

Live Successfully with a
Mental Illness



Top Coping Skills

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Live Successfully with a Mental Illness – Top 5 Coping Skills

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Introduction

My name is Natasha Tracy and I'm the author of two of the major blogs on bipolar disorder, [Bipolar Burble](#) and [Breaking Bipolar](#). I have published more than 1,000 articles on these blogs and, in them, I have talked, at length, about bipolar disorder and depression coping skills. These skills run the gamut, but in this short guide, I've narrowed them down to the top five coping skills for mood disorders.

I consider these the top five either because I use them every day or because there is solid research on their effectiveness. Of course, there are many more mental illness coping skills than just five, but I wanted to write something that would be easily digested, even if mental illness was affecting your attention span.

The first three skills build on each other: insight and self-talk are learned first, then logic skills, and then it is easier to focus on thought stopping or thought switching. These three coping skills are psychological in nature. The last two coping skills fall into the area of lifestyle changes that you can make at any time.

I truly hope the five skills can kick off a positive change for you and help you deal with mental illness just a little bit better.

Of course, this guide is short and is an overview of these skills. If you want to learn more about the top three skills, I recommend you take a look at cognitive behavioral therapy (CBT), as it teaches the skills in detail. CBT is often offered in group therapy, and workbooks that teach CBT are also available.

If you wish to find me for more tips:

- Find me on my website: <http://NatashaTracy.com>
- Join me on Twitter: [@natasha_tracy](#)
- Like me on Facebook: <http://facebook.com/BipolarBurble>
- Circle me on Google+: <https://plus.google.com/+NatashaTracy>

Coping Skill #1: Insight and Self-Talk

Insight and self-talk are really two separate skills but they perfectly join forces to become a mental illness coping tool.

Insight

Insight is a simple concept, if not particularly simple to have in your everyday life. Insight is an accurate, deep, intuitive understanding of something. It's not seeing things as they appear, but, rather, as they really are.

If you know you have a mental illness, you have proven that you have some insight. You have shown that you are able to see an illness where another might see a flawed personality or poor emotional control. Thus, it is an accurate and intuitive understanding of what is going on inside your own head. Don't discount this. Some people do not have this insight and they battle it all their lives.

You must engage your insight when looking at coping with any mental illness. Specifically, you need to skeptically look at the thoughts and emotions you are having and have the insight to know if they are truly reasonable and your own, or are coming from, or being exaggerated by, your mental illness.

Self-Talk

Self-talk is something we all do. In fact, I have yet to meet a person who didn't talk to themselves incessantly – even if they don't admit to it. Self-talk might be that little voice that is the “angel” or “devil” on your shoulder advising you on whether to steal a pen from the bank or it might be the voice of your mother telling you to put on clean underwear. More often, though, it's our own voice telling us little bits of wisdom here and there.

Self-talk is not the same thing as psychosis. Psychosis is when the voices are outside of yourself and not controlled by you. In psychosis, a person loses touch with reality. Self-talk is something different, something we all do and quite normal.

But self-talk isn't just about the voices we hear spontaneously or with little effort, self-talk can also be very purposeful and pointed. We can use self-talk to defeat some of the unhelpful thoughts that mental illness tends to produce. And best yet, it's relatively easy to enlist this natural habit as part of our coping skills toolbox.

Using Insight and Self-Talk

For example, one of the voices in my head, thanks to depression, tells me that I'm too crazy to be loved. This voice is very loud and very convincing. But because of my insight, I know it's part of my mental illness. I know it's not really me and it's not real. My insight and experience tells me it's something I need to fight against and not believe in.

That's where self-talk comes in. When I hear this little voice in my head, I talk back to it. I fight it with thoughts that I *know* are true and not ones that just *feel* true because of the convincing voice of mental illness.

For example, I might say to myself, "Having bipolar disorder doesn't make me 'too crazy.' People with bipolar disorder are loved by many every day."

Self-talk can feel forced or even fake at first, but talking back at thoughts that are trying to hurt you can be very helpful in coping with mental illness. Just like with all the coping skills listed here, practice makes, well, maybe not perfect, but practice does make them easier and more natural.

Coping Skill #2: Logic and Reality Testing

Logic. I know it seems like everyone on the planet would be using logic every day, but this just isn't true. Thoughts defy logic, as do feelings and even actions; and this is especially true if you have a mental illness. Mental illness causes all kinds of illogical thoughts that we call cognitive distortions.

