

YMCA Week 6

Managing Depression Symptoms through Pandemic

What are the signs of symptoms of depression?

Why do depression and anxiety seem to go together so often?

Hopelessness, Helplessness, and Catastrophic Thinking

How to combat depression – Wheel of Wellness

Cognitive Behavioral Therapy

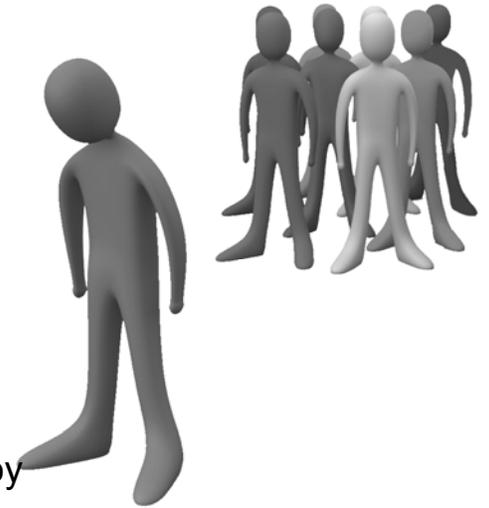
Mindfulness exercise body scan

Understanding Depression

What are the signs of depression?

If you have felt many of these symptoms nearly every day for two weeks or longer, you may have clinical depression, not just common sadness:

- Depressed mood: feeling sad, tearful, irritable, or easily angered
- Little interest or pleasure in activities you used to enjoy
- Increase or decrease in appetite or weight
- Sleeping much more or much less than usual
- Restlessness or decreased activity
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide
- Persistent negative thoughts



Sometimes depression can manifest as anxiety, with symptoms such as:

- Trouble sleeping
- Tense feelings
- Preoccupation with unpleasant or irrational worries
- Fear that something awful might happen

Depression is treatable. The first step is to seek help.

Please talk to us.

What causes depression?

Depression is not a sign that you are weak. Depression is a common, treatable and serious medical condition. Depression is usually the result of several factors, such as:

Stressful events: such as job loss, financial strain, conflict in a relationship, death of a loved one. Stresses may be recent or may build gradually.

Family history: depression is more common in people who have close relatives with depression.

Medical conditions: pain, chronic disease, loss of function, or other illness can lead to depression, as can hormone changes, such as during menstrual cycles, post partum and menopause.

How is depression evaluated?

Your doctor may ask you to complete a screening questionnaire. Then he or she should ask questions to check for medical illness, family history, use of alcohol and other substances, and other concerns.

How is depression treated?

Some or all of the following steps may be appropriate, depending on your own wishes and the severity of your depression. Discuss these options with your doctor.

1. Lifestyle changes are recommended for all people with depression, including:

- Exercising regularly
- Healthy eating
- Making time for pleasurable activities
- Setting a routine sleep pattern
- Avoiding alcohol and other “recreational” drugs
- Spending time with friends and loved ones

2. Regular meetings with doctors and a psychotherapist:

- Seeing your primary care doctor regularly: this plus lifestyle changes may lift mild depression
- Meeting with a therapist for “talk” therapy regularly
- Meeting with a psychiatrist for “talk” therapy and/or medication

3. Anti depressant medication: Please discuss with your doctor the risk and benefits of medication, how to take and adjust doses and manage side effects. Regular follow up with your doctor is important.

4. Involve your family and close friends: support and encouragement of loved ones can be very helpful.

Following through with treatment

- It is very important for you to come to every appointment with your doctor and therapist.
- If your doctor has prescribed an anti depressant medication, take it as directed. If you have concerns or side effects, discuss them with your doctor; don't just stop take the medication on your own.

Other resources for information

- National Institutes of Health: Depression website (<http://www.nimh.nih.gov/health/topics/depression/index.shtml>)
- <http://www.pamf.org/healtheducation/>
- American Foundation for Suicide Prevention; www.afsp.org

If you feel severely depressed or have persistent thoughts of death or of harming yourself, please seek help immediately. Call your doctor promptly. For urgent needs, call 911.

Hopelessness

Hopelessness is an emotion characterized by a lack of [hope](#), [optimism](#), and passion. An individual who feels hopeless may often have no expectation of future improvement or success.

