



DEPRESSION

Some Basics You Should Know

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Understanding Depression



What is Depression ?

DEPRESSION involves persistent and severe feelings of sadness accompanied by changes in appetite, sleep and behavior. It often includes feelings of dejection and melancholy as well as feelings of guilt, worthlessness and incompetency as well as hopelessness and pessimistic (negative) thinking.

There is loss of gratification with life, recurring pessimism and lack of motivation; a knowing that every day will be the same - a perpetual fog over the mind that shuts out life and traps the depressed person inside their own.

MILD DEPRESSION can come in the form of "discouragement" as the result of some failure, or other disappointment of life. Discouragement is evident by, among other things, lack of motivation, thoughts of revenge, avoidance of responsibility and loss of confidence. This is considered "State Dependent" or "Situational Depression".

And while all of us have occasional periods of depression (even prolonged gloomy weather can trigger depression (a symptom of Seasonal Affective Disorder)), it becomes a serious problem if the feelings persist for a long period of time and hinder normal functioning. **Chronic, recurring cycles or persistent, Long-term / Long-lasting Depression** is most likely to be "Trait Dependent" (i.e. personality, temperament rooted as well as inherited genetic traits) or "Biochemical" (i.e. the result of insufficient or inadequate amounts of neurochemicals (serotonin and dopamine) to carry signals / transmit signals from one brain cell (called *neurons*) to the next.

THE SEVERITY OF MAJOR DEPRESSIVE DISORDER can range from no more than flu-like symptoms (a "down" - a "blah") to something akin to a terminal illness. That is -in the latter- everything is burdened by the weight of the illness; everything is overshadowed by the illness and life is viewed through the lens of the illness.



According to the Diagnostic Manual of the American Psychological Association (APA) , you have Major Depressive Disorder if :

- ✓ You have had an episode of depression lasting at least two weeks with at least five of the following symptoms :

- ✓ You are depressed , sad, blue , and -or tearful
- ✓ You have lost interest or pleasure in things you previously liked to do.
- ✓ Your appetite is much less or much greater than usual and you have lost or gained weight.
- ✓ You have a lot of trouble sleeping or you sleep too much.
- ✓ You are so agitated, restless, or slowed down that others have begun to notice.
- ✓ You are tired and have no energy
- ✓ You feel worthless or excessively guilty about things you have done or not done.
- ✓ You have trouble concentrating, thinking clearly, or making decisions.
- ✓ You feel you would be better off dead or have thoughts about suicide.

Very serious depression is a symptom of **Neurosis** (*chronic levels of pessimistic or negative thinking such as anger, sadness or feelings of guilt out of proportion to the reality of the situation, such that it hinders normal functioning; or exaggerated and irrational levels of emotional states of euphoria followed by periods of deep depression*) or **Psychosis** (*Delusions and hallucinations as well as total loss of contact with reality*). Major depressive episodes can lead to **suicide** as the person becomes very despondent and loses hope. (*)¹

Typical Symptoms:

Sadness
Pessimism
Hopelessness
Apathy
General Fatigue
Low Self-Esteem ; highly self-critical
Insomnia
Lack of Concentration
Lack of Motivation (a "What's -the-Use" attitude)
Passive



¹ (*) There is a saying amongst therapists that goes like this : *Neurotics merely build castles in the sky, while psychotics actually move in.*

Coping With

- Challenge automatic negative thinking [Work on ‘Realistic’ assessment of situations and refuse to label self with guilt and shame]
- Aromatherapy [scented oils/ candles / flower arrangements]
- Antidepressants [as necessary and prescribed by specialist]
- **Exercise!!**
- **Nutrition!!**

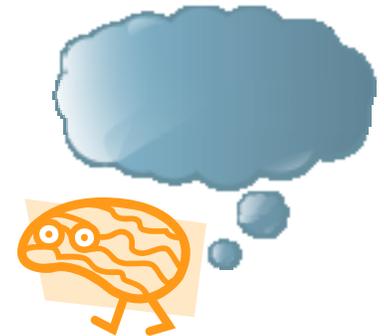
Carbohydrates to increase serotonin levels

- ✓ Eggs, meat and dairy products for L-Tryptophan Amino Acid
- ✓ Meat / Protein to increase norepinephrine and dopamine levels.
- ✓ St. John’s Wart

DEPRESSION & YOUR SELF-TALK

With Respect To Your Thought Life (Your Internal Self-Talk) see if you are prone to falling into one of these mental traps (what Psychologists call – *Cognitive Distortions*) Note , too, that many of these distortions can

contribute to abnormal feelings of **anxiety** (feelings of anxiety are abnormal when they are out of proportion to the level of threat we are facing or if they cause you to have feelings that prevent you from carrying out normal daily activities (ie. Cause you to be dysfunctional as opposed to functional). :



ALL – OR – NOTHING THINKING : You see things in black –or –white categories. Anything less than perfect is unacceptable ; everything you undertake must be completed 100 % to be acceptable. Your glass is always half –empty , never seen as half – full; even three-quarter full is not good enough.

