

DEFEATING DEPRESSION

©. Dr Simon Enright, Department of clinical Psychology
Supported by Berkshire Health Promotion Resources

Tel 01753 638678

www.bhps.org.uk/resources



Health
Promotion
Resources

NHS



UNDERSTANDING DEPRESSION

The word depression of course means different things to different people. Some people may use the word to describe feeling generally fed up, sad and blue, or just moody and irritable. There are times when feeling this way may be perfectly normal: during a bereavement for instance, if we are having problems in a relationship, or when important events have not gone well.

However, in a clinical sense the word depression has a much more specific meaning. Clinical depressions are usually divided into one of two general types. In the first type often there is usually no clear reason why the person has become depressed. Nothing in particular seems to have triggered it off, it just starts 'out of the blue'. This type of depression is sometimes referred to as 'endogenous depression' or 'biological depression'. The word endogenous means 'coming from within' and suggests that no obvious changes or specific issues in the person's life can explain the feelings of depression at this time.

The person suffering with endogenous depression experiences an overwhelming sense of emptiness and misery. They feel powerless to do anything to help themselves and often descend into a state of feeling hopeless about themselves and the future. Often the person's sleep is very disturbed. They wake very early in the morning and find it difficult or impossible to get back to sleep. Mornings tend to be by far the worst time for people suffering with endogenous depression, their concentration is usually a problem, making it hard to attend to anything for more than a few minutes. Often they seem to do nothing, staying in bed all day, neglecting personal hygiene, not eating and generally losing interest in everything.

The second general type of clinical depression is called 'reactive depression'. This can often seem equally intolerable to the sufferer but usually at least, it does make some kind of sense, occurring as a reaction to some real event in a person's life. The person can usually tell you why they are depressed, though often the intensity of their

depression is difficult to understand. All of us at times will experience the loss of a loved one, or fail to achieve something that we really wanted, or be under immense pressure and stress, but for some people these events seem to produce a very intense emotional reaction which they can't seem to 'snap out of'. It is also possible that an event in the distant past may be closely related to the development of the depression. Sometimes the emotions from these events just seem to overwhelm us, as if to be reminding us that we still haven't fully dealt with these issues.

Often the person experiencing reactive depression will also have disturbed sleep, but the problem here tends to be a difficulty in getting off to sleep, often lying awake for hours thinking the same worrying or negative thoughts continuously. Usually the mornings are the best time. As the day goes on so the sufferer tends to feel increasingly negative and miserable. Sometimes friends and relatives can help to lift the person's mood by helping them join in a new or exciting activity. But, left alone, self motivation is very difficult and the person may spend hours doing nothing but feeling miserable and having thoughts of self pity and anger towards other people.

USING MEDICATION

Often your doctor will try to help you to lift out of your depression by prescribing antidepressants. These drugs are not addictive so there is no problem in coming off them once your mood has lifted, though you should come off them gradually. They work by increasing the amounts of certain specific chemicals in the brain which become reduced when we get depressed.

It has been estimated that 50% of people who are prescribed antidepressants by their doctor don't take them properly or don't take them at all! Perhaps this is because they have unrealistic expectations of the medication, thinking it will immediately make them feel happy or better. Antidepressants usually take at least two weeks to reach their full effect. They must be taken daily, as prescribed, not just

when you feel particularly low. Unfortunately, people sometimes describe side effects with these tablets. Try to persevere, these may settle down. If not, go back to your doctor who may be able to change the medication for something that suits you better.

USING THIS BOOKLET

This booklet examines how we can help to lift ourselves out of all forms of depression in two general ways. First, by learning to change the unhelpful patterns of behaviour that develop as we become increasingly depressed, and second, by learning to recognise and then change self defeating patterns of thinking which only increase our feelings of helplessness and hopelessness. The advice is equally applicable to those people taking medication and for those trying to beat their depression without tablets.

