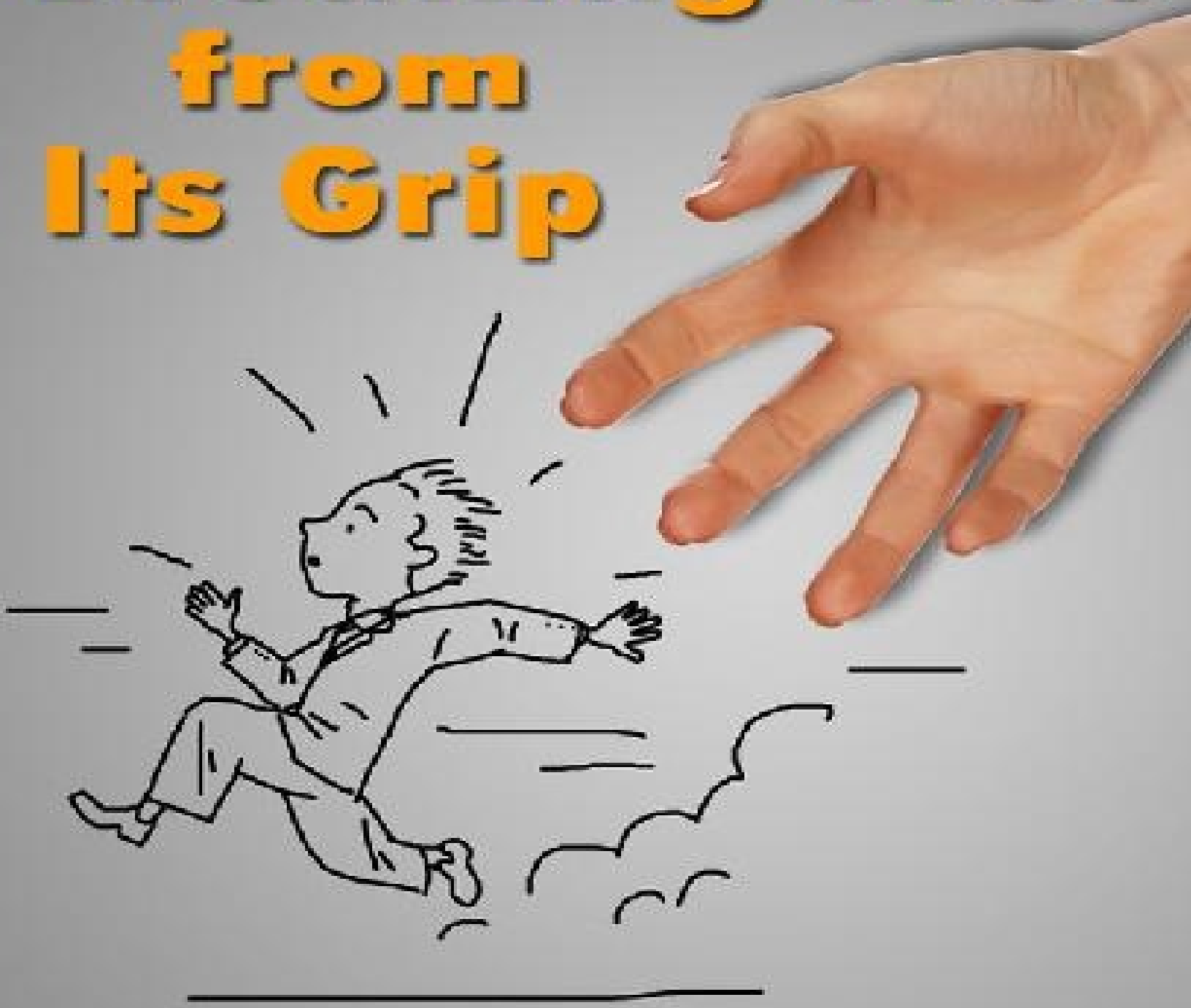
# Depression:

## Breaking Free from Its Grip



Krystal Kuehn, MA, LPC, LLP, NCC

# Depression
*Breaking Free from Its Grip*

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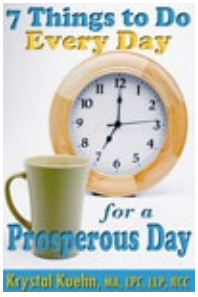
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## INTRODUCTION

Depression affects every area of a person's life and keeps them from living a life of fulfillment, joy and peace. It strikes millions of people throughout the world each year. Depression is a growing problem that often goes untreated. But no one ever needs to become a victim of depression and its consequences or suffer any longer because there is hope. Depression is treatable.

*Depression: Breaking Free from Its Grip* is for anyone who wants to learn about today's number one psychological complaint and discover hope and freedom from its debilitating symptoms. It is primarily for individuals who suffer from depression in that it aims to provide helpful instruction in preventing and dealing with depression. Yet, whether or not you have personally been touched by depression, you will surely benefit from the material offered in this book. You will learn how to recognize what depression is and what it is not. You will discover why it happens and what can be done about it. Many resources are provided to assist the reader in gaining greater knowledge and understanding. Focus will be on providing helpful strategies to improve well-being and bring healing and hope for a new and better day.

It is my sincerest hope and desire that you find this resource helpful, empowering, encouraging, and enlightening. May you be filled with hope as you embark on this journey of improving your life, overcoming barriers, and deepening your understanding of one of the most destructive enemies of the human soul.

To your freedom,
Krystal

*Optional exercises are included at the end of each chapter. They are intended for personal growth and reflection only.*

Disclaimer: This book is intended for personal growth and development. It is not intended to take the place of professional treatment. Participants are advised to consult their own health care professional regarding the treatment of medical and mental health problems. Neither the author or publisher take any responsibility for any possible consequences from any treatment, action or application of information applied in this course.

## CHAPTER 1: What is Depression?

MILLIONS of people worldwide suffer from depression. It is estimated to be 19 million people each year according to the National Institute of Mental Health. That is more than cancer, AIDS, and heart disease. Depression is reported to be the #1 cause of disability, accounting for missed work and costing employers in lost productivity. Depression is the most common mental health problem next to anxiety disorders which affects just as many people.

Depression occurs among people of all walks of life. It does not discriminate by age, race, or gender although it is twice as common among women as it is in men. Depression strikes adults, adolescents, children and the elderly. It strikes the rich and the poor; men and women; white collar and blue collar worker; the famous and well-known; and, people of all nations and backgrounds. There are different risk factors and rates among the different populations, but it comes down to being a problem than can happen to anyone.

**What is depression?** People often describe it as feeling "unhappy." Depression is experienced as a mood—a mood that is lower than normal. That is why it is considered a mood disorder. This low mood affects the way life is viewed and experienced.

Listen to Anne's account of what it is like to experience depression: *"For me it's feeling worthlessness, feeling like I haven't accomplished the things that I want to or feel I should have and yet I don't have the energy to do them. It's feeling disconnected from people in my life, even friends and family who care about me. It's not wanting to get out of bed some mornings and losing hope that life will ever get better."*

Anne's experience is all too common. Depression colors one's view of life leading to a loss of self-esteem and hope for the future. It robs a person of motivation and energy for life. It leaves a person feeling alone in their pain. Depression affects every area of their life. It affects the whole person: Body (physical symptoms); Mind (thinking); Mood (feelings); Behavior (how you act and behave). The symptoms of depression significantly interfere with an individual's overall functioning—social, occupational or any other important area of their life. Depression can range from mild forms to severe. There are many individual differences. Some experience all or some of the feelings,

behaviors and bodily changes associated with depression.

**Symptoms of Depression**

Symptoms for clinical depression are provided in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). This book is used by mental health professionals in the diagnosis of mental health disorders. The diagnosis of major depression is made when an individual experiences a number of symptoms for a period of two weeks or more which include: **a low mood and feelings of hopelessness** (can be irritable mood in children and adolescents) –and/or- **a loss of interest and pleasure in all or most activities.** If either or both of these symptoms are present, then other symptoms are identified as well. Five or more of the following symptoms are typically present in clinical depression:

***Changes in eating habits.*** This can be either a decrease or increase in appetite with a loss or gain of 5% of body weight within a month when not dieting.

***Changes in sleeping patterns.*** Insomnia or hypersomnia nearly every day.

***Fatigue/Low energy.*** Fatigue or low energy nearly every day; tire easily; lack motivation.

***Low self-esteem.*** Feelings of worthlessness; excessive or inappropriate guilt.

***Cognitive impairment.*** Difficulty concentrating; indecisiveness, difficulty making decisions

***Thoughts of death.*** Recurrent thoughts of death; suicidal thoughts, plans or attempts. This occurs in 15-20% of people who are depressed.

***Psychomotor agitation or retardation.*** Lethargy nearly every day (slowed speech; lifelessness) –or- agitation (restlessness). This symptom is recognizable to others and not solely subjective feelings.