WHAT IS HOPELESSNESS?

Hopelessness is a powerful emotion that often contributes to a dark or low mood and may adversely affect the way one perceives the self, other individuals, personal circumstances, and even the world. Often hopelessness can have a significant influence on human behavior, as it may reflect an individual's negative view of the future.

Feelings of hopelessness can often lead an individual to lose interest in important objects, activities, events, or people. Someone who has become hopeless may no longer value things that were once important. The emotion is often associated with a lack of inspiration as well as feelings of powerlessness, helplessness, abandonment, captivity, [oppression](#), and [isolation](#). Numerous studies indicate that hopelessness is closely linked to poor mental, emotional, and physical health.

CAUSES OF HOPELESSNESS

Hopelessness may be a symptom of a variety of mental health conditions, or it may occur when an individual is discouraged by dissatisfying, distressing, or negative life events.

One survey, conducted among 1000 people who had been diagnosed with a psychiatric condition, shows that some messages of hopelessness may actually originate from the mental health care system. Of those who completed the survey, 41% reported being told by a health care professional that recovery from their distress was unlikely or impossible, in spite of the fact that many individuals, including those experiencing extreme mental and emotional distress, are able to achieve stable wellness through therapy. Sixty-nine percent of these individuals later self-reported themselves to be "recovered" or "fully recovered."

HOW HOPELESSNESS CAN AFFECT MENTAL HEALTH

Hopelessness is listed as a symptom of many behavioral and mental health issues, including [depression](#), [anxiety](#), [bipolar](#), [eating disorders](#), posttraumatic stress, [substance dependency](#), and [suicidal ideation](#). Many people who experience hopelessness may also be affected by mental health issues such as depression. Feelings of hopelessness that occur with a condition such as depression may lead an individual to have thoughts of suicide.

Hopelessness may not always occur with a particular condition, but no matter the cause, feelings of hopelessness can be devastating. Not only does the emotion compromise an individual's sense of well-being and stability, it may also rob a person of the motivation required to utilize available resources or seek help.

People experiencing hopelessness may make statements such as:

- My situation will never get better.
- I have no future.
- No one can help me.
- I feel like giving up.
- It is too late now.
- I have no hope.
- I will never be happy again.

THE HOPELESSNESS SCALE

In 1974, Dr. Aaron Beck designed the Beck Hopelessness Scale (BHS) with the aim of quantifying the feeling of hopelessness by examining an individual's thoughts and beliefs about the future. The BHS, designed for those over the age of 17, comes in the form of a self-report questionnaire containing 20 true or false statements.

The responses to these statements are used to measure the three primary aspects of hopelessness: feelings about the future, decreases in motivation, and expectations. The BHS can also be used as a measure of suicidal risk among people with depression who have previously attempted suicide.

THERAPY FOR HOPELESSNESS

Hopelessness can be distinguished by inhibited motivation, a lack of interest, negative thoughts about the future, or a negative view of the self. These feelings may become worse depending on a person's mood.

Cognitive therapy, also developed by Beck, has proven to be one effective treatment for those experiencing hopelessness. This type of therapy targets an individual's negative thoughts and assumptions. As cognitive therapy requires that individuals in treatment carefully analyze the validity of their assumptions, those dealing with feelings of hopelessness may initially be resistant to the approach. However, therapists can often overcome this obstacle by first working with the person in therapy to address these feelings, often by focusing on self-esteem enhancement.

Numerous studies show that therapy is often able to help those experiencing hopelessness regain their hope and achieve lasting mental wellness.

