

Session 1 Depression: an introduction

Welcome to our Overcoming Depression group. We hope that we will be able to help you to find ways to manage your symptoms of depression and ultimately to overcome them. The approach we use is based on Cognitive Behavioural Therapy (CBT), which we will use to help you to identify how thoughts, feelings, physical reactions and behaviour interact.

When people choose to come to a group rather than to individual therapy it is often because they find it helpful to be in contact with people who are dealing with similar problems. We will be working together to create a supportive atmosphere to help you to tackle your difficulties.

Because it is a group you will get less individual attention to your problems than if you were seeing a therapist individually. It is therefore important that you are able to work independently between sessions with the techniques we will introduce.

We will do our best to introduce a range of techniques that we hope you will find helpful and to support you in trying them out.

Because we are working in a group we would ask that you try to support others with overcoming their problems as well as being receptive to the help that other members of the group offer you.

Week 1 assignment: please read the following section and answer the reflective questions

Understanding vicious cycles

CBT theory suggests that in depression a core depressive state gets triggered that affects the whole person: the way we feel, think, behave, and even how the body works. This core depressive state typically leaves people feeling as though life is drained of pleasure, meaning, satisfaction and achievement. It is characterised by a

focus on loss, defeat, failure, worthlessness and a feeling of being unloveable¹⁵. We feel helpless to change and hopeless that things will ever be any different.

The theory we will be using suggests that there are six interlocking vicious cycles that keep people stuck in a depressive state¹⁶. These are shown on the next page.

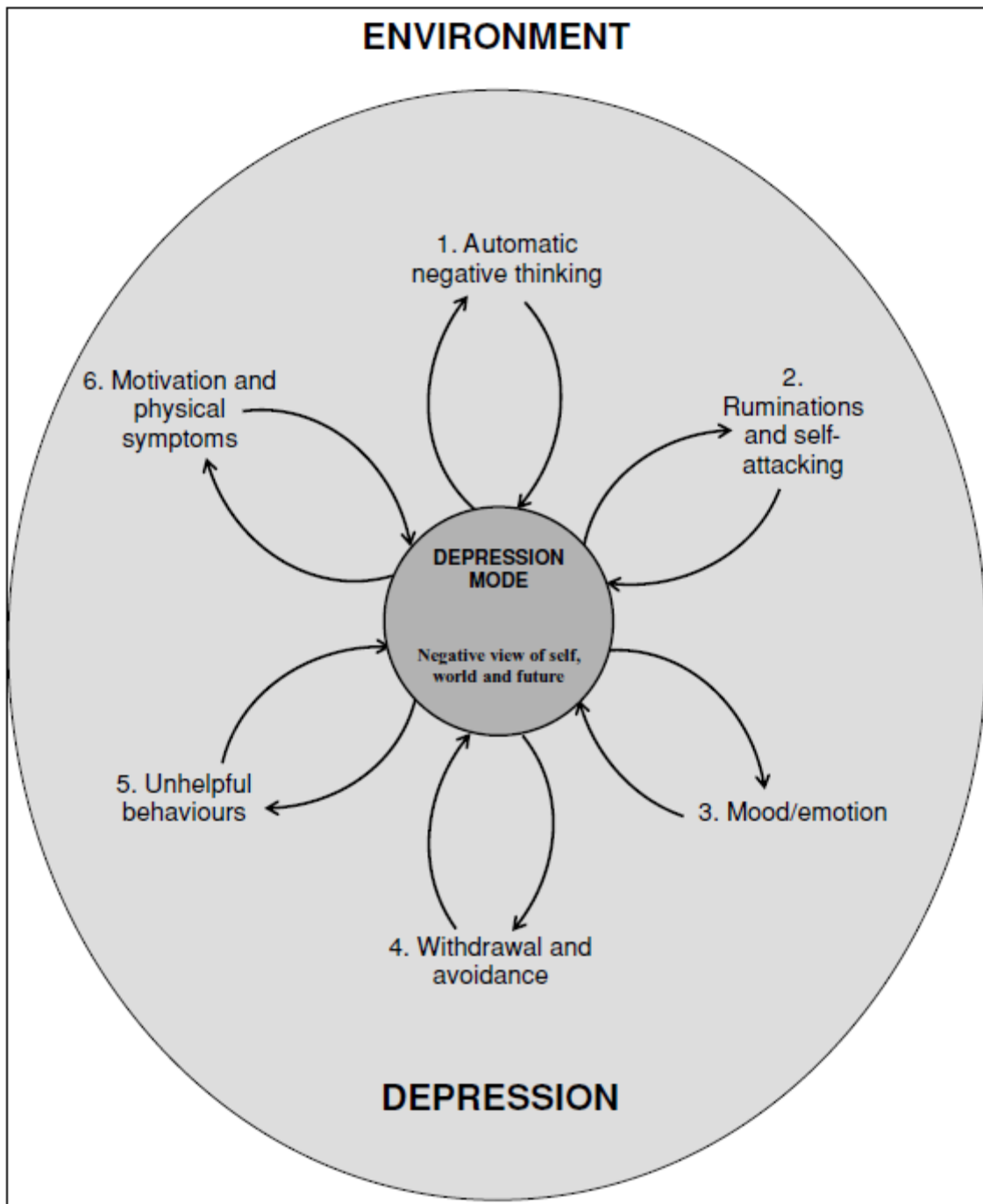
The area on the outside represents the environment we live in – it consists of your home situation, family and friends, work and study, and any other relevant aspect of the world you live in. If you have few opportunities to meet other people, difficulties getting work, or don't have a safe place to live, it will make it that much harder to break out of the cycles of depression. If you have a stable living situation and good support it can protect you from depression becoming worse and help your recovery.

