



COUNSELLING AND PSYCHOLOGICAL SERVICES BULLETIN

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Message from the Head of Department

The year 2020 was a difficult year and in 2021 many of the stresses remained the same. However, CAPS has used this challenging time to work on a number of initiatives in order to improve the efficiency and effectiveness of our service. These include:

- 1) The development of a Practice Management Software to facilitate online scheduling of appointments and help us improve our practice as therapists.
- 2) A new website which will contain a repository of mental health resources for students and faculty. It will also contain a 24/7 online mental health screening tool for students.
- 3) The introduction of CAPS Student Advisory Board (CAPS SAB). This Board will include undergraduate and graduate students interested in advising CAPS on the variety of ways to engage with the greater LUMS community on matters of student mental health. CAPS SAB members will have the opportunity to work closely with the HOD, Practice Supervisor and senior members of the team.

As a department we remain committed to the provision of counselling and psychological services to our students and are here to address any concern or problem that you may have.

Best Regards,
Dr. Tahira Haider

Knowing the Unknown

By Maria M. Ayub



In this uncertain world, many of us are creatures of habit. When things go as planned, we feel in control. But most of the time things change so fast that it can leave us feeling stressed and anxious because it can be difficult to see what is coming next.

Dealing with uncertainty is an attitude that can be learned with consistent conscious effort. We can't control every aspect of life, but we can introduce a degree of certainty. The following ways can help you be more resilient towards uncertainty.

- 1) Tolerate uncertainty with A.P.P.L.E.; where you **ACKNOWLEDGE** the need of knowing the future, make sure you **PAUSE** and just breathe instead of reacting the way you normally do. **PULLING** yourself back and noticing that it's just your worry talking will help you **LET GO** of the thought or feeling about needing to know the future. At the end, **EXPLORE** the present moment. Do some grounding activities to remain calm and relaxed.
- 2) Instead of "What if" ask yourself, "What will I do if"
Changing the narrative can help you deal with the fear that comes as a normal reaction to uncertainty.
- 3) Being more present-focused than future-focused: Shifting your thoughts to things that you can presently control and doing those tasks can reduce the stress caused by uncertainty.
- 4) Practice mindfulness in order to remain focused in the present moment.

Donts for Caregivers of Chronic Illness

By Bushra Akram

"We do not heal the past by dwelling there; we heal the past by living fully in the present"
Marianne Williamson

Do not pretend that everything is like it used to be.

If you're a caregiver of someone who is suffering from chronic illness, you might have a tendency to pretend that everything is like it used to be. Dissimulating that things are fine as they were in the past is leading you to the denial of current circumstances that pave way to frustration, resentment and unhappiness. In order to heal and accept the present moment, you have to allow yourself to feel the bitterness of emotions. This will be a giveaway from your old life, which is merely present in your memories, and lead you to a new life.

Do not shy away from sharing with others that you've become a caregiver.

If you feel hem and haw in sharing that you are a caregiver, you will be losing friends who can offer you help. By hiding a need for help you might burnout eventually, leading to depression,

which is common in caregivers. A good cliché 'troubles shared are troubles halved' completely fulfills the meaning that there is no shame in asking for help.

Do not think you have to make the person in your care happy.

Having unrealistic expectations from yourself when you're already going through a difficult time will emotionally drain you. Caregivers tend to think that one of their duties is to make the person in their care happy. However, if this is expected from the person who is being cared for, it would be an unrealistic expectation.

Do not feel guilty when you're enjoying yourself

It does not mean if the person who is suffering through chronic illness is house bound then the caregiver has to be confined to



the home. It is completely fine if, on some days, you just want to be free of the duties for the ill. It is not helpful to be trapped in self-downing and resenting thoughts like 'you are selfish'. The idea is to step out of the home and call someone else to take care of your responsibilities towards the patient under your care.

Do not neglect your own health.

You will not be an effective caregiver if you've stopped taking care of your physical and emotional health. In order to be an effective caregiver, it is essential to take care of your physical and psychological health. It's an act of compassion for both you and your loved one.

Try using the Thought Record below to help you organise your thoughts and make more objective and relatively hassle-free decisions.

Directions for use: Every time you notice your mood getting worse, ask yourself: What's going through my mind right now? And then jot down 1 – 3 automatic thoughts in the 'Automatic Thought' section.

1) What is the situation?

- What actual event or stream of thoughts, or daydreams, or recollection led to the unpleasant emotion? (e.g. I'm thinking about the new course I've signed up for)
- What (if any) distressing physical sensations did you have? (e.g. shortness of breath, quickened heartbeat etc.)

