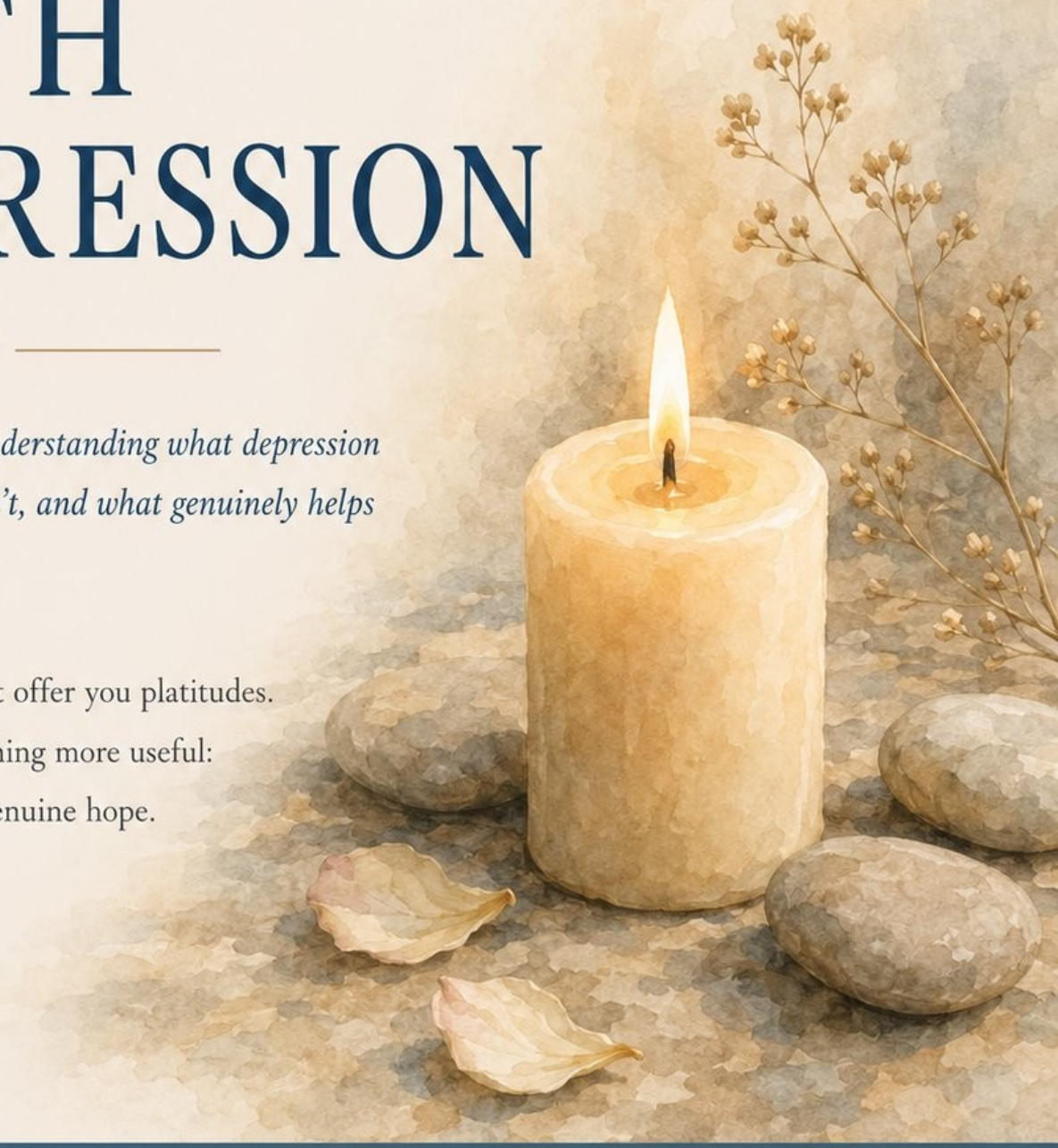
THE

LIVING WITH DEPRESSION

An honest guide to understanding what depression actually is, what it isn't, and what genuinely helps

This workbook will not offer you platitudes. It will offer you something more useful: honesty, clarity, and genuine hope.



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A note from me to you

Thank you for picking up this book. The reason I share this is because I want you to know you aren't alone. I'm guessing you're here because life really sucks right now, and that the hole is very deep and very dark. It wasn't easy picking up this book. I'm wondering if you're at the end of your tether, or in a place where you just need to be held by what you are reading.

My hope is that what I share allows you to feel held, emotionally, and that the things that helped me, and helped the clients I've supported through their darkest moments, will be of help to you too. I want to say clearly that what you are going through is real, and it needs to be taken seriously, because it is your precious life, and what you are going through matters.

What you are living with isn't a character flaw or a weakness, despite what you might hear. It isn't about not being grateful enough for what you have, or about not making enough effort, because when you are in that hole, it is almost impossible to imagine putting in any effort at all. Mostly because, underneath it all, there's the sense of what's the point, when we don't really matter anyway. But maybe there is a way out.

Maybe there is a light you just can't see yet.

In my own life

Depression was part of my life too, long before I had a name for it. It was present without my realising it. When I think about how I was as a child, I feel such empathy for her. So much of the time I was worried about how I was coming across, who liked me, trying to make myself small so I wouldn't have to feel stupid when I couldn't answer a question in class. I found it felt safer to prepare myself for disappointment, and that quietly shaped how I moved through the world. I believed that was just me. And it worked, for quite a long time. How would I have known it was planting the seeds for what was to come?

I had experienced lows, for sure, but I always seemed able to think my way out of them. Until my marriage ended. That took me right down into the abyss. I felt completely lost, scared, and helpless. I won't pretend that finding my way through was easy. Some days it felt a little better, there would be a dim light of hope, and other days I just wanted to give up. Sometimes I was angry at the unfairness of it all. Sometimes I just wanted to be saved. But I held onto some words, even though I didn't believe them at first, I need to believe I'm going to be okay, and slowly they began to sink in. Just getting through each moment, until it became getting through each hour, then each day. Slowly realising there were moments of sensing light, and maybe even hope.

Through all of it, I needed to keep going, even when it felt like only part of me was showing up. With therapy, and the mountains I climbed both externally and internally, the books I read, the courses I took, I came to realise that everything I had been looking for was inside me. It came down to taking care of myself in a real way, from a place of genuine empathy and compassion. That is not easy at all. But I can honestly say it changed everything for me.

What I gained is what I want to share with you in the pages ahead. So much of it comes down to the relationship we so often neglect, and the one that changes everything, the relationship we have with ourselves. Getting through it was neither quick nor a straight line. It took time, it took support, and it took a willingness, eventually, to stay close to feelings that at first felt unbearable. But I did come through it. And I have deep respect for what it takes to get there, because I know, from the inside, what it asks of you.

One of the most important things I learned is this. What feels permanent in depression is not always permanent, even when it feels utterly convincing in the moment. There is a way through, even when you cannot see it from where you are standing. Over more than twenty years of practice, I've come to see how differently depression can show up in our lives. For some of us, it's simply not being able to lift ourselves out of bed, some mornings even that smallest movement feels beyond reach. For others, it's rising, going to work, doing a good job, and then returning to an empty flat and a heaviness so complete that desire itself has almost been forgotten. Some of us haven't yet named our depression at all. We've carried this quiet, steady ache for so long that it has come to feel like part of who we are, instead of something that's happening to us. And some of us can describe exactly what's wrong and still can't shift it, a particular burden where shame nestles into the sadness, and isolation settles on top, until the whole thing seems impossible to move.

One of the things I most want you to understand is how depression shapes what we see. It can convince us that things have always been this way and always will be. That we are beyond help. That trying is pointless, because nothing will change. That everyone else can cope and we cannot, and that this somehow reflects a flaw in who we are. None of it is true. But from inside depression, it can feel completely real, and impossible to argue with. Part of healing is slowly learning to tell the difference between what depression is telling us and what is actually so, and that space, between the story and the truth, is often where hope begins.

