

This – About the Story

I don't get this.

I don't have anything to worry about.

I'm fifteen! And in Year 10!

I should be thinking about the way Samantha keeps looking at me, nursing that crush she's had on me since primary school. Or about Gabriella, who's so cool and seems interested. Or the Boland Fellowship, an award given out for academic excellence that everybody thinks

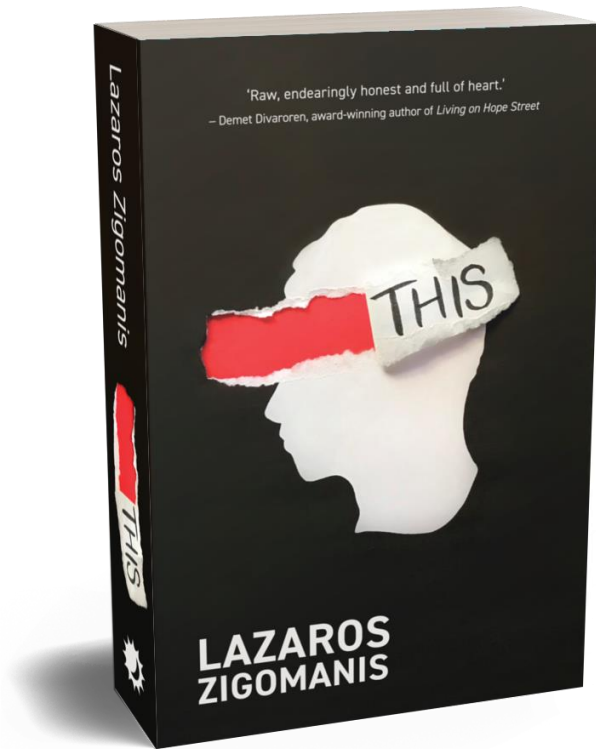
I could win. Or about my best friend Ash, and the way he's sullen about his arguing parents, or our friend Riley, who's becoming a bigger and bigger troublemaker, although we don't know why.

But when I wake up one night, terrified, it starts a journey of trying to find out what's wrong. I can't go to Mum and Dad. We don't talk about things like this. And kids at school would make fun of me if they knew.

So it's scurrying around like nothing's wrong, while everything's coming apart.

I don't get this.

Set in the 1980s, a fifteen-year-old unnamed Greek boy is completely confused about what is going on as he tries to fend off what we now know as anxiety, panic attacks and depression while surrounded by his Greek family, friends and girls he might or might not have a crush on.



Details

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‘A deeply hopeful and beautifully nuanced portrayal of the toll of anxiety, that delicately explores the balance between cultural expectations and stigma toward mental illness within migrant families.’

— Amra Pajalic, award-winning author of *Sabiha’s Dilemma*

‘Raw, endearingly honest and full of heart.’

— Demet Divaroren, award-winning author of *Living on Hope Street*

‘*This* is a raw and powerful YA novel that takes an unflinching deep dive into anxiety and mental health. Lazaros Zigomanis writes with candour, flair and humour about adolescence, migrant parents and relationships. Full of late 80s nostalgia but still incredibly timely, *This* will be a beacon to many readers – young and old – who can relate to the experience of surviving high school with mental health challenges.’

— Holden Sheppard, award-winning author of *The Invisible Boys* and *The Brink*

About the Author

Les Zig is a novelist, screenwriter, and speaker.

He has five published novels: [*Just Another Week in Suburbia*](#) ([Pantera Press](#) 2017), explores the questions of trust, fidelity, and how well you can ever truly know another person; while [*August Falling*](#) ([Pantera Press](#) 2018) is a story about unconditional acceptance, reclaiming the past, and finding a way forward; and [*Prudence*](#) (ECG Press 2023), which is an exploration of fidelity, temptation, and our darkest desires.

As 'Lazaros Zigomanis', he wrote the YA novel [*Song of the Curlew*](#) ([Pinion Press](#) 2019), a story about dreams, coming of age, community, love, and racism. It has been described by best-selling Young Adult author [George Ivanoff](#) as 'an extraordinary book.'

His new YA novel, *This*, will be published in August 2023 by [MidnightSun Publishing](#). *This* tells the story of a 15-year-old dealing with burgeoning neurosis as he navigates social pressures, high school obligations, and his overbearing Greek parents.