2) Automatic Thought(s):

- What thought(s) and/or image(s) went through your mind? (e.g. this course is too difficult and I can't do it!)
- How much did you believe each one at the time? (e.g. I believe this thought 90%)

3) Emotion(s):

- What emotion(s) (sad, anxious, angry, etc.) did you feel at the time?
- How intense (0-100%) was the



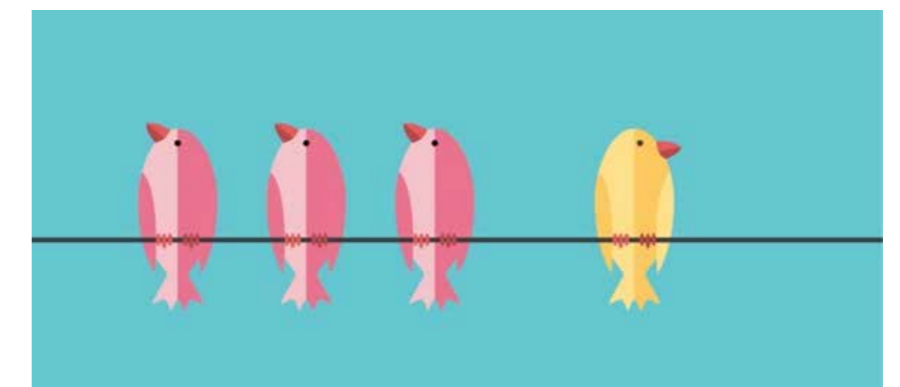
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| emotion? | my thinking? |
| 4) Alternative Response to the Automatic thought (please use the questions below to guide your thoughts in helping you achieve a more helpful response): | (5) What should I do about it? |
| (1) What is the evidence that the automatic thought is true? Not true? | (6) If _____ (friend's name) was in the situation and had this thought, what would I tell him/her? |
| (2) Is there an alternative explanation? | 5) Outcome (to test to see if this process was helpful for you or not): |
| (3) What's the worst that could happen? Could I live through it? What's the best that could happen? What's the most realistic outcome? | - How much do you now believe each automatic thought? |
| (4) What's the effect of my believing the automatic thought? What could be the effect of changing | - What emotion(s) do you feel now? How intense (0- 100%) is the emotion now? |
| | - What will you do now (action)? |

It's Hard to Interact - Social Anxiety Disorder

By: Sehrish Mehmood

Having anxiety has always been challenging to those who suffer from it. Anxiety can exhibit itself in various forms and may have certain triggers. Social anxiety is where a person experiences discomfort while talking to people, making friends or interacting in a social gathering. The common physical symptoms of social anxiety are: excessive sweating, blushing, trembling, increased heart rate, dryness of mouth, nausea or lightheadedness. Moreover, the psychological symptoms of social anxiety may include: excessive worry related to the idea of attending a

social gathering, worrying for weeks or days before the actual event, looking for excuses to skip social events, negative evaluation of oneself and difficulty answering phone calls etc. People suffering from social



Using a Thought Record to Combat Overthinking

By Anushay Khan

Thinking, thinking... and thinking some more (especially when summer vacations are at hand)

'Thinking' seems like the most automatic and unconscious way to solve problems, right? That's because it is. The problem arises when one begins to 'over'-think. This usually involves predicting the 'worst-case scenarios', making mountains

out of molehills and doubting the quality of every decision that one makes. This is usually accompanied by increased stress, anxiety and at times, even depression.

anxiety often fear being humiliated or judged in front of others because of their symptoms. Research found that social anxiety has adverse effects on students as they encounter sheer difficulty participating in class, interacting with peers, presenting academic activities which results in losing grades and having low self-esteem. Psychotherapy however, has been proved to be an effective way to deal with social anxiety. Following are the steps that may help reduce anxiety and improve self-esteem:

- Cognitive Behavioral therapy (CBT), is widely used by psychologists to help their clients deal with their anxiety issues through identifying, challenging and changing unhelpful thoughts.
- Deep breathing exercise and mental imagery techniques are used to reduce anxiety.
- Exposure therapy also helps the client face their anxiety and fear in steps rather avoiding them.
- Recognising realistic imaginations of oneself in public.
- Group sessions among students with social anxiety are helpful for them to practice public speaking and for supporting each other.

Understanding anxiety and being able to share it with a professional is the first step towards healing. Hence it is very important to seek professional help as it is said, 'You cannot heal what you don't reveal'.

