without revealing your friend's name.

If you are seriously worried about your friend's safety or that of others you may need to talk to someone or act without their consent.

Do look after yourself and get appropriate help and support from others.





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CONTACT US

To contact the **Students' Union Advice Service:**
Email london.advice@angliastudent.com
Visit angliastudent.com/london/advice

To contact the **ARU London Wellbeing Department:**
Email studentwellbeing@london.aru.ac.uk
Visit london.aru.ac.uk/student-life/student-support/student-wellbeing





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