

Managing Depression in Self-Isolation

Social interaction and belonging are basic human needs. We thrive as a species when there is the connection and support from members of our group. That “group” can include community members, family, friends, co-workers, or any connection where we feel acceptance and caring. The absence of that connection can have a major impact on our mood. When we feel a high degree of social support we tend to feel a positive mood; however, when we feel disconnected and alone, our mood is more depressed and negative (Rueger, Malecki, Pyun, Aycock, & Coyle, 2016). To minimize the spread of COVID-19 health experts and government bodies have asked that we physically distance ourselves from others and stay home whenever possible. And, while this is necessary to contain the virus, it is one of the most challenging measures for people who are already struggling with low mood and/or depression.

Depression is one of the most prevalent mental health conditions and has often been found in even higher numbers for those in post-secondary education (Ibrahim, Kelly, Adams, & Glazebrook, 2013). The primary symptoms of depression involve depressed mood and/or a loss of interest or pleasure in activities that were previously enjoyed, according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Other symptoms include:

- Changes in appetite and food consumption (either more or less than usual) with associated weight gain/loss
- Sleeping more or less than usual
- Distinct changes in our patterns of movement (extreme restlessness or noticeably slower muscles movements)
- Feeling very tired or low energy
- Feelings of worthlessness or excessive experiences of guilt
- Diminished concentration or indecisiveness
- Recurrent thoughts of death (not just fears of dying), recurrent suicidal thoughts, suicide planning or a recent suicide attempt

Not all of these symptoms need to be experienced for a diagnosis of depression (Major Depressive Disorder) to apply. Of the nine symptoms listed, five (or more) are required with either depressed mood or loss of interest or pleasure needed to be among those five symptoms. These symptoms need to be present daily or nearly every day during the same 2-week period and represent a deterioration in our previous functioning.

There have been different treatments developed to address depressive symptoms. Use of medications (e.g., SSRIs, SNRIs, atypical antidepressants, tricyclic antidepressants, MAOIs) is the most common approach. Medication options can be accessed through a prescription from a qualified physician or psychiatrist. University of Alberta students can readily access an appointment and medication consultation at the University Health Centre (UHC) where physicians are providing virtual care via phone calls or in-person. In the event of more serious cases of depression, physicians may refer a student to the Counselling & Clinical Services (CCS) for a psychiatry appointment via a virtual assessment. Psychotherapy is also a common treatment for depression that uses different methods that may focus on changing unhelpful thinking patterns, promoting self-compassion, practicing mindfulness, and changing behaviours that exacerbate depression. CCS has trained psychologists and mental health professionals who are available during the COVID-19 pandemic via phone to assist students with psychological struggles including depression.

Self-driven approaches to managing depression can be done independently or in conjunction with medication and/or psychotherapy. The strategies below can help with areas of our lives that may be negatively impacted by self-isolation.

1. Distorted or disruptive cognitions.

The way we think and interpret everyday activities, global events, other people's actions, and ourselves as individuals can have a dramatic impact on how we feel. People with depression may engage in distorted thinking that maintains or even furthers their depressed state. Common patterns of negative self-talk can include the following:

Unfair comparisons. Comparing specific or general aspects of our lives to others in an unhelpful way. For instance, we may compare our living circumstances with peers who have greater financial means, more popularity, or physical capacities (e.g., "I have to stay confined to this tiny little apartment all alone when Jenna lives in a huge house with her roommate friends").

Negative Fortunetelling. A tendency to predict poor outcomes for future events even though they're unlikely to happen. These forecasts may relate to chronic health issues, poor academic performance, limited career opportunities, financial ruin, and many others (e.g., "It doesn't matter if I finish my degree or not, there won't be any jobs left in this country").

Catastrophizing. Interpreting neutral or unfavourable results as catastrophes. The nature of these catastrophes can be daily activities or larger global considerations (e.g., "I forgot to wash my hands after opening the apartment door, so I definitely have COVID now").

Rumination. Relentlessly thinking about past events or disappointments. This thinking pattern is dominated by an intractable focus on events from the past (regrets) that negatively impacts your current perceptions (e.g., "If only I had worked more last summer I wouldn't be so broke right now").

Overgeneralization. When a single incident in the past or present becomes a new negative norm for interpreting future events (e.g., "There's no use going to the grocery store ever again because they will be all sold out of any food that I can actually eat").

Black and White Thinking. Oversimplifying events into “all or none” categories without considering the complexity of a situation or when exceptions have occurred (e.g., “I’m never happy no matter what happens.”).

The main problem with these thinking patterns is that they are not very realistic, which means they are not helpful or adaptive for our daily functioning. In fact they magnify depressed feelings (and other negative emotions).

So, what can we do when these distorted automatic thoughts arise? We assess and examine them to see if they are realistic/reasonable or not. In cognitive therapy we often talk about using the 3Cs:

- C**atch your thought so that you know what thinking is upsetting you;
- C**heck whether it fits the situation you are in, and if it does not;
- C**hange it to better suit the situation more realistically.

The 3Cs formula is something that we often use in everyday experiences; however, when strong negative emotions such as depression are not benefiting us then we need a structure to challenge these unhelpful thoughts and beliefs. Below are several questions that can help us determine if our thought is reasonable and realistic or whether we could change it to be more accurate.