The symptoms of depression cause clinically significant impairment in important areas of functioning (social, occupational). The diagnosis of clinical depression needs to be determined by a mental health or medical professional who is trained to rule out other causes of the symptoms. Symptoms of bereavement (loss of a loved one) are very similar to depression and they can be confused if not properly distinguished. Medical conditions, psychotic disorders, substance-related problems also have to be taken in account and ruled out as direct causes of depression.

**Types of Depression**

When referring to depression in this course, we are referring to clinical depression. There are three main types of clinical depression. Following is a brief description of each one. There are other depressive disorders as well. They are listed below. For additional information visit the links provided.

***Major depression (unipolar)*:** A combination of symptoms that interfere with ability to sleep, eat, work, study, socialize and enjoy life.

***Dysthymia**:* Dysthymia is characterized by prolonged sadness. It is chronic and low-grade. Many of the symptoms are the same as clinical depression, but they are less intense, last much longer (at least 2 years), and don't disable like major depression. The focus of this disorder is more on thoughts than on actions. People with dysthymia often feel they are "going through the motions" and they do not enjoy their life.

***Bipolar disorder (also manic depression):*** Bipolar is characterized by intense episodes of elation (mania) and despair (depression), with any combination of mood experiences in between (including normal mood). Bipolar disorder is not as prevalent as other depressive disorders (2-3% of the population).

Other types of depressive disorders include:
*Postpartum depression (PPD)*
*Premenstrual dysphoric disorder (PMDD)*
*Seasonal Affective Disorder (SAD)*

For more information on *depression* go to:
*National Institute of Mental Health http://www.nimh.nih.gov
*National Alliance for the Mentally Ill http://www.nami.org
*National Foundation for Depressive Illness, Inc. http://www.depression.org
*National Mental Health Association http://www.nmha.org

*Depression in Children and Adolescents:*
http://www.psycom.net/depression.central.children.html

## What Depression is NOT

Now that we have looked at what depression is, let's look at what **depression it is not**.*

Depression is not a character flaw.
Depression is not a sign of a weak personality or that one cannot cope.
Depression is not a moral weakness.
Depression is not something a person can just "snap out of."
Depression is not "just all in your head."
Depression is not caused by a single factor.
Depression is not a natural part of aging.
Depression is not untreatable.
Depression is not something to be ashamed of.
Depression is not a label to be used to define a person. An individual can be suffering from an illness, but they are not that illness. This distinction helps to separate people from the problem, and it makes it easier to see the problem for what it is.

Understanding what depression is and what it is not brings us to the good news: The good news is—there is hope for freedom from depression. Whether it's been going on for many years or it's the first time ever, there is hope. Depression is treatable. The symptoms of depression can be alleviated and a new perspective on life can be attained. It begins with ***hope*** that things can get better and they will. In the upcoming chapters we will learn that there are many things that can be done to overcome and prevent depression.
*__What Depression is NOT__ printable pdf is available at:
http://www.Relationship-ebooks.com Enter password found in Resource section at the end of this book.

SELF-ASSESSMENT SCREENING TOOLS:

Self-assessment screening tools can be used to help you determine if you need to see a mental health professional for the diagnosis and treatment of depression. They are not to be used in place of a professional diagnosis.

http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=973&cn=5&PHPSESSID=5911fe6e18486b005df7580d6df4af4b

Exercise:
For printable pdf - **Symptoms Worksheet** - to help you identify symptoms when depressed, go to:
http://www.Relationship-ebooks.com and enter password found in Resource section at the end of this book.

*Note: This worksheet can be used for personal growth and/ or to share with a mental health professional and/or medical doctor.*

## CHAPTER 2: Why do people get depressed?

**How does depression differ from sadness?**

Depression is often used to describe a number of different emotions. When someone is sad, bored, or disappointed they might describe those feelings as being depressed. Depression may include feelings of sadness, but it is **not the same** as sadness. Everyone feels sad and disappointed at times. Life is full of ups and downs, setbacks and losses. To feel sad or blue is an appropriate and normal reaction. Sadness can also occur for short periods of time with no specific reason.

Now let's look at how we can tell the difference between sadness and depression: (adapted from *The Feeling Good Handbook* by Dr. Burns)

1) Depression involves a **loss of self-esteem.** Grief, disappointment and sadness do not. The way a person thinks and feels about who they are does not change when experiencing sadness.

2) Depression lasts much **longer** than sadness. Depression is persistent and can last 2 weeks or more.

3) People who are depressed **function less productively**. Depression impairs their ability to function; whereas people who are simply sad or disappointed continue to function normally.

4) When people are depressed they **think distorted thoughts**. Their view of life is unrealistic. They may see events through the eyes of failure, defeat, abandonment or deprivation. They may indulge in self-blame and self-criticism. The future looks hopeless and filled with more pain and suffering from which they cannot escape.

5) Depression is a **serious illness**. Depression is not a harmless part of life.

6) People who are depressed often **feel hopeless** even when there is reason to be hopeful. They get stuck in a rut of believing that things won't ever get better.

## Who becomes depressed?

Many people wonder why some people become depressed while others don't. And, what causes depression? Depression is not caused by just one thing. There is a combination of factors including genetic, chemical, physical, sociological causes. Behavioral patterns learned in one's family-of-origin also influence behavior patterns that can lead to depression. Psychological reactions to a person's environment and external influences are commonly believed to be a major contributor to depression as well. It's important to remember that each situation is unique and needs to be assessed individually.

Let's look at some of the factors that determine who becomes depressed.

1) **Biological factors.** These causes are endogenous (from within; inherited; biological)

*Genetic factors:* Depression seems to run in families. There is genetic link, especially with bipolar disorder (or manic depression). Depression is 1.5 to 3x more common among people with first degree biological relatives with the disorder than among the general population.

*Chemical:* Imbalances of neurotransmitters (serotonin, dopamine and norepinephrine) contribute to depression. A common question about chemical imbalances is: How much do psychological factors (life experiences, beliefs, etc.) lead to mood changes that in turn change brain chemistry? Or is it the reverse? That again depends on the individual case.

*Disease or illness:* Depression can co-occur with some physical conditions. It can be a symptom of a disease or illness such as thyroid dysfunction, heart disease, post-stroke, anemia, ADHD, or anxiety.

*Medications and drugs:* Another biological factor associated with depression is prescription drugs. Depression is a side effect of certain medications. Recreational drugs can disturb chemical balance in the brain, especially excessive drinking of alcohol.

*Hormones:* Hormonal states such as an overproduction of stress hormones or premenstrual dysphoric disorder; perimenopause, etc. can also contribute to depression.

2) **Psychological factors.** These causes are exogenous (reactive/situational). They are triggered by external events, social losses, or problems.

*Losses and unmet needs:* Depression is often the result of losses and unmet needs. Losses are a major part of life that occurs frequently. Series of losses not fully grieved increase the risk for depression. Everyone has needs for love, understanding, acceptance, appreciation, purpose, peace, support, value, respect and the list goes on. When these needs are unmet for a prolonged period of time they can trigger depression.

*Family patterns:* Everyone has had their values and beliefs shaped and developed by prominent people in their upbringing. This may include primary caregivers, siblings and relatives as well as teachers, friends, and other relationships. The primary influence will come from the immediate family in which core beliefs, worldviews and values are established. Every family has a set of rules and its own way of functioning. We learn to view the world based on what we learned in our family. If we learned how to deal with problems effectively, we are more likely to feel competent and strong. If we learned unhealthy coping, we may be more likely to feel overwhelmed, fearful and helpless. This can lead to a greater chance of developing depression. Therefore, if patterns of learned helplessness and poor coping result in much of the depression suffered, then this way of related to problems can be unlearned. This requires learning new skills, and developing new core beliefs and values.

*Distortions of thinking:* This factor is probably the most commonly believed to be the underlying cause of depression. Long ago, a philosopher named Epictetus said, “People are disturbed not by things, but by their view of things.” In other words, thoughts and perceptions determine our feelings and moods. If we can change our thoughts, then we can change the way we feel. We will discuss this factor in greater detail in the upcoming lessons.

*Prolonged stress, abuse, debt:* These factors can all trigger depression, especially in those individuals at higher risk for developing it.

It has been a long held belief among professionals and the general population that most depression is caused by psychological factors. Some report that less than 10% of depression is caused by genetic and chemical factors. However,

recent research shows that both genetic and psychological factors play a major role in the cause of depression. The onset of depression may initially be triggered by stressors. Yet, genetics and temperament may be more significant in repeated episodes. For that reason the treatment of depression must address all the various factors that contribute to its cause and maintenance.

Recommended Reading:

*The Feeling Good Handbook* by Dr. Burns

Exercise:
1) In your own words, explain two ways depression differs from sadness.

2) Review the biological and psychological factors associated with the causes of depression. Which factors are you most familiar with? Which ones were you unaware of? How does this affect your view and understanding of why some people get depressed?

3) Identify something that you have learned in your family-of-origin that you believe can contribute to depression and lead to unhealthy coping. Do you believe this is something that can be *unlearned*? If yes, what are some changes that can be made? If no, why not?