I am not going to tell you that exercise will fix this, or that a gratitude journal will lift the fog, or that you simply need to think more positively. When you are in the depths of it, that kind of advice isn't just unhelpful, it can actually deepen the wound, because when it doesn't work, it seems to confirm the very thing depression keeps whispering, that the problem is you. What I offer instead is honesty, about what depression really is, how it works, and what genuinely helps. And that includes being clear with you about something important. Sometimes, especially when depression is moderate or severe, self-help is not enough, and what's needed is proper support from someone trained to give it. Reaching for that is not failure. It is one of the bravest and most sensible things you can do.

So, if you are reading this and in the depths of it right now, please know the hopelessness you feel is a symptom. It is the depression speaking, not the truth. Things can change. We do recover. I am living proof, and so are so many I have walked beside. You deserve to know that, even if you cannot yet believe it.

With warmth,

Shelagh

How to use this workbook

This is a structured workbook, with space to write throughout. Depression affects concentration and motivation, which means reading and writing may feel harder than usual.

Please don't take that difficulty as evidence that this workbook isn't for you, or that you are too far gone for self-directed work to help. Work at whatever pace is available to you. A paragraph at a time is enough. A single exercise completed is enough. There is no correct speed.

If at any point what you read or write brings up thoughts of harming yourself, please stop and reach out, to someone you trust, to a crisis line, or to an emergency service. The final section lists support options. You do not have to manage this alone, and this workbook is not a substitute for professional care when professional care is what is needed.

PART ONE

Understanding and Stabilising

What depression is, and how to find solid ground

SECTION 1

What depression actually is

What it is, what it is not, and why it is not your fault

I want you to know, before anything else, that in no way are you alone, despite how much it can feel like you are. There are hundreds of millions of us across this immense planet who suffer from depression, including those of us who seem okay from the outside but are suffering on the inside too.

Despite how common it is, it seems to be one of the most misunderstood conditions there is. The reason I'm sharing this is because I remember how alone and misunderstood it can make us feel. When you are in that dark hole, those around you sometimes don't seem to get it, because to really grasp what the experience is like, you have to have had the experience yourself. And sometimes we don't even understand it ourselves, because it's nothing that's really tangible. Most of what we go through happens on the inside. That is one of the reasons I want to share this workbook with you.

What depression is not

Depression isn't sadness exactly. You certainly feel sad, along with all the other emotions, feelings, and beliefs that surface, but there is a distinction I would like to share with you. Sadness is a natural human emotion, like anger or joy. It expresses itself in response to something that is happening in the present moment, like losing someone you love, or missing a friend who has moved away. Sadness moves through us and, in time, it eases. Depression is different. For many of us it doesn't lift when something good happens, and it doesn't pass just because our circumstances improve. Some of us do feel a lift when something good arrives and then sink again afterwards. That is still depression.

I also want to be direct with you here. Depression is not weakness. It is not laziness. It is not ingratitude, self-indulgence, or a failure of willpower. Those aren't just inaccurate ideas, they're harmful ones, because so many of us take them in and add them to the weight we're already carrying.

What is actually happening

Here is something that took me a long time to fully appreciate, and I think it changes everything about how we understand this. When you are depressed, the very part of you that you would use to think your way out of it is the part most affected. Depression goes after the thinking brain itself. So you are left trying to find your way out of a dark room using the one tool that has had its batteries quietly removed.

This is why I get so frustrated when people are told to just think positively or pull themselves together. It isn't that the advice is annoying, though it is. It's that it asks you to use the exact capacity depression has taken offline. It's like asking someone with a broken leg to just walk it off.

What is happening in the brain

I would like to share what is happening in the brain, because I think it helps to know that this is not just about feeling low. Depression brings real, measurable changes to how our brains are structured and how they function.

The prefrontal cortex, which sits at the front of the brain, just behind the forehead, is responsible for planning, for perspective, for weighing things up, and for calming down the more reactive parts of us. In depression, this part tends to quieten down and become less active. At the same time, the amygdala, the brain's threat and alarm system, becomes more reactive. So the part that would normally steady us goes quiet, while the part that senses danger and dread grows louder, with less to hold it in check. That combination alone describes so much of what depression actually feels like from the inside.

There is also the hippocampus, which is involved in memory and in processing our emotional experiences. It is particularly sensitive to stress hormones like cortisol and adrenaline. And this is the part I want to explain gently, because it matters. For many of us, depression keeps the body in a prolonged state of stress. Those stress hormones, which are meant to rise briefly and then settle, can stay elevated for far longer than they were ever designed to. Living bathed in them, month after month, appears to take a real toll, and the hippocampus seems to be one of the places it shows.

You might wonder why depression keeps the body stressed. Part of it is that the system meant to switch our stress response off doesn't reset the way it should, so the body stays on alert. And part of it is that depression itself, the dread, the hopelessness, keeps signalling danger, and the body responds the only way it knows how, by releasing more stress hormones. The two end up feeding each other, which is one of the reasons depression is so hard to simply think our way out of.

What happens to our thinking

When we are depressed, our thinking is very much affected. Our thoughts can run rampant, and they are usually negative and repetitive, jumping back and forth between regretting the past and worrying about the future, along with thoughts like “I’m never going to get out of this.” Being in this internal prison of sorts feels impossible to think our way out of, and yet it isn’t a cage we thought our way into. It’s more that depression changes the lens we’re looking through, quietly, without our permission. None of this is a weakness of character. It is a real condition, with real effects on the brain and body, and it is not your fault.

Exercise 1 What depression feels like for you

Your particular experience

Depression shows up differently in each of us. For some, the dominant experience is profound sadness. For others, it is flatness, an absence of feeling rather than an overwhelming of it. For others still, it is mostly physical, with exhaustion, heaviness, a body that feels like it is moving through water. For many it is some combination, shifting across days or even hours.

In your own words

Describe what depression feels like for you, as specifically and honestly as you can. Not what you think it should feel like, or what you have read that it feels like, but your particular experience of it. Getting precise language for it is genuinely useful, both for your own understanding and for sharing it, if and when you choose to, with anyone who might support you.

A gentle reminder. There is no right way to do this, and nothing you need to get right. You are simply beginning to notice what you learned, with as much kindness as you can.

Exercise 2 What depression tells you

Naming the messages

Make a list of the things that depression tells you, about yourself, about the future, about whether things can change, about whether you deserve help. Write them down as statements, as directly as you can.

Naming the voice

Then, next to each one, write that this is depression speaking. Not because that immediately makes it feel untrue. It probably won't. But because beginning to identify the voice of depression as separate from your own voice is the first step toward not being entirely governed by it.

SECTION 2

The wide spectrum of depression

Including the kinds that so often get missed

One of the reasons depression goes unidentified, sometimes for years, is that it shows up across such a wide spectrum. Most of us carry a cultural image of what depression looks like, someone who can't function, who's visibly sad, who's withdrawn completely. If what you're living with looks different from that picture, I want you to know it's still depression, and it's exactly the kind that tends to get missed, by the people around you, by GPs, and often by yourself too.

It can help to know what the formal signs are, so let me share them with you gently, not as a checklist to measure yourself against, but so you can recognise what you might be living with. A depressive episode usually involves a persistent low mood, or a loss of interest or pleasure, lasting at least two weeks, along with other changes in sleep, appetite, energy, concentration, or the way the body moves. There may be feelings of worthlessness or heavy guilt, and, when it becomes more severe, thoughts of death or of not wanting to be here. For a formal diagnosis, these need to be causing real distress or making daily life hard to manage. But I never want the criteria to become another way of dismissing yourself, as in 'I'm not bad enough to count'. What you are feeling matters, wherever you fall on this spectrum.

But between that full clinical picture and simply having a hard time, there's a great deal of territory I want you to know about.

High-functioning depression

This is the presentation I want to address most directly, because it is the one most consistently missed, and most often suffered in silence.

This isn't a formal diagnosis. It's a description many of us recognise ourselves in. You might have heard this called dysthymia in its chronic, lower-intensity form, or simply an unrecognised depressive episode in its more acute moments. This describes so many of us, managing, producing, showing up, and still living inside a persistent fog of flatness, low-grade despair, or joylessness that's become so familiar we've stopped registering it as abnormal.