Reflective question

What effect does your current living situation have on your depression?

¹⁵ Cognitive Behaviour Therapy for Mood Disorders (2003) W Kuyken, E Watkins and A T Beck in Oxford Textbook of Psychotherapy: G.O. Gabbard, J.S. Beck and J. Holmes (eds): OUP

¹⁶ The Six Cycles Maintenance Model: Growing a 'vicious flower' for depression (2009) S Moorey; Behavioural and Cognitive Psychotherapy; 38, 173-184



At the centre is the core depressive state, or 'depression mode', that we have previously described. Around it there are six vicious cycles that make up the 'petals' of the 'flower'. These six cycles are:

1. Negative automatic thinking
2. Rumination and self-attacking
3. Negative mood states

4. Withdrawal and avoidance
5. Unhelpful behaviours
6. Motivational and physical problems

We will be looking at these in more detail. These cycles are what we hope to help you change in the group. We want you to look carefully at each of these cycles and how they interact so that you can identify the ones that are most important to you.

Negative automatic thinking

Negative Automatic Thoughts (NATs) are the thoughts that are just in the back of our mind. If we stop and listen we can 'hear' what we're telling ourselves about any given situation. Negative automatic thinking in its milder form is sometimes called the 'glass half-full' perspective; in depression it is more like the lens of despair, as if one were wearing spectacles with the glass painted black. It is the voice in the back of our mind whispering negative propaganda about us, telling us how bad things are, how bad we are, how it's not worth bothering, how whatever we try is too hard, or futile, or doomed to failure. 'What's the point?' it asks, 'things are never going to get better', or 'You know you should be doing it but you're just not up to it'. The more negative our thinking becomes the more entrenched our core depressive state becomes.

Reflective question

What thoughts, images or memories tend to dominate your thoughts at the moment?

Ruminations and self-attacking

It's not just the content of our thoughts that changes but the *way* we think changes too. It is usual when faced with a frightening situation to worry in advance of it, or after a painful loss to think about the loss repeatedly. In depression this tendency to turn things over in our mind is exaggerated and difficult to switch off. When your mind is dominated by past hurts and failures we call this process rumination – so just as a cow (which is part of a class of animals known as ruminants) chews the cud repeatedly to break it down, you may find you 'chew over' the past. You may also find your self worrying about the future and find it hard not to keep asking 'what if?' about events that may never happen. When we ruminate or worry we act as if we could think our way through our problems but the consequence is to reduce our contact with the world as we withdraw into a painful or fearful inner world of hurt, loss and danger.