## CHAPTER 3: Are there effective treatments for depression?

Many people suffer from depression when they don't need to. Depression treatment is available and has been shown to reduce symptoms and help people overcome the crippling effects of depression.

**What are some reasons people don't seek help?**

It's been estimated that only 30% of people suffering with depression actually seek help. When they do, it is usually from their PCP (primary care physician) or OB-GYN. Of those who do get treatment, only 1 in 4 continues with it. The majority quit before it begins to take effect. Yet, most people do not seek help in the first place. Following are some of the most common reasons that people with depression do not seek treatment:

1) **Believe that nothing can help.** This belief could result from simply not being aware of treatment options available. Or, from not being willing to get treatment because of a lack of understanding of how it can help.

Some may believe that nothing can help because of bad past experiences. They could have tried to seek help before and it wasn't successful. So they lose hope that anything will ever help them. The symptoms of hopelessness that often accompany depression only compound this attitude. And they don't seek help. They figure that this is a condition that they have to live with when actually they don't.

2) **Can make it on their own.** Some people who suffer from depression believe that they can handle it on their own. They try to get the answers they need so they can help themselves.

3) **Fear of stigma.** Depression has been misunderstood for so long that a stigma has been attached to it. As a result, some people suffering from depression are afraid to admit it. Fear of doing so keeps them from seeking help.

4) **Embarrassment.** Some people suffering from depression are ashamed of their condition. They feel so bad about themselves that they end up hiding their depression from others.

5) **Denial.** Sometimes people will deny to themselves and others that they are really depressed. It is too painful or uncomfortable to face the unpleasant reality that they have a problem, so they try to live as though it doesn't exist.

6) **Personal Blame**. Some people think that they are to blame for being depressed. They didn't try hard enough or somehow they deserve it and are being punished.

7) **Feel Lethargic.** At a more severe level of depression, a person can become so inactive and despondent that they don't care about themselves and their well-being. People who care about the depressed individual can play a vital part in their getting treatment. It is often at the point of breakdown that some are willing to seek help.

If depression is left untreated it can lead to more problems such as job disability, school problems, family problems, worsening medical conditions, etc. to name just a few. Untreated depression leads to higher rates of self-treatment with drugs and alcohol that can result in substance abuse or addictions. Untreated depression can worsen and progress into self-destructive behaviors and ultimately, suicide. When depression is untreated for a long time it can become more difficult to treat because it has become a lifestyle.

**When to seek professional assistance**

Anyone experiencing any of the following signs should seek professional assistance:

1) **Thinking about death or suicide**. This is always dangerous and should be taken seriously. It's been estimated that more than 60% of all suicides are related to depression. That means that the majority of people who kill themselves are suffering from depression. Their pain has become unbearable, and they do not see any other way out. Suicide happens when pain exceeds the resources to cope with the pain. Pain can be reduced and coping resources can be increased. There is hope of a better solution. Suicide is a permanent solution to a temporary problem.

Anyone suspected of considering suicide needs immediate attention and should be taken to a psychiatrist, doctor, or emergency room. You can contact the crisis hotline at 1-800-SUICIDE for assistance.

For a list of the warning signs, suicide facts, statistics, internet links and other information go to: http://www.sfsuicide.org/

If someone is thinking about suicide, go to:
http://www.suicidepreventionlifeline.org/

2) **Symptoms of depression continue for a long time.** Symptoms should not get worse or persist every day for more than 2 weeks.

3) **Ability to function is impaired by depression.** When depression interferes with normal functioning at home, work, school, social situations, or any other important life area it is important to get help before it gets to a serious level.

4) **You have become isolated.** When a depressed person does not share their thoughts and feelings with someone else, they do not have any "reality testing" with anyone. They do not get any feedback or challenges to the way they are perceiving things. Counseling is especially beneficial in helping people see things from a realistic and more hopeful perspective.

5) **Depressive symptoms have become severe.** Depression can severely

disable a person and leave them it total despair and agony. Professional help is needed when symptoms get to the point where it becomes too difficult to function normally.

## What are the treatment options for depression?

The first step in treating depression is to get a physical exam by a medical doctor. A medical doctor will be able to determine if there are any biological causes for the depression that need to be treated or ruled out. A psychological evaluation can then help to determine a proper diagnosis for depression.

There are generally 3 basic ways to treat depression:

1) **Self-help.** There are countless resources on depression that provide information on types of depression, causes, symptoms, treatment options, and where to get help. Resources are also available that teach people how to explore their beliefs and thinking on their own. For some people, especially those with milder forms of depression, these basic strategies can be very beneficial in dealing with depression. Learning about depression in an effort to help oneself can provide the necessary education to understand when self-help is sufficient and when additional treatment is most appropriate.

2) **Psychotherapy.** There are many different types of therapy that can help people with depression. According to research findings both cognitive/behavioral and interpersonal psychotherapies have shown to significantly improve symptoms. Psychotherapies that are most effective address the cognitive (what we think); behavior (what we do); interpersonal (how we relate to others); solution-focused (how things will be better in the future).

Psychotherapy is intended to help people improve their well-being by exploring beliefs, thinking, feeling, and conflicts. Finding the right therapist is an important part of the treatment process. New ways of thinking and behaving are learned and insight is gained with the guidance of a professional with whom there is trust, respect and openness. However, if there isn't some improvement in depressive symptoms with psychotherapy within 6-8 weeks, medications should be seriously considered.

3) **Medication**. Brain chemicals called neurotransmitters (serotonin, norepinephrine, dopamine) are depleted in individuals with biological depression. Antidepressants help to balance these brain chemicals. Knowing what antidepressant will work best in accomplishing this is unique to each person and dependent on the type of depression. It might take some time to get

the right combination of medication. In that time it's important to stay patient and hopeful. Antidepressants usually take at least a week to have any effect and it's important to not get off the medication prematurely without the doctor's instruction.

Medical treatment relieves symptoms of depression and keeps them from returning. The most commonly prescribed medications are antidepressants called SSRIs (Selective Serotonin Re-uptake Inhibitors). Other antidepressants include tricyclics, MAO inhibitors, atypical antidepressants, and psychostimulants. For a list of current antidepressants available and more information about them, go to:
http://www.healthyplace.com/communities/depression/treatment/antidepressants/

**According to research, the most effective treatment for major depressive disorder is psychotherapy and medication**. Medication alone is usually not sufficient. If coping has not been improved, depression comes back when new challenges arise. The reverse is also true. Psychotherapy alone may not be sufficient as well. Although psychotherapy can be very effective, the physical symptoms of depression can hinder steady progress and relief from depression. Treating both the body and the mind together works best.

**ECT** (Electro-Convulsive Therapy or electroshock therapy) is also another treatment for depression used in more severe cases and with other mental illnesses as well. For more info go to:
http://www.psycom.net/depression.central.ect.html

**Alternative medication** is becoming more and more popular in the treatment of depression and anxiety, as well as many other illnesses. Because of the side effects of antidepressants many people have turned to natural alternatives. Complementary medicine is used with conventional medicine. Alternative medicine is used in place of conventional medicine. To learn more about the differences and how it works go to: http://www.holisticonline.com/Alt_Medicine/altmed_home.htm

Dr. Slagle is mentioned in "The Doctor's Book of Home Remedies" under alternative treatment for depression. She believes that nutrition has a significant

influence on your state of mind. Dr. Slagle is a psychiatrist who has suffered from chronic and severe depression. She has put together a natural treatment for depression made up of B vitamins and amino acids. Her treatment has changed her life and helped her patients and many others suffering from depression. Her treatment program is offered in her book "The Way Up From Down." The book is free to download at http://www.thewayup.com/upfrmdwn.htm.

There are reports that omega-3 fatty acids may stabilize mood and reduce depression. Other alternative therapies to help with depression include: aromatherapy, color therapy (chromotherapy), light therapy (phototherapy), acupuncture, acupressure, and biofeedback.

Exercise:
1) Choose one (or more) treatment option(s) for depression and explain how it can be helpful.

## CHAPTER 4: Freedom from Depression - Part One

Up to this point we have looked at what depression is, what it is not, symptoms of depression, the difference between depression and sadness, who becomes depressed, reasons people do not seek help, when to seek professional assistance, and treatment options available.

The remainder of this course will focus on what can be done to prevent depression and what can help in the midst of it. The strategies are the same. They help to bring healing and hope to the sufferer, and they also help to avoid future occurrences of depression and shorten its duration and severity.

You will be presented with some general guidelines to help you understand the connection between depression and various areas of living and functioning. Some of the interventions we will be covering will seem simple while others will be much more challenging. It all depends on the individual's level of depression, needs, and attitude. The bottom line is that they work.

*Please note:* Information provided in this course is intended to assist you in personal growth and development. For individuals suffering from clinical depression, the interventions offered are not meant to replace professional treatment. The help of a mental health specialist and/or medical treatment is recommended in order to fully benefit from these strategies, gain insight, and make lasting and healthy lifestyle changes.

