

IN THEIR WORDS

*Young women's stories,
advice and wisdom*



**IN THEIR WORDS—YOUNG WOMEN'S
STORIES, ADVICE AND WISDOM**



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INTRODUCTION

Their hopes for how this guide will be helpful to you

I decided to participate in the VALIDITY project because I believe that speaking out about depression in young women is very important. I am very passionate about trying to minimize the amount of stigma attached to mental health. I wanted other young girls to know that they are not alone and to feel comfortable going to a service provider who will have a better understanding of what we go through. Through this project, I was able to learn a lot about other issues surrounding depression such as media pressure, etc., and it allowed me to learn a lot about my own personal strengths and weaknesses. Working with girls from across the province really brought an interesting twist and variety to the project. I am very thankful to have had this opportunity.

By living through my depression and eating disorder, I discovered that there truly is a silver lining in every cloud (even if that cloud happens to be huge and black!). Of course the cloud was what my life was like during my depression and living with an eating disorder. However, during my recovery from both, I was able to rediscover my remarkable self and redefine my perspectives on life—thus my silver lining. It is thanks to this silver lining that I feel so strongly in both helping other young women recover from depression and concurrent disorders, as well as developing prevention tools for young women in general, which has led me to contribute my own experiences to the VALIDITY project.

I think this project was so important. There needs to be something like this everywhere, because there are girls everywhere and in every community struggling to cope with depression, and there are service providers for these girls struggling too. There needs to be more resources for young girls/women to have an outlet for the depression that they suffer from.

Hopefully this guide becomes the bridge for young girls/women and service providers to communicate effectively and do something about it.

To educate is essential to life; to acquire and USE knowledge is powerful.

From the Beastie Boys' "Alive," I thought it would be nice to end it on this:

*Dip dip dive so-socialize
Open up your ears and clean out your eyes
If you learn to love you're in for a surprise
It could be nice to be alive.*

AS YOU READ ON you will find very personal stories, advice and wisdom on what it is like to be a young woman today. We hope that they will inspire you to become an ally for young women, and to join the efforts to prevent depression—as well as helping those who are experiencing the effects of depression to make their healing journey an empowering and respectful experience.



INVISIBLE SCARS

Tanya

“YOU’RE NOT GOOD ENOUGH!” “You can’t do it.” “You can do better.” “Why couldn’t you be more like. . . .” Often parents look at their words as criticism that will help their child do better. What they fail to realize is that these ways to “motivate” us stick with us, and the more we hear them the more we believe them.

Being a victim of a verbal and psychological abuse, and being negatively affected by sizism due to being overweight, are both influential factors that have had an impact on depression for me. Picture yourself, as far back as you can remember, being nine, 10 years old and not wanting to go home because you’re tired of crying and tired of being made fun of and having no one to talk to because you’re a kid, you don’t understand what real problems are.

Finally, at the age of 13, because I didn’t want to go to school anymore because of all the teasing, but didn’t want to have to stay home with Dad either, I was put in counselling. Although the counselling was working for school problems, it was difficult to work on home problems because my dad always refused to come in for help, and until he came in to talk, there was nothing that could be done. My counsellor had given me the tips and strategies that I needed to try and cope with the abuse.

Unfortunately, my counsellor never asked about my past, or how long it had been going on or anything because she kept saying that she covered all that information with my mom. Since I was a minor, she had to get most of the information from my mom. What I failed to know at the time was that there were many secrets from my past, that I was unaware of, that could have explained so much of what was going on at home. Information that my entire family, close friends of the family and even my

counsellor were aware of, but because my mom didn’t want me to find out, I was never told. It wasn’t until I was 15 years old that these lies and secrets were made true to me. This is when I found that my dad was not really my biological father. That he and my mom had been together since I was two.

Once this revelation was made to me, many things were made clear. It helped me understand why I was treated so differently than my younger brother, who is my stepfather’s biological son. Although I don’t know if knowing from the beginning would have made a difference, I believe if I had been able to have the opportunity of knowing my biological family and having a relationship with them, things may have been different.

I strongly believe that family relationships are crucial to a healthy development. Being honest, open, positive and supportive are key elements. Furthermore, I believe that if a service provider is aware of information that may explain a child’s behaviour or mood, he or she should approach the parent and discuss the option of telling the child the truth about what’s going on. It may not seem like the best thing for the child’s interest at first; however, it is important to think of the best outcome for the child in the long run.