Perhaps this is you, doing what your day asks of you, and doing it well. Caring for others, holding down responsibilities, keeping friendships going. Being asked how you are, saying fine, and being believed, because from the outside it looks coherent. Inside, there's a relentless, low-level suffering that rarely breaks the surface dramatically enough to be named. It gets experienced as tiredness. As mild cynicism. As the sense that nothing is quite as enjoyable as it used to be. As a loss of colour from what was once a vivid life. It's often put down to stress, or busyness, or simply the reality of adult life. And years can pass.

I want to say this clearly. A life lived in that fog is not fine, even if you are functioning. You deserve more than survival. And the fact that you are managing does not mean that what you are experiencing doesn't warrant attention.

Masked depression

For some of us, depression shows up mainly through physical symptoms, chronic pain, fatigue, digestive problems, frequent illness, or through behaviour, irritability, anger, risk-taking, or increased use of alcohol or other substances, rather than through the low mood most of us associate with it. This is something we see more often in men, and in any culture or family where emotional expression wasn't welcomed or safe, though it can happen to any of us. If this is you, I want you to know that when depression is masked this way, it's often treated as something else entirely or missed altogether.

Seasonal patterns

Some of us experience depression with a clear seasonal pattern, most commonly in the winter months when light levels are low. This is clinically recognised as Seasonal Affective Disorder. If your low mood follows a consistent seasonal pattern, it's worth noting, and worth raising with a professional if you're able to, because it has specific and effective treatments.

Exercise 3 How does depression show up for you?

Recognising your pattern

Reading the presentations above, which feels most like your own experience? Is what you are dealing with acute and clearly impairing, or more chronic and low-level, a persistent flatness you may not previously have connected to depression? Has it shown up mostly in mood, in physical symptoms, in behaviour, or in some combination? Being specific about your own presentation helps clarify what is actually happening, and what might help.

SECTION 3

Depression, anxiety and trauma

The connections that so often go unseen

In my experience, depression rarely travels alone. I want to share with you what so often comes alongside it, because the way depression, anxiety, and trauma weave together matters, both for understanding what you're living with and for finding what actually helps. Over the years, I've come to see so many forms of depression not as something going wrong with us, but as something that once made sense, an understandable response to experiences that were, at the time, simply too much to bear.

Depression and anxiety

Depression can also have something else join it, and that something is anxiety, which makes matters so much worse. It's worse because when anxiety turns into panic, not only are you wanting to escape from your own mind, with all the painful, racing thoughts you're having, your body is in turmoil too. And you can't escape either of them.

Some of the research actually sees the two not as separate things at all, but as states that interact, so closely that some researchers even ask whether they're truly distinct conditions or different expressions of the same underlying vulnerability.

Anxiety can drive the exhaustion and helplessness that feed depression, while depression can lower the threshold for anxiety by wearing down the systems that would normally buffer it. Seen through a developmental lens, these patterns often begin as ways of staying as safe and connected as possible in early environments where full emotional expression wasn't possible or safe. Over time, they harden into familiar ways of being.

Depression and trauma

It's important to talk about trauma when it comes to depression, because understanding the link might help you make deeper sense of what you're going through.

From my own work, and from years of sitting with clients, I've come more and more to believe that trauma often lies at the very root of depression. And I don't only mean trauma as the obviously terrible, single event. I mean it in a wider sense, the wound we are left carrying afterwards, and the quieter, cumulative kind too, the repeated absence, in childhood, of the safety, soothing, and being truly seen that every one of us needed.

Here's the link, and it's something I wish more people understood. When something overwhelming happens, especially early in life, our nervous system adapts in order to survive it. If our big feelings weren't safe to have, if sadness was met with impatience, or fear had nowhere to go, or our needs went

unanswered, the system learns to turn down. To numb. To stop reaching out. To expect little, so we won't be hurt by hoping. In the moment, that turning down protects us. The trouble is that the nervous system doesn't always switch it back off once the danger has passed. It can become our default way of being.

And a nervous system still stuck in that shut-down, braced, dampened state, years later, can look and feel a great deal like depression. The flatness. The low motivation. The sense that nothing is worth reaching for. The quiet expectation of disappointment. These are not signs that something is wrong with you. Seen this way, depression is not a defect at all. It is a protective response that once kept you safe, still running long after the danger has gone.

This is also why "just think positively" or "count your blessings" can't reach it. You're not up against a passing mood. You're up against something your body learned deep, in order to survive, and it takes a different, gentler kind of work to help the system feel safe enough to come back up.

If you've been feeling no better no matter what you try, still unable to see any light, it may be that there is unprocessed trauma underneath. This is what has led me to believe so strongly in trauma-informed approaches, because they reach a level that other approaches sometimes can't. They work with the body's survival patterns, the stories held in the nervous system, and the old templates that keep the distress alive. Rather than asking only "What's wrong with you?", a trauma-informed approach also asks, "What has your system been trying to protect you from?"

If you have a history of adverse experiences, whether or not they meet the clinical threshold for trauma, and you are also depressed, it is worth gently considering whether that history is part of the picture. This is not about blaming the past, or using it as an explanation that forecloses agency. It is about seeing the full picture, so that what you reach for actually addresses what is there, the symptoms, and the life story and biology that shaped them.

Practical note. If reflecting on these questions brings up strong distress, pause and seek trauma-informed support. Grounding practices (slow breathing, orienting to the senses) and working with a skilled clinician can make this exploration safer and more effective.

Depression and physical health

Something I wish more people understood is that depression and physical health are deeply intertwined, and the relationship runs both ways. Depression can make us more vulnerable to physical illness, partly through its effects on the immune system, on sleep, and on how we're able to care for ourselves. And physical conditions, chronic illness, ongoing pain, neurological conditions, hormonal changes, can significantly raise the likelihood of depression in turn.

Mind and body are not merely connected. They are one system. Chronic stress and trauma affect our biology through stress hormones, inflammation, and autonomic dysregulation, and there is good evidence that living under sustained stress raises our risk of a range of physical conditions. Seen this way, many chronic conditions aren't random malfunctions, but signals that the body has been living in prolonged survival mode. If you're living with a physical health condition alongside depression, this two-way

relationship is worth acknowledging, and worth raising with anyone supporting your care, if you have that support available to you.

What travels with your depression?

Depression rarely arrives on its own. Before you write, here are some of the things that most often travel alongside it, and the way we describe them.

- Anxiety. “I feel numb and empty most days, but in the evenings my mind races with worry and I can’t sleep.” “I’m constantly on edge, and when I finally crash I drop into a depression for days.”
- Patterns in the body. “When I’m anxious my shoulders are tight and my stomach is in knots. When I’m depressed my body feels heavy and slow.” “I feel jittery and restless, but also too tired to move.”
- Earlier difficult experience. “I grew up walking on eggshells at home. Now I feel constantly on guard and then completely shut down.” “After the accident, I started feeling hopeless and disconnected in a way I hadn’t before.”
- Physical health. “My pain flares up when my mood is low, and when my pain is bad I feel more depressed.” “Since my hormone levels changed, my sleep has been terrible and my mood has dropped.”

Exercise 4 What travels with your depression?

Seeing the whole picture

- Is anxiety part of your experience? If so, how do depression and anxiety interact for you?
- Do you notice particular patterns in your body when these states are present?
- Is there a history of difficult or traumatic experience that you sense may be connected?
- Are there physical health factors that feel relevant?

You are not trying to diagnose yourself or produce a clinical formulation. You are simply trying to see the whole picture, rather than one part of it. There are no right answers.

SECTION 4

What the evidence shows about what helps

An honest look at your options

Therapy

I wanted to include a section on this, because my hope for this whole book is to help as much as I possibly can, and part of that is sharing some of the therapies with you, especially the trauma-based ones, which so many of us have never heard of. Navigating all of this can be so difficult, particularly when you're depressed and don't have the energy to research it all yourself.