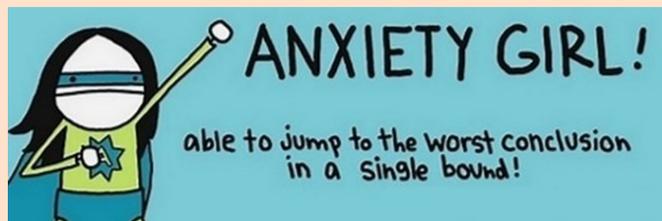
References:

1. Department of Psychiatry Penn Behavioral Health. (n.d.). *Beck scales and inventories*. Retrieved from <http://www.med.upenn.edu/suicide/beck/scales.html>
2. Hanna, D., White, R., Lyons, K., McParland, M. J., Shannon, C. & Mulholland, C. (2011). *The structure of the beck hopelessness scale: A confirmatory factor analysis in uk students*. *Personality and Individual Differences*, 51, 17-22. Retrieved from http://www.researchgate.net/profile/Ciaran_Mulholland/publication/251531364_The_structure_of_the_Beck_Hopelessness_Scale_A_confirmatory_factor_analysis_in_UK_students/links/54394f760cf2d6698be16245.pdf
3. Li, S. L. (2007). *Application of cognitive therapy to hopelessness depression*. *Asian Journal of Counselling*, 14(1-2), 125-140. Retrieved from http://hkier.fed.cuhk.edu.hk/journal/wp-content/uploads/2009/10/ajc_v14n1-2_125-140.pdf
4. MindFreedom International. (2012). *Hope in mental health care survey*. Retrieved from <http://igotbetter.org/campaign/i-got-better/learnings/igb-exc-sum>
5. Panagioti, M., Gooding, P. A. & Tarrier, N. (2012). *Hopelessness, defeat, and entrapment in posttraumatic stress disorder: Their association with suicidal behavior and severity of depression*. *The Journal of Nervous and Mental Disease*, 200(8), 676-683. DOI: 10.1097/NMD.0b013e3182613f91. Abstract retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/22850302>



Catastrophic Thinking—and how to stop...

Catastrophic thinking can be defined as ruminating about irrational worst-case outcomes. It can increase anxiety and prevent people from taking action in a situation where action is required. Bad things—even horrible things—do happen to people and cause real pain in people's lives. But catastrophic fantasies cause useless suffering in our minds, whether there is a grain of truth in them or not. As Mark Twain famously said, "I am an old man and have known a great many troubles, but most of them never happened."



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How Catastrophic Thinking Happens

Overestimating the likelihood of negative events occurring.

Imagine that you have a smoke alarm that works correctly. It goes off when there is real danger as a result of a fire but does not go off when it shouldn't—such as when you are cooking something. Now consider having a smoke alarm that goes off not just for actual fires but frequently when it shouldn't. Anxiety properly managed is like the correctly functioning smoke alarm. Anxiety not properly managed is like the smoke alarm going off when it shouldn't.

Whether you are talking about a smoke alarm or anxiety, the common indicator that your signal is not working properly is overestimating danger. People who experience anxiety at levels which are uncomfortable and even overwhelming often overestimate the likelihood that negative events will occur.

Overestimating the likelihood of negative events plays a critical role in the following anxiety issues:

(1) Panic attacks are the result of the person believing catastrophic misinterpretations of their physical sensations. For example, someone might have a panic

attack as a result of believing that slight increases in their heart rate are indicative of an impending heart attack;

(2) In health anxiety, a person experiences ongoing anxiety as a result of believing that various physical peculiarities are indicative of serious health problems even though medical tests have determined that nothing is wrong;

(3) People with generalized anxiety disorder are characterized by constant worrying. Their anxiety is elevated both by their overestimating the likelihood of negative events occurring in their lives along with the belief that they would be unable to cope with these events when they occur;

(4) People suffering from social anxiety issues overestimate the degree to which others are evaluating and criticizing them and believe they cannot cope with criticism—real or imagined;

(5) In obsessive-compulsive disorder (OCD), a person believes that their negative thoughts will lead to catastrophic outcomes, leading them to engage in time-consuming behaviours called compulsions to reduce the anxiety they experience as a result of these beliefs.

Managing Catastrophic Thoughts

Catastrophic thoughts can be debilitating. Fortunately, there are steps you can take to address catastrophic thoughts.

The first step in addressing unhealthy thoughts is knowing when you have them. Self-monitoring is important to increase awareness of your thoughts, and how they impact your mood and behaviours.

Next, move your thinking away from extremes, and consider other options. So it can be helpful to ask yourself some of the following questions:

- What evidence do I have for this thought?
- What evidence do I have against this thought?
- Are there times when this thought has-

n't been true?

