

MENTAL HEALTH TOOLKIT

This handbook combines psychoeducational principles with practical tools for stabilization during emotionally challenging phases of life. It offers structured methods for self-regulation, crisis intervention, and relationship building—regardless of a specific diagnosis.

The content is based on fundamental psychological principles, clinical experience, and personal reflections. The aim is to promote orientation, security, and the ability to act effectively during unstable times—**for those affected, their families, and anyone seeking practical guidance.**

Practical Strategies for Depression, Anxiety, Bipolar Disorder, and Crisis Recovery

PART I: FIRST AID & ORIENTATION

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This work serves for psychoeducational information and self-reflection. It does not replace medical, psychiatric, or psychotherapeutic diagnosis or treatment.

The application of the methods contained herein is at your own risk. The author assumes no liability for direct or indirect damages arising from the use of this content.

In case of acute mental health crises, especially suicidal thoughts or risk to oneself or others, please contact medical professionals or the emergency number immediately.

Awareness notice

This book covers, among other topics:

- depression
- Bipolar disorder
- Anxiety disorders
- Eating disorders
- Suicidality
- mental health crises

Please be mindful of your individual tolerance level while reading and seek support from contacts or professional help if needed.

PART I: FIRST AID & ORIENTATION

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PART I:

FIRST AID & ORIENTATION

(What do I need NOW?)

PART I: FIRST AID & ORIENTATION

PART I: FIRST AID & ORIENTATION (What do I need NOW?)

1 Quick Start

1.1 Emergency page (crisis indicator, emergency numbers)

● GREEN – Stressed, but stable

Identifying features:

- I am exhausted or sad, but functional.
- I can still make decisions.
- Everyday tasks are difficult, but doable.
- I have no acute thoughts of self-harm or suicide.

What will help now:

- Use the everyday tools from this book (PART II).
- Activate your social network preventively
- Pay special attention to sleep, food, and routine.
- Schedule an appointment with a therapist or doctor.

● YELLOW – Critically burdened

Identifying features:

- Strong inner tension or emotional numbness
- Thoughts revolve intensely around problems or death.
- Withdrawal from all social contacts
- Basic needs (food, drink, hygiene) neglected

- Thoughts like "It would be easier not to be here anymore"

What to do IMMEDIATELY:

1. Don't stay alone

- Call or write to a trusted person.
- Go to a place with people (café, library)

2. Contact professional support

- Call your therapist or doctor (leave a message on the answering machine even outside of office hours).
- Use a crisis service or telephone counselling service

3. Stabilizing the body

- 5-minute breathing exercise (p. 12)
- Go outside, get light and fresh air
- Cold water over hands/face

4. Distraction & Calming

- Use your tried and tested calming strategies (music, showering, reading, watching a series)
- Review the VEIN-AAR protocol (p. 41)

● RED – Acute crisis / emergency

Identifying features:

- Concrete plans or preparations for self-harm/suicide
- Feeling of loss of control: "I'm no longer safe"
- Strong impulses to harm oneself or others

- Psychotic symptoms (voices, delusions)
- Completely overwhelmed: "I can't take it anymore."

STOP – This is a medical emergency!

Do one of these things NOW:

1. **Call now:**
 - **Emergency number of our country.**
 - **Go to a psychiatric emergency room.**
 - You can simply go there – without an appointment, without a referral.
 - Take a taxi or call the emergency services.
 - Ask someone to accompany you.
2. **Activate your emergency plan**
 - If available: Emergency card from pocket
 - Contact your emergency contact(s)

1.2 Emergency self-help in 3 minutes

If you are currently in a crisis:

Step 1: Body (60 seconds)

- Sit down or place your feet firmly on the ground.
- Breathe in for 4 seconds, out for 6 seconds.
- Repeat 5 times
- Feel the contact with the ground

Step 2: Orientation (60 seconds)

Name aloud or silently:

- 5 things you **will see**
- 4 things you **hear**
- 3 things you **can feel** (clothing, temperature, seat surface)
- 2 things you **can smell**
- 1 thing you **can taste**

Step 3: Action (60 seconds)

Choose ONE action:

- Call/write to someone
- Change room/location
- Drink cold water or run it over your hands.
- Turn up the music loudly
- Going outside (even just to the front door)

Next: See the crisis traffic light above – which color applies?

Key principles

- **Crises pass**

Even if it doesn't feel like it right now: This state is temporary. You have already overcome other difficult times.

- **You don't have to do it alone.**

Asking for help is not a failure – it is self-care and a sign of strength.

- **Feelings are not facts.**

"I am a burden" is a feeling – not an objective truth. Depression and anxiety distort perception.

- **Small steps count**

You don't have to "get everything under control." It's enough to get through the next hour. Then the next.

1.3 Foreword – Context of the book

Foreword

This mental toolkit arose from the desire to share experiences, strategies, and psychoeducational knowledge about mental health in an understandable and practical way. It is aimed at both people living with mental illness and family members, partners, or friends who want to better understand and provide support.

This book combines methods, theoretical background, practical exercises, personal guiding principles, and the author's own experiences in dealing with crises, emotions, and long-term stabilization.

Its aim is not to replace a scientific publication, but to provide a structured, accessible handbook – a kind of personal toolbox for difficult phases, self-reflection, and orientation in everyday life.

Much of the content is based on therapeutic concepts, psychoeducational materials, and personal experience with various mental illnesses – especially affective disorders, anxiety, neurodivergent realities in the environment, and partnership dynamics under psychological stress.

This book is intended as a guide, not a manual offering a universal solution. Everyone experiences psychological stress individually – therefore, the tools presented should be understood as

possible suggestions from which readers can choose what seems helpful to them.

1.4 Important note – Distinction from therapy & medical treatment

Note on usage

This book is not a substitute for medical, psychiatric, or psychotherapeutic diagnosis or treatment. It presents a collection of personal experiences, psychoeducational information, and practical coping strategies.

In acute crises, especially in cases of suicidal thoughts, severe mental health conditions or physical danger, it is absolutely essential to seek professional help – for example from doctors, therapists, crisis services or emergency numbers.

The content contained in this book is intended to supplement professional support and promote orientation, structure and understanding – but not to replace independent treatment.

1.5 Perspective note – Transparency

On the author's perspective

The contents of this toolkit are largely based on personal experience, individual engagement with mental health, and the practical application of various methods in everyday life.

This book is not a clinical textbook and makes no claim to completeness or universal validity. Mental illnesses vary greatly in their course – therefore, it is important to critically examine the content and adapt it to one's own situation.

1.6 Note regarding non- commercial orientation

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1.7 My personal emergency card (to be filled out)

*Fill this out when you are feeling well
and carry it with you (wallet, mobile
phone photo):*

My warning signs for crises:

My most important calming strategies:

1. _____

2. _____

3. _____

People I can call:

1. _____

Tel: _____

2. _____

Tel: _____

3. _____

Tel: _____

My therapist/doctor:

Name: _____

Tel: _____

Emergency number: _____

Nearest psychiatric emergency room:

Address:

What helped me in previous crises:

Once the acute crisis is over, read Chapter 2 (Acute Crisis Management), especially Chapter 2.1 (Understanding Suicidal Thoughts).

2 Acute crisis management

2.1 Suicidal thoughts

2.1.1 Suicide in categories – recognizing warning signs and reacting appropriately

Thoughts of death or feelings of weariness with life can arise during periods of severe stress, depression, or crisis. These thoughts should be taken seriously – at the same time, they differ in intensity, urgency, and risk.

Categorizing your situation can help you better understand your own state and take appropriate action. It's important to remember that situations can change quickly. If you're unsure, always choose the safer option and seek support. This model serves as a guide – not for self-diagnosis or self-treatment.

2.1.2 Category 1 – Weariness of life / passive death wish

Description

During this phase, thoughts such as the following are considered:

- "I would rather not be there."
- "I am tired of life."
- "It would be easier not to wake up again."

There is usually no concrete action plan. Nevertheless, this phase should be taken seriously, as it represents a warning signal of increased stress.

Typical accompanying feelings:

- exhaustion
- hopelessness
- emotional numbness
- Overload

The goal in this phase

Stabilization, emotional relief and return to inner regulation.

Possible support measures

- Distracting, calming activities:
 - To read
 - Listen to music
 - Watching series
 - creative activities
- Relaxation techniques:
 - Breathing exercises
 - progressive muscle relaxation
 - Mindfulness exercises
- Outsource thoughts:
 - Writing in a notebook or diary
 - "Parking" thoughts
- Mottos or personal anchors:
 - Memories of crises overcome
 - motivating or stabilizing sentences
- Meeting basic needs:
 - Eat
 - Drink
 - Sleep
 - warm blanket, pleasant surroundings

2.1.3 Category 2 – Intense or prolonged thoughts about suicide

Description

Here, thoughts become more concrete and take up more space. This can lead to inner rumination, fantasies, or preoccupation with the topic.

Typical characteristics:

- increased rumination about death or escape
- inner restlessness or pressure
- The feeling of seeing no other way
- increasing isolation

The goal in this phase

Actively break out of the thought spiral, restore physical regulation, and activate external support.

Possible support measures

- Take as-needed medication (only after consulting a doctor)
- Change of location:
 - Leaving apartment
 - Stroll
 - Stay in a lively environment
 - contact with nature
- Physical activation:
 - sport
 - fast walking
 - Dance
 - conscious shaking out of tension
- Sensory activation:
 - listening to loud music
 - cold water over hands or face
 - warm bath
 - Alternating between hot and cold (if medically appropriate)

- Make contact:
 - short message to a trusted person
 - Online support or chat services

Important: Isolation should be avoided as much as possible during this phase.

2.1.4 Category 3 – Loss of control over thoughts / acute danger

Description

This phase is an acute crisis situation. Thoughts can feel very intrusive, overwhelming, or barely controllable.

Possible warning signs:

- A feeling of no longer being safe.
- intense inner tension or despair
- concrete action impulses
- the feeling of no longer being able to remain stable on one's own

The goal in this phase

Establish immediate safety and involve professional help.

Emergency measures

- Call trusted persons directly
- Contact a telephone helpline or crisis service
- go to the emergency room of a hospital
- In case of acute danger, call the rescue service or emergency number.

Very important:

- DO NOT perform any preparatory actions.
- don't stay alone
- Actively seek help – even if it's difficult

This phase is a medical emergency and should not be dealt with alone.

Key principles for all categories

- Conditions can change – even quickly.
- Seeking help is a sign of strength, not failure.
- Thoughts are signals of stress – they do not define one's own worth.
- No one has to go through a crisis alone.

2.2 Panic & Overwhelm

2.2.1 What is a panic attack?

A panic attack is a sudden, intense wave of fear that feels physically and mentally overwhelming. It usually reaches its peak within minutes and then subsides.

Important to know:

- Panic attacks are **not dangerous**, even if they feel that way.
- They usually last **5–20 minutes**.
- They **keep** passing by.
- No one has ever died from a panic attack.
- **Typical symptoms**

Physically:

- Heart palpitations, racing heart
- Sweating, trembling
- Shortness of breath, tightness in the chest
- Dizziness, lightheadedness
- Nausea, gastrointestinal problems
- tingling or numbness
- Hot flashes or chills

Psychological:

- A feeling of loss of control
- Fear of death
- Fear of "going crazy"
- Feeling of unreality (derealization)
- Feeling of being beside oneself (depersonalization)

The paradox: The more you fight against panic, the stronger it usually becomes.

2.2.2 Immediate help for panic attacks

2.2.2.1 Step 1: Identify and name (10 seconds)

Tell yourself (out loud or to yourself):

"This is a panic attack. It's unpleasant, but not dangerous. It will pass."

This sentence alone can have a calming effect because it takes the brain out of "alarm mode".

2.2.2.2 Step 2: Regulate breathing (2–3 minutes)

The 4-7-8 breathing pattern:

1. Breathe in through your nose and count to 4.
2. Hold your breath and count to 7.
3. Breathe out through your mouth and count to 8.
4. Repeat 4–6 times

Alternative: Abdominal breathing

- One hand on the stomach, one on the chest
- Breathe in such a way that the hand on your stomach rises (not the one on your chest).
- Slowly and deeply

- Exhalation should be longer than inhalation.

Why this helps: Slow, deep breathing activates the parasympathetic nervous system (the calming part of the nervous system) and reduces physical panic symptoms.

2.2.2.3 Step 3: Physical grounding (1–2 minutes)

5-4-3-2-1 technique: Name (out loud or silently):

- **5 things** you can **see**
- **4 things** you can **touch**
- **3 things** you can **listen to**
- **2 things** you can **smell**
- **1 thing** you can **taste**

Alternatives:

- Press your feet firmly into the ground, feel the contact.
- Run cold water over your hands
- holding ice cubes in hand
- Examine an object closely (describe all details)

Why this helps: These techniques activate the prefrontal cortex (the thinking part of the brain) and interrupt the spiral of fear.

2.2.2.4 Step 4: Movement or position (1–2 minutes)

In cases of strong urge to move:

- marching/walking in place
- Shake out your arms
- Push against the wall (hands against the wall, press with force)
- Fast walking

In case of weakness/dizziness:

- Sit down or lie down (put your legs up)
- Head between knees (while sitting)
- leaning against a wall

Why this helps: Exercise reduces stress hormones; safe positions provide the body with a sense of security.

2.2.2.5 Step 5: Wait and accept (remaining time)

DO NOT:

- Fighting against panic
- Trying to "get rid of them"
- Insulting oneself ("I am so weak")
- Catastrophizing ("What if it never ends?")

Instead, do:

- Observe the symptoms like a scientist
- Remember: "This is a wave. It rises, reaches a peak, then falls again."
- Stay where you are (avoidance increases anxiety in the long run)
- Continue breathing slowly and deeply.

2.2.2.6 After the panic attack

Immediately afterwards: You will probably be exhausted. That's normal.

Treat yourself:

- Rest (sit down, rest)
- Drink water
- Slow, calming activity (walking, showering, drinking tea)
- Self-understanding

Avoid:

- Having to "function normally" again immediately
- Criticizing oneself
- Alcohol or other substances for "calming"

2.2.2.7 Long-term strategies against panic attacks

1. Recognize early warning signs

Panic rarely comes "out of nowhere."

There are usually warning signs:

Physical warning signs:

- Slight palpitations
- Shallow breathing
- tension
- Unrest

Mental warning signs:

- "What if..."
- Disaster thoughts
- Excessive body awareness

Create your personal early warning system:

My typical warning signs	What I will do immediately
---------------------------------	-----------------------------------

Example: Rapid heartbeat	Breathing exercise 2 minutes
--------------------------	------------------------------

2. Approach anxiety-provoking situations gradually.

Avoidance is the biggest problem in panic disorders.

If you avoid places, situations, or activities, your brain learns: "This is dangerous." The fear intensifies.

Instead: Gradual confrontation

Example: Fear of public transport

Step	Task	Difficulty (1-10)
1	View bus/train from the outside	2
2	Ride to one stop, emergency exit possible	4
3	Ride for two stops	5
4	Short route during rush hour	6
5	Longer distance	7

Important:

- Start with step 1; only when this becomes easy should you proceed to step 2.
- You may stop at any time (but try to endure for a few minutes)
- If necessary, bring a trusted person with you.