There is no single right therapy, and no perfect one. What matters is finding the approach, and the person, that fits you and your story. I should also say that some of what follows has been tested in large trials over many years, and some of it is newer, or harder to test, or something I have come to trust from my own practice. I will tell you which is which as we go.

There is real hope here. Depression is one of the most treatable conditions there is. Most of what helps works best in combination rather than alone, and what helps any one of us depends on our own particular depression, so if one thing hasn't worked for you, it doesn't mean nothing will.

If your depression is being maintained by deeply negative thinking patterns, Cognitive Behavioural Therapy (CBT) has an excellent evidence base, particularly for mild to moderate depression.

Acceptance and Commitment Therapy (ACT) takes a different approach, and it has good research behind it. Rather than trying to change or get rid of difficult thoughts, it helps you build a different relationship with them, so they hold less power over you, while gently reconnecting you with the life you want to live.

If your depression comes with a relentless inner critic, Internal Family Systems (IFS) can be incredibly powerful. Instead of treating that critical voice as something to fight, it helps you understand what it is trying to protect and develop a more compassionate relationship with yourself.

Compassionate Inquiry takes a different approach again. Rather than asking only, "What's wrong with you?" it also asks, "What happened to you?" For many of us whose depression has roots in earlier life experiences, that question changes everything.

When trauma is part of the picture, and for so many of us it is, there are approaches that reach places ordinary talk therapy often cannot. These are the ones I most wanted to share with you, because they are less well known, and they can make such a difference.

- EMDR (Eye Movement Desensitisation and Reprocessing) works with painful memories that have become stuck, so they lose some of their charge and stop intruding on the present in the same way. It has a strong evidence base for post-traumatic stress.

- Somatic therapies work with the body rather than only the mind, because trauma lives in the body too. They help release what has been held in the nervous system, gently, and at your own pace.
- Attachment-informed approaches look at how our earliest relationships shaped the way we connect, and trust, and feel safe, and help repair the wounds that formed there.
- And trauma-focused CBT adapts the more familiar cognitive work specifically for those of us carrying trauma, at a pace that feels safe.

You don't need to know which of these is right for you. A good trauma-informed therapist will help you find that. I simply wanted you to know they exist. The important thing isn't choosing the "perfect" therapy. It's finding a therapist and an approach that make sense for your story.

Medication

Medication can be a tricky subject, because some of us feel shame at even contemplating it. I want to reassure you that there is nothing to be ashamed of here, and if you feel ambivalent about it, that ambivalence makes complete sense. It's also important for me to mention that medication won't solve what you're going through, and it certainly can help support you as you take the steps to heal.

Medication has a strong evidence base, particularly for moderate to severe depression. It doesn't remove the reasons you became depressed, and it doesn't create happiness. What it often does is reduce the intensity of the symptoms enough for you to begin engaging with the rest of your recovery.

If you're considering medication, that conversation belongs with your GP or psychiatrist. My hope is simply that you can approach it without shame if it becomes part of your path.

The everyday things that matter

Believe it or not, the small everyday things really do help. They may not feel like they're making any difference in the moment, or even afterwards, and they add up surprisingly quickly over time. And these things can feel impossible when you are in the depths of it, when even getting out of bed is an achievement, let alone going for a walk or cooking a proper meal. So please don't hear any of this as one more thing to fail at. Start impossibly small. One glass of water. Stepping outside for one minute. These aren't trivial, they are how we begin.

Movement has surprisingly strong evidence behind it. And it can feel painful to hear someone say, "You just need to exercise," when getting out of bed already feels impossible. So please think smaller. A short walk. Standing outside for five minutes. Stretching gently in your living room. Recovery begins where you are, not where someone else thinks you should be.

Sleep matters because depression and poor sleep feed each other. Improving sleep won't cure depression, but protecting it gives your brain one more opportunity to heal.

Connection matters because depression always tries to convince us to withdraw. You don't need to become the life of the party. Sometimes one conversation, one text message, or sitting quietly with someone who feels safe is enough.

Things like good nutrition, time in nature, mindfulness, creativity, and reducing alcohol can also support recovery. They may seem small individually, but together they help create the conditions in which healing becomes more possible.

A moment to pause

If you've been reading this hoping to discover the one thing that will fix your depression, that's an understandable hope. Most of us want there to be one answer. What I've seen, both personally and professionally, is that recovery is usually more like weaving together a number of small strands. Therapy. Perhaps medication. Better sleep. A little movement. A little more connection.

Before you move on, it might be worth pausing for a moment. Of everything you've just read, which one thing feels most possible for you right now?

Exercise 5 What has helped, even a little?

Small anchors

Thinking about your own experience, what, if anything, has made even a small difference? Not necessarily resolved the depression, but shifted something, even temporarily? It might be a person, a place, a type of activity, a particular time of day when things are slightly easier. These small anchors are not trivial. They are evidence that the depression is not total, and they are worth identifying and protecting.

Exercise 6 What has got in the way?

Naming the obstacles

What has made it most difficult to reach for the things that help, or to seek support? Shame? The sense that it won't work? Practical barriers? The depression itself? Being honest about the specific obstacles is more useful than a general sense of being stuck, because specific obstacles can sometimes be specifically addressed.

SECTION 5

Finding the right level of support

Understanding your options, from self-directed work to specialist care

Finding the right level of support can feel daunting, especially when we don't have the energy or the motivation to take the steps to find the help we need. Sometimes that is because, underneath it all, we are quietly thinking we don't deserve it or wondering what the point would even be. So, before we go any further, I want to gently ask you to remain open to the possibility that you are enough, and that you do deserve help. Both of those things are true, even on the days you cannot feel them.

Reaching for help, whether that is support you find on your own or the care of someone trained to give it, is not a luxury. It is one of the most important steps any of us can take towards getting better. There is no question in my mind about that. This section is really about your choices. There are different kinds of support available, and different ones suit different people at different times. My hope is that by the end of it, you feel there are options, and that some of them are within your reach.

The steps we can take on our own

The steps we take on our own can be genuinely meaningful. I want to explore this with you, because when we are in a dark place, it can be so hard to know what the best next step even is. If your low mood is mild, present but not seriously disrupting your daily life, and it hasn't been going on too long, the gentle strategies from the last section are a good place to begin, with some movement, protecting your sleep, staying connected however imperfectly you can, easing back on alcohol, and some small daily practice of checking in with yourself.

The exercises in this workbook, especially learning to notice what depression is telling you and to tell its voice apart from your own, can sit alongside any kind of support, and they are a meaningful starting point when things feel more manageable. Self-directed work has its limits. Depression has a way of affecting our thinking, our motivation, and our ability to steady ourselves, and that is not a failing in us, it is simply the nature of it. So, if you have been trying on your own for a while and things aren't shifting, that is not a sign that you have failed. It is simply a sign that you deserve more support than any of us can give ourselves alone.

When a therapist can help

Therapy can help across so many different experiences of depression, whether it is mild and you simply want more than you can do alone, or it is heavier and affecting your relationships and your days, or it is tangled up with anxiety, trauma, grief, or a painful relationship with yourself. A good therapist is not simply someone to talk at. They work with you, with the patterns in your thinking, the ways you have withdrawn, what sits underneath the depression, and how it shows up in your life, in a way that is gentle,

structured, and shaped around your own story. And the relationship itself is part of what heals. Being genuinely seen, consistently met, and never judged, does something no technique on its own can.

I can share from my own experience that therapy was one of the truly valuable things I did. For the first time, I felt really listened to, and met with empathy. I felt I was in capable hands. And I didn't feel I was burdening the person in front of me, the way I sometimes worried I was burdening my friends. There was something freeing in that, being able to bring all of it, without having to protect anyone from it.

And if your depression has roots in trauma, the kind of therapy really does matter. Approaches that work mostly at the level of thoughts can only reach so far when what we are carrying is older, deeper, relational pain. This is where the trauma-informed approaches, Compassionate Inquiry, and IFS can gently reach further.