To overcome depression is to overcome barriers to a fulfilling life. There are many barriers we encounter whether we can do something about them or not. For example, we cannot change the genes we were born with or the problems we have suffered, but we can begin to make choices that can change what we think, feel and do with our lives. We can learn to accept what we cannot change and begin to change what we can. So let us begin…

**Take action**

*"Action may not always bring happiness, but there is no happiness without action." –Benjamin Disraeli*

Breaking out of inertia and getting momentum going is the goal here. Sometimes a depressed person will not feel like doing anything, so they simply won't. Instead, they grow more passive, ruminate, and feel more fatigued and less motivated. Taking action and making choices, on the other hand, can help them to feel **less hopelessness** and **more control** over their life. Doing something that makes them feel they are **moving forward** is a step in the right direction.

Breaking out of inertia and taking action requires **setting small, but achievable goals**. The focus needs to be on the **immediate**, **not on the ultimate goal**. Small, attainable steps that can be accomplished will help a depressed person feel more control and hope. It can begin with a household chore or doing something that they have enjoyed in the past or that has helped them feel better before. It might help to plan on doing something for a certain amount of time. For example, cleaning the house for 10 minutes at a time might be easier and more attainable than setting the goal of getting an entire room all cleaned. Problems occur when too much is taken on too soon. Writing things down and prioritizing might also be helpful.

It is not uncommon to hear a person who has made the decision to get counseling say that the moment they decided to get help and then started to act on that decision is the moment something inside of them began to change. Once they started to break out of the inertia, they began to feel more hopeful and control over their lives. Choosing to read take this book is another example of taking action. Each step you take moves you forward. At times, however, you will fall back a step or more. These times are setbacks and everyone experiences them. Realizing this and accepting it as part of the healing process will help you to persevere and not lose hope. Many times others see your progress when you don't. You can be confident that in taking positive action you *are* moving in the right direction. No matter how wobbly your steps are, each one will help you gain strength to take another.

It is important to remember that it is up to the individual suffering from depression to:

STOP talking about how bad things are and start planning to make them better. You are responsible for how you feel.

STOP waiting for someone or something to come along and “fix” you. You have to do most of the work.

## Acceptance

*"God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference." (Serenity Prayer)*

The only way to have true peace of mind is to accept what we cannot change. This is not always easy to do. In many cases it is a process of working through loss, releasing anger, renewing hope, and so forth.

**Loss** is often a trigger to depression. There are tangible losses such as the death of a loved one or pet; a broken down car; loss of money or something material. There are also intangible losses such as the loss of love or respect; the loss of friendship; the loss of hope or motivation. There is also anticipated loss. People who expect to lose something begin to grieve its loss before it even happens and whether or not it does.

Everyone encounters loss that is out of their control. The only control we have over things that we cannot control or change is in our attitude. An attitude of acceptance of things we have no power to change is the only way to true peace of mind.

**Locus of control** is used to describe people's expectations about the results of their own actions. People with an *internal locus of control* believe that they control their environment and the things that happen to them. They see events as being almost entirely the result of their individual actions and decisions. If something goes well or if something goes wrong, they feel they had some responsibility for the result. People with an *external locus of control* believe that control is outside of oneself, either in the hands of powerful other people or due to luck, fate, or chance.

Either extreme can lead to depression. A person with a strong internal locus of control may try to control the uncontrollable. And they might even blame themselves if things don't turn out as they expect them to. A strong external locus of control can also lead to problems. If a person believes nothing they do can make a difference, they will feel victimized and helpless. They will stop trying because they believe that something outside of themselves has all control. Depression soon follows.

If you want to take a short test to identify your locus of control, to go:
http://discoveryhealth.queendom.com/questions/lc_short_1.html

**What does ANGER have to do with depression?**

People struggling with depression are usually also struggling with anger. Depression is often said to be "anger turned inwards." Difficulty coping with losses, difficulty accepting the uncontrollable, and perceiving things in a distorted way leads to anger rooted in frustration, hurt, fear, guilt. Internalized anger becomes a way of punishing oneself and/or others. Working through anger is an integral part of overcoming depression. Working through anger leads to acceptance, serenity, and a decrease in the symptoms of depression. It requires identifying the root of the hurt and working through the pain. People often get angry to avoid the hurt and the need to face their own vulnerability. Suppressed feelings rouse hatred, addiction, abuse.

Facing ones anger begins with admitting "I am angry." And, I feel…hurt because… Or I feel frustrated…because… Then, it is the hurt, frustration, fear or whatever other feeling(s) that underlies the anger that must be dealt with. For example, frustration might be a result of disappointed expectations as when someone has high hopes in getting a new job but later finds out they didn't get it. Or, hurt feelings might be the result of someone's insensitive words or actions that leave you feeling unloved and angry. Fear might keep you from doing certain things and damage your self-confidence. All these issues evoke feelings that can lead to anger and depression. However, when anger is faced and its source identified, these issues can be effectively dealt with. Anger can actually help you to identify what really needs to be addressed. You don't have to stay angry.

*REFLECTION:*

- What is causing me to feel angry?
- What other feelings am I experiencing?
- Am I angry with myself and/or with someone else?
- What do I do with my feelings? Do I express them, bury them or act them out through my behavior in some way?
- How can I begin to face my anger and what is underlying it?

Exercise:

Make a list of things in your life that you are displeased with or that you wish could be different. Circle each one that you can do something about. Underline each one you need to accept as out of your control. Now review all the items you marked and ask yourself:

Am I trying too hard to have control over this?
Do I blame myself when things aren't going as I had hoped?
Do I believe that nothing I can do will make a difference?
Do I feel helpless and hopeless about this situation?
Did I quit trying or believing things could improve or work out?

## CHAPTER 5: Freedom from Depression - Part Two

**Self-Acceptance**

Acceptance is something that can be learned and practiced. This is especially important when it comes to self-acceptance. When we accept who we are, what we look like; our abilities, limitations, weaknesses and mistakes we like ourselves and see ourselves as being likeable to others as well. The way we see ourselves is vital to our mental health. A poor sense of self-esteem is a major contributor to depression. When people feel bad about themselves they reject parts of themselves they do not like. They put themselves down and have difficulty believing they are of value and worth. They lack confidence and feel inferior to others. They don't believe they can succeed and they doubt themselves. A lack of self acceptance leads to much emotional distress and depression.

**How can self-esteem be improved and a positive view of self attained?**

Let's look at several ways:

- Be aware of self talk.

What kinds of things do you think about yourself?
In what situations do you tend to put yourself down the most (social, learning, work-related)?
How does it make you feel?
When are you least confident? Most confident?

- Use positive affirmations.

The best way to change negative self-talk is to replace it with positive self-talk. However, positive affirmations alone won't help much until beliefs about oneself are changed. You can tell yourself over and over that you are successful, but until you begin to redefine success and realistically appraise your capabilities and believe in your competence, you won't feel too successful. (We will be discussing more about how to change thinking in the following sections.)

Whether we realize it or not, we are always talking to ourselves whether it's in a positive or negative way we talk about ourselves, others and the world around us. As our internal dialogue becomes more optimistic, positive and hopeful, the way we view of ourselves and life improves and depression is reduced. However, when a person

is depressed, their self-talk and thinking can become very negative. Thinking positive thoughts might not even seem possible at the time or even helpful. That's because core beliefs have to be dealt with first. You can say things like, "I am loveable" a million times but if you do not believe it you will be wasting your time and grow even more frustrated. (We will be discussing how thoughts and beliefs can be changed in the next section.)

- Stop putting yourself down.

When you catch yourself thinking or speaking negatively about yourself, be aware of what you are doing and reassess the situation. "I made some mistakes, but that doesn't mean I'm a failure." Sometimes depressed people are so convinced that they can't think any other way. They become stuck and inflexible. In this case, mental health intervention may be necessary.

- Stop comparing yourself with others.

Comparing yourself with others is unhealthy when it usually causes you to feel either inferior or superior to them. It often leads to jealousy, envy, self-pity or at the other extreme—arrogance, judgmentalism, criticism. The only person you need to compare yourself with is yourself. For example, if you can run for one mile and you want to increase to more, don't compare yourself with someone who can run 20 miles. Aim to increase it to 1¼ or 1½ miles instead. Work with what *you* have and build on your own strengths.

- Accept compliments.

People who have difficulty accepting themselves also have difficulty accepting compliments. They might minimize them or think something like, "Oh, it was no big deal. Anyone can do that." Or "They're probably just saying that to be nice. No one could possibly think that about me."

Accepting ourselves, our lives and things we cannot change leads to serenity. But how about the things we can change? As the Serenity Prayer says, we need the wisdom to know the difference. True acceptance does not include accepting things within our ability to change. In that case, we need courage to make changes in our lives. To have courage means to face our problems and fears. Although we are afraid, we do it anyway. And we do what we are able to do.

Can you accept that you or someone you know has an illness called depression? Do you believe that there is something you can do about it?

In the next lesson, we will be looking at ways thinking can be changed and new habits developed.