Challenging Thoughts/Beliefs Questions

Example: “It doesn’t matter if I finish my degree or not, there won’t be any jobs left in this country.”

1. Accuracy:

Look for evidence for and against.

For:

- The unemployment rate in Alberta and Canada is much higher and is expected to rise further this year.

Against:

- Employment opportunities have consistently followed periods of economic downturn (e.g., after the Great Depression, mid-1980s oil price crash, 2008/2009 recession).
- The current federal government has committed vast amounts of money to job stimulus spending.
- Possessing a bachelor’s degree gives more access to jobs compared to not having a degree (e.g., Finnie, Afshar, Bozkurt, Miyairi, & Pavlic, 2016).

2. Perspective:

Would someone else see it differently? How would you react if someone you love was having the same thought or was in the same situation?

Yes, if I asked an older adult in my life (e.g., parent or family member) they would assure me that tough times don’t last forever, and that they found employment after large-scale disasters ended.

3. Context:

What important factors may be influencing the situation/outcome?

Before COVID-19 shut down much of the country's economy, there were multiple job postings and now there are almost none in my field. Also, I planned to get a summer job this year, and besides working in a grocery store, I'm not qualified for any available jobs.

4. Useful:

Does it help to have this thought? Does it provide a solution?

No, this thought is not helpful. I feel really discouraged about my future and don't even want to try to do basic day-to-day stuff like replying to texts, personal hygiene, and I've lost my appetite. Also, this thought does not provide a solution—it is only highlighting a problem I'm currently having (no employment) and discourages me from focusing on my studies.

5. Realistic:

Is it likely or a reflection of extremes, feelings, or assumptions (e.g., worst case scenario, best case scenario, most realistic scenario)?

My belief is not very likely because in every calamity in history, the economy and job sector has recovered. As well, having higher education gives more options in the workforce so it is unlikely that my degree would not help me get a job.

6. Cost/benefit analysis:

What are the costs and benefits of keeping this thought?

Costs: This thought leads me to feel depressed about the future, lowers my motivation to study and learn, and I start thinking "if I try, then I fail" which is yet another negative thought that is extreme and not very accurate.

Benefits: There doesn't seem to be any benefits of keeping this thought. I am not getting any help or functional benefit from this thought.

7. Focus:

Are you focusing on aspects that are out of your control? What do you have control over in this situation?

I am mostly focusing on the uncertainties of this COVID-19 situation and how helpless I feel right now to change any of it. I guess most people probably think they have little control of what happens, but I do have control over lots of aspects of my life that are directly affecting me. For example, I can choose to focus on my studies and strive to get good grades over the Spring and Summer terms since I'm home and not working—this will help me complete my degree sooner.

Conclusions and Alternate Thinking:

When we take the time to challenge and assess our negative beliefs, we often discover that the way we are thinking about a situation may not be that realistic. Our experiences of depression are very often exacerbated by unhelpful/distorted thinking that we can change if we take active steps to analyze them. While our thoughts and beliefs greatly affect how we feel, there are also other changes in our life that serve to maintain or worsen depressive symptoms, especially when we are living in isolation.

2. Our Behaviours Affect Our Mood

There are many behaviours associated with combating depression including physical and purposeful activity, healthy sleeping patterns, maintaining good nutrition, engaging in some form of religious or spiritual activity, and keeping socially connected to family, friends, classmates, co-workers, or other social groups. All of these areas are laid out in the CCS handout entitled [A Student's Guide to Wellness During the COVID-19 Pandemic](#) where detailed examples are available to follow. A brief overview can be found below.

Physical Activities

Physical activities involve movement that works our muscles and requires increased oxygen leading to more circulation of blood throughout our body including our brain. Exercise triggers a surge of chemical messengers in the brain called neurotransmitters. The released neurotransmitters include serotonin, norepinephrine, and dopamine, which all contribute to lessening the effects of depression (He et al., 2012).

Sleep

People struggling with depression may sleep too much or too little. At a basic level this sleep disruption can impact how much time there is for productive and meaningful activity, and may affect appetite as well. Therefore, the use of [sleep hygiene practices](#) and possibly medical consultation for either condition (excessive sleep or insomnia) is strongly recommended.

Diet

The importance of food for healthy living seems obvious; however, when we feel depressed it may not be a priority. We need regular amounts of food to help us regulate many bodily functions including brain functioning. Making good nutritional choices and eating at set times throughout the day can help us maintain more consistent energy and also regulate mood fluctuations.

Religious or Spiritual Practice

Connecting with a higher power or engaging in practices that focus on elevating our individual sense of control can be beneficial in times of depression, especially when we are physically isolated from others (Lee & Newberg, 2005). These practices can sometimes appear arduous with our current self-isolation protocols in this pandemic, and yet many creative modes of delivery are now available that can be accessed at home.

Social Support

These are unnatural times we are experiencing as we live in isolation. The role of social support has been made more difficult; however, it is far more important now that we stay connected to other people, even if it is virtually or at a distance.

References

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* Created by U of A Counselling and Clinical Services. For additional resources, visit: uofa.ualberta.ca/current-students/wellness/mentalhealth