When a psychiatrist may help

Sometimes the right support includes a psychiatric assessment, and I want to name that without any sense of alarm. It can be a helpful step if your depression is more severe and really affecting your daily life, if it keeps returning, if therapy alone hasn't been enough after a fair try, or if there is some uncertainty about what is going on, particularly if there might be something on the bipolar spectrum, which needs a different kind of care.

And if you are having thoughts of suicide or of harming yourself, please, please do not carry this alone. Reach out to someone you trust, contact a crisis line, or go to your nearest emergency department. Your GP can also arrange urgent help. I want you to hear this clearly. These thoughts are a symptom of the depression, not the truth about your life or your worth. They deserve urgent care, and so do you.

Gently finding your way

If it helps, here is a gentle way to think about where you might begin. None of this is fixed, and you can always change course. You might start with the steps you can take on your own if things feel mild, fairly recent, and still manageable in your daily life.

You might reach for therapy if the depression has been with you for a while and feels like a long time to be carrying it, or if it is affecting your relationships, your work, or your days, or if it is woven through with anxiety, trauma, or a hard relationship with yourself, or if working on your own just hasn't been enough.

You might seek a psychiatric assessment if things feel more severe, if the depression keeps returning, if you are having thoughts of harming yourself, or if therapy alone hasn't been enough.

And please reach out straight away, to a trusted person, a crisis line, or an emergency service, if you are in acute distress or having thoughts of harming yourself.

I want to leave you with this, and I mean it with my whole heart. Depression is treatable. This is not a platitude. The way through is rarely quick and rarely simple, but it is real, it exists, and you do not have to find it alone.

PART TWO

Coming Home to Yourself

The relationship that changes everything

If you've read this far, we've covered a great deal. We've explored what depression is, why it happens, what the research tells us, and when professional support is needed. All of that matters.

But over more than twenty years of sitting with clients in the depths of depression, I've noticed something else. Those of us who gradually begin to recover don't simply change our symptoms. Somewhere along the way, we begin to change the relationship we have with ourselves.

That's where I'd like us to go next.

SECTION 6

Self-compassion

A different way of meeting yourself

Through my own journey, I finally came to realise that I needed to have a relationship with myself. Not one of disdain, which was what I had lived with for so long, but one of love and compassion. That realisation changed everything, because that very relationship turned out to be the foundation for everything else. For most of my life I believed the answers were somewhere outside of me. I just needed to find the key, the one that would unlock the door and fix me. Make me different. Make me someone new. Get rid of the depression.

What I slowly came to see was that everything I had done to try to fix myself had actually been leading me somewhere else entirely, to the realisation that I already had everything I needed inside me. That if I could be kind, compassionate, encouraging, and yes, at times gently and compassionately firm with myself, then I didn't need to fix anything. I needed to heal. The conditions I had been creating for myself, all in the name of getting rid of my depression, were like pouring salt on a wound. What I actually needed was to create conditions of warmth and care, so that the very wounds the depression had been pointing me toward could begin to heal.

I know this can be challenging to grasp, so all I ask is that you stay open to what I would like to share with you. Of all the relationships affected by depression, the one that tends to suffer most quietly is the relationship we have with ourselves. Depression is extraordinarily good at turning us against ourselves, generating a relentless inner commentary of failure, inadequacy, and not-being-enough. And here is the difficult part. That commentary feels like honesty. It feels like the accurate accounting of someone who has genuinely fallen short.

It is not. It is depression taking real material, real disappointments, real moments of falling short, and running it all through a distorted lens that strips out context, removes warmth, and turns the ordinary human experience of imperfection into evidence of being fundamentally unworthy. And the more harshly we treat ourselves for being depressed, the deeper the depression tends to go. Self-criticism is not just a symptom of depression. It is one of the things that feeds it.

What self-compassion is not

Self-compassion is not letting yourself off the hook. It is not self-pity. It is not weakness, or softness, or lowering the bar because you can't cope. And it is not about fixing yourself, treating yourself as a problem to be corrected, which is what so many of us do, pouring salt on the very wound that needs care. Self-compassion is also not permission to dwell. It is not self-indulgence. It is not an excuse to stay where we are and avoid taking the next steps, however small and insignificant those steps may seem.

Real self-compassion holds both of these at once. It is warm enough to stop the self-attack and caring enough to keep gently moving us forward. Sometimes it is soft, and sometimes it is what I think of as compassionately firm, the way a loving friend would be, someone who accepts you completely and still believes you are capable of more than the depression is telling you.

I know that at the beginning this can be hard to feel. How can something loving also be the very thing that strongly encourages us to do what we need to do to heal? They can seem like opposites. But what I have come to understand is that the warmth is what makes the rest possible. It is the love that creates the space, the safety, to be really open and honest with ourselves. To seek our truth. Our real truth, that we do matter. This is not an easy one to connect with, especially at first. So please, be patient with yourself as we explore it.

What self-compassion really is

Having walked through all of this, it might help to draw it together simply. The researcher Dr Kristin Neff, who has done so much to help us understand self-compassion, describes it as having three parts, and I have found them a beautiful and useful way to hold it.

- The first is self-kindness, treating ourselves with the same warmth and gentleness we would offer someone we love, rather than harsh judgement, especially when we are struggling.
- The second is common humanity, remembering that suffering and imperfection are part of the shared human experience, that we are not alone in this, and not uniquely broken. Whatever we are carrying, others have carried something like it too.
- And the third is mindfulness, being present with our pain, as we have just explored, holding it with awareness rather than either drowning in it or pushing it away. Noticing what is here, gently, without being swept off our feet by it.

Kindness, common humanity, and presence. When these three come together, even a little, something in us begins to soften, and the grip of the depression begins, ever so slowly, to loosen.

Turning toward yourself, even when it feels wrong

Before we can turn toward ourselves with any warmth, we first have to be present enough to notice what we are actually feeling. And this is where the breath comes in. If this is new to you, or if the idea of “the breath” sounds a little abstract, please stay with me, because it is one of the simplest and most steadying tools we have, and it asks almost nothing of us.

So much of the suffering in depression lives in the past we keep replaying, or the future we keep dreading. The mind pulls us endlessly backward and forward. This present moment, right here, is often the one place the pain is actually bearable, because in this exact moment, more often than not, we are getting through. And the gentlest way I know to come back to this moment is the breath.

The breath is always here. It is always with us, asking nothing. We don't need to change it, or deepen it, or do it "correctly". There is no right way. We simply notice it. The feeling of the air coming in, and the air going out. That is all. When the mind races off, as it will, again and again, we gently bring our attention back to the breath, not with frustration, but with the same kindness we are slowly learning to offer ourselves in everything else. That returning, over and over, without judgement, is itself an act of self-compassion.

You might even try it now, just for three breaths. Feel the air as it enters, and as it leaves. You do not have to feel anything in particular. You are simply practising being here.

From this quieter, more present place, everything else becomes a little more possible. It is easier to notice what we are feeling when we are not being swept away by it. It is easier to be kind when we have come back to ourselves, even for a moment. Presence is the ground that everything else grows from.

So how do we begin? It starts, quite simply, with a willingness to notice that we are suffering. Not to suppress it, and not to be completely swept away by it, but just to acknowledge that it is here. In depression this is harder than it sounds, because the pain becomes so constant that it stops registering as pain at all. It simply becomes the air we breathe. But when we can gently name it, when we can say to ourselves this is hard right now, this is real suffering, something almost always softens, even if only a little. That small act of turning toward is where it all begins.

Then, if we can, we widen the lens. Depression isolates us. It whispers that everyone else is coping and we alone are failing, and so much of the suffering is not the pain itself, but the belief that the pain is proof that we are uniquely broken. We are not. Struggling, falling short, and hurting are part of what it means to be human. Hundreds of millions of us are living with this around the world, and countless others have moved through it and come out the other side. We are not defective. We are human beings in pain, which is one of the most human things there is.

And then comes the part that so many of us find hardest of all, actively offering ourselves some warmth in the moment of difficulty, instead of the usual harshness.

