

Understanding and Coping with Depression

Updated 7.29.19

Be aware. Virtually all symptoms of depression are unpleasant, so once you are aware of what to look for, a pattern of depression is easier to spot. One key difference between “normal” or common periods of depression versus severe levels of depression is the degree to which it interferes with your life and daily functioning over time.

- hopelessness
- feeling sad or down
- self-critical thinking
- a sense of failure
- guilt
- feeling inadequate
- feeling worthless
- thoughts of suicide
- making suicide plans
- low energy
- more / less sleep
- more / less appetite
- decreased pleasure
- lower interest in sex
- low initiative to start activities
- poor concentration

Reach out for help. If you suspect you have a broken arm, you would ask for help by going to a medical facility for assessment, care and treatment. If you suspect a part of you is “broken” emotionally, it makes sense to reach out to ask for care and treatment that can be easily available and very helpful. Over the course of a lifetime, approximately 20% of all people will struggle with high levels of depression. In other words, depression is fairly common, and it is healthy and reasonable to temporarily lean on others for support.

Knowledge is power. Seek out information about depression and various treatment approaches from credible sources. Ask questions. Learn about the various factors that contribute to depression and its treatment approaches. The more you know, the less scary or mysterious it will be. The more you know, the more empowered and confident you will feel about options to improve your condition.

Possible Physical Factors

- heredity
- neurotransmitters (brain chemistry)
- medical conditions – hormones, glucose/diabetes, thyroid, anemia, mononucleosis, low testosterone
- medication side effects
- substance abuse
- stress from medical conditions or events

Possible Behavioral Health Factors

- unusual stress
- traumatic experience
- unhealthy thinking patterns
- withdrawal from usual supports
- loss
- decreased physical activity
- few or no enjoyable activities
- few achievement opportunities
- substance abuse

To help grow your knowledge about coping with depression, **try one** of the reading suggestions below, and feel free to discuss what you read with your healthcare providers.

Suggested Readings, Videos & Apps

- Ted Talk video, “4 Pillars of a Meaningful Life,” and “There’s More to Life Than Being Happy,” by Emily Esfahani Smith (2018 and 2017).
- “Don’t Sweat the Small Stuff (and it’s all small stuff)” by Richard Carlson (1997)
- “Who Moved My Cheese” by Spencer Johnson (1998)
- “Feeling Good. The New Mood Therapy” by David D. Burns (2008)
- “Get Out of Your Mind and Into Your Life” by Stephen Hayes (2005)
- “The Mindfulness and Acceptance Workbook for Depression. Using Acceptance and Commitment Therapy to Move Through Depression and Create a Life Worth Living.” by Patricia Robinson & Kirk Strosahl (2008)
- “Learned Optimism. How to Change Your Mind and Your Life.” by Martin Seligman (2006)
- “Undoing Depression” by Richard O’Conner (2010)
- “The Happiness Trap Pocket Book” by Russ Harris (2014)
- “The Reality Slap: Finding Peace and Fulfillment When Life Hurts,” by Russ Harris (2012)
- “Mindset. The New Psychology of Success” by Carol Dweck (2007).
- “Feel the Fear and Do It Anyway,” by Susan Jeffers (2017). This book is also available is a shorter abridged quick read edition.
- App – Virtual Hope Box
- App – “Moodnotes” – highly recommended

You matter. Your safety matters. Be honest with yourself and your healthcare providers. Suicide risk can range from relatively mild (such as a vague infrequent wish to never wake up), to moderate (such as thinking more frequently about wanting to die and possible suicide scenarios), to severe (having clear intent, a plan and a timeline). Protective factors against suicide can include identifying reasons for living, having meaningful relationships, not wanting to upset family and friends, feeling connected to a job or school, believing it is morally wrong, believing it is spiritually wrong, pregnancy, and/or fear of death or pain. If your suicide risk is moderate or higher, your healthcare provider may ask for your input in generating a plan to help get you through this tough time.