- Do I have this kind of thought when I'm feeling OK as opposed to feeling sad, angry, or anxious?
- What would I tell someone else who was having this kind of thought?
- Is it possible that I'm having this thought just out of habit?
- What might be an alternative, more realistic explanation?

Asking yourself these types of questions can help break the habit of catastrophic thinking and help you be more flexible in your thinking. In the end, this could reduce your anxiety, or prevent your anxiety from getting worse.

Three quick statements might calm and help:

1. "It's not happening now." It is possible that a catastrophe could occur in the future, but it's not happening now. This phrase may help you see that at this moment you are safe.

2. "Whatever happens, I can cope." This statement reminds you of your own inner resources and gives you the determination to meet the challenges of life.

3. "Could I stop?" Asking yourself a question tends to be more motivating than simply saying, "I will stop," or the judgmental, "Stop!" The question "Could I stop?" helps you see you have a choice.

9 Ways That Humor Heals

By Therese J. Borchard

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Last updated: 8 Jul 2018

~ 5 MIN READ

Of all my tools to combat [depression](#) and negativity, [humor is by far the most fun](#). And just like mastering the craft of writing, I'm finding that the longer I practice laughing at life—and especially its frustrations—the better I become at it, and the more situations and conversations and complications I can place into that category named “silly.”

G. K. Chesterton once wrote: “Angels can fly because they take themselves lightly.” And Proverbs 17:22 says that “a happy heart is good medicine.” I'd add that human beings can heal (at least partially!) from a host of different illnesses if they learn how to laugh. Here are just a few ways our bodies, minds, and spirits begin to mend with a dose of humor.

1. Humor combats fear.

I know this first hand, [having sat in a community room of a psych ward watching a video of a comedian poke fun at depression](#). Like everyone else occupying a chair in that room, I was scared to death. Of many things ... That I would never smile again. Or love again. Or even WANT to love again. I was fearful of life, and everything it involved.

That [panic](#) didn't instantly transform into a hearty chuckle once the psych nurse popped in the funny video. But the climate of the room was noticeably different. Patients began to open up more, to share some of the details they had left out in the prior group [therapy](#) session.

Humor disengages fear because it changes your perspective: of the past and of the present. The traumatic childhood episode loses its tight grip on your heart if you can place it into the “ridiculous” category of other stories from the past. With a playful perspective, you can remove yourself from the marital problem that has you debilitated with [anxiety](#). Laughter forces a few steps—some much-needed distance—between a situation and our reaction. We all would do well to follow the advice of Leo Buscaglia: “When you get to the end of your rope, tie a knot and hang on. And swing!”

2. Humor comforts.

Charlie Chaplin once said, “To truly laugh, you must be able to take your pain and play with it.” I suppose that's why some of the funniest people out there—[Stephen Colbert](#), Robin Williams, Ben Stiller, [Art Buchwald](#)—have journeyed through periods of torment.

There is an unspoken message hidden within a chuckle—even the slightest cackle—that says this: “I promise, you'll get through this.” Just like the comforting hug of your mom when you were three. In fact, New York City's Big Apple Circus has used humor to console sick children since 1986, when they started sending teams of clowns into hospital rooms with “rubber chicken soup” and other fun surprises. “It's for the children, yes,” explains Jane Englehardt, deputy director of the circus, in an “American Fitness” article. “But it's also for the parents who, when they hear their children laugh for the first time in days or weeks, know everything's going to be O.K.”

3. Humor relaxes.

Like any exercise, laughing relaxes you, and works against chronic stress that most Americans wear on the shoulder. Mehmet C. Oz, M.D., a heart surgeon at New York-Presbyterian Hospital/Columbia University Medical Center in New York City, explains why this is so in a 2005 “Reader's Digest” article:

When you push any engine, including your body, to its maximum, every once in a while it slips a gear. The ways the body manifests that are: irregular heartbeats, high blood pressure, and increased sensitivity to pain. When people use humor, the autonomic nervous system just tones down a bit to take it off high gear, and that allows the heart to relax.