In the beginning, this can feel incredibly hard. Giving ourselves kindness and encouragement can feel foreign, even impossible. So, what I have found helps, both in my own life and in sitting with those I have worked with, is to begin by imagining how we would treat someone we really love. If they were going through exactly what we are going through, exhausted, overwhelmed, barely getting through the day, how would we be with them? What would our tone be? What would we want them to know? Most of us can find real tenderness there, almost without trying. And then, slowly, we begin to turn that same warmth toward ourselves.

It might be a gentler tone turned inward. A hand placed on our own chest. A simple sentence, something like this is really hard right now, and I am going to be gentle with myself while I get through it. It can feel awkward at first. I promise it becomes less so.

I want to prepare you for something, though, because it surprises so many of us and can make us give up too soon. For many of us who are depressed, and especially for those of us whose depression has roots in

early experience, turning warmth toward ourselves does not feel soothing at first. It can feel uncomfortable. Sometimes it brings a wave of grief, or even a sharp flare of the inner critic.

If this happens for you, I want to say it clearly. It is not a sign you are doing it wrong. Far more often, it is a sign that you are reaching something that has needed this kindness for a very long time, and that has simply not yet learned how to receive it. So we go slowly. Small doses. The aim is never to feel wonderful. It is simply to practise not abandoning ourselves, a little at a time, until warmth toward ourselves stops feeling so foreign.

Meeting yourself with curiosity

Curiosity is something we tend to leave behind in childhood, but it is a wonderful part of who we are, and it turns out to be a tremendous resource when we are depressed. I say that because when we are down in the hole, curiosity is nowhere to be found. The critical voice takes over instead, overwhelming us with everything that has happened, everything that might happen, and how much we have somehow failed.

Curiosity is also the part of us that can stay beside us when painful emotions rise, and when the critic grows loud. Rather than being swallowed by those feelings, or swept away by that voice, curiosity lets us remain present with them, with a little space around them. And from that space, coming from a compassionate place, we can gently explore. We can begin to move from what is wrong with me? to what happened to me that led me here?

When the harsh inner voice is loud, our instinct is usually to do one of two things, to believe it, or to argue with it. What I have come to learn is that there is a third option, and it is far more useful than either. We can get curious about it. Where did this voice learn to speak this way? What is the pain underneath it? I have found, again and again, that the part of ourselves we find hardest to be kind to is almost always the part most in need of understanding.

This is not about excusing or minimising anything. It is about asking, slowly and honestly, what were we carrying at the time? What did we not yet know? What was a part of us trying to protect, or manage, or survive? This kind of gentle inquiry reaches places that simply telling ourselves to be kinder never can.

For example, say we notice the critic attacking us for pulling away from the people we love, calling us cold, or selfish, or a burden. Instead of agreeing with the verdict, we might get curious and ask what a part of us was trying to protect. And we may find that the withdrawing was never coldness at all. It was a part of us trying to keep us safe, trying to spare us the exhaustion of pretending we were fine, or the fear of being seen at our lowest. Seen that way, the very thing we were condemning ourselves for turns out to have been an attempt, however costly, to protect us.

It doesn’t force kindness. It creates the conditions in which kindness becomes possible, and the warmth that grows out of real understanding is steadier, and far more felt, than anything we try to will into place.

There is something else about that critical voice that I find brings real relief when we begin to see it. However cruel it sounds, it is only one part of us. It is not the whole of us, and it is not the truth about us.

When we can begin to hear it as a part, rather than as the final verdict on who we are, something important shifts.

And more than that, this harsh voice is almost always, underneath it all, a protector. However badly its strategy is misfiring, it is usually trying, in its own harsh way, to keep us safe. To make us perform. To get in first before anyone else can criticise us. To stop us being caught off guard by disappointment. And underneath that critic, more often than not, is a younger, more vulnerable part of us, carrying the real weight of the pain.

The practical shift is this. When we can notice the critic as a part, a part of me is being very hard on me right now, rather than being completely merged with it, a little space opens up. And from that space, we can turn toward the part with curiosity instead of obeying it or fighting it. We can ask what it is afraid would happen if it stopped. We can begin to meet the frightened part beneath it with the warmth it never reliably received. This is slow, careful work, and the deeper layers of it are often best done alongside a therapist, but even a first glimpse of it can change the whole inner atmosphere.

And here is something I have come to believe with my whole heart. Beneath all of these parts, the critic, the frightened one, the exhausted one, there is a steadier core in each of us. Something naturally calm, curious, and compassionate. Depression does not destroy it. It only obscures it, like cloud over the sun. Much of this work, in the end, is simply finding our way back to it.

Why we need this

I want to share with you why simply “being kinder to yourself” is easier said than done. For so many of us, the wounds beneath the depression are old. They formed at times when we were not met with the care we needed, when our feelings were too much for those around us, or went unseen, or when we learned that the safest thing was to expect little and rely on ourselves.

When that happens early enough, and often enough, we can grow up without ever having received the warmth we most needed. And what self-compassion offers, quietly and over time, is a way of giving ourselves now what was missing then. It is not indulgence. It is repair. We are learning to become, for ourselves, the steady and caring presence we may not have had.

This is also why turning kindness inward can feel so strange, or even painful, at first. If we never really received it, our system does not yet recognise it. That is not a flaw. It is simply a sign of how long this kindness has been needed, and how worthy we are of finally receiving it.

This is the real work

Everything we have explored here meets in the same place. All of it turns toward our suffering rather than away from it. All of it chooses understanding over judgement. And all of it treats the harshest, most painful parts of our experience as deserving care rather than condemnation.

I want to be clear that this is not soft work, and it is not decoration on the 'real' work. It is the real work. Self-criticism actively feeds depression, it is one of the things that keeps us stuck. And the slow growth of self-compassion is, from everything I have seen and lived, one of the most reliable things that helps us get free of it. And it is learnable. It is a capacity, like any other, that strengthens with practice. Beginning to offer ourselves the understanding we would offer someone we love is not self-indulgence, and it is not avoiding accountability. It is the beginning of putting down a weight that depression has been using to keep us down.

A place to begin

You do not need to feel self-compassionate in order to practise it. This matters, because there is often an assumption that the feeling has to come first. It doesn't. It begins in small moments. A slightly gentler tone when you notice the criticism starting. A pause to acknowledge that something is genuinely hard before you move on. A hand on your own chest. The simple recognition that a part of you is struggling and could use some kindness rather than another verdict.

Not doing it perfectly. Just practising, in small ways, not abandoning yourself.

The Voice You Turn on Yourself (noticing the critic)

Spend a little time noticing the way you speak to yourself when things are hard. What does the critical voice say? Is its tone cold, contemptuous, impatient, relentless? When does it tend to become loudest? Try writing down some of the things it actually says to you, in its own words. Don't censor it or try to soften it. Simply notice it.

Now, rather than believing this voice or arguing with it, become curious about it. What if this critical voice is a part of you that has been trying, in its own harsh way, to protect you? You don't need to find perfect answers. Simply allowing yourself to wonder begins to loosen the grip of self-criticism.

Imagine someone you love deeply came to you carrying the same pain you are experiencing. They were exhausted, overwhelmed, or simply struggling to get through the day. Would you speak to them in the same way you speak to yourself? If not, write down what you would say instead. Now read those words slowly. Then ask yourself. What makes it so difficult to offer these same words to myself? Notice whatever arises without judgement. There is no right or wrong answer.

Before you move on, remember that the critical voice did not appear by accident. However harsh it sounds, it likely developed at a time when it believed criticism was the safest way to protect you from rejection, failure, disappointment, or pain. You don't have to like the way it speaks, but you can begin to understand why it learned to speak that way. Self-compassion doesn't silence the critic through force. Instead, it gradually softens its grip by helping this protective part feel safe enough not to work so hard.

Exercise 7 The voice you turn on yourself

Noticing the critic

- What does the critical voice say to you, and what is its tone?

For example, "You always mess things up. Everyone else can hold it together and you can't." Flat, contemptuous, relentless.

- What might this part be afraid would happen if it stopped criticising you?

For example, "If I stop pushing, you'll get complacent and everything will fall apart."

- What would you say to someone you love who came to you carrying the same pain?

