

Treating Depression:

An integrated cognitive-behavioural approach

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Depression is one of the most common psychological problems presented to helping professionals, and its prevalence is expected to increase in the immediate future. Of all the psychological treatments for depression that are available, Cognitive Behaviour Therapy (CBT) has the most supporting evidence for its effectiveness. This article will describe a cognitive-behavioural approach that combines the two major forms of CBT, Rational Emotive Behaviour Therapy (REBT) as developed by clinical psychologist Albert Ellis, and Cognitive Therapy (CT) developed by psychiatrist Aaron Beck.

IDENTIFYING DEPRESSION

Types of depression

Episodes

An *episode* refers to any period of time when a person feels abnormally happy or sad. There are four types:

1. *Major depressive episode* is the most common. The sufferer experiences lowered mood and/or loss of interest or pleasure, plus at least 5 of the following:
 - appetite or weight changes
 - sleep disturbance
 - fatigue
 - speeded up or slowed down
 - guilt
 - poor concentration
 - death wishes or suicidal ideas

These symptoms occur for most of each day, most days of the week, for at least two weeks and day-to-day functioning is impaired.

2. *Manic episode*. For at least one week the person feels elated and may be grandiose, talkative, hyperactive and distractible. Poor judgments may lead to impaired functioning; hospitalisation may be necessary.
3. *Mixed episode*. Person experiences both a major depressive episode and a manic episode nearly every day for a week or more.
4. *Hypomanic episode*. Person experiences similar symptoms as per manic episodes, but they are less severe, briefer and do not require hospitalisation.

Disorders

Episodes are the 'building blocks' for *disorders*, the most common of which are:

1. *Major depressive disorder*, characterized by episodes, as described above, of very low mood where a person's ability to work, sleep, study, eat, and enjoy activities is impaired. An episode of major depression may occur only once in a person's lifetime, but more often recurs.
2. *Dysthymic disorder (Dysthymia)*, characterized by long-term but less severe symptoms that may not be disabling but can prevent a person from functioning normally or feeling well. People with dysthymia may also experience episodes of major depression.

Other terminology you will come across in the literature includes:

3. *Psychotic depression*: a severe depressive illness— accompanied by psychotic symptoms such as hallucinations and delusions.
4. *Postpartum depression*: a major depressive episode experienced by a new mother within one month after delivery.
5. *Bipolar disorder* (sometimes referred to as 'manic-depressive illness'): characterized by mood changes which cycle from extreme highs (mania) to extreme lows (depression).

For more information on the various diagnostic categories, see the *Diagnostic and Statistical Manual of Mental Disorders*¹. The material in this document is relevant to all types of depression, but will specifically refer to the most common type: *Major Depressive Disorder*.

WHAT CAUSES DEPRESSION?

The CBT theory of causation

Cognitive-behavioural theories are, almost universally, ‘bio-psycho-social’; that is, they regard human emotions and behaviours as resulting from a combination of biological, psychological, and social factors. Each of these factors interacts with the others. For example, biological vulnerability will affect how a person learns from their experiences and the cognitions they subsequently develop. That person’s social environment throughout life will have effects on their biological makeup (for example, finance will affect the adequacy of a person’s diet; or peer pressure may affect their use of alcohol). Similarly, psychological factors will influence the person’s social situations – for example, negative beliefs about interacting with other people can cause an individual to behave in ways that isolate them from others.

Biological inheritance

Both main streams of CBT – Rational Emotive Behaviour Therapy (REBT) and Cognitive Therapy (CT) – hypothesise that humans are born with a biological vulnerability that sets the scene for the development of irrational beliefs and dysfunctional thinking and subsequent emotional problems. (Note, though, that human beings are also seen as possessing an innate capacity to use reason and logic to challenge irrational thinking).

Anxiety problems, for example, begin with one’s physical temperament: a labile autonomic nervous system (referred to as ‘high arousability’) is probably the most likely factor. While the biological basis for depression is not so clear, several brain neurotransmitters systems – glutamate, γ -aminobutyric acid, serotonin, norepinephrine, and dopamine – have been implicated in depression and mania.

Early learning

Biological inheritance is heavily overlaid by learning that begins at birth and continues throughout life, via direct teaching, modelling, observation, reading and so on – and through self-teaching. We not only learn beliefs from external sources, but also create our own. Self-teaching occurs when an individual thinks about and draws conclusions about external and internal events. A biological vulnerability makes it easier to develop irrational beliefs and thinking styles. For example, a child with high arousability may conclude that because they feel relief when they avoid stressful situations, therefore such situations ‘are unbearable and must be avoided at all costs’.

Current thinking

Biological inheritance interacts with early learning to form a belief system that is the key to determining how a person feels and behaves in response to events and circumstances in the present:

- *Core beliefs*: the ultimate cause of one’s current emotional state is the set of ‘rules for living’ (to be discussed later) that have been learned in the past and continue to be held in the present.
- *Interpretations and evaluations*: rules/core beliefs affect how people (1) *interpret* what is happening to them and (2) *evaluate* those interpretations.
- *Key types of disturbance*: Irrational core beliefs, interpretations and evaluations lead to two key types of personal disruption: *ego* disturbance and *discomfort* disturbance.
- *Secondary causation*: an episode of depression can lead a person to anticipate further episodes, or interpret common events such as low mood or insomnia as evidence that one is becoming depressed again, thus setting up a vicious circle of misinterpretation→low mood→inactivity→further lowering of mood→and so on.

Two types of disturbance

REBT postulates that human beings may develop two types of disturbance: *ego* and *discomfort*. Most people will have elements of both while emphasising one or the other.

Ego disturbance

Demands directed at self (e.g. ‘I have to perform well to be a worthwhile person’) lead to self-evaluation (‘Because I failed I am useless’), resulting in *ego disturbance* – upset to the self-image. When this becomes coupled with *hopelessness* – ‘I am incapable of improving’ – the likelihood of depression is increased.

Discomfort disturbance

Low discomfort-tolerance (arising from the belief that one cannot 'stand' or 'bear' certain things) is escalated by *awfulising* – exaggerating the badness of events and circumstances (e.g. 'It is horrible/terrible') and *demandingness* – believing the certain things must or should happen or not happen (e.g. 'It must not happen to me', 'I should be able to get what I need'). This creates *discomfort disturbance* – overreacting to negative experiences and also to one's own emotional discomfort. As with ego disturbance, when low-discomfort-tolerance thinking becomes associated with hopelessness – 'I am helpless to do anything about it' – depression is more likely.

Secondary emotional disturbances

To complicate matters, human beings tend to develop problems about having problems. This phenomenon is known as *secondary disturbance* and is a key reason why depression may become self-perpetuating.

Secondary problems relating to discomfort

A typical example of *discomfort disturbance* is the fear of feeling anxious, or 'anxiety about anxiety'. This usually involves 'catastrophising' about feeling anxious (e.g. 'I can't stand it' or 'It is awful'), coupled with an internal demand that it be avoided (e.g. 'I must not experience this'). The usual result is a paradox – it makes the person anxious! Appropriate anxiety becomes dysfunctional and chronic when it feeds on itself.

Fear of other emotions, such as shame or guilt, can lead to anxiety and avoidance – e.g. a person who is afraid of feeling guilty may have trouble saying 'no' to others. Sometimes people fear shame and rejection because of *practical* consequences, e.g. loss of income, status, social interaction, etc. Such fears may cause a depressed person to avoid seeking help and thus perpetuate the condition.

Anger, bitterness or resentment for being depressed may result from demands like: 'I should not have to put up with this problem / these feelings / the consequences of being depressed.'

Secondary problems relating to ego

It is common for depressed people to down themselves for being depressed. A demand like: 'I should not be like this' is followed by self-labelling of oneself as 'weak', 'useless', or the like. In effect, the person is saying they are incapable of overcoming their depression – thus perpetuating the problem. Shame about other people knowing that one is depressed is also common.

Anticipatory anxiety results from fears that if certain things occur, these would provide 'proof' of one's weakness, hopelessness, etc. Common fears include going crazy, total loss of control, or being rejected. Such fears create additional anxiety, and lead to avoidance behaviour. Typical secondary problems about being depressed include:

- Self-downing for being depressed, e.g. 'This shows I am weak.'
- Guilt, e.g. 'I should not be depressed.'
- Shame, e.g. 'Other people will look down on me for being depressed.'
- Low tolerance for depression (depressed about being depressed), e.g. 'I can't stand being depressed.'

Activating Events

Although thinking is the ultimate cause of depression, the thought processes involved are usually triggered by events occurring in a person's environment. This includes both the *external* environment (what is happening around the individual) and the *internal* environment (observing and thinking about what is happening inside one's own body).

