

Depression

What is depression?

There are several forms of depression. Depression can develop rapidly or come on slowly over weeks or months. In some cases, depression can develop into a chronic or episodic syndrome. Although many people associate depression only with sadness, there are actually quite a range of symptoms associated with depression. The most common ways for people to experience depression include the following symptoms:

- Sadness (depressed mood)
- Loss of interest/pleasure in things previously enjoyed
- Feelings of guilt or worthlessness
- Low energy
- Difficulties concentrating
- Appetite or weight changes (can go in either direction)
- Feeling slowed down, or agitated/restless
- Changes in sleep (sleeping more or less than usual)
- Thoughts of death or suicide

It is estimated that up to 25% of women and 12% of men will experience clinical depression at some point during their lifetime. Women are twice as likely as men to become depressed.

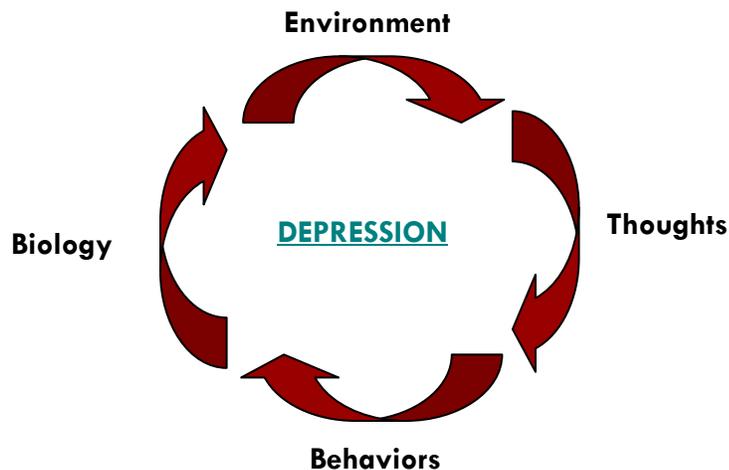
What depression is not

There are a lot of myths and stigmas surrounding depression. Depression is not a “weakness;” nor is it “all in your head.” Clinical depression is not something that you can just “snap out of.” Unlike other medical conditions like cancer, diabetes, and hypertension, your doctor cannot take a blood test to “prove” that you’re depressed. This often leads those who are depressed to feel that they are lazy, worthless, have failed or have brought depression on themselves in some way. These beliefs contribute to depressed individuals not seeking the help that they need, and in turn can worsen the depression. Because depression is associated with a general suppression of immune factors, not seeking help only allows the depression to continue unchecked and results in adverse health outcomes in other areas. The good news is that help is available. Years of research have identified medical and psychological approaches that are effective in treating depression. If you or someone you know is depressed, it’s very important that you seek help. Reading this pamphlet is a first step towards understanding depression and getting the help that you need.

What causes depression?

Heredity, psychiatric illness, major negative life events (e.g., the death of a loved one), prolonged stress, and medical illness can all play a significant role in depression. There is some evidence that depression is associated with shortage of neurotransmitters (such as serotonin and norepinephrine), which are chemicals in the brain that are believed to be responsible for mood regulation.

Usually, depression is related to a combination of factors including the social environmental, biological factors, our thoughts and beliefs, our emotions, and our behavior. Each of these factors can affect the others, and often work together in a sort of “snowball effect” that ultimately leads to depression. The depression spiral provides a helpful illustration of this:



It is important to keep in mind that ***what initially causes the depression may not be the same as what maintains it, or causes it to persist over time.*** For example, an individual may have a family history of depression, resulting in a strong hereditary vulnerability to becoming depressed. Such an individual may be more likely to become depressed in reaction to a series of negative life events or stressors. Over time, however, in reaction to their depressed mood, depressed individuals often withdraw from friends and family, cut down on previously enjoyed activities, and report a range of negative thoughts about the self, the world, and the future. Eventually, these behaviors (social withdrawal, lack of activity) and negative thoughts can play a greater role in *maintaining* the depressed mood than the biological vulnerability that initially led to the depression.

How to manage depression

Because depression has been associated with deficiencies in serotonin and norepinephrine, antidepressants (which promote increased levels of these chemicals in the brain) are increasingly used to treat depression. However, treatment with medication alone is associated with a return of depression later on when the medication is stopped, due to the fact that it does not encourage patients to adopt new coping skills. Research has shown that the *combination of medication management and psychotherapy leads to the greatest and most enduring symptom improvement.* The good news about the depression spiral is that it is reversible----there are specific ways that you can change your behaviors and thoughts (TODAY!) that have been shown to lead to significant and enduring symptom improvement among hundreds of thousands of other depressed individuals.

STEP ONE: GET MOVING!