3. Acceptance instead of conflict

Paradoxical principle: The more you fight panic, the stronger it becomes. The more you accept it, the weaker it becomes.

Exercise: Welcoming fear

If you feel panic rising:

- "Okay, there you are. I know you."
- "You are allowed to be there. You are unpleasant, but not dangerous."
- "I'm just going to keep breathing and watch you."

It sounds strange, but it works: acceptance takes away the power of panic.

- **Overwhelming (without panic)**

Overwhelm is a state in which everything is "too much" – without necessarily being a classic panic attack.

Typical characteristics:

- The feeling of "not being able to clear one's head"
- Everything feels urgent and important.
- I have no idea where to begin.
- Emotional flood
- Paralysis or frantic restlessness
- **Immediate help in case of being overwhelmed**

1. STOP – Force a pause (2 minutes)

Say loudly: "STOP!"

Then:

- Sit or lie down
- Close your eyes (or fix your gaze on a point)
- Take 10 slow and deep breaths.
- Tell yourself: "I'm taking a 2-minute break from the chaos."

Goal: Break the spiral.

2. Brain relief through externalization (5 minutes)

The problem: Her brain is trying to juggle 20 things at once.

The solution: Get everything out of your head.

"Brain Dump":

- Take a sheet of paper or your mobile phone

- Write down EVERYTHING that's currently going through your head.
 - Tasks
 - Care for
 - feelings
 - Fragments of thought
- No sorting, no rating, just get it out there.

Example:

- Make a doctor's appointment
- What if I lose my job?
- I'm so tired
- To make the laundry
- Call to Mom
- I can't stand it anymore
- Pay bills
- Why do I feel so empty?

Why this helps: Working memory is freed up. Thoughts are "parked".

3. One-point focus (from now on)

Ask yourself: "What is the ONE thing I can do right now – not have to, but can do?"

Not:

- The most important thing
- The most urgent matter
- The biggest thing

Rather:

- The most feasible thing
- The smallest thing
- The clearest thing

Examples:

- Drink a glass of water
- Go outside for 5 minutes to get some fresh air
- Answer a single email (not all of them)
- Lie down for 10 minutes

Then do **ONLY** that. Everything else can wait.

2.2.3 Overpowering Emergency Plan (Copy Template)

Fill this out if you are not overwhelmed:

2.2.3.1 My typical triggers for feeling overwhelmed:

1. _____
2. _____
3. _____

2.2.3.2 My warning signs (before it gets too bad):

- _____
- _____

2.2.3.3 My top 3 calming strategies:

1. _____
2. _____
3. _____

2.2.3.4 My "minimum care" when overwhelmed: (The absolute basics)

- _____
- _____
- _____

Person I can call:

Name: _____

Tel: _____

2.2.3.5 Long-term prevention of overwhelm

1. Sensory reduction in everyday life

- Less multitasking
- Put your phone in airplane mode (at certain times)
- Fixed "no" times (no new commitments)
- Regular breaks (see Break Management, Chapter 5.5)

2. Clarity of priorities

- Use the Eisenhower Matrix (Chapter 7.3)
- Ask yourself daily: "What are my 3 most important things today?"
- Everything else is optional.

3. Emotional hygiene

- Daily feelings check-in
- VEIN-AAR protocol for stressful events (p. 41)
- Regular reflection: "Where do I bottle up feelings?"

4. Energy Management

- Track what gives energy vs. what takes it away.
- Consciously schedule periods of rest and recovery.
- Accept your limitations

2.2.4 Final thought on panic and being overwhelmed

Panic and being overwhelmed are not signs of weakness.

They are signs that your nervous system is overloaded – often justifiably so, given what you are going through.

These conditions are **temporary**. They **will pass**. And you **will learn to cope with them better over time**.

Every panic attack you survive teaches your brain: "I can handle this." Every overwhelming situation you overcome strengthens your self-efficacy. You gain experience. And every experience makes you more competent in dealing with crises.

2.3 If I can't do anything anymore

2.3.1 Recognize: When am I in this state?

This section is for moments when even the most basic things seem overwhelming.

Typical thoughts:

- "I can't even get up."
- "Everything is too much"
- "I can't bring myself to do anything."
- "Even showering feels impossible"
- "What's wrong with me?"

Typical feelings:

- Deep exhaustion
- hopelessness
- shame
- Inner emptiness or heaviness
- Emotional numbness

It's important to understand: This is **not laziness**. This is **not a lack of will-power**.

This is a state of complete exhaustion – physical, emotional, mental – often caused by:

- Severe depressive episode
- Burnout
- Trauma response

- Chronic overload
- Crisis accumulation

2.3.2 Basic principle: Survival, not functioning

In this state, the ONLY question that matters is: "What is the absolute minimum to get through the day?"

Not:

- Be productive
- Proving something to others
- function "normally"
- Fulfill requirements

Rather:

- Breathe
- Minimum needs must be met
- Stay safe
- Hang in there

All other expectations can be put on hold for now.

2.3.3 The absolute minimum list

If you can't accomplish anything at all, use this hierarchical list as a guide. **Do as much as possible from top to bottom – but without pressure.**

2.3.3.1 Level 1: Survival (non-negotiable)

Goal: To stay safe

- **Breathing** (consciously, albeit shallowly)
- **Don't stay alone** (if you have suicidal thoughts)
 - Call someone
 - Telephone counselling service
 - Go to the emergency room if necessary.

If you can accomplish NOTHING else, that's enough.

2.3.3.2 Level 2: Minimal care (if at all possible)

Goal: Basic physical care

- **Drink** (a glass of water, juice, tea – anything)
- **Food** (even a small snack, even if it's just a cookie, banana, or yogurt)
- **Lying/sitting in a reasonably safe place**
 - Don't stand on cold ground for hours.
 - Blanket, if possible

If that's all, you've done enough.

2.3.3.3 Stage 3: Mini-activation (if energy is available)

Goal: Minimal movement or stimulation

- **Stand up** (even if only for 2 minutes)
- **Go to the window** or go outside (even just to the door)
- **Wash face** or hands
- **Turn on the light** (in daylight: open the curtain)
- **Change your clothes** (even just your T-shirt)

Each of these points individually is a success.

2.3.3.4 Level 4: Connection (if possible)

Goal: Minimal contact with the outside world

- **Write to someone** (even just "I'm not feeling well")
- **Check your mobile phone** (give a sign of life if people are worried)

- **Therapist/Doctor: Leave a message**

You don't have to talk to anyone. One message is enough.

2.3.4 Practical micro-strategies

2.3.4.1 Strategy 1: The 2-minute rule

Concept: "I do one thing for 2 minutes. After that, I can stop."

Examples:

- Get up for 2 minutes and walk around the room
- Stand under the shower for 2 minutes (do not wash, just stand)
- Standing at the open window for 2 minutes
- Eat something in 2 minutes

Why this helps:

- Two minutes feels manageable (vs. "I have to shower now" = overwhelming)
- Often, a slightly higher energy level is generated afterwards.
- Even if not: 2 minutes are better than 0 minutes

Important: You really can stop after 2 minutes. No pressure to continue.

2.3.4.2 Strategy 2: Body trick "Autopilot"

Problem: Thinking about a task feels impossible.

Solution: Simply move your body without thinking.

Directions:

1. Say aloud (or to yourself): "I'll count to 3, then I'll move."
2. Count: "1 – 2 – 3"

3. Stand up immediately (without thinking)
4. Go somewhere (window, door, kitchen – it doesn't matter)

The brain often only reacts AFTER the movement.

Take advantage of this.

2.3.4.3 Strategy 3: Utilize external structures

If your own motivation = 0, use external anchors.

Examples:

- **Set an alarm:**
 - 12:00 PM – Get up
 - 1:00 PM – Time to eat something
 - 6:00 PM – Turn on the lights
- **Ask person:**
 - "Can you call me at 2 pm and ask if I've been drinking?"
 - "Can you come by and just be there?"
- **Use a delivery service:**
 - Ordering food (when cooking is impossible)
 - No shame – that's self-care.

Why this helps: If internal control fails, external stimuli take over.

2.3.4.4 Strategy 4: "Parallel Existence"

Concept: Do something else at the same time to reduce the severity.

Examples:

- **Showering** = too difficult → **Showering + listening to music** = doable

- **Making food** = too difficult → **Ordering food + watching a series** = more bearable
- **Getting up** = too difficult → **Getting up and making tea right away** = more sensible

Why this helps: A tolerable activity "carries" the heavy activity.

What to do about shame and self-reproach?

Typical thoughts:

- "Others manage it, too."
- "I am so weak"
- "What's wrong with me?"
- "I am a burden"

Counter-arguments (reality check):

Thought reality

"Others manage it, though." They don't understand the inner experiences of others. Many people with depression are unable to do precisely that. They only see the facade.

"I am weak" They are exhausted. Exhaustion is not a weakness, but a condition. And this condition can change.

"What's wrong with me?" You have an illness/condition that severely reduces your energy, motivation, and ability to act. This is real. Not imagined.

"I am a burden" Depression makes you think this way. People who love you see things differently. And: Accepting help is human, not shameful.

Exercise: Friend's perspective

Imagine a good friend was in your situation and said to you:

"I can't even manage to take a shower. I'm such a failure."

What would you say to this person?

Now say exactly that to yourself.

2.3.5 When professional help is needed NOW

Get immediate support if:

- They have barely eaten/drunked for **several days**.
- You are in a **dangerous condition** (e.g., completely chilled, dehydrated)
- **Suicidal thoughts** become strong or you have concrete plans
- They are **completely isolated** and can no longer reach anyone.
- They have **psychotic symptoms** (voices, delusions)

Contact:

- Emergency number
- Psychiatric Emergency Department
- Crisis service
- Telephone counselling service

This is not a failure. This is self-protection.

2.3.6 Long-term: Develop an early warning system

Once you have recovered from this state, create a plan:

My early warning signs (before I slip into complete incapacity):

Area	Warning signs	What I then do
Sleep	Example: Sleeping more than 12 hours	Inform the therapist
Body care	Example: Not showering for 3 days	Set an alarm for showering
Eat	Example: Only snacks now	Ask a trusted person to do the shopping.
contact	Example: No more news	To message someone, even just "Hi"
activity	Example: Spending the whole day in bed	2-minute rule: Go to the window

Inform emergency personnel (preventively):

If you are in a stable phase, tell 1-2 trusted people:

"If I don't get in touch for several days or seem very passive, please contact me. I might need some external structure."

This is not a sign of weakness. This is crisis preparedness.

2.3.7 Final thought

There are phases in which survival is enough.

Not every day has to be productive, fulfilling, or valuable.

Some days are simply about: hanging in there.

And that's okay.

If all you did today was breathe, drink, and exist – **then you have done enough today.**

This phase is temporary. You will have days again when more is possible.

Until then: Be kind to yourself.

You do what you can. And that's always enough.

2.4 Mini daily tools

What is this section about?

The previous sections dealt with acute crises: panic, being overwhelmed, complete inability to act.

This section is for the time in between:

- You are not in acute crisis
- But not stable either
- Everyday life feels heavy.
- You need **small, manageable structures.**

Mini everyday tools are:

- Specific micro-routines for difficult days
- No claim to "normality"
- Focus on **stabilization**, not performance.
- Adaptable to your energy level

2.4.1 Tool 1: The Morning Anchor (5 minutes)

Problem: Mornings are often the hardest. You wake up and think:

- "One more day"
- "I don't want to get up"
- "How am I supposed to manage that today?"

Solution: A ritual that gives structure to the morning – **without pressure.**

The morning anchor sequence

Step 1: Body awareness (1 minute)

- Stay in bed
- Feel your feet, legs, arms, head
- Take 5 deep breaths in and out.
- No judgment – just observation

Step 2: One thought for the day (1 minute)

Say to yourself (out loud or silently) ONE of these sentences:

- "I don't have to be perfect today."
- "I do what I can."
- "This day is doable – step by step."
- "I'm here. That's enough for now."

Or a sentence of your own that makes you feel good.

Step 3: Minimal movement (2 minutes)

- Get up (slowly)
- Open the curtains or turn on the lights
- Go to the window (even just for a quick look)
- Optional: Wash face with water

Step 4: Initial care (1 minute)

- Drink a glass of water
- Or: Make tea/coffee

That's it. You've anchored your day.

Why this works

- **Ritual = Security:** The brain likes predictability.
- **Small = Doable:** 5 minutes is not overwhelming.
- **Body before mind:** Movement activates before rumination sets in.

Adapting for very difficult days:

- Levels 1 and 2 are also sufficient.
- Or simply: drink water + think a kind thought

2.4.2 Tool 2: The 3-Zone Daily Plan

Problem: Normal to-do lists feel overwhelming. Everything seems equally important (and impossible).

Solution: Divide the day into **3 zones** with clear, minimal goals.

The zones

Zone 1: Survival (*non-negotiable*)

- Eat
- Drink
- Basic hygiene
- Medication (if needed)

Zone 2: Minimal structure (*if possible*)

- 1 mini-task (example: washing dishes)
- 1 Activation (Example: Go outside for 10 minutes)
- 1 Contact (Example: Writing a message)

Zone 3: Bonus (*when energy is available*)

- Something that feels good (example: listening to music)
- Something creative or meaningful (example: reading 1 page)

Daily schedule template

DATE: _____

ZONE 1 (Survival):

[] Drank: _____

[] Ate: _____

[] Hygiene: _____

ZONE 2 (Minimal structure):

[] 1 Task: _____

[] 1 Activation: _____

[] 1 Contact: _____

ZONE 3 (Bonus):

[] Optional: _____

AT EVENING:

What have I accomplished? (Zone 1 counts too!)

Important:

- If you only create Zone 1 →

That's enough

- Zone 2 is not mandatory – just a goal.
- Zone 3 is truly optional

2.4.3 Tool 3: Energy Check & Adjustment (3 times daily)

Problem: Energy levels fluctuate greatly in depression, anxiety, and bipolar disorder. If you make a plan, your energy levels will be different later.

Solution: Check and adjust briefly 3 times a day.

The check-in times:

In the morning (after morning anchor):

- "How much energy do I have today? (1-10)"
- Based on that: Adjust plan

Lunchtime:

- "How's it going? Do I need to cut anything down?"
- Schedule breaks or cancel the task

At evening:

- "What have I accomplished?" (look at me appreciatively)
- "What will I need to be different tomorrow?"
- **Energy scale (with adjustments)**

**en-
ergy**

What is realistic today

- 1-3 Zone 1 only. Maybe one tiny item from Zone 2. Otherwise: Take it easy.
- 4-6 Zone 1 + 2. Maybe a bonus. Don't overdo it.
- 7-9 All zones are doable. However, plan in breaks.
- 10 Caution: Hyperactivity? (In bipolar disorder: warning sign) Nevertheless, set limits.

Rule of thumb: Plan for 70% of your estimated energy needs.

If you think "I have energy level 6 today", plan for level 4.

Why?

- Depression often underestimates the effort involved.
- You need a buffer for unforeseen events.
- Success experiences are more important than overexertion.

2.4.4 Tool 4: The break rule (every hour)

Problem: People in crisis forget to take breaks until they collapse.