Cognitive Distortions in Depression and Bipolar Hypomania/Mania

The types of cognitive distortions often seen in depression include:

- All-or-nothing thinking / black-and-white thinking – for example, if something isn't perfect, it's worthless
- Overgeneralization – you think that one negative thing indicates everything will always be negative
- Focusing on only the negatives, discounting the positives
- Jumping to conclusions where all conclusions are negative – examples of this are “reading someone's mind” whereby you assume someone is thinking something negative about you or “fortune-telling” when you always foresee a negative future
- Distorting importance – you make negative things seem far more important than they are and make positive things seem completely unimportant
- “Shoulding” – criticizing yourself or others by focusing on what you or they “should have” done in an unreasonable, perfect world
- Blame – you blame yourself without reason or blame others without seeing your part in the situation

The types of cognitive distortions you often see in mania or hypomania include:

- Delusions of grandeur – I'm greater/smarter/etc. than everyone else
- Increased, unrealistic optimism
- Paranoia
- Overestimating importance of ideas and thinking that anything created is “genius”

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- Distorted sense of self-awareness when interacting with others

There are other cognitive distortions that you may experience in hypomania, mania or depression as well.

Keep in mind that while some of these distortions seem to be obviously false, to a really sick brain, they can seem very real and very believable. These thoughts have negative consequences – like a worsening mood.

Using Logic to Fight Cognitive Distortions

Because of the negative consequences of cognitive distortions, we must fight them to live successfully with a mental illness.

Logic can be used to fight cognitive distortions in several ways, but the most important thing to realize is that every cognitive distortion is, indeed, a *distortion* of reality. In other words, it is illogical. It is illogical to think that just because one bad thing happens, only bad things will happen. It is illogical to think that just because you have made a mistake, you are “an idiot” and “stupid.”

The main way you use logic to fight cognitive distortions is called reality testing. So if you have a thought or feeling, you question that thought rather than simply believing it to be true. To do this, of course, you need your insight from skill number one.

Once you reality test your thought or feeling, you would then use your self-talk, again from skill number one, to fight back against that illogical thought or feeling.

An example:

- Your friend cancels a date with you to go to the movies. Your automatic thought is that, obviously, your friend hates you and all of your friends hate you. This makes you feel bad about yourself, and ultimately, worsens your mood.
- This thought is an example of two cognitive distortions: mind-reading and overgeneralization. Instead, you could use your insight to see that these thoughts may not be real and to test the reality and logic of these thoughts. You don't need

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to be able to name what kind of distortion it is – it doesn't matter – what matters is that you test its logic and accuracy.

- You would then use your self-talk to counter this lack of logic. You might say, "It's disappointing that my friend canceled, but that doesn't mean that he/she doesn't like me. Maybe he/she simply had an appointment to go to." Further, you might say, "Just because one person canceled, doesn't mean that others will, too. I know that my friends care about me because of our history together."
- Then, take a deep breath and realize that the feeling associated with this situation – unrealistically amplified sadness or depression – is unwarranted.
- Repeat the self-talk as much as you need. Once is often not enough. Fighting off automatic thoughts and feelings is hard work.

I admit that skills based on logic can be more difficult to use in cases of hypomania and, perhaps, impossible for many in mania, particularly in cases of psychosis. Nevertheless, when these moods are just beginning, using logic skills can help, not only in seeing cognitive distortions but also recognizing that a hypomania or mania episode is on its way. This can help you take steps to stop this mood before it starts. For example, if you see that your thinking is unusually grandiose ("I am better/smarter/more beautiful than everyone else."), you can start to look for other symptoms of a mood episode.

Thought and feeling questioning really does work. Like everything else in this guide, it needs to be practiced for it to become automatic and for it to be as useful as possible.

References

Burns, [Adapted from *Feeling Good: The New Mood Therapy*](#). 1981.

Center for Clinical Interventions, [Cognitive Strategies for Preventing Mania](#). Retrieved July 9, 2016.

Coping Skill #3: Thought Stopping or Thought Switching

One of the most distressing parts of bipolar disorder or depression, in my opinion, is experiencing all the horrible thoughts that one does not want to have. These might be negative thoughts or obsessive thoughts or unhelpful, illogical thoughts. No matter what they are, these thoughts are hurtful.

So it's important to learn the coping skill of thought stopping or thought switching. This sounds easy, and, in theory, it is, but it still requires work and practice to become effective and second-nature.

Thought Stopping

Thought stopping is exactly what it sounds like: it's stopping a thought (or thought pattern) that is distressing you.

For example, I am overweight and sometimes I get into a thought pattern of how fat I am, how ugly I am, and how no one will ever love me because of it. And I don't just think this pattern once. I think it over and over and over again. I know this isn't positive and I know it's hurting me. So I need to stop this thought pattern in its tracks.

