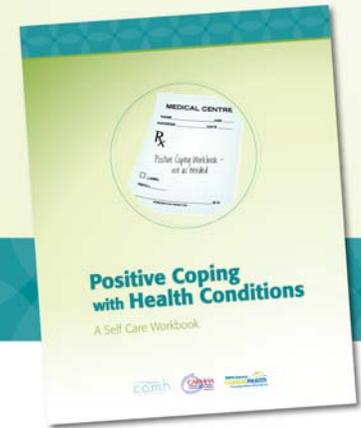


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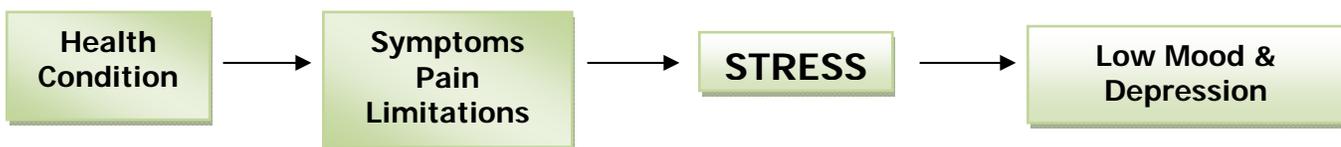


LOW MOOD & DEPRESSION

Positive Coping with Health Conditions (PCHC) is a workbook designed for people dealing with health conditions along with stress problems like low mood, worry & tension, anger or social isolation. This handout is taken from the PCHC workbook -- it teaches skills for dealing with low mood and depression. You can download the whole workbook for free at www.comh.ca.

Why is this important?

If you have a health condition, you might become sad and discouraged. Perhaps you think about activities you're no longer able to do -- and your mood drops. Perhaps you reduce activities to avoid pain - but reduced activity makes your mood worse. Low mood is common in people with health conditions. The skills in this book are useful for improving low or depressed mood.



How can I improve my mood?

The most useful skills for dealing with low or depressed mood are:

- Activating Your Life,
- Solving Problems, and
- Managing Depressive Thinking.

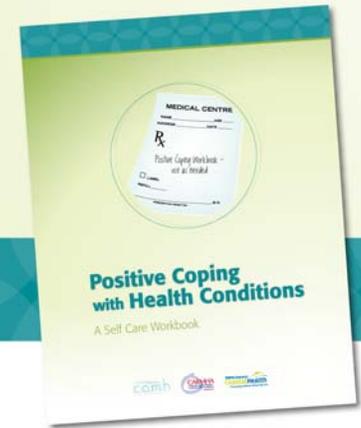
In this handout, we're going to show you how to use each of these skills.

Note: This brochure is meant to provide accurate information about coping with health conditions. It is not a psychological or medical treatment and is not a replacement for treatment where this is needed.

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For some people, low mood just keeps getting worse. These people have less interest in their own life as *well* as problems like feeling worthless or guilty. They might be suffering from *depression*. You can learn more about depression by going to this website: www.heretohelp.bc.ca

When people with health conditions have depression, it's usually what is known as **mild depression**. Mild depression is best handled by:

- keeping busy
- talking to family and trusted friends
- reading self-care materials, like this workbook
- talking to a physician, psychologist or counselor

A small number of people with health conditions suffer from **major depression**. This is more serious. Major depression is best handled by:

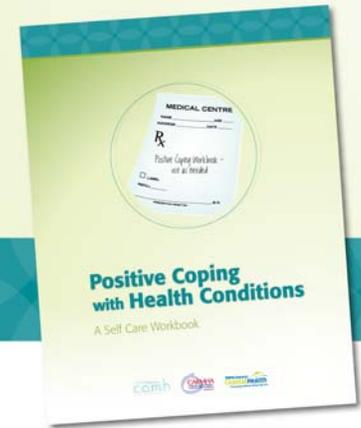
- checking with a physician or psychologist to help figure out what's been going on
- getting treatment with antidepressant medication; or
- getting an equally effective treatment known as Cognitive Behavioural Therapy (CBT). CBT is a talk therapy that teaches new skills for thinking and acting more effectively.

In this workbook, we will be teaching skills for dealing with low mood or mild depression. These skills won't be as effective when you're dealing with major depression, but they will still be useful along with other treatments.

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ACTIVATING YOUR LIFE

Health conditions may limit your ability to keep up the activities you enjoy. You may need to significantly change your activities. It's a "different normal". But you might limit your activity more than is necessary and become *inactive*. If you become inactive, you might be avoiding the kind of activity that would be *helpful* in dealing with your condition. A big part of rehabilitation is helping people become more physically and socially active. By activating your life, you can maintain a level of activity that is beneficial for your health, good for your mood and connects you to other people.

1. Know your limits

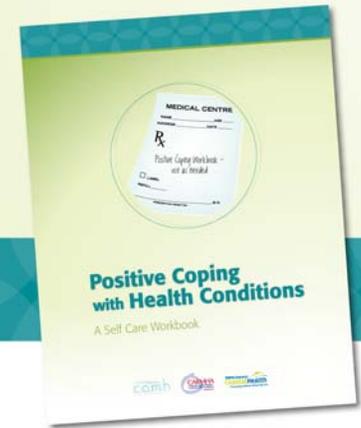
It's important to understand the limitations or risks for your health condition. This will help you feel confident that you're not harming yourself when you begin to increase your activity level. You can get this information from physicians, nurses, physiotherapists or other healthcare providers. There may be educational sessions to attend, printed material to read, or useful information on the Internet. (Ask your health care providers to recommend high-quality websites.) You'll want to learn the level of activity that is appropriate for you, whether that is described in amount of activity or the length of time you can be physically active.

It's essential that you learn to **pace** your activities. The aim is to set a realistic overall activity level, one that's within your capacity *even on a bad day*, and to make sure that you reach that activity level every day. If you find it difficult to keep up with your chosen activity level, then it's too high and should be lowered. If you're finding most activities too difficult, you should ask your doctor for suggestions.

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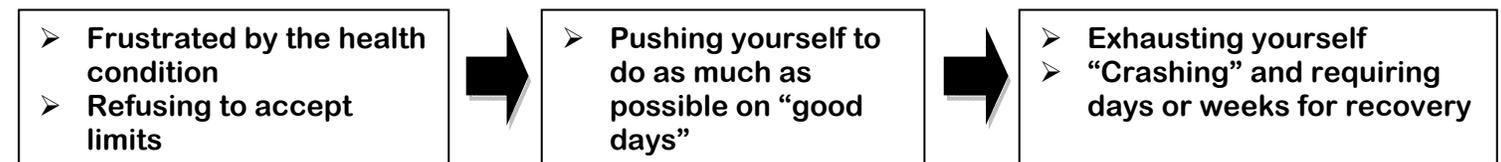
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There are 3 kinds of activity patterns-- **Underactive**, **Overactive** and **Paced**.

