COPING WITH DEPRESSION

Aaron T Beck, M.D. and Ruth L. Greenberg, A.B.

Signs of Depression

"My wife left me because I wasn't good enough for her. I will never be able to get along without her".

"My hair is thinning. I'm losing my looks. No one will care about me anymore".

"I am such a lousy secretary. My boss just keeps me because he feels sorry for me. Nothing I try to do ever turns out right".

"I just can't get myself to do any work around the house. My marriage is falling apart".

These are typical thoughts of people who are depressed. While these notions may seem to be correct on the surface, they actually show a change in the way a person has come to think about himself. Change - in thinking, feeling, acting - is a key feature in depression. Although the change may come on gradually, the depressed person is different from the way he was before the onset of his illness - perhaps even the opposite of his usual self. There are many examples of this change; the successful businessman believes he is on the brink of bankruptcy, the devoted mother who wants to abandon her children, the gourmet who can't stand food, the playboy who becomes disgusted with sex. Instead of seeking pleasure, the depressed person avoids it. Instead of caring for himself he neglects himself and his appearance. His instinct to survive may give way to a desire to end his life. His drive to succeed may be replaced by passivity and withdrawal.

The most obvious and typical sign of depression is a sad mood; gloomy, lonely, apathetic. The depressed person may find himself crying even when there seems to be nothing to cry about or may find it impossible to cry when a truly sad event occurs. He may have trouble sleeping or wake early in the morning, unable to return to sleep. On the other hand, feeling constantly tired, he may sleep more than usual. He may lose his appetite and lose weight, or eat more than he does normally and gain weight.

Typically the depressed person also sees himself in a very negative way. He may believe that he is helpless and alone in the world and often blames himself for trivial faults or shortcomings. He is pessimistic about himself, about the world, and about his future. He loses interest in what is going on around him and doesn't get satisfaction out of activities he used to enjoy. Often, he has trouble making decisions or getting himself to carry out decisions he has made.

Some people may be depressed without showing the usual sad, moody, dejected feeling. They may complain instead of physical discomfort or suffer from alcoholism or drug addition. When a person always seems tired or bored with what he is doing, he may actually be depressed. When bright children do poorly in school over a period of time, this too may point to depression. There is even evidence that the overly active child may be compensating for an underlying depression.

New understandings from Research

It is very common for depressed people to believe that they have lost something very important to them, although often this is not really the case. The depressed person believes he is a "loser" and will always be a loser, that he may be worthless and bad and perhaps not fit to live. He may even attempt suicide.

Recently, a ten year research project supported by the National Institute of Mental Health attempted to explain the persistence of these unpleasant feelings in depressed people. These researchers found that an important factor is that the depressed person interprets many situations incorrectly. What he thinks about what is happening around him affects how he feels. In other words, the depressed person feels sad and lonely because he erroneously thinks he is inadequate and deserted.

A depressed patient, then, can be helped by changing his errors in thinking, rather than by concentrating on his depressed mood.

In our studies, we have found that regardless of their low opinion of themselves, depressed persons perform just as well as normal subjects in a series of complex tasks. In one study, we gave depressed patients a series of tests of increasing difficulty involving reading, comprehension and self-expression. As the patients began to experience success, they became more optimistic. Their mood and self-image improved. Interestingly, they even performed better when they were later asked to try out other tests.

Thinking and Depression

These findings suggest new approaches to treating depression and new ways in which the depressed person can learn to help himself.

As a result of these studies, psychotherapists are now concerned with the kinds of statements that people make to themselves - that is, with what they think. We have found that depressed people have continuous, unpleasant thoughts and that with each negative thought the depressed feeling increases. Yet these thoughts are generally not based on real facts and make a person feel sad when there is no objective reason to feel that way. The negative thoughts may keep the depressed patient from engaging in activities that will make him feel better. As a result, he is likely to experience harsh critical thoughts about being "lazy" or "irresponsible" - which make him feel still worse.