**Thoughts and Feelings that can change your life**

*"Master your thoughts and you master your mind; master your mind and you master your life; master your life and you master your destiny."*

We have discussed how most depression is triggered by external causes—some kind of loss, unmet need or problem. Because everyone perceives events differently, everyone copes differently. How a person copes and responds to an event depends largely on how they perceive it. For example, one person might feel overwhelmed and stressed by a deadline while another person in a similar situation might find it exciting and motivating. One person might be grief-stricken over the breakup of a long-time romantic relationship, while another person going through a similar loss might shed some tears and move on.

The way we perceive and think about things influences the way we feel. We cannot control our feelings, but we can control our thoughts. Our thoughts and feelings are strongly linked, and they determine our actions.

How do you change the way you think?

The first step to change one's thinking is to recognize thoughts that are irrational or distorted. Some people call it stinkin' thinkin' or cognitive distortions. It includes looking at things in black and white categories: *"Nothing ever works out for me" or "I fail at everything."*; should statements such as: *"I shouldn't feel this way";* emotional reasoning: *"I feel like a failure, so I must be one."*

The way you think (cognitions) influences the way you feel. When you perceive an event, the future or yourself inaccurately, your thoughts about it will be distorted. You will make assumptions that are irrational. This kind of thinking leads to negative feelings such as sadness, anxiety, anger and discouragement. Following are examples of ten of the most common cognitive distortions:

ALL-OR-NOTHING THINKING

You look at things in black and white categories.

*"Nothing ever works out for me."*

*"I fail at everything."*

OVERGENERALIZATION

You see a single negative event as a never ending pattern.

*"He was rude to me on the phone."*

*“He must hate me.”*

MENTAL FILTER
You dwell on the negatives and ignore the positives.
*“I keep thinking about that one critical remark she made, although everyone else complimented me.”*

DISCOUNTING THE POSITIVE
You insist your positive qualities do not count.
*“That doesn’t count because anyone could do that.”*

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DISCOUNTING THE POSITIVE
You insist your positive qualities do not count.
*“That doesn’t count because anyone could do that.”*

JUMPING TO CONCLUSIONS
You conclude things are bad without any real evidence.
*“I know he thought I was stupid.”*

MAGNIFICATION (CATASTROPHIZING)
OR MINIMIZATION
You blow things out of proportion or shrink their
Importance.
“I can’t stand the discomfort of meeting new people.”

EMOTIONAL REASONING
You reason from how you feel.
*"I feel like a failure, so I must be one."*

SHOULD STATEMENTS
You use the word "should" to motivate yourself and others.
"I shouldn't feel this way."
"You should do more around the house."

LABELING
You attach names to errors rather than describe them.
"I'm stupid because I lost my keys."

PERSONALIZATION (BLAME)
You blame yourself as the cause of some negative event which you were not entirely responsible for, or you blame others and overlook your contribution to the problem.
"It is all my fault that she is having these problems."

For printable pdf of Negative Thinking Cognitive Distortions go to: http://www.Relationship-ebooks.com and enter password found in Resource section at the end of this book.

For more examples of cognitive distortions go to: http://depression.about.com/cs/psychotherapy/a/cognitive.htm

Dwelling on distorted thoughts often leads to feelings of sadness, anger, hurt, hopelessness, frustration, jealousy, guilt, shame, self-pity, and so forth. It leads to depression. Whereas, thoughts that are positive, realistic and hopeful can strengthen, empower, and help you to cope better.

Exploring feelings with others or with a professional can help to identify distorted thoughts. Once identified, they can be changed. A common strategy used in cognitive-behavioral therapy is called the ABC analysis. First, you identify "A" which stands for *activating agent*. It is the situation that triggered a strong emotion or depression. The consequences of "A" are then identified. The *consequences* ("C") are the feelings and behaviors that occurred. Then *beliefs*

("B") or thoughts are identified. The next step is to challenge the negative thoughts and change the way you think and perceive an event. *

For printable pdf worksheet - **Thought Response Journal** - to help you put this method into practice to go: http://www.Relationship-ebooks.com and enter password found in Resource section at end of this book.

Once you are able to identify your patterns of thinking, you will be able to recognize triggers to depression. Knowing when and where you are most vulnerable can help to prepare you in preventing symptoms of depression.

**Habits: Replace the Old with the New**

*"You sow an action, you reap a habit. You sow a habit, you reap a character. You sow a character, you reap a destiny."*

Habits are formed when patterns of behavior are repeated over and over again. When a person repeatedly responds to certain problems in the same way it becomes a habit. Depression can become a responsible habit. It can become an automatic way of responding when faced with certain situations or problems.

It begins with negative thinking. A person tells themselves negative things over and over again. It becomes so automatic that it seems natural to them to think the way they do. It becomes a habit. This habitual way of thinking sends a depressed person in downward spiral that drags them deeper and deeper in despair before they know what is happening to them.

Some common automatic negative thoughts among depressed individuals are:

"Things will never get any better." *Now if that is the case, then they figure there is no point in trying. The more they believe this, the more helpless and hopeless they will feel.*

"I can't help being depressed after what I've been through." *This is a very common way of thinking among depressed individuals. If they believe it's totally beyond their control, they won't struggle against it. This way of thinking takes away their choices.*

"People would be better off without me." *Feelings of worthlessness that result from this way of thinking lead to withdrawal and self-harm, deepening the depression.*

"Depression runs in my family—it's genetic." *Although that may be the case, it does not mean they are helpless victims of fate. There are many things that can be done to help them cope better, think differently, and live fulfilling productive lives. They are not destined to be unhappy and depressed all their lives.*

Believing these automatic thoughts leads to a strong and negative hold on an individual's life. Thoughts are powerful. They have a major influence on a person's mood, attitude, self-esteem and general well-being. But thoughts can

be changed. It takes about 6 weeks to form a new habit. As difficult as some habits can be to change, they *can* be changed as new habits take their place. Sometimes you have to start by **doing** it without **feelings** to support your decision.

Resource Links:

Self-Talk article – What Are You Telling Yourself?:
http://www.newdaycounseling.org/Self_Talk.html

Exercise:
1) Review cognitive distortions. Pick any two and give an example of each.

2) Apply the ABC analysis to one situation in your life. Identify the activating agent, beliefs, and consequences. How can you think about and perceive the situation differently?

3) Think about a new habit you would like to begin and an old habit you would like to change.

## CHAPTER 6: Freedom from Depression – Part 3

**Build positive and healthy relationships**

*"Remember, we all stumble, every one of us. That's why it's a comfort to go hand in hand." --Emily Kimbrough*

Depression affects every part of our lives and that includes relationships. When people are depressed, it affects how they communicate and express themselves. For various reasons, they tend to withdraw from others and isolate themselves. Isolation is very unhealthy for a person going through depression. Depressed people need diversion and company. Talking to others about what they are going through helps them to see things more objectively. In fact, social support aids in recovery of depression, and it is a protective factor against the onset of future occurrences of depression. A support system might include—family, friends, clubs, groups, church, and counseling. Positive, optimistic influences can be strong supports and good models of hope and joy. Influences that are negative and toxic can intensify depression and should be avoided.

*"When we share ourselves with others, we give them the most priceless possessions we have: life and time…When you give someone your precious time, sharing yourself in listening, empathizing, praying, and working, that time can never be recovered. Once time is gone, it's gone…but it's never lost. It becomes an investment." –Warren Weirsbe*

Life is all about relationships. They require an investment of life and time. Depressed people might not invest in their relationships as much as they would like ,and their relationships can suffer as a result. As they begin to encourage, help, support, understand, and invest in others, it helps them to refocus and build strong, positive and healthy relationships.

Giving to others of our time, resources, and attention helps us to feel connected to something greater than ourselves. People who volunteer often report feeling a greater sense of purpose and community by giving of themselves.

*KEY POINTS*:

- Surround yourself with positive influences
- Develop a strong support system
- Invest time and self in building relationships
- Connect with others through giving

*REFLECTION:*

- Think about the influences in your life. How are they supportive or not supportive?
- Think about your relationships. How much of yourself do you invest in them?
- Describe ways you connect with others through giving or volunteering your time.

To read an article I wrote about how relationships need daily care and attention go to:
http://www.newdaycounseling.org/Work_on_Relationship.html

**Strengthen boundaries and limits**

*Do you have a hard time saying "no"?*
*Do you ever feel taken advantage of by others?*
*Do your relationships have clear rules and boundaries?*
*Do you feel guilty when you set limits?*
*What do you do when you feel your boundaries are violated?*

All relationships need appropriate boundaries. Boundaries determine how you will and will not behave in a given situation. They are basically rules and limits you set in your relationships. For example, physical boundaries help you establish who can touch you and under what circumstances. Boundaries can also help you to establish your right to have and express your own thoughts, feelings and opinions.

It is up to each individual to set limits and that means having and enforcing rules in relationships. Clear, strong boundaries are empowering. On the other hand, when boundaries are violated, they leave you feeling victimized and helpless.