Cognitive-Behavioral Treatment Approaches

1. **Get moving.** By definition, persons struggling with depression often do not feel as though they have the energy or initiative for even light exercise. However, the benefits of increasing physical activity are so strong that it cannot be overlooked as an effective tool to reduce depressive symptoms. But very deliberate about starting with small, or very small, steps when trying to establish an exercise habit.

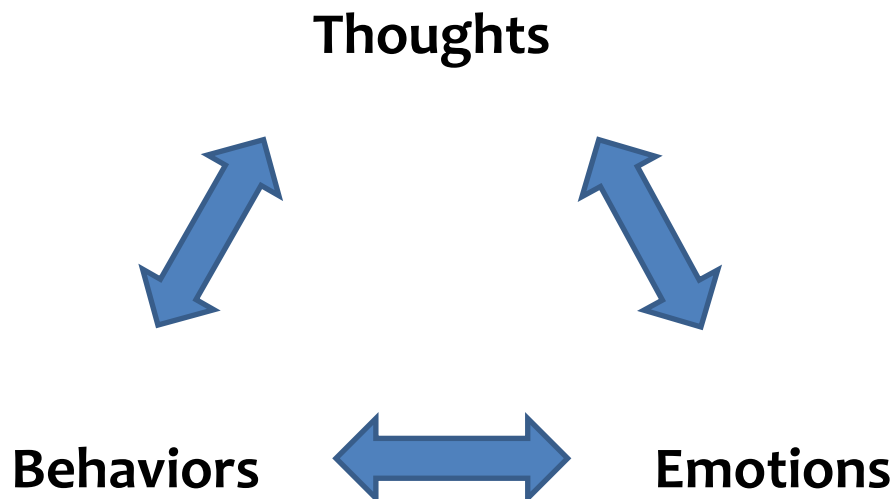
Exercise Benefits

- ✓ increased endorphins (natural mood enhancing chemicals in your body)
- ✓ increased blood and oxygen flow to brain (to help with problem-solving skills, concentration, alertness, and memory functioning)
- ✓ increased blood flow and oxygen to muscles (to increase energy and stamina)
- ✓ decreased cortisol (high cortisol is connected with excessive stress response)
- ✓ a psychological sense of accomplishment for doing something that took effort
- ✓ increased activity levels increase the chance you discover a new hobby or interest
- ✓ exercising can be social (which helps meet your natural need to belong with others)
- ✓ exercising can be fun (which is the opposite emotion of depression)
- ✓ better physical conditioning means a lower likelihood of future physical injuries, better immune system to fight off infections, better future recoveries
- ✓ better overall physical health reduces the impact of other medical concerns

Suggestions to Boost Activity Level

- ✓ partner with an exercise buddy or two (being accountable to others increases chances for success)
- ✓ join a group activity scheduled for a specific time and place (like a yoga or cycling class, a softball team, a golf league, or hiking club)
- ✓ **start with small goals** to build successful feelings (maybe even tiny goals)
- ✓ schedule specific times / places / activities for individual activities
- ✓ plan ahead to cope with obstacles (such as excuses you know you will likely create to avoid physical and social activities)
- ✓ find ways to combine fun and exercise
- ✓ walking counts; walking burns approximately 70% of the calories as jogging (you do not have to run a marathon to improve your condition)
- ✓ ask a couple people you trust and see routinely to remind you and encourage you to stick to your plan to exercise more over time
- ✓ arrange a self-reward program, short-term and long-term

2. **Stay connected with other people.** When depressed, we tend to withdraw from others. Our social world shrinks, and unfortunately that kind of isolation can make depression worse. It is very important to remain socially connected with others, because those interactions (1) literally stimulate us, (2) keep us from getting too lost in our own depressed thinking habits, (3) increase our chances of having rewarding and fun experiences, and (4) provide opportunities for others to check on our well-being. Belonging is a very basic and extremely important human need. When that need is unmet for too long, depression likely increases.
3. **Have fun.** When depressed, we often neglect putting ourselves in position to have enjoyable experiences. Schedule fun time, whether small activities or bigger adventures. Even when you don't feel like following through with your plan for a fun activity, do it anyway and then be pleased with yourself afterward. The emotional anticipation of upcoming fun is fun, as well.
4. **Thoughts greatly influence moods and behaviors, for better or worse.** There is key principle in Cognitive-Behavioral Therapy which states thoughts dictate feelings. In other words, perceptions, automatic beliefs, opinions and thoughts greatly influence emotions. If thinking is too one-sided or too inaccurate, then the risk for high stress, anger, depression or anxiety goes up. Generally speaking, the goal is to practice balanced, healthy and accurate thinking in order to take good care of ourselves.