At the same time you have probably found yourself treating yourself with a harshness and lack of compassion you would never dream of showing to someone else. It can feel as if the mind has turned against itself through self-criticism and self-loathing. We beat ourselves up for all the things we don't or can't do; we compare ourselves unfavourably with others; we even compare ourselves with how we were before we became depressed.

The more we 'chew over' past hurts and criticise ourselves the more helpless, hopeless and defeated we feel.

Reflective questions

When you ruminate or worry what effect does it have on your mood and on your concentration?

In what ways are you excessively self-critical?

Mood and emotions

Feeling sad, depressed, or numb, or having little or no interest in things that we used to value or enjoy, are defining features of depression. Other common feelings are anxiety, guilt, anger, irritability and shame. Sometimes, the more depressed we become the more depressed we get about being depressed.

Reflective questions

What is your predominant mood - that is, how do you feel on most days for most of the day?

What other difficult feelings do you struggle with?

What kinds of situations trigger difficult or painful feelings for you?

Withdrawal and avoidance

Withdrawal and avoidance are thought to be some of the most important ways in which depression is maintained. When we are depressed it is very common not to be able to feel a sense of pleasure, so there is little incentive to do the things we used to enjoy. At the same time it gets harder and harder to socialise when we feel like such poor company or a burden to others.

Being able to put off or avoid activities that we think will be difficult or painful can bring a brief sense of relief. In the long run the more we avoid activities and people the harder it gets to do it next time. The more we avoid the routine and necessary tasks of daily living, such as opening the post or paying our bills, the more problems build up, making us even less enthusiastic about tackling them.

As our social and practical skills rust up through disuse we feel less and less able to do things we used to take for granted, and less and less competent. The more we avoid, the lower our confidence gets, the more useless we feel, and the more a core depressive state is reinforced.

Reflective questions

What self-care and home management activities are you struggling with?

What private leisure activities are you no longer doing or no longer enjoy?

What work or study activities are you finding difficult or avoiding and why?

Which friends or family members have you withdrawn from and why?

Which social leisure opportunities are you avoiding and why?

Unhelpful behaviours

When we feel bad it is not surprising that we act in ways that help take away the pain, if only in the short term. It is common for people to start to drink rather more alcohol than they used to, which can quickly become a habit. Because alcohol is a depressant it can make your mood worse and stay worse for longer. Sometimes people use recreational drugs to give them a taste of the feelings they used to be able to get from other activities, but again these in turn become unhelpful in the long run. You may be smoking more but with that comes a further sense of powerlessness to take control over life. You may find that sometimes the pain is so bad your thoughts turn to self-

harm or suicide and this too can lead you to act in unhelpful ways. If this is true for you please tell us and we will do our best to help you get the help you need.

Reflective question

What are you doing that's not really in your best interests?

Motivation and physical symptoms

Depression is not just a turning away from the world and the people in it; it is a way of shutting down the whole system. Depression reduces motivation, reduces concentration, impairs memory and leaves you feeling exhausted and drained.

Typically people experience problems with either lack of sleep (difficulty getting off to sleep, waking in the middle of the night, or waking early in the morning) or sleeping too much; similarly with nutrition, people often either lose their appetite and lose weight (which increases fatigue) or overeat and put on weight (leading to lowered self-esteem); tiredness, reduced sex drive and either agitation or an overall sense of moving very slowly are also common symptoms of depression. These symptoms again tend to make you feel powerless and lock you into a core depressive state.

Reflective questions

What problems are you having with motivation, concentration, and memory and how do they affect you?

What physical problems are you having with sleep, appetite, fatigue and sex drive and how do they affect you?

Each of the six vicious cycles we have just described can be tackled with various tools and techniques. The diagram on the following page summarises both the goal of an overall state of wellbeing and the tools we can help you to use to tackle problems.

Our goal is to help you to develop a recovery plan that targets the problems that are causing you the most difficulty. After filling in the previous section on vicious cycles we would like you to pause a moment to consider which problems are causing you the most difficulty at the moment.

