

Healing Through Severe (Major) Depressive Disorder

Tips, Facts & Insights

When I became severely depressed for the first time in my life, I didn't know what to do, how to be, or how to understand depression. Nor could I readily find insights that I sorely needed. So, while healing in a treatment center I created this list, which I wish I had when I was down.

Some of these items are my personal perspective; others are science-based. Still others come from peers who also struggled through the insane monster of depression. None are intended as substitutes for professional help, just to share what has helped me, and some others. This list has been reviewed, annotated, and approved by several licensed psychotherapists.

Though it's tough to find the motivation to do much at all when depressed, the single most overarchingly important thing I learned was to act counter-intuitively, not to listen to my body or mind that felt like doing nothing and that everything was useless. I learned to do the things, in reasonable doses, that my better mind (when it could register such things) and helpful, trusted others (like my therapist or doctor) know and recommend.

1) Depression is not solid. It's malleable, though it doesn't feel like it. You can, and should, fight it, even if only in the smallest ways, such as eating well or taking a shower.

2) Depression is a *temporary* state-of-mind and body, though it truly, truly, doesn't seem so when in it.

3) "Just as no two people are affected the exact same way by depression, there is no "one size fits all" treatment that cures depression. What works for one person might not work for another. The best way to treat depression is to become as informed as possible about the treatment options, and then tailor them to meet your needs." (citation [here](#))

4) The term "depression" is used casually as in "I had a depressing day," or "I feel depressed." Usually this person means they are unhappy or sad. Unhappiness is not ongoing, clinical depression, which is a protracted, debilitating mental illness that makes us feel rotten about almost everything almost all the time. Unhappiness and sadness are usually more fleeting, specific to a particular life event, and lift sooner, though each is usually a component of major depression.

5) Major, or severe, depression is an illness, a medical condition. While depression might confer some unexpected gifts and shifts, ultimately it's usually not an ally like grief, healthy guilt, or reasonable remorse. Any gifts of wisdom and insight usually come later, in hindsight, not when depressed. Just try to beat it, as you would the flu, heart disease, or a common cold.

6) Depression can be triggered by a life event or come on spontaneously with no trigger. It can have genetic predispositions, or not.

7) Depression colors everything we see and perceive, including our depression. When we are depressed, everything we consider is seen through the negative lens of depression.

8) Depression is an intruder caused by imbalance. Give yourself time and the self-care you can muster to come back into balance.

9) [Studies show](#) that most depression remits even without treatment. Studies [also show](#) that treatment makes recovery quicker, [more reliable](#), and less likely to recur.

10) When you speak in black-or-white, all-or-nothing terms (which fuels overwhelming emotion), feel worthless, want to die (or no longer want to live), and feel hopeless, that's depression talking and feeling. This is the cognitive distortion depression creates; it's not the truer you underneath the illness.

11) Using our rational mind is crucial during depression, which is why CBT or DBT can be so helpful. The catch-22 is that our rational mind becomes distorted and less functional during depression (as well as during trauma), so we need support from others to help us hold rationality when we can't hold it ourselves.

12) While we fight through and endure depression, it's usually not vanquished overnight or this week. It often takes weeks, months, or longer in chronic cases. It lifts when it does, over time. Patience, support, and endurance are key.

13) While no action today is likely to overcome depression instantly, (even small) consistent actions over time pave the way and make a difference even if we can't feel it, or the positive effects seem to do nothing.

14) Accept that depression is here for who knows how long. But, begin taking the steps to live as you would like to, if only little by little. You might have to "fake it till you make it," even if it feels bad at first.

15) Sometimes depression wins the battle and it's a shitty day or week; that's okay. The battle takes time and persistence, and strength can come when you least expect it. Often it's two or three steps forward and one back.

16) Depression usually affects sleep, causing insomnia or excess sleep (aka, hypersomnia, common in atypical depression). Sleepless nights can be painful. When you lose good sleep, don't take anything you think or feel too seriously until you get rest. "Sleep has a strong effect on mood. When you don't get enough sleep, your depression symptoms will be worse. Sleep deprivation exacerbates irritability, moodiness, sadness, and fatigue." ([citation](#)) The horror show behind your eyelids and in your body in bed are temporary, disturbing thoughts that we give too much credence when vulnerable, exhausted . . . and depressed.

