

Resilience, recovery and the self-help SSRI

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I joined the BHMA more than 25 years ago, at its founding conference in London. My enthusiasm then, as now, was for an approach that focused not just on treating disease but also on strengthening resources for recovery. My interest in self-help approaches led me from general practice to my current work in the addictions field. I've also been much involved in training to cultivate empowered responses to global issues.

Summary

As we enter a new era of economic uncertainty and environmental concern, polls show many consider the condition of our world to be getting worse. Against this background of anxiety, depression has become the modern epidemic. Yet as well as bringing nightmares and despair, could our current crisis also call forth strengths and qualities associated with positive mental health? This article explores how crisis can become a turning point in personal and planetary healing, and introduces 'the self-help SSRI' as an intervention to strengthen our resilience and participation in the recovery of our world.

Introduction

Recent surveys reveal high levels of anxiety about global conditions, with 77% of those polled for the Mental Health Foundation believing the world has become more frightening in the last decade,¹ and 80% of Europeans polled by Gallup International thinking the next generation will be worse off than those living today.² Alongside this alarm and pessimism for the future, the lifetime risk of depression in industrialised countries is now rated as one in two,³ and the anti-depressants known as SSRIs (Selective Serotonin Re-uptake Inhibitors) have become some of the most widely prescribed drugs in human history. Yet is it inevitable that we will become more anxious and depressed as aspects of our world, like climate change for example, become more depressing and scary? I know from my work as an addictions specialist that crisis can become a turning point for positive change. I'd like to introduce some insights, perspectives and processes we can use to make this more likely. I will describe a completely different form of SSRI that is empowering, ecological and not based on taking tablets.

Can feeling bad ever be good?

One way of viewing low or anxious feelings is to see them as symptoms of a disease. There is an internationally

recognised classification system that defines what a picture of depression or anxiety looks like and protocols have been agreed for evidence-based intervention.⁴ Here's an example of what might be needed to receive a diagnosis of depression severe enough to be treated with anti-depressants.

A man in his forties has trouble sleeping. For the last few weeks, he's felt low in mood, subdued and distracted. He admits to feelings of guilt and says worries have been playing on his mind so much that he's found it difficult to go about his normal business.

This was me some years ago after reading Thom Hartmann's book *The last hours of ancient sunlight*.⁵ I'd not come across the issue of peak oil before – and I found it completely shocking. Our industrial society has developed such an appetite for oil that known reserves could be used up within a few decades. Long before it runs out, global production levels will reach their peak and then decline as the last deposits of oil become more difficult and costly to extract. We use oil not just for transport and power generation, but also in the production of plastics, pharmaceuticals, fabrics and fertilisers. Modern agriculture is mostly oil powered, so it will be hard to maintain current levels of food production once the oil age has passed. This is likely to happen within the lifetime of many living today. The

first signs of oil depletion, such as rising prices and increased conflict over the remaining reserves, will come sooner. When the cost of oil goes beyond a certain point, we're likely to see a contraction of industrial economies far greater than in any previous recession.

In my addictions work, I use the terms 'good depression' and 'good anxiety' to describe the distress and alarm my clients feel about where their drinking or drug use is taking them. If someone is happy with their habit, they're unlikely to change it. But when they experience the pain of 'hitting bottom', usually after crashing into a disaster so shocking it breaks through any complacency or denial, that's when they become most interested in change.

A great insight of addictions treatment is that it is possible to raise the bottom – to feel the alarm and distress before the crash occurs, in a way that motivates preventative action. Rather than waiting for a disaster before deciding to do something, approaches like motivational interviewing encourage people to explore their fears of what they might be moving towards.⁶ Recovery can start at an earlier point if someone is so horrified by the direction they're heading in that they choose a different course. In this context, low and anxious feelings are seen not as symptoms of disease, but as signals to be listened to. It can be good to feel bad when this tells us we're off course, and when we pay enough attention to this to change the way we're going.

