

Counselling &  
Learning Support  
North Vancouver Campus

# Coping With Depression



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# Coping with Depression

## Adapted from Antidepressant Skills Workbook

### What is Depression?

Most times when you feel down, you're not depressed. Feeling sad or low is a part of life and can't be avoided. When something goes wrong in your life, whether it's an argument with your partner, conflict with your boss, or a physical illness, your mood might drop.

But suppose it doesn't go away and just gets worse. You might be depressed if:

1. you feel a very low mood or have almost no interest in your life, almost every day, and this feeling goes on for weeks, and
2. you have other problems like:
  - big changes in weight or appetite,
  - not being able to sleep enough or sleeping too much,
  - feeling that you are always restless or slowed-down,
  - thinking that you are worthless or guilty,
  - feeling really tired much of the time,
  - feeling numb or empty,
  - having a lot of trouble concentrating or making decisions, or

### What Causes Depression?

Research has identified a number of factors associated with causing and continuing the depressed state: *situation, thoughts, emotion, physiology, and action.*

#### 1. Situation

Depression is often triggered by very stressful life situations. If your attempts to cope with these situations by improving or accepting them have not been successful, you may begin to feel overwhelmed and hopeless. Then the risk of a depressive episode increases.

#### 2. Thoughts

Each of us is affected differently by outside events, depending on how we think about those events. Each person's thoughts determine how the event is experienced. Research evidence has shown that depressed individuals often have distorted ways of thinking about the world that can trigger or worsen the experience of depression.

#### 3. Emotion

Depression often begins with feelings of discouragement and sadness after unsuccessful attempts to deal with a difficult life situation.

#### 4. Physiology

Depression is accompanied by a variety of physical symptoms. One of the most powerful physical changes accompanying depression is impaired sleep. When the sleep is “non-restorative” – that is, the person does not awake feeling refreshed and rested – it becomes harder to face the day and deal with problems.

#### 5. Action

Depression usually has a significant impact on a person’s behaviour. Here are some of the main areas affected: not doing rewarding activities, not taking care of yourself, not doing small duties which adds to the depressed person’s sense of inadequacy, and withdrawing from family and friends. Social isolation is a strong contributor to depressed mood.

## What Can You Do About Depression?

- Talking to family and trusted friends about how you’ve been feeling is usually a good thing to do. They can help you to figure out solutions to some of the problems you’ve been dealing with. Just knowing that people care about you is helpful.
- Write about problems you’re facing, your feelings and thoughts, and possible solutions. This can help you to understand what you’re going through and what choices you have.
- Speak to a family physician, psychiatrist, psychologist, therapist, or counsellor. A professional can help you figure out what’s going on and can make useful suggestions.
- In some cases, antidepressant medications can be helpful.

## Three Antidepressant Skills

### 1. Reactivating your life

During depression, most people don’t do the things that normally keep their mood positive. But if you stop taking care of yourself or doing the things you normally like, your life becomes more dull and depressing. The solution: don’t wait until you feel like doing more. Waiting actually makes it less likely that you will get better. And don’t wait until you feel motivated – as you get better, you will regain a sense of motivation. Action starts first, motivation kicks in later. The aim is to gradually get yourself moving even though you might not feel like it.

There are four main areas in which depressed people often reduce their activity. These are:

- *Personally rewarding activities* (e.g., reading magazines, walking in a natural setting, doing crafts or hobbies, planning travel, seeing movies, plays, or games.)
- *Self Care* (e.g., getting dressed each day, taking time to shower and get cleaned up, exercising, eating breakfast, eating nutritiously.)
- *Small duties* (e.g., opening the mail, paying bills, housecleaning, grocery shopping, running errands.)
- *Involvement with family and friends* (e.g., inviting people to do things, keeping in contact with people, returning phone calls, getting out to a social group or class.)