This booklet does not suggest any magical answers to your depression. What it does try to do is to offer well researched practical advice to help you learn to help yourself to beat the problem and prevent the depression from returning.

The booklet is divided into two main sections. The first examines how we behave when we become depressed and the second examines how our thinking patterns change with depression. There is now very clear scientific evidence that shows that these changes in our behaviour and thinking have a very powerful effect in maintaining our depression.

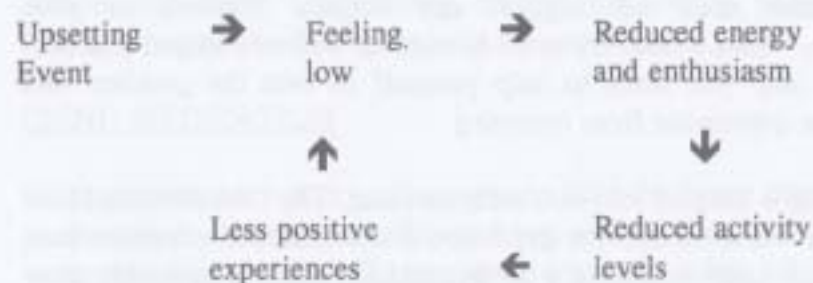
The two sections suggest practical ways of increasing our levels of activity and challenging our self defeating negative thinking. Learning these new self-help methods will take time. You must try to remain patient, taking one day at a time and being prepared to work hard every day with the ideas that you will read.

SECTION 1

DEPRESSION AND THE WAY WE BEHAVE

One of the first things that we can observe in people who become depressed is that they do much less. Their normal patterns of activity, their hobbies, interests and all physical activities just seem to stop. They might say that they've lost all enthusiasm for going out or meeting friends, or that they've got no energy to keep up their old routines. This pattern of reduced activity gradually becomes fixed. The less a person with depression does, the more they feel low and depressed. A vicious spiral is set up as the person's mood sinks down and down into ever deeper levels of depression

This pattern of behaviour change has been studied extensively in psychology and psychiatry. The stages of this change have been analysed in very many theories of the development of depression. One description of this change is presented and described below:



The problem may start with an event which is upsetting in some way. This is not necessarily a sad event, though it often is, but it could also be a very demanding project at work, or the birth of a new baby, or any event that brings significant demands upon us. The demands of this event will often cause a reaction in us. Many people develop specific physical symptoms at these times, e.g. tension headaches or aches and pains, others become anxious, and for some their mood begins to swing downwards.

Generally at these times people who are vulnerable to depression describe feeling low, empty, and not themselves. They usually want to be left alone and hope that by just doing very little for a while that they will soon come out of this state. As people begin to get depressed they find that their energy levels have reduced. The things that they were able to do easily the week before seem to exhaust them now. Additionally, they find it difficult to get enthusiastic about things that they previously enjoyed doing. Everything becomes a huge effort, even the simple things seem very demanding.

The next step therefore when the depressed person feels so lacking in energy and enthusiasm, is that they tend to stop doing things. They begin to stay in bed much longer in the morning, they start to miss appointments and break off arrangements. Gradually they reduce their commitments to the point that they've got nothing to get up for, so they might just as well stay in bed. Friends gradually stop calling round and 'phoning because they know that their offer to meet up will be turned down. The depressed person becomes increasingly isolated.

Reducing our activity levels is bound to reduce our opportunity for new and exciting experiences. It is this novelty or diversity in life which can often bring most pleasure and enjoyment. The depressed person therefore begins to cut themselves off from the chances of having positive experiences. Their life becomes dull and routine, and they feel helpless and hopeless in this cycle of increasing inactivity and depression. Perhaps the only positive experiences that they have at this stage is the sympathy of relatives and friends. Unfortunately, in many ways, this may paradoxically serve to reward the depressed person for behaving in this way and thereby increase the inactivity. Eventually however, even the most devoted and patient family member and friend can become fed up and irritated by their inability to help the depressed person to change.