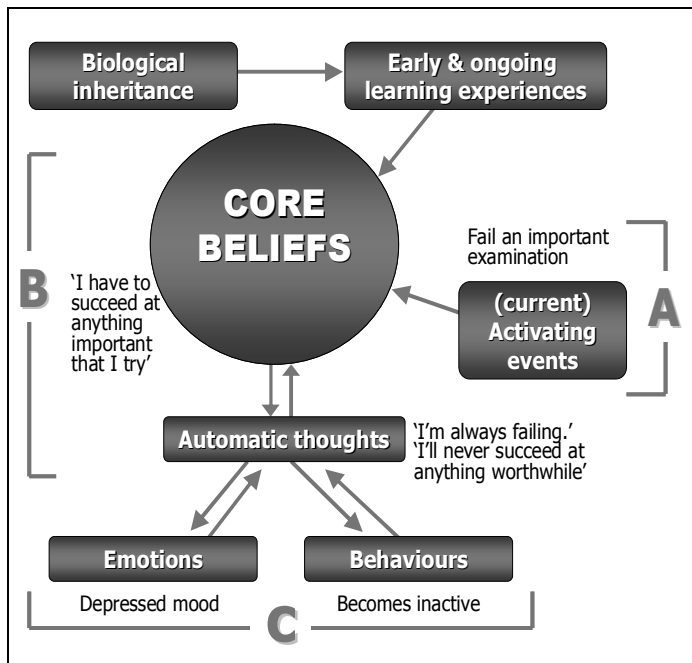
The possible range of activating events is of course huge, but the most common *external* trigger for depression is some kind of loss (e.g. of a career, an important relationship, health, lifestyle, etc.). There are many *internal* triggers to which a person may react; for example, an individual observes that their mood is low or they feel tired or lack energy, then jumps to the conclusion that these symptoms indicate they are having a 'breakdown' - a negative inference that sets in motion a downward spiral of depressive thinking.

The ABC causation model

How core beliefs and their resulting inferences and evaluations operate in specific situations is elegantly illustrated by Albert Ellis' well-known ABC model. This framework, familiar to REBT therapists, is widely used in modified forms by other cognitive-behavioural practitioners. Here is an example:

- A Activating event** (what started things off):
Failed an important examination.
- B Beliefs** (the person's thoughts about the 'A'):
1. A general core belief is activated: 'I have to succeed at anything important that I try.'
 2. This leads to automatic thoughts relating to the specific situation:
 - 'I'm always failing.'
 - 'I'll never succeed at anything worthwhile.'
- C Consequence** (the resulting emotions and behaviours):
Low mood. Became inactive.

The diagram below shows how the ABC model fits with the bio-psycho-social theory of causation proposed by CBT.



Biological inheritance affects early learning, the two contributing to the development of core beliefs (B¹). For example, being censured for failing may lead a biologically-predisposed child to develop a core belief like: 'I have to succeed at anything important that I try.'

An activating event (A) in the present – e.g. the adult fails an important examination – triggers the core belief (B¹), generating current thinking (B²) – e.g. 'I am always failing; I'll never succeed at anything worthwhile' which in turn creates emotions and behaviours (C) – in this case, low mood and inactivity.

Feedback loops operate. How people feel and behave affects their current thinking and in turn the underlying core beliefs. In our example, the person may observe their low mood and inactivity and conclude that they really are always failing.

Understanding Irrational Thinking

When a person responds to an activating event, the thinking involved operates at three levels. First, the person draws *inferences* as to what is happening. They then *evaluate* those inferences. Finally, how they infer and evaluate what is happening depends in turn upon the underlying *core beliefs* they hold. Let's say, for example, that I fail the important examination as in our example above. I *infer* that I will never succeed at anything worthwhile. That inference alone will not cause me to feel anything at all. It is only when I place an evaluation on the supposed fact that 'I will never succeed at anything worthwhile' that an emotional reaction will occur. If, for example, I evaluate never succeeding as 'no big deal', then I may be slightly disappointed. If, though, I evaluate not succeeding as 'awful' or as proving that I am 'no good' then I am more likely to become depressed rather than simply disappointed.

Inferential thinking

Inferences are the interpretations we make about reality – that is, supposedly 'factual' statements about what has happened, is happening, or might happen.

Faulty inferences represent conclusions about a situation that are drawn prematurely, without a full understanding of the situation. According to Cognitive Therapyⁱⁱ there are seven ways in which one might misinterpret events and circumstances:

- *Black and white thinking* – viewing things in extremes, with no middle ground (also known as 'all-or-nothing thinking'); e.g. 'If I don't do this perfectly it will be a total waste of time.'
- *Filtering* – seeing all that is wrong, while ignoring (filtering out) the positives; e.g. 'There are lots of failures in my life and no real successes.'

- *Over-generalising* – assuming that one event or circumstance represents the total situation; or that something is happening ‘all the time’ or will happen ‘forever’; e.g. ‘I am always failing.’
- *Mind-reading* – jumping to a conclusion, without evidence, about what other people are thinking; e.g. ‘They all think I’m stupid.’
- *Fortune-telling* – treating beliefs about the future as realities rather than just predictions; e.g. ‘I will never succeed at anything worthwhile.’
- *Emotional reasoning* – believing that because you *feel* a certain way, this is how it really *is*; e.g. ‘I know there’s no future for me – otherwise I wouldn’t be feeling this way.’
- *Personalising* – jumping to a conclusion, without evidence, that some event or circumstance is directly connected with you; e.g. ‘I’m to blame for all the problems at work.’

Faulty interpretations usually result from holding irrational rules, which we shall examine shortly.

Evaluative thinking

After making inferences about events and circumstances, we then *evaluate* those inferences. REBT theory argues that there are four main types of evaluative thinking that create emotional disturbance:

1. *Demandingness*. Demands represent absolutistic thinking – beliefs about how things ‘should’ be (‘moralising’) e.g. ‘I *should* be able to pass this examination’; and beliefs about how things ‘must’ or ‘have to’ or ‘need’ to be (‘musturbation’) e.g. ‘I *must* not fail’, ‘I *have* to succeed, ‘I *need* to feel good’, and so on. Demandingness escalates discomfort-intolerance and is a precursor to self-rating (see below).
2. *Awfulising*, Awfulising refers to the way human beings frequently exaggerate the badness of past, current, or future events and circumstances, e.g. ‘It would be *awful* if I were to fail’ (as opposed to *concerning*); or ‘It would be *catastrophic*’ (instead of *disappointing*) or ‘It would be *horrible*’ (rather than *uncomfortable*). Awfulising is a common factor in the obsessive worrying that often accompanies depression.
3. *Discomfort-intolerance*. Human beings are also prone to viewing particular experiences as ‘unbearable’ because they are perceived as involving high levels of discomfort: frustration, boredom, physical pain; or unpleasant emotions like embarrassment or sadness; for example: ‘It would be *unbearable* to fail this exam’ or ‘I *couldn’t stand* to fail’.
4. *Self-evaluation*. Rating one’s individual actions – e.g. ‘I failed this exam’ – is helpful because it leads to learning from the experience. Unfortunately, though, the common human tendency is to rate the *entire self*: e.g. ‘I failed this exam – therefore *I* am a failure’. Self-evaluation leads to:
 - *Ego-anxiety*: emotional upset resulting from anticipation of self-downing (e.g. ‘If I go to therapy I will look stupid in front of others and they will think I am a *weak person*’).
 - *Secondary problems*: downing oneself for being depressed; (‘Because I am depressed, this shows I am weak’); and avoidance (‘If I don’t sit this exam, I can avoid failing and putting myself down’).

A tendency to rate the entire ‘self’ seems to be endemic in human beingsⁱⁱⁱ. It possibly has its origins in the mists of time as a method of social control, that is, people are defined as ‘good’ or ‘bad’ etc. in order to manipulate their behaviour. We are taught to do so from our earliest years by parents, teachers and others who refer to the total person (e.g. ‘You are a good/bad/lovely/naughty child’) rather than to specific behaviours (‘That was a good/bad/lovely/naughty thing that you did’).

Demandingness is involved: for instance, the belief ‘I am a failure’ will become a major issue if you also believe that ‘I must not be a failure’ or ‘I should be a successful person’. Such shoulds and musts may actually be precursors to self-rating: for example, a person is only likely to rate their self as ‘worthless’ for failing at something if they believe that they ‘must’ always succeed

Core beliefs

How a person interprets and evaluates events and circumstances depends largely on the set of underlying rules or core beliefs (also known as schema) they hold. It is helpful to see core beliefs as coming in two types: *assumptions* and *rules*.

