

Coping with Depression

National Spinal Injuries Centre
Stoke Mandeville Hospital

Safe & compassionate care,

every time

What Is Depression?

Depression can occur in all types of people: men and women, old and young, disabled and able-bodied. It is a common problem - about 12% of people experience depression at some stage of their life.

The term 'depression' is used to describe a collection of signs and symptoms that occur together; usually the most obvious sign of depression is indeed a sad, low mood. The depressed person may find him/herself crying, even when there seems to be nothing to cry about, or be unable to cry when a truly sad event occurs. Other symptoms of depression can be:

- Sleep disturbance; maybe waking up early morning and being unable to get back to sleep again, or alternatively, sleeping too much but never feeling satisfied.
- Changes in appetite and weight gain or loss.
- A feeling of apathy and lack of interest in activities that you previously enjoyed.
- Difficulty in making decisions or finding it hard to carry out decisions once they are made.

Feelings of helplessness, guilt and self-blame are common when people feel depressed. These feelings can make the person feel desperate and that life is hard to cope with, and may be associated with thoughts about suicide in some people.

It is also possible for people to be depressed without showing the usual sad mood. These individuals may complain of physical problems or use drugs or alcohol to help them cope with their feelings.

Why do people become Depressed?

It seems that no one factor causes depression. Often, combinations of events trigger depression and these vary from person to person. Important issues may be childhood experiences, physical problems or illness, life events such as a serious accident or bereavement, and changes in relationships or social support.

Symptoms of depression can emerge as part of a normal response to coping with an acquired disability or chronic illness. About one third of people with such long-term physical problems experience depression at some time. Depression can appear to come on quite quickly or can develop gradually over a period of time. The key feature is that the person comes to think, feel and act in a different way, usually resulting in considerable distress and preventing them from getting on with their life.

Depression is commonly triggered by an event or change in circumstances that interacts with the way a person believes about them and the world. How we think in situations largely determines how we feel and what we do. When people are depressed, they think negatively about themselves, their current life situation and the future. It can be as if they are wearing glasses that only focus on the negative things within themselves or the situation.

When people are depressed they can feel that their life situation is so bad that it is natural for them to be sad. Actually, your feelings are derived from what you think about and how you interpret what has happened to you. Life events or illness may mean that you have experienced significant losses and it is important to acknowledge your feelings about this.

However, the way you interpret the situation may lead you to believe that things are worse than they actually are. This contributes to depression.

What keeps someone feeling Depressed?

Depression is maintained because a vicious circle builds up between how you think, how you feel and what you do, and leads to the symptoms described earlier. Feeling low in mood can slow you down so that everything becomes an effort; you tire easily, do less, and as a consequence feel worse about yourself. You may also come to believe that you can't do anything and that things will never get better. As people become more depressed, their thinking changes so these negative thoughts and beliefs become habits which are difficult to break.

How can depression be overcome?

Symptoms of depression can be overcome in four steps. You need to:

- Break the downward spiral by becoming more active.
- Learn to identify your negative thinking and test out when you are making mistakes in judging situations.
- Find more realistic and helpful alternatives to your negative thoughts.
- Test out these alternatives to your negative thoughts.

The procedures involved in each of these steps are outlined below. However, to ensure that these ideas make sense to you and you can think about how to apply them in your situation (no two people are the same), you should discuss them with a Clinical Psychologist.

Step 1: activate yourself

Becoming more active can be a first step out of the downward spiral of depression. Activity helps because it:

□ Makes you feel better

If nothing else, it helps to take your mind off your painful feelings. It can give you the feeling that you are taking control of your life again and achieving something worthwhile.

□ Can make you feel less tired

Normally when you are tired you need to rest. When you are depressed the reverse is true - you usually need to do more. If you are depressed and are adjusting to changes in your physical abilities such as illness or disability, it will be important to balance appropriate rest with activity. It may also be helpful to gradually take up new interests and activities if you are unable to pursue some of the things you previously did. Activity doesn't just refer to physical exercise, it means doing anything that keeps your mind focused and more alert.

□ Motivates you to do more

When people are depressed, motivation tends to work backwards so that the more you do, the better you feel and the more you feel able to do.

□ People who matter to you are likely to be pleased to see you doing more.

The difficulty in becoming more active is that the negative thoughts that characterise depression will tend to get in the way. For example, thoughts such as 'what is the point?' or 'it is too difficult', will hinder you from becoming more active (we will discuss more about these thoughts later).

Planning ahead helps you become more active. Set yourself a task of planning what you are going to do tomorrow. Structuring your time in this way can help you to feel in control of your life and help prevent you from feeling overwhelmed by minor decisions about what to do next.