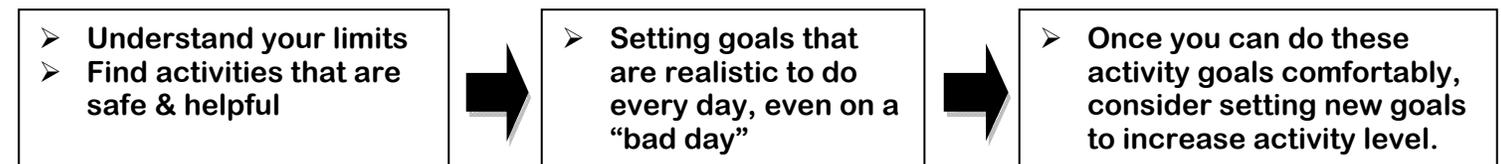
Underactive (not recommended)



Overactive (not recommended)



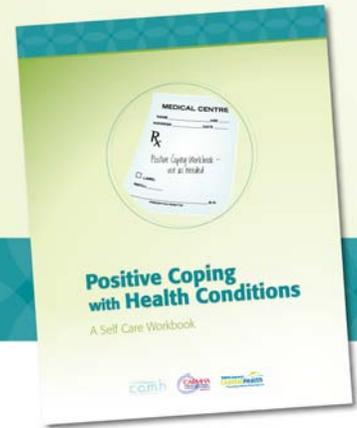
Paced (recommended)



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2. Identify new activities

These will be activities that fit with your health condition. For example, if your health problem causes you to be tired quickly, it wouldn't be realistic to take on a demanding exercise program. But even at a lower level of physical demand, there are many forms of activity that are interesting, rewarding and good for your health. There are three main areas in which you might find new kinds of activities: *enjoyable activities*, *involvement with other people* and *self-care*.

Enjoyable Activities

Examples: *Going for a walk. Reading an interesting magazine. Watching a movie. Going to a hockey game.* Increasing these activities will remind you of activities that have been important to you and reward you for making the effort to manage your health.

Write your ideas for enjoyable activities:

Involvement with Other People

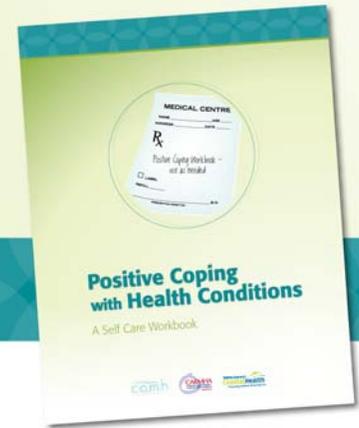
Examples: *Going out for dinner with a friend. Getting out to a social group or class. Planning a family outing on the weekend. Attending your child's soccer game.* Increasing social involvement is helpful because it is encouraging to feel connected to others, it gives others the chance to provide support and it distracts you from worrying about your health condition. It's more difficult to deal with a health condition when you're cut off from other people. This can happen because you had few relationships at the time you developed the health condition, or because the stress of being ill caused you to withdraw from others.

One way to increase social contact is to re-engage with social activities you used to enjoy but have stopped doing. This might include attending family events you've been avoiding or calling up friends and acquaintances you've lost touch with. Another way is to sign up for continuing education classes or volunteer organizations. Yet another way is to participate in disease management support groups, which may be provided through local health agencies. Nonprofit societies focused on chronic illnesses such as diabetes, arthritis, COPD or coronary heart disease often sponsor these kind of support groups and they are available in many communities. Check with your family physician or other healthcare provider regarding availability of disease management groups in your community.

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Write your ideas for social activities:

Self-Care

Examples: *Taking time to shower and get cleaned up. Going for a walk. Doing gentle stretching. Eating a healthy breakfast. Doing some medical self-care activity, like testing your blood sugar.* Increasing self-care activities will make a difference by enhancing your physical well-being, helping your mood to stay level and reminding you of your strengths.

Someone with diabetes might set a goal of “meeting with a dietitian to plan better eating,” or someone with renal dysfunction might determine to “attend the renal clinic once a month.” (To learn more about self-care for chronic health conditions, you might want to get a book called Living a healthy life with chronic health conditions by Dr. Kate Lorig.

Write your ideas for self-care activities:

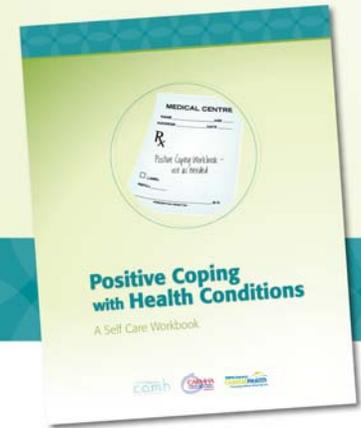
People with health conditions may find themselves unable to do certain activities they used to enjoy. For these people, the challenge is finding new activities. Fortunately, there are an enormous number of activities that can be pleasant and enjoyable, some of which will be right for you.

On the next page is a list of some rewarding activities. If an activity seems enjoyable and you haven't been doing it, maybe it's worth a try.

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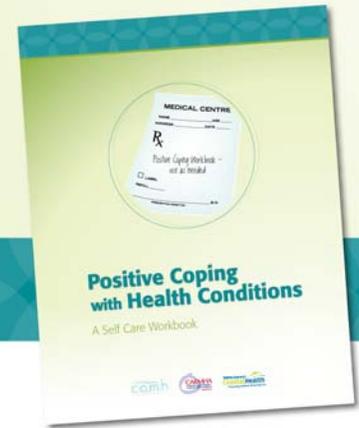
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Attending a concert, opera or ballet	Having tea or coffee with friends
Being at a family gathering	Learning to do something new
Being relaxed	Listening to music
Being with animals	Listening to the radio
Being with friends	Meditating or doing yoga
Being with my parents	Planning trips or vacations
Bicycling	Playing chess or checkers
Boating	Playing golf or tennis
Caring for houseplants	Reading professional literature
Cooking meals	Reading sacred works
Doing "odd jobs" around the house	Reading stories or novels
Doing craft work or artwork	Repairing things
Doing housework, laundry, cleaning	Running, jogging or other exercise
Doing things with children	Saying prayers
Driving long distances	Seeing beautiful scenery
Exploring (hiking, etc.)	Seeing old friends
Fishing	Shopping
Gardening or doing yard work	Sitting in the sun
Getting massages or backrubs	Solving a puzzle, crossword, etc.
Giving a party or get-together	Learning and speaking a foreign language
Going on nature walks	Swimming
Going on outings (park, picnic)	Taking a walk
Going to a barber or beautician	Talking about philosophy or religion
Going to a museum or exhibit	Talking about sports
Going to a play or movie	Teaching someone

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3. Choose two activities

To help you find new activities, look through the Activities list. This list can help you find activities that would be interesting and compatible with your health condition. Combining your own ideas with suggestions from the Activities list should give you a number of possible activities to choose from. Choose two activities that are practical for you to begin now. Your two choices should be from different areas, like one from **Self-Care** and one from **Involvement with Other People**.