Assumptions are a person’s beliefs about how the world *is* – how it works, what to watch out for, etc. They reflect the ‘inferential’ type of thinking. Here are some examples:

- I can get respect from other people by always agreeing with them.
- It is easier to avoid rather than face responsibilities.
- If I worry about bad things, I can stop them happening.
- Without love, my life would have no point.
- The world is a just and fair place, so if I am treated badly it must be because I am a bad person

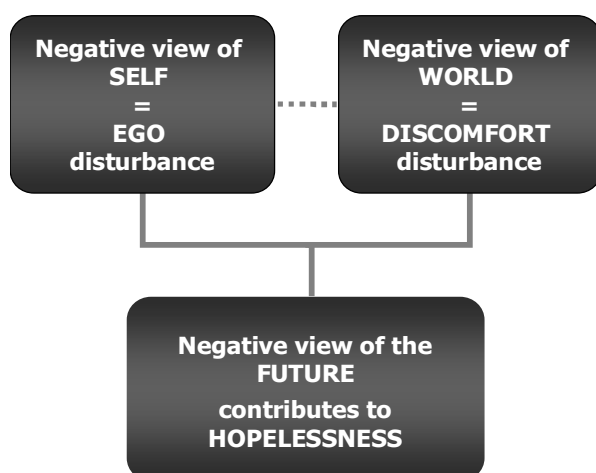
Rules. Rules are more prescriptive: they represent a person's beliefs about how the world *should* be. Irrational rules usually have a demand (should/must) component:

- 'I need to get love, respect and approval from those significant to me – and I must avoid disapproval from any source.'
- 'I must be worthwhile as a person, and to be worthwhile I must achieve, succeed at whatever I do, and make no mistakes.'
- 'I shouldn't have to feel discomfort and pain – I can't stand them and must avoid them at all costs.'
- 'I must worry about things that could be dangerous, unpleasant or frightening – otherwise they might happen.'
- The world should be a just and fair place and treat me accordingly, otherwise life would be unbearable

Most of the core beliefs in the list above are stated in general terms, so they would apply to a range of situations. Each person holds their own individualised set of beliefs. It is the core beliefs that determine how people interpret and evaluate what happens to them, so the ultimate aim of cognitive-behavioural therapy is to identify and change the underlying assumptions and rules that are dysfunctional for the person.

The Depressive Triad

Aaron Beck has argued that depression is characterised by highly negative thinking which runs in three directions. The first direction is toward oneself, and is characterised by negative self statements such as 'failing this exam shows that I am stupid and useless.' The second direction is outward at the world, characterised by negative thinking about one's immediate environment and perhaps the world at large, for example 'there is nothing good in my life.' The third direction is toward the future, characterised by negative perceptions of the prospects for change. This third direction is crucial to understanding depression, because of the hopelessness it engenders.



Beck's negative view of self corresponds to some degree with Ellis' ego disturbance, and the negative view of the world is similar to the REBT concept of discomfort disturbance. What this illustrates is that Ellis and Beck are often saying the same things, but using different language.

Note that whichever type of disturbance is predominant for a given individual, hopelessness about the future would seem to be the key factor turning ego disturbance or discomfort disturbance into clinical depression.

HELPING DEPRESSED CLIENTS

The CBT Approach to Treatment

The primary assumption of CBT treatment is that people are most likely to overcome their emotional problems by changing the beliefs that create and maintain them. (Note that while CBT proposes that human beings have a biological vulnerability to develop irrational beliefs, they are also seen as possessing an innate capacity to use reason and logic to challenge irrational thinking).

The cognitive-behavioural treatment model outlined in this article could more precisely be termed, 'cognitive-emotive-behavioural', as it addresses the three basic components of human functioning: thinking, feeling and behaving. The main aim is to help clients make lasting changes to their core beliefs that will lead to changes in the way they typically think about specific events and circumstances. This is achieved by a combination of cognitive, emotive and behavioural techniques.

Addressing all three of the key components – thoughts, feelings, and behaviours – is important, because change in one area will influence change in others.

Principles of cognitive-behavioural treatment

The basic aim of CBT is to leave clients at the completion of therapy with freedom to choose their emotions, behaviours and lifestyle (within physical, social and economic restraints, such as one's health and financial position); and with a method of self-observation and personal change that will help them maintain their gains. Ideally, the client will continue with therapy beyond the point where their depression lifts and they feel better, only terminating work with the therapist when they have gained the skills to avoid becoming clinically depressed in the future. In an era when people want quick and easy solutions and helping agencies are underfunded, this requires therapists with higher levels of skill than in the past.

Not all unpleasant emotions are seen as dysfunctional. Nor are all pleasant emotions functional. CBT aims not at 'positive thinking'; but rather at realistic thoughts, emotions, and behaviours that are in proportion to the events and circumstances an individual experiences. Treating depression will often involve helping clients increase their tolerance for negative emotions rather than avoid them.

There is no 'one way' to practice CBT. It is 'selectively eclectic'. Though there is a 'tried and true' procedure for helping depressed clients, which will be introduced in this article, practitioners can vary the approach to suit each client and use their imagination to develop ways to capture and maintain the client's interest and encourage their enthusiasm to learn to use CBT on themselves.

The relationship between therapist and client is seen as important, the therapist being encouraged to show empathy, unconditional acceptance, and encouragement toward the client. In CBT, the relationship exists to *facilitate* therapeutic work – rather than being the therapy itself. The therapist is careful to avoid activities that create dependency or strengthen any 'needs' for approval.

CBT is brief and time-limited. In the case of depression, it commonly involves 10 and 20 sessions which may be carried out over 3 to 9 months. The pace of therapy is brisk. A minimum of time is spent on acquiring background and historical information just what is necessary for effective treatment. It is task-oriented and focuses on problem-solving in the present.

Finally, the emphasis is on profound and lasting change in the underlying belief system of the client, rather than simply eliminating symptoms. The client is left with self-help techniques that enable coping in the long-term future.

THE PROCESS OF TREATMENT

Working with depressed clients usually involves steps like the following:

1. In the beginning:
 - Develop the therapeutic relationship, instil hope, encourage motivation
 - Introduce the treatment rationale
 - Carry out assessment and set goals

2. Help the client get into action with graded tasks
3. Introduce cognitive strategies as soon as the client is ready
4. Address underlying problems (assuming the client stays in therapy for long enough).

In most cognitive-behavioural interventions, the client is taught some cognitive strategies as a prelude to engaging in behavioural work. With depression, the sequence is the other way around. Because depressed clients are often not able to utilise cognitive strategies due to poor short-term memory and concentration, it is necessary to help them get moving physically, mentally and socially in order to raise their mood and cognitive functioning.

Getting started

Begin assessment

Depression is most commonly assessed via questioning of the client or through the use of standardised questionnaires, such as the *Beck Depression Inventory* or the *Zung Self Rating Depression Scale*.

It is not necessary to know everything about the client before commencing treatment. Assessment in cognitive behaviour therapy is 'dynamic' in that it continues throughout the treatment process. At the first interview, the main focus needs to be on developing hope and demonstrating to the client that therapy has something to offer them. Accordingly, the initial assessment would normally focus on:

- Severity of the depression (see checklist on page 13)
 - How intense and pervasive is the depressed mood?
 - How reactive to external events?
 - How is the client currently coping with activities of daily living?
 - Ability to retain information, etc.
 - Is hospitalisation or a day programme needed?
 - Is medication required?
- Depressive cognitions
 - Hopelessness
 - Negative expectations of therapy (and any secondary emotional disturbance)
 - Thoughts about the future, especially about the prospect of getting better (or not)
- Current life problems
 - Anything critical/urgent?
- Development of the depression
- The client's situation, including the availability of support
- Suicidal thinking (see checklist on page **Error! Bookmark not defined.**).

Give the client some hope

As mentioned earlier, depressed people frequently have a negative view of the future. Helping them develop hope is there for essential at the beginning of therapy. Depression is probably the most treatable of all the mental disorders and most sufferers can expect a full recovery. Simply explaining that the client can be very helpful in itself. Even preparing a list of the client's problems can help by showing how what may seem to be an overwhelming situation can be broken down into a number of specific problems which can be tackled one by one.