In order to practice healthy and balanced thinking, it helps to be aware of the following thinking errors so you can catch them happening, then challenge them, and then change them. **Catch** them. **Challenge** them. **Change** them. These are known as the **3 C's**.

A few examples of thinking traps or thinking errors or depressed thinking habits are listed below.

All-or-Nothing Thinking: seeing things as black or white, nothing is gray. Something is a total failure or a total success. There is no perception of a continuum. People and self are not seen as a blend of strengths, weakness and neutral characteristics. Examples include “never” and “always.”

Overgeneralization: a single negative event is seen as a never-ending pattern.

Selective Thinking: picking out a single negative detail and dwelling on it while overlooking other positive or neutral aspects of the situation or person.

Fortune Telling: predicting things will definitely turn out badly.

Emotional Reasoning: assuming that negative emotions reflect the way things really are, as if saying, “I feel it, so it must be true.” It is believing you must act the way you feel emotionally, which is of course not true. You may choose to act in a rational manner when emotionally upset or tempted to act out in some way.

Personalization: seeing negative events as signs of something negative about you (when that is not the case at all), or taking responsibility for events that were not your doing.

Catastrophic Thinking: making a problem seem much larger than it is, or seeing it as having long-lasting consequences when it actually does not.

Perfection Thinking: hidden (or not-so-hidden) self-talk that you should be perfect, never fail, never embarrass yourself, or always measure up to others' perceptions of you. Accepting ourselves as imperfection human beings can provide a huge degree of relief from anxious and depressed thinking habits.

5. **Spirituality.** Spirituality can be a very meaningful source of guidance, inspiration and hope. Whether it's a small, large or past part of your, considering feeding it in some way. One obvious example is attending church, which can meet both spiritual needs and social needs. Reading and listening to spiritual materials is an option. Visiting spiritual places by yourself can feel rejuvenating. Sitting quietly by yourself for a few minutes can be peaceful. Consider asking God if he exists.

6. **Consider setting a small and large goal for yourself.** Contrary to popular beliefs, it is not recommended that you make happiness a goal. Happiness occurs indirectly and it is temporary like all other emotions. Happiness results from life experiences that are meaningful to you. For example, happiness could result from a fun activity. It could result from getting recognized at work for doing a great job after you worked hard on a particular project. Happiness could result from an enjoyable social interaction with another person. Happiness could result from moving toward goals that are meaningful to you. Happiness might be a peak emotional moment of gratitude for what is already present. Moving toward small or large goals provides a sense of competence, power and life satisfaction. **The root word for happiness is “happen,” which means some sort of action event in the present moment.** The implication is that happiness often needs effort on your part; it involves expending energy, doing something now. If your main strategy is to wait passively for happiness, you will be disappointed.

7. **Problem-solving.** Depression can result from ineffective problem-solving over a long period of time (sometimes called “learned helplessness”), so one goal to cope with depression could be to learn better problem-solving skills to experience more success in getting what you want or need. Rather than predicting frustration or failure, try directly addressing what is stressing you in some new way. Think about the problem from a different perspective. Although it is easier said than done, practice solving a problem using your “thinking brain” rather than your “emotional brain.” To help think about solutions from different perspectives, consider writing down answers to the following questions:
 - a) Define the problem. (This sounds easier than it is.) Think logically and put aside your emotions. Take a step back and observe the problem as if you were sitting up in a theatre balcony observing your situation on the stage below. Be very specific about what the underlying problem actually is. Try describing the problem in writing using as few words as possible. Be short and clear. Re-write it a couple times to state it shortly and clearly.