Activity 1:

Activity 2:

4. Set realistic goals

For each of the activities you have chosen, set a manageable goal for the coming week. Keep in mind that health conditions or low mood make it difficult to get moving – you'll need to set your goals, especially your starting goals, lower than you ordinarily would. For example, if you would like to start attending swim fitness classes at a local health centre, your first goal might be to contact the centre to find out the class schedule. If you have lost touch with others, your first goal might be to talk to a friend on the telephone for ten minutes.

To succeed, your goals must be:

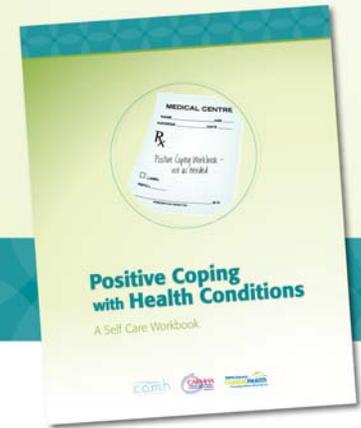
Specific: You need to have a clear idea of your goal so that you'll *know* you've succeeded (for example, "go for dinner with a friend over the next week" rather than "become social again").

Realistic: You may find it tempting to set your goals based on how much you think you *should* be able to accomplish. Don't. Keep in mind that health conditions or low mood slow you down and make things more difficult. Your goals should be easy enough to be achievable even if you feel low in mood and energy. Sometimes the thought of starting a new activity can seem overwhelming. In that case, try setting the goal of gathering information related to the activity (for example, "find out what exercise activities are available at the community centre" rather than "start working out every day"). By starting with a modest goal, you can experience what it feels like to succeed -- and build on this success.

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Scheduled: You should have a clear idea when and how you are going to carry out your activity goal (for example, “Take a walk Thursday evening, right after dinner, for 15 minutes” is much better than “Walk more”). Set goals that would be realistic to do this week. Decide how often and for how long you’ll do the activity, and when you’ll do it.

Here’s an example of goal setting:

Frank started with two goals: increasing his level of physical activity slightly (from no walking to one short walk each week) and increasing his level of social activity (from no social outings to going out with his wife and daughter every two weeks). His goals looked like this:

Activity	How often?	When exactly?
Walk, 15 minutes	Once a week to start	Thursday evening
Going out with my wife and daughter	Once every 2 weeks	Saturday or Sunday evenings

Now it’s your turn to write your Activity Goals:

Activity	How often?	When exactly?

5. Carry out your goals

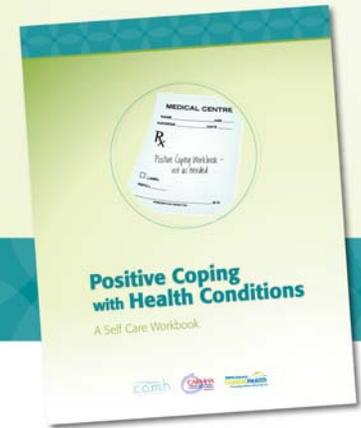
You often won’t feel like doing your activity goals. Having a health condition, especially if your mood is low, can reduce your motivation. But if you wait until you “feel like it”, it’s likely that nothing will happen. Do the activity *because you set a goal for yourself and because it will help you get better*. After you’ve checked off each goal, you’ll see what you’ve accomplished. In the early stages of Activating, you might not get much enjoyment from activities -- but as you continue to increase your activity level and focus on recovery, you’ll regain the ability to enjoy activities. You’ll even regain the ability to motivate yourself!

If you completed a goal, did you congratulate yourself? If not, do so now. Feeling low can make you focus on the things you *haven’t* done, and ignore or downplay your accomplishments. This can worsen your mood,

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because you will constantly feel like a failure. Deliberately remind yourself of achievements, no matter how small they may seem. *“Alright, I planned to walk around the block and I did it. Good job!”* If you find yourself minimizing your own achievement (*“but that was such a small thing to do”*), remember that completing small goals while dealing with a health condition is like walking a short distance with a very heavy pack. Meeting goals is challenging and deserves to be recognized. **Don’t ignore small victories.**

If you didn’t succeed, what got in the way? What can you do to make sure you succeed next time? Your goal may have been too ambitious. Try making it smaller for next week, or substitute a different goal. When people are feeling down or anxious, they often set their goals *too high*, fail to reach them, and become discouraged. The problem is not that they’re lazy, but that they are too eager to get well! Find an activity you can do *even if you feel no better this week than you did last week*. The trick is to scale back to something you are sure you can do.

6. Review your goals

After two weeks of working on your goals, review the situation. Do you want to increase the goals slightly or keep them at the same level until doing them feels comfortable? It’s your choice. This is a good time to add another goal. Pick one from another area. For example, if you had *Self-Care* and *Enjoyable Activities* goals before, choose one from *Involvement with Other People*.

New Activity Goal:

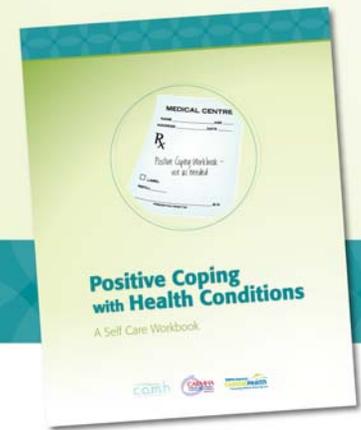
Activity	How often?	When exactly?

Write the new goal into your schedule along with the two continuing goals. Remember, check off the activity goal after you do it, and praise yourself for completing it. You deserve it! **After two weeks of doing these goals, review the situation again.** Are there any goals that were not getting done? What got in the way? Do you need to reduce or change the goal? Keep going! Continue to set your ongoing goals, and consider adding additional goals as your energy permits. If you complete a task (for example, if you have now finished gathering information about recreational activities), then move on to a new goal. Tip: If you live with another person, maybe ask this person to help you succeed at your goals. Support and encouragement from another person can be very helpful.

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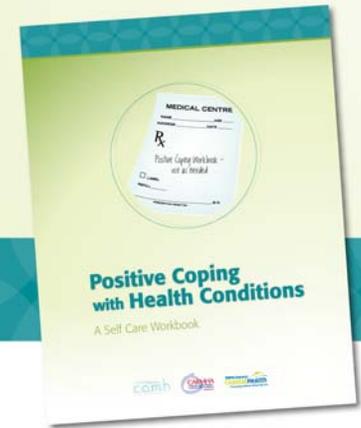


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Keep using the procedure:

- Set your three goals.
- Write them in your schedule.
- Check off each goal as you do it.
- Praise yourself each time.
- Review the goals every two weeks to decide to change them or add a new goal.