Les is also the writer and director behind the half-hour satire mockumentary [*Little Diva Rising*](#), which has met with great success on the independent festival circuit; and the web series [*The Abnorms*](#), a preternatural take on life in lockdown during the pandemic. He also wrote and directed the short action film, [*The Other Side of Paradise*](#).

He's had four screenplays optioned, and a raft of unproduced screenplays place in over one hundred competitions. His stories and articles have also been published extensively.

A lifetime writer, Les has a love of storytelling, and has always wanted to tell stories.

From the Author

Large parts of the story are biographical, drawing from my own experiences dealing with neurosis as a teenager in the 1980s. This was a time when there was neither understanding nor awareness of mental health issues. You had no idea what you were going through, what it was, or how to deal with it.

Anything to do with mental health was simply classifiable as going crazy. With that being the case, you didn't let anybody know – especially in high school, where everybody was trying to fit in and being different (especially in a way that could be deemed negative) could be cause for ridicule. Mental health was heavily stigmatized.

Something that's happened in (some) contemporary fiction is that mental health is often depicted as a quirk, a charming idiosyncrasy that's the equivalent of a fashion accessory. This attitude depreciates what people are going through, their struggles, and their journey to heal.

I wanted to explore the onset and development of mental health issues, and show how destructive they can be, as well as how isolating. It can be feel like a battle the sufferer has to wage alone, and in that battle they find equally destructive ways of coping because there just doesn't seem to be any other recourses.

But if I could step back in time and talk to my younger self, the one thing I would tell myself is that no matter how bad I feel, no matter how afraid I get, I'm going to get through this.

That's the message behind the book.

Book Discussion Questions

1. The narrator remains unnamed throughout the story. Why do you think the author chose to keep the narrator nameless?
2. Why do you think the narrator keeps his struggles with mental health secret for so long?
3. Ash is often full of foolish bravado and shows protectiveness to students who can't stand up for themselves. Why do you think he behaves this way?
4. Riley is angry and rebellious. Why do you think this is the case?
5. Riley tells everybody the narrator's secret that he's struggling with mental health issues. Why do you think Riley does this?
6. How similar are your parents to the narrator's? Why do you think the narrator's parents are the way they are?
7. Why do you think Deanne attempts to take her own life?
8. Gabrielle is conscientious of other characters' needs, despite the issues her own family is going through. How do you think she's able to maintain this attitude and her studies with so much going on?
9. Mr. Baker shows an interest in the narrator's mental health issues, and then shares some of his own experiences. Do you think he crossed a line, or that he did the right thing?
10. Riley is embarrassed by his father's sexuality. Why do you think this is the case?
11. Riley wants to join the navy. Do you think he's doing so genuinely as a career choice, or because he's trying to escape? Why?
12. Why do you think Ash treats Rachel as he does?
13. Ash fears he'll become like his father – do you think his fear is valid? What sort of person do you think Ash will become?

14. What do you think of the way Riley talks about his girlfriend Felicia? Have you talked about your partner this way behind their back?
15. The three friends are often drinking and smoking. How typical is this behaviour for teenagers? Is there a difference between now and the 80s?
16. One doctor prescribes the narrator sleeping tablets. Was this a responsible choice?
17. The narrator uses alcohol as a means to navigate his anxiety. Is this a successful strategy? Do you know of other strategies?
18. How do you think the 1980s would differ from the 2020s in dealing with mental health issues?
19. Who is your favourite character and why?
20. One of the central themes throughout the story is *identity*. How do you see your own identity?

Mental Health Discussion Points

1. How difficult is peer-group pressure? Has it ever forced you to do anything you didn't want to?
2. How much of a struggle is academic pressure and expectation?
3. Why do you think anxiety is different to normal worry?
4. Have you ever experienced any form of neurosis?
5. How conscientious are you of other students' needs?
6. If you dealt with any mental health issues, would you go to your friends or family for help? How do you think they would respond?
7. How do you think mental health issues would impact your life, e.g. your schooling, your friendships, your relationships with your family?
8. One of the novel's themes is "identity". Are you truly who you want to be, or have you formed an identity to fit in?
9. Do mental health issues define who you are?
10. How can we handle mental health issues, and people who suffer from mental health issues, better?

