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FACING THE STORM

USING CBT, MINDFULNESS AND ACCEPTANCE TO BUILD RESILIENCE WHEN YOUR WORLD’S FALLING APART

SAMPLE CHAPTER
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Gale warning

Realising you’re in trouble

The day before the world changed

If you’re reading this book because you’re currently facing up to an imminent crisis, it might seem pointless to be thinking about what life was like before you found out about it. But (as with so many things), to make sense of where we are, we often need to take account of how we got here.

When we are struggling with a significant crisis, it can feel as if life before it came along was ideal, and now it’s awful. That may of course be true. More often, though, the new problem occurs in the context of the complicated, messy and imperfect lives that most us live, most of the time. You can, however, end up ‘idealising the past’: looking back (in comparison to current difficulties) life looked easy and idyllic, even if in reality it felt far from that at the time. That’s an understandable reaction, but it can be quite unhelpful:

- It makes the present seem even worse in comparison to the idealised past.
- If you’re not going to be able to return to your life before the crisis, it becomes harder to reconcile yourself in the long term to the life you actually have (see Chapter 4).
- You may end up trying to solve the wrong problem (e.g. if marital strain to the verge of breakdown is seen as principally a consequence of a current financial crisis, then all effort may be put into the finances, allowing pre-existing marital problems to worsen irretrievably).

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• Even if you manage to return to ‘normal’ after the crisis is over, life may feel unsatisfactory compared to the fantasy of the idealised life before it.

There are several aspects of pre-crisis life which play a part in coping with the crisis itself. These factors include the financial (e.g. do you have the money to afford a good lawyer?), the practical (have you got a permanent address and access to a telephone?), the physical (do you have the health and mobility to do whatever the crisis will require?) and the social (e.g. how close a social support network you have). A person’s general psychological state will also matter; a new crisis confronting someone who is already depressed, stressed or suffering from ‘burn-out’ will be all the harder to face up to (although it’s worth saying that people who have suffered a lifetime of anxiety about relatively minor things will sometimes astonish everyone by coping magnificently with a significant crisis).

But the big, dramatic emotional states (like depression) are not the main way in which psychological factors will influence how bad news is received, understood and acted upon. Our response to a crisis (or, indeed, any situation) is crucially determined by the beliefs and understanding of the world that we have been forming throughout our lives so far. These could be quite concrete beliefs like ‘I’m fit enough to climb up steps whenever I want to’. Or they could be rules for living by, such as ‘Marriage is for life – if you work hard enough at a relationship it will last’. Alternatively they might be far more abstract principles like ‘By and large, people get what they deserve in this life’.

Consider the effects that holding a basic belief of ‘I’m unlucky; I always get the worst possible outcome of things’ might have on how you receive bad news, and the decisions you base on it. When some expert (e.g. your doctor or your lawyer) sets out a range of possible outcomes to your current situation, if you assume the very worst will come true, you may end up making decisions which would be appropriate for that specific (worst) outcome, but which are unhelpful for all the others.
Helen vividly remembers her father being diagnosed with bowel cancer a few years ago. His must have been detected at an earlier stage than hers, as there were more treatment options open to him. His consultant offered him a course of chemotherapy, explaining that it could have several outcomes: there was a chance that it could bring long-term remission of the cancer, more probably it would delay the cancer from advancing for a couple of years, but there was also a small possibility it would have no effect and the cancer would progress rapidly despite the treatment. A lifelong pessimist, Helen’s father tended to believe that ‘For me, anything that can go badly, will go badly’. So he assumed that the treatment was bound to be ineffective for him, so why bother putting himself through the effort and side-effects when it was pointless anyway? He decided to opt out of a treatment which could have been helpful.

Helen promised herself that she’d never take that approach, and would try anything that was offered.

Try this now:

Think of a situation you have been faced with where a range of outcomes was possible. Try to come up with the most optimistic and the most pessimistic expectations that a person might hold about it, and identify the consequences of holding each. Now spell out a more neutral approach and say how that would be different.

If, once you’ve finished this task (or any of the others in this book), you’re feeling more worried or down, take a few minutes’ break to do something neutral (make a cup of tea, get a breath of fresh air). And then read on, because this book is about the positive things we can do in the face of problems, even if thinking about them feels uncomfortable.