Increase motivation

Another problem common to most depressed people is poor motivation. Common strategies to help increase the client's motivations include:

- *Frequent contact with the client*: once or twice weekly for the first 3-4 weeks, progressively extending the gap. If the client is very depressed, consider 20-minute daily sessions (possibly via phone)
- *Identify and address demotivating thoughts*: watch for any thinking like: 'I can't do it unless I feel like it'. Show the client that they are already doing things they don't feel like doing and explain that getting active is essential to their recovery.
- *Introduce the Daily Mood Diary*: recording their moods is usually one of the earliest tasks the client will be asked to carry out. Very depressed people usually have difficulty recalling changes in their mood, and at the next interview will report that there has been no change even though others around them can see improvement. Recording their moods each day helps the client make more objective evaluations of their mood and how it is progressing over time. There is an example of a mood diary on page 14. The client usually completes the diary for each day in the evening. It is important they do so on a daily basis, while their recall is still reasonably accurate.

- *Be prepared to be more directive* – with many depressed clients, sometimes it will be necessary to simply say to the client that you expect them to carry out key homework assignments (especially when these are designed to increase activity levels and return to a more healthy eating pattern) and that you will ask them to report at the next interview on the activities they have carried out. Such directive nurse can be phased out as the client becomes more self-motivated.

Help the client increase their activity level

Depressed people typically do not feel like carrying out tasks important to their recovery such as physical activity, eating, and initiating social contact. They will often complain, when requested to engage in such activities, that they do not feel like doing them. It may be helpful to explain to the client that the feeling that will follow the doing, where as if they wait for the feeling, they may be waiting for a long time.

Activity planning is a key procedure for raising motivation and helping the client overcome the inactivity that characterises most depressed episodes. The *Daily Activity Plan* (see page 15) is a form that can be used to facilitate this. Each evening the client plans the next day's activities. After they carry out each activity, the client records scores for the level of enjoyment and sense of achievement they gained from that activity. The procedure helps the client both increase their activity level and see that they are gaining some enjoyment and satisfaction from life. It is quite common to have the client use the form as a kind of diary (for about a week) to record how they currently fill their days before using it to actually plan their use of time.

Introduce cognitive strategies

As soon as the client's mood begins to lift and their concentration and short-term memory improves, begin to help them identify and change the dysfunctional thinking that caused and is maintaining their depression.

Thought-recording is a useful tool to facilitate cognitive change (see page 16 for a typical form the client can use to identify and change their depressive thinking, and page 15 to view an example of a completed record. To complete an entry, the client first records the activating event, their emotional reaction and their intensity, then the thoughts that led from the trigger to the reaction. They then dispute the old thoughts and substitute rational alternatives, after which they re-rate the original emotions and record the new intensity.

The *Thought Record* allows for a less in-depth analysis than the Rational Analysis form, but is easier to complete and thus more appropriate for many clients while they are still depressed.

While the full range of CBT techniques is just as relevant to treating depression as with any other problem, some strategies that are especially relevant include:

- The *Double-Standard technique* – an effective way to deal with the common tendency of depressed people to apply to themselves a different standard to what they would apply to others.
- The *'Big I – Little I' technique*, designed to help clients develop self-acceptance, can help combat the tendency of most depressed people to escalate self-criticism into global self-downing.
- The *Catastrophe Scale*, used with sensitivity, can help clients get negative experiences into perspective.

It is worth noting that some recent research has shown that CBT therapists are tending to delay the introduction of cognitive strategies more than is needed with many depressed clients, and suggests that greater benefit— can be gained by introducing cognitive work earlier^{iv}

Homework

Homework needs to take into account the client's current cognitive functioning. In the early stages of therapy, homework will usually emphasise activation as described above. As soon as the client is able to manage more 'cognitive' activities commonly-used assignments include:

- *Listening at home to recordings of the sessions* with the therapist is particularly relevant, given the difficulty of most depressed clients to concentrate and recall the content of an interview. Often, clients will have a mobile phone that is capable recording a full interview.
- *Reading assignments* are best kept to one or a few pages in the early stages.

Take extra care to ensure that homework assignments are *specific*, with instruction that state:

- Exactly what the client is to do
- How often each assignment will be carried out

Don't forget to check for possible *blocks* to carrying out each item of homework before the client leaves the session. Be aware that depressed clients will often say that they do not feel motivated to carry out homework. See the section on motivation (page 9) for some strategies to deal with such resistance.

At the next session, be sure to check how the homework went, and spend as much time as required to discuss the results and issues that arose for the client. See non-completion of homework as a subject for therapy. – Help the client analyse the reasons, for example using the ABC analysis model. Common reasons include:

- the home work was prescribed rather than negotiated
- instructions were vague
- client was uncertain about relevance
- blocks to completion were not identified and worked through at the previous session

Address underlying causative factors

When the client's mood and cognitive functioning has sufficiently improved they will be able to begin work on the underlying factors which triggered their depression and would keep them at risk of relapse if they were not dealt with. The range of such factors as potentially huge, but following is a list of the more common ones associated with depression:

- Dealing with substance abuse
- Reducing perfectionism
- Replacing self-rating with self-acceptance
- Building assertiveness
- Increasing problem-solving skills
- Developing stress-management skills
- Changing or improving unwanted circumstances
- Resolving relationship difficulties
- Sorting out employment and or financial concerns.

Process: The End of therapy

As the client's mood and functioning improves, gradually extend the time between interviews. This is usually much more effective, in terms of helping clients maintain their gains in the long term, than seeing them once a week for the whole duration of therapy then cutting contact completely.

Before finishing work with a client, evaluate the depth of their improvement: is this young man feeling better because he has really learned how to deal with his depressive self-talk – or is he just experiencing a temporary lift in his mood because he has a new girlfriend?

Prepare the client for possible relapse: discuss the issue of cure vs. management. Encourage clients to return for 'booster' sessions. Consider long term follow-up for some.

How long does it take?

CBT interventions for depression can involve as little as one therapy session though to twenty or more, but ten to fifteen sessions over three to six months would be most common. Depending on the client's needs, you might begin with twice-weekly contacts, gradually moving to weekly, then fortnightly, monthly and so on, with the last few sessions three to four months apart. The length of therapy depends on:

- how well the client coped with life before they became depressed;
- the duration of the current episode of depression;
- the clients current level of functioning with activities of daily living;
- the severity of the current depression;
- the extent and type of any previous therapy received by the client.

A final note ...

When people get depressed, their thinking is usually influenced by the negative filter described earlier. It is easy for the therapist new to working with depressed clients to get sucked in to their negativity and view of their situation as hopeless. It is helpful for the therapist to bear in mind (and, usually, to pass this on to the client) that depression, of all the mental disorders, is usually regarded as being the most treatable.

FORMS & CLIENT HANDOUTS

The following pages contain the forms referred to in this article, along with some handouts which you can give to your clients to help increase their understanding of depression and how they can overcome it. As a practitioner, you may freely copy all items and pass them on to others, as appropriate, for therapeutic, self-help or training purposes, as long as they are printed in full (including any copyright notices).

The handouts are formatted for double-sided printing, but can be printed single-sided if necessary.

Depression / Self-harm Assessment Checklists

	DEPRESSION			SUICIDE RISK
	MODERATE	SEVERE	EXTREME	GENERAL RISK SCREENING
<i>Depressed mood</i>	gloomy, sad	weepy, heavy	deep despair	<ul style="list-style-type: none"> • Male • Maori • High expectations of self • Chronic physical health problem / pain / disability • Substance abuse / addiction (self or family) • History of psychiatric problems (self or family) • Current depression • Family history of suicide • Previous suicide attempts • Focus on themes of death • Suppressing emotions • Negative view of life/future • Social isolation • Poor family support • In abusive relationship • Sudden loss (relationship, redundancy, bereaved, etc.) • Anniversary/reminder of loss • Significant life changes • Intoxication • <i>for adolescents:</i> family breakup, conflict; parents seen as hostile, indifferent, having extremely high expectations or highly controlling; poor communication skills, peer relationships, school achievement; antisocial behaviour; sexual or physical abuse; recent suicide by friend or relative. <p style="text-align: center;">CURRENT RISK ASSESSMENT</p> <ul style="list-style-type: none"> • Thinking of suicide now? • How lethal is the proposed method? (Higher- firearms, hanging, gassing, cutting wrists, pills -Lower) • Any preparations? (giving away valued possessions, making a will, etc.) • What situations trigger suicidal ideation? • What positives/options seen in self or circumstances?
<i>Loss of interest</i>	neglects usual interests	doing little, productivity down	rejects any enjoyment or satisfaction	
<i>Social withdrawal</i>	neglects friends and social activities	actively avoids social contact	not responding to environment	
<i>Hopelessness</i>	wonders if improvement possible	highly pessimistic about the future	sees no future for self, world, etc.	
<i>Suicidal thoughts</i>	Wonders if life is worth living	considers ending life	plans or attempts suicide	
<i>Sleep problems</i>	hard to fall asleep, restless, wakes	wakes early AM, can't get back to sleep		
<i>Reduced activity level</i>	slow thought, speech, activity; lacks energy	apathy	complete stupor	
<i>Appetite changes</i>	appetite reduced – or overeating	weight loss	major weight loss, or stops eating	
<i>Physical symptoms</i>	wind, indigestion, constipation, feeling of heaviness	cardiovascular, palpitations, respiratory, pains, headaches		
<i>Sexual / Genital</i>	loss of interest in sex	menstrual disturbance, erectile failure		
<i>Diurnal variation</i>	mood same through the day, but each day may be different	mood varies through the day, same pattern every day		
<i>Reduced cognitive functioning</i>	hard to read, follow TV programme, etc	gives up because of poor concentration	disordered thinking, depersonalisation, derealisation	
<i>Health concerns</i>	worries about health	preoccupied with health	hypochondriacal delusions	
<i>Guilt</i>	self-reproach	sees depression as a punishment	delusions of guilt	
<i>Anxiety</i>	restless, tense, irritable	apprehensive, fears, worries over trivia	highly agitated	
<i>Suspiciousness</i>	suspicious of others and their motives	ideas of reference	delusions of reference or persecution	