For example, "You're doing the best you can with what you're carrying. You don't deserve to be spoken to this way."

- What makes it so difficult to offer those same words to yourself?

For example, "It feels like letting myself off the hook, like I'd stop trying if I were kind to myself."

You do not need to find perfect answers. Notice whatever arises, without judgement.

Exercise 8 A moment of self-compassion

A practice I often use

This is a short practice I come back to with people again and again, because it is simple enough to use in a difficult moment. You can do it in writing here, or quietly to yourself any time things feel hard. Bring to mind the difficulty you are carrying right now. You don't need the most intense version, just what is present.

Three movements

- Name it honestly. "This is a moment of real suffering. This is hard right now."
- Widen it. "Suffering is part of being human. I am not the only one who feels this. I am not uniquely broken."
- Offer yourself something, a hand on your chest, and a phrase such as "may I be gentle with myself," or simply asking, "what do I most need to hear right now?", and writing it down.

If it feels uncomfortable

If warmth toward yourself brings resistance, grief, or 'I don't deserve this', please don't take that as a sign you are doing it wrong. In my experience it usually means you are reaching something tender that has needed this for a long time. Go gently, in small doses. You are not trying to feel wonderful. You are simply practising staying on your own side.

Sitting beside the part that has given up

Meeting the part that feels hopeless

Depression can often feel like carrying an invisible weight. Sometimes it speaks loudly through self-criticism, but just as often it becomes very quiet. Instead of hearing harsh words, you may simply feel exhausted, numb, disconnected, or as though you've stopped believing that anything can change.

If this is where you find yourself, see if you can resist the urge to push these feelings away or judge yourself for having them. Instead, become curious.

Turning towards, rather than away

Find somewhere comfortable to sit and allow yourself to take a few slow, gentle breaths. Bring your attention to the part of you that feels tired, heavy, hopeless, or defeated. You don't need to analyse it or make it disappear. Simply notice that it is here.

Now, with as much gentleness as you can, ask yourself these questions.

- Where do I notice this part in my body? Like a tightness in the chest, a squeezing in your stomach, a constriction in your throat, or heaviness in your shoulders.

If nothing comes

Some people can locate this part in their body straight away. Others draw a blank, especially if disconnecting from the body has been a long-standing way of coping. If that's you, this is not a sign you're doing the exercise wrong.

You might try scanning slowly from your head down to your feet, pausing at each area for a breath, rather than searching all at once. Or you might simply place a hand somewhere on your body that feels true enough, the chest, the stomach, even without a clear sensation to point to. The felt sense may arrive later, once the pressure to find it has eased.

- If this part could speak, what would it want me to know? If you can, allow the answer to come from that part itself, the tightness in your stomach, the heaviness in your chest.

If no words come

You don't need this part to speak in full sentences. Sometimes what arrives is a single word, an image, a colour, or simply the sense of "tired" or "too much." That's enough to work with.

If nothing arrives at all, try writing the question at the top of a page and then simply writing whatever comes next, even if it seems unrelated or doesn't feel like an answer. You're not trying to produce insight. You're giving something a chance to be heard, in whatever form it's able to take right now.

- What has this part been carrying for me?

- How long has it been carrying this burden?
- What is it afraid might happen if it stopped?
- What does it need from me right now?

There is no need to search for the “right” answers. Simply listen with curiosity.

Sitting beside it

Imagine this part sitting beside you.

Notice what it is like. Does it feel young or old? Heavy or fragile? Quiet or overwhelmed?

If you can’t picture it

Not all of us think in pictures, and depression can make imagining anything feel like wading through fog. If nothing appears when you try to visualise this part, that's alright, you don't need a clear image for this to work. You might instead just sense a general direction, is it close to you or far away, to your left or your right? Or skip the visual altogether and simply hold the idea of this part being nearby, the way you’d know a friend was in the next room even without picturing them. What matters isn’t the clarity of the image. It’s the intention to keep this part company rather than push it away.

You don’t need to rescue it. You don’t need to fix it.

Simply imagine sitting beside it as you would someone you love who has been carrying far more than anyone should have to carry.

Allow yourself to be present with it.

If it helps, place a hand on your heart or over the place in your body where you notice this part most strongly.

A compassionate response

When you feel ready, write a few sentences to this part of yourself.

You might begin with something like this.

- I can see how tired you are…
- It makes sense that you feel this way…
- You’ve been carrying this alone for a long time…
- Thank you for trying so hard to protect me…
- You don’t have to carry this all by yourself anymore…

Don’t worry about finding perfect words.

The intention is not to make this part feel better immediately, but to let it know that it is no longer alone.

A final reflection

Depression often tells us to withdraw, to disconnect, and to turn away from ourselves. Self-compassion invites us to do the opposite. It asks us to stay present with our pain, not because we enjoy it, but because every part of us deserves to be met with kindness rather than abandonment.

Healing doesn't usually begin when the pain disappears.

More often, it begins when we discover that we can remain beside ourselves with warmth, understanding, and compassion, even in the middle of our suffering.

Exercise 9 Sitting beside the part that has given up

Meeting the part that feels hopeless

Take whatever time you need. Write down anything that came up as you sat with this part of yourself, in whatever words feel true.

SECTION 7

Talking about it

One of the things that stands out most about depression is how completely alone we can feel in it, sometimes even, strangely, when we are surrounded by others who are not going through it. It is a profoundly isolating experience, and there is often a certain amount of shame woven through it.

Shame is that deep belief that I am bad, somehow, at my very core, and it makes those of us carrying it feel even more cut off from everyone else. On top of that sits the belief that we are a burden, that it isn't fair to inflict our suffering on the people around us. And underneath even that is fear. It feels far too scary to show our vulnerability. What will they think of me? Will they see me differently? Could what I share somehow be used against me? We are already in such a raw, exposed place that it is no wonder talking about it feels almost impossible. And there is a real risk, too.

Sometimes, when we do find the courage to speak, the empathy we hoped for doesn't arrive. Instead come the suggestions, the opinions we never asked for, and those of us already struggling can be left feeling even worse than before. All of this feels like it is conspiring to keep depression hidden, in a way that deepens the very isolation it creates.

Choosing who to tell

This is really important, because as hard as it is, sharing what is happening with someone we trust matters. Isolation only makes all of this so much more difficult to carry. Not everyone in our life needs to know, and not everyone will respond in a way that helps, so it is worth being thoughtful, choosing someone who has shown they can listen without judgement, who is unlikely to respond with alarm or a rush of advice, and who can simply be with us in it.

In my own experience, telling someone I trusted helped me to realise I wasn't a failure, and I wasn't going crazy. It helped me see that my pain mattered, and that I deserved to have space held for me. Being known, and not rejected, turned out to be one of the most healing things of all. Choosing even one person, even imperfectly, even partially, tends to bring a relief far greater than the amount we actually shared.

What to say

Once you have found someone you trust, a friend, a family member, or a therapist, take a breath, and share what feels most important for you. It might be as simple as I'm really not in a good place right now, or I'm really struggling, or I'm scared, and I'm not sure of the way forward.

You might also find it helps to be straightforward rather than vague. Not I've been a bit down, but something like I've been struggling with depression and I wanted to tell you, not because I need you to fix anything, but because carrying it alone has been so hard. Most people who care about us, when they learn we are depressed, genuinely want to help but have no idea how. Giving them something small and specific

can be a real gift, to both of you. Come for a walk with me sometimes. Check in by message now and then. Just be normal with me.

When it is not received well

Sometimes, despite our courage, it doesn't go the way we hoped. It can be really painful when it happens. Someone might be dismissive, or offer unsolicited advice, or become so uncomfortable that somehow it ends up being about them rather than us.

If this happens to you, please hear this. It is not a reflection of the validity of what you are experiencing. It is a reflection of their own discomfort with something our culture still hasn't learned how to hold well. As much as it hurts, please try not to let one painful response close the door on telling anyone else. The right person is still worth finding.

Exercise 10 What has been unsaid

Bringing it into view

Is there something about your depression that you have not told anyone, or not told fully? What has made it difficult to say? And is there someone in your life who might be able to receive it, if you found a way to say it?