4. Humor reduces pain.

Apparently the psych nurses at Laurel Regional Hospital weren't the only ones gathering patients around the TV to watch funny flicks or videos. Dr. Elias Shaya, chief of psychiatry at Good Samaritan Hospital in Baltimore also tries to instill the importance of laughter in his patients. Says Dr. Shaya: "I advocate finding ways to laugh by watching comedy or engaging in looking up jokes and sharing them."

"Humor rooms," which encourage people to use humor in their recovery from any kind of illness, are now available in some hospitals. And science backs these efforts. In a study published in the Journal of Holistic Nursing, humor very definitely seemed to diminish pain. Says Dave Traynor, M.Ed, director of health education at Natchaug Hospital in Mansfield Center, Connecticut in "American Fitness": "After surgery, patients were told one-liners prior to administration of potentially painful medication. The patients exposed to humor perceived less pain as compared to patients who didn't receive humor stimuli."

5. Humor boosts the immune system.

Whenever I prick myself accidentally, I tell a joke, and my finger doesn't bleed! Well, not exactly. But if you are laid up in bed with a terrible strain of the flu that your four-year-old brought home from her play date yesterday, try to find an itchy-bitsy thread of humor in your situation, and you'll be back to work in no time. Or, better yet, dwell in the misery and stay away from the cubicle longer.

In 2006 researchers led by Lee Berk and Stanley A. Tan at Loma Linda University in Loma Linda, California, found that two hormones—beta-endorphins (which alleviate depression) and human growth hormone (HGH, which helps with immunity) increased by 27 and 87 percent respectively when volunteers anticipated watching a humorous video. Simply anticipating laughter boosted health-protecting hormones and chemicals.

In his "American Fitness" article, Dave Traynor explains a separate study at Arkansas Tech University, in which concentrations of immunoglobulin A were increased after 21 fifth graders participated in a humor program. (I'm nervous to hear about the details of that fifth-grade humor program, because my kids roar whenever you throw out a bathroom term.) Laughter was once again found to increase the ability to fight viruses and foreign cells.

6. Humor reduces stress.

The same research team at Loma Linda, California, conducted a similar study recently to see if the anticipation of laughter that was shown to boost immune systems could also reduce the levels of three stress hormones: cortisol ("the stress hormone"), epinephrine (adrenaline), and dopac, a dopamine catabolite (brain chemical which helps produce epinephrine).

They studied 16 fasting males, who were assigned to either the control group or the experiment group (those anticipating a humorous event). Blood levels showed that the stress hormones were reduced 39, 70, and 38 percent respectively. Therefore, researchers suggest that anticipating a positive event can reduce detrimental stress hormones.

7. Humor spreads happiness.

I remember playing the game of “Ha” as a young girl at my third-grade slumber party. I would lay my head on my friend’s tummy, and she would lay her head on another friend’s tummy, and so on. The first person would start the chain of laughs with a simple, “Ha!” The second person, “Ha Ha!” The third, “Ha Ha Ha,” at which point everyone would break into hysterics. About absolutely nothing. The way a person’s abdomen tightens and moves when she says “ha” makes you want to giggle.

My point: laughter is contagious. That’s why there are 5,000 laughter clubs around the world—where people laugh for no reason at all. Say what? According to Dr. Shaya of Good Samaritan Hospital, “These clubs have exercises that teach how to move your face, how to laugh more intensely to involve the shoulders, then the belly.” Laughing yoga classes are also popular today.

8. Humor cultivates optimism.

Humor is like gratitude in that it nurtures optimism, and Dan Baker writes this in [“What Happy People Know”](#):

[Appreciation] is the first and most fundamental happiness tool. ... Research now shows it is physiologically impossible to be in a state of appreciation and a state of fear at the same time. Thus, appreciation is the antidote to fear.

So if humor can change a perspective on a painful memory of the past or a gnawing issue of the present into opportunities to laugh at the inherent craziness of life at times, then a person can better facilitate his own healing.

9. Humor helps communication.

This is good marriage advice for anyone. But especially for the person prone to anxiety and depression. Most of Eric’s and my fights end with one of us making a sarcastic remark that is met with a snicker, and then a yuk, and then a roar. Voila! The quarrel is magically resolved! Sort of.