- b) Ask yourself, “What is it I need or want in this situation?” or “How do I want things to be?” or “What specifically do I wish was different?” or “If the situation improved, what would it look like?” Again, be specific, short and clear in your description.
- c) Are there pieces of the problem you can control or influence? What parts of the problem are beyond your control?
- d) Are you contributing to the problem in some way you might not be aware of?
- e) Consider seeking out a different perspective from at least two other people, people you trust who are willing to disagree with you in a helpful way, if needed. Actively listen to their point of view and feedback, because there is always more than one viewpoint to consider. Using this new information to re-write the problem again if needed or add their suggestions to the next step below.
- f) Brainstorm. What are all the options you can think of to possibly improve or solve the problem? Write all the possible options, even if those options seem unlikely or even a bit outrageous. What are logical and sensible options? What are the emotionally driven options?
- g) What are the pros and cons for each option you have identified? Again, it can be very useful to write this list down. Writing it can be therapeutic.
- h) Which one possible solution or improvement would be best for you? Pick one. Commit to it. Carry it out. Seriously give it effort over time. If that option doesn’t work well, go back to your list and choose the next best option. Repeat as needed.
- i) If you have genuinely given your best efforts using the above problem-solving steps, consider the likelihood the problem cannot be solved or improved at this time.

Other Problem-Solving Related Questions

- j) What price are you willing to pay to solve this problem? In other words, how much effort are you willing to put forth? What are you willing to give up to improve the situation?
 - k) What obstacles might be present for the solutions you are considering?
 - l) What would happen if you made a direct, calm, assertive and mature request of someone to provide what you want or need?
 - m) Is the problem likely to go away on its own in the days or weeks or months ahead?
 - n) Are you counting on someone else to make changes for you to feel better? If so, reconsider that solution.
8. **Be kind to yourself.** Persons struggling with depression can be very self-critical and unforgiving of themselves. Depressed persons can be harsher toward themselves than anyone else in their life. Through deliberate rehearsal and self-observations, practice self-talk that is kind and encouraging. Do something nice for yourself. Practice self-talk that allows for common human imperfections. Practice accepting human imperfections rather than working so hard to avoid them or feeling socially ashamed of those imperfections. What advice might you give to someone else feeling like you do? At the very least, practice being fair with yourself, which means giving equal time to recognizing your average traits and your positive traits, strengths, accomplishments, and automatic value as a human being.
9. **Mindfulness.** In short, mindfulness is the ability to remain in the present moment while observing and accepting all experiences as they are (including breathing, physical sensations, emotions, the taste of food, fully attending to another person speaking to you, etc.). Depressive thinking is often overly concerned with the past, while anxious thinking is about the future. Mindfulness, on the other hand, promotes the very useful skills of (a) embracing the present moment, even when the present moment includes unpleasant experiences, (b) not trying to control something that is uncontrollable, (c) not making judgements or assigning labels too quickly, and (d) taking steps toward what provides meaning, purpose and direction to your life. What gives your life meaning and vitality? What is one thing you could do today to take a small step toward something that is genuinely meaningful in your life? When you

have a strong negative thought, such as hopelessness about the future, practice the skill of simply observing the thought and being curious about it. It is possible to recognize and co-exist with a depressive feeling or thought, without allowing to make decisions for you. Do not feed depressed self-talk, just watch it, rather than buying into it and dwelling on it as if it was all powerful and true. One mindfulness exercise is to sit quietly with your eyes closed for 5 minutes while mentally staying in the present moment, making only observations. (This is an extremely brief description of mindfulness and ACT concepts. See reading suggestions on page 2 for further information on this treatment approach, specifically books by Hayes (2005) and also Robinson & Strosahl (2008).)