Establishing healthy boundaries begins with awareness of what the rules and boundaries are in your relationships and considering—

What relationship rules and limits you want to establish
Whether or not you enforce them
Why you allow them to be violated
How they can be made more clear or changed if necessary

**Forgive and be Free**

*"Forgiveness is setting the captive free and finding that the captive was you."*

Relationships can cause great joy as well as terrible pain. Hurtful words, broken promises, disrespect, uncaring and abusive behavior can all leave a person deeply wounded. If the underlying hurt or offense is not processed and resolved, it leads to unforgiveness. Prolonged unforgiveness leads to bitterness and depression. When this occurs, letting go of resentment becomes necessary in the healing process.

Resolution with the person who caused the pain is not always possible. So resolution has to occur in the heart of the person that was hurt. Forgiveness does not justify the wrong actions of another or make them right. It does not excuse the wrong done. Forgiveness releases the person who was hurt from the chains of pain and anger that keep them bound. Forgiveness begins with a willingness to forgive. You might not feel you are able to forgive, but being willing is the first step. Feelings eventually catch up to decisions. Sometimes forgiveness is accomplished in layers and it may be necessary to forgive each time a memory or feeling emerges. Working through each layer helps to bring you closer to experiencing the freedom that forgiveness brings whether it is you that you need to forgive or someone that has hurt you.

*REFLECTION:*

- Is there someone I hold feelings of unforgiveness toward?
- Do I blame someone for the way I feel?
- Am I still hurting because I am angry and bitter toward someone?
- Can I recall a time when I was forgiven for causing pain in someone's life?

**Let go of the past and Live for Today**

*Live for today and plan for tomorrow.*

Letting go of the past can be difficult to do when there are unresolved issues that need to be worked through. This can keep a person from moving forward and it can hinder their recovery from depression. Processing pain and hurt and allowing themselves to feel anger and grief can help them to release bottled up feelings and cope with them in a healthy way. In situations where there has been significant loss, trauma or abuse, counseling might be especially helpful.

What it comes down to is this: In order to let go of the past, you have to stop blaming the past and take responsibility for your own recovery. That is when healing begins. You can't change the past, but you can do something about today and the rest of your life.

Depressed people tend to focus on the past or the future rather than live for today. Today is all anyone has, and today is the only place happiness, wholeness, and contentment can exist. To live one day at a time is to fully experience life. One day, one hour, one moment at a time…. So much is lost right here and now when the focus is on the past or the future. By cutting down of negative rumination and introspection, people suffering from depression can refocus.

Depressed people can learn to live for today and plan for tomorrow. Planning for tomorrow requires setting goals for the future. When depressed people do not set any goals, they have nothing drawing them forward. Setting goals gives them a sense of purpose. And letting go of the past helps them to live with new hope and purpose for their lives.

Exercise:

1) Explain in your own words: "In order to let go of the past, you have to stop blaming the past and take responsibility for your own recovery."

2) Plan for tomorrow by setting one goal for the future. List several steps you can take toward attaining that goal.

5 Steps to Goal Setting Success:

http://newdaycounselingcenter.blogspot.com/2011/01/5-steps-to-goal-setting-success.html

7 Reasons Why Setting New Goals Enriches Your Life:
http://newdaycounselingcenter.blogspot.com/2011/01/5-steps-to-goal-setting-success.html

*No one ever accomplishes anything of consequences without a goal…Goal setting is the strongest human force for self-motivation ~Paul Myer*

*You cannot push anyone up the ladder unless he is willing to climb himself. ~Andrew Carnegie*

## CHAPTER 7: Freedom from Depression – Part 4

**Diet and exercise**

*"Eat…to live, and do not live to eat." –William Penn*
*"To get out of the pit, we must be willing to do what we don't feel like doing." -- Joyce Meyer*

Some people don't eat right when they are depressed. They might not have as much of an appetite so their bodies aren't provided with the proper nutrients to help them to physically function better. Others use food for comfort and they crave food that isn't good for them.

What we eat not only affects our overall physical health, but it also affects our mood. Brain chemicals associated with mood (neurotransmitters—dopamine, serotonin, and norepinephrine) are controlled by what we eat. For example, complex carbohydrates (fruits, vegetables, whole grains) are known to increase serotonin production. A diet that's very low in complex carbs can deplete serotonin and cause depression. Foods high in protein help to increase production of dopamine and norepinephrine which promote alertness. Whereas foods high in saturated fats can lead to fatigue and lethargy. Sugars, initially increase energy but quickly lead to fatigue.

A deficiency in vitamins and minerals has been linked with low mood, particularly the B vitamins. Some medications deplete the body of certain vitamins that can affect mood. Caffeine, alcohol, and tobacco all contribute to mood. Alcohol depresses the central nervous system and actually increases depression symptoms. A healthy, well-balanced diet contributes to good physical as well as mental health.

*THINGS to THINK ABOUT:*

- How do my eating habits change when I am depressed?
- Is my diet made up of too much junk food?
- Do I have the recommended servings of complex carbohydrates every day?
- Could I be deficient in necessary vitamins and minerals?
- Do I consume substances that alter my mood and that can increase depression?

**Exercise** has long been known to improve the symptoms of depression. Studies

show that exercise improves mood, alleviates anxiety, improves sleep, and elevates self-esteem. Exercise enhances the brain's natural feel-good chemicals. These are the body's natural tranquilizers. To read more about the benefits of exercise go to:
http://www.webmd.com/content/article/45/1663_51226.htm?lastselectedguid=%7b5FE84E90-BC77-4056-A91C-9531713CA348%7d

Depressed people often say that they are too fatigued or unmotivated to exercise. Consistent exercise actually helps a person to have more energy. It increases endurance and builds strength. Even beginning with simple stretches or short walks can be helpful.

Note: Always check with your doctor before starting any new exercise program.

**Relaxation, Stress Management & Sleep**

*"The time to relax is when you don't have time for it." –Jim Goodwin*

Anxiety coexists with depression in 70% of cases. So in addition to suffering from depression many also suffer from anxiety at the same time.

According to research, over 80 percent of significant depressions are triggered by stressful life events—significant losses, challenges, and threats. Life stressors increase our chances for developing illnesses.

There are many tools to help us learn to manage stress. Go to the following link for some great tools. http://www.mindtools.com/pages/main/newMN_TCS.htm

Oftentimes when people are anxious, they don't breathe fully. Their breaths are short and shallow. Deep breathing helps to relax the whole body. Following are some simple exercises to help you slow down and relax.

# Breathing Awareness and Deep Breathing

1. Lie down or sit in a comfortable chair, maintaining good posture. Your body should be as relaxed as possible. Close your eyes. Scan your body for tension.
2. Pay attention to your breathing. Place one hand on the part of your chest or abdomen that seems to rise and fall the most with each breath. If this spot is in your chest you are not utilizing the lower part of your lungs.
3. Place both hands on your abdomen and follow your breathing, noticing how your abdomen rises and falls.
4. Breathe through your nose.
5. Notice if your chest is moving in harmony with your abdomen.
6. Now place one hand on your abdomen and one on your chest.
7. Inhale deeply and slowly through your nose into your abdomen. You should feel your abdomen rise with this inhalation and your chest should move only a little.
8. Exhale through your mouth, keeping your mouth, tongue, and jaw relaxed.
9. Relax as you focus on the sound and feeling of long, slow, deep breaths.

## Complete Natural Breathing

1. Sit or stand with good posture.
2. Breathe through your nose.
3. Inhale, filling first the lower part of your lungs then the middle part, then the upper part.
4. Hold your breath for a few seconds.
5. Exhale slowly. Relax your abdomen and chest.

*Practice these two exercises, in whatever combination feels best for you, for ten minutes, twice a day.*

(Davis, Eshelman, and McKay; The Relaxation and Stress Reduction Workbook,

2nd edition; New Harbringer Publications, 1982.)

# Sleep

Getting enough sleep is essential for optimal mental and physical health. Experts say the average adult needs about 7-8 hours a night, but it varies for each individual. When you don't have uninterrupted, peaceful, restorative sleep it will affect your mood and productivity. It'll make everything you do seem to take more effort to accomplish. This can lead to irritability, frustration and increase depression. When you don't get enough sleep, whatever is bothering you will seem to be worse and more insurmountable than it really is. You can learn more about the stages of sleep, signs of sleep deprivation, insomnia, sleep and depression, and suggestions to improve sleep at:
http://www.helpguide.org/life/sleeping.htm

**The Power of Music and Sound**

*"Music speaks what cannot be expressed, soothes the mind and gives it rest, heals the heart and makes it whole, flows from heaven to the soul." --author unknown*

Never underestimate the power of music. Music has healing properties. Music affects mood. It moves the soul. Listening to music can calm us, agitate use us or excite us. Music can comfort, inspire and encourage. It can induce sleep. Studies show that listening to certain types of music can either raise or lower blood pressure. Music helps individuals with ADHD to focus. It can enhance learning and memory. Studies have found that listening to 30 minutes of classical music increased endorphins and had an equal effect as a dose of valium.