For me, I often, literally, say the word "stop" out loud. It's an auditory and physical command to stop what I'm thinking about. This really helps me get out of my thought pattern. I use my self-talk to try to combat those thoughts.

For example, I might say, "I know I'm overweight. This does not mean I'm ugly and it doesn't mean that people won't love me. I am as loveable as anyone else. Those thoughts are my bipolar disorder-affected brain lying to me."

To use this kind of coping skill, you need the first two skills, self-talk and logic, to already be working for you.

Thought Switching

Thought switching is also exactly what it sounds like. It's switching from one thought (or thought pattern) to another. So in the above example, after I've used self-talk to try to

combat my distressing thought pattern, I then purposefully and explicitly thought switch. Once my self-talk has been said as many times as I need it to be, and once I've taken a few deep breaths, I focus on something completely different such as a book I've been reading or the fact that I'm looking forward to seeing my friend later. I then work on thinking about these new thoughts in an effort to replace the old ones.

Something else to try is to focus on something very physical (like petting an animal, exercising or cleaning the bathtub). If you're truly in the moment of playing fetch with a dog, if you're truly paying attention to what you're doing and all the sensations that go with it, it's very hard to beat yourself up at the same time.

Thought stopping and thought switching can also be very useful in conjunction with the logic skills noted above.

Thought stopping and thought switching can take a lot of effort. The thoughts we have that distress us are often very ingrained and we are typically so used to them we don't even think to stop them. We also may have a very hard time getting our brain to focus on something else when we're obsessed with a certain thought or thought pattern. This is okay. This coping skill might not always work for you but I promise that sometimes it will; and the more you practice it, the better you will get with it, the more automatic it will become and the more effective it will be.

Coping Skill #4: Exercise and Diet

I've admitted before and I'll admit again that I'm not good in this area. But just because I'm not doesn't mean that it doesn't work and it doesn't mean you shouldn't pick this up as a positive coping skill.

This is because what we do know is:

1. A poor diet can worsen depression
2. Exercise can act as an antidepressant

Diet

There are things you can add to your diet that you might think of as “brain foods” that can aid your brain in functioning. The one that jumps to mind is omega-3 fatty acids. But vitamin D, folate and other nutrients are good for your brain, too. The best advice, really, is to eat a varied, nutrient-rich diet. Also, it should be noted that no specific diet has been shown to improve bipolar disorder (but, like I said, a poor diet can make it worse).

Omega-3 Fatty Acids

It has been shown that omega-3 fatty acid supplements, when added to existing treatment, can boost antidepressant response in bipolar and unipolar depression; and they do so without increasing the risk of mania. Omega-3s may also act as a slight mood stabilizer in the maintenance phase of bipolar disorder treatment as well. This does not mean that eating omega-3 fatty acids will have the same effect, however. I suspect you'd never get enough omega-3 fatty acids into your diet to create an antidepressant response.

Omega-3 fatty acids are available as supplements at your drug store or via prescription. The prescription ones are better because you know what you're taking is real (supplements are largely unregulated), you take fewer pills and they don't have the horrible aftertaste the over-the-counter ones tend to have (some taste/burp fish for hours). That said, if you do go to the drug store, make sure you're getting the right amount of active ingredient – EPA (eicosapentaenoic) fatty acid. Check on the side of the bottle for exactly how much EPA is included in the supplement because label fronts can be sneaky.

For example, the supplement may say 500 mg on the front but when you look at the side of the bottle, it may only contain 375 mg of EPA; the other 125 mg is other stuff. This typically leads to needing to take many pills every day.

In terms of what to take, according to Dr. Jim Phelps, a bipolar disorder expert:

- Take 1-2 *grams* (not milligrams) of EPA per day (although two grams may not be superior, the research is currently inconclusive)

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- If you take fish oil, you'll get DHA (docosahexaenoic) fatty acids, too, and this is okay. (It's unknown whether the inclusion of this helps or not but it doesn't seem to hurt.)
- Your supplement must be *at least* 60% EPA.

See the reference below for more details on omega-3 fatty acids.

Exercise

It's clear that any exercise is better than no exercise at all, so anything you can do is good for you. And, of course, exercise has many benefits outside of mood elevation, including:

- Heart benefits
- Reduced cancer risk
- Benefits for those who suffer from insomnia
- Weight reduction

And I'm sure there are many others as well.

There is actually quite a bit of evidence saying that exercise helps depression. Most of this evidence is related to unipolar depression, but there's no reason to believe it won't work in bipolar depression, too. Additionally, antidepressants paired with exercise appear to work better than antidepressants alone. (You may not take an antidepressant if you have bipolar disorder but adding exercise to whatever treatment works for you might prove similarly useful.)