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DAILY MOOD DIARY

Rate your moods using this scale:

Extremely depressed	Fairly depressed	Spirits low	A little low	Feeling OK	Feeling good	Feeling very good	A little elated	Highly elated	Complete elation
1	2	3	4	5	6	7	8	9	10

Day	I felt worst:		I felt best:		OVERALL MOOD MOST OF DAY (circle appropriate number)	COMMENTS
	Time	Mood	Time	Mood		

Week beginning ___ / ___ / 20__						
Mon					1 2 3 4 5 6 7 8 9 10	
Tue					1 2 3 4 5 6 7 8 9 10	
Wed					1 2 3 4 5 6 7 8 9 10	
Thu					1 2 3 4 5 6 7 8 9 10	
Fri					1 2 3 4 5 6 7 8 9 10	
Sat					1 2 3 4 5 6 7 8 9 10	
Sun					1 2 3 4 5 6 7 8 9 10	

Week beginning ___ / ___ / 20__						
Mon					1 2 3 4 5 6 7 8 9 10	
Tue					1 2 3 4 5 6 7 8 9 10	
Wed					1 2 3 4 5 6 7 8 9 10	
Thu					1 2 3 4 5 6 7 8 9 10	
Fri					1 2 3 4 5 6 7 8 9 10	
Sat					1 2 3 4 5 6 7 8 9 10	
Sun					1 2 3 4 5 6 7 8 9 10	

Week beginning ___ / ___ / 20__						
Mon					1 2 3 4 5 6 7 8 9 10	
Tue					1 2 3 4 5 6 7 8 9 10	
Wed					1 2 3 4 5 6 7 8 9 10	
Thu					1 2 3 4 5 6 7 8 9 10	
Fri					1 2 3 4 5 6 7 8 9 10	
Sat					1 2 3 4 5 6 7 8 9 10	
Sun					1 2 3 4 5 6 7 8 9 10	

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DAILY ACTIVITY PLAN / RECORD

Month: Date: ▼ **INSTRUCTIONS:** Record your main activities for each segment of time. After completion, rate each item according to *Enjoyment* (how pleasant you found it) and *Achievement* (how well you think you did it). Rate from 1-10 (10 being the most enjoyment or achievement) in the E & A columns.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	E	A	E	A	E	A	E	A	E	A	E	A	E	A
8-9 AM														
9-10														
10-11														
11-12														
12-1 PM														
1-2														
2-3														
3-4														
4-5														
5-6														
6-7														
7-8														
8-9														
9-12														

THOUGHT RECORD

A Activating event / Situation	B Beliefs / Thoughts	C Consequence (Emotion 1-10)	D Disputation / Rational response	E New Effect (Emotion 1-10)

Thought Record

A Activating Event/ Situation	B Beliefs / Thoughts	C Consequence (Emotion 1-10)	D Disputation/ Rational response	E	New Effect (Emotion 1-10)
Forgot to collect daughter	I'm a useless mother. I'll never come right.	Guilty 8/10 Anxious 6/10	I'm not a useless mother - I'm just forgetful because of the depression. It's taking time, but I am getting better		Guilty 1/10 Anxious 3/10
Husband forgot my birthday	He doesn't love me. No-one loves me.	Hurt 6/10	He's a man! This is just the depression talking - everyone loves me just as much as ever.		Hurt 1/10

NOTES

ⁱ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

ⁱⁱ See, for example: Burns, David D. (1980). *Feeling Good: The new mood therapy*. New York: Signet.

ⁱⁱⁱ A more detailed discussion of self-evaluation and its origins is to be found in Froggatt, 1993.

^{iv} Ohio State University. (2010, May 14). Changing thoughts key to battling even severe depression. *ScienceDaily*. Retrieved March 23, 2015 from www.sciencedaily.com/releases/2010/05/100512125257.htm

Climbing out of the black hole: No More Depression

By Wayne Froggatt

(This version 14 Feb 2015)

Negative feelings are a part of real life. They are not always a bad thing — sometimes they can even help. Feeling unhappy about something can push you into changing it, or grieving can help you overcome a loss. But unhappiness can turn into misery and despair, extreme feelings that stick around. Far from motivating, they make it hard to cope with everyday life.

This was Robyn's experience. She reached a stage where she didn't even want to get up in the morning. She felt tired and lethargic all day. She went through the motions of looking after things at home, but her heart wasn't in it. She neglected her appearance and avoided her friends. She stopped doing most of the things she used to enjoy. Her polytechnic classes suffered. Though she had been keen to get trained in data processing, she now thought of giving it all up.

What is depression?

We are not talking about ordinary sadness here: Robyn's problem was more than just a passing downer. Unfortunately, something like it will affect most people at some time in their lives. Because depression is so widespread, it is called 'the common cold of psychiatry'. But what a cold:

You feel low in your spirits — sad, gloomy, pessimistic, dejected, discouraged, heavy.

You lose interest in things you used to enjoy. You neglect your friends and avoid social activities.

It's hard to do things. You are less able to concentrate, so you find it hard to read, follow a TV programme or conduct a conversation. Your thinking, speech and actions slow down. You lack vitality and feel tired all day.

Your appetite and sleeping patterns change. You either go off your food and possibly lose weight, or you go the opposite way and over-eat. You have trouble getting to sleep, or you

wake early in the morning and can't get off to sleep again.

You feel bad about yourself. You might feel *guilty*, seeing yourself as unworthy, useless and a burden to others, and blaming yourself for all sorts of things both past and present. Or you *pity yourself*, blaming the world for treating you badly and thinking that others dislike you and are pleasant only out of pity.

You worry about all sorts of things, often quite trivial. Perhaps you fret about your health, fearing that various things are wrong with you. Or you feel restless and apprehensive, sometimes without knowing what you are afraid of.

Things seem hopeless. You wonder whether improvement is possible and feel negative about the future. You might think that life isn't worth living, and perhaps even consider ending it all.

One individual won't have all these symptoms at the same time, and the mix will vary from person to person. Whereas Robyn felt lethargic, guilty and self-blaming, Paul was restless and apprehensive. He woke in the early hours of the morning. His mind was so active he couldn't get back to sleep. He felt uptight, pitied himself and blamed the world for his problems.

Depression is the result of a vicious circle. It can be triggered by a major event — a bereavement, for instance — or by a series of minor events which add up. Biochemical changes can also be involved: insufficient sleep, poor diet, hormonal activity, lack of exercise, and chemicals such as alcohol and other drugs can lead to a drop in your mood.

Whatever the initial trigger, you begin to feel a bit low. Because of this, you slow down and become less active. So far there's nothing abnormal, but if you interpret your reduced activity as meaning there is something very wrong with you, the vicious circle may begin. You expect less of yourself, so you do less. Then you expect less still. You come to believe that you

aren't capable of much, so you try less and less, then give up altogether. Because you see no point in trying, the future seems hopeless.

You can learn how to break the vicious circle. Rational Self-Analysis is ideal for disputing and changing the beliefs that cause and maintain depression.

When to do a self-analysis

Do an analysis when you feel depressed and can't seem to throw it off. With a more advanced depression, you may feel bad most of the time and find it hard to pick out specific events you are reacting to. Once you start to examine your moods, though, you will find there are variations. Often these result from what you tell yourself about *internal* events — feeling low when you get up, feeling tired, lacking energy and the like.