As I lay awake at night, my belly tight with tension at the prospect of food riots and economic collapse, I recognised my distress as a healthy and understandable response to disturbing information. I also saw it as a wake-up call to our collective dependence on oil. I knew that if we didn't find a way to reduce our reliance on this substance, we'd be heading for the twin calamities of catastrophic climate change from such heavy use and dangerous withdrawal symptoms when our supply dries up.

From snapshot to sequence

The concept of 'good depression' challenges our conventional understanding of what it means to be mentally healthy. While a picture of health usually requires more than just the absence of symptoms, disease is defined by the presence of agreed features within a diagnostic snapshot. But what if we were to take a wider view in time, seeing each snapshot or picture as a frame within a larger unfolding sequence, like, for example, in a movie film or comic strip? The following event chains illustrate two different responses to disturbing information about a threat to wellbeing. That threat could be a resource issue like peak oil, an environmental issue like climate change or a personal habit like smoking.

Sequence

- A1 Person receives disturbing information about a threat to wellbeing.
- A2 Thinks, 'That is so depressing I don't want to think about it'.

- A3 Avoidance strategy eg retail therapy, drinking. Mood seems normal.
- A4 Appears unmotivated to address this issue.

Sequence B

- B1 Person receives disturbing information about a threat to wellbeing.
- B2 Thinks, 'This is important, I need to look at this'.
- B3 Finds issue disturbing, feels shocked, alarmed and shaken.
- B4 Becomes motivated to address this issue.

If we're looking only at single snapshots in time, someone at point A3 may seem much closer to a picture of health than someone at B3. But when looking at the impact of the sequence on health, I'm reminded of a recovering alcoholic client who said, 'When I'm drinking, I may feel better, but I know I'm getting worse. In recovery, sometimes I feel worse, but I know I'm getting better'. With health-related behaviour change, there is a sequence to recovery that usually goes down before coming up. Tackling climate change, oil dependence or smoking all involve letting go of familiar comforts, and it may take the discomfort of alarm to motivate this. However, motivation is only part of the story. What happens, for example, when you accept the need for change, but don't believe you can make any difference?

The stage of disbelief

A client once told me he'd given up giving up. He'd tried so many times, on each occasion succeeding for a little while, but then relapsing again. Repeated failure had led him to paint a picture of himself as one of those people who was never going to make it. With encouragement, he attended a treatment group and here I asked if anyone else recognised the feeling of hopelessness, where they didn't believe things would ever improve. Several people put their hand up, one of them saying, 'I felt like that a few months ago, I didn't believe I'd be able to cope without drink. But I stuck with it, taking things a day at a time, and something changed. I feel completely different now'. This client was looking well, he'd turned a corner, in a way that would have been difficult to predict some months previously. For him, disbelief had been a stage he'd managed to find a way through.

With the scale of our multi-faceted global crisis, it is easy to feel overwhelmed and powerless. When people feel so defeated by a situation that they don't believe anything they do will make a difference, they are more at risk of depression.⁷ While low mood and anxiety can be part of our process of coming to terms with disturbing information, they can also be states we get stuck in; when we feel helpless, this is more likely. Yet when we encounter the idea that 'there's no point doing anything, it won't make any difference', could we view this as a feature of the stage of disbelief? If so, what helps people move beyond this state of resignation?

Resilience training

Studies looking at the health impacts of crisis and adversity show an increase in stress-related conditions that include heart attacks, depression and suicide.^{8, 9} But interestingly, not everyone's health gets worse. In a 12-year study of managers at a time their company shed nearly half its staff, a team at the University of Chicago found two thirds showed symptoms of stress.⁹ The remaining third reported feeling healthy and enlivened, with improved relationships at home and at work. Key features of this more resilient group included a view of problems as challenges to be faced, a belief that their actions made a difference and an emotional commitment to give their best response.

Resilience, the ability to bounce back from difficulty and cope with hard times, is sometimes thought of as an inbuilt quality some people have and others don't. But recent research has shown it to be linked with learnable skills and there is good evidence that we can train ourselves to become more resilient.¹⁰ Such a training programme for school-aged children was shown to halve their rate of depression as they went through puberty.¹¹ At the moment, more than £300 million is spent each year on anti-depressants in the UK and the number of suicides is predicted to rise as unemployment grows.⁸ With a reasonable likelihood of bumpier times ahead, resilience training is needed not only as an approach to tackling depression, but also as a way of strengthening our ability to rise to the other challenges we face. But how can we learn to become more resilient?