Choose two of these activities that you can work on. For each of the activities you have chosen, set a manageable goal for the coming week. Keep in mind that depression makes it difficult to get moving. As a result, you need to set your goals much lower than you ordinarily would. To succeed, your goals must be specific, realistic and scheduled.

## 2. Thinking Realistically

Negatively distorted thinking feeds into depression. We call it depressive thinking. Depressive thinking is unrealistic and unfair (negative events are given more significance than positive ones). It includes:

- unrealistic negative thoughts about your situation,
- unrealistic and unfair negative thoughts about yourself, and
- unrealistic negative thoughts about your future.

The aim is to challenge depressive thinking and replace it with realistic thinking.

Realistic thinking is:

- accurate about your situation, seeing things clearly as they are,
- fair about yourself, looking in a balanced way at the positive and negatives in your life, and
- accurate about your future, not exaggerating bad outcomes.

Overcoming depressive thinking doesn't mean replacing it with positively distorted thinking. The point is that thinking in an unrealistic way, whether positive or negative, causes us to feel and react inappropriately. So how do you change depressive thinking?

### **Step 1:** Learn to identify depressive thoughts

Depressive thoughts are unfair and unrealistic. They are distorted because they are inaccurate reflections of how the world is or how you are. The list below describes some common forms of distorted thinking in depression:

- **Filtering:** In this kind of depressive thinking, you only look at the bad.
- **Overgeneralization:** One negative event seems like the start of a never-ending pattern.
- **All or Nothing Thinking:** You see the world in terms of extremes. You are either fat or thin, smart or stupid, tidy or a slob, depressed or joyful, and so on.
- **Catastrophizing:** A small disappointment is seen as though it were a disaster.
- **Labeling:** You talk to yourself in a harsh way, calling yourself names like "idiot", "loser," or whatever the worst insults are for you.
- **Mindreading:** You feel as though you know what others are thinking about you.
- **Fortune Telling:** You feel as though you know what the future will bring.
- **Perfectionism:** It's only good enough if it's perfect.
- **Shoulds:** You think that you know how the world should be, and it isn't like that. Results: You are constantly disappointed and angry with yourself and with everyone around you.

### **Step 2:** Recognize your own depressive thoughts and how they trigger low mood.

**Step 3:** Learn to challenge these depressive thoughts and replace them with fair and realistic ones.

### 3. Solving Problems Effectively

**Step 1:** Choose a problem.

Try to be specific.

**Step 2:** Think of actions to help solve the problem.

**Step 3:** Compare these actions and pick the best one.

Consider which of these actions are not likely to help the problem. Look at the advantages and disadvantages of each one.

**Step 4:** Make an action plan.

Your plan of action should follow four rules: manageable, action-oriented, specific and time-limited.

**Step 5:** Evaluate and move on.

Review the outcome and make revisions or try a new approach if necessary.

**Source:** *Antidepressant Skills Workbook*

For a free download of the complete text, go to

<http://www.mheccu.ubc.ca/documents/publications/SCDP%5Fadult%5F2005.pdf>

## Where to Get Help and More Information:

### Capilano University Counselling & Learning Support

Birch Building, Room 267

Phone: 604.984.1744

[www.capilanou.ca/student-life/support--wellness/health--counselling-services/](http://www.capilanou.ca/student-life/support--wellness/health--counselling-services/)

### Brief-Counselling Service for North Shore Residents

Canadian Mental Health Association

Suite 212 – 145 East 15th Street, North Vancouver

Phone: 604.987.6959

<http://www.cmha.bc.ca>

### HereToHelp.bc.ca

Information on depression, anxiety, alcohol and other drug use. Self-help toolkits.

<http://www.heretohelp.bc.ca>

### Youthinbc.com

24 hours Distress line

<http://youthinbc.com>

### 24 Hour Crisis Line

1-800-SUICIDE (784-2433)

### Mood Disorders Association of BC

Phone: 604.873.0103

<http://www.mdabc.ca>