No pressure to act yet

You do not need to act on this immediately. But naming what has been unsaid, and why, is a useful starting point.

SECTION 8

Finding meaning after depression

Before continuing, I invite you to pause for a moment and gently check in with yourself. Is this a conversation you feel ready to have right now? There is no right answer.

For some of us, the idea of finding meaning after depression feels hopeful. For others, it may feel impossible, frustrating, or even painful. If you are still in the place of simply getting through each day, that is where you need to be. There is no need to move ahead of yourself. Meaning is not something we force ourselves to find. It is something that can begin to emerge when there is enough safety, healing, and space within us to look back at what we have experienced.

So if this section feels too soon, please simply let it be here. You can return to it when the timing feels right. You may know of the five stages of grief, denial, anger, bargaining, depression, and acceptance. What is less widely known is that David Kessler, who worked alongside Elisabeth Kübler-Ross for many years, came to feel the model was incomplete, and after his own devastating loss he added a sixth stage, meaning.

I bring this in here, after all the self-compassion work, because the connection is closer than it might first appear. Meaning is far more likely to be real when it grows out of a kinder relationship with ourselves.

Depression and grief are not the same thing, but they share important territory. Depression frequently involves loss, the loss of energy, pleasure, connection, a previous sense of self, or a life that was once imagined. Kessler's sixth stage raises a different question. Not simply what has happened to me? but what can I do with what has happened to me? That can become a deeply meaningful question for those of us moving through, or gradually emerging from, depression.

What the sixth stage actually means

Kessler is careful to clarify what meaning is not. It is not finding a silver lining. It is not toxic positivity disguised as wisdom. It is not the belief that suffering was necessary, deserved, or secretly a gift. It does not require you to believe that what happened was okay, or that you would choose it again.

Meaning is not about rewriting the past. It is about changing the relationship you have with what happened. The depression, the loss, the difficult years, these experiences remain part of your story. Meaning does not erase them. Instead, over time, it asks a different question.

"How do I carry this experience forward in a way that honours what I have been through?"

What happened to you does not have to define you, but it can become something that informs you, deepens you, and shapes the person you continue to become.

Meaning cannot be rushed

One of the most important things to understand about meaning is that it cannot be forced. Asking those of us in the depths of depression to find meaning in our suffering can feel invalidating. When we are struggling simply to survive the day, the priority is not understanding the experience. It is compassionately supporting us through it.

Meaning comes later. Sometimes much later.

It tends to emerge when enough healing has taken place that there is finally some space to look back. It cannot be manufactured through effort or demanded through intention. It is not another goal to achieve or another way to judge yourself.

Instead, it arrives quietly. It may begin as a small curiosity.

"I wonder what this experience has taught me?"

"I wonder what matters to me now?"

"I wonder who I am becoming?"

And sometimes the most compassionate answer is this.

"I am not there yet."

That answer is enough.

Self-compassion as the foundation

Meaning-making without self-compassion can easily become another form of self-judgement.

"I should have learned something from this by now."

"Others grew from their suffering. Why can't I?"

"I should be further along."

The self-compassion work you have been practising is what allows this exploration to remain gentle. It allows you to ask questions about meaning without abandoning yourself if the answer is this.

"Not yet."

"I don't know."

"This still hurts."

Those answers are not failures. They are honest reflections of where you are. And honesty is where meaningful healing begins.

Something from my own experience

I want to share something from my own experience, gently, and only because it may offer a little hope, not because it is how it must go for anyone else. When I finally came out the other side of my own depression, I realised how much stronger I was than I had ever believed. I found resources inside me I hadn't known were there. One of them was trust, somehow finding a quiet voice within me that asked me to trust the process, even when I couldn't see where it was leading.

That trust gave me an opening to meet my wounds, the ones I had been carrying beneath the surface without even realising, the belief that I wasn't good enough, the fear that I would always be alone, the ways I had never really accepted myself. It showed me that I needed a different relationship with myself. And as I began to care for my pain in a gentler way, I found my way back to my joy.

As painful as it was, and it was painful, I learned so much through it. In its own hard way, it led me toward a gentler, more self-compassionate way of being in my life.

What I came to understand, underneath all of it, was this. Something very deep inside me had believed in me all along.

Where you are with meaning

Take a moment to gently consider where you are with the idea of meaning. There is no expectation that you should have an answer. There is no pressure to find a lesson. Simply notice.

- Does the idea of finding meaning feel available to you right now?
- Does it feel too soon?
- Is there anything from your experience of depression that you have begun to understand differently?
- Has anything emerged, such as a clearer sense of what matters, a deeper compassion for yourself or others, a change in how you want to live?

Not because the depression was worth it. Not because you would choose it again. Not because you have to be grateful for what happened. But because, over time, something real and uniquely yours may begin to emerge from your experience. And if the answer is this.

"I am not ready."

Or this.

"I still don't know."

that is also a meaningful answer. Sometimes the first meaning we find is simply this.

"I stayed with myself through something incredibly difficult."

And sometimes, that is where healing begins.

Exercise 11 Where you are with meaning

No pressure to have arrived

There is no expectation that you should have an answer. Write down whatever is honestly here for you right now.

About Me

I'm a Canadian-British counselling psychologist with more than 20 years in private practice. I've lived in Southeast Asia for 26 years and work with clients across the world via Zoom. Before retraining as a psychologist, I had a career as a professional orchestral violinist, an experience that shaped my understanding of performance, perfectionism, and the psychological cost of maintaining a composed exterior when the interior is anything but.

My approach

I work integratively, drawing on Internal Family Systems (IFS), Acceptance and Commitment Therapy (ACT), Compassionate Inquiry (Dr Gabor Maté), inner-child work, Gestalt techniques, and mindfulness-based approaches.

My background

- MSc Counselling Psychology, United Kingdom
- Counselling Diploma, Canada
- Registered member, British Columbia Psychological Association (BCPA)
- Certified Executive Coach
- Member, International Practitioners of Holistic Medicine (IPHM)
- Trained in Compassionate Inquiry (Dr Gabor Maté)
- Former crisis line counsellor, Befrienders Malaysia
- Volunteer counselling with the Malaysian Cancer Society, All Women's Action Society, UNHCR (supporting Afghan and Myanmar refugees)
- Communications and life-skills training across Asia, Africa, and the United States

Get in touch

I offer a free 15-minute initial consultation by WhatsApp or video call, no obligation, no pressure. This is a chance to ask questions, get a sense of whether the fit feels right, and understand what working together might look like. Sessions are conducted by video call at times that work across time zones. All enquiries are handled personally by me and treated with complete discretion.

More in this collection

Twelve workbooks, each one a companion for a different kind of difficulty.

01 Anxiety

When worry has become the background hum of your life.

02 The Relationship with Yourself

The most important relationship you will ever have, the one with you.

03 Living with Depression

When the colour has drained out, and effort no longer seems to reach.

04 Grief That Doesn't Have a Name

For the losses that come without a funeral, and are grieved alone.

05 Navigating a Life Transition

For the uncertain middle, when one chapter has ended and the next has not begun.

06 The Burnout Workbook

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A map for grief that has a name, but looks nothing like we expect.

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Depression is not a character flaw.
It is not a choice.
This workbook will help you understand what it actually is — and what genuinely helps.

When we stop misunderstanding depression and start responding to it accurately — with the right information, the right support, and the compassion it deserves — something genuinely shifts. This workbook offers an honest, clinically grounded account of what depression is, how it works, and what the evidence actually shows about recovery.

INSIDE YOU'LL FIND:

- What depression actually is — neurologically and psychologically
- The wide spectrum of depression, including high-functioning presentations
- The connections between depression, anxiety and trauma
- What the evidence genuinely shows about what helps
- How to talk about depression — and ask for what you need
- When self-directed work is enough, and when professional support is needed

The hopelessness you feel is a symptom.
It is depression speaking, not the truth.
Things can change. People recover.
You deserve to know that — even if you cannot yet believe it.

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