Our level of activity is often connected to the way we feel. You may notice that when you are depressed, you tend to be less active—you may cut down on social activities or on exercise. As a first step towards treating depression, it is often beneficial to increase activities—particularly those that you have found pleasurable in the past, those that lead you to feel that you have accomplished something (i.e., hobbies), or those that are aligned with your values (i.e., if you are a parent, spending quality time with your children). Aerobic exercise, in particular, is one of the best ways to improve your mood. When you exercise, your body releases endorphins, which are natural “feel good” chemicals. Research has shown that exercise can be just as effective as antidepressants for the treatment of depression!!!

When you're depressed, you will rarely feel motivated or excited about initiating an activity...but you'll find that once you get started, the positive momentum will build and over time (over several weeks of increasing your activity level), most people experience increased energy and an elevation in mood.

You will increase your chances of success if you plan, and schedule, specific activities (i.e., “tomorrow morning at 7am, I am going to walk my dog around the neighborhood for 30 minutes”). The activities you select don't have to be extravagant- they can be as simple as a 10-minute walk outside, taking a bath, gardening, reading a book, talking to a close friend, or listening to soothing music. Remember- everybody is different- it's important to identify activities that are enjoyable or meaningful to YOU! (Note: if you are having a difficult time identifying activities, your counselor can provide you with a list of hundreds of potentially enjoyable activities to “spur” your brainstorming process.)

Use the activity schedule on the last page of this pamphlet to schedule and track your activities for the next week. Tracking your activities can help you to see more clearly the relationship between them and your mood. Be sure to rate your level of enjoyment/mastery for each activity, and your average mood (using a 0-10 scale, with 0 representing “completely depressed” and 10 representing “not at all depressed”) for each day. After you've done this for one week, ask yourself the following questions:

- Did my activities affect my mood? How?
- Which activities helped me to feel better?
- Did any activities (or periods of inactivity) cause me to feel worse?
- Which activities had the greatest positive impact on my mood?
- Were there certain times of the day or week when I felt better or worse?
- Based on my answers to the previous questions, what activities can I plan in the coming weeks to maximize the chances that I will feel better?

Use the information you've gained to guide activity plans for the upcoming weeks. Becoming “undepressed” is a little bit like walking out of a big hole in the ground. It won't happen all at once; rather, you'll have to climb out one step at a time. The important thing is to keep the momentum in the positive direction. Don't give up!!! If you need to, get your friends/family to help keep you on track with planning and committing to activities.

STEP TWO: LOOK OUT FOR “STINKIN’ THINKIN’!”

Depression is characterized by thought patterns that actually maintain the depressed mood. Individuals who are depressed experience negative thoughts about the self (self-criticism), the world (general negativity) and the future (hopelessness). It’s a little bit like wearing a pair of dark sunglasses—everything you see has a shadow cast over it. Our thoughts have a direct impact on our mood, on our interactions with others, and on our activity level (or lack thereof). It’s very important, therefore, that you **pay attention to, and challenge, unhealthy and unhelpful thinking**.

Whenever you experience a negative shift in mood, pay attention to what you were thinking at that moment. Once you’ve identified your thoughts, ask yourself “is this type of thinking helping me or hurting me?” If you find that your thinking is making your depressed mood worse (as is usually the case for depressed individuals), here are some things you can do:

- **“Examine the evidence”** for and against the negative thought. Is it truly accurate? Where’s the proof? Are you blaming yourself for something over which you do not have complete control? Are you jumping to conclusions? Are you discounting your strengths, or positive attributes, in some way? Become your own scientific investigator and collect the facts.
- **Replace the negative thought with a thought that is more helpful or realistic.** How can you think differently about this problem, situation, or myself? Five years from now, if you look back at this situation, how might you look at it differently? Allow yourself to view a situation from more than one angle (how might your spouse, friend, or someone you admire view the same situation?)
- **Use the “best friend” scenario.** What would you tell your best friend if he or she was having these same thoughts? Would you criticize him or her as harshly as you criticize yourself?

Most of us go through life on “autopilot,” unaware of much of our thoughts or on the impact that they have on our mood and our behavior. It can take awhile before you get to be skilled at identifying your negative thoughts. Over time, you’ll get better at this, and you’ll be able to challenge your negative thoughts and replace them with more helpful thoughts *in the moment*, when they occur. This is a skill that can be helpful not only in managing depression, but in helping you to better manage and understand your mood and behaviors for the remainder of your lifetime.

Additional Resources (Self-help workbooks)

“Feeling Good” by David Burns, M.D.

“Get Out of Your Mind and Into Your Life” by Stephen Hayes, Ph.D.

“Mind over Mood” by Dennis Greenberger, Ph.D., & Christine Pedesky, Ph.D.

Activity Log – Dates: _____

Grade each activity for sense of accomplishment “A” and pleasure “P” on a scale from 0-10 (10 being the highest)

	Sunday	A	P	Monday	A	P	Tuesday	A	P	Wednesday	A	P	Thursday	A	P	Friday	A	P	Saturday	A	P	
6-8																						
8-10																						
10-12																						
12-2																						
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4-6																						
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Day's Mood 0-10																						