At first, Paul found it hard to accept he was reacting to anything in particular, but he soon realised that waking in the early hours was an 'activating event'. He would immediately tell himself something like, 'Oh no, it's only 3 o'clock. I'm wide awake, I'll never get back to sleep, and I'll have an awful day.' By doing a self-analysis when he woke up, he was able to confront and reduce the awfulising which caused him to feel worse than he needed to.

Uncovering depressive thinking

The beliefs which cause depression typically have a very negative slant. You may direct this negativism in three ways: toward yourself, toward the world and toward the future.

Thoughts about yourself

Depressed people tend to ignore their achievements and positive points and inflate their failures (*filtering*). They often *personalise* — unduly blame themselves for things that have gone wrong. Are you jumping to the conclusion that someone is unhappy, sick or having problems because of you? Or that you could have kept certain things from happening even though they were not under your control?

Underneath these misinterpretations will be *demands* directed at yourself — for example, 'I should be a better person than I am' or, 'I should have been able to do things differently.' These ideas, which are responsible for feelings of guilt, reflect rules like:

- 'To be happy, I must be able to see myself as a worthy human being.'

- 'To see myself as worthy, I must achieve at important things and be successful with my life.'

Does thinking you don't match up lead you to adopt labels such as 'worthless', 'failure', 'bad person' or 'inadequate'? Do you see yourself as incapable of handling everyday life, or of helping yourself get better? Do you think that you got depressed in the first place because you are physically, mentally or morally lacking? Do you believe that you are 'undeserving' and therefore not entitled to pleasurable things and experiences? Or that you should atone for your acts or inadequacies by punishing yourself?

Thoughts about the world

Depressed people also tend to direct filtering outwards, ignoring positives and seeing only the negative things about their environment. Are you telling yourself that the world does nothing but block you from your goals and deprive you of what you want? Are you *mind-reading* — seeing other people as consciously frustrating, punishing, rejecting and putting you down?

Underlying these misinterpretations will be demands directed at the world: 'People should treat me better than they do', 'I shouldn't have to put up with this' and so on. Ideas such as these will lead to self-pity. They imply rules like:

- 'I need love and approval from others.'
- 'The world should be a just and fair place.'
- 'I must always be happy and never have to experience bad feelings.'
- 'People should treat me right and never deprive me of what I need to be happy — love, recognition, emotional and physical comfort [and so on].'

Misinterpretations will also trigger *catastrophising*: 'It's terrible when I can't get the things I need to be happy'; 'I *can't bear* the way things are/how the world treats me/being frustrated/feeling so unhappy.'

Thoughts about the future

A feature of almost all depressions is *fortune-telling* — negative thinking about the future. You expect unpleasant events to happen and assume that you can do little or nothing about them. You predict that your circumstances and your bad feelings will be like this for ever — in other words, that it's hopeless.

To sum up, if you are depressed, you are most likely viewing yourself as a loser. You can express this negative bias in two ways. You might (like Robyn) blame your *self* and feel

guilt — which results from self-rating and internally aimed demands. Alternatively, you might (as Paul did) aim your demands outward and blame the *world* — and then *pity yourself* for the way it treats you. Whether you emphasise guilt or pity, common to both is a view of the future as hopeless and of yourself as powerless to do anything about it.

When looking for the thoughts which are causing your depression, it is important to note the key role that rating — especially demanding — plays. Viewing yourself as having negative tendencies or characteristics will not by itself make you depressed: this comes from believing that you *should not* be as you are, and that you are a *bad* or *defective* person. In the same way, seeing the world and other people as treating you badly will only cause you significant harm if you also tell yourself that things should be better than they are and that it is *awful* when they are not. Likewise, predicting negative happenings in the future will turn concern into depression if you also believe that bad things should or must not happen and that you *cannot stand it* when they do.

Disputing depressive beliefs

How do you get yourself out of the black hole? By learning to view yourself, the world and the future in more realistic terms.

Start by recognising that the world is a mixture of positives and negatives. Here is an exercise to do right now. Take ten minutes to list the things that are going well for you. Don't overlook the small or obvious things, the ones you usually take for granted. You will soon discover there are positives — it's just that you have stopped seeing them.

Don't deny the negatives — they are a part of real life — but observe that everyone has obstacles to contend with. Some you can influence, some you cannot; but you can always choose the extent to which you dwell on them. Check whether you are inflating yours. Are other people really treating you as badly as you think? Are your failures actually as significant as you imagine? Are your achievements of no account at all?

Get the future into perspective, too. When depressed, people tend to think they can predict what is going to happen for the rest of their lives; but such fortune-telling amounts to magical thinking. Who knows what the future holds? It is important to acknowledge any real problems you have, but where is the evidence that you will *never* be able to do anything about them?

'Time projection' will help you combat fortune-telling. Use it when you are facing loss, sadness or some other current distress. Imagine yourself going forward in time. First a week, then a month, then six months, a year, two years, and so on. Consider how things will be for you at each of these points in time. Remind yourself that life will go on, even if you have to make some changes to be happy.

This worked for Geoff. His wife had recently left their three-year-old marriage. He imagined himself in a week's time, probably still feeling down. He saw himself a month later, still upset but beginning to accept his marriage was over, and in six months' time, still grieving but getting on with life. After a year, he would be into a new lifestyle; then, after two years, laughing at himself for ever thinking he would never be happy again.

Question the idea that you have no control. Depressed people often feel a lack of power. They tend to regard external events and circumstances, such as a loss, rejection or failure, as the cause of their bad feelings. But the theory that external events cause depression is incomplete. It doesn't explain why two people facing the same event can react in quite different ways. What to one is a crushing blow may be a temporary setback or even a challenge to another.

Events and circumstances are important, insofar as they trigger thoughts. In the end, though, it is thoughts which cause depression. You can learn to control your thoughts, whether or not you are able to change what triggers them, so don't make a trap for yourself by thinking that external forces determine how you feel.

So far we have looked at how you can deal with misinterpretations about your present and future circumstances, but these aren't the primary cause of depressed feelings. In any case, some of your thoughts about what is happening may turn out to be correct. It is important, therefore, to get beneath your interpretations and look at how you are *rating* things — that is, find out what they *mean* to you.

Let us start with those ever-present demands. You probably want the world to be a fair place. So do I. No doubt we would both like always to get the things we want, and hardly ever get what we don't want.

What is the reality, though? In many respects, the world is an unfair place. We don't always get what we want, and sometimes we get what we don't want. This doesn't mean that our desires are irrational. It makes sense to organise our lives as far as we can to get what

we want and avoid what we don't. If we keep these things as wishes, desires or preferences, then we will only be disappointed or sad when they don't happen. Unfortunately, though, we often go beyond wanting. We tell ourselves we *must* have what we want, or the world *should* be as we wish. Consequently, disappointment becomes despondency and sadness turns into hopelessness. By demanding that reality not exist, we set ourselves up to be disillusioned by that reality. And for nothing. Because while there are many things we might want, there are few things that we absolutely need. Success, love, recognition — our lives will be better if we have them, but we can survive without.

If you want to stop turning disappointment into depression, *learn to accept reality*. This doesn't mean that you have to agree with it. To accept something is to see it as it really is and acknowledge there is no Law of the Universe which says that it should be different. You can still dislike it, and you can seek to change it. Just avoid turning your want into a demand and then disabling yourself with self-pity or anger. You don't have to throw all your values away. Just turn them from demands into preferences. You will find some detailed guidance on how to do this in Chapters 6 and 11.¹

What about your self-rating? It is helpful to view your abilities and strengths realistically, but make sure you see your positives as well as your drawbacks. Stop for a moment and think, 'What are three things about myself that are OK?' Don't give up because this seems hard to answer at first — people are more used to criticising than praising themselves.

More importantly, you can admit your failings while still accepting yourself as a person. Instead of rating yourself, rate your behaviour. Often there is little wrong with how we would like ourselves to be. It only becomes a problem when we believe that because we want to be a certain way, we *must* be that way. This is grandiose thinking: 'Because it is possible to be kind/loving/hard-working/achieving/etc., I *should* be.' It denies the reality that you are a fallible human being. Concede that there are *specific things* you would like to change, but accept your total *self*. If you are feeling bad because of things you have done or because of what you think you are, Chapters 7 and 11 will have some helpful advice for you.

Finally, accept that sadness is a normal part of life. Challenge the notion that you must avoid

all negative feelings. To demand that you always be happy is, again, to deny reality. It makes bad feelings worse than they need to be — another example of how demands can bring on the very problem you may be trying to avoid! Remind yourself that unhappiness is unpleasant, but not awful — and that you can therefore stand it. Sadness is a rational response to unwanted circumstances. Depression is not.