I probably could have been diagnosed with depression at the age of 14 or so, but I didn’t understand what was going on; I just thought I was sad because of what was happening. It wasn’t until I was out on my own that I had the time to really think about what was going on in my life, what I had been through and what I had to deal with. I was “free” from home for a while. It was when I went back to university after Christmas break that I was diagnosed with depression. The pressure of being away from home—no family or friends close by—was difficult, but the realization of what I had been through and that I had “taken” all that for so many years was overwhelming.

I believe that it’s important for service providers to listen to what we’re saying when we’re there. To look beyond the situation at hand and find out if there is something external that may be affecting the current situation, such as past events, peers, society. If necessary, bring in the family in order to discuss the problem as a family so that everyone knows how everyone is feeling and can really understand what’s going on.

Other things that I think are important for service providers are to teach young women defence mechanisms on how to deal with situations at hand. Make sure to get us involved in the treatment, that it’s not just what the service provider thinks is best,

but that we, the young women, agree. Ask us what we want to do, what we think is the best way to deal with things. Don’t do for us, but guide us. Be empathic. Don’t tell us you know what we’re going through, because unless you’ve been there, you don’t really know what we’re going through . . . you may understand, but don’t know how we feel. But most importantly, empower us. Especially when dealing with young women who are negatively affected by sizism, there are great empowering tools found at <http://www.geocities.com/heidihoogstra/recoveryfromsizism.html>. Some examples of these are:

- ♥ Learn to love yourself. Stop hating and stop despising yourself.
- ♥ Find community. Don’t allow the societal oppression to marginalize you.
- ♥ Stand up for yourself. Get angry.

and many more.

Although I’ve been through many difficult things, and at times it seemed like it was impossible to get through, I believe that it has moulded me into the stronger, better person that I am today. Although it may seem that we are your average young women on the outside, deep down inside we may be dealing with much more. Don’t be afraid to ask what’s going on and how we’re doing—but when you ask us, *mean it!*



COMFORT IN MY SKIN

Katherine

THEY SAY YOU CAN’T CHOOSE YOUR PARENTS, nor your religion or sex. What if you could? What would you change? Would you be happier? Or would you stay the same?

Since the day I was born, I had always fantasized about the “what ifs.” Would I have been treated differently by my parents if I were a boy, or would boys like me more if I had blonde hair and blue eyes?

There are times where I have to stop myself and think, why bother? This is my reality; I’m a Vietnamese girl with a Vietnamese family and background, living in a middle-class, white, male-dominated society, of which I am none.

Perhaps it is a conditioned feeling or the need to be like everyone else, but growing up even in a very diverse community, there have been times where I have struggled with who I am in the world and where I come from. I had always been envious of the people around me, who were proud to be African, Jewish, Greek, Chinese, Italian and the list goes on. So why didn’t I feel the same way? There were times I was confused and was on cloud nine daydreaming about the “what ifs” again.

So I backtracked. Stereotypes. Stereotypes, stereotypes, stereotypes! No one wants to fit into the stereotypes; I certainly never wanted to. Maybe it was my neighbour. My 30-something neighbour, her workaholic husband (who I seriously cannot remember ever seeing) and her six-year-old son who was my age at the time. Yes, I admit that I liked being his friend because he had soooo many toys and I’d walk in and start playing with his tricycle and stuffed toys without taking off my jacket or winter boots, and trust me I got in so much trouble for that, since his mother had to be the biggest neat freak on the face of the earth. His house always smelled funny, the kind of smell

that an Asian elderly institution had. It's Chinese food-ish smelling. I didn't like it. Inconveniently my neighbour. I just didn't want to be like him. He wore ugly sweats that were bright yellow and green with those robot machine-like characters on them, and he wore that outfit a lot. Trust me, a lot (I just hope he has a better sense of style now). He spoke Chinese so loud to his mother, which was annoying—and I don't understand Chinese either. In a way, I felt ashamed that I came from a similar background from his. He was plain weird and he was basically my first encounter with being uncomfortable with who I was.

I guess I'm blaming him now, but I won't forever. The point that I'm making is that I simply did not click, connect or however you want to describe it. I felt different. I wanted to wear the latest trends, go up to the cottage in the summer and own a minivan, just like all my other Caucasian friends.