Eventually, you'll be working on three to four goals at a time. Don't go much over this; having too many goals can feel overwhelming.



LOW MOOD & DEPRESSION

PROBLEM-SOLVING

Health conditions create a number of problems. These include managing symptoms, getting to medical appointments, keeping track of medications and handling job difficulties resulting from the health condition. Sometimes, your usual way of handling things isn't enough. In that case, you might feel overly stressed and begin to experience low mood. Furthermore, someone who feels depressed might have trouble concentrating or thinking of solutions. When you're dealing with problems created by a health condition, it's best to use the step-by-step problem-solving method we're going to describe. The steps look simple, but research has shown that this method is very helpful.

1. Choose a problem

The first step is to choose a problem. It may be difficult to identify the problem you want to start with. Sometimes it feels like your life has become one huge problem. Or the health condition itself may seem like the only problem -- but curing the health condition probably isn't in your power. Here are some examples of problems you might start with:

- handling symptoms of the health condition
- keeping track of medication
- remembering self-care activities
- getting information about your health condition

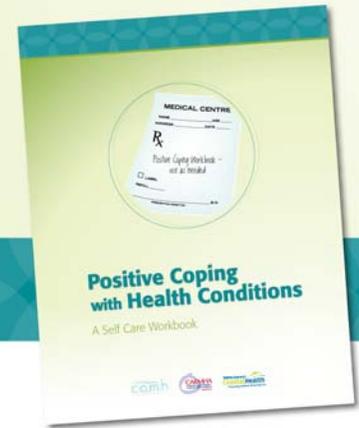
It's best to begin by choosing one of the smaller problems that is happening now. You can move up to larger problems later. Try to be specific. For example, *"I feel I'm falling apart physically"* isn't specific; it's not clear what the problem is. It would be more specific to say *"I become breathless doing everyday activities"* – this makes it clear what's going wrong and what you want to change.

The problem you choose is:

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2. Think of actions to help solve the problem

Write down three actions you could take to help solve the problem. Don't try to decide yet which one is best: just come up with different actions you might carry out. Don't worry if you tried something before and it didn't work – situations change. And don't worry whether the actions will solve the problem completely – your aim now is to be doing something useful, not to fix the whole problem. There aren't many problems you can solve completely with one action. But there are many actions that will take you a few steps closer to a solution. The important thing is to get *started*. Here's an example. It was done by Kathy, a teacher who was diagnosed recently with kidney disease.

The problem: I don't really understand what this condition involves. I was so anxious when my doctor gave me the diagnosis that I couldn't take in much of what she said. When I visit my doctor, I feel so nervous that it's hard to remember what she tells me.

Possible actions:

1. Ask my sister to come along to my next appointment so she can help me remember.
2. Look up information on the Web.
3. At my next visit, use a Medication Information Sheet to keep track of what my physician tells me.

Now write out three actions you might take to deal with the problem that *you* identified:

The problem:

Possible actions:

1.

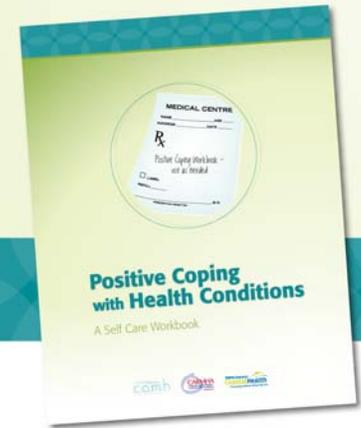
2.

3.

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3. Compare these actions

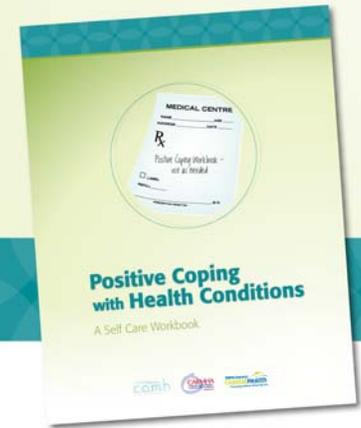
Consider which of these actions is most likely to help the problem. Look at the advantages and disadvantages of each one. This is what Kathy wrote:

Possible Actions	Advantages	Disadvantages
Ask my sister to come to my next appointment so she can help me remember.	-It would be good to have another person to hear the information and ask good questions. -She told me that she wants to be helpful.	-I don't want to rely on others to gather information for me. -I want to learn how to manage my own health care.
Look up information on the Web.	-There are lots of health websites that give information about my illness and its treatments. - I don't have to leave the house to learn about these things.	-I've been told that not all websites have reliable information, and I can't really tell the difference.
Use the Medication Information Sheet to keep track of what my physician tells me about medication.	-Filling in the information sheet would make sure that I ask the important questions. -I would have the information written down.	Maybe my doctor will be impatient with me for taking time to ask questions.

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Now it's your turn:

My Possible Actions	Advantages	Disadvantages

4. Pick the best one

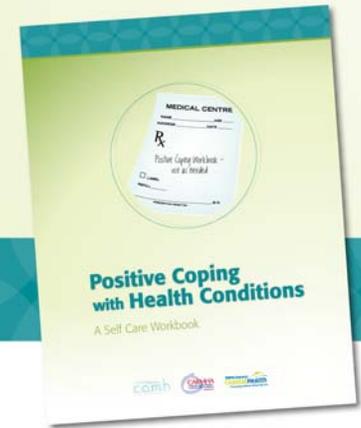
Look over the advantages and disadvantages of each action and decide which one is best (or perhaps least bad). There are no fixed rules for making this choice – the only rule is that you must choose one of the actions so that you can begin. Look over the possibilities, think about the good and bad points of each, and then just pick one. It should be an action that takes you partway towards a solution. Give yourself a limited period of time to make this decision so it doesn't drag on. Remember, if you start to move in one direction and discover that it really doesn't work, you can always try another action.

Kathy, the teacher with kidney disease, decided to go with her third action: *Use an information sheet to keep track of what my physician tells me about medication.* All of her possible actions had some advantages but this one seemed best. She was nervous about how her physician would react to helping her fill in the form, but she decided it was worth the risk.

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Which of **your** three possible actions do **YOU** choose?

My chosen action:

5. Make an action plan

Now that you've chosen an action, you can make a plan to start doing it. Your action plan says exactly what you're going to do in the next week or two. It gets you started on your chosen action. Your plan should be:

Specific: What you need to do should be very clear. *Bad example:* Get in shape. *Better example:* Phone the community centre to find out if they teach yoga.