Solution: Fixed micro-breaks – non-negotiable.

- **Break rule in everyday life**

Every 60 minutes: 5-minute break

What to do during the break?

- Stand up, move around briefly
- go to the window
- Drink water
- Breathing (3-minute break from Chapter 1.2)
- Toilet, stretching

What NOT during the break:

- Social media scrolling (no real break)
- Continue working in your mind
- Starting new tasks

Implement technically:

- Mobile phone alarm (hourly)
- Timer app (e.g. Pomodoro Timer)
- Alexa/Google "Remind me every hour"

In case of complete exhaustion:

- Longer breaks (15-30 min. after 30 min. of activity)
- Or: Rest day (complete rest)

2.4.5 Tool 5: Evening Reflection (3 minutes)

Problem: My thoughts race in the evenings:

- "I didn't accomplish anything today."
- "Things won't get any better tomorrow."

Solution: Structured, friendly daily reflection.

- **Evening reflection (written or oral)**

1. What did I accomplish today? (*Even the smallest things count!*)

- _____
- _____
- _____

Examples:

- got up
- Eaten
- I wrote a message
- 10 min walk
- Showered
- I have read this chapter.

2. What am I grateful for today? (*Can be tiny*)

- _____

Examples:

- sunshine
- Warm blanket
- Someone smiled at me.
- I persevered

3. What will I need tomorrow?

- _____

Examples:

- More breaks
- Help with shopping
- Call a therapist
- Fewer expectations of me

Important:

- No self-criticism
- Inventory only
- Be kind to yourself

2.4.6 Tool 6: Emergency anchor (for difficult moments during the day)

Problem: In the middle of the day: Panic, overwhelm, collapse threatens.

Solution: An emergency ritual that stabilizes in 5 minutes.

- **Emergency anchor sequence (step by step)**

1. STOP (10 seconds)

- Say loudly: "STOP"
- Stop what you are doing.

2. Body Reset (1 minute)

- Drink water or wash your face
- Or: Take 10 deep breaths

3. Change location (30 seconds)

- Another room, out, to the window
- Get out of the situation

4. Grounding (2 minutes)

- 5-4-3-2-1 technique (see Chapter 2.2)
- Or: Feel your feet on the ground + breathe slowly.

5. Decision (1 minute) Ask yourself:

- "Do I need a break?" → Take a 10-minute break.
- "Do I need help?" → Call someone
- "Can I continue?" → Reduce expectations

Then act on that decision.

2.4.7 Tool 7: The Weekly Overview (Sunday 10 min.)

Problem: This week feels chaotic. I have no idea what's important.

Solution: Sunday planning – minimalist.

- **Weekly Overview Template**

WEEK FROM: _____ TO _____

FIXED DATES (which I cannot reschedule):

- _____
- _____

IMPORTANT TASKS (maximum 3):

1. _____
2. _____
3. _____

SELF-CARE GOALS (small things):

- [] Go for a walk 3 times
- [] talk to someone 1x
- [] Cook something 2 times (instead of just snacks)

OBSERVE WARNING SIGNS:

- What am I paying attention to this week?

(e.g., sleep, withdrawal, rumination)

EMERGENCY PLAN:

- When I feel very bad:

→ _____

Rule:

- MAXIMUM 3 important tasks per week
- The rest is flexible.
- No pressure – adjustments are OK

- **Summary: Your mini daily building block**

Use daily:

1. **Morning Anchor** (5 min.)
2. **3-zone planning** (what is realistic today?)
3. **Energy check** (3 times daily)
4. **Break rule** (5 minutes every hour)
5. **Evening reflection** (3 min.)

If needed: 6. Emergency anchor (if things get acutely difficult)

Weekly: 7th week overview (Sundays)

You don't have to use all the tools.

Try out what helps you. Adapt it. Discard what doesn't work.

The goal is not perfection. The goal is: A little more stability in everyday life.

2.5 Final thought on Chapter 2

Crises are not permanent conditions.

Even if they feel that way.

The tools in this chapter are **survival aids** – not solutions for everything.

They do not replace therapy, medication, or professional support.

But they can help you:

- To get through **the next hour**
- Somehow get through **today**
- Finding a **little stability until it gets better**

And it will get better. Maybe not tomorrow. Maybe not next week.

But crises change. And with each day that passes, you gain more experience in how to help yourself.

You are stronger than you currently believe.

PART II:

ESSENTIAL TOOLS FOR EVERYDAY LIFE

(What will help me in the long term?)

PART II: ESSENTIAL TOOLS FOR EVERYDAY LIFE (What will help me in the long run?)

3 Getting your thoughts under control

3.1 Recognizing cognitive distortions

Typical errors in thinking:

3.1.1 All-or-nothing thinking:

- "Either I do it perfectly, or it's a complete failure."

3.1.2 Overgeneralize:

- A single mistake becomes a general rule ("I always mess everything up").

3.1.3 Selective perception / filter:

- I only see the negative; positive aspects are either ignored or downplayed ("it was just a coincidence, it doesn't count").

3.1.4 Catastrophizing:

- The worst possible outcome is assumed to be likely ("This will be a disaster, I can't stand it").

3.1.5 Mind reading:

- I am convinced I know what others think of me ("They think I am..."), without any proof.

3.1.6 Crystal ball / future reading:

- "I know that this will definitely go wrong," even though the future is uncertain.

3.1.7 Emotional argumentation:

- "I feel worthless; therefore, I am worthless."

3.1.8 Derogatory labels:

- "I am a failure/a problem," instead of describing behavior ("I didn't manage something").

3.1.9 Personalize

- Everything is about me, even though many other factors play a role.

The first step is to recognize these patterns in the first place and to see them as **thoughts**, not as facts (Beck and Hautzinger, 1981).

3.2 Reality check and reassessment (cognitive restructuring)

3.2.1 Check the facts:

- "Is it really so?"
- "What supports my point of view?"
- "What speaks against it?"

3.2.2 Alternative explanations:

- "What would be an alternative explanation?"
- "How would other people interpret this situation (friend, therapist, neutral person)?" (Einsle and Hummel, 2024)

3.2.3 Change perspective:

- "How would that be described in a documentary film, completely objectively? "
- "If I were to look at the situation from a few meters away – what would it look like? "

3.2.4 Look for exceptions:

- "When was it ever different?"
- "What counterexamples exist to my negative belief? "

3.2.5 De-catastrophize:

- "What would be the worst thing that could realistically happen?"
- "How bad would that be on a scale of 0-100?"
- "How likely is that really? "

3.2.6 Relativizing in time and importance:

- "How will I feel about this in a month/year? "
- "How important is this compared to my most important values/life goals?" (Wilken, 2010)

3.3 Vulnerability areas behind distorted thoughts

Distorted thoughts often don't arise by chance. They are frequently linked to particularly sensitive inner issues – so-called vulnerability areas. These are areas of life where we are especially sensitive to criticism, rejection, insecurity, or loss of control.

When such an area is touched, automatic thoughts can arise, such as:

- "I'm not good enough."
- "I will be left."
- "I have failed."
- "This must not happen to me."

These thoughts often feel absolutely true but are frequently colored by core beliefs.

Recognizing one's own vulnerabilities can help to notice distorted thought patterns earlier and to treat oneself with more understanding.

Below are typical areas of vulnerability. They are not a diagnosis, but rather possible points of reference.

3.3.1 Need for recognition

People with high vulnerability in this area are particularly sensitive to evaluation, criticism, or lack of feedback.

Typical thoughts might include:

- "If I am not praised, I have done something wrong."
- "Others will certainly find me inadequate."
- "I have to please everyone."

Possible backgrounds:

- early experiences of criticism or performance pressure
- Recognition as the main source of self-esteem
- Fear of rejection

Risk of cognitive distortions:

- Mind reading ("They think badly of me.")
- Personalization ("It's definitely because of me.")
- all-or-nothing thinking

3.3.2 The need to be loved

The central fear here is of being unlovable or replaceable. Relationships are often experienced very intensely.

Typical thoughts:

- "If someone withdraws, it means I am not important."
- "I can't make any mistakes, otherwise I'll lose people."
- "Without a relationship, I am worthless."

Possible effects:

- strong adaptation to others
- Fear of loss
- Overinterpretation of social signals

Common cognitive distortions:

- Catastrophize
- emotional argumentation
- Overgeneralize

3.3.3 The need to be successful

Success is strongly linked to personal worth. Failure or stagnation can be experienced as very stressful.

Typical thoughts:

- "If I am not successful, I have failed."
- "Others are further along than I am."
- "I must not show any weakness."

Possible consequences:

- Overexertion
- permanent comparison dynamic
- Difficulty accepting breaks

Distortion pattern:

- Comparative thinking
- negative filters ("I only see what doesn't work.")
- devaluation of own achievements

3.3.4 The need to be perfect

Perfectionism can lead to chronic tension and self-criticism. Mistakes are interpreted not as human failings, but as personal failures.

Typical thoughts:

- "It must be flawless."
- "Good enough is not enough."
- "Others immediately notice my mistakes."

Possible consequences:

- Procrastination out of fear of making mistakes
- revision
- Fear of evaluation

Cognitive distortions:

- all-or-nothing thinking
- Catastrophize
- excessive standards

3.3.5 The belief of having a right to certain things

There is a strong expectation here that certain needs, results, or treatments must be met as a matter of course.

Typical thoughts:

- "I am entitled to that."
- "That's how I should be treated."
- "It's unfair if I don't get it."

Possible dynamics:

- strong reactions of disappointment
- Frustration with uncontrollability
- Black and white ratings

Distortions:

- Should/must thinking
- personalization
- Overinterpretation of injustice

3.3.6 The conviction of having to influence everything

People with this vulnerability experience loss of control particularly intensely. Uncertainty or unpredictability can trigger severe anxiety.

Typical thoughts:

- "I have to have everything under control."
- "If something goes wrong, I am responsible."
- "I should have prevented this."

Possible consequences:

- excessive responsibility
- Difficulties accepting help
- constant brooding

Distortions:

- personalization
- Illusion of control
- Assumption of debt

3.3.7 The belief that happiness depends solely on external factors

Here, one's own well-being is strongly linked to external circumstances.

Typical thoughts:

- "Only when... am I happy."
- "As long as my life doesn't change, I can't feel better."
- "I have no control over my happiness."

Possible consequences:

- A feeling of helplessness
- passivity
- dependence on external events

Typical cognitive distortions:

- Black-and-white thinking
- Generalization
- low self-efficacy (Lang, 2023)

3.3.8 Exercise – Identifying my personal vulnerabilities

Take your time and read through the sections again.

Give each section a personal rating:

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0 = does not apply to me

1 = rarely / mild 2 = moderate 3 =
strong 4 = very strong

Area	My rating (0–4)
Need for recognition	
The need to be loved	
The need to be successful	
The need to be perfect	
The belief of having a right to certain things	
The belief of having a right to certain things	
The conviction of having to in-fluence everything	
Happiness depends on external factors	

Reflection questions:

- Which areas have the highest values?
- In which situations are these particularly activated?
- What typical thoughts then arise?
- Which tools from your mental toolbox could help here?

3.4 Cognitive analysis

- 1) What is the advantage of thinking this way?
- 2) What is the disadvantage of thinking this way?
- 3) What are the long-term consequences if I always think this way?
- 4) What is the extreme opposite of my thought?
- 5) A better alternative is: ... (Einsle and Hummel, 2024) (May, 2023)

3.5 Further techniques for developing alternative thoughts

1. How to become a news anchor
 - Report observations objectively, instead of interpreting them personally.
2. Exercise for checking thoughts and interpretations:
 - "Opinion poll" conducted with outsiders, describing the situation and behavior/thoughts
3. "Let's experiment" – the opposite approach
 - Acting in direct contrast to the action impulses of the feelings that arise
4. Become your own advisor
 - Self-talk, inner dialogue, encouraging oneself

3.6 Rumination control, worry management & problem solving

3.6.1 Rumination-stopping techniques:

1. Say an inner or quiet "Stop!"/"Halt!" when I notice that I am thinking in circles.
2. **Write down** your thoughts and give them a "parking spot" (note, journal, box).
3. Limit rumination time (e.g., "15 minutes every afternoon, outside of nighttime").
4. Absurd exaggeration (internal overreaction to the point of ridicule) to gain distance – cautiously and only if it helps me rather than triggers me.
5. I snap a rubber band when I notice I'm brooding.
6. Visualize a stop sign
7. freeze thoughts / put them on a cloud / throw them into a stream
8. Counting/calculating
9. Mindfulness exercises, distracting with the senses (Einsle and Hummel, 2024)

3.6.2 Structured problem solving (DDEDIE / classic problem-solving steps):

1. *DEFINE*: Define the problem precisely (What is the problem, who is involved, what is affected?).
2. *DEVELOP*: Gather solution ideas (brainstorming without evaluation).
3. *EVALUATE*: Balance the advantages and disadvantages
4. *DECIDE*: Select the best solution (realistic, value-oriented, feasible).
5. *IMPLEMENTATION*: Break the plan down into concrete steps (Who? What? When? With what?).
6. *EVALUATE afterwards*: check what worked and what needs to be adjusted (Nilsson, 1975) .

3.6.3 Concerns & Decision

- Gather the facts before I make a judgment.
- Weigh all the facts against each other, then make a decision.
- Act after making the decision and let go of brooding over it.

4 Understanding and regulating emotions

4.1 Perceiving and naming feelings

Key concepts :

4.1.1 Feelings as waves:

- Feelings arise, rise, reach a peak, and then subside again. No wave stays at its maximum forever.

4.1.2 Feelings vs. Person:

- "I am not my feelings" – feelings are states, not my identity.

4.1.3 Emotion Wheel:

- Differentiation of basic emotions (joy, sadness, fear, anger, disgust, shame) and their gradations (e.g., irritated, frustrated, disappointed, desperate) (Plutchik and Kellerman, 1980) .

4.1.4 Time travel feelings:

- Some feelings originate from an earlier phase of life (e.g., childhood) and are triggered by current situations. They are then stronger than the current situation alone would explain.

4.1.5 Practical application:

- Consciously perceive your emotional state and give it a name ("I feel...").
- Distinguish between primary feeling (directly related to the

situation) vs. secondary feeling (e.g., shame about my sadness).

4.2 VEIN-AAR Feelings Log

4.2.1 A structured tool for clarifying emotions and controlling actions

Strong emotions can be overwhelming and lead to impulsive decisions. The VEIN-AAR Emotional Protocol helps to consciously record and understand feelings and to respond appropriately. It helps with:

- to reflect on emotional situations in a structured way
- Recognizing automatic thoughts
- to perceive physical reactions
- To review action impulses
- to act consciously rather than impulsively

The goal is not to suppress feelings – but to understand them better and regulate them constructively.

VEIN – Understanding the emotional situation

4.2.1.1 V – Vulnerability / Stress factors

Before an emotional reaction occurs, there are often stressors or pre-existing factors that increase one's irritability.

Possible questions:

- Was I tired, hungry, or overwhelmed?
- Was there any stress or conflict beforehand?

- Am I currently particularly vulnerable (e.g., depressive phase, anxiety, overstimulation)?