On the following pages is some information about Anxiety, Obsessive Compulsive Disorder, Depression, and Suicide, taken from the Beyond Blue website:

<https://www.beyondblue.org.au/>

Anxiety

Everyone feels anxious from time to time. When anxious feelings don't go away, happen without any particular reason or make it hard to cope with daily life it may be the sign of an anxiety condition.

Anxiety conditions affect 1 in 4 people in Australia and they are treatable.

What is anxiety?

Anxiety is more than just feeling stressed or worried. Stress and anxious feelings are a common response when we feel under pressure. These feelings usually pass once the stressful situation has passed

Anxiety is when anxious feelings don't go away and may not have a clear cause. If you're living with anxiety, the anxious feelings may not be easily managed. Anxiety is a serious condition that makes it hard for a person to cope with daily life.

Three million Australians are living with anxiety. Anxiety is the most common mental health condition in Australia. 1 in 4 people will experience anxiety at some stage in their life.

Symptoms of anxiety

Anxiety symptoms can develop over time. Because we all experience anxious feelings, it can be hard to know when to seek support.

Signs and symptoms of anxiety can include:

- feeling very worried or anxious most of the time
- finding it difficult to calm down
- unable to control your anxious thoughts or worries
- feeling tired easily
- difficulty concentrating or mind going blank
- muscle tension

- sleep disturbances.

Types of anxiety

There are several types of anxiety disorders. Each type has different symptoms and is treated differently.

Common types of anxiety include social anxiety disorder and generalised anxiety disorder (GAD).

Treatments and other support for anxiety

There are many evidence-based treatments for anxiety, including therapy and medication. Taking the first step in the journey to recovery can be hard.

There are resources to help you if you're having anxious feelings, have been diagnosed with anxiety or are supporting someone with anxiety.

Treatments for anxiety

Proven anxiety treatments include medication and therapy. Finding the right treatment and support can help you learn how to manage your anxiety.

Finding mental health support

Your GP can be a good place to start the conversation about your mental health.

We can also help you find other support that's right for you. This could include talking to our counsellors or helping you find a mental health professional near you.

Obsessive compulsive disorder (OCD)

Obsessive compulsive disorder (OCD) is when you feel an overwhelming need to do or think something again and again.

What is OCD?

OCD isn't about keeping your house tidy or liking things to be neat and orderly. It's a serious condition that can make it hard to get through everyday activities. It can lead to social disability, such as children unable to go to school or adults becoming housebound.

Worrying about some things can be helpful. For example, thinking "Did I lock the door?" and checking once before you go to sleep can help keep you safe. However, having intrusive thoughts that you need to check the locks exactly six times or something terrible will happen is unhelpful.

Remembering to wash your hands before you eat is helpful and keeps you safe. Feeling an overwhelming need to wash your hands every time you've touched anything at all is unhelpful.

If you have OCD, you're not alone:

- around 3 per cent of Australians experience OCD in their lifetime
- around 3 per cent experience it in any 12 month period.

Signs and symptoms of OCD

OCD can occur at any time during your life. Children as young as 6 or 7 may have symptoms and it's common for OCD to develop fully for the first time in adolescence.

Only a psychologist or psychiatrist can diagnose OCD. The list of common symptoms on this page can help you decide whether you need to take the next step and seek support.

If you have OCD you may:

- have repetitive thoughts or worries that aren't rational
- constantly repeat the same activity exactly the same way.

You might feel relieved in the short term by doing these things, but soon feel the need to repeat them. You may also recognise that these feelings, thoughts and behaviours are unreasonable.

It is recommended that you [get support](#) if you:

- spend more than one hour a day thinking repetitive thoughts or constantly repeating actions
- find that these thoughts and actions make it hard to do everyday activities, like working, studying or seeing friends and family.

Common OCD thoughts and behaviours

Obsessive thoughts and compulsive behaviours can be about a wide range of issues. We've listed some common ones here.

Cleanliness and order

- Obsessive hand-washing or cleaning because you're afraid of germs.
- Obsession with order or symmetry – for example, an overwhelming need to do things in a particular pattern or put objects in particular places.

