

STOP TELLING ME IT'LL BE ALL RIGHT

別再叫我加油，好嗎：我用 心理學救回了我自己

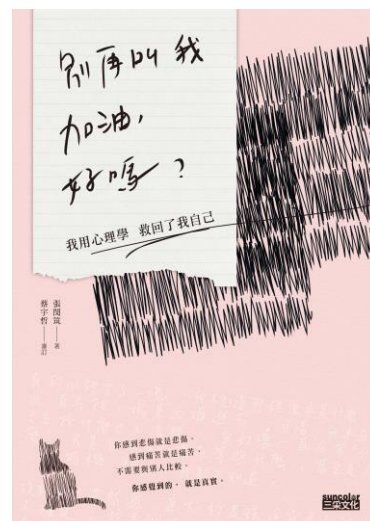
Before depression was widely understood as a disease, sufferers had to live their lives fighting a shadow that only they knew existed. Yet even today, popular understanding lags far behind. One psychology student's battle with her own depression extends an affirming hand to those in need.

Depression. Even as more people have come to recognize it as a genuine disease like any other, public awareness and understanding for those who suffer from it lags far behind where it needs to be. And while there are already self-help books that talk about it, none can engage it from multiple sides at once the way that Chang Min-Chu does here.

Chang Min-Chu's story is one of dangerous isolation and persistent self-maintenance. A painful struggle with depression during high school motivated her to learn all she could about the condition, and later to change her major to psychology halfway through college. She has taken a lifelong battle with an invisible affliction to the next level by making it the focus of her professional attention.

In this way, *Stop Telling Me It'll Be All Right* is a conversation between two sides of one person – the aspiring scientist on one side, and the afflicted young woman on the other. The two voices enrich and balance each other, showing us both the immediate feeling of the depressed individual and the informed perspective of the psychology professional. Thus the book qualifies as self-help on two distinct levels, as it aids the reader by depicting one person's intervention in her own inner world.

Sufferers know that depression is not a disease you “cure,” but one you learn to live with – a skill that is much more easily acquired with help from others. Those especially who have been forced by helpless parents or apathetic school staff to fight alone will find in this book an unwavering ally, a true professional who sits beside, not across from them.



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booksfromtaiwan.rights@gmail.com

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Chang Min-Chu 張閔筑

Chang Min-Chu is a student of psychology at National Cheng-Kung University. She is an avid writer, traveler, and cat person.

STOP TELLING ME IT'LL BE ALL RIGHT

By Chang Min-Chu

Translated by Zac Haluza

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Don't Tell Someone With Depression to Cheer Up

Around the time when I transitioned from my early teens into puberty, I started forgetting how to appreciate the simple feeling of happiness. My thoughts became considerably bleak. I would imagine every situation at its negative extreme, steering myself into mental dead ends.

Although my diary entries from that time indicate that these symptoms appeared around my third year of junior high school (equivalent to grade nine in the US), it was not until my second year of senior high (equivalent to grade eleven) that I was diagnosed with depression and began receiving treatment. The method of treatment was very basic; once every week I would go to the counselor's office to talk to a counselor. Sometimes the school had a doctor from the psychiatric department at the Kaohsiung Medical University Hospital come to treat me (essentially the professional version of a long chat). On holidays I went to the psychiatric clinic for follow-ups. The doctors asked me simple questions about my condition for about five minutes (since they had a lot of patients, they couldn't chat with me for too long) and then prescribed me some sleeping medication, anti-anxiety medications, and serotonin pills. The brain of someone suffering from depression lacks proper serotonin levels; the doctors addressed this with medication, which took away my appetite, and I had to force myself to eat. Professional counseling cost around one or two thousand New Taiwan dollars an hour (between 30 and 60 USD) and weren't covered by health insurance, but seeing a psychiatrist was covered, and so my family chose the option we could afford. Meanwhile, I saw a school counselor.

Some people might ask, "If you were always so pessimistic, then what made you realize that you might not be well, and start seeking professional treatment?"

It's a little ironic, come to think of it. I was young and had no idea what depression was, let alone psychiatry, counseling, or psychology. I had no idea what a psychologist did. I ascribed my constant sleep and memory loss to congenital low blood pressure and anemia. Meanwhile, my low spirits and fatigue were due to high stress and lack of sleep. At the time, I was a member of my high school's "medical angel" program (a student group like a first-aid team), and held a duty shift at the school's health center. One day I happened to spot a John Tung Foundation pamphlet titled "Depression Self-Exam." I took one and filled it out. By the time I finished, I realized that I had been nodding in response to each question, as if this pamphlet had read my mind. Unsurprisingly, my results stated that my "depression index" was critically high.

When I got home, I asked my mother to take me to a psychiatrist. I told her that I might be depressed, and that I needed treatment. My parents' generation was severely biased against mental illness. One time they told me with obvious revulsion: "Tsai Ya-Lan [not their actual name] has depression. It's such a pity. How could they get an illness like *that*?" When I told my mother that I wanted to seek treatment, her response was, "You're overthinking it. How could you have an illness like *that*?"

As time went on, I kept telling my mother that I really was in a lot of pain. I told her to take me to a doctor, and that I was truly unhappy. But my mother simply told me, "Just stop thinking negative thoughts. Cheer up!"

No one would tell someone suffering from an autoimmune disease, "Your cells don't have to attack your healthy cells! Why don't you just get healthier!"

Why would you tell someone suffering from depression to "cheer up"?

Depression happens because you've lost the ability to regulate your emotions!