Some people seem purposefully to adopt a strategy we call ‘protective pessimism’; by expecting the worst, they seek to

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avoid disappointment if things do go badly, but will be pleasantly surprised if things go even averagely well. Many of us do this to an extent, and it can be very effective in cushioning against disappointment, particularly where we’re not talking about very significant risks. However, as with more global pessimism, we must beware that it doesn’t sap hope and make us too resigned and passive; that way can easily lead to the ‘self-fulfilling prophecy’, where expectation of failure leads to reduced effort, making failure inevitable.

We’ve looked at how pre-existing pessimistic beliefs may influence how bad news is received, interpreted and acted upon. It’s not hard to see how other underlying assumptions might also play out: ‘If you want a job doing, do it yourself’, ‘Never trust a doctor/lawyer/plumber/etc.’, ‘Why should anyone care about me?’ These beliefs (and the millions of others that humans are capable of holding) end up being key determinants of how people react to situations, by shaping how they interpret them. Indeed, it seems that one of the basic rules of human psychology is this:

People are not moved by events, but by the view they take of them.

This idea has a long history: it was coined nearly 2000 years ago by the philosopher Epictetus (being a disabled Roman slave before becoming a famous Stoic philosopher, he probably knew a thing or two about suffering). It’s become a foundation of one of the dominant models of applied psychology (cognitive behavioural therapy), where learning to identify and challenge inaccurate and unhelpful thoughts is used to help a person cope with a variety of emotional and behavioural problems.

We’ve got to be a little careful here, though. While it’s sometimes possible, having identified these negative thoughts and beliefs, to challenge them and learn to replace them with something more helpful, that’s not always the case. Sometimes, the more we get into an argument with the thoughts that pop up, the more we become tangled up with them, and we end up going over and over the same
territory even more. So our attempts to defeat these unhelpful thoughts actually wind up with them being on our minds even more.

If that happens, it can be better not to bother answering back against those troubling thoughts, but rather recognise them for what they truly are – thoughts, fleeting words and pictures created by your mind which may or may not be accurate, but at this moment are just thoughts. And if they show up often, then name them:

‘Oh, here’s my “I’ll never cope” thought.’

Simple as it sounds, learning to ‘distance’ yourself from the thought rather than getting tangled up with what it says to you can be a very effective way to reduce its power over you. It’s a technique called ‘defusion’.

**Try this defusion technique:**

- Make a list of three troubling, unhelpful or self-critical thoughts that you’re prone to.
- Rehearse each one to yourself ten times, always starting with ‘This is my thought that . . .’
- Write each one on a piece of card and carry it around with you.
- Next time the thought pops up by itself, repeat it to yourself saying ‘Oh, here’s my thought that . . .’, get out the card with the thought written on it, and take a good look.

It might sound as if that would make you have the thought more often; actually it gets you used to ‘stepping back’ from the thought when it occurs.

**Realising there’s a problem**

Many of us will be able to recall those gut-dropping moments when you realise that something has gone horribly wrong. A school friend of mine once wrote what
he thought was an excellent exam essay on the ‘Causes of the First World War’; I can still remember his expression afterwards when he realised the question had actually asked for the ‘Consequences of the First World War’. In learning that he had misread a single word, I think he suddenly had visions of dropped grades, failing to get into the university he wanted, not getting into his career of choice, and so on and so on. Mind you, the last I heard he was a successful barrister, so it clearly didn’t do too much damage in the long term.

With major crises, it may equally be that there is a distinct moment when you move from thinking that things are broadly OK, and life is going along quite normally, to realising that there is serious trouble looming.

Generally, though, that process is a more gradual one. Think of watching your team lose a crucial cup match. You start optimistic of getting a solid victory and a place in the next round. Early on, even though your team doesn’t score, and the opposition get a goal before half-time, there’s still plenty of time for a comeback. As the second half progresses and the opposition score again, the game is still winnable, but the need to get on and score gets more and more pressing as time passes. A draw starts to look attractive, and maybe the best that can now be achieved. As the minutes tick by, even a draw begins to look unlikely. The game isn’t officially lost until the final whistle blows, but the inevitability of the result (and its consequences) has gradually sunk in before then; there is no single moment of transition from ‘not knowing’ to ‘knowing’ that the game is lost.