Music holds additional benefits to those who study it. Learning to play a musical instrument has been shown to activate both the right and left hemispheres of the brain. According to research there is a very high correlation between positive self-perception, high cognitive competence scores, healthy self-esteem, total interest, school involvement, and the study of music (O.F. Lillemyr, "Achievement Motivation as a Factor in Self-Perception," Norwegian Research Council for Science and the Humanities)
Music isn't the only sound that helps lift depression. Environmental sounds also have therapeutic value such as water falls, ocean surf, blowing wind, running streams, and birds singing. There are many CDs available with recorded environmental sounds. Indoor water fountains are another way to experience the therapeutic sounds that can relax, and help relieve stress, tension and agitation.

*ASK YOURSELF:*

What can I listen to the next time I want to feel

- calm and relaxed
- comforted
- encouraged
- inspired

Write your answers down for each category and use that list whenever you want to change your environment and experience the healing

properties of music and sound.

Exercise:
For one week keep a journal of your diet, exercise, and sleep. Observe how your mood is affected and write down your experience and what you learned.

## CHAPTER 8: Freedom from Depression – Part 5

**Laugh More & Rediscover Joy in Living, Loving and Learning**

*"We don't laugh because we are happy, we are happy because we laugh."*
*~William James*

Laughter is like good medicine that brings healing to the body and mind. Some report that the average child laughs about 150 times a day while the average adult laughs 4 to 8 times a day. What a difference! And what difference laughter can make. A doctor once described laughter as "internal jogging." Just as jogging releases endorphins and leaves you feeling good so does laughter. You can revitalize the habit of laughter through practice and a gaining a new perspective on things. You can learn to laugh at yourself when you make mistakes rather than beat yourself up.

**What do you do for fun?**
Although you cannot force yourself to have fun, you can choose to do things that once brought you pleasure. You may not feel like it, but push yourself and do it anyway. Taking the simple steps in doing something that you once enjoyed can help you feel better than you would expect. You may begin to feel reconnected with life and others. It can boost your mood and help you to feel more energetic.

Everyone needs a good balance of enjoyable activities in their lives. Think of what helped you in the past. It could be something creative like music, art, or writing, or a sport or other hobby. Whether you do something alone or with others, keeping yourself occupied with good activities is a healthy coping tool for depression. Also, it is never too late to try or learn something new. Sometimes people get stuck in a rut of doing the same things because they assume they won't like it or they're afraid to try something unfamiliar to them. Trying something new can help you discover new interests that can help bring balance to your life.

**Explore Spiritual Needs**

*"Our life is a gift from God. What we do with that life is our gift to God."*

Our spiritual life is a personal experience. Everyone has their own quest in understanding the immaterial part of us—the soul, the spirit. And everyone has spiritual needs that long to be fulfilled. The common question, "What is the meaning or purpose of life?" reveals man's longing for spiritual understanding and fulfillment.

How are spiritual needs met?
The answer to that question may come more easily for some people with strong convictions and faith whereas others may be seeking for answers along their journey of life.

Some ways people seek to meet spiritual needs include:

Prayer; meditation
Living in the present
Appreciating nature
Enjoying solitude
Reflecting; journaling
Loving others unselfishly
Attending place of worship (church, synagogue, temple)
Relationship with God

In what ways do you explore and meet your spiritual needs?
What is most fulfilling to you? Why?

**Practice Thankfulness**

*"…a basic law: the more you practice the art of thankfulness, the more you have to be thankful for. This, of course, is a fact. Thankfulness does tend to reproduce in kind. The attitude of gratitude revitalizes the entire mental process by activating all other attitudes, thus stimulating creativity." ~Norman Vincent Peale*

Gratitude is said to be the ideal mental attitude. That is because a grateful person is a happy person. People who are happy count their blessings. They focus on what they have rather than on what they don't have or on what is wrong in their lives. People suffering from depression tend to focus on what is wrong and how bad they feel, making it difficult for them to experience the joy of gratitude. And if this progresses into murmuring and complaining, it keeps them in a state of depression and discontent.

Telling someone who is depressed to be thankful for all they have can actually make them feel worse. Guilt about being depressed can intensify their depression. Instead, it's better for a depressed person to practice being aware of things that are going right in their lives, no matter how great or small. Recognizing simple, everyday blessings is more helpful than looking at the big picture. For example, a depressed person can be thankful for their home and family; however, learning to recognize, appreciate and enjoy a loving hug, help with a chore, a new furnishing for the home, ability to pay a bill, and so forth can help to develop a daily habit of gratitude. And that is how to have a heart of gratitude—one blessing at a time.

A helpful way to establish this new habit is to have a "**Gratitude Journal**." Every day you write down at least one thing that was a blessing. It can be anything—something that went right that day, new insight, a phone call you received, a good deal you got shopping, and so forth. This exercise helps to train the mind to recognize and acknowledge the good things. As it is practiced, it comes more naturally and it becomes a habit or way of life.

Gratitude is like love in that the more you give away the more you have in return. Making the effort to express thankfulness to others—verbally, artistically; words, card, letter, phone, gift and so forth enlarges ones heart of gratitude.

*KEY POINTS:*

- Being thankful is an attitude that contributes to happiness
- Feeling guilty about not being thankful worsens depression
- Simple awareness of small blessings and what is going right helps to put gratitude into practice
- Practicing gratitude can become a good habit and healthy lifestyle

**Relapse Prevention**

Even with all the help and treatment you may receive and all the progress that you make, there will be times when you may become depressed again. This is called relapse. The best way to prevent relapse is to recognize the warning signals. What kinds of thoughts trigger depression? What feelings disturb your peace? What kinds of behaviors lead to a low mood?

Remember, when we talk about overcoming depression is doesn't mean it will never happen again. What it does mean is that it doesn't have to control your life. You can improve your coping skills and manage your feelings, thoughts, and behaviors. You don't have to be at the mercy of your feelings anymore. You can overcome depression and take your life back again. You can have joy in life and live it to the fullest.

Exercise:

1) List at least 2 things that have been enjoyable to you. Describe how it makes you feel to do them.

2) Start a "Gratitude Journal" for one week. Describe what the experience was like and how it affected you.

3) Identify 3 warning signals that trigger depression in you.

## CHAPTER 9: Receiving help, finding Hope

*Hope is to our spirits what oxygen is to our lungs. Lose hope and you die. They may not bury you for awhile, but without hope you are dead inside. The only way to face the future is to fly straight into it on the wings of hope…hope is the energy of the soul. Hope is the power of tomorrow. –Lewis Smedes*

We have come a long way in understanding depression and why there is hope to overcome it. Hope is like the air we breathe. We cannot live without it. What is hope? Hope is expecting something good. People suffering from depression begin to lose hope when they stop expecting that things can change and get better. There is an old Italian proverb that says, "Hope is the last thing ever lost." You can lose everything and still not lose hope because there is always hope. What are you expecting? Do you believe things to ever change? Do you believe they can?

What is hope?

Hope is not wishful thinking nor is it passive. Hope requires faith in times of waiting, faith that things will get better. With every expectation there is a time of waiting, otherwise you wouldn't need hope because you'd have what you were hoping for. Hope also requires faith to pick up and try again after you have fallen another time. To hope is to believe for a better tomorrow and trust that even the pain you suffered can ultimately be used for good in your life.

*Hope is the anchor that prevents our souls from drifting off into trouble during the storms of life.*

Hope is an anchor…….what do you put your hope in?

Hope keeps our mind on the solution, not on the problem.

*"When one door of happiness closes, another opens; but often we look so long at the closed door that we do not see the one which has opened for us." --Helen Keller*

How many times have you overlooked the open door?

Receiving help, finding hope

There is hope for depression. There are many things that can be of significant help and improve one's life and well-being. But help needs to be received in order for it to bring hope and healing. Help can come in different ways. We have discussed many ways, but by no means have we covered them all. May this journey inspire you to greater hope to live your life to the fullest with joy, inner peace, confidence, and love for life, self and others.

Following is a poem that has encouraged thousands of people over the years to never give up.
Never give up believing things will get better.
Never give up trying.
Never give up pursuing your goals.
Never give up on yourself.

Never give up…
No matter how many times you fall.
No matter how hard you get hit.
No matter what has happened in the past.
No matter how bad things might be.
No matter how discouraged you feel.
No matter how much you are tempted to doubt.....

But believe…

Believe…

because….there is HOPE

Let hope strengthen you to get back up again.
Let hope be your anchor in the storm.
Let hope encourage you to never give up!

**Don't Quit**

When things go wrong as they sometimes will,
When the road you're trudging seems all uphill,
When funds are low and the debts are high,
And you want to smile, but have to sigh,

When care is pressing you down a bit--
Rest if you must, but don't you quit.

Life is queer with its twists and turns,
As every one of us sometimes learns;
And many a fellow turns about
When he might have won, had he stuck it out.
Don't give up though the pace seems slow--
You may succeed with another blow.