Realistic: Even if you don't feel any better in the coming week than you did last week (even if you feel a little worse), you could do it anyway. It's better to succeed at a small action plan than to fail at an overly ambitious one. *Bad example:* For my first time out, run a marathon. *Better example:* Walk one block, three times a week.

Keep in mind that health conditions and low mood slow you down and make things more difficult. Your plan should be easy enough to be achievable even if you feel low in energy and mood. Sometimes the thought of starting a new activity can seem overwhelming. In that case, try setting the goal of gathering information related to the activity (for example, "find out what exercise activities are available at the community centre" rather than "start working out every day").

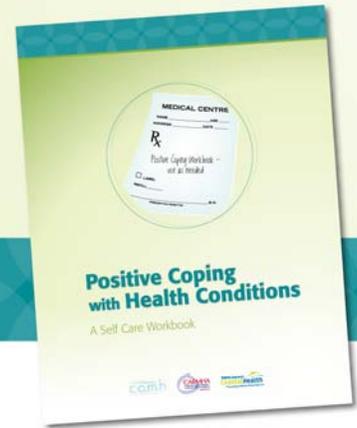
Scheduled: You should have a clear idea when and how you are going to carry out your action plan (for example, "Take a walk Thursday evening for 15 minutes" is better than "Walk more"). Try setting a plan that would be realistic to do this week. Decide how often and for how long you'll do the action plan, and when you'll do it.

In our example, Kathy's action plan was to print off a copy of the Medication Information Sheet and then set an appointment with her family physician to fill in as much as possible about her current medications. She let the medical assistant know why she wanted this appointment, so enough time could be set aside. Kathy realized that some of the information would have to wait until she next saw the specialist.

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Back to you: What's your exact action plan for the next week or two?

6. Evaluate

Come back to this section when the set time has passed or when you have carried out your action plan. Ask yourself: What was the result? What did I learn?

Here is the outcome of Kathy's action plan: her family doctor was pleased to help fill in the form; Kathy got the information she needed; and she kept the information in a special folder. She learned that this is a good way to keep track of health information.

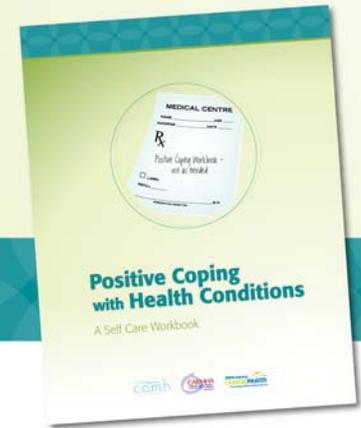
Back to **your** plan: What was the result? What did you learn?

If you are feeling discouraged, you'll be tempted to focus on things you haven't done. If you succeeded at your action plan, stop and make yourself think about that success. Focus on the fact that you took action, even if the problem isn't completely solved. Give yourself credit. You deserve it! Praising your own accomplishments makes it more likely that you'll continue to work on solving problems. Praising what you've done is *good for you* and helps you to keep dealing with challenges.

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LOW MOOD & DEPRESSION

7. Move on

Use the experience you've gained to plan your next step. You have three options:

1. **Keep going.** You might keep on with what you've been doing or make it a bit more challenging.

Example: Kathy continued updating her medication information sheet whenever changes were made by her treatment team. Many action plans for health conditions continue over the long term.

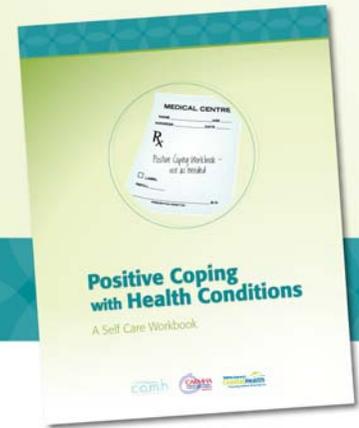
2. **Revise your plan and try again.** If the plan didn't work out as you expected, you might try to modify it.

Example: You set the plan of walking 10 blocks every day, but find this exhausting, so you revise the plan to "5 blocks every second day".

3. **Take a new approach.** Perhaps you learned something useful from your first effort that suggests another way of handling the problem.

Example: Let's say Kathy found it difficult to fill in the medication form because appointments with the specialist were short – so she asked her sister to join her at those appointments and help to fill in the form. Keep working on this problem in a step-by-step manner. Keep track of your efforts and keep reminding yourself about the progress you make.

Based on your experience so far, what is your next step?



LOW MOOD & DEPRESSION

Managing Depressive Thinking

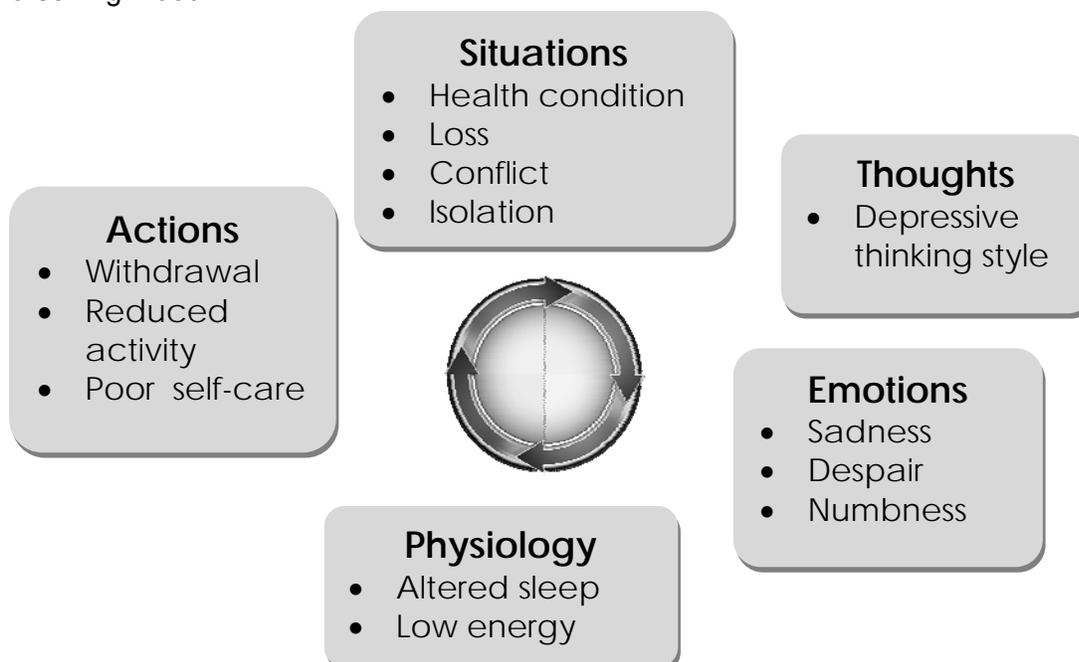
Low or depressed mood often goes along with a negative way of thinking. We call this **Depressive Thinking**. Depressive Thinking involves:

- Unrealistic negative thoughts about your situation
- Unrealistic and unfair negative thoughts about yourself
- Unrealistic negative thoughts about your future

Depressive Thinking affects how you handle your health condition:

- It makes you see your health situation in an overly negative way - underestimating your own abilities and exaggerating the risk of bad outcomes
- It feeds into negative emotions – sadness, fear and discouragement
- It reduces your motivation to do self-care
- It causes you to withdraw from people who care for you

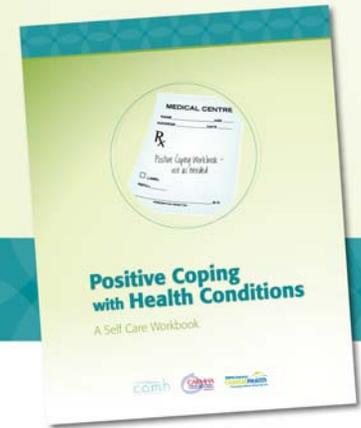
Here is a diagram that shows how Depressive Thinking can affect your emotions and actions, leading to a cycle of worsening mood:



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The aim is to challenge Depressive Thinking and replace it with Realistic Thinking. Realistic Thinking is:

- accurate about your current situation (seeing things as they are)
- fair about yourself (balancing your view of the positives and negatives in your life)
- accurate about your future (not exaggerating the chance of bad outcomes)

You can learn to evaluate your life situation and yourself in a realistic manner. You can learn to think in a fair and realistic way. That means being fair and realistic about *yourself* (paying attention to strengths as well as problems), about *your current situation* (weighing the positive and negative accurately) and about *your future* (not exaggerating the chance of negative outcomes). On the next few pages, we'll explain how to change Depressive Thinking into Realistic Thinking.

1. Identify Depressive Thoughts

When you have long-standing health problems, it affects how you think about yourself and your future. Many of your thoughts will be realistic, but others may be Depressive Thoughts. Depressive Thoughts are unfair and unrealistic. They are *distorted* -- inaccurate reflections of yourself and the world around you. The following types of depressive thoughts are common in people with low mood.

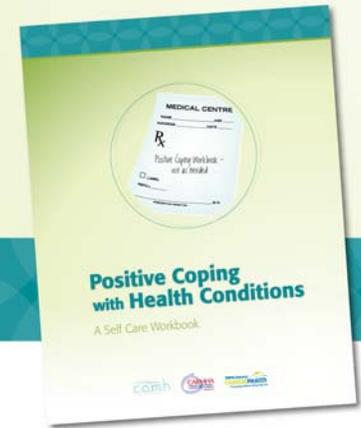
Types of Depressive Thoughts

- **Filtering:** This means focusing on the negative and ignoring the positive. Focusing on the negative side of experiences can make your whole life seem negative. For example, you receive the results of a health checkup: even though most of it is positive, you only remember the part where "slightly overweight" was written, so you experience the checkup as mainly negative. *Realistic Thinking balances both positive and negative aspects of a situation.*
- **Overgeneralizing:** One negative event is seen to be the start of a never-ending pattern. You may think that if you fail the first time, you'll fail every time. For example, your appointment for a specialist treatment is canceled and you start to think that it will never happen and that you'll never get the treatment you require. *Realistic Thinking recognizes that one disappointing outcome does not mean everything will be disappointing.*
- **Catastrophizing:** You view a difficult situation as a future disaster. For example, you have back pain you rate as *medium*, and you think, "In 10 years it will become unbearable." You react to the imagined catastrophe (unbearable suffering) rather than to the smaller event (medium-level pain). Or, "*If I feel any pain with activity, that means I've injured myself and I'd better stay inactive.*" *Realistic Thinking involves expecting events according to their true likelihood, not imagining the worst outcome.*

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- **Labeling:** Labeling involves talking to yourself harshly and calling yourself insulting names. You talk to yourself in a way you would never talk to anyone else. For example, you forget to take one of your medications and blame yourself harshly, calling yourself “idiot” and “useless.” *Realistic Thinking avoids the use of insulting labels because they are not fair. You wouldn’t talk to anyone else that way, and it’s discouraging to do it to yourself.*
- **Perfectionism:** It’s only good enough if it’s perfect – and since you can’t make most things perfect, you’re rarely satisfied or proud. For example, because you can’t reach the same fitness goal as before your health condition, you think it’s not worth practicing rehabilitation exercises. *Realistic Thinking gives credit for accomplishments, even if the result is less than perfect. Few of us reach perfection, but our achievements are important.*
- **Shoulds:** You think that you know how the world *should* be, and it isn’t like that. You know what you *should* be like, and you aren’t. You know how other people *should* behave, and they don’t. As a result, you’re constantly disappointed and angry. For example, you tell yourself that your specialist *should* set aside half an hour for each visit, but you actually get only 10 minutes – so you feel bitter and discouraged. *Realistic Thinking understands the limitations of the world and of yourself – trying for improvement but also accepting how things are. The world isn’t always going to be fair and just.*

There are other types of Depressive Thinking, but these are the most common ones. When you catch yourself thinking depressively, look at this list to see if you are using one of these styles of thinking. Most thinking is so quick and automatic that we don’t even realize we’re doing it. We must learn to become aware of depressive thinking as it occurs. An excellent strategy is to notice thoughts you are having when you experience a drop in your mood – it can be very helpful to write these thoughts down.

2. Recognize how Depressive Thoughts trigger low mood

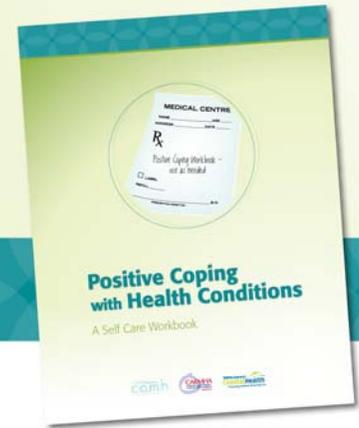
Although low mood may seem like a dark cloud hovering around you constantly, mood actually shifts over the course of a day. Every time your mood sinks, ask yourself this important question: “*What was going through my mind just then?*” Pay attention to what you were thinking and what you were reacting to. Write this down. Perhaps you were leaving a medical clinic and suddenly felt a deepening of your gloom. What was going through your mind? Maybe your doctor reminded you to do a self-care activity and you thought, “*Who am I kidding? I’ll never be able to do that.*”

If you record your thoughts for a period of time, you will likely notice the same kinds of depressive thinking, again and again. You might find yourself placing a checkmark beside certain thoughts you wrote down earlier (“Oh, that one again!”). When this happens, you have identified your usual depressive thinking. It’s helpful to write down Depressive Thoughts and also what type of thoughts they are, using the *Types of Depressive Thoughts* list below.