10. **Time.** Depressive symptoms can, and often do, decrease over time, regardless of the source and treatments attempted. **Like all other emotions**, depression has its up and down movement, and never stays at a constantly high level indefinitely. This observation suggests that one helpful treatment strategy is to learn to “weather the storm” as best as possible until you reach a better place emotionally, socially and behaviorally. It would be unrealistic to expect to avoid stormy and stressful times as we live our lives, so it is a very useful skill to “tread water” and allow the storm to pass. Life can be messy, so grow the ability to temporarily feel depressed while choosing to pursue what’s most important to you.
11. **Practice gratitude.** When depressed, we are vulnerable to tunnel vision (similar to distorted thinking discussed earlier in this behavioral health handout). Tunnel vision restricts us to a narrow point of view that only sees sad, hurtful or hopeless aspects of our lives when depressed. Tunnel vision cannot see the big picture. In the big picture, it is very true that positive aspects of our lives exist. With even a little effort, it is quite possible to identify small and large parts of our lives that are positive or neutral. Write down two things that are relatively positive, things for which you feel gratitude. Consider writing one down one gratitude daily for a week, then re-read them. Grateful thinking and mentally recognizing small positives in your life literally result in positive emotion. What we think, we feel. Those positive emotions are some opposites of depressed feelings.
12. **Practice kindness.** The depression experience can be self-focused and lonely. Seeking out opportunities to be charitable and giving can help break the depressive “stuckness.” Being kind literally alters our mindset. Kind behaviors help us focus outside of ourselves on enjoyable social interactions, even if very brief, even if anonymous. Small acts of kindness are nearly the opposite of looking painfully inward at ourselves when seriously depressed. Giving to others in some way triggers

a quiet satisfaction and keeps our eyes looking forward and outside of ourselves for other opportunities. Small acts of kindness can have a large impact, sometimes in unpredictable or unexpected ways.

13. **Avoid substance abuse.** Substance abuse worsens depression and other social / emotional struggles. At best, a substance gives a short fake relief from depression at a high cost. For example, drugs and alcohol have a harmful rebound effect on depression and actually make symptoms worse over time. Judgment gets impaired when abusing substances, so there is greater risk for deliberate or accidental self-harm. When judgment is worse, there is a greater chance of doing something that makes our lives more stressful. Substance abuse is often a serious form of avoidance, and avoidance often makes problems bigger and bigger. Some substances are chemical depressants, such as alcohol, so it makes no sense to worsen that emotional state when you already find it miserable.
14. **Keep a routine,** especially when you do not feel like getting out of bed to start the day. Get up in the mornings (or the time you are “supposed” to get up) regardless of your thinking, emotions or energy level. Going through a healthy morning routine of hygiene behaviors, getting dressed in clean clothes, eating at least a light breakfast, brushing your teeth and “being ready” for the day regardless of your to-do list is important to remaining functional and productive (the opposite of vegetative depression or low energy depression). Behaviors trigger emotions. The behavior of getting up, getting cleaned up, getting dressed, and getting ready to go will likely trigger more emotional energy and purpose. Don’t let depressed feelings make these important basic decisions for you.
15. **Remember the basics.** Exercise is a “basic” self-care behavior that was discussed above. In addition, regular sleep patterns and eating healthy are critical to taking good care of self. Depressed thinking can trick us into saying to ourselves that we will improve our eating, sleeping and exercise habits after we feel better. That is backward thinking. In reality, healthy eating, sleeping and exercise are necessary before we feel better in the weeks and months ahead.
16. **A Hope Box.** A shoebox could work very well for this coping skill. Gather small items that trigger positive emotions and memories, such as pictures, inspirational quotes on pieces of paper, a written reason to live, a gratitude, a printed description of a relaxation strategy, emergency phone numbers, or the name of someone close to you. Place these objects in your Hope Box. Add to it whenever you wish. When

feeling very depressed or perhaps even suicidal, browse through the box, touch the various objects and soak up all the good stuff represented.

17. **Crisis Response Plan.** Using a 4 x 6 index card, briefly list the following information for yourself in your writing. This information should fit on one or two sides of an index card at most. Generate this brief plan with your healthcare person. Keep the index card in your wallet or purse, and consider keeping a picture of it on your phone.

Warning signs: identify thoughts, images, emotions, behaviors, physical sensations or any signs that a crisis is emerging and suicide risk may be growing.

Self-management strategies: think of any activities or coping efforts in the past that were useful to reduce stress or to distract you when upset, even if only for a short period of time. These should be activities you can do on your own, without others' help.

Reasons for living: briefly list your reasons for living. What gives you a sense of purpose and meaning? What stands in the way of you killing yourself?