These factors do not explain the event – but they do influence the intensity of the feelings.

4.2.1.2 E – Event

Describe the situation as neutrally and objectively as possible:

- When did it happen?
- Where was I?
- Who was involved?
- What objectively happened?

Important: Only note observable facts – no evaluations.

4.2.1.3 I – Interpretation / Thoughts

Between event and feeling lie thoughts and evaluations.

Questions for reflection:

- What was I thinking at that moment?
- What fears or expectations did I have?
- What inner thoughts have surfaced?

Thoughts are often automatic – but not always objectively true.

4.2.1.4 N – Emotional Network

Here, the entire emotional reaction is made visible:

- Feelings (e.g., anger, fear, sadness)
- Bodily reactions (e.g., palpitations, tension, tightness)
- Thought patterns
- Body posture or facial expression

- Urge to act (e.g. withdrawal, attack, escape)

The emotional network shows that feelings do not only take place in the head but influence the entire body and behavior.

AHA – Check and control the reaction

4.2.1.5 A – Check appropriateness

Ask yourself:

- Does the intensity of the feeling match the situation?
- Is my current response helpful?
- Will this impulse help or harm me in the long run?

It's not about judging feelings – but about understanding their function.

4.2.1.6 A – Act (if appropriate)

When feeling and impulse are in harmony:

- act consciously
- Clearly express your needs
- Setting boundaries
- respond in a solution-oriented manner

Conscious action strengthens self-efficacy and emotional clarity.

4.2.1.7 R – Reduce (if not appropriate)

If the reaction is too strong or inappropriate:

- Take a step back from the situation
- Use breathing exercises or movement
- Questioning thoughts
- reduce stimuli
- Seeking support

The goal is regulation – not suppression.

4.2.2 Practical application in everyday life

The VEIN-AAR protocol can be used:

- after conflicts
- during strong emotions
- in crisis situations
- for reflection at the end of the day
- to prepare for difficult conversations

With regular use, the following results:

- greater emotional self-awareness
- less impulsive behavior
- greater clarity about needs and boundaries

4.2.3 Final thought

Emotions are important signals – not mistakes.

The VEIN-AAR emotions protocol helps to transform automatic reactions into conscious decisions and to strengthen one's emotional competence step by step.

4.3 Dealing with feelings (acceptance, self-compassion, WIDIWIF)

- Feelings are **information** , not necessarily "truth" about myself or the world.
- They often show needs (security, closeness, competence, autonomy, recognition).
- Resistance ("I mustn't feel this") usually intensifies emotions (Neff, Kretschmar and Bräutigam, 2021) .

4.3.1 WITIWIF stance (simplified)

W **what**
I **I**
T **think**
I **is**
W **what**
I **I**
F **feel**

Our thoughts directly influence our feelings.

Feelings can also manifest themselves in bodily sensations.

When a painful feeling arises, become curious instead of fighting it:

- "What exactly is that feeling?"
- "What is it trying to tell me?"
- "What need is behind it?"

4.3.2 Three-step approach

1. Endure:

- Consciously perceive the feeling, breathe, do not immediately run away or numb it.

2. Feel through it:

- Observe bodily sensations and related thoughts without judging them.
- Calm yourself internally ("It's okay that I feel this").

3. To feel to the end:

- Give the feeling time until it changes or subsides on its own.
- Then consider: "What do I need right now?"

Self-compassion :

- Talk to me like you would to a good friend:
- "It's understandable that you feel this way right now."
- "Many people would feel similarly in your situation."
- "What could do you good right now?"

4.3.3 Reduce emotions – exert influence without suppressing feelings

Strong emotions are a natural part of being human. They provide important information about needs, boundaries, and values. However, emotions can become so intense in certain situations that they impair thinking, actions, and relationships. The goal is not to suppress or avoid feelings, but to regulate their intensity so that effective behavior remains possible.

Emotions can be influenced in several ways: through behavior, thoughts, and posture. Changes in one area often affect other areas as well.

4.3.3.1 Opposing action

Emotions often generate an automatic impulse to act. Fear makes us want to avoid, anger wants to attack, sadness wants to withdraw. Acting in the opposite way means consciously choosing a behavior that opposes the emotional impulse – provided that this impulse is not helpful in the long run.

Examples

- When withdrawing due to sadness: consciously make contact.
- If you have anxiety about social situations: seek short, manageable encounters.
- When angry: pause, take a step back, speak calmly

Why it works:

Actions retrospectively influence emotions. Through new experiences, the nervous system learns that alternative reactions are possible and often less stressful.

Important

- Choose small steps
- Pay attention to safety
- do not act against one's own values

4.3.3.2 Opposing thinking

Emotional states are closely linked to thoughts. Strong emotions often lead to distorted assessments ("I'll never manage this," "Everyone rejects me," "It will never get better"). Thinking in the opposite direction doesn't mean forcing yourself to be positive, but rather consciously adopting an alternative, more realistic perspective.

Questions for reflection

- What facts contradict my current idea?
- What other explanation is possible?
- How would I see the situation if I were calmer?
- What would I say to a good friend?

The goal is to make thoughts more flexible, not to suppress them. Emotional intensity often decreases when judgments become less absolute.

4.3.3.3 *Opposite body posture*

The body directly influences emotions. Posture, breathing, muscle tension, and movement continuously send signals to the nervous system. Consciously changing one's posture can lessen or stabilize emotional states.

Examples

- Consciously relax your shoulders instead of tensing them.
- Maintain an upright posture instead of slumping over.
- Breathe slowly and deeply instead of shallowly and hectically.
- Calm movements instead of impulsive gestures

Specific exercises

- Place your feet firmly on the ground and feel the contact.
- consciously speak more slowly
- Open your hands instead of clenching your fists
- Look up instead of down.

4.3.3.4 *Interaction of the three levels*

Emotions often change more quickly when multiple levels are used simultaneously:

- Change behavior → gain new experiences
- Review thoughts → Make evaluation more flexible
- Regulate the body → Calm the nervous system

Even small changes can break an emotional spiral.

4.3.3.5 *Important NOTE*

Reducing emotions does not mean avoiding or suppressing feelings. Feelings should be acknowledged and accepted. The goal is to regulate their intensity so that helpful actions remain possible in the long term and self-care is maintained.

PART II: ESSENTIAL TOOLS FOR EVERYDAY LIFE

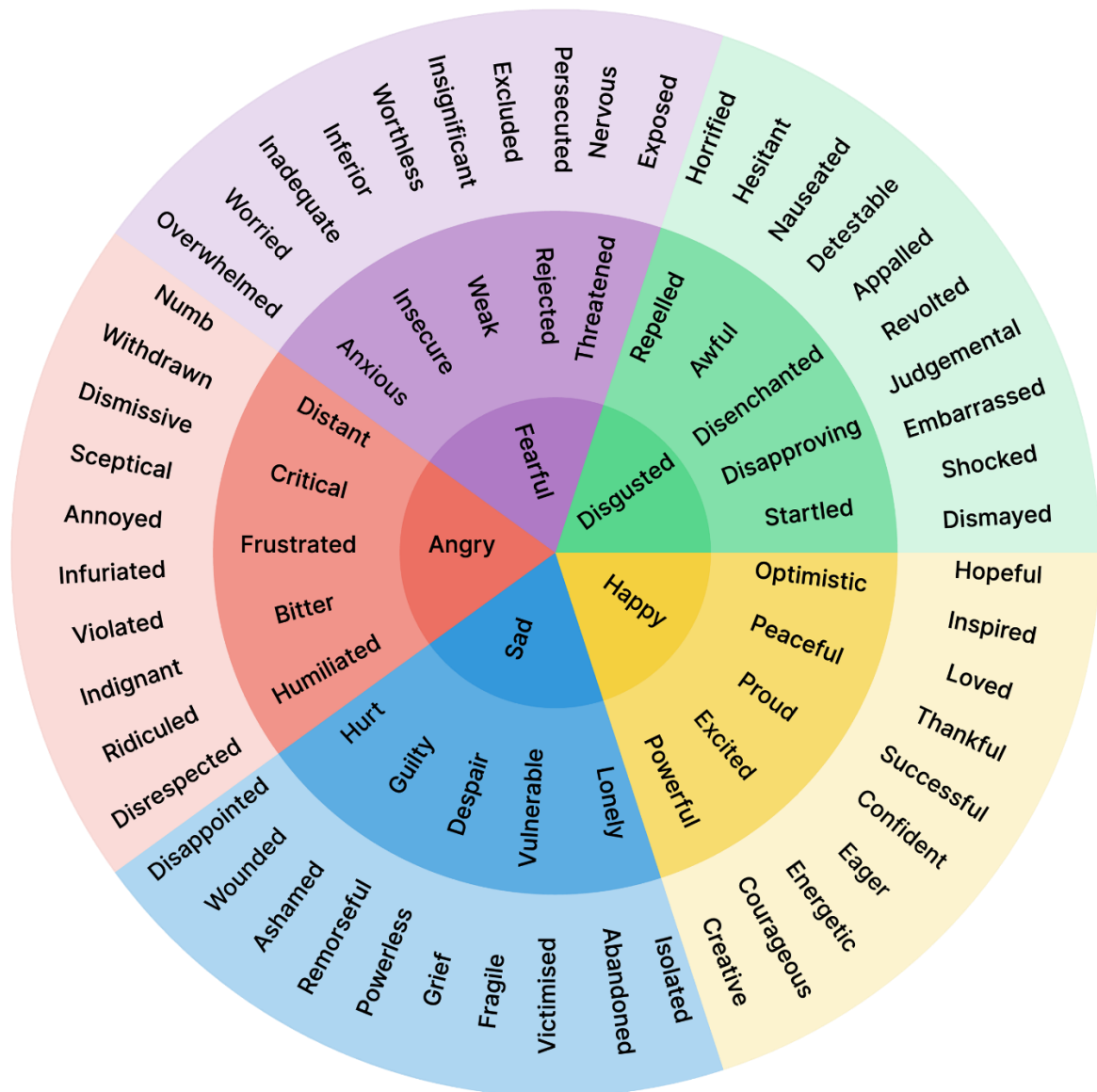


Figure 1 Emotion Wheel (<https://open-emotionwheel.com/downloads/>)

4.4 Grief

- Grief is normal, not a mistake.
- Tasks of mourning:
 1. Acknowledge the loss as a reality.
 2. Experiencing the pain (in waves).
 3. Adapting to a life in which the person (or what was lost) is missing.
 4. Finding a new connection to what has been lost (in memories, rituals), while simultaneously moving on in current life.

5 Stabilizing everyday life

5.1 Better understand stress

Key points :

- Stress is fundamentally a useful system that prepares us for challenges.
- Stress becomes problematic when it is **chronic** and there are insufficient recovery periods.
- Chronic stress can lead to physical ailments, sleep disorders, and increased susceptibility to depression .

Helpful questions:

- Where can I reduce stressors (boundaries, saying no, delegating tasks)?
- Where can I improve my recovery (breaks, sleep hygiene, small moments of enjoyment)?

5.2 Sleep, energy and habits

Sleep :

- Relaxed evening routine (no brooding in bed, rather calming rituals).
- Don't dramatize the lack of sleep ("It's the worry about the lack of sleep that's stressful").

Energy & Work :

- Schedule breaks before exhaustion becomes extreme.
- Work habits:
 - Limit your desk to the current task.
 - Do the important things first.
 - Don't postpone decisions indefinitely when enough information is available.

Designing habits in a minimalist way:

- Less sensory overload (media, social media, obligations), more quality in fewer activities.
- Small, regular rituals (walk, tea, short relaxation), instead of "all-or-nothing" changes (Hautzinger, 2025) .

5.3 Golden rules for dealing with crises – building stability in everyday life

During stressful periods in life, even the most basic needs often become unbalanced. Especially when energy is

lacking, nutrition, sleep, exercise, or social contacts can seem like an additional burden – even though they are important pillars of stability.

These "golden rules" are not rigid guidelines, but simple points of reference. Small, regular steps can help strengthen emotional resilience and prevent crises.

5.3.1 Nutrition – stabilizing the body as a foundation

Regular and adequate nutrition influences energy levels, concentration, and emotional stability. Under- or over-nutrition can exacerbate mood swings and trigger physical stress reactions.

In times of crisis, the following applies:

- Eat regularly – even small portions are sufficient.
- Prefer simple, easily accessible meals
- Keep an eye on your fluid intake
- Avoid extreme fluctuations in sugar, caffeine, or alcohol intake as much as possible.

Practical ideas:

- Have "emergency food" on hand (e.g., soups, snacks, fruit, yogurt)
- Use fixed mealtimes as a structural anchor
- Don't put yourself under pressure to eat perfectly or "healthily" – sufficient is initially more important than optimal.

Nutrition is not a moral issue, but a form of self-care.

5.3.2 Sleep – the most important factor for regeneration

Sleep has a major impact on emotional regulation, stress management, and cognitive performance. Sleep deprivation can intensify rumination, increase irritability, and worsen depressive symptoms.

Helpful basic rules:

- Try to maintain regular sleep and wake times.
- quiet evening routine
- Reduce screen time before bed
- Avoid ruminating in bed (write down your thoughts beforehand if necessary).

If sleep is difficult:

- accept that not every night has to be perfect
- Develop relaxing rituals (music, reading, breathing exercises)
- get the body moving during the day as well

The goal is not perfect sleep, but rather the most stable rhythm possible.

5.3.3 Exercise – reduce stress and regulate mood

Physical activity has been proven to have a stabilizing effect on the nervous system. It can reduce tension, activate energy, and strengthen the feeling of self-efficacy.

Important:

- Exercise doesn't have to be intense.
- small units are sufficient
- Regularity is more important than performance

Possible forms:

- walks
- light stretching
- Dancing to music
- Ride a bike
- short movement breaks in everyday life

During depressive phases, the following can already occur:

- 5 minutes of exercise
- Fresh air once a day can make a difference.

5.3.4 Social encounters – connection instead of isolation

Crises often lead to withdrawal. At the same time, social connection is a key protective factor for mental health.

Social encounters don't have to be large or intense. It can help if:

- to write short messages
- to make a short phone call
- to eat together or go for a walk
- to be in a safe environment (e.g. café, library)

Quality is more important than quantity. A single reliable contact can have a stabilizing effect.

Important:

- Social contacts may also include breaks.
- Boundaries and personal needs are legitimate.

5.3.5 Enjoyable activities – consciously allowing positive experiences

In times of crisis, the ability to experience joy often disappears. Nevertheless, small, enjoyable activities can help

support emotional regulation and interrupt negative thought patterns.

Examples:

- Listen to music
- Showering or bathing
- petting animals
- Watching series or movies
- creative activities
- Experience nature
- Consciously enjoy warm drinks

The goal is not to become happy immediately, but rather:

- to provide small positive stimuli
- to calm the nervous system
- to allow oneself small breaks from exertion

Even if it initially feels “mechanical”, regular activation can have a long-term effect (Tauber and Nisch, 2014) .

5.3.6 Final thought

These five rules are not a therapy – but they provide a stable foundation. Especially during difficult times, they can act like a handrail, offering guidance step by step.

Small, repeated actions are often more effective than large changes.

