Evaluation of the Effectiveness of Solutions

What have you done to get rid of negative thoughts or feelings, memories, emotions or sensations? List all your strategies:	• Did your thoughts or feelings go away? • Did they return later? • Did they worsen?	Has your life become more meaningful, more purposeful?	How much has it cost you, and how much time has it taken? How has it affected your health, wellbeing, and/or relationships?