Identify social supports: when stressed, who helps you take your mind off things or who cheers you up? Who provides support during tough times?

Identify emergency services: 911, hotline phone numbers, local emergency room? Which services are you actually most likely to use during a crisis? Which services are you most comfortable with? Examples of emergency services are listed below.

Write 1, 2 or 3 of the following options on your index card as a reminder.

- 911
- (800) 273-8255 (TALK) - National Suicide Prevention Hotline
- (888) 628-9454 - Spanish Speaking Suicide Prevention Hotline
- (435) 752-0750 - Cache County Crisis Hotline
- (801) 587-3000 - Salt Lake UNI Crisis Line
- Text "HOME" to 741741 for free 24/7 crisis support
- Arrange safe transportation to the local emergency department
- Other: _____

18. **Gaining insight.** When seeking insight about your depression for healthy reasons (not to emotionally beat yourself up), asking thought-provoking questions can help.

- Earlier in life, when did I have similar feelings to my current depression?
- What past experiences might have shaped my opinion of myself?
- Where did my outlook on life come from?
- Was there anybody in my life that role modeled depression for me?
- When did I first feel hopeless?
- Who is a positive and inspiring role model for me?
- What was happening in my life near the time I first suspected I might be seriously depressed?
- What might I do if depression was suddenly gone and I was free?
- On a scale of 1 to 10, how motivated am I to make changes and improvements in my condition?
- On a scale of 1 to 10, how confident am I that I will succeed in making changes in my life?
- What recent stress have I experienced? Are my depressive symptoms a “normal” part of my reactions to that stress?

Consider writing down your responses to these questions to make them “more real,” and/or talk to your therapist about them.

Medical Treatment Approaches

Antidepressant medications can be very helpful in reducing depression. In short, they work by increasing the amount of certain chemicals (neurotransmitters) in the tiny gap in between brain cells. The neurotransmitters often targeted include serotonin, norepinephrine and dopamine.

Choosing an antidepressant medication is based on factors such as:

- your response to past medications
- family member responses to medications
- your most prominent symptoms of depression, such as energy level, libido, weight changes or sleep changes
- medication interactions
- the best educated guess between you and your physician

General Do's and Don'ts

- take antidepressant medication daily as prescribed, **be consistent**
- avoid alcohol (alcohol is a depressant, it adds to bad decisions, and it can have harmful interactions with medications)
- notify your healthcare providers if you suspect medication side effects
- do **not** stop taking the medication as soon as you start feeling better
- actively communicate with your prescriber to find the best antidepressant that works for you, sometimes it is necessary to stop one medication and try another
- be aware that most antidepressant medications take 2 to 4 weeks to begin seeing benefits
- request medication refills at least one week before running out
- some antidepressants begin at a low dose and work up to a higher dose
- some antidepressants need to be tapered off slowly before stopping

How long do I take the medication? It is often suggested to continue taking antidepressant medication for months after the depression fades. Continuing to take the medication for six months, or longer, after depression fades reduces the chance of the symptoms returning with the same intensity. Some patients take the medication for a year, or two, or longer because they realize they function much better. No, it does not have to be a life-long medication for most people. After 12 or 18 months, or maybe after years of taking the antidepressant, you can choose to speak with your prescriber about a “trial period” off the medication. This means planning ahead to stop the medication safely. After several days or weeks if you discover you function and feel much better on the medication, it can easily be re-started. If you discover that you function and feel OK without medication during that trial period, you could easily continue to remain off the medication. Do your part to make the trial period a collaborative effort with your prescriber, and stay in touch with him or her to exchange information during this deliberate change in the treatment plan.

Possible side effects. You might notice dry mouth, mild nausea, changes in sleep, decreased interest in sex, and headaches. If experienced, most side effects are temporary soon after starting the medication and they fade away after days or a couple weeks. If you have severe or intolerable side effects, contact your prescriber's office. If sudden unpleasant changes in mood, behavior or thinking occur, contact your prescriber's office.

Your pharmacist is an excellent resource. Don't forget she is available as a resource to answer questions, and she is often easier to contact than your prescriber.