Humor is a way to articulate those truths that are so difficult to express otherwise. It’s handy language for someone like myself that doesn’t like to use big words, who is still fretting about her low verbal SAT scores because the college administrators didn’t think they were funny. If only they had read this article!

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy combines changing your thoughts along with changing your behaviors to improve your life.

Our thoughts effect how we feel and what we do. Our bodies also react to how we think.

Our thoughts are affected by our past experiences.

Some thoughts are rational and others are irrational.

Sometimes we get into patterns of negative thinking like a downward spiral.

We can change how we think. It takes work and practice.

Changing how we think, changes how we feel.

We can change how we act and react. It takes work and practice.

We have the capacity and ability to think and reason.

No event, situation or person can control or make you feel angry, anxious, depressed, guilty. You are responsible for your own feelings.

Cognitive Behavioral Therapy is not reframing every negative thought or positive thought. If you reframe a rational thought you just essentially lie to yourself.

Body Scan, Advanced

This body scan advanced meditation script is a simple guide for leading a body awareness practice. It includes notes on recommended length of pauses, as well as reflection questions. At the end of the practice, where appropriate, you can open up conversation for participants to share their experience.

Let's begin by taking a moment to allow your body to settle into a comfortable position (2 seconds).

You may close your eyes or keep them slightly open allowing the spine to lift (2 seconds)

the shoulders to soften (5 seconds).

Today we will practice a body scan (5 seconds).

Taking a full breath in (2 seconds)

and a long breath out (10 seconds).

Begin by bringing your attention into your body (5 seconds).

Notice the feeling of the weight of your body on the chair, or the floor, wherever you are (10 seconds).

And as you breathe notice how your chest and abdomen expand to allow the air to enter your lungs (5 seconds).

What sensations are you aware of? (5 seconds)

And as you exhale bring awareness to the stillness and notice the sense of relaxing more deeply (20 seconds)

Now bring your attention to the top of your head, noticing any sensations in the scalp (2 seconds),

down the back of the head (2 seconds),

to the sides (2 seconds), to the face (2 seconds).

Notice your jaw (2 seconds) if you're holding any tension in your jaw (2 seconds).

Let your face be soft (2 seconds),

relax the muscles around your eyes and your mouth (5 seconds).

Breathing in (2 seconds)

breathing out (20 seconds).

Now notice your neck and your throat (2 seconds).

Let them be soft (10 seconds)

Notice your shoulders and arms,
feel any sensations as you allow your tension to move from your shoulders
down to your upper arms, the elbow, to your forearms, wrists, hands, and fingers
(15 seconds).

Noticing any tightness, any temperature sensations (5 seconds)

Noticing what the fabric of your clothing feels like against your skin (8 seconds).

Continuing to breathe in (2 seconds) and to breath out (15 seconds).

Now bring your attention to your chest and abdomen (2 seconds),

feeling the movement in your chest as you breathe (10 seconds).

Bringing your attention to your stomach,
noticing if your stomach is tense or tight (2 seconds)

and just letting it soften (10 seconds).

Noticing the upper back and the lower back (5 seconds)

If you're holding any tension there also letting that release (20 seconds).

Now continue traveling down to your legs (2 seconds),
your thighs (2 seconds), your knees (2 seconds), calf, and shin (2 seconds),
your ankles (2 seconds), and finally bringing your attention to your feet (5
seconds).

Noticing the sensations of your feet (2 seconds)

against the floor ground (10 seconds).

Noticing any weight, (2 seconds) sense of temperature, (2 seconds)
feeling of energy perhaps present in the feet (30 seconds).

And as you continue breathing in and breathing out,
now noticing the whole body (2 seconds) from the top of your head (2 seconds)
all the way down to your toes (15 seconds).

Staying with a sense of the whole body for a few more breaths (30 seconds).

And as we close continue remaining aware of your body
as best as you can
as you finish with a full deep breath in (2 seconds)

and a long deep breath out (5 seconds)

ding (15 seconds)

Integrated Practice: Practice generous listening with someone today. When in a
conversation, place all of your attention on the other person; listen with your
ears and heart.

Reflection Questions:

How does that shift the experience of the conversation for you?

How do you think that experience was for them?