My parents made a big impact on my views while I grew up. They had had different pasts, different experiences. My father left to join the navy at 19 and my mother came to New Brunswick to start over from scratch since her degree in education was worthless in Canada. Both had dealt with racism and hardship coming into a new country. Thirty years later, there are times when they would say, "We're not like them, we're different" or, "We're Vietnamese, not white." I'm not saying that they were hardcore, it's us against the world. But more like some people just cannot accept us the way we are, so we have to work hard to stay at the top. The top would be successful Caucasian men I guess.

Parents have such an influential role in our lives. There are some that are more adaptable and others who really value their religion and culture. Strict religions, like Muslim women who have to wear hijabs or Sikh men that wear turbans in public. They dictate values such as medical care and relationships, even the use of tampons. Some still value arranged marriages. The pressure of cultural expectations from friends, family and most importantly ourselves is a constant tug of war. Some are labelled, others face discrimination. During the summer, I worked at a summer camp and this one camper said, "I thought you were normal, I didn't know you were Chinese." My first thought was that I wasn't Chinese, for the millionth time!!! Then I thought wait a second, normal?! So I asked her, "What do mean, normal?" She answered, "I dunno."

Race has many meanings. Skin colour is one of the first identifiers. Clothing for others. Some are so proud of who they are, they're proud of their heritage. But there

are people like myself who basically had a struggle becoming ourselves and not realizing that our race is who we are. I am Vietnamese, not African or Italian. Even as a kindergartener, all my friends were Caucasian. I would get so caught up playing dress-up, I forgot that I had jet-black hair and brown, almond eyes with tanned skin. There are so many barriers like stereotypes and stigmas and fighting labels and expectations. Race and culture is a large part of who we are, and is an issue that must be surfaced when dealing with depression. Internalized racism can lead to self-hatred.

Having limited or poor communication with a doctor, teacher and especially family are barriers that keep young women from speaking honestly about what they are experiencing. As a family member or physician, you have to meet them halfway. Be honest. Make it clear that you are trustworthy and are listening. Our society needs to be more accepting of difference. There needs to be more diverse doctors working in drop-in centres, hospitals and clinics. There should be more diversity in the media as well. And being half-Caucasian and half-Asian doesn't fully count! Even in schools, having teachers from all parts of the world would be great.

If we look and analyze how racism makes us feel about ourselves, we can begin to overcome it and be more aware and more self-accepting. As for me, I never saw my little neighbour again, I learnt to brush off any hard feelings with the little camper and I know that my parents will always love me. I'm not implying that I'm cured and my confidence has soared through the roof, but I'm working on it. I am happy, with no regrets. Internalized racism occurs in many young women. It is a contributing factor in depression that can be helped.



DEPRESSION: THE UNBURDENING OF MY PAST

Neva

MY NAME IS EMANDAUWQUA AND GUAWANNAKNOWL or Neva Jane. I am Anishinabe from the Chippewa Nation, I am also Hodenashonee from the Oneida Nation. I am turtle and wolf clan. I am a daughter, sister, mother, wife, community helper and friend.

I went through a really challenging time in my life about six years ago now. I had been experiencing postpartum blues after weaning my toddler. I wondered why I felt the way I did. I was lonely, sad, angry and just not happy. Thankfully I had a supportive family and community who helped me to see what was happening. I was hiding inside; I did not want others to know what I really felt. This took so much energy out of me; I made myself physically ill. I went a few years sticking a band-aid on everything and still felt depressed and even had suicidal thoughts and actions. I was aware of my feelings and began wanting to heal myself.

I went to a healing lodge that helped me to talk and express my feelings; it also helped me to identify my childhood hurts. I was parented in a dysfunctional family, and I was carrying generations of unhealthy behaviour. I unburdened a lot during the three-week program at the healing lodge. I also found I had to take care of myself better; I had to put me first. I was told when I was down and out, “Get better, and remember you have children who need you.” This was not helpful; again it was telling me to put myself second. I had to find time for me; I had to make arrangements for my children so I could have time. Now it’s a regular part of my life, to have time for self-care.

Stress played a huge part in my life; stress can physically break down your immune system and affect your eating and sleeping. It did to me and it seemed to snowball all

the other problems and feelings I was experiencing into an overwhelming tidal wave.

What I would like to share with health professionals, service providers and helpers who work with young women is to listen and have patience with your client, ask questions, be honest and sincere with them. Acknowledge their feelings. Treat the whole person physically—through diet and vitamins; mentally—through counselling, journaling and by providing reading materials; emotionally—through respite care, massage therapy, holistic healers; and spiritually—through traditional healing, pastor or clergy, walking outside, etc.