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Example: Jack had been an enthusiastic athlete since his teenage years. At the age of 56, he began to experience pain in his joints and loss of flexibility. He was eventually diagnosed with arthritis. Despite medication, he was forced to limit his physical activity. But much of his social contact and enjoyment came from playing tennis and golf with his friends. It was a crushing blow for him to have to give up these sports. He began to brood on Depressive Thoughts like "I can't do anything now, I'm just a cripple." This kind of thinking left him feeling very discouraged – his mood became depressed.

He wrote down these Depressive Thoughts:

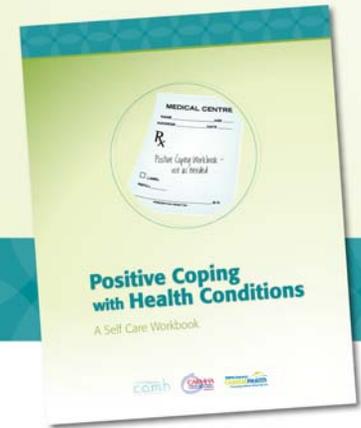
Depressive Thought	What type of Depressive thought is it?
I can't do anything now.	Overgeneralizing
I'm just a cripple.	Labeling
There's really no point, nothing I do seems worthwhile.	Magnifying

Write some of your Depressive Thoughts here:

Depressive Thought	What type of Depressive thought is it?

Then what? Some of your Depressive Thoughts may seem obviously distorted: *"Nobody promised that treatment would take away all my symptoms, so why did I expect that?"* It can be helpful just to know that your mind generates depressive thinking in certain situations. Try to become aware of the depressive thinking as it happens and remind yourself where it comes from: *"I think this way because I feel sad and discouraged."* You may find that you take Depressive Thoughts less seriously once you know why they arise.

When you become aware of your depressive thinking you may be tempted to attack yourself: *"How could I think such stupid thoughts?"* Depressed mood causes you to be self-critical, and recognizing depressive thinking can give you one more reason to beat up on yourself. **Don't.** Instead, remind yourself that Depressive Thoughts are the product of low mood and the stress of living with a health condition.



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3. Challenge Depressive Thoughts and replace them with realistic ones

Now, it's time to take a good look at each of these Depressive Thoughts and challenge them. Challenging depressive thinking means that you figure out how these thoughts are unfair or unrealistic and then come up with more fair and realistic ways of thinking. In order to come up with fair and realistic thoughts, it's helpful to work through the **Reality Questions**:

Can I get more evidence, maybe by asking someone about the situation?

It's often helpful to get another person's opinion about the situation where you've been experiencing low mood. For example, you tell a clinic nurse that you've been feeling like you'll get worse and worse until you're helpless. The nurse reassures you that most people with your health condition are able to stabilize their symptoms and become increasingly active.

Would most people agree with this thought? If not, what would most people think?

Just by imagining how most people would react to a depressive thought, you might find a more fair and realistic way of thinking. When you step outside yourself and examine your thinking from another view, it's easier to see how your thoughts might be too negative.

What would I say to a friend, if my friend were in a similar situation?

If a friend talked about feeling depressed in the same situation, what would you say? You might be able to help your friend think more fairly, to look at the situation in a balanced way. You might remind your friend of tough situations he has handled successfully in the past. You might find it easier to think fairly and realistically for a friend than for yourself!

What will happen if I continue to think this way?

It's important to consider what will happen if you continue thinking in a depressive way. For example, what is the effect of depressive thinking on your willingness to try new activities? What will be the results for you and others if you continue to think depressively?

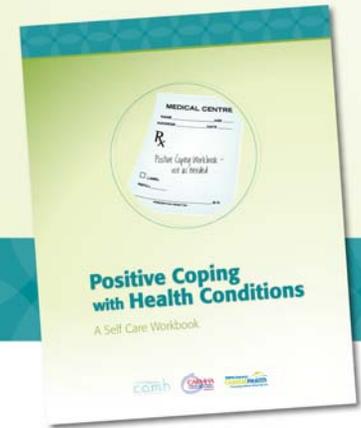
What is a more encouraging or useful way of thinking?

Can you come up with another thought that would have better results for you and others? Is there a way of thinking that would be more encouraging and helpful in improving the situation?

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This is how Jack answered the Reality Questions:

Depressive Thought: *I can't do anything now.*

Can I get more evidence, maybe by asking someone about the situation?

I've been so down that I haven't really asked about things I can do safely. I guess I could find out what is possible from my physician or the rehabilitation nurse.

Would most people agree with this thought? If not, what thought would they agree with?

My wife tells me that I'm over-reacting. She thinks I can find other physical activities, even if they're not quite as rewarding.

What would I say to a friend in a similar situation?

I guess I wouldn't be so hard on a friend. I would be more hopeful.

What will happen if I continue to think this way?

My mood has been dropping more and more, and I've been less and less active. If I keep going this way I won't be able to do much at all.

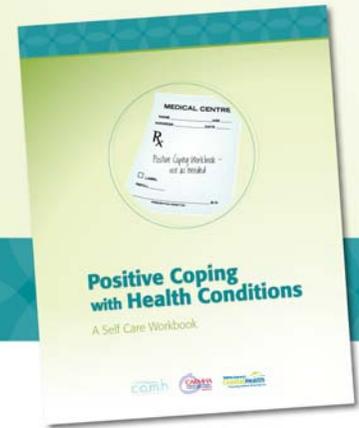
What is a more encouraging or useful way of thinking?

It would be helpful to focus on things I can still do instead of things I can't do. My golf and tennis buddies are also getting older and they might have to reduce their involvement in these sports. Maybe they'd like to try some new kinds of fitness activity.

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Use the Reality Questions to come up with fair and realistic thoughts for at least one of your Depressive Thoughts:

Depressive Thought:

Can I get more evidence, maybe by asking someone about the situation?

Would most people agree with this thought? If not, what would they agree with?

What would I say to a friend in a similar situation?

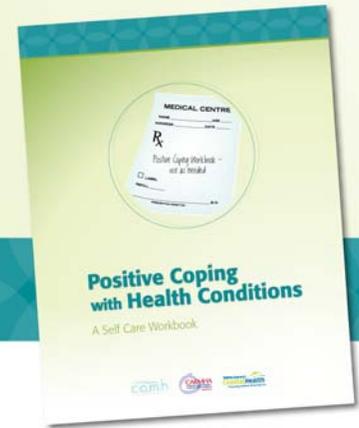
What will happen if I continue to think this way?

What is a more encouraging or useful way of thinking?