Reflective question

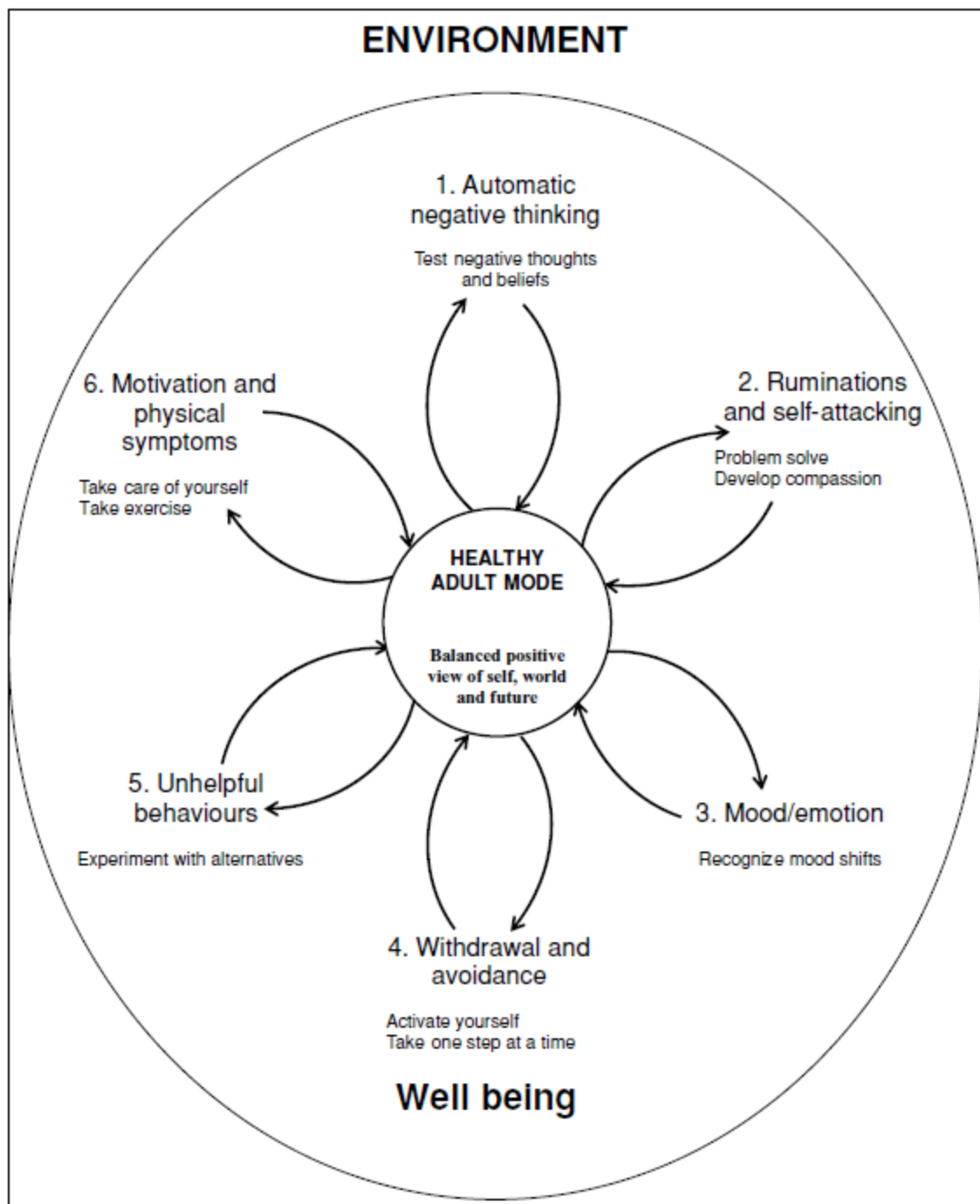
List in order of priority the areas that you would like to work on in the group?

1: _____

2: _____

3: _____

4: _____



Having identified the main areas you would like to work on we will help you to:

- develop goals to work towards,
- choose which goal to work on first,
- break the goal down into manageable steps,
- identify tools to help you achieve each step of the goal,
- look out for things that may block your progress, and then
- devise strategies to overcome those blocks.

Preparing for change

We know that making any significant change can be daunting, even at the best of times. Because we are going to ask you to try out some activities between sessions we need you to be honest with yourself about how willing or ready you are to try to change. Try answering the following questions:

Reflective questions

What are your main reasons for trying to change right now?

What are your main reasons for being reluctant to try to change right now?

What are your main sources of support?

What are your strengths?