If you can, refer them to everyone you know. Build on their strengths and not their weaknesses; if a person is artistic refer them to art therapy. Be very thorough.

I was finding it so hard to work, care for a family and myself; it began to affect all those areas of my roles and responsibility. I was overwhelmed and could not cope. I went to my doctor and I requested a stress leave from work with a lengthy explanation; I was in tears and hurting inside. He said no, I think you should keep working and I will write you a prescription for an antidepressant. I left the doctor’s office without help or acknowledgement of what I was feeling. I needed a lot more from that doctor, like a referral to speak to a holistic practitioner, blood work, and to know he cares. I took his prescription and I felt even worse than I was before that. I stopped taking them.

My family support and healers in and around my community were the ones who really helped me. I quit my job after not being successful with receiving a stress leave from my doctor. I was totally overwhelmed, I was not able to care for my children, cook supper or clean the house—nothing. My mom took me to a traditional healer and I was given very simple self-care plan. I was to soak my feet in sea salt and hot water for two hours twice a day, I was to drink four glasses of lemon juice and water a day, I was to drink cedar tea as much as I could a day and I was to eat soups that were made from soup bones. My mom moved into my home and did the things I would have done if I were well enough. She stayed for a few weeks, I did the self-care plan the healer suggested and in the matter of a week I was feeling 200 percent better.

The first foot soak I had a scary experience. I was exhausted of my energy and my husband had to help me onto the couch to lie down. He called my auntie, who is a community helper, to come over. I was assessed and my auntie talked to my husband about the state of my energy. I was at the lowest point in all three regions of my

body; I could hear them talking about me but I could not move to respond. She thought I would just rest for the night; I woke up early in the morning in pain. My husband called my auntie again; she and my uncle came quickly. They smudged me with sage and comforted and reassured my husband because he was frightened to see me in the state I was in.

My auntie and uncle helped me tremendously; they helped me to realize it was my choice to feel pain or to live free of pain and happy. I chose to live and be happy.

So the next step for me was to continue the self-care plan and unburden the hurts of my past to overcome depression and whatever else I had. I talked to the ones I loved over the next few weeks about all the hurts, and asked for forgiveness for the hurt I may have caused them. This was something personal I had to do for me. I had unmet needs as a child and negative beliefs about myself. One of the major beliefs I had about myself was to be perfect. To be perfect is unrealistic of a young woman; this is an exhausting and demanding task as well. It took me to a place of unhappiness in my life. This negative belief began when I was young. I strived to be perfect to receive acknowledgement from the ones who I loved, my parents. I am blessed to have parents who have, like me, sought help and became healthier. I have had several chances to talk to them about my unmet needs and negative beliefs about myself, and they helped me to understand our growing up together.

The difference between health professionals and traditional healers is that a western doctor takes seriously the visual signs of his patient. If they have a broken arm, he acknowledges their pain, if they have fever well then he looks for other symptoms and makes a diagnosis and treats the problem. When I came into my doctor’s office I gave him my symptoms, they were not taken seriously because they were not physical. A traditional healer treats the entire person, physically, mentally, emotionally and spiritually. The traditional healer also helps the entire family, because believe it or not, if one family member is experiencing depression, the family feels the impact and begins a new cycle of coping and may turn dysfunctional afterwards. The whole family needs their feelings acknowledged, they need reassurance and they need help understanding their loved one’s depression.

During the past six years I have become a healthier person, I have gained coping tools and just everyday skills for keeping myself balanced and free of depression. The coping tools I use are participating in women’s talking circles, physical releases, emotional unburdening, traditional ceremonies, the healer’s self-care plan, being with

positive people, taking healthy walks, enjoying hobbies, and educating myself. I pace myself at home, at work and in my social life to lessen the stress. I had to give up volunteering on committees, boards of directors, provincial networking groups and more to make room for my self-care, family and life in general. I was doing too much for one person. When I left my job as a family support worker I just took it easy, I was offered contract jobs, small cooking jobs and I tried them out. When I knew the job was ending I took another break. Finally I was feeling more confident that I would keep the balance of home and work at a safe medium and not take on too much, so I applied for another permanent full-time job. I am presently an early years worker and enjoy the flexibility and support I receive at work. I would never hesitate to leave a job that is detrimental to my physical, mental, emotional and spiritual well-being. We should all know we have a choice in life, we can choose to live healthily and be good to ourselves.