5.4 Meaningful action in dire situations

1. Check if the situation can be changed:

YES: Design the situation in such a way as to reduce suffering.

NO:

2. Is it possible to leave the situation?

YES: Leave the situation! In harmful situations, don't just be mindful of your feelings, take action!

NO: Accept the situation radically, even if it is unpleasant and undesirable.

5.5 Break management & energy economics

5.5.1 Why breaks are not a luxury, but a basic neuropsychological need

Many people with depression, anxiety disorders, autism, ADHD or bipolar symptoms experience a dysfunctional work and activity pattern: either they work for too long ("hyperfocus", overexertion, perfectionism) or they experience complete exhaustion and withdrawal.

Breaks fulfill several key functions:

- **Cognitive regeneration:** Attention, working memory, and decision-making ability recover.
- **Emotional regulation:** Stress hormones decrease, sensory overload is reduced.

- **Physical stabilization:** Muscle tension, breathing and heart rate regulate themselves.
- **Relapse prevention:** Regular breaks prevent overload, which can exacerbate depressive or hypomanic episodes.

Important principle:

Taking breaks is not a sign of weakness – it is active self-control (Lehrhaupt, Meibert and Krudup, 2013) .

5.5.2 The most common mistake: taking breaks only when it's too late.

Many people plan their breaks based on intuition. Problem:

- Depressed people often notice overload too late.
- People suffering from anxiety work too long hours in an attempt to maintain control.
- Hypomanic phases completely ignore exhaustion.
- Autistic people lose their sense of time due to hyperfocus.

Therefore, the rule is: **breaks are planned – not “earned”**.

5.5.3 The 80/20 rule (Pareto principle) in break management

The 80/20 rule states:

- Approximately 20% of activities generate 80% of the result. The remaining 80% of the invested energy only achieves the remaining 20% of the activities.

Psychological significance:

- Perfectionism consumes a disproportionate amount of energy.

- Overworking reduces performance in the long run.

Everyday applications:

1. Identify the most important core tasks.
2. Work diligently on these tasks.
3. Finish tasks when they are "good enough".
4. Use breaks consciously, instead of tinkering with unimportant details.

Guiding questions:

- What truly brings progress today?
- What is mere employment?
- Where am I investing energy without any real benefit?

5.5.4 Basic principles of a healthy break rhythm

Effective break management is based on structure and regularity:

Micro-breaks (30 seconds – 3 minutes)

- Stand up
- Stretch
- Breathing exercise
- View from the window
- Perceiving the body

Effect: Stress reduction, focus reset.

Short breaks (5–15 minutes)

- Movement
- short walk
- Drink water
- Listen to calm music
- short mindfulness exercise

Effect: mental recovery, emotional stabilization.

Recovery breaks (30–60 minutes)

- real meal
- social encounter

- quiet surroundings
- Power nap (10–20 minutes)

Effect: deep energy build-up (Lehrhaupt, Meibert and Krudup, 2013)

5.5.5 What a good break actually looks like

Many people take "pseudo-breaks":

- Scrolling on social media
- Check emails
- think further about problems

A true break has three characteristics:

1. **A change of activity** – something different than before.
2. **Nervous system relief** – fewer stimuli or conscious movement.
3. **Mental distance** – not continuing to work in your head.

5.5.6 Break management for people with mental illnesses

In cases of depression:

- Short activation breaks instead of prolonged lying down
- small movement units
- Light and fresh air

For anxiety disorders:

- Respiratory regulation
- stimulus reduction
- short body scan exercises

In bipolar

- Take breaks even during periods of high energy.
- Slow down hyperactivity early
- structured daily routine

In cases of autism:

- Sensory breaks (quiet room, headphones)
- clear time structure
- predictable routines

5.5.7 Practical break methods for everyday life

- **Pomodoro Principle:** 25 minutes of work, 5 minutes of break
- **50/10 rhythm:** 50 minutes focus, 10 minutes break
- **Energy check:** a short self-assessment every 2 hours ("How is my body doing?")
- **Movement break:** 2 minutes of shaking or stretching
- **Eye break:** Look into the distance for 20 seconds

5.5.8 Warning signs of poor break management

- Concentration drop
- emotional irritability
- Rumination spirals
- physical pain
- Indecisiveness
- sudden drop in performance

These signs are not a sign of weakness – but rather indications of overload.

5.5.9 Personal break schedule (exercise for readers)

1. When do I typically lose energy?
2. How long can I work with full concentration?
3. Which breaks really help me?
4. Which breaks do I avoid out of guilt?
5. What "emergency break" can I use at any time?

Then create:

- 2 micro-breaks
- 2 short breaks
- 1 daily recovery break

5.5.10 Key principles

- Breaks prevent crises; they do not delay performance.
- Energy is a limited resource – time alone is not.
- Structured breaks increase long-term stability.
- Good breaks are actively planned, not random.
- Self-care is a skill, not a reward.

6 Learning to deal with myself

6.1 Self-compassion – Learning to treat yourself kindly

Self-compassion doesn't mean feeling sorry for yourself or downplaying your problems. It means treating yourself with the same kindness, patience, and honesty you would show a loved one in a difficult situation.

Especially in cases of depression, anxiety disorders, eating disorders, or bipolar disorder, the inner dialogue is often characterized by self-criticism, guilt, or perfectionism. Self-compassion can help reduce this inner pressure and develop a more stable emotional foundation.

6.1.1 Self-pity as a form of inner self-harm

Self-pity may initially feel comforting, but in the long run it can become a destructive attitude. This creates a cycle of helplessness, rumination, and self-deprecation.

Typical inner thoughts might include:

- "Why does everything always happen to me?"
- "I am powerless."
- "Nobody understands me."

Self-pity directs the focus strongly inward – but without any prospect of growth. A positive outlook is lost, and a feeling of stagnation arises.

Common patterns in self-pity:

- **I only see myself and my problems.** The world is reduced to my own suffering.

- **I want to be freed from difficulties immediately.** I lack acceptance or patience.
- **I have to do everything correctly and perfectly.** Perfectionism increases the pressure.
- **I compulsively fight for unattainable ideals.** Reality and expectations are worlds apart.

Important: Self-pity is not a moral failing – it is often an expression of being overwhelmed and in pain. However, in the long run, it can block personal development and deepen emotional wounds.

6.1.2 Self-compassion – a healthy counterpoint

Self-compassion means:

- to perceive one's own feelings
- not to undervalue oneself
- to accept oneself as a person with strengths and weaknesses

Unlike self-pity:

- Self-compassion acknowledges suffering without getting stuck in it.
- enables self-responsibility instead of passivity.
- promotes growth instead of resignation

It's not about sugarcoating problems – but about treating yourself kindly in difficult situations.

6.1.3 Compassion instead of pity

The difference between empathy and compassion is crucial:

Pity:

- becomes entangled in pain
- increased helplessness
- often remains passive

Compassion:

- openly acknowledges feelings
- creates understanding
- enables constructive action

Empathy begins with:

- honest self-awareness ("I'm exhausted right now.")
- emotional openness ("I am allowed to be sad.")
- clear communication ("I need support.")

6.1.4 Acceptance as the basis of self-compassion

Self-compassion doesn't mean condoning everything – but rather acknowledging what is present in the moment. Feelings don't need to be changed immediately to be valuable.

Acceptance can include:

- Naming emotions
- to perceive physical reactions
- to allow oneself breaks
- Respecting boundaries

Relief often comes simply from no longer having to fight against feelings.

6.1.5 Open communication – taking oneself seriously

Self-compassion is also reflected in how we treat others:

- Expressing needs
- Accept support

- Identify the feeling of being overwhelmed
- Openly admit mistakes

Many people have learned to be strong and to bear their problems alone. But compassion also includes the ability to accept help.

6.1.6 Practical exercises for self-compassion

Observe inner language:

- How do I talk to myself in difficult situations?
- Would I speak to a good friend like that?

The “friendly perspective”:

- What would I say to someone else in my situation?
- Can I show myself the same respect?

Self-compassion break:

1. Perceived: "This is difficult right now."
2. Remember humanity: "Many people sometimes feel this way."
3. Kindness: "I am allowed to be kind to myself."

6.1.7 Typical misconceptions about self-compassion

- Self-compassion is not self-pity.
- Self-compassion does not mean letting yourself go.
- Self-compassion does not prevent development – it makes it possible.
- Self-compassion is not a weakness, but emotional competence.

6.1.8 Final thought

Self-compassion doesn't immediately change external circumstances – but it does change how you treat yourself internally. An inner critic can gradually transform into a supportive voice.

Learning to treat oneself with understanding and respect creates a stable foundation for healing, growth, and long-term emotional health.

6.2 Mindfulness, Body & Relaxation

6.2.1 Mindfulness in everyday life

Key ideas :

- Mindfulness is the opposite of autopilot: intentionally being in the present moment without immediately judging it.
- Mindfulness is mastering your mind instead of being mastered by it.
- Mindfulness is like a spotlight that is always shining; you can focus and direct it.
- Mindfulness is not a relaxation technique, but rather a special form of attention control.

Tips for mindfulness exercises:

- Keep it as simple as possible and practice in various everyday situations.
- Better short and regular than long and irregular

- Focus on breathing, body, sensory impressions or activity (e.g. mindful eating, mindful walking).
- Thoughts are noticed (“Aha, I’m thinking...”), not fought or persecuted.
- It's normal for your mind to wander; the trick is to recognize this and then consciously redirect your attention.
- Perceive the present moment as it is, without expectations, desires, fears, or judgments.

Short exercises:

- 3-minute breathing break (1 minute body, 1 minute breath, 1 minute consciously perceive surroundings).
- Mindful observation of an everyday action (e.g. brushing teeth, showering) (Lehrhaupt, Meibert and Krudup, 2013) .

6.2.2 Physical regulation & relaxation techniques

Breathing:

- Inhale slowly, exhale for a longer time (e.g. 4 seconds in, 6-8 seconds out).
- Focus your attention on the air-flow, abdominal movement, and contact with the ground.

Progressive muscle relaxation (PMR):

- Tense (approx. 5–7 seconds) and relax (approx. 20–30 seconds) muscle groups one after the other.
- Consciously perceive the difference between tension and relaxation.

Movement & Discharge:

- Stretching, shaking, vibrating, light jumping, short walks to reduce stress energy.
- Depending on your physical condition: gentle exercise (yoga, stretching) or something more intense (e.g., a brisk walk).

Autogenic training / imagination:

- Formulas such as "My right arm is heavy/warm" can be used to deepen relaxation.
- Visualize safe places (beach, forest, favorite spot) in your mind.
- Fantasy journeys

6.3 Serenity as a gift and a task

Serenity is often described as a goal: to remain calm, not to be thrown off balance, to be internally stable. But serenity is not a permanent state that one achieves once and then maintains. Rather, it is an ongoing process – an attitude that must be practiced again and again.

Sometimes serenity feels like a gift: a moment of inner peace, a clear view of what's essential. At the same time, it's a

challenge. It arises from conscious decisions, from letting go, from practice, and from the willingness to acknowledge one's own limitations.

One thought that provides guidance for many people is:

"Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

Regardless of its religious significance, this sentence describes a key psychological ability: to distinguish between influence and acceptance.

6.3.1 1. Recognizing battles on the wrong front

Many people lose energy because they are fighting against things that are outside their control:

- past events
- the feelings or decisions of other people
- uncontrollable life circumstances
- Expectations that cannot realistically be met

Such a fight often leads to:

- inner restlessness
- frustration
- Overload
- chronic tension

Serenity often begins with the honest question:

- "Am I currently fighting against something I cannot change?"

This does not mean giving up – but rather using energy more effectively.

6.3.2 Letting go of false goals

Not every goal is suitable for every stage of life. Some goals stem from old expectations, societal pressure, or previous self-images.

If Goals...:

- permanently exhaust,
- do not align with one's own values,
- or have become unrealistic,

... Letting go can be an important step.

Letting go doesn't mean failure. It can mean:

- to reset priorities
- to face oneself more realistically
- Creating space for new paths

Those who detach themselves from unattainable or externally determined goals often experience more inner peace and clarity.

6.3.3 Focus on feasible measures – utilize small opportunities for action

Serenity arises not only from acceptance, but also from taking active steps within one's own sphere of influence.

These can be small things:

- structuring a task
- define a clear next step
- Setting boundaries
- Schedule breaks
- Seeking support

When people experience that their actions have an effect, they develop self-efficacy – and this leads to satisfaction. Satisfaction, in turn, strengthens their sense of inner stability.

6.3.4 Satisfaction as a sign of serenity

Satisfaction doesn't mean that everything is perfect. Rather, it describes an inner attitude:

- Accepting things that are right now
- Acknowledge small steps forward
- not constantly striving for "more" or "better"

Serenity is often shown by the fact that:

- Expectations become more realistic
- Comparisons with others are losing their significance.
- the focus shifts more towards the here and now

Satisfaction rarely arises from big events – but from many small moments of acceptance and self-care.

6.3.5 Let the past rest

Many people carry past mistakes, hurts, or decisions with them for a long time. However, dwelling on the past can drain energy and make it difficult to focus on the present.

Serenity does not mean suppressing the past. It means:

- to acknowledge experiences
- to learn from this
- and at the same time to accept that the past cannot be changed.

Helpful questions might include:

- "What did I learn from this experience?"
- "What would I do differently today – and what can I forgive myself for?"
- "What do I need to look ahead?"

Consciously letting go of the past creates space for new experiences and greater inner peace.

6.3.6 Practicing serenity in everyday life

Serenity doesn't develop solely in big moments, but in the daily handling of stress, expectations, and emotions.

Possible exercises:

- short breaks to breathe
- Consciously pausing before impulsive reactions
- ask yourself: "Is this really important right now?"
- Putting thoughts into perspective ("Will this still be relevant in a year?")

- to allow oneself not to have to control everything

Serenity grows with repetition – not with perfection.

6.3.7 Final thought

Serenity is not a sign of indifference or weakness. It is the ability to consciously choose what you invest your energy in and what you are free to let go of.

Sometimes it's a gift – a moment of inner peace.

And sometimes it's a task – a daily decision for acceptance, clarity, and self-care.

PART III:

IN-DEPTH SECTION & RELATIONSHIPS

(How do I build a stable life?)

PART III: DEPTH & RELATIONSHIPS (How do I build a stable life?)

7 Setting and achieving goals

7.1 SMART goals

- **Specifically:** What exactly do I want to do or change (concrete, observable)?
- **Measurable:** How will I know that I have reached the goal (time, frequency, distance, number)?
- **Attractive:** Why is this goal important to me, how does it fit with my values?
- **Realistically:** Is it feasible under my current circumstances (energy, time, skills)?
- **Time-bound:** By when do I want to have achieved the goal, or by when will I test a first step? (Locke und Latham, 2002)

Example:

- Instead of "I want to be fitter" → "I will go for a 10-minute walk 3 days a week for the next 4 weeks."