Self-Schemas and their Impact (Part A)

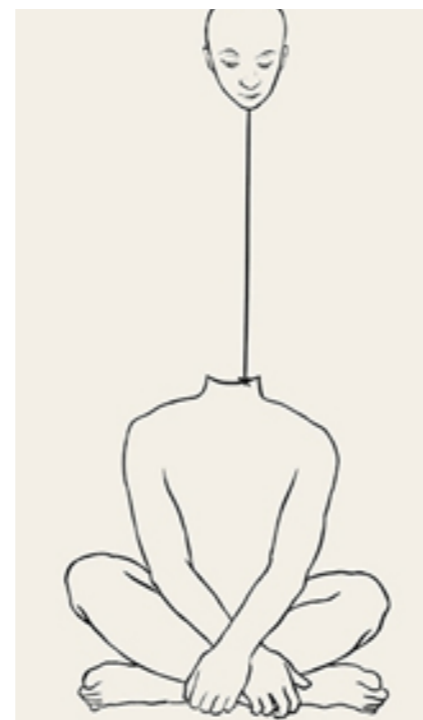
By Adam Kureshi

Who am I? Most of us have ruminated over this question multiple times in our lives. Psychology uses the term 'schema' to refer to cognitive structures, ideas and beliefs about people and the world. Similarly, we hold certain ideas about ourselves, which are known as self-schemas. A schema or schemata contains highly organised knowledge relating to a particular domain. For instance, take a chair and notice how we are unable to remember everything about all the chairs we have come across in our lives. However, what we do remember is a concept of different kinds of chairs, their functions, how we sit on them, and other experiences we have had with chairs. This particular schema allows us to quickly recognise a chair upon seeing one, and then knowing what to do with it. Similarly, self-schemas are linked with a variety of aspects about the self, including but not limited to personality, appearance, gender, race,



weight, and sexuality. These cognitive-structures also involve an aspect of the self and are vital for an individual in many spheres e.g., participating in any particular activity or such. And while these are derived from generalisations based on past experiences that are important to our self-concept, these schemas also facilitate processing of incoming information and how we interpret it. Meaning that this categorical knowledge about ourselves influences multiple facets of our lives including the way we think, feel and behave in various settings. Furthermore, within these reflections lies a self-perception based upon former experiences i.e., being shy, outgoing, talkative and so on so forth. A person with a self-schema 'I am shy' will, in situations where they have to publicly speak, have overarching beliefs about themselves paired with past experiences which

will influence the way they think, feel and behave i.e., perhaps choking, being unable to speak or to becoming anxious. The term self-schematic defines people with very unipolar beliefs in a particular schematic domain e.g., people who believe they are highly extraverted and not shy around other people react according to their beliefs. On the other side of the spectrum are people who are, 'a-schematic', who act in opposition to their self-beliefs. Furthermore, self-schemas are



individualised and different for everyone as they are heavily influenced by past upbringing, relationships, culture, and experiences. How we are raised and our interactions with others, followed by the feedback and impressions we receive from our environment have a particular impact on these self-schemas. Furthermore, the earliest formation of these schemas can be traced back to the feedback received from parents and caregivers. This

is further shaped by the roles we play throughout our lives including experiences we have as siblings, friends, parents, colleagues and so on so forth. To say the least, these self-schemas form our self-concept, which is quite complex and is constantly being reconfigured with updated knowledge/experiences as life progresses. Additionally, these self-schemas also extend to our future selves as we project how we might turn out in the coming days

in the light of positive and negative outcomes. To simply answer the question, 'Who am I?', write a few statements while imagining you are giving these answers to yourself rather than to someone else. Also, try not to spend too much time thinking whether the answers are logical or important. At the end of this process, you will get a rough yet satisfactory idea of your own central self-schemas.

Uncovering the Black hole that is Disassociation

By: Nida Zafar

To survive in extreme circumstances the human body and mind adapts some physical and behavioral skills that are often automatic and extreme. The purpose is to avoid pain, particular emotions, or self-harm. These skills look like a disconnection between a person's memories, thoughts, state of being, mental processing, or loss of awareness with your environment. Even after years of experiencing a traumatic event, when faced with any unsafety the body may immediately disassociate even if you might not choose to react this way consciously. For many it might just be daydreaming to escape reality, while for others it might be a prolonged period of loss of touch with reality.

How to help yourself if you disassociate with reality:

- The first step is to become aware of your triggers as well as understand your unique



disassociation pattern, so that you can create a strategy to manage them and not feel out of control.

- Firstly you can ask yourself what was happening before you disassociated, the people around you, the time of the day or year, the sensory triggers in the environment to create your trigger pattern.
- Secondly, to understand what the experience of disassociation means to you, observe what happens in your body (tingly or disconnected) and mind (spacey, zoned out) when you disassociate.
- Thirdly, understand how you feel emotionally during and after the disassociation.
- Lastly, after you understand your disassociation you can utilise grounding techniques
- like 5 senses, focused sight/visualisation, ice cube holding, walking barefoot, wrapping yourself in a blanket to manage your symptoms.
- You can also use practical strategies like leaving notes to yourself around your environment, wearing a watch or creating a big visual chart for day and month or having a list of friends and family contacts easily accessible.
- Finding safer ways to check out of your environment like watching something on television, or treating yourself as a panicked friend may be helpful.
- In case you constantly feel as if you are disassociating but nothing seems to be working, it is time to seek out professional help.

References

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