When planning activities, it is helpful to:

- Plan your activities by the hour or half-hour.
- Aim for quality not quantity - for example, plan to spend half an hour writing a letter rather than making a list of 6 people you need to write to, otherwise you will end up feeling you have failed if you do not write to all six.
- Be flexible in your plan - the schedule is supposed to be a guide to help keep you going. Things do not always go to plan for everyone! For example, the weather, an unreliable car or illness may disrupt your schedule so try to have alternative options and resist becoming discouraged when things don't exactly work out.
- Remember that reading the newspaper or talking to friends are activities. You don't have to fill all your time with shopping trips or exotic sports. In fact, you are always doing something; staring out the window and thinking about your problems is an activity but may not be the most helpful or satisfying one.
- Review how you have got on at the end of the day. Look at the activities you have carried out and how they made you feel. Don't expect too much too soon, and if you are coping with physical illness or disability, make sure you allow appropriate rest times.

It is always important to do a mixture of things that you find pleasurable or enjoy, together with things that you find challenging or are trying to master. For example, reading a chapter in a book may be really pleasurable but not that challenging. Alternatively, going to physiotherapy and standing in a standing frame may not be very enjoyable but will give you a good sense of achievement. Keeping a note of what you found challenging or enjoyable during the day will help you notice what things make you feel good. People who are depressed often say that they feel equally bad all of the time - but when they keep a diary, some variation is found.

Step 2: identifying your negative thoughts

How do you spot a negative thought?

Whenever you notice there is a change in your mood and feel sad, there is usually a negative thought at work. This change is a signal for you to examine your thinking. Negative thoughts can be difficult for you to recognise but they have several characteristics. They are:

- Automatic:** they just pop into your head and are often not the result of a long thought process.
- Distorted:** they don't fit the facts.
- Unhelpful:** they keep you depressed and make it difficult to change.
- Plausible:** they may seem obviously true to you and you don't think to question them.
- Involuntary:** they can be very difficult to switch off.

All these characteristics mean it can be difficult to identify negative thoughts. Also, the more depressed you are feeling, the more vulnerable you will be to negative thoughts, the more thoughts you will have, and the more you will believe them and feel depressed. The vicious circle starts again.

For these reasons, it is easiest to learn to recognise negative thoughts in the situation where they occur. Try to write down your thoughts and feelings at the time they occur or as soon as possible afterwards. If you have difficulty recording your negative thoughts (most people do at first) try to write down as much as you can about the situation that made you feel bad and ask yourself "what did this mean to me?".

Are there common themes to negative thoughts?

Yes, there are a number of key themes that often occur in negative thinking. By reviewing this checklist of negative thoughts, you may be able to recognise them if and when they occur:

Negative opinion of yourself: This often comes about by comparing yourself to the people who seem to be more attractive, successful, capable or intelligent than you are. Some depressed people consider themselves worthless and assume that friends and family will be glad to be rid of them.

Self-criticism and self-blame: Many depressed people feel low because they focus their attention on their presumed shortcomings. Such people often have high expectations of themselves and because their opinion of themselves is so low, make too high demands on themselves. Often no matter what depressed people achieve, they feel they should have done better and when things go badly, feel it is their fault. They may think "everything I do is wrong".

Negative interpretation of events: This involves responding in negative ways to situations that don't bother you when you are not depressed. For example, you may read disapproval into other people's comments and decide that they don't like you, or you might feel anxious after spending a little money and feel that you have lost lots of money.

Negative expectations of the future: You may keep thinking that you will never get over your negative thoughts and feel they will last forever. You may also have negative thoughts about something before it has actually happened - "There's no way I can do this." The depressed person tends to accept future failure as inevitable and may think it futile to try and sort things out.

My responsibilities are overwhelming: You might find yourself thinking that things which you used to be able to do quickly will now take months to complete and that there is no way you can organise things.

Step 3: finding alternatives to your negative thoughts

Once you are able to recognise negative automatic thoughts, you are in a position to be able to do something about them. The most powerful way to overcome depression is to identify negative thoughts as they occur and then challenge the thoughts by looking for more helpful and realistic alternatives.

There are four major ways of questioning and altering your negative thoughts:

What is the evidence?

Though we may believe something to be true, this does not necessarily mean that it is. It is often valuable to see if the facts of the situation back up what you are thinking or whether they contradict what you are thinking. A good question to ask is: "Would other people accept my thoughts as true?".

What alternative views are there?

There are many different ways of looking at any situation. In a specific situation it is useful to ask yourself: "How would I have thought about this thought before I was depressed? How would other people look at my concerns?". Try to gather as many alternative views as you can and review the evidence for and against them. Looking at it from an objective standpoint, which of the alternatives do you think is likely to be correct?

What are the advantages and disadvantages of this way of thinking?

How does it influence what you feel and what you do? Review the advantages and disadvantages of thinking this way. Can you find an alternative that will have a more positive effect?

What are the thinking errors?

Depressed people often distort their experiences, such as jumping to conclusions, over-generalising from specific experiences and taking responsibility for what is not their fault. Can you see any of these errors in your own thinking?

Step 4: Test out your negative thoughts

Finding alternatives to your negative thoughts is the first step to overcoming them but it may not be enough to convince you that they are incorrect. In order to do this you will need to build up a body of experiences which contradict these beliefs. The most effective way of doing this is to test out your thoughts to discover if they are accurate and helpful or whether they need to be altered.