7.2 WOOP method (Wish – Outcome – Obstacle – Plan)

- **Wish:**
 - Choose a wish that is challenging but realistic (e.g., "going outside regularly," "more self-care in everyday life").
 - Formulate a short motto or slogan for it.
- **Outcome (best result):**
 - What would be the most wonderful thing if this wish came true?
 - How would I feel? Who in my circle would notice first, and what would that person say?
 - Visualize vividly for 1-3 minutes, using inner images and body awareness.
- **Obstacles:**
 - What is my biggest **internal** obstacle preventing me from doing this (e.g., fear, shame, fatigue, "it's pointless anyway")?
 - Visualize this obstacle as vividly and concretely as possible.

- **Plan (If-Then Plan):**

- "If... (an obstacle appears), then... (a specific reaction/action/thought)."

- Example: "If I feel too tired before going for a walk, then at least I walk around the house for 3 minutes." (Oettingen, 2015)

Psychoeducation:

- Depressive symptoms often lead to very global, vague desires ("to finally be normal", "to be happy"), which reinforce the feeling of being overwhelmed.
- Concrete, small and value-oriented goals create tangible successes and strengthen self-efficacy.

7.3 From feeling overwhelmed to taking small steps

A simple tool for setting priorities is the so-called Eisenhower Matrix. Here, tasks are sorted into a grid according to urgency and importance, providing a quick overview (Covey, 1989).

The Eisenhower decision matrix

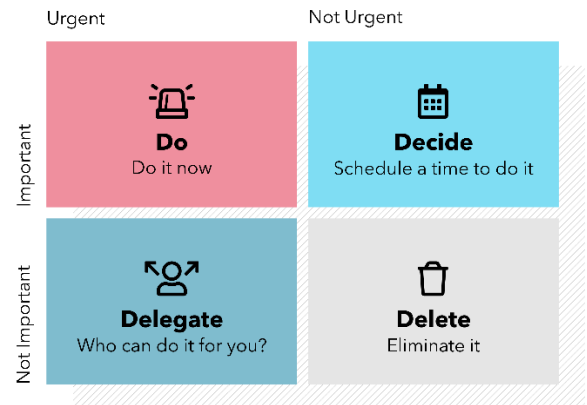


Figure 2 Eisenhower-Matrix (<https://www.spica.com/blog/the-eisenhower-matrix>)

7.4 Paths to resilience

7.4.1 Paths to resilience – developing inner stability despite stress

Resilience doesn't mean always being strong or never experiencing crises. Rather, it describes the ability to cope with difficult phases, adapt, and regain stability after periods of stress. Resilience is not a fixed personality trait – it can be learned, strengthened, and cultivated throughout life.

The following paths are not a "to-do list" that must be perfectly implemented. Rather, they are points of reference that can help build more inner resilience in the long term.

7.4.2 Building social contacts and networking

Humans are social beings. Connection to others has a stabilizing and regulating effect and has been proven to protect against isolation and hopelessness.

This does not mean:

- to have many friendships,
- to be constantly active,
- or to force oneself to appear sociable.

It can already help:

- Having someone you can talk to honestly,
- Maintaining small, regular contacts
- to get involved in supportive communities (self-help groups, online forums, hobbies).

Resilience often arises where people feel seen and understood.

7.4.3 Do not interpret crises as unsolvable.

During difficult times, a situation often seems final and overwhelming. Depression, anxiety, or feeling overwhelmed can narrow one's perspective and create the feeling that there is "no way out".

One approach that promotes resilience is:

- Viewing problems as challenges,
- To identify areas of influence
- to look for small ways to change things.

Questions can help:

- "What is beyond my control?"
- "What can I minimally influence today?"
- "Which steps are realistic – not perfect?"

Changing perspective from "unsolvable" to "gradually controllable" can provide emotional relief.

7.4.4 Accepting changes in life

Life means change – sometimes desired, sometimes painful. Resilience doesn't arise from everything staying the same, but from people learning to cope with change.

Acceptance does not mean agreement or surrender, but rather:

- to perceive reality,
- not only to invest energy in resistance,
- to adapt to new conditions.

Especially in the case of chronic or recurring mental illnesses, acceptance can be an important step in developing realistic strategies.

7.4.5 Achieving goals – in small, achievable steps

Goals provide direction and structure. However, during stressful periods, goals should be deliberately chosen to be small.

Resilient goal setting means:

- Define concrete, feasible steps,
- Appreciating progress – even if it seems minimal,
- Adapt goals to energy and the current situation (Fröhlich-Gildhoff, Reutter und Schopp, 2021)

Examples:

- instead of "I will become productive again" → "I'm going to do a small task today. "
- instead of "I need to change my life" → "I'm going outside for 5 minutes today. "

Success experiences strengthen self-efficacy – a key factor for resilience.

7.4.6 Decide and act

Procrastination can increase stress and feelings of helplessness. Resilience doesn't mean always making the perfect decision, but rather remaining capable of taking action.

It can be helpful to:

- Making decisions after receiving sufficient information,
- To reduce perfectionism,
- Testing small steps instead of forcing big changes.

Action creates movement – and movement can strengthen the feeling of control and self-confidence.

7.4.7 Seeking opportunities for self-reflection

Self-reflection helps with this:

- Recognizing patterns
- to learn from experience
- to better understand one's own needs.

Forms of reflection can include:

- write a diary
- therapeutic conversations,
- regular self-check-ins ("How am I doing right now?"),
- A look back at past crises and how they were handled.

What's important is a curious, non-judgmental attitude towards oneself.

7.4.8 Seeing yourself positively

Resilience is weakened by persistent self-deprecation. Many people with mental illnesses develop very critical self-images.

A resilience-promoting attitude means:

- to consciously perceive one's own strengths
- to acknowledge past coping strategies,
- To view mistakes as human.

Helpful questions:

- "What have I already survived?"
- "What qualities have helped me?"
- "How would I talk to a good friend who is in my situation?"

7.4.9 Orienting towards the future

Even though the present is difficult, a cautious outlook on the future can offer hope. This doesn't mean developing grand visions, but rather allowing for small glimpses into the future.

Examples:

- Plan next week instead of your whole life,
- Create small moments of anticipation,
- Cultivate realistic hope.

A future-oriented approach helps to reduce feelings of stagnation.

7.4.10 Hoping for a good outcome

Hope is not naive optimism, but the willingness to believe that change is possible – even if the path is unclear.

Resilient hope means:

- difficulties in acknowledging,
- at the same time remaining open to positive developments,
- to notice small improvements.

Hope can grow and change through:

- supportive relationships,
- Therapy,
- New experiences

7.4.11 Take care of oneself

Self-care is not a luxury, but a foundation for psychological stability.

It includes:

- sufficient sleep and rest periods,
- Exercise and body care
- healthy eating,
- Setting boundaries
- Plan some enjoyable activities in advance.

Self-care also means:

- to take one's own needs seriously,
- Recognizing overload early
- to treat oneself with kindness (Rönnau-Böse und Fröhlich-Gildhoff, 2024).

closeness, clarity, security)?

4. Please:

- What exactly do I want from the other person (realistically, positively phrased)? (Rosenberg, 2016)

Additional thought

Resilience is not a state that is reached and maintained once. It is a process – characterized by setbacks, adaptation, and growth. Every small step towards stability can have a significant long-term impact.

Example:

- "When you went on your phone yesterday during dinner (observation), I felt sad and insecure (feeling) because spending time together is important to me (need). Would you be willing to put your phone away next time we eat (please)?"

8 Relationships & Communication

8.1 Nonviolent Communication (NVC)

OFNP model:

1. Observation:

- What exactly happened, without giving a judgment?

2. Feeling:

- How do I feel in this situation?

3. Need:

- What need lies behind this feeling (e.g., respect,

8.2 Understanding and shaping relationships

- Relationships are like sand in your hand:
 - If I grip too tightly, the sand runs through my fingers.
 - If I keep my hand open, it stays put more easily.
- The goal is mutual support and closeness, not possession or total dependence.
- I am allowed to set boundaries if something is causing me persistent stress or exhaustion.

8.3 Setting boundaries and respecting boundaries

Healthy relationships need clear, respectful boundaries. Boundaries protect one's own psychological stability and prevent emotional overload or codependency.

Recognizing one's own limits

- How do I recognize when I'm overwhelmed? (Exhaustion, withdrawal, irritability)
- What topics, situations, or behaviors are difficult for me?
- Where do I say "yes" when I actually mean "no"?

Communicate boundaries

- Write briefly, clearly and respectfully
- "I" messages instead of accusations

Example:
"I realize that this topic is overwhelming me right now. I need a break."

Accepting limits

- A "no" is not a rejection of me personally.
- Different needs are normal.
- Respect also means not wanting to change others.

8.4 Active listening – understanding instead of reacting

Many conflicts arise because people want to be heard but also feel defended.

Elements of active listening

- Do not interrupt

- Summarize ("Did I understand you correctly that...?")
- Reflecting feelings ("That sounds very stressful for you.")
- Ask open questions

What active listening achieves

- Reduces escalation
- Increases trust
- Promotes emotional security

8.5 Resolve conflicts constructively

Conflicts are normal and can deepen relationships if they are handled respectfully.

Basic principles

- Separate the problem from the person
- Avoid accusations
- Take breaks when emotions become too intense.
- Developing solutions together

Helpful structure

1. What happened?
2. How do I feel about it?
3. What do I need?
4. Which solution would be acceptable to both of us?

8.6 Communication under stress and in crises

Psychological stress alters perception, interpretation, and reaction patterns.

Typical stress reactions

- Withdrawal or silence
- Overreactions
- Black-and-white thinking
- Misinterpretation of neutral statements

Helpful strategies

- Postpone conversations when emotions are too high.
- clear signals ("I need a break right now")
- short, simple sentences
- Actively clarify misunderstandings

8.7 Recognizing supportive relationships

Not every relationship is automatically supportive.

Characteristics of healthy relationships

- mutual respect
- genuine interest
- emotional security
- Space for individuality
- Support without control

Warning signs of toxic relationships

- emotional manipulation
- constant criticism
- devaluation
- Pressure or feelings of guilt
- lack of empathy

8.8 Self-care in relationships

Even in loving relationships, the responsibility for my own well-being remains with me.

Important aspects

- Take your own needs seriously
- Being allowed to spend time alone
- not completely relinquishing emotional responsibility
- Accept support – but don't become dependent

Principle:

A stable relationship consists of two independent people, not two halves of a person.

8.9 Communication in mental illness

For those affected

- Learning to name feelings
- Communicate about being overwhelmed early
- Clearly state expectations
- Explain your withdrawal ("I need time, not distance from you.")

For relatives

- Don't interpret, but ask questions.
- Don't automatically take behavior personally
- Stability and reliability are offered
- Developing solutions together

8.10 Realistic expectations for relationships

No relationship can fulfill all needs.

Realistic perspectives

- Conflicts are normal
- People change
- Changing proximity and distance
- Relationships need nurturing and communication.

Helpful thought:

Relationships are dynamic processes – not a static state.

8.11 The Languages of Love – How People Express and Receive Affection

8.11.1 Basic idea

People express and experience love differently. Misunderstandings often arise not from a lack of affection, but from the fact that partners use different "languages."

The concept of *love languages* describes typical ways in which people express and perceive appreciation (Chapman, 2014).

Important:

- Nobody has only one language.
- Many people have 1-2 main languages.
- Differences are normal – and negotiable.

8.11.2 The five most frequently described love languages

8.11.2.1 1. Words of appreciation

Affection is conveyed through language:

- praise
- gratitude
- verbal appreciation
- honest compliments

Examples:

- "I'm proud of you."
- "Thank you for taking over today."

Psychological significance:

People with this language are sensitive to criticism and benefit greatly from clear recognition.

8.11.2.2 2. Time together

Here, undivided attention is paramount:

- Conversations without distractions
- joint activities
- Presence instead of multitasking

It's not primarily about duration, but about quality:

- Listen
- genuine interest
- shared experiences

8.11.2.3 3. Willingness to help (actions instead of words)

Love is shown through concrete support:

- practical help
- Take on tasks
- Sharing responsibility

Examples:

- Take over household chores
- organize something
- Offer help without having to ask for it

Important:

Not all help is automatically perceived as loving – the voluntary attitude is crucial.

8.11.2.4 4. Gifts

This is not about material value, but about:

- symbolism
- Attention
- "I was thinking of you"

Gifts can be small:

- a note
- a flower
- a favorite snack

The emotional core:
memory and appreciation.

8.11.2.5 5. *Physical closeness*

Affection is experienced through physical connection:

- Hugs
- Holding hands
- Closeness on the sofa
- Touch in everyday life

Important:

Physical closeness does not automatically mean sexuality – but rather emotional connection.

8.11.3 Typical misunderstandings

- People often express love in the language they themselves need.
- Partners then feel overlooked, even though both are trying their best.
- Different languages are not a sign of incompatibility (Chapman, 2014)

8.11.4 Reflection questions for readers

- How do I show love?
- What makes me feel especially seen?
- How does the other person show affection?
- Where might we be talking past each other?

8.12 Types of love – Philia, Agape, Eros and the pillars of relationships

8.12.1 Basic idea

Love is not a single, unified feeling, but rather an interplay of different qualities.

Ancient philosophy described several forms of love that remain helpful today for understanding relationships.

A stable relationship is rarely based on just one form – but on a balance of several pillars (Lewis, 2017).

8.12.2 Eros – Passionate Love

Features:

- physical attraction
- sexual tension
- intense emotions
- Longing and desire

Strengthen:

- Vicinity
- energy
- Liveliness

Risk:

If only Eros is present, the relationship can become unstable.

8.12.3 Philia – Friendship Love

Features:

- Trust
- common interests
- humor
- mutual support
- reliability

Philia is often the stabilizing basis of long-term partnerships:

- They like each other.
- They respect each other.
- We grow together.

8.12.4 Agape – selfless, compassionate, unconditional love

Features:

- compassion
- care
- acceptance
- Goodwill without expectation of return

Agape is particularly evident in:

- Crises
- Illness
- difficult phases of life

It enables:

- patience
- Understanding
- long-term commitment

8.12.5 Relationships as an interplay of these pillars

Healthy relationships usually include:

- Eros → Attraction and vitality
- Philia → Friendship and stability
- Agape → Compassion and deep connection

Imbalances can arise when:

- Only passion exists
- Friendship is missing
- Compassion is lacking
- Sexual intimacy is permanently lacking
- Respect is lost

8.12.6 Psychoeducational perspective

Especially in cases of mental illness, these pillars can shift:

- Depression can reduce eros and activity
- Anxiety disorders can make intimacy difficult.
- Autism can change forms of expression.
- Bipolar phases can greatly increase or decrease intensity.

This means:

not less love – but different forms of expression. (Lewis, 2017).

8.12.7 Reflection questions

- What form of love is strongly pronounced in our society?
- Which one is being neglected?
- What nourishes our friendship?
- How do we show compassion in everyday life?
- Where might there be a lack of conscious care in the relationship?

9 Values, Meaning & Identity

9.1 Clarify values

- "What kind of person do I want to be in this area of my life (e.g., relationships, work, health, leisure)?"
- "What do I want to represent / what do I want to stand for?"
- "What kind of mark do I want to leave on this world?"

- "How should others feel when they are with me?"

Values include, for example:

- Honesty, compassion, curiosity, reliability, creativity, courage, willingness to learn, solidarity, fairness.

