

# Depression and Co-Counselling

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**Abstract:** I was at a very good seminar, run by Mindfields College, called ‘Breaking the cycle of depression without drugs’. I found what they were saying really useful and interesting, so I decided to write this article, summarising what they said and using their ideas to think about how to use co-counselling during periods of depression. The article discusses the connection between depression and sleep, describes the findings of a massive study of depression carried out in the States and challenges the notion that talking about your problems relieves depression. Effective treatments for depression involve breaking the rumination-depression cycle, changing the way you think, getting active and reconnecting with the outside world. Ways are suggested for how to use co-counselling to help break the cycle of depression.

I was at a very good seminar recently, run by Mindfields College, called ‘Breaking the cycle of depression without drugs’. I found what they were saying really useful and interesting and other people that I’ve talked to about it also seemed to find it useful, so I decided to write this article, summarising what they said and using their ideas to think about how to use co-counselling during periods of depression. It seems to me it is useful for people who occasionally get down as well as those who experience more severe depression. I’d be very interested to hear other people’s views on Depression and co-counselling and hope that this article might inspire other people to write about their ideas and experiences.

## 1. Is depression biological?

Joe Griffin, the speaker at the seminar, began by questioning the idea that depression is a biological illness. He said that **in 95% of cases, psychology rather than biology causes depression**. His evidence for this was the huge rise in rates of depression in recent years. He put this down to cultural changes, such as the loss of supportive networks of relationships, increased stress levels and a reduction in feelings of security, due to insecure working conditions and lack of confidence in our public institutions, such as the health service and politicians.

### 1.1 ‘Today’s worry is tomorrow’s depression’: Depression and sleep

Depression is a REM sleep disorder. REM sleep is the name given to the type of sleep when we dream. Dreaming is normally a healthy process during which the brain is cleared of any leftover emotion from the day before, freeing it up to be ready for the challenges of the day ahead. People who are depressed, however, spend a lot of time ruminating during the day and are so emotionally aroused that this process goes wrong. REM sleep burns up a lot of energy. Normally the brain recharges itself with energy before REM sleep. However, the depressed brain does an excessive amount of REM sleep, going straight into it without first replenishing its energy levels. This leads to early morning waking, because the brain realises it’s exhausting itself and interrupts the REM sleep, and a feeling of exhaustion, which increases the likelihood of more negative rumination and so the cycle continues. To counteract depression it is essential to break this rumination-poor sleep-exhaustion-depression cycle.

## 1.2 The Human Givens

Underlying their approach to working with depression is a theory of human beings which they call the 'Human Givens'. All human beings have both needs and resources. They need security and space to grow, a sense of autonomy and control, to be part of a wider community, to feel they are making a contribution, to give and receive attention, to have intimacy (being accepted as they are), self esteem (via competence and achievement) and to find meaning in life (through a philosophy of life and a sense of contributing and being stretched). They also have resources: long-term memory, imagination, an ability to understand the world by matching what they experience with internally stored patterns, an observing self (which allows them to separate out from their problems), empathy and connection with others and a rational mind. When these tools are used wrongly they cause misery and mental illness. For example, in depression the imagination is misused, with people fantasising about disaster without sticking to the reality of the situation.

## 2. Treatment for depression

A huge study was carried out in the USA in 1990, which drew together thousands of research studies on depression. The study found that:

- ◆ The right kind of psychotherapy is the best form of treatment for mild to moderate depression.
- ◆ Medication and psychotherapy should be used in severe cases.
- ◆ Psychotherapy should be short-term and focused initially on symptom alleviation. Other work, such as getting to the root of the problem, can be done later. There should be an improvement within six weeks and recovery within twelve weeks. If not, medication should be considered or an alternative diagnosis.
- ◆ Therapies that encourage introspective rumination worsen depression (e.g. psychodynamic therapy). Indeed, you can be sued for practicing this on depressed people in the States.
- ◆ Cognitive therapy, behavioural therapy and interpersonal therapy have been shown to work.

### 2.1 What to do about depression

- ◆ **Get Active.** It is essential to break the rumination–poor sleep–exhaustion–depression cycle. Doing something physically active is really good as it can stop you ruminating and raise serotonin levels in the brain which makes you feel better. Alternatively do something fairly simple that used to give you pleasure. Choose a short-term task that can provide satisfaction fairly quickly. Something like baking a cake is ideal. It is likely that you will still feel bad afterwards. For this reason, rate your satisfaction levels out of ten before and after – going from 1/10 to 3/10 is an improvement!
- ◆ **Make contact.** The temptation with depression is to socially isolate yourself until you feel better. Make contact with other people anyway. Baking a cake then inviting someone round to share it with you is ideal, as you make contact and feel like you've contributed something. Going for a walk with a neighbour is also good as it provides social contact and physical activity.
- ◆ **Change the way you think.** A major cause of depression is the way we understand and interpret the events that happen in our lives (see below for more on this).