Counting and hoarding

- Repeatedly counting items or objects - such as your clothes or pavement blocks when you're walking.
- Hoarding things - such as junk mail and old newspapers.

Safety and checking

Obsessive fears about harm occurring to yourself or someone else can lead to an overwhelming need to do things such as repeatedly check:

- whether the stove has been turned off
- that windows and doors are locked.

Sexual issues

- An irrational sense of disgust about sexual activity.

Religious and moral issues

An overwhelming need to pray:

- a certain number of times a day
- so much that it interferes with your work or relationships.

Effective treatments for OCD

Research shows that the most effective treatments for OCD are:

- cognitive behaviour therapy
- behaviour therapy (including exposure therapy)
- antidepressant medication – for severe OCD.

Should I get support?

If OCD is making it your everyday life harder, it is recommended that you get support. OCD is common and treatable but it doesn't usually go away by itself.

You might feel shame about your need to carry out these compulsions, but you're not alone. This is a common feeling for people with OCD.

Mental health professionals can offer you effective treatments without judgement.

Causes of OCD

OCD is caused by a combination of genetic and environmental factors. Known risk factors include family history, social, psychological, biological and environmental factors.

Serotonin levels

OCD has been linked to irregular levels of [serotonin](#) – a natural chemical in your body. It's a natural mood stabiliser that controls wellbeing and happiness.

Environmental and learned behaviours

Sometimes OCD can develop because of something that's happened to you or something you've learned by watching others. For example, you might develop:

- a washing compulsion after catching a bad illness
- an overwhelming need to check the locks many times because that's what you watched your parents do.

Depression

We all feel sad, moody or low sometimes, it's a normal part of life. If these feelings come and stay for more than 2 weeks it might be a sign that you have depression.

Depression affects 1 in 7 people in Australia. It's a serious condition that affects your physical and mental health.

It's important to know that it is treatable and it's worth reaching out and talking to someone about it.

What is depression?

Depression affects how you feel about yourself. It can make life more difficult to manage from day to day.

You might lose interest in things you usually enjoy. You may lack energy, have trouble sleeping or sleep more than usual.

Some people feel irritable and some find it hard to concentrate.

Symptoms of depression

Everyone experiences depression differently.

Common signs and symptoms of depression can include:

- withdrawing from friends and family
- trouble concentrating
- feeling overwhelmed, empty or numb
- thinking nothing good ever happens
- being constantly tired

Suicidal thoughts

Sometimes people who are experiencing depression may also experience suicidal thoughts. To learn more visit [Suicidal warning signs](#).

Types of depression

There are several types of depression. Each type has different symptoms and is treated differently.

Common types of depression include major depression (including postnatal depression), bipolar disorder and persistent depressive disorder (dysthymia)

Causes of depression

We don't know exactly what causes depression. However, we do know there are a number of things linked to its development.

Depression usually develops because of a combination of life events, personal factors and changes in the brain. It doesn't usually develop because of one issue or event.

Do I have depression?

It can be hard to know whether you're feeling depressed or have depression.

An anonymous mental health check-in can help you understand whether your symptoms are likely to go away on their own, or whether it's time to get more support to help you feel better.

It's an evidence-based tool which asks you 10 questions about the feelings you've been having over the past 4 weeks. It's sometimes called the "K10" and is widely used by GPs and mental health professionals.

Treatments and other support for depression

There are many different approaches to treating depression. These include medications, therapy (such as cognitive behaviour therapy) and lifestyle changes.

We've got resources to help you if you're feeling miserable, have been diagnosed with depression or are supporting someone with depression.

Treatments for depression

Depression is unlikely to go away on its own.

Finding the right treatment and support can help you learn how to manage your depression and start to feel better.

Finding mental health support

Your GP can be a good place to start the conversation about your mental health.

We can also help you find other support that's right for you. This could include talking to our counsellors or helping you find a mental health professional near you.

Suicidal warning signs and coping strategies

Some suicides occur without any obvious warning, but usually there are warning signs. It's important to understand what the warning signs are and look out for them.

If you notice suicidal warning signs appear, there are coping strategies you can use which have worked for others.

On this page we explain common suicidal warning signs and coping strategies.

Remember, support is available.