After failing to get through to my mother, I sought help from a nurse. She helped introduce me to a counseling center, and I began talking to the people there. My mother eventually agreed to take me to a doctor. I read up on depression so that I could understand more about my own circumstances, and put together a set of rational explanations that I could use to explain my condition to my parents.

For example: if I fell down, I might collapse into tears. This is because of something I call the "principle of proportional violation." Most people would cry because of pain, but I would instead feel overwhelmed by sadness. *I'm unlucky*, I would think. *How can I be so pitiful? Why am I hurt, and with no one to help me? I'm unloved. I have no reason to live.* My emotional responses were always exaggerated. They go against common sense and often left my parents unsure of what to do. Once, when I didn't understand my teacher's classroom instructions and couldn't find the answer in my book. I sobbed all day; I called my parents and told them that I wanted to be suspended. I even became suicidal again. I was hypersensitive to small mistakes, and inflated them to a drastic – and tragic – degree. If I came across bigger difficulties, I simply would blurt out, "I want to die; please let me die."

These were more than just words. I truly wanted to die, every minute of every day.

But I needed to let my parents know that my depression made me frequently sad, and sometimes suicidal. I didn't joke about death, nor was I unwilling to take responsibility for my own life. It was just that I couldn't handle even the slightest hint of change. My parents were hard workers. Their jobs were already stressful enough. They couldn't let their negativity leak into my own life; instead, they frequently kept tabs on me and gave me pep talks. Over those years, they became more careful when they talked to me. They were scared that even the most careless joke would hurt me. They gradually accepted that their daughter was a depressive – the kind of person that they once looked down upon.

Back then, I hated counselors. I thought they were a waste. Every hour-long meeting with my councilor consisted of them simply repeating what I was saying (they called this "close listening"), without solving a single substantial problem. Things were not well at home. My parents didn't care about me. I didn't get along with my classmates, and no one wanted to be my friend. My grades were awful, and I failed the university entrance exams. My life was a mess, and my future would only be a continuation of this tragedy. Why couldn't these people do something more substantial than just sit there, listen to me, and constantly nod? If my external world didn't change, was I doomed to live out the rest of my life like a scientific specimen floating inside a jar of poison?

During one of my appointments, the doctor at the psychiatric clinic told me, "You can only improve your situation with social support. Medication alone isn't enough."

But I had no friends. Not a single one. I was distant from my parents. Where was I supposed to find social support?

Many of my high school teachers were graduates of the same school. During class they enjoyed telling us, "Your high school classmates are the best friends you'll meet in your life, so cherish the people around you right now." The idea terrified me. I didn't have a single friend in my entire high school. Did this mean that I'd never be able to find a friend?

I was alone for many years. Although I intermittently came across peers who were friendly to me, these were superficial friendships at best. They weren't the kind of people who would buy me breakfast when I was running late for class, or have late-night heart-to-hearts with me when I had problems with a relationship. Perhaps they were willing to be my friends, but there were no opportunities for us to deepen these relationships. I had built thick walls blocking me off from other people, and only maintained surface-level relationships.

My doctor told me that while counseling and medication might help alleviate my pain, the path of life was a long one, and I needed to approach it as well as I could. In addition, my doctor recommended that I establish a "social safety net" – in other words, social support. A social safety net is a safeguard that keeps you from plummeting in the event of any sudden transformations in your life, in the same way that a mesh net at the base of a tall building protects construction workers.

Now for the hard question: how do you make this first friend?

The reason that treatment for depression is so frustratingly difficult is that sufferers typically have poor social skills and emotional control. As a result, they tend to aggravate people during their interactions. People aren't very willing to be their friends. Without friends, sufferers lack social support, and this only aggravates their depression. This vicious cycle is more than many sufferers of depression can bear; it often leads them to commit suicide.

Yet no one would force a victim of polio to take part in a relay, or blame this person for slowing the team down. So why can't people be understanding when someone with depression can't make themselves appear vivacious, or act appropriately during social interactions? The reason is that physical ailments can be seen externally identified as being completely involuntary, while many people think that depression is simply a defect in one's personality. They see depression as the result of the sufferer's own actions, a product of the sufferer's underdeveloped social skills and their voluntary unwillingness to just cheer up.

Is it possible for people be more tolerant of people suffering from depression? For them to give these people another chance?

What Is Social Support?

House and Kahn believe that there are four types of social support: emotional support, tangible (or instrumental) support, informational support, and appraisal support.

Simply put, you need to establish a social network that can help you when you run into trouble.

I'll illustrate each type of support with an example.

If you're failing calculus, and your roommate writes some words of encouragement on a piece of paper and slips it inside your textbook, they're providing *emotional support* – love and care from family, friends, and important individuals that strengthens your sense of self-worth and self-respect).

When your classmate practices problems with you in the middle of the night, it's *tangible support (instrumental support)* – assistance from family, friends, and important individuals, such as material items, money, hard work, or even time.

When your tutor tells you about a self-study website and lets you know that working hard is what's really important, and retaking a course is nothing to be ashamed of, they're giving you *informational support* – advice and relevant knowledge from family, friends, and important individuals that moves you closer to an objective while reducing your anxiety.

When an older student tells you that more than 100 people retake courses every year, and that while passing a course is great, it's normal to fail a class, and there's no need to cry, they're giving you *appraisal support* – affirmation, feedback, and social comparison from family, friends, and important individuals that allows you be sure of yourself and decide what you want to think.

Help (psychological, material, or both) is a key factor for survival in a group society. Everyone needs to establish their own social network (web of social support) to endure life's challenges.