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Now think of a situation where you were feeling down and discouraged. First, make a brief note about the situation. Next, write down any Depressive Thoughts. Then think about the situation and try to come up with some fair and realistic thoughts, using the *Reality Questions* above.

Situation:	
Depressive Thought	Fair and Realistic Thoughts

4. Practice realistic thinking

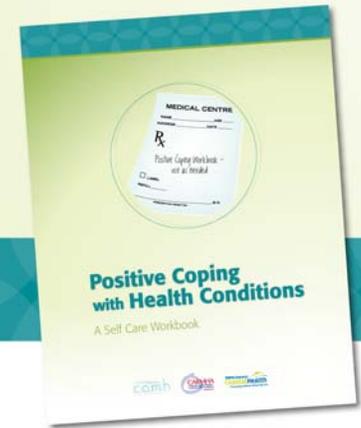
It's not enough to come up with a fair and realistic thought just once. Depressive Thinking gets repeated over and over, sometimes for years, until it becomes automatic. More balanced thinking will help you to feel better, but it won't be automatic – at least not for a while. The good news is that changing Depressive Thinking doesn't take years. In fact, people with low mood often notice a difference after a few weeks of practicing Realistic Thinking. Stressful situations can trigger depressive thinking. For example:

- increase in physical symptoms or pain
- forgetting to take your medication a few times
- visiting a new specialist

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Write down a few situations where you often have Depressive Thoughts:

When you find yourself in a stressful situation, deliberately practice fair and Realistic Thinking. Don't assume it will happen on its own. You have to tell yourself how to look at the situation, just as you might give advice to a friend. Talk back to the Depressive Thinking. Don't allow Depressive Thinking to happen without replying to it. Every time you talk back, you make the Depressive Thinking weaker and the Realistic Thinking stronger. It takes time before realistic thoughts have more influence over you than depressive ones, but it's well worth the effort.

At first, Realistic Thinking might seem false to you. If your thinking has been distorted for some time, it can be difficult to see the truth. Imagine that you've been thinking in an unrealistic way about your health condition, telling yourself "*I have to go back to how I was before this all started, or my life isn't worthwhile.*" Having this thought regularly may cause you to feel hopeless. You realize that this is unrealistic thinking and come up with the realistic thought "*It is worthwhile to make my life now as good as possible.*" At first, this realistic thought will seem false, as though you're just fooling yourself. Only with time and repetition does Realistic Thinking – **the truth** – begin to feel true to you. Eventually, you'll come to accept realistic thoughts more naturally.

Managing depressive thinking: Alex's story

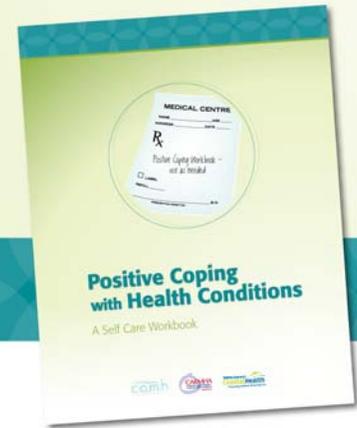
Alex was a married man in his mid-30s with two children, 10 and 14. He was employed as an assistant bank manager. He had ulcerative colitis, diagnosed when he was 18 years old. This health condition caused him to experience frequent nausea and gut pain. He managed the condition well until his late 20s -- one day, he suddenly became ill and was rushed to the emergency room. Surgery was required, followed by a two-week hospital stay. When Alex left hospital, he blanked the whole experience from his mind and went back to his life. But the illness was going to be more difficult to handle.

Over the next 10 years, he had three more of these crisis situations, and each time was rushed to hospital for emergency surgery. He found these hospitalizations frightening and depressing. After each one, he put the experience out of his mind so he could focus on his job and family. Between episodes, he would ignore symptoms, telling himself that it would be "weak" to let symptoms limit his activities.

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After his fourth hospitalization, Alex's physician referred him to a self-management group and gave him a copy of this workbook. As he read through the book, he realized two things. First, when he was very stressed at work, the health condition worsened. Second, he was ignoring the *early warning signs* that the illness was becoming worse. When symptoms intensified, he would plunge into his job, telling himself that it would be weak and cowardly to let the health condition run his life. But as a result, he wasn't taking early action to manage the illness before it worsened. Other people in the self-management group showed him that if he recognized early warning signs, he could temporarily increase the medication or reduce stress and maybe prevent hospitalization.

He identified one particular Depressive Thought that often repeated and made it difficult to deal with the symptoms: "you just can't handle the pressure, you want people to take care of you". This thought made him feel guilty whenever he had to take a rest from his job because of symptoms - he would force himself to get right back to work. Alex used *Managing Depressive Thinking* to change the way he was thinking about his health condition:

Situation	
I have a flare-up of my colitis symptoms, pain and nausea, I have to take a break.	
Depressive Thought	Fair and Realistic Thoughts
<ul style="list-style-type: none"> ➤ You just can't handle the pressure, you want people to take care of you <p>[Perfectionism; Labeling]</p>	<ul style="list-style-type: none"> ➤ I've never expected others to take care of me, but sometimes I need support & that's fair. ➤ Speaking to myself in this harsh way leaves me feeling more tense and discouraged, it doesn't help me deal with the illness. ➤ If I keep ignoring my symptoms, the illness will get worse until I have to go back into hospital – that will <u>really</u> affect my work and family. ➤ I have the right to take care of my health -- if I notice early warning signs and take action, it's more likely that I can stay out of hospital, which is good for my job and family.

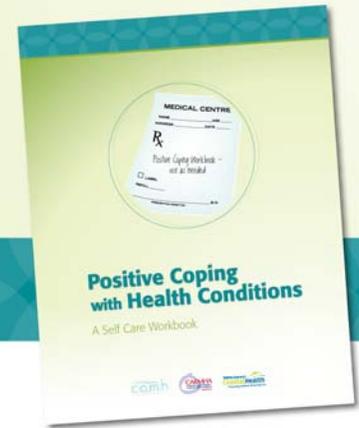
Then, Alex set up a prevention plan. This involved writing down:

- Early warning signs
- Steps to take when I notice these signs: his doctor helped him to work out a medication plan & he practiced the skill of **Relaxation** to better handle job stress (see the Positive Coping workbook).
- Whom to call for help: his wife, parents, physician and in certain situations his boss.

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As he applied this prevention plan, Alex was happy to find that it gave him a greater sense of control. He still had to manage the pain and symptoms, but it was years before he saw the inside of a hospital again.

This is an excerpt from the workbook **Positive Coping with Health Conditions.**

In the workbook, you'll find much more information, step-by-step coaching and stories about people who use these skills to deal with health conditions. You can download this book for free at www.comh.ca (It's 120 pages.) Or, you can order a printed copy for about \$15 at the same website.