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OVERGENERALIZATION : A single negative event or bad experience causes you to assume that all subsequent events of this type will have the same unfavorable outcome.

DISQUALIFYING or DISCOUNTING THE POSITIVE: You reject or underrate positive experiences in your life. Any compliments you receive you reject or play down.

JUMPING TO PREMATURE CONCLUSIONS - ESPECIALLY OF A PESSIMISTIC VAIN. You make a negative interpretation - and project the worst as an outcome- even though there is no supporting evidence.

CATASTROPHIZING BY MAGNIFYING your mistakes (or the magnitude of the problem) and **MINIMIZING** your abilities to cope with or solve the problems you encounter.

NEGATIVE SELF -LABELING: You gravitate to negative, unfavorable views and names for yourself, like: stupid; failure; dummy etc. You may even try to inject humor into these self-labels, and rationalize or justify such labeling as humility and meekness

PERSONALIZATION : You automatically assume - or accept - responsibility for things that go wrong around you and with which you were somehow involved - no matter how remotely.

HERE ARE FIVE OTHER WAYS TO HELP BUILD A POSITIVE MOOD

1. Share with others ... Do things for other people, volunteer etc.
2. Build positive memories Go to interesting places; see new sites.
3. Congratulate yourself - treat yourself to something special – when you have done something well or achieved a significant milestone, or completed a major project.
4. Practice sharpening your perception abilities. Focus on the positives around you; let yourself take time to savor moments of pleasure; and
5. Absorb yourself each such moment.

LASTLY, DON'T RULE OUT USING AN ANTIDEPRESSANT

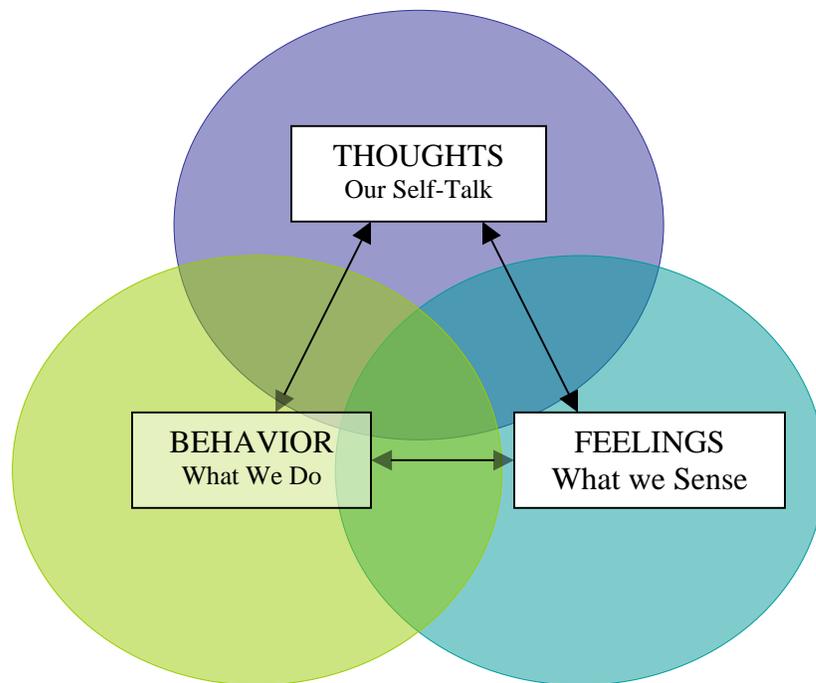
Antidepressants are prescription drugs that help stimulate and regulate the level of neurochemicals necessary for neurons (brain cells) to communicate with each other. They are generally non-addictive and are effective in stopping the negative fixations and racing thoughts that characterize Depression as well as Anxiety. They act as a mood-booster while restoring the capacity to have clarity of thought necessary to address the underlying views and beliefs about life that feed depression.

Antidepressants typically take anywhere from two (2) to six (6) weeks to show measurable effects.

COMBINE WITH COGNITIVE BEHAVIORAL THERAPY (CBT)

CBT is a therapy approach that examines how Thoughts (called Cognitions) effect Behavior and Emotions. It is often our dysfunctional or malformed negative and anxious core beliefs about our self and our world that feeds, maintains and sustains our depression and anxiety. These thoughts are often “triggered” automatically by specific situations, people and / or places. CBT will provide you with ways to better cope , identify the faulty life views or beliefs (called schema), and provide tools and techniques to challenge those beliefs and build new ones.

CBT BASICS



Sources:

- *Peterson, C. (2006), A Primer In Positive Psychology : Oxford Press, New York, NY*
- * Burns , D. (1999), Feeling Good – The New Mood Therapy: Avon Books, New York , NY*
- * Gilbert, B. (2010) Psychopharmacology 101: ShepellFGI Training Course*
- * Stallard, P (2005) Think Good- Feel Good: Wiley & Sons, West Sussex , England*

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