I had the choice to live and be happy and I never want to give up my choice to medication—which made me feel worse—and depression ever again. I also went to school to become a social worker. My school was taught with an aboriginal curriculum base. I will be graduating in January 2006. Over the past three years of my schooling we were given the gifts of unburdening the heavy burdens from our pasts. I chose to let go of old ways and hurts. I will always need to be healing myself; it is an ongoing process and it is becoming more of a habit to just do it. This freed me to be who I am today.



WHEN THERE IS NO WAY OUT

Ida

IN MY FOURTH YEAR OF HIGH SCHOOL, I recall sitting in class and overhearing a conversation between two classmates that caught my attention:

“Oh, I don’t think they should allow same-sex marriages; it won’t be good for the society.”

“It’s just wrong. It’s sick and disgusting. Think about it, they’re gonna start trying to make everybody else gay.”

From this conversation, rage consumed me and many questions formed in my head: What do you know about being queer? What’s wrong with same-sex marriages? Why are you straight people constantly tearing us up?!

Homosexuality has been around since the beginning of human time. “Sociologists and anthropologists have documented homosexual behavior in every country on earth—including in tribes that had no contact with outside human beings until the arrival of the anthropologists,” writes Peter McWilliams in *Ain’t Nobody’s Business If You Do*.

However, due to many people’s beliefs, particularly the assertion by many religions that homosexuality is a sinful choice of lifestyle, too many queers suffer discrimination and oppression from society.

Queer teenagers are often teased, bullied, battered, and even kicked out of homes simply because of a fact they cannot change. Yet for many heterosexuals, this is not their problem. Straight people do not find a need to read up on sexual orientation; straight teenagers do not need to worry about what life may be like as a queer youth; and certainly when the issue of oppression is raised, gay and lesbian issues are too often ignored and left unspoken.

Even though queer teens make up less than 10 per cent of the teen population,

according to the U.S. Department of Health, “one-third of all teenage suicides are gays and lesbians.”

The following is an excerpt from a story of mine written two years back:

But I can’t stop hating my life, hating what I have to go through. My mind keeps asking “Why, why, why? Why couldn’t I just be normal like everyone else? Why do I have to go through all this shit?” I bury my face into my hands. I couldn’t hold it back any longer. My face burns up. The lump forms in the throat again. Tears fill my eyes and pour down the sides of my face. For awhile, the sobbing is uncontrollable. Finally, after what seemed like hours, I lift my head up. I see the knife lying peacefully before me. The blade glimmers from the moonlight’s reflection. I pick up the handle and pull the knife towards my right hand. I draw the blade towards the wrist. The blade cuts gently through the first layer of the pale skin. A gush of red fluid appears and trickles down my arm. And as the tears drip onto the pierced skin, I feel the sting.

“Suicide is an act of desperation,” says guidance counsellor of Jarvis Collegiate Institute, Ms. Fricker. “When there’s no other solution, when they feel they cannot change their sexual orientation; there’s no way out. They feel that they need to escape because of their nature. They come to despair because of something they are not able to change. I think that the gay and lesbian youth probably suffer the most of all the groups. They suffer the most, psychologically and emotionally, because they get the least recognition of who they are.”

Sexual orientation is not something that queer youths feel they have control over. It is something that just happens. Yet, due to all the negative connotations that are associated with being attracted to the same sex, it is not easy to accept. Denial, confusion, depression and frustration are often what one must endure in the process of understanding one’s own “sinful” feelings.

“Straight Americans need an education of the heart and soul. They must understand—to begin with—how it can feel to spend years denying your own deepest truths, to sit silently through classes, meals and church services while people you love toss off remarks that brutalize your soul,” writes Bruce Bawer in *The Advocate* (28 April 1998).

When others understand what queer youths must endure every single day of their lives, then perhaps, the lives of young gays and lesbians will suffer a lot less and can live in a safer, healthier environment without having to take the road to self-destruction.



OPPOSITE ENDS

Priscilla

RELATING TO YOUR DOCTOR IS IMPORTANT. Feeling that your doctor understands your individual needs, racially and culturally, will allow you to have a more honest and barrier-free relationship. It will also allow you to have a more comfortable and efficient visit. Unfortunately, being able to relate to your doctor’s ethnicity or cultural background is a privilege that many of us are not fortunate enough to have.