That’s a gradual process, even if it takes place over a few (agonising) minutes. Many crises in life become gradually apparent only over weeks, months or years. For example, temporary conflicts and differences between a couple get less temporary, worsen rather than improve until it becomes clear that a happy life together just isn’t going to happen.

Peter knew that, as a start-up company, his new venture could expect a tough first year establishing itself. Each new order gave him some hope that word was spreading.
and that success might begin to snowball. So, even though he had to go further into debt to tide the company over, he mostly felt confident that he was about to turn a corner. When he first saw adverts from bigger rivals offering the same service as his (only cheaper), he knew the struggle would be greater, but planned to change his marketing approach. Then his suppliers raised the price of raw materials, and he had higher equipment maintenance bills than he expected. Gradually, it became apparent that the business was simply not going to thrive, and could only limp along until the banks started to call in their loans. Still, though, Peter fantasised about the unexpected huge order that could turn everything around.

And that, of course, is just looking at the crises that do come to pass. We are also used to there being many potential disasters which never develop, or are solved before they become a problem. So, a cough could potentially end up being the first sign of lung cancer, but it is hugely more likely to turn out to be just a cough.

Equally, in business, a balance sheet that doesn’t add up might be the first inkling that you’re the victim of a massive fraud, but is probably because you’ve forgotten to copy a column of figures across from the previous page. It’s often only after the event that you can see what were the first signs of the problems to come. With the benefit of hindsight, we can end up feeling stupid or angry at ourselves for having missed them, or indeed angry at others (partner, accountant, doctor) for not seeing them in time to take corrective action.

We come across this situation a lot in cancer treatment and palliative care. Sadly, it’s true that symptoms are sometimes missed which shouldn’t have been, and in some cases that makes a difference to how treatable and/or survivable the disease is (and sometimes it doesn’t). Many times, though, there’s no way of knowing that a general symptom like backache, tiredness, irritability or a cough are going to be anything more than they appear to be. In this example, as in non-medical equivalents, a great deal of
emotional and practical effort can end up being focused on the perceived culprit for the problem, which might be better spent on dealing with the problem itself. So, while we should always try to reflect on what’s happened to learn from it, beware the dangers of ‘hindsight’! What about those cases where the bad news isn’t discovered (rapidly or gradually) by the individual in question, but has to be imparted? There are many professions where this is routinely part of the job, from ‘It’ll need a new radiator system’, through ‘Your application has not been successful’ to ‘We couldn’t remove all of the tumour’. It’s probably fair to say that professions vary in how much care they take over communicating bad news; it’s certainly a huge consideration in healthcare these days, though sadly we’re very far from doing it well all the time. These shortfalls will sometimes be due to poor training, lack of aptitude, or other pressures getting in the way. But what people don’t always realise is that there is no single ‘right way’ to do it, in the sense that what would be a perfect approach and wording in explaining to one person might be disastrous to another.

Helen has made friends with Zoë, a young woman with a different cancer, but who attends for chemotherapy at the same time as her. They spend some of the seemingly endless time in the waiting room comparing notes on the staff they see. Zoë says that, although she trusts their consultant Dr Vickery, she gets irritated by him ‘beating around the bush’ – he’s so busy asking what she thinks and feels that she just wants him to get on with it and tell her what’s happening, and what she should do. She actually prefers the assistant they sometimes see, Dr Hewin, who gives her information straight, as one adult to another. Helen’s a bit taken aback by this; she thinks Dr Hewin’s too brutal and unsympathetic; Dr Vickery seems much more interested, concerned and humane. Rather than fall out about their differences, the conversation moves onto whispered, giggling speculation about how the two doctors’ different styles might be reflected in their performance in bed . . .

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It’s always worth remembering that amid the serious business of dealing with serious events, human nature and the need for humour will still prevail at times.

This isn’t the place for going into detail about how we teach doctors, nurses and other healthcare staff how to deal with the differing needs of their patients. By checking out what the person already knows, though, and staying tuned in to how they’re reacting, one can usually get the necessary information across in the least damaging way possible. And that’s the point – while it’s vital that we don’t (through poor communication) make a bad situation even worse, even the best communication skills in the world can’t make it feel OK to hear catastrophically bad news.