Getting into action

When you feel low, get moving. Mow the lawns, go for a walk, visit a friend. Getting active will benefit you in several ways. Physical activity will give your mood a boost. Carrying out tasks will help you see you are not helpless or hopeless. Mixing with other people will give you feedback to challenge any idea that you are not an acceptable member of the human race.

When you are depressed, of course, getting into action will seem hard. You probably won't *feel* like doing things. You may also see yourself as inadequate, incompetent and unable to achieve much. The solution? Start doing things *before* you feel like it. The biggest block you will need to overcome is the belief that you cannot do anything until you 'want' to. This is a fallacy. You can do something by deciding to — then putting one foot in front of the other and carrying it out.

The five-step plan

Let us see how you can put this into practice. The following is a step-by-step plan which will help you get underway when you just cannot seem to motivate yourself:

1. *Schedule activities each day.* Each morning (or the night before) list things to be done that day. To avoid setting yourself up for failure, don't record more items than you can reasonably expect to complete. Include only easily achievable ones, and keep the list small.

The first list Robyn made had too many items:

- a. Go to supermarket.
- b. Make Sarah's new dress.
- c. Do polytech assignment.
- d. Clean car.
- e. Write four letters.
- f. Arrange quotes for new drains.
- g. Prepare dining room for repainting.

She realised that she couldn't do all this in one day, and that expecting to only made her feel worse; so she deleted everything except going to the supermarket and starting her assignment.

¹ All references to 'Chapter(s)' in this article refer to the book *Choose to be Happy* on which the article is based (details at the end).

2. *Divide larger tasks into smaller sub-tasks that are easier to manage.* ‘Doing the housework’, for example, can be broken down into vacuuming one day, dusting the next, and so on. Look ahead only one step at a time—this will stop you feeling overwhelmed.

Robyn split the task of starting her assignment into four small steps:

- a. Ring tutor and ask for extra time.
- b. Read project summary.
- c. Get together reading matter.
- d. Divide it into portions to deal with over each of the next five days.

3. *Grade your sub-tasks according to order of difficulty.* Give each item a ‘difficulty score’ — 1 for the easiest, 10 for the hardest. Making a shopping list, for example, might be a 3, with going to the supermarket an 8. As far as possible, start with the easier ones.

Robyn decided that reading the project summary would be easiest. Next would be getting together the reading material. She thought that once she had done that, she would then feel better about asking the tutor for extra time.

4. *Treat yourself to luxuries whenever possible.* Make sure your list includes things that could be enjoyable, even if you think you don’t ‘deserve’ them. Eat something pleasant, read a book, go to the movies, take a walk or a jog, have a break from the kids, go to a restaurant for your lunch break. Remember: this applies whether or not your work is up to date (how many people ever have things up to date anyway?).

Robyn realised that telling herself she was unworthy made her more depressed. She decided to refute this by giving herself a treat. She wrote on her list to buy a novel, and noted on the next day’s list to spend an hour reading it.

5. *Check off items as you complete them.* Depressed people tend to ignore their achievements. Ticking completed items will show you that things are happening (even if more slowly than you would like). Record also any other things you did which gave you pleasure or a sense of achievement.

That’s the five-step plan. Keep in mind that *what* you do isn’t so important. Simply getting into gear, even with minor activities, will help give your mood a lift. Once you are under way, it will become easier to carry on.

Remember, too, that the idea is to get moving rather than ‘succeed’. Watch for and dispute any notions that you ‘should’ be doing certain things, or that you have to do anything to a high standard. Don’t worry about ‘getting it right’ — just do it.

Activity suggestions

Almost any activity will help lift depression. Here are some of the more useful ones:

1. *Physical activities* Exercising, jogging, walking, cycling, tramping or anything that gets your body moving will help your mood. Sports such as tennis or golf will give you a double benefit by getting you involved with other people. Joining an exercise club or aerobics class is another popular way to mix fitness with social contact. Tramping with an organisation such as the New Zealand Forest and Bird Protection Society will get you into new surroundings and among new friends.
2. *Mixing with other people* Even if you don’t feel like it, go to social functions, call a friend for a chat, arrange to meet someone, talk to a neighbour, spend coffee breaks with co-workers, or take any other chance to spend time around people. You may find it hard to communicate, but making yourself mix with others will help pull you out of your self-absorption. Why not make a list of all the people you have stopped seeing and start with them?
3. *Pleasurable activities* Ensure that each daily list includes some things which would normally give you pleasure. You may doubt that you would enjoy them right now, but they will help challenge the belief that you are ‘undeserving’, and enjoyment will gradually return. Again, start by making a list of the things you used to do. Everyone has their own ideas about what gives pleasure — here are some of the more common:
 - reading, playing music
 - camping, going to the beach
 - boating, tramping
 - hunting, fishing
 - exploring
 - playing board games
 - partying, having a barbeque
 - helping someone, doing favours,
 - giving gifts
 - doing voluntary work
 - tracing your genealogy
 - gardening, do-it-yourself activities
 - pottering around
 - cooking
 - knitting, craftwork
 - doing outdoor work
 - doing up the car
 - making things, sewing
 - doing art work

- going to a night-school class
- shopping, buying a Lottery ticket
- buying new clothes
- going to the hairdresser
- going to church
- going to a concert
- taking a bath
- having sex
- writing poetry
- eating out, visiting
- being with friends
- meeting people
- travelling
- writing letters
- driving, swimming
- going to the movies
- watching sport
- listening to music
- dancing

Depression is a way of thinking

Compare the basic irrational beliefs most likely to create depression with the rational alternatives

Depression-causing beliefs

Realistic alternatives

I need love and approval (and must avoid disapproval) before I can accept myself and be happy.

Love and approval are good to have, but they're not dire *necessities*. There'll always be times when they're not forthcoming, so I'd better learn how to accept myself independently of what others think.

To be worthwhile, I must achieve and succeed at whatever I do.

It's OK to strive for excellence, but it's not realistic to *demand* it. I'll only put myself down and avoid doing anything. Best I learn to accept myself irrespective of my 'performance'.

I should always act correctly, because when I don't it proves how useless and unworthy I am.

No human is perfect. By thinking that I should never put a foot wrong, I am trying to make myself out to be a supernatural entity.

I deserve to be depressed because of the type of person I am.

Who says I 'deserve' to be punished with unhappiness? Better that I learn from my errors, without moralistic blaming, and then get on with life.

The world (and the people in it), must treat me correctly and justly. Otherwise life will be intolerable.

I'd *prefer* things to be the way I want, but there's no reason they *should* be. If I stopped demanding, I could be simply disappointed with reality instead of seeing it as something I can't stand.

I can't do things unless I want to or feel like doing them.

This is a fallacy. People do things they don't feel like doing all the time. If I got myself moving, the activity would give my mood a lift.

I'm unhappy because of things which are outside my control, so there's nothing I can do to help myself feel better.

It's true that many things are outside my control. But external events and circumstances don't cause internal feelings, my thoughts do — and I can learn to control them.

Overcoming blocks

Getting free of depression is almost certainly within your power. The biggest hurdle will be lack of motivation. You are not going to want to do things until you are feeling better; but you are not going to feel better until you have

started doing things. The answer to this paradox is very simple — so simple that people overlook it all the time. Just do it anyway. Doing things before you feel like it will slowly lift your mood. Soon you will begin to enjoy what you are doing, and your motivation will return.

You can help yourself get moving by using the five-step plan. You could also make simple contracts with someone else that you will carry out tasks within set time limits. If you need outside help, see Chapter 19 for advice.

Prevent depression from coming back

Even when you are feeling better, the underlying beliefs that cause your depressions will still be there. Events or circumstances are likely to trigger them from time to time. When you feel better, therefore, don't stop working on yourself. Here are some preventive strategies:

- *Keep using Rational Self-Analysis.* Keep doing analyses whenever you find yourself overreacting with bad feelings. You might need to chip away for years at some irrational rules, but as time goes on they will affect you less.
- *Re-educate yourself.* Other chapters which cover the problems that contribute to depression: 6 (demanding), 7 (self-rating), 11 (guilt), 14 (handling disapproval), 16 (perfectionism), and 19 (overcoming blocks) would be especially worth studying.
- *Improve on any personal characteristics or problems that can lead to depression.* If you find it hard to handle criticism or ask

for what you want, learn to assert yourself. If you feel awkward in social situations, do a social skills training course. Learn how to solve problems — read Chapter 18, for example. Do you think that you lack other basic skills, such as reading, running a household, time-management or driving? Consider going to a training course or teaching yourself with books. If you have trouble handling alcohol or drugs, get professional help. Seek advice on persisting physical health problems.