Trusting your physician is a huge step in achieving a healthy patient-doctor relationship. Some people may find it hard to trust someone who impacts their life so strongly if they cannot relate to that person. If you do not feel that you can trust your doctor, you probably won’t be as honest and open as you should be when you are trying to express your feelings.

Doctors can often be a huge part of our lives. They have control over jobs such as prescribing medication and they influence us to make important decisions about the healthy or unhealthy choices we make in our lives or things in our lives that affect us, such as baby making, alcohol, drugs and sexually transmitted infections. Cultural beliefs may vary on these topics and if you do not feel that you can trust your doctor, you may not be as honest and open as you can be, or they may not understand your own cultural values and how they affect you.

Having your doctor relate to you is a big plus when she or he is assessing your mental state. It will allow her or him to understand your personality and behaviour better, thus giving you an accurate diagnosis. When doctors are assessing an individual who may be depressed, they take into account the individual’s attitude and personality. The cultural barriers that young black women face during visits at the doctor’s office are

very apparent. I think many young black women who are depressed get stereotyped as angry, aggressive and violent. If a physician does not fully understand how culture and race play a role in how you express yourself and your feelings, illnesses such as depression may be undermined or overlooked. It is very difficult for black females to find physicians who can relate to them. There needs to be more black physicians (especially females) so that young black females can open up and feel that there is someone who truly understands their individual needs.

In order for everyone to be able to relate to their physician, there have to be enough doctors of different ethnic backgrounds and cultures to go around. Having more doctors of different ethnicities and cultures will allow visible minorities and those of different cultures to open up and feel that they are finally understood. At the very least, acknowledging the role culture plays and realizing that the signs and symptoms of depression could look radically different depending on what culture you are from, how you communicate, what is culturally appropriate and how behaviour is affected by experiences of daily racism and discrimination.



KARYN’S STORY

Karyn

I AM A LESBIAN WITH ATHETOID CEREBRAL PALSY and I am a power wheelchair user. I have depression and post-traumatic stress disorder as well, and have been in therapy for almost nine years. My disability has never been an issue with my therapist. Disability issues will come up from time to time, but usually within the context of my primary issue: emotional abuse.

Emotional abuse would have existed in my family whether or not I had a disability; however, my disability intensified the abuse. My parents were not able to handle my feelings, especially sadness and anger. An only child and the only physically disabled member in my family, I lacked a safe, nurturing, affectionate adult who could validate my feelings and experiences. My parents, like many disabled people’s parents, were trying so hard to give me as “normal” an upbringing as possible, that my disability ended up consuming my person/self. Consequently, I withdrew at the age of three. I created my “real” life in my head and developed excellent dissociating skills. I lived there so much, I would confuse it for reality at times. As an adolescent, by reading books on psychology, I realized my fantasizing was my way of parenting myself. Dissociating was causing severe psychological and emotional damage; therefore, I decided therapy would be my way of healing someday.

Once attending college, I began looking for a therapist. Prior to finding my present therapist, I tried a few others. They both had issues with my physical disability. One of them was lesbian and able-bodied. It did not work out with her because on my first visit with her, she started the session by asking me, “So, what is your problem?” When I began sharing what I wanted to work on, she stopped me and asked it again, looking at my wheelchair. I remember not believing she was really asking that, since

I assumed at the time that all therapists, especially a lesbian therapist, would not have issues with a client who had a disability. The other therapist had a physical disability and was heterosexual. It did not work out with her because our sessions felt like peer counselling, with her sharing her experiences. I needed “real” therapy.

If young women had their experiences validated, they would not be depressed. Service providers need to listen to the client, even if she has communication impairments. The client’s disability ought not to be the focus of the therapy. It is essential to treat the client like any other client and permit her to decide what she wants her goals to be. They ought to be patient with the client because she may not be accustomed to being validated. The client needs to believe, regardless of disability, she has a purpose in this life. She needs the tools to deal with judgmental people. The bottom line is she must be seen as what she is—a whole person.



PLEASE LIKE ME

Meagan

WALK INTO ANY HIGH SCHOOL IN CANADA and you spot them immediately; the cliques that can either make or break a young girl’s high school experience. Determining which crowd to go with will determine a young girl’s social status, creating immense pressure for young people. The need to be accepted by fellow peers, and to be thought of as “cool” can be the most important drive in some teenagers. When working with young girls, understanding social pressure is key to understanding depression.