So much for the challenge facing the person breaking the bad news; what can you, as the person receiving it, do? It might seem that all you can do is sit and listen, but that’s not so. Dependent upon the precise context (e.g. talking to a garage mechanic versus a consultant surgeon, whether or not you have a suspicion that you might be about to receive bad news) you can do some or all of the following.

- Consider taking someone along with you – the benefits can be emotional support and another pair of ears for you to compare your memory of the conversation with afterwards. For some, the downside can be feeling the pressure of ‘keeping up appearances’ in front of your partner or friend, or feeling inhibited from asking certain questions in case they disapprove or aren’t ready to hear it.
- Think about questions in advance that you think you’ll want answering and write them down, then have the piece of paper and a pen in your hand as you sit down ready to take notes. Otherwise, there’s a very strong chance you’ll be so absorbed in what you are being told that you’ll forget your questions (or the answers).
- Ask for clarification. Don’t worry about asking for words or phrases to be explained or repeated; above
all, try not to worry about seeming stupid. It’s more foolish to nod and go along with something knowing that you don’t understand it, because ultimately it’s you that this catastrophe is happening to, not normally the person who’s telling you about it.

- Ask if you can have a written summary, whether that’s just a few key terms written down there and then, or a fuller letter to be sent (or copied) to you afterwards.
- Check back your understanding at the end of being told – you may think you’ve grasped it, but you might have got the wrong idea. Try ‘So let me see if I’ve got this straight; you’re saying that . . .’
- Make sure you’re clear about what happens next; are there recommendations for what you should be doing (which, of course, you can decide whether to follow or not), or is the other person taking responsibility for whatever action is needed?
- You may want to ask further questions, or get more information later on (perhaps once the initial news has ‘sunk in’). Find out how you’ll best get access to it.
- Straight afterwards, write down a brief account for yourself to keep, with details of what was said, who was present, and future steps to be taken.

Being able to do some of the above should reduce the chance that, five minutes after you’ve left the person, you’ll be thinking ‘What went on there?’ However, it is only reducing the chance, not eliminating it; you mustn’t expect yourself to be as calm, rational and focused as you usually are. There are lots of reasons for this: news can take a person by surprise, leave them feeling ‘in shock’, or emotionally overwhelmed, or – and this is quite common – one part of the news (maybe a single word like ‘cancer’, ‘prison’ or ‘divorce’) may be latched onto, and drown out everything else that’s said. 7
Debbie first heard about the factory closure on the local TV news; she’d been aware that there’d been gossip about job losses around the factory floor for the previous few days, but made a point of never paying attention to that sort of thing – there was always something going round, and it usually turned out to be wrong. When she saw a picture of her workplace on the TV screen, she listened in, but afterwards could only remember the words ‘the Harker Textile mill at Dunmouth is set to close with the loss of all 800 jobs’. She had no recollection of any of the other information about why the decision had been made, when it might happen, or the reaction of the local MP.

There are endless ways in which people react to bad news; the sequence often spoken about (partly following the work of a famous writer and activist Elisabeth Kübler-Ross) of denial – fear/anger – depression – acceptance is so far from universal that it’s probably not a good idea to expect those particular things in that particular sequence; we’ll look at this in more detail in Chapters 4 and 10. Emotionally, pretty well anything goes early on in a crisis, and the same person will even react differently on different occasions. It is better, then, not to expect any reaction in particular, but to try to deal with whatever arises; that’s something we’ll address in some depth in Chapter 10.

But once it becomes clear that a crisis really is looming, what do you do then? That’s what most of the rest of this book is about – how you ‘get your head around it’ and what you do to try to cope as well as you can.

**Key points**

- Beware of looking back on life before the crisis as perfect; a distorted view of the past can make the present and the future even harder to deal with.
- Be aware of the existing factors that provide some of the raw materials for coping:
  - your practical circumstances
  - your financial state

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• your physical health
• your social situation
• your psychological state (mood, disposition, and outlook).
• How people react to events depends (largely) on the view they take of them.
• Extremes of pessimism or optimism carry a high price.
• Disasters often become apparent gradually – and they may be impossible to spot at first.
• Don’t waste energy blaming yourself or others for not spotting something that was only obvious with hindsight.
• Bad news is still bad news even if it’s broken to you well.
• Don’t just receive bad news; take an active part in meetings or consultations where bad news may be given (see suggestions above).