17) Try to separate your depression from the saner part of you, even if all you have is a memory of that sanity. Most of the tips here help to create this separation, so that you and your depression are less melded as one entity. Even try giving your depression a name different from yours; "the depression" or "big D," for example.

18) Sometimes, one day at a time, one hour at a time, one minute at a time, or even *one breath at a time* is all we can manage. Manage the moment any you can, without hurting yourself or others.

19) “Opposite action” helps to overcome depression; this is doing the opposite of what you feel like doing, such as exercise (however mild), getting support (preferably in-person) from caring others, or supporting a friend, if you’re able, to distract you from your pain.

20) During my depression I was incredibly selfish. I couldn’t listen to others much at all. People had to speak slowly to me. I couldn’t listen to others’ stories. I was irritable, and felt exhausted. I’ve heard similar accounts from others. Today, I revel in being there for others, and for myself.

21) Self-compassion is tough for all of us. In depression, we want to be easy on ourselves as well as work to overcome it. Taking small, positive, proactive healthy steps to overcome depression, in ways you can manage, is a form of compassion. Compassion can also mean taking it easy and resting when you can’t manage *actively* working to overcome it. Find the balance that works for you, even through trial and error.

22) It’s nearly impossible to sanely evaluate the present, past, and future when in major depression. So, acknowledge your poor perceptions, no matter how factual they seem, and try to put lots of them on hold for now, until your body and mind improve, for which distraction and good lifestyle habits can be helpful.

23) When we have no hope, we have to go on blind faith that one day we will. This might seem impossible from where we are now, but it’s not. It can shift. We can ask others to hold the hope for us, until we can. Again, depression lies.

24) Remember, even in “normal life” outside of clinical depression we have our ups and downs. This is not to equate the “down” of depression to normal lows, but to encourage you not to compare your lows in depression to an imagined “normal life” with no problems.

25) Try to refrain from making the day worse by lumping self-disgust on top of how bad you already feel. This is suffering twice, and can make things twice as bad. And if you can’t help it, try not to beat yourself up about it.

26) There is a difference between truly *wanting to live* and simply *being afraid to die*. Depression often made me *feel* the latter, where I didn’t really want to live and just wished I could die. This is another cognitive distortion caused by depression. Just because we feel a certain way doesn’t mean it is true, or needs to be interpreted into some verity.

27) For a time, depression can feel like being encased in a bubble, covered by a heavy shroud, or being in a hole from which you can’t gain a foothold because the

ground keeps turning to figurative rubble beneath your hands and feet. Hang in there.

28) By taking right action, however small—both internally (reframing and re-thinking negative perceptions with help from a therapist or book, for example) and externally (exercising and reaching out for help, for example)—you can gain some traction. And this traction begets more traction.

29) In the end, I didn't climb out of depression so much as my brain-mind changed and the feeling of depression dissolved. But during the healing process it *felt* like climbing or crawling or breaking through. For me, the fog eventually lifted; I became buoyed from below that lifted me out, and one day ended up on more solid, clearer ground.

30) Seek in-person support from those who love you (though you might not be able to feel your love for or from them). Try to distract yourself to give your dark mind a break from itself.

31) Get into a support group (best in-person) if you can. If you are suicidal or feel you will be, a hospital is a place that can offer support, or prevent you from hurting yourself and doing something you could later regret. Treatment programs offer all sorts of therapy as well as professional and peer support for moving through difficult times, including major depressive episodes. Force yourself to get some help, even if it's scary and even if you think it will not make a bit of difference.

32) Ask for support of all kinds. Ask for what you need. Seek out those who can hear you, not just give you advice (which was incredibly annoying to me when I was down).

33) You might feel no motivation to do anything due to the fatigue and dismal state of depression. Don't wait for motivation. Act first and regularly; motivation and hope are more likely to follow. Again, "Fake it till you make it" if necessary.

34) Depression exacerbates already-existing difficult beliefs, shortcomings, opinions, and perceptions. As depression lifts, so does the bulk of negative perceptions. It can take time for some to resolve.

35) When not with your therapist, try to be your own therapist by catching your cognitive distortions (black and white thinking, "catastrophizing," emotional reasoning, fortune telling, future tripping, etc.) and stopping ruminations from putting you into a downward spiral. Support from friends is helpful to get us out of our own heads.