For some, having the right pair of jeans or hairstyle would take precedence over who wins the next election or the war in Afghanistan. Unfortunately, if you do not fit the mould of what is popular, coming to school can be a nightmarish experience. Waking up in the morning and feeling anxiety about going to school is all too common for many high-school girls. Many girls have an idea that once they are part of the in-crowd their lives will suddenly become wonderful. They’ll be invited to all the right parties, have a hot boyfriend and all of their problems will cease to exist. Because of this, some girls will try anything to be part of the in-crowd, such as smoking, taking drugs, underage drinking or becoming sexually active.

Some girls, happy with who they are, do not give much thought to being cool or fitting in and choose to engage in activities that are constructive and make them happy. Unfortunately in some situations, if the popular people do not accept a young girl, then she may look elsewhere for the acceptance and sense of belonging that she needs. Some girls will feel the pressure to have sex. Even if they are not ready, they might think that if they have sex with a guy then he will love her back. This may even involve sleeping with many men to find someone who will accept them after others have rejected them. When sleeping with men proves to be unsuccessful, some girls are

left with a feeling of worthlessness that will lead to a low self-esteem. Having a low self-esteem is a major factor in depression.

Other girls may choose another path of destruction. Drugs may seem like an easy way out when young girls do not feel accepted. Drugs will never reject them or make them feel alone. Girls may use drugs as a way of meeting people. They may feel that drugs are the only way they can get people to notice them. They use the drugs to give them confidence to talk to people in a social situation such as parties. They also may feel that drugs are a way for them to loosen up, so that they can talk to people and seem like fun. Once someone is dependent on drugs, they feel like they are nothing without drugs. They could possibly think that people have only liked them because of the drugs and without them they will not be seen as fun anymore. With a low self-esteem, and a fear of being rejected again, young girls may become depressed.

It is important to remember when treating girls with depression not to categorize them as “bad girls” or judge their situation. Even if it’s just high school, it’s a huge deal to adolescents. Many girls have a hard time envisioning the future and even though high school is just four years, this is their life right now and what they are handling now is a major deal. The need to be accepted now plays a huge part in how these young people will see themselves as adults. If as teenagers they never found a sense of belonging, it will be harder for them as adults to form normal relationships. It is important to help the young girl develop her own sense of self when treating her. Find out what her other interests are. She might not even know what they are, but if you work together with her you can help her find something to get involved in. When she realizes that there is something that can contribute then she will love herself more. Depression will cause her to not appreciate her own self-worth. Helping a young girl gain self-respect will be a major step towards recovery.



GOT TO BE IN HEALTHY RELATIONSHIPS TO BE HEALTHY

Meagan, Tiana and Katherine

Rape:

The crime of forcing another person to submit to sex acts.
Abusive or improper treatment.

Sexual Abuse:

The forcing of unwanted sexual activity by one person on another as by the use of threats or coercion. Sexual activity that is deemed improper or harmful.

—*American Heritage Dictionary of the English Language*, 4th ed., 2000

THESE DICTIONARY DEFINITIONS BECOME CLOUDY for a lot of young women who are in unhealthy relationships.

To begin with, there are a lot of expectations for a young girl in a sexual relationship. These lines that are drawn in the dictionary definitions are muddled or non-existent for some teen girls and guys, which is confusing and devastating for some girls. When young girls do not know what is going on, feelings of doubt come up due to the distorted pressures of society that get in the way, which is a contributing factor to depression. Make sure when treating young girls with depression that there is a distinction between healthy and unhealthy sexual relationships, so that they can better understand their own relationships. Many young women are in abusive relationships, which is a huge contributing factor to experiencing depression, as many feel that they can't get out of these relationships or sexual patterns.



BEAUTY: LET'S REDEFINE IT

Shauna

BODY IMAGE AND PREOCCUPATION WITH WEIGHT and physical appearance play a huge role in depression in young women. Everywhere we turn we are bombarded with the media's portrayals of how women should look. However, instead of projecting realistic images of different shapes, sizes, ethnicities, etc., it's always the same picture that we receive: tall, skinny, sexy and white can basically sum it up.