Often the goal is nearer than
It seems to a faint and faltering man;
Often the struggler has given up
When he might have captured the victor's cup;
And he learned too late when the night came down,
How close he was to the golden crown.

Success is failure turned inside out--
The silver tint of the clouds of doubt,
And you never can tell how close you are,
It may be near when it seems afar;
So stick to the fight when you're hardest hit;
It's when things seem worst that you mustn't quit.

~ Leo Piggott, 1931

Resource Link:
These pages contain some of my favorite quotes on hope, living in the now, love, and more. http://www.newdaycounseling.org/quotes.html

Exercise:
1) In your own words describe what hope is.

2) In your own words, explain: “Hope keeps our minds on the solution, not the problem.”

**REVIEW**

Following are 2 sets of Review Questions intended to increase your insight and understanding of depression:

1) Understanding Depression
2) Freedom from Depression
3) Answer Key

REVIEW #1

Understanding Depression

1. Depression is considered a mood disorder because
   a. it affects ones feelings not thoughts
   b. it is experienced as a mood that is lower than normal
   c. bad moods cause depression
   d. moods progressively improve when depressed
   e. all of the above

2. The symptoms of depression interfere with one's ability to:
   a. sleep
   b. eat
   c. socialize
   d. work
   e. all of the above

3. The three main types of clinical depression are major depression and:
   a. postpartum depression
   b. dysthymia
   c. bipolar disorder
   d. B and C
   e. A and B

4. Biological factors that can contribute to depression include:
   a. disease or illness

b. hormones
c. medications and drugs
d. B and C
e. all of the above

5. What is the estimated percentage of people that seek help for depression?
a. less than 10%
b. 30%
c. 50%
d. 75%
e. 90%

6. Professional assistance is necessary when:
a. thinking about death or suicide
b. symptoms last for 2 weeks or more
c. depressive symptoms have become severe
d. A and C
e. all of the above

7. According to research, the most effective treatment for major depressive disorder is:
a. psychotherapy and medication
b. medication and exercise program
c. psychotherapy
d. medication
e. self-help

8. Adequate treatment for depression can help to:
a. change unhelpful thinking
b. alleviate symptoms
c. restore hope for life
d. improve self-esteem
e. all of the above

REVIEW

#2

Freedom from Depression
True of False

1. Taking action helps a depressed person to break out of inertia and feel more control over their life.

2. People with an extreme internal locus of control rarely get depressed.

3. Poor self-esteem is a major contributor to depression.

4. The way we perceive and think about things influences the way we feel.

5. Negative patterns of thinking are long established habits that cannot be changed.

6. Supportive relationships aid in the recovery of depression and are a protective factor against the onset of future occurrences.

7. Depressed people tend to live for today and focus on the here and now.

8. Anxiety coexists with depression in 70% of cases.

9. According to research, only 25% of significant depressions are triggered by stressful life events.

10. Hope keeps our mind on the solution, not on the problem.

ANSWER KEY

**Review Answers for Freedom from Depression & Hope for a New Day**

**1)Understanding Depression**
**2)Hope for Depression**

Understanding Depression

(b) 1. Depression is considered a mood disorder because
a. it affects ones feelings not thoughts
b. it is experienced as a mood that is lower than normal
c. bad moods cause depression
d. moods progressively improve when depressed
e. all of the above

(e) 2. The symptoms of depression interfere with one's ability to:
a. sleep
b. eat
c. socialize
d. work
e. all of the above

(d) 3. The three main types of clinical depression are major depression and:
a. postpartum depression
b. dysthymia
c. bipolar disorder
d. B and C
e. A and B

(e) 4. Biological factors that can contribute to depression include:
a. disease or illness
b. hormones
c. medications and drugs
d. B and C
e. all of the above

(b) 5. What is the estimated percentage of people that seek help for depression?
a. less than 10%
b. 30%
c. 50%
d. 75%
e. 90%

(e) 6. Professional assistance is necessary when:
   a. thinking about death or suicide
   b. symptoms last for 2 weeks or more
   c. depressive symptoms have become severe
   d. A and C
   e. all of the above

(a) 7. According to research, the most effective treatment for major depressive disorder is:
   a. psychotherapy and medication
   b. medication and exercise program
   c. psychotherapy
   d. medication
   e. self-help

(e) 8. Adequate treatment for depression can help to:
   a. change unhelpful thinking
   b. alleviate symptoms
   c. restore hope for life
   d. improve self-esteem
   e. all of the above

<u>Hope for Depression</u>
True of False

1. Taking action helps a depressed person to break out of inertia and feel more control over their life. (T)

2. People with an extreme internal locus of control rarely get depressed. (F)

3. Poor self-esteem is a major contributor to depression. (T)

4. The way we perceive and think about things influences the way we feel. (T)

5. Negative patterns of thinking are long established habits that cannot be

changed. (F)

6. Supportive relationships aid in the recovery of depression and are a protective factor against the onset of future occurrences. (T)

7. Depressed people tend to live for today and focus on the here and now. (F)

8. Anxiety coexists with depression in 70% of cases. (T)

9. According to research, only 25% of significant depressions are triggered by stressful life events. (F)

10. Hope keeps our mind on the solution, not on the problem. (T)

## ABOUT THE AUTHOR

Krystal Kuehn, MA, LPC, LLP, NCC is a psychotherapist, best-selling author, teacher, songwriter and musician.

Krystal specializes in helping people live their best life now, reach their full potential, overcome barriers, heal from their past, & develop a happiness lifestyle. Her inspirational and empowering approach has been helping people all over the world for over 20 years. Krystal's articles, poetry, and songs have been published locally and internationally. She is also the author of many books (For a Complete List: click here).

Krystal has a passion for encouraging others. She believes everyone has untapped potential for greatness and everyone can live a life of fulfillment and true happiness. Krystal is the co-founder of New Day Counseling in Michigan. Her web sites include:

NewDayBooks.com
NewDayCounseling.org
Be Your Best Blog
Baby-Poems.com
NewSongProductions.com
BeHappy4Life.com
Facebook.com/WordsofInspiration

### Connect with Krystal Kuehn

It is my sincerest desire and hope that *Depression – Breaking Free from Its Grip* has encouraged you and empowered you with helpful information, tools and resources to help you understand depression, know how to better deal with it and gain freedom and renewed hope. I would love to hear your testimonials and how you have been helped. You can send your testimonials, feedback and comments to me at:


maxpotential312@gmail.com


If you would like to share your experience, I would truly appreciate it, and I encourage you to write a review on Amazon, click here.

My author profile:
http://www.amazon.com/Krystal-Kuehn/e/B0074OI67O

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http://www.twitter.com/behappy4lifeNDC

  Visit my *Be Your Best* blog (offers RSS):
http://www.newdaycounselingcenter.blogspot.com/

**RESOURCES**

To access free downloads available with *Depression: Breaking Free from Its Grip*, go to
http://www.Relationship-ebooks.com and ENTER PASSWORD: fd78124

National Institute of Mental Health http://www.nimh.nih.gov

National Alliance for the Mentally Ill http://www.nami.org

National Foundation for Depressive Illness, Inc. http://www.depression.org

National Mental Health Association http://www.nmha.org

*Depression in Children and Adolescents:*
http://www.psycom.net/depression.central.children.html

Self-Assessment Screening Tools:
http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=973&cn=5&PHPSESSID=5911fe6e18486b005df7580d6df4af4b

*The Feeling Good Handbook* by Dr. Burns

For a list of the warning signs, suicide facts, statistics, internet links and other information go to: http://www.sfsuicide.org/
http://www.stopsuicidesong.com

Medications for the treatment of depression:
http://www.healthyplace.com/communities/depression/treatment/antidepressants/

ECT (Electro-Convulsive Therapy or electroshock therapy):
http://www.psycom.net/depression.central.ect.html)

Alternative Medication for the treatment of depression:
http://www.holisticonline.com/Alt_Medicine/altmed_home.htm

http://www.thewayup.com/upfrmdwn.htm

Locus of Control:
http://discoveryhealth.queendom.com/questions/lc_short_1.html

Cognitive Distortions:
http://depression.about.com/cs/psychotherapy/a/cognitive.htm

Self-Talk article – What Are You Telling Yourself?:
http://www.newdaycounseling.org/Self_Talk.html

Our Relationships Need Daily Care and Attention:
http://www.newdaycounseling.org/Work_on_Relationship.html

5 Steps to Goal Setting Success:
http://newdaycounselingcenter.blogspot.com/2011/01/5-steps-to-goal-setting-success.html

7 Reasons Why Setting New Goals Enriches Your Life:
http://newdaycounselingcenter.blogspot.com/2011/01/5-steps-to-goal-setting-success.html

The Benefits of Exercise:
http://www.webmd.com/content/article/45/1663_51226.htm?lastselectedguid=%7b5FE84E90-BC77-4056-A91C-9531713CA348%7d

Stress Management Tools:
http://www.mindtools.com/pages/main/newMN_TCS.htm

The Relaxation and Stress Reduction Workbook

Hope Quotes:
http://www.newdaycounseling.org/quotes.html

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