- ◆ Change the situation. Is there something in your life you need to change? If the cause of your depression is something you can change like a bad relationship or terrible job, look for ways to change the situation.
- ◆ Relax. Use relaxation tapes or join a relaxing class, like meditation or yoga. This will help to get your emotional arousal levels down, improve sleep and break the cycle of depression. Don't be tempted to use the space provided for more rumination. Focus on your body and breathing.
- ◆ Build hope. Most depression lifts in less than four months without intervention. It will pass. You will feel better again. There are things you can do about it (all of the above). Tell yourself these things morning and night, whether or not you believe them.
- ◆ Look for a good therapist. Someone who works cognitively or from the Human Givens approach is suitable (telephone 01323 811440 for a register of HG practitioners). Alternatively JanPieter Hoogma runs a course for co-counsellors on automatic negative thinking.

## 2.2 Changing the way you think

How we interpret and understand our life experiences is a major cause of depression. When bad things happen, people who get depressed tend to take them *personally* ('it was my own fault', 'I'm to blame').

Depressed people tend to think *globally*. For example, 'one bad thing has happened therefore my whole life's a disaster.'

They also think bad situations are *stable* ('things will always be awful', 'things will never change').

For good things they think in the opposite way. Good things are nothing to do with them ('it was just a fluke'), are only specific to that situation ('that doesn't mean everything else is OK'), and are unstable ('it was a one-off, it won't happen again').

Thinking that there is nothing you can do to change a situation ('I have to put up with it', 'this is my lot', 'there's nothing I can do') and getting into *victim role* is also common.

Depressed people also have a tendency to think in *black and white* terms, using absolutes like 'never' and 'always' ('I'm totally useless', 'I'm a complete failure', 'I always get it wrong').

### Thinking in this way causes depression.

It is important to challenge this way of thinking and try to think more *rationally and realistically*.

If you tend to take things too *personally*, write down five possible alternative explanations for what has happened. For example, the bus driver is rude to you, you think 'he can see I'm an awful person and I deserve it'. Five other possible explanations are: he's having a bad day, his wife shouted at him this morning, he's running late, he's generally a rude person or he's got bad indigestion. All of which leave you feeling better.

For *global* thinking, it is important to try to remember that if one bad thing happens there are still other parts of your life that are OK. Remind yourself of what these are. Get a piece of paper and write down what is good in your life.

Remember that things change, they are rarely completely *stable*. It is unlikely that everything in your life is going to be bad. There will be good things and bad things.

If you are getting into *victim role*, remember there is usually something you can do to change an upsetting situation, whether this is to change the way you view it or to change what is actually happening. If there is really nothing you can change and it's hurting you, you can remove yourself.

Avoid *black and white* statements like 'never', 'always', 'completely'. They are rarely true, substitute with 'often', 'sometimes', 'usually'. This is more realistic. For example, rather than thinking 'I always get it wrong', try 'I sometimes get it wrong'. Instead of 'I'm totally useless', try 'I have strengths and weaknesses like everyone else'. JanPieter Hoogma's course on automatic negative thinking provides much more guidance and information on how to challenge negative thinking.

### 3. Co-counselling and depression

It is clear that using co-counselling to do more negative rumination is only going to make things worse. But used in the right way, co-counselling could actually help as it provides social contact and the acceptance of another person. It can also provide the structure to make you do the things you need to do to counteract depression. So how can you use co-counselling in a positive way? Here are some suggestions.

- ◆ Only do celebrations. Use session time to remind yourself what is good in your life.
- ◆ Use a session to do something physical. For example, negotiate with your partner to walk round the block during your time.
- ◆ Use it to relax. Go through a relaxation tape with your partner giving free attention.
- ◆ Use it to look for more rational and realistic ways of understanding your situation. Doing cognitive exercises that you have learned in therapy or on JanPieter's course, for example.
- ◆ Use it to help you get active. For example, agree with your partner that he or she will phone at a certain time to check that you have done a specific task that you intend to do. For example, been out for walk or phoned a friend.
- ◆ Do the role play technique i.e. splitting your time into four segments using a timer (e.g. 5, 5, 5, 5 plus 2 minutes coming out) and going through the following four actions: literal description of the situation and finding the trigger, what do you want to say to that person, what do you most want to say to that person, what can you say to that person in reality? The counsellor can feed you a trigger sentence throughout if this helps. This allows discharge but provides the discipline to get realistic at the end and gets you out of victim role.

## Finally

All in all I found it a very stimulating and worthwhile day. I went originally to support my development as a counsellor, but of course found myself applying the information to myself. While I don't often get really down, I do tend to ruminate about things and get stuck in negative cycles of thinking that only make me feel bad. Now I know I'm better off going for a walk, phoning a friend, doing some celebrations or challenging my thinking. I'd be delighted if anyone felt like writing their thoughts about all this to the newsletter. It could be useful for all of us.

**(With thanks to Anne Denniss for discussing the article with me as I was writing it.)**

## References

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