Unfortunately, this ideal has been imposed on society so forcefully that it has received acceptance and thereby created a completely unattainable ideal. It's even gotten to the point where the models themselves are not good enough, so their photographs need to be altered with the computer and airbrushing before they ever reach the public. The thing is that we as young women are aware of these facts, but it still doesn't change our desire to be like those pictures that we always see and that society has accepted. Even with this knowledge we internalize these beauty standards and weigh our self-worth accordingly. Obviously if we judge ourselves based on the unreal and unattainable model that the media portrays, we are not going to be satisfied with how we feel and who or what we think that makes a person.

Personally, I know that grading myself against this model made my self-esteem plummet, bringing with it my self-confidence, my sense of who I was, my feeling of self-worth, and ultimately my zest for life, my love for myself and my happiness, not to mention my health. I became clinically depressed, on top of already having an eating disorder. I'm in recovery and I still have my ups and downs, but I know that the only reason that I have come so far is thanks to a truly incredible and dedicated team of professionals that I had the privilege of working with, as well as my all-star team at home, my family and friends. Both of these groups helped me achieve my goals,

rediscover my remarkable self, and guide me along my recovery path with endless and unsurpassable support, strength and love.

My family and friends can be credited for numerous things. For instance, they encouraged a positive body image by monitoring the magazines and other media forms inside our house and removing any negative sources. They eliminated talking about diets as well as making negative body comments about themselves and others. We did activities that really celebrated our bodies and everything that they do for us by going on hikes and bike rides. My best friend supported me by letting me know that she cared and was there for me in countless ways, such as cards, phone calls, visits and giving me an awesome picture of the two of us together before I ever developed problems, one that I was able to look back on many times and would make me smile. All of these gestures, even just the smile in the morning and the hug goodnight, were not only noticed, but were also very helpful by serving as reminders that I was loved and cared for, and that I was not alone.

The doctors and health care staff that I worked with offered some invaluable advice and ways of coping with my depression and eating disorder and the role that body image played in both.

First of all, with the guidance of the staff, a group of young women and myself dissected the media by pretending that we were aliens who knew nothing about humans and were gathering information based solely on the advertisements that we saw. In doing this we discovered the extremity of how unrealistic the media’s portrayals are, which really helped.

Although it was very challenging, another thing that really helped me was doing mirror work. This involved looking into a mirror and focusing on a certain body part based on an individual hierarchy, starting with the most easily accepted body part and working our way up to the most challenging body part that we had to accept. While looking into the mirror we would do relaxation techniques such as a style of breathing, visualization, progressive muscle relaxation, etc., and concentrating on self-acceptance by doing positive affirmations. We also worked a lot on changing any ornamental thoughts about our bodies into instrumental thoughts, thereby focusing on what our bodies can do for us as opposed to how our bodies looked.

Lastly, and probably most importantly, we talked about what body image is, how it’s influenced, and what the effects of having a strong and positive body image are versus

having a weak and negative body image. We asked ourselves questions such as: “How is it that young women know that what they see in magazines is completely fake and unreal, and yet they still expect themselves to look like that?” “How do we as a society accept and reinforce that unattainable portrayal of women, and how do we reject it?” And of course, “How is it possible to sensitize yourself to the media so that their unrealistic images don’t effect your body image, and in turn your mental and physical health.” Creating a positive body image is crucial in our society. We need to redefine beauty into something that is felt, not seen. We need to change our thinking to: “a healthy body is a beautiful body”—a definition which allows a place for all shapes, sizes and races. In order to change society, you have to first change yourself. Although it’s definitely not easy, it is well worth it in the end and it can be done.

P.S. “I’ve never seen a smiling face that wasn’t beautiful.”



MIZLABELLED

Tiana

COMMON MISCONCEPTIONS ABOUT LABELLING YOUNG WOMEN

The majority of young girls/women feel uncomfortable with themselves because of unrealistic and confining expectations of and portrayal of women in society.

Consistent repetitive, harmful actions; expectations; images; and labels create learned helplessness among young women.

UNHEALTHY THOUGHTS AND GENERAL FEELINGS FROM GIRLS

- ★ dissatisfied
- ★ uncomfortable
- ★ irritated
- ★ disgusted
- ★ lonely
- ★ overwhelmed
- ★ confused
- ★ exhausted
- ★ angry

LABELLING YOU HEAR FROM SERVICE PROVIDERS AND OTHERS

- ★ weak
- ★ unfit
- ★ crazy
- ★ spoiled
- ★ normal
- ★ manic depressive
- ★ pathetic/sad
- ★ depressed
- ★ psychotic