For each value I can:

- Formulate possible goals (e.g., for "connectedness": maintain regular contact with 1-2 people),
- derive concrete daily actions (e.g., writing a message, actively listening to someone) (Hobfoll und Lerman, 1988).

9.2 Strengthening identity and self-image

- Empowerment describes strategies to increase one's own autonomy and self-determination.
- The quality of my life depends on the **quality of problems** I deal with (not whether I have problems at all).
- Taking responsibility does not mean taking the blame for everything, but rather consciously

deciding how to deal with my situation.

- Performance = potential minus disruptive factors – I can work on reducing disruptive factors (e.g., self-deprecation, perfectionism, feeling overwhelmed).

9.3 Experiencing meaning

- Infinity is vast and small, fast and slow
- Life and our existence are small and insignificant on a cosmic scale, but it is a precious gift that we may and should use.
- Let go of the question of the meaning of life; mere existence is meaning, every action and feeling is meaning.
- Death is inevitable, the question should be:

Who do I want to be by then?

How do I want to spend my time until then?

What contribution do I want to make, represent, express...? (Hobfoll und Lerman, 1988)

PART IV:

SPECIAL KNOWLEDGE

(What do I need to know about my illness?)

PART IV: SPECIALIST KNOWLEDGE (What do I need to know about my illness?)

10 Understanding my condition: Mental illnesses explained briefly

10.1 Depression – Understanding, classifying, and coping

10.1.1 What is depression?

Depression is more than temporary sadness or a "bad day." It is a serious mental illness that affects thinking, feeling, behavior, physical health, and energy levels. Many sufferers experience not only a low mood but also loss of interest, inner emptiness, severe exhaustion, or a feeling of being overwhelmed by everything.

Depression can:

- occur only once,
- recurring (relapsing)
- be stronger or weaker at times,
- or be part of other illnesses (e.g., bipolar disorder).

Important:

Depression is not a character flaw, a personal failure, or a lack of willpower – but a complex interplay of biological, psychological, and social factors.

10.1.2 Typical symptoms – more than just sadness

Depression manifests itself on several levels simultaneously. Not every person experiences all symptoms.

10.1.2.1 Emotional symptoms

- depressed or empty mood
- Loss of interest (anhedonia)
- hopelessness
- Feelings of guilt or strong self-criticism
- inner numbness or emotional blunting
- Irritability or increased sensitivity

10.1.2.2 Cognitive symptoms (thinking)

- Rumination and negative thought spirals
- Concentration problems
- Decision-making difficulties
- negative self-image ("I am worthless")
- Catastrophizing or pessimism about the future

10.1.2.3 Physical symptoms

- severe fatigue, lack of energy
- Sleep problems or increased sleep
- Changes in appetite
- physical pain or tension
- slowed movements or inner restlessness

10.1.2.4 Behavioral changes

- social withdrawal
- being unable to avoid or start tasks
- less self-care
- Loss of interest in former hobbies
- reduced activity

Suicidal thoughts may also occur during difficult periods – these are a serious warning sign and require professional support.

10.1.3 Causes – why does depression develop?

Depression rarely arises from a single cause. Often, several factors interact.

10.1.3.1 Biological factors

- genetic predisposition
- Changes in the neurotransmitter system
- hormonal influences
- Sleep rhythm and stress system
- physical illnesses

10.1.3.2 Psychological factors

- negative core beliefs about oneself
- Perfectionism or high self-criticism
- learned patterns of thinking and evaluation
- unprocessed losses or traumatic experiences

10.1.3.3 Social and environmental factors

- chronic stress
- Relationship conflicts
- Isolation or loneliness

- Life changes (separation, job loss, illness)
- Overload or lack of resources

Depression is therefore not a "fault", but a condition that develops from many influences.

10.1.4 What depression can feel like – subjective experience

Many sufferers describe depression not only as sadness, but as:

- "Nothing feels real anymore."
- "Everything is difficult"
- "I have no energy, even for simple things."
- "My head is full of negative thoughts."
- "I feel cut off from others."
- "I know what I should do – but I can't do it."

This discrepancy between knowledge and ability to act is a typical characteristic and often leads to additional shame or self-reproach.

10.1.5 Course and dynamics

Depression usually occurs in episodes. This means:

- Periods with more severe symptoms alternate with more stable periods.
- Relapses are possible, but not inevitable.
- Early warning signs can help to detect deterioration in time.

Typical dynamics:

- Withdrawal → fewer positive experiences → more negative thoughts → even less energy

- Rumination → emotional stress
→ exhaustion → further hopelessness

Understanding these cycles is an important step towards stabilization.

10.1.6 Treatment and support

Depression is treatable. Often, a combination of several approaches is used:

10.1.6.1 psychotherapy

- cognitive behavioral therapy
- emotion-focused methods
- mindfulness-based approaches
- Trauma-sensitive procedures (if needed)

10.1.6.2 Drug treatment

- Antidepressants or mood-stabilizing medications
- always accompanied by a doctor

10.1.6.3 Self-help & everyday life

- structured daily routine
- small, realistic activities
- social contacts
- Exercise and sleep hygiene
- Psychoeducation and self-reflection

Tools such as mindfulness, emotion regulation, reality checks and small SMART goals can be supportive – but they do not replace professional treatment in severe cases.

10.1.7 What family members should know

- Depression is not simply "lack of motivation".
- Pressure or moral appeals usually don't help.
- Understanding, patience, and structure are more helpful than imposing solutions.
- Small steps are big steps forward.
- Family members are also allowed to protect their own boundaries and needs.

10.1.8 Hope & Perspective

Depression can feel overwhelming – but it is not a static condition. Many people experience periods of stabilization, learn to recognize warning signs earlier, and develop personal tools for difficult times.

A mental toolkit can help with this:

- Understanding feelings
- to organize thoughts
- Overcoming crises
- to become more stable in the long term

Every path is individual – but change is possible (Beck und Hautzinger, 1981; Hautzinger, 2025).

10.2 Bipolar disorder – understanding and tools

10.2.1 What bipolar means (as opposed to "just" depression)

- Bipolar disorder means that depressive episodes alternate with so-called (hypo)**manic** phases.
- **Hypomania** is a milder form of **mania**: elevated mood or irritability, more energy, less need for sleep, increased activity and ideas – but without severe psychotic symptoms and usually without hospitalization.
- The depressive phases can be just as severe and distressing as in a "unipolar" depression; often they are even the main problem because they occur more frequently and for longer periods.
- Many sufferers later realize that some earlier "good phases" with lots of energy, projects and little sleep were actually hypomanic.

Important point: Your toolkit for depression remains very important – it just needs to be expanded to include the perspective that your mood and energy can shift in **both directions** (too low and too high).

10.2.2 Early detection – own warning signs and patterns

Self-monitoring is particularly important for bipolar disorder in order to be able to counteract it in time.

10.2.2.1 Typical early signs of (hypo)manic phases

- Sleep
 - You need significantly less sleep, are less tired in the evenings, and feel very awake in the mornings, even though they have slept little.
- Energy and activity
 - You have many ideas, start many things at the same time, feel "driven from within", and find it difficult to sit still.
- Mood
 - You feel exceptionally good, "energized" or more irritable than usual; they react more quickly with irritation or annoyance.
- Self-image and plans
 - You feel very confident, suddenly dare to do a great deal, and tend to make riskier decisions (spending, projects, contacts).
- communication
 - You speak faster, interrupt others more often, or receive feedback that they seem "overexcited".

10.2.2.2 *Typical early signs of depressive phases*

- **Sleep**
 - A significantly increased need for sleep or sleep disturbances, waking up early in the morning with rumination.
- **energy**
 - Everything is difficult, extreme inertia; everyday tasks seem like insurmountable mountains.
- **mood and thoughts**
 - Strong self-criticism, hopelessness, "it will never get better", suicidal thoughts.
- **Social behavior**
 - Withdrawal, cancellations, avoidance of contact, even with people who are actually important to you.

10.2.3 *Principles for dealing with bipolar disorder*

1. **Stability is more important than "maximum".**
 - The goal is not to be "in a great mood" as often as possible, but to remain as **stable as possible** – even if that is sometimes less spectacular.

2. **Rhythm is medicine.**

- A structured daily routine (sleep and meal times, activity blocks, breaks) stabilizes mood.

3. **Self-observation without self-condemnation.**

- You use your observations to help you, not to judge you.

4. **Medication and therapy are part of it.**

- Unlike many "purely depressive" cases, mood **-stabilizing treatment** (medication, psychotherapy, psychoeducation) is often crucial.
- This toolkit complements medical treatment but does not replace it.

10.2.4 *Specific tools for depressive phases in bipolar disorder*

The following are particularly helpful:

- Everything from the chapters on:
 - Reality check, recognizing and questioning cognitive biases.
 - Emotion regulation (naming feelings, wave metaphor, WITI-WIF).
 - Mindfulness and relaxation techniques.
 - Daily routine, small SMART goals, self-care, resilience.

10.2.4.1 Additional points for bipolar depression:

- **Consciously dose behavioral activation:**
 - No to "everything at once"; rather, small, reliable steps.
- **Special caution with substances:**
 - Alcohol, drugs, and also too much caffeine can intensify mood swings.
- **For relapse prevention: written documentation is required:**
 - What signs mean: "I'm slipping back into a more depressive phase"?
 - Who should I inform (therapist, friend)?
 - What self-help steps can I take immediately (e.g., stricter daily structure, more light, going outside, limiting time spent ruminating)?

10.2.5 Specific tools for hypomanic phases

This is the part that many don't intuitively call "helpful" at first, because hypomanic phases often feel good initially. Nevertheless, they are important because they can lead to exhaustion or risky situations and very often to depression phases afterwards.

10.2.5.1 Goal

Slow down, protect your sleep, limit risks, without completely suffocating.

10.2.5.2 Possible personal rules for hypomania

1. Protect your sleep:

- Fixed bedtime, reduce screen time, avoid late-night activities.
- If you notice "I suddenly hardly need any sleep," that's a warning sign, not a sign of superpowers.

2. Brakes on projects and decisions:

- Rule: "Don't make big decisions (purchase, move, job, relationship) during periods when I'm clearly agitated."
- 24-hour or 72-hour rule for larger expenses or drastic changes.

3. Structure & breaks despite energy:

- Plan activities, but include buffer time and breaks.
- Do not start more than X new projects simultaneously (you determine the number).

4. Consciously use external feedback:

- One or two people whom you explicitly ask: "If you notice I'm going too fast / too much / too intense – please tell me directly."

- Not an attack, but an agreed-upon "early warning system".

5. **Record self-observation:**

- Short mood and activity diary (e.g., once daily: mood, sleep, energy on a scale of 0–10, special events).
- This way you can recognize patterns even afterwards ("If I only sleep 4 hours for 3 days in a row, it starts").

10.2.6 Adapting your existing tools to bipolar

Many tools in your toolbox remain the same – they simply take on a dual function:

- **For depressive phases:**
 - Mindfulness, self-compassion, reality testing, and small steps help to avoid sinking further.
- **For hypomanic phases:**
 - Mindfulness helps to notice one's own acceleration in time.
 - Reality testing can ground excessive optimism ("What are the realistic risks and costs?").
 - Self-compassion protects against the subsequent crash ("I was in a hypomanic phase, that explains a lot").

10.2.6.1 **Tool: Mindfulness**

- During depressive phases:
 - Get up, feel your body, perceive your thoughts, without sinking into negativity.
- During hypomanic phases:
 - Slow down your breathing, reduce your pace, consciously incorporate breaks, and lower your stimulus level.

10.2.6.2 **Tool: Reality Check**

- During depressive phases:
 - Question negative automatic thoughts ("Is that really true?").
- During hypomanic phases:
 - Question overly optimistic, risky thoughts ("What could realistically go wrong? What would the consequences be?").

10.2.7 Mood & Warning Sign Log for Bipolar Disorder

10.2.7.1 *Daily mood log*

briefly record my mood, sleep, and important warning signs daily in order to notice changes early.

Instructions

- Fill it out once a day (e.g. in the evening).
- Not perfectionistic, preferably short and regular.
- Scales are examples

Template: Daily line

(You can create the table for each month or each week.)

Mood categories (examples):

- **Severe depression:** -4 to -5
- **Mildly depressed:** -1 to -3
- **Balanced:** 0
- **Mildly elevated / hypomanic:** +1 to +3
- **Significantly elevated (manic):** +4 to +5

PART IV: SPECIALIST KNOWLEDGE

10.2.8 My personal early warning sign profile

Goal: To document my **typical warning signs** for depressive and hypomanic phases.

10.2.8.1 Early warning signs of depression

Fill in the following table with **your** typical symptoms:

Area	Possible early warning signs (general)	My personal signals (please specify)
Mood	sadder, more irritable, more hopeless, "empty"	
Thoughts	"Nothing helps," "I'm a burden," more brooding.	
energy	Severe fatigue, exhaustion, simple tasks require enormous energy	
Sleep	Sleep more, but still not rested; difficulty falling asleep or staying asleep	
activity	Fewer hobbies, canceling appointments, hardly any exercise	
Social contact	Withdraw, don't answer messages, cancel meetings	
Body	more pain, tension, headaches, changes in appetite	
Behave	more time spent in bed/on the sofa, neglect of household chores/personal hygiene	

Questions for completing the form:

- What exactly did my last depressive episodes look like?
- Looking back, what were the first small changes I noticed before things got "really bad"?

PART IV: SPECIALIST KNOWLEDGE

10.2.8.2 Early warning signs of hypomania

Area	Possible early warning signs (general)	My personal signals (please specify)
Mood	Unusually good mood or irritability, feeling of being "lively"	
Thoughts	Many ideas at once, thoughts racing, a strong "Let's tackle everything!"	
energy	Significantly more energy than usual, inner drive, difficulty calming down.	
Sleep	Low need for sleep, feels fit in the morning despite 3-5 hours of sleep	
activity	Starting many projects at once, more deadlines, high productivity (exaggerated).	
Social contact	very sociable, many more contacts than usual, lots of messages, new acquaintances	
Behave	Spending more money, impulsive purchases, spontaneous big plans (job, move, projects)	
risk	riskier behavior (e.g., traffic risks, sexuality, alcohol/drugs)	

Questions for completing the form:

- What exactly did my last "very good/energized" phases look like?
- What have others noticed about me and given me feedback ("you are very...")

10.2.9 My personal early warning plan

Goal: When early warning signs appear, **not only to know about them**, but also **to take concrete action**.

10.2.9.1 *Plan for early warning signs of depression*

If I notice the following signals (examples, add more):

- More withdrawal, it's all becoming too much for me.
- More brooding, hopelessness, self-deprecation.
- Changes in sleep patterns, extreme fatigue, things are no longer enjoyable.

Then I will do the following within the next 24–48 hours:

1. **communication**

- I am informing you:
 - A trusted person
 - Therapist/doctor (if possible)

2. **Structure & Activation**

- I set myself one (!) small SMART goal per day (e.g., a 10-minute walk, one household chore).
- I get up at a fixed time, get dressed, and leave the apartment once a day.

3. **Thoughts & Feelings**

- I use reality check questions from my suitcase, written down once a day.
- I use an emotion exercise (naming the feeling, wave, WITIWIF).