As far as what kind of exercise to do, that is up to you. What appears to be important is that it is supervised (likely for motivation), somewhat aerobic and at moderate intensity. Walking, cycling and elliptical trainers have all been used in the research. According to the studies, exercise needs to be done three times a week for at least nine weeks.

References

Mura et al., [Exercise As an Add-on Strategy for the Treatment of Major Depressive Disorder: A Systematic Review](#). 2014.

Phelps, [Omega-3 Fatty Acids](#). 2014.

Stanton and Reaburn, [Exercise and the Treatment of Depression: A Review of the Exercise Program Variables](#). 2014.

Coping Skill #5: Sleep

Sleep in those with bipolar disorder and depression is commonly disturbed. For bipolar disorder, people tend to exhibit hypersomnia – they sleep too much – or are excessively sleepy. And, in fact, bipolar disorder is known as, in part, a circadian rhythm disorder. This means that the body clock in those with bipolar – the clock that determines your sleep-wake cycle – doesn't function correctly. This is typically true even in between mood episodes.

In the case of those with unipolar depression, they tend to exhibit insomnia – an inability to sleep enough.

In both cases, sleep disturbances can predict relapse and tend to worsen long-term prognosis of the illness. It's clear that if we can, we should try to normalize our sleep as much as possible. Of course, there are pharmaceutical options for the treatment of sleep disturbance, and if you're interested in those, you should talk to your doctor. But there are other lifestyle changes you can make that have been shown to improve sleep.

Good Sleep Hygiene

Getting quality sleep is a product of something called good sleep hygiene. Sleep hygiene refers to all the habits and practices that can affect your sleep.

Practices that will improve your sleep include:

- **Going to bed at the same time and getting up at the *same time every day*** – This is hard for most people who have a fluctuating schedule, but schedules – especially sleep schedules – are critical to not only improve sleep but also mood.
- **Not taking naps during the day** – This one is very difficult for people who don't sleep properly at night, but napping confuses your circadian rhythm and will, ultimately, make sleeping more difficult.
- **Avoiding stimulants like caffeine (even chocolate), nicotine and alcohol too close to bedtime** – While caffeine and nicotine may seem obvious, alcohol may

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not, but alcohol is important to avoid, not only because of its mood consequence (it is a depressant), but also because it disrupts the second half of your sleep.

- **Exercising** – Vigorous exercise early in the morning or later in the afternoon is good for sleep as is a relaxing exercise, like yoga, just before bedtime.
- **Watching you diet** – Stay away from large meals just before bedtime.
- **Ensuring enough exposure to natural light** – Make sure you get outside enough, as natural light is full spectrum and different than artificial, indoor light. (The use of a light box is an option here, as are full-spectrum lightbulbs. Talk to your doctor if you would like to look into this, as there are risks, especially for those with bipolar disorder.)
- **Ensuring it's dark, cool and pleasant in your bedroom** – Pitch-blackness and a cool temperature facilitate sleep. And, of course, a comfortable mattress and pillows will also help.
- **Establishing a bedtime routine** – Make sure you do the same things before bed every night to “train” your brain and trigger sleep. Try to avoid thinking / talking about psychologically strenuous topics before bedtime.
- **Associating your bed and bedroom with sleep alone** – Avoid doing anything in your bed except sleeping (or having sex). Do not watch television in bed.

Make sure to give these things time to work. Lifestyle changes never work overnight.

While these practices can seem frustrating, the sleep you gain and the improvements in your mood and quality of life will make it worth it in the end.

References

Franzen, [*Sleep Disturbances and Depression: Risk Relationships for Subsequent Depression and Therapeutic Implications*](#). 2008.

Harvey, [*Sleep and Circadian Rhythms in Bipolar Disorder: Seeking Synchrony, Harmony, and Regulation*](#). 2008.

Thorpy, MD, [*What Is Sleep Hygiene?*](#) Retrieved July 8, 2016.

Practicing Coping Skills

I recommend practicing these coping skills when you're not in severe distress because they will be easier to implement at that time. You will be thinking more clearly and you will be more likely to be able to take action. And once they do get easier, it is more likely you will be able to continue to use them when you really are in a bad place.

As I've said all along, coping skills take practice and time to be effective so don't give up if they don't immediately work for you.

If you find you are having trouble with the psychological skills, work through them with a therapist. If you're having trouble with the lifestyle changes, make sure you talk to your doctor. Support groups might be another resource to reach out to if you're struggling.

In short, just because these are self-help coping skills, it doesn't mean you have to work at them alone.

I hope these coping skills have helped you and contribute to a positive change in the way you handle your mood disorder.

If you want to read more from me, go to my website at <http://NatashaTracy.com>