There are a number of steps involved in testing negative thoughts:

- State your prediction** (what the thought is) clearly.
- Review the existing evidence** for and against.
- Decide on an experiment** to find out if your prediction is correct.
- Note the results.** There are two possibilities:
 1. That your potential prediction is shown to be incorrect, which demonstrates how depressed thinking can be distorted.
 2. That your negative thought is shown to be correct. You can then use the experiment to think of different ways to handle the situation in the future so that things turn out better. Or if the situation can't be changed, to change how you feel about it.
- What conclusions can you draw from the results?** What do the results tell you about the way depression affects you?

The following are two examples of how this can be put into practice.

SCENARIO 1

Helen needs to buy a birthday present for a friend but she is afraid to go into town. She believes she will not cope with the crowds and won't be able to enjoy the visit.

Prediction: I can't cope with going into town. People will stare at me and I'll feel embarrassed. I'll never be able to cope with shopping in a wheelchair.

Review of evidence: I have been to a restaurant and that was OK. I used to enjoy shopping and my friend will be really pleased if I get her a present.

Experiment: It's been a long time since I've been shopping and I don't really know Aylesbury. I'll go along with somebody else from the hospital to build up my confidence and see how it goes.

Result: I did feel nervous, especially when we agreed to split up and meet back at the car. I kept answering my negative thoughts about not being able to cope and stopped worrying about what other people were thinking. I didn't notice anyone staring at me, they were probably too preoccupied with their own concerns to notice me anyway. The town wasn't too crowded and the shop assistants were helpful. The best thing was that I bought my friend's present. That made me feel really good and my friend also appreciated the trouble I had taken.

Conclusion: My prediction was incorrect. Also, I learnt the benefit of challenging my thoughts in the situation. I think that I have a tendency to negatively interpret events, probably because of the depression. This is something I will have to work on.

SCENARIO 2

Jim has been feeling depressed for some time. He has seen a clinical psychologist and has learned to effectively identify his negative thoughts and find alternatives to them. Last weekend he went home for the first time and it didn't go well. He felt tired all the time and there were lots of people who kept popping in and then staying for ages.

Prediction: I'm back to square one. Nothing is working and there's no point trying. I'm never going to be able to cope with this.

Review of evidence: OK; things haven't been going too well this week but I'm not going back to square one. I can do a lot more now than I could when I was first mobilised and my transfers are slowly improving. Last weekend has dominated my thoughts all week and I've been unable to challenge them like I've been taught. However, I generally feel better than I did a month ago and I guess that dealing with my thoughts and feelings is a new skill. Maybe I need more practice before I can do it all the time.

Experiment: I'll go home this weekend but will only arrange to see two friends and ask the others to come round another time. I'll plan out my weekend and give myself plenty of time to do things. If I can find alternatives to my negative thoughts I will try to use them but if I can't, I won't worry about it - I'll get better at finding alternatives with practice. In the meantime I will try to use some distraction techniques if things get too much.

Results: One of my friends didn't turn up on Saturday. I was really disappointed and kept thinking that he must have much better things to do now than to see me. I found it really hard to challenge my thoughts and just moped around the house not doing much. It was a miserable day. However, my other friend came on Sunday and we had a good day. He thought I had really improved. I talked with him about how I felt on Saturday and he was really annoyed that Luke hadn't turned up.

Conclusion: My prediction was not supported by this experiment. Luke called me when I got back to the hospital to say that he had forgotten he was going away this weekend and could we arrange another time. I've arranged to see him in a few weekends time but will arrange some alternative things to do in case he lets me down again. I found it easier to manage my thoughts on Sunday than on Saturday. This experiment showed me that I need more practice at doing this when I feel really low.

Next experiment: I think I need more practice at challenging my thoughts and distraction techniques if things aren't going well. I think I will plan more how to cope with particular situations that I find hard before they arise so that I am better prepared.

Summary

In this booklet we have explored what depression is and how it is maintained by negative automatic thoughts. We have also explored a number of practical ways of dealing with the symptoms of depression. It may be helpful for you to remember these techniques using the four steps highlighted:

**STEP 1:
ACTIVATE YOURSELF**

**STEP 2:
IDENTIFY YOUR NEGATIVE THOUGHTS**

**STEP 3:
FIND ALTERNATIVES TO YOUR NEGATIVE THOUGHTS**

**STEP 4:
TEST OUT YOUR NEGATIVE THOUGHTS**

Concerns

If you have any concerns about the treatment and rehabilitation you receive or about your experience at the NSIC please raise them with a member of staff.

If you are particularly happy about the service you received at the NSIC you are welcome to let us know, preferably in writing. All NHS Trusts have a commitment to monitor and improve the quality of their services and therefore comments from users of those services are especially helpful.

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

Follow us on Twitter [@buckshealthcare](https://twitter.com/buckshealthcare)

If you require a translation of this leaflet please call
01296 315823

Author: Clinical Psychology
Issue date: Dec 2014
Review date: Dec 2017

Leaflet code: SCI-015
Version: 1