The self-help SSRI

In the resilience training courses I run, I ask people to think back to a time when they've faced a challenging situation and found their way through this. I then ask them to explore what helped them do this by looking at four specific areas:

- i) **Strategies:** were there any specific steps they took, like ask for help, use problem-solving processes, pay attention to diet, exercise regularly, talk it through, practice meditation, use breathing exercises, write a journal, read self-help books, spend time in nature etc?
- ii) **Strengths:** were there any strengths or personal qualities they drew upon that made a difference? Eg courage, determination, sense of humour, ability to communicate, humility, generosity, flexibility etc.
- iii) **Resources:** what or who did they turn to for nourishment, advice, inspiration and support? Resources include not just fuel and money, but also trust, good relationships, communities we feel part of, vegetable gardens, books or images that inspire us, educational programmes, therapeutic help, organisations that offer support, landscapes and spiritual sources of strength.
- iv) **Insights:** were there any ideas, sayings or ways of looking at things they found particularly useful, for example, the idea that crisis can be a turning point or the saying 'I can't, we can'?

Strategies are things we do, *strengths* are what we draw upon within us, *resources* are what or who we turn to, *insights* are forms of wisdom that help. We all have these SSRIs and they are the basis of our resilience. The important thing about each of them is that, whatever our starting point, they can be developed. Through training and experience, we can add to and enhance them.

Finding strengths

When asking people how they found the strengths that helped in difficult times, I often hear a similar process described. Many people start out feeling underpowered, where the problem seems beyond what they can deal with. This is their stage of disbelief. But there were key trigger points that helped them move through this: sometimes it was a conversation that left them feeling inspired or encouraged, sometimes it was a book they read, a workshop they went to or a film they saw. Another important trigger was a worsening of the situation they faced: things got so bad they knew they couldn't carry on the same old way. However what made the crisis a turning point wasn't just the situation – it was also their response to it. There was a shift in thinking from 'I don't want to look at this' to 'I need to face this and give it my best response'. Turning to address the challenge brought with it a stepping up to a new level of capacity.

Some strengths only emerge when we're in situations where they are needed. Courage, for example, has little to call it out when all is safe and calm; determination and persistence only become recognisable when something is in the way. These strengths are evoked by adversity, and we find them most when we rise to the occasion. Psychologist Martin Seligman remarks,

*'We all contain ancient strengths inside of us that we may not know about until we are truly challenged.'*¹²

When people reflect back on what's helped them get through past difficulties, they remind themselves of the sequence by which resilience and recovery are found. There is a facing of concerns rather than avoiding them, an experience of alarm that activates determination, and a rising to the challenge of doing the best we can. This isn't a one shot solution, so much as a migration process involving many repeated efforts. But such active addressing of heartfelt concerns can bring with it deepened purpose and greater aliveness. Mihaly Csikszentmihalyi, a leading researcher on life satisfaction, writes:

*'The best moments usually occur when a person's mind or body is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile.'*¹³

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The recovery of mental health

At a time when many people find the direction we're collectively heading in both scary and depressing, it is little surprise that symptoms of anxiety and depression are on the increase. Approaches to symptom relief include turning away from upsetting information, distraction, retail therapy and increased prescribing. But what will these do to our motivation or capacity to address widely shared concerns behind some of this distress? As Joanna Macy comments,

*'Of all the dangers we face, from climate chaos to nuclear warfare, none is so great as the deadening of our response.'*¹⁴

If we were to develop a way of thinking about mental health that also considers our collective survival at a time of global crisis, what might this lead to? Perhaps a view of symptoms as being calls to attention, and therapy as being the cultivation of strategies, strengths, resources and insights that help us rise to the occasion.

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Chris Johnstone has a website at www.chrisjohnstone.info

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