36) Medical Concerns: Consider getting checked for these conditions, which can cause and/or exacerbate depression:

- a) thyroid: low thyroid can cause and contribute to depression
- b) intestinal flora: candida overgrowth and parasites can cause depressive symptoms, as can depleted beneficial flora (acidophilus and bifidus, for example)

- c) celiac disease (gluten intolerance)
- d) food intolerances: certain viruses, including strains of the flu, can affect serotonin levels and [cause depression](#) (I had a terrible flu during my depressive episode that made my depression so much worse).
- e) Not to alarm you, and very uncommon, [brain tumors](#) can cause psychiatric symptoms.
- f) Vitamin B-12 deficiency can cause depression; vegans are especially susceptible.
- g) post-partum depression: depression can follow giving birth due to hormonal changes
- h) medication side-effects: some medications cause depression
- i) leaky gut syndrome can cause major depression
- j) auto-immune conditions can cause or trigger depression
- k) perfume and synthetic fragrances might cause depression and anxiety, [study finds](#)

37) Try to make as few (non-urgent and unnecessary) big decisions as possible when depressed, or to conclusively assess your self-worth or the worth of your endeavors (current or previous), as convincing as the evidence seems. Try to remember how you felt about yourself when not depressed and know that this is closer to how you feel about yourself.

38) Because we feel apathetic (without emotion) when depressed, the ability to *feel* love can be absent, especially for ourselves. Let your self-compassion, therefore, manifest through kind and helpful *acts* that help you get better, like exercise, eating well, and getting support from loved ones.

39) In-person support is crucial in depressive states. Get help from friends and loved ones, even if you feel you don't deserve it or feel guilty receiving it (unreasonable guilt can be a symptom of depression, and as a side note, also of OCD). In fact, allowing trusted others to make decisions for you might be necessary and best.

40) The following are all clinically shown to improve depressive symptoms; though they may not help right away, or seem to make a difference, over time they can (remember, there is usually no instant cure):

- a) exercise
- b) loving support
- c) talk therapy (especially CBT)
- d) medication (SSRI type are most common)
- e) sunlight
- f) time in nature
- g) good sleep (yes, I know, sometimes a catch-22)

41) When we try to get rid of depression all at once, this can be overwhelming and breed a sense of failure, more anxiety, and more depression. This is why small steps of progress, even if we don't feel better right away, are often most helpful and realistic.

42) Anxiety and depression often co-occur. They are Yin and Yang sides of the same coin. Anxiety burns us out; depression lets/makes us rest (but doesn't feel like it rejuvenates us). It's tough to say which of these two evils is worse. Some antidepressant medications treat both anxiety and depression; check with your doctor for your needs.

43) On days you don't sleep well, or your medications change schedule or type, be easy on yourself. These things can make you feel worse. I learned to discount my bad feelings and disturbing thoughts on bad days, or at least take them much less seriously.

44) When I fell into depression I was confused and distraught. I figured that if I am depressed I need to be depressed for a reason, about something. I discovered that this is not the case. Depression happens as an organic physiological disorder, and there may be nothing at all that one is depressed about. Rather, depression can cause one to feel depressed about almost anything.

45) I now see in hindsight that my depression was a result of the extreme anxiety I experienced and a bad flu I contracted during that time.

46) Because the frontal lobe goes "off-line" in depression, it's difficult to think straight and be objective about just about everything. And, both unfortunately and ironically, this is precisely the faculty we need. Because CBT and DBT therapies both rely upon our reasoning and self-awareness to help get us out of depression (and anxiety), it's crucial that we have support to constantly help us with this effort. It's almost as if we need others around us to be our reality yardstick because in depression we are often just too clouded and compromised to be aware and to be able to act opposite to how we feel (opposite action is crucial for depression recovery).

47) When we just aren't getting better with our current support system, we might need a higher level of care. For this, treatment centers can be very helpful. They offer support round the clock and the unique combo of therapies, constant support, peer support and relatability, psychiatric care, and engagement to help us get out of our own heads can create a unique healing opportunity that is more than the sum of its parts. If you're just not able to kick the disease, you might try a treatment center.