In order to understand this faulty thinking, consider the following example. Suppose you are walking down the street and you see a friend who appears to completely ignore you. Naturally you feel sad. You may wonder why your friend has turned against you. Later on you mention the incident to your friend, who tells you he was so preoccupied at the time that he didn't even see you. Normally, you will feel better and put the incident out of your mind. If you are depressed, however, you will probably believe your friend has really rejected you. You may not even ask him about it, allowing the mistake to go uncorrected. Depressed persons make such mistakes over and over. In fact, they may misinterpret friendly overtures as rejections. They tend to see the negative rather than the positive side of things. And they do not check to determine whether they may have made a mistake in interpreting events.

If you are depressed, many of your bad feelings are based on mistakes in thinking. These mistakes relate to the way you think about yourself and to the way you judge things that happen to you.

Still, you have many skills and you may be good at solving problems in others areas. In fact, you have solved problems all your life. Like a scientist, you can learn to use your reasoning powers and your intellect to "test out" your thinking and see whether it is realistic. In this way, you can keep from becoming upset at every experience that seems at first glance to be unpleasant. You can help yourself by (1) recognising your negative thoughts, and (2) correcting them and substituting more realistic thoughts.

Checklist of Negative Thoughts

Whenever you notice that you are feeling somewhat sadder, think back and try to recall what thought either triggered or increased your feeling of sadness. This thought may be a reaction to something that happened quite recently, perhaps within the last hour or the last few minutes, or it may be a recollection of a past event. The thought may contain one or more of the following themes.

(1) Negative Opinion of Yourself

This notion is often brought about by comparing yourself with other people who seem to be more attractive or more successful or more capable or intelligent: "I am a much worse student than Mike", "I have failed as a parent", "I am totally lacking in judgement or wit". You may find that you have become preoccupied with these ideas about yourself, or dwell on incidents in the past when people seemed to dislike or despise you. You may consider yourself worthless and burdensome and assume that friends and relatives would be happy to be rid of you.

(2) Self-Criticism and Self-Blame

The depressed person feels sad because he focuses his attention on his presumed shortcornings. He blames himself for not doing a job as well as he thinks he should, for saying the wrong thing or causing misfortune to others. When things go badly, the depressed person is likely to decide it's his own fault. Even happy events may make you feel worse if you think, "I don't deserve this. I am unworthy".

Because your opinion of yourself is so low, you may make excessive demands on yourself. You may require yourself to be a perfect housekeeper or unfailingly devoted friend or a physician of unerring clinical judgement. You may run yourself down by thinking, "I should have done a better job".

(3) Negative Interpretation of Events

Over and over, you may find yourself responding in negative ways to situations that don't bother you when you're not depressed. If you have trouble finding a pencil, you may think, "Everything is difficult for me". When you spend a little money you may feel blue, as if you had lost a large sum. You may read disapproval into comments other people make, or decide that they secretly dislike you - although they may act just as friendly as ever.

(4) Negative Expectations of the Future

You may have fallen into the habit of thinking that you will never get over your feelings of distress or your problems and believe they will last for ever.

Or you may have negative anticipations whenever you try to do a specific job: "I am sure to fail at this". A depressed woman would have a visual image of herself ruining dinner whenever she cooked for guests. A man with a family to support pictured himself being fired by his employer for some mistake. The depressed person tends to accept future failure and unhappiness as inevitable and may tell himself it is futile to try to make his life go well.

(5) "My Responsibilities are Overwhelming"

You have the same kinds of jobs to do at home or at work that you have done many times before, but you now believe you are completely unable to do them or that it will take weeks or months before they are completed. Or you tell yourself that you have so many things to do that there is no way of organising the work.

Some depressed patients deny themselves rest or time to devote to personal interests because of what they see as pressing obligations coming at them from all sides. They may even experience physical feelings that can accompany such thoughts - sensations of breathlessness, nausea, or headaches.