Changes in relationships

- Withdrawing from other people.
- Feeling like you don't belong or won't be accepted.
- Feeling like you're a burden to other people.
- Feeling like a failure or a disappointment.
- Feeling isolated or lonely.
- Finding it hard to talk to people.
- Fighting with people.

Emotional changes

Feeling:

- depressed or hopeless
- anxious or stressed
- trapped
- angry
- overwhelmed
- numb
- like there's no future
- worthless or alone.

Routine changes

- Struggling to maintain a routine.
- Struggling to maintain hygiene or appearance.
- Poor or disrupted sleep.
- Changes to eating patterns or rapid weight changes.

Changes to thinking

- Getting stuck on negative thoughts about yourself and the future.
- Intrusive thoughts.
- Trauma flashbacks.
- Finding it hard to focus or concentrate.
- Being distracted.

Behaviour changes

- Self-harming – for more information visit [Self-harm and self-injury](#).
- Increased alcohol, drug or other substance use.
- Recklessness and aggression.
- Giving away sentimental or expensive possessions.

Thinking about suicide

- Increased thoughts of suicide.
- Planning or thinking about ways to die.

Find out more about suicidal thoughts, what to do if you're feeling suicidal, and where to get support at [Feeling suicidal](#).



**Call Triple Zero (000)
for an ambulance**



**Contact Lifeline
online or on 13 11 14**



**Contact Suicide Call
Back Service online
or on 1300 659 467**

Progressive Muscle Relaxation Script

Progressive Muscle Relaxation is a simple entry-level meditation that anybody can try. Meditation can help you find calmness, as well as improve mental and physical health.

During this exercise, you tense a set group of muscles. Do not tense to the point of strain or discomfort. If you have any injured any areas, skip them.

Begin by finding a comfortable position where you're seated or lying down. Preferably, wear loose, non-restrictive clothing.

Take a deep breath, and then release it slowly.

Close your eyes. Set the intention for your meditation – tell yourself this is a time for peace, relaxation and regeneration.

Now imagine your consciousness in your head. Direct it down to your feet. Feel it course down and take position there.

Curl your toes up and tense your feet. Remember *not* to tense to the point of discomfort.

Hold for five seconds.

Now, as you relax your feet, imagine all the tension, all the stress, all the anxiety just pour out. Feel how relaxed your feet are now.

Move your consciousness up to your calves. Tense your calves. Remember, not too tightly.

Hold for five seconds.

Relax your calves. Feel all that tension pour out. Feel how relaxed your calves are.

Move your consciousness up to your thighs. Tense your thighs. Feel their firmness.

Hold for five seconds.

Relax your thighs. Feel how light and free that your thighs, and your whole legs, feel.

Move your consciousness up to your buttocks. Tense your buttocks.

Hold for five seconds.

Relax. Feel all the tension pour out.

Move your consciousness up to your stomach and lower back. Tense. Not too hard. Think about all the tension in your body.

Hold for five seconds.

Relax. Feel the tension pour out of you. Feel how light and free your body is becoming. You releasing all your tension.

Move your consciousness up to your chest. Tense your chest. Feel that tightness.

Hold for five seconds.

Now relax. Feel all that tension pour out. You're becoming so nice and relaxed now.

Move your consciousness into your arms, spreading it all the way from your shoulders to your hands. Clench your hands into fists. Tense your arms and shoulders.

Hold for five seconds.

Now uncurl your fists, and relax your arms and shoulders. Feel all that tension pour out. Your whole body is relaxed now.

Move your consciousness up to your neck. Tense it up.

Hold for five seconds.

Now again, let go and relax. Feel that tension pour out.

Return your consciousness to your mind. Clench your jaw, scrunch up your face, squeeze your eyes shut, and frown your forehead. Feel how tight everything is.

Hold for five seconds.

Now let everything go. Feel all that tension and stress pour out.

Your body is all now loose and free. Time for one final tense: tense your entire body.

Hold for five seconds.

Now relax and let all that remainder tension pour out.

Your body is all limp and relaxed now. All the tension has left you. You are light and free now.

Lay there for a few minutes, feeling nice and peaceful and relaxed.

When you are ready, start to move your limbs. Open your eyes. Sit up feeling refreshed.

Note: Progressive muscle relaxation can be done in whatever blocks you like. As you practice the exercise, you'll find it easier to release tension and feel relaxed.