4. **Security**

- If suicidal thoughts become stronger, I use my emergency plan (Chapter 2.1) and actively seek help.

10.2.9.2 *Plan for hypomanic early warning signs*

If I notice the following signals (examples, add more):

- Significantly less sleep, but lots of energy.
- Many new ideas and projects, a strong "anything is possible" feeling.
- Increased irritability or unusually intense social activity.
- Impulsive spending or risky decisions.

Then I will do the following within the next 24–48 hours:

1. **Sleep & Pace**

- I have a fixed bedtime.
- I reduce screen time and stimulating activities in the evenings.

- I deliberately plan breaks (e.g., 10 minutes lying down/breathing).

2. Decisions slow things down

- Major decisions (job changes, large purchases, relationship decisions) are postponed and discussed with a trusted person or therapist.
- I jot down ideas in a list instead of implementing them immediately.

3. Request feedback

- I ask someone I trust: "Do I seem overexcited to you right now? Have you noticed anything?"
- I don't take feedback as criticism, but as a safety net.

4. Reduce substances & stimuli

- Avoid alcohol and other substances, limit caffeine.
- If necessary: detoxify very busy days, cancel or reduce appointments.

10.2.10 Monthly review – recognizing patterns

Take a quick look back at the end of each month (or every two weeks):

Questions for reflection:

1. How was my mood overall (rather stable, rather changeable)?
2. What situations or times were typically associated with worsening/elevated mood?
3. Did I notice any early warning signs and follow my plan? If so: What helped, and what didn't?
4. What do I want to do next month?

One sentence for all phases

"I adapt my behavior to my condition – not the other way around." (Bettini, 2023)

Note: This cheat sheet supplements therapy and medication, it does not replace them.

10.3 (Atypical) eating disorder

10.3.1 The purpose of this section is:

Guidance, relief, and concrete advice for a supportive, non-controlling approach.

10.3.2.1. What does "atypical eating disorder" mean?

- An atypical eating disorder means that **disordered thinking and behavior are present** without fulfilling all the formal criteria of a classic eating disorder (e.g., anorexia or bulimia).
- The suffering is **no less real or less serious** just because it is called "atypical".
- Common characteristics can include:
 - intense preoccupation with food, weight, or body
 - Restrictive eating, irregular meals, or feelings of guilt after eating
 - Switching between control and loss of control
 - Shame, secrecy, or avoidance of eating in company

Important point:

Eating disorders are not a matter of willpower, but an expression of emotional stress, a need for control, and inner pressure.

10.3.3 Interaction: Depression & Eating Disorder

- Depression can:
 - Appetite, hunger and satiety sensations distort
 - Reduce energy expenditure for regular meals
 - Self-deprecation and feelings of guilt are reinforced.
- Disordered eating behavior can:
 - depressive symptoms worsen
 - Shame, withdrawal, and isolation increase

Both illnesses exacerbate each other; therefore patience and relief are crucial.

10.3.3.1 *My basic attitude as a family member: What helps in general?*

- **Listening instead of solving**
- **Take feelings seriously**, even if I don't understand the behavior.
- **"I" messages** instead of accusations
- conveying **stability and security**

Example sentences:

- "I can see how difficult this is for you."
- "You don't have to do this alone."
- "I'm here – even if I don't know what will help right now."

10.3.3.2 Which usually doesn't help

- Comments about weight, body type, or amount of food eaten
- Pressure ("You just have to...")
- Control ("Have you eaten yet?" as surveillance)
- Discussions about "right" or "wrong" food

Rule: Relationship before behavior.

10.3.4 Concrete support in everyday life

10.3.4.1 During the meal

- **Offer** shared meals, don't demand them.
- Neutral atmosphere (no commenting, no observing)
- View food as a social moment, not as a test.

Possible wording:

"I'd like to eat something now. Would you like to join me – no pressure at all?"

10.3.4.2 During depressive phases

- Low performance expectations
- Offer small, manageable activities
- Don't take the withdrawal personally.

Example:

- "I'm going for a short walk – you're welcome to come along, but you don't have to."

10.3.5 Communication in difficult moments

10.3.5.1 If she is very critical of herself

Don't contradict ("That's not true!"), but **reflect and exonerate:**

- "That sounds like you're being very hard on yourself right now."
- "That's a lot of pressure all at once."

10.3.5.2 When food or body becomes a topic

- Focus on feelings, not content

Example:

- Instead: "You have eaten enough."
- Rather: "It seems like you're very tense right now."

10.3.6 Boundaries & self-care for myself

Important: I can offer support, but **not therapy.**

I may:

- define my boundaries
- taking breaks for myself
- I am looking for support for myself

Example sentence:

"I want to be there for you, but I realize that I'm overwhelmed right now. Let's think about how we can get some help."

10.3.7 When external help is important

Please do not deal alone when the following cases occur:

- significant deterioration in eating habits
- medical warning signs (dizziness, fainting, significant weight changes)
- increasing hopelessness or suicidal thoughts

Professional help is **not a failure** , but protection for both of you.

10.3.8 A common guiding principle

"We are a team against the diseases – not against each other."

This section complements the toolkit and does not replace therapeutic or medical treatment (Tuschen-Caffier und Hilbert, 2022).

10.4 Anxiety disorder

Goal: To recognize more quickly *how support helps* in anxiety-provoking situations – without unintentionally increasing anxiety.

This guide is addressed to me as a partner/ friend.

10.4.1 Basic principle

Anxiety may subside in the short term through avoidance, but it intensifies in the long run. Security is not achieved by eliminating anxiety, but by enduring it with support.

10.4.2 The key question (always ask it first)

What more could she possibly need?

- **Security to stay?** → Calm down
- **Limits to avoid entrenching avoidance?** → Gentle counter-pressure

Both can be helpful – **the timing is crucial.**

10.4.3 When calming down is useful

Calming down helps when:

- the anxiety is very high (panic, feeling overwhelmed)
- she reacts strongly physically (trembling, shortness of breath, freezing)
- Thinking is hardly possible

Helpful forms of calming:

- Calm presence (being there, not explaining)
- Speak slowly, use short sentences
- Slow down your breathing together

- Signaling security: "I am here."

Important:

- Don't argue
- Not convincing
- Do not analyze

Goal: To lower the nervous system level, *not* to change behavior.

10.4.4 When calming becomes problematic

Calming can **increase anxiety** if it...:

- completely avoids every anxiety-inducing situation
- constantly needs reassurance ("Is this okay? Is it safe?")
- Decisions are now only made about you.

Then the fear system learns: *I can't do this alone.*

10.4.5 When GENTLE COUNTER-RESISTANCE is appropriate

Gentle counter-pressure helps if:

- is present, but **not overwhelming**
- so that she can still speak to herself and orient herself
- it's about recurring avoidance

What gentle resistance looks like:

- Choices instead of retreat
- Time-limited steps
- Always allow exit

Examples:

- "We can stay for 5 minutes and then decide again."
- "You don't have to prove anything – just be there briefly."

Goal: To enable experience: *Fear passes.*

10.4.6 What I should avoid (clear & important)

- Pressuring or shaming
- Discussions about the logic of fear
- ultimatums
- Check (especially when eating)

Rule: Relationship before exposure.

10.4.7 Mini-check in the situation (30 seconds)

I wonder:

1. Does she seem overwhelmed or responsive?
2. Do I want to *eliminate fear* or *accompany it*?
3. Will my behavior help in the short or long term?

If unsure → **Calm down first, speak later** (Margraf und Schneider, 2018).

10.5 Understanding autism in one's immediate environment

(Psychoeducation for those affected and their families)

10.5.1 When a loved one is on the autism spectrum

Many people who live with mental health conditions have partners or close relatives on the autism spectrum. This can be a very stable, honest, and deeply connected relationship—and at the same time, it can lead to misunderstandings.

A common problem is the question:

"Is this behavior part of his autism – or is it due to me, our relationship, or something else?"

This section is not intended to make diagnoses.

It is meant to help **better understand behavioral patterns** without excusing or pathologizing them.

10.5.2 Basic understanding: What autism is NOT

Autism is **not a lack of feelings**, but often a difference in:

- Stimulus processing
- social interpretation
- communication
- Energy and stress regulation

Many autistic people feel things very intensely — they just show them differently or later.

10.5.3 Typical behaviors that are often misunderstood

10.5.3.1 Little spontaneous emotional reaction

Possible observation:

- little visible empathy
- no direct emotional response

Possible explanation:

- Processing takes time.
- The focus is on problem-solving rather than emotional mirroring.

Important:

No spontaneous reaction does not mean it doesn't matter.

10.5.3.2 Direct or very factual communication

Examples:

- clear statements without "social packaging"
- less small talk
- Criticism comes across as harsh or dispassionate.

Possible cause:

- Preference for clear, explicit language
- Low intuition for implicit social codes

Helpful:

- Give direct feedback ("That came across as harsh to me")
- No expectation of mind reading

10.5.4 Need for structure & routines

Typical:

- fixed procedures
- Difficulties with spontaneous changes
- Stress due to planning uncertainty

Background:

- Predictability reduces cognitive overload
- Spontaneous adaptation requires a lot of energy.

10.5.4.1 Withdrawal after social interactions

Can have the following effects:

- Disinterest
- emotional distance

Often:

- Sensory overload
- necessary regeneration

10.5.4.2 Special interests or intense focus

- long talks about certain topics
- deep dive into details

This is common:

- regulation
- Joy
- Source of competence

10.5.5 Which is NOT automatically autism

Very important for a healthy understanding of relationships:

Not all difficult behavior is due to neurodiversity.

Not all autism is present when:

- disrespectful behavior
- Border crossings
- emotional coldness without willingness to reflect
- lack of responsibility

Autism explains behavior — it doesn't excuse everything.

10.5.6 How to better distinguish between different types of autism

Ask yourself three questions:

1. Is the behavior consistent?

- Does it occur similarly in many situations?
→ suggests a neurological pattern

2. Does the person show a willingness to learn?

- Does she try to understand when you give feedback?
→ indicates good relationship skills

3. Is it a case of being overwhelmed?

- Does the behavior occur more frequently under stress or sensory overload?
→ suggests autistic regulation

10.5.7 What often helps in relationships

Clear communication

Not:

- "You should realize..."

Rather:

- "I need some emotional feedback right now."

Make expectations explicit

Many conflicts arise from:

- unspoken social rules

Helpful:

- Formulate specific wishes
- Specify time frame
- Explain meaning

Respect different energy profiles

Autistic people often have:

- lower social energy reserves
- higher sensory load

Balance means:

- Proximity AND retreat spaces

**10.5.8 For you as someone affected
(with your own mental illness)**

An important reality; you can simultaneously:

- Understanding neurodiverse behavior
- AND take your own needs seriously

There is no contradiction between the two.

You may say:

- "I understand how overwhelmed you are – and yet I still need connection."

10.5.9 A common guiding principle

"We do not interpret behavior as an attack, but as an indication of different nervous systems."

10.5.10 individuality

Autism is a spectrum.
No one fits all the criteria.

The goal is not:

- To categorize behavior

rather:

- to facilitate mutual understanding (Sappok u. a., 2023).

10.6 Borderline Personality Disorder – Understanding and Classifying

10.6.1 What does borderline personality disorder mean?

Borderline personality disorder is a mental illness characterized primarily by:

- very intense emotions
- strong mood swings
- unstable relationships
- impulsiveness
- a fluctuating self-image
- high vulnerability to crises

Borderline personality disorder is classified as a personality disorder, not an affective disorder like depression or bipolar disorder. However, depression, anxiety disorders, or post-traumatic stress disorder often co-occur.

10.6.2 Typical characteristics

Those affected often experience:

10.6.2.1 Emotions

- very strong feelings
- rapid emotional changes
- intense anger, fear, or despair
- extreme reactions to rejection

10.6.2.2 Relationships

- strong need for closeness
- great fear of being abandoned
- Alternating between idealization and devaluation
- intense conflicts

10.6.2.3 Self-image

- Uncertainty about who one is
- A feeling of inner emptiness
- strong self-criticism
- Identity instability

10.6.2.4 Behave

- impulsive actions
- self-harm
- risky decisions
- strong crisis responses (Auer und Kaess, 2022)

10.6.3 Causes (simplified)

Borderline personality disorder is usually caused by a combination of:

- biological sensitivity to emotions
- stressful life events
- traumatic experiences
- invalidating environments
- learned coping strategies

It is not a case of "weakness of character", but rather a complex disorder of emotion regulation.

10.6.4 How do borderline mood swings differ?

In contrast to bipolar episodes:

- Mood swings often arise from interpersonal events.
- They often last shorter
- change faster
- are they strongly emotionally influenced

10.6.5 What helps?

The following are particularly helpful:

- Emotion regulation
- Mindfulness
- Crisis plans
- self-compassion
- clear structure
- physical regulation
- stable relationships
- Dialectical Behavior Therapy (DBT)

Many tools from this manual can also be helpful for people with borderline personality disorder, especially in dealing with intense feelings and crisis moments (Linehan und Linehan, 2008).

10.6.6 Important NOTE

Borderline personality disorder is a treatable condition. With therapy, support, and appropriate strategies, those affected can develop greater stability, security, and quality of life in the long term.

10.7 ADHD in Adulthood – Understanding and Classifying

10.7.1 What does ADHD mean?

ADHD (Attention Deficit Hyperactivity Disorder) is a neurobiological developmental disorder that can persist into adulthood.

It primarily concerns:

- Attention
- Impulse control
- Planning and organization
- Emotion regulation
- self-control

ADHD is not a lack of discipline or will-power, but a different way of processing information in the brain (D'Amelio, 2024).

10.7.2 Typical characteristics in adulthood

10.7.2.1 Attention & Organization

- Concentration problems
- rapid digression
- Planning difficulties
- Things start, but are hard to finish.
- Chaos in everyday life

10.7.2.2 impulsiveness

- Acting quickly without thinking
- impulsive decisions
- Problems with patience
- Interrupting others

10.7.2.3 Emotional regulation

- intense frustration
- rapid irritability
- emotional overload
- "All-or-nothing" reactions

10.7.2.4 Energy & Activity

- inner restlessness
- simultaneous exhaustion
- Difficulties with breaks

10.7.3 ADHD vs. Depression / Bipolar Disorder (important distinction)

ADHD	Bipolar	depression
lifelong pattern	Episodes	Episodes
Distractibility	Mood episodes	Lack of motivation
chronic or-organizational issues	Hypomania	Loss of interest
fast emotions	Days/Weeks	persistent depression

10.7.4 Causes (simplified)

- genetic factors
- neurobiological differences
- Dopamine regulation
- Development factors
- Environmental stressors

10.7.5 What helps with ADHD?

- clear structure
- small steps
- visual planning
- established routines
- Movement
- Stimulus management
- external memories
- Therapy (e.g., CBT for ADHD)
- possibly drug treatment
(D'Amelio, 2024)

10.7.6 Reference to this manual

Many tools in this manual can support people with ADHD, especially:

- Structuring strategies
- Mini-goals
- Break management
- Emotion regulation
- self-compassion
- Emergency strategies

It is important to adapt tools to your own attention span and to break them down into small, clear steps.

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PART IV: SPECIALIST KNOWLEDGE