What You Would Better Know About Negative Thoughts

On the first page of this booklet, we gave examples of the thoughts of people in a depressed state. A non-depressed person might occasionally have such thoughts but he generally dismisses them from his mind. But the depressed person has them all the time - whenever he thinks about his own value or ability or what he is likely to get out of life. These are some of the ways you can recognise depressed thinking:

(1) Negative thoughts tend to be <u>automatic</u>

They are not actually arrived at on the basis of reason and logic - they just seem to happen. These thoughts are based on the low opinion depressed people have of themselves, rather than on reality.

(2) The thoughts are <u>unreasonable</u> and serve no useful purpose

They make you feel worse and they get in the way of attaining what you really want out of life. If you consider them carefully, you will probably find that you have jumped to a conclusion that is really not accurate. Your psychotherapist will be able to show you how unreasonable your negative thoughts are.

(3) Even though these thoughts are unreasonable, they probably seem perfectly <u>plausible</u> at the time that you have them.

They are usually accepted as reasonable and correct, just like a realistic thought such as, "The telephone is ringing - I should answer it".

(4) The more a person believes these negative thoughts (that is, the more uncritically he accepts them), the worse he feels

If you allow yourself to sink into the grip of these thoughts, you will find that you are interpreting everything in a negative way. You will tend more and more to give up because everything seems hopeless. But giving up is harmful - because depressed people often interpret the fact that they have given up as yet another sign of inferiority and failure.

You can help yourself by learning to recognise your negative thoughts and understanding why they are incorrect and illogical. Check the characteristics listed above and see how well they fit your negative thoughts.

Typical Thinking Errors

Incorrect thinking leads to and aggravates depression. You probably make one or more of the following errors. Read these and see which apply.

(1) Exaggerating

You see certain events in an extreme way. For example, if you are having some everyday difficulty, you start to think that it will end up as a disaster - you exaggerate problems and the possible harm they could cause. At the same time, you underestimate your ability to deal with them. You jump to conclusions without any evidence and you believe your conclusion to be correct. A man who invested his savings in a new house suspected that the house might have termites. He immediately drew the conclusion that the house would fall appart and be worthless, his money squandered. He was convinced that nothing could be done to save the house".

(2) Overgeneralising

You make a broad, general statement that emphasises the negative: "Nobody likes me". "I am a <u>complete</u> failure". "I can <u>never</u> get what I want out of life". If someone you know tells you off you think: "I am losing all my friends".

(3) Ignoring the Positive

You are impressed by and remember only negative events. When a depressed woman was advised to keep a diary, she realised that positive events happen often but that she had a tendency not to pay attention to them and to forget them. Or she would tell herself that the good experiences were unimportant for one reason or another.

A man who for weeks had been too depressed even to dress himself spent eight hours painting a bedroom. When he finished, he was disgusted with himself for not getting exactly the results he wanted. Fortunately, his wife was able to make him realise what remarkably fine work he had done.

OUTCOME 1. Revals beforts in catomotic thoughts 0 - 100% 2. Specify and rate subsequent emotions 0 - 100 3. What can you do now?	
RATIONAL RESPONSE 1. Write rational responses to automatic thoughts 2. Rate belief in rational response 0 - 100% 3.	
AUTOMATIC THOUGHTS/WMAGES 1. Write automatic thoughts that preceded emotion 2. Rate belief in automatic thought 0. 100%	
EMOTION(S) 1. Specify sod/anxious/ angry 2. Rate/degree of emotion 1 - 100	
SITUATION - Describe: 1. Actual event leading to the unpleasant emotion, or 2. Stream of thoughts, day dream or recollection leading to the unpicasant emotion	
DATE	

EXPLANATION: When you experience an urpleasant emotion, note the situation that seemed to stimulate the emotion fit the emotion occurred while you were "hipling, daydreaming etc. please note this). Then note the automatic thought associated with the emotion. Recard the degree to which you believe this thought 0% = not at all, 100% = complicity. In allong degree of emotion: 1 = a trace, 100 = the most intense ible.