- *Do something about circumstances you dislike.* Is your marriage unhappy? Maybe it is time to look at some changes. If your children's behaviour is a problem, learn some child-management strategies or join a parent's support group. Are you bored at work or feeling a lack of direction with your career? Set some goals for the future, then look at a change of job or training for the type of work you would prefer.

Some things you won't be able to influence, but you aren't going to know which until you have checked them out. Even when you cannot change something, you can still avoid unnecessary bad feelings over it. So don't just drift along with your problems. Once you are out of the black hole, make sure you fill it in.

Did you find this article helpful? You may wish to read the book from which it was adapted:

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by

Wayne Froggatt

(HarperCollins, Auckland, 2nd Edition 2003)

Also, by the same author, specialist books on stress and anxiety:

FearLess: Your guide to overcoming anxiety

Taking Control: Manage stress to get the most out of life

(HarperCollins, Auckland 2003 & 2006)

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NOTES:

Who Controls You?

by Wayne Froggatt

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Most people want to be happy. They would like to feel good, avoid pain, and achieve their goals. For many, though, happiness seems to be an elusive dream. In fact, it appears that we humans are much better at disturbing and defeating ourselves! Instead of feeling good, we are more likely to worry, feel guilty and get depressed. We put ourselves down and feel shy, hurt or self-pitying. We get jealous, angry, hostile and bitter or suffer anxiety, tension and panic.

On top of feeling bad, we often act in self-destructive ways. Some strive to be perfect in everything they do. Many mess up relationships. Others worry about disapproval and let people use them as doormats. Still others compulsively gamble, smoke and overspend - or abuse alcohol, drugs and food. Some even try to end it all.

The strange thing is, most of this pain is avoidable! We don't have to do it to ourselves. Humans can, believe it or not, learn how to *choose how they feel and behave*.

As you think, so you feel

'People feel disturbed not by things, but by the views they take of them.' Ancient words, from a first-century philosopher named Epictetus - but they are just as true now.

Events and circumstances do not cause your reactions. They result from what you tell yourself about the things that happen. Put simply, thoughts cause feelings and behaviours. Or, more precisely, *events and circumstances* serve to trigger *thoughts*, which then create *reactions*. These three processes are intertwined.

The past is significant. But only insofar as it leaves you with your *current* attitudes and beliefs. External events - whether in the past, present, or future - cannot influence the way you feel or behave until you become aware of and begin to think about them.

To fear something (or react in any other way), you have to be thinking about it. The cause is not the event - it's what you tell yourself about the event.

The ABC's of feeling & acting

Psychologist Albert Ellis, the originator of *Rational Emotive Behaviour Therapy* (REBT), was one of the first to show how beliefs determine the way human beings feel and behave. Dr. Ellis developed the 'ABC' model to demonstrate this.

'A' refers to whatever started things off: a circumstance, event or experience - or just thinking about something which has happened. This triggers off thoughts ('B'), which in turn create a reaction - feelings and behaviours - ('C').

To see this in operation, let's meet Alan. A young man who had always tended to doubt himself, Alan imagined that other people did not like him, and that they were only friendly because they pitied him. One day, a friend passed him in the street without returning his greeting - to which Alan reacted negatively. Here is the event, Alan's beliefs, and his reaction, put into the ABC format:

A. What started things off:

Friend passed me in the street without speaking to me.

B. Beliefs about A.:

1. He's ignoring me. He doesn't like me.
2. I could end up without friends for ever.
3. That would be terrible.
4. For me to be happy and feel worthwhile, people must like me.
5. I'm unacceptable as a friend - so I must be worthless as a person.

C. Reaction:

Feelings: worthless, depressed.

Behaviours: avoiding people generally.

Now, someone who thought differently about the same event would react in another way:

A. What started things off:

Friend passed me in the street without speaking to me.

B. Beliefs about A.:

1. He didn't ignore me deliberately. He may not have seen me.
2. He might have something on his mind.
3. I'd like to help if I can.

C. Reaction:

Feelings: Concerned.

Behaviours: Went to visit friend to see how he is.

These examples show how different ways of viewing the same event can lead to different reactions. The same principle operates in reverse: when people react alike, it is because they are thinking in similar ways.

The rules we live by

What we tell ourselves in specific situations depends on the rules we hold. Everyone has a set of general 'rules'. Some will be rational, others will be self-defeating or irrational. Each person's set is different.

Mostly subconscious, these rules determine how we react to life. When an event triggers off a train of thought, what we *consciously* think depends on the general rules we *subconsciously* apply to the event.

Let us say that you hold the general rule: 'To be worthwhile, I must succeed at everything I do.' You happen to fail an examination; an event which, coupled with the underlying rule, leads you to the conclusion: 'I'm not worthwhile.'

Underlying rules are generalisations: one rule can apply to many situations. If you believe, for example: 'I can't stand discomfort and pain and must avoid them at all costs,' you might apply this to the dentist, to work, to relationships, and to life in general.

Why be concerned about your rules? While most will be valid and helpful, some will be self-defeating. Faulty rules will lead to faulty conclusions. Take the rule: 'If I am to feel OK about myself, others must like and approve of me.' Let us say that your boss tells you off. You may (rightly) think: 'He is angry with me' - but you may wrongly conclude: 'This proves I'm a failure.' And changing the situation (for instance, getting your boss to like you) would still leave the underlying rule untouched. It would then be there to bother you whenever some future event triggered it off.

Most self-defeating rules are a variation of one or other of the '12 Self-defeating Beliefs' listed at the end of this article. Take a look at this list now. Which ones do you identify with? Which are the ones that guide your reactions?

What are self-defeating beliefs?

To describe a belief as self-defeating, or irrational, is to say that:

1. It distorts reality (it's a misinterpretation of what's happening); or it involves some illogical ways of evaluating yourself, others,

and the world around you: *awfulising*, *can't-stand-it-itis*, *demanding* and *people-rating*;

2. It blocks you from achieving your goals;
3. It creates extreme emotions which persist, and which distress and immobilise; and
4. It leads to behaviours that harm yourself, others, and your life in general.

Four ways to screw yourself up

There are four typical ways of thinking that will make you feel bad or behave in dysfunctional ways:

1. *Awfulising*: using words like 'awful', 'terrible', 'horrible', 'catastrophic' to describe something - e.g. 'It would be terrible if ...', 'It's the worst thing that could happen', 'That would be the end of the world'.
2. *Can't-stand-it-itis*: viewing an event or experience as unbearable - e.g. 'I can't stand it', 'It's absolutely unbearable', 'I'll die if I get rejected'.
3. *Demanding*: using 'shoulds' (moralising) or 'musts' (musturbating) - e.g. 'I *should* not have done that, 'I *must* not fail', 'I *need* to be loved', 'I *have* to have a drink'.
4. *People-rating*: labelling or rating your total self (or someone else's) - e.g. 'I'm stupid /hopeless /useless /worthless.'

Rational thinking

Rational thinking presents a vivid contrast to its illogical opposite:

1. It is based on reality - it emphasises seeing things as they really are, keeping their badness in perspective, tolerating frustration and discomfort, preferring rather than demanding, and self-acceptance;
2. It helps you achieve your goals and purposes;
3. It creates emotions you can handle; and
4. It helps you behave in ways which promote your aims and survival.

We are not talking about so-called 'positive thinking'. Rational thinking is *realistic* thinking. It is concerned with facts - the real world - rather than subjective opinion or wishful thinking.

Realistic thinking leads to realistic emotions. Negative feelings aren't always bad for you. Neither are all positive feelings beneficial. Feeling happy when someone you love has died, for example, may hinder you from grieving properly. Or to be unconcerned in the face of real danger could put your survival at risk. Realistic thinking avoids exaggeration of both kinds - negative and positive.

The techniques of change

How does one actually set about achieving self-control and choice? The best place to start is by learning how to identify the thoughts and beliefs which cause your problems.

Next, learn how to apply this knowledge by analysing specific episodes where you feel and behave in the ways you would like to change. It is most effective to do this in writing at first, and later it will become easier to do it in your head. You connect whatever started things off, your reaction, and the thoughts which came in between. You then check out those thoughts and change the self-defeating ones. This method, called *Rational Self-Analysis*, uses the ABC approach described earlier, extended to include sections for setting a goal or new desired *effect* ('E'), *disputing* and changing beliefs ('D'), and, finally, *further action* to put those changes into practice ('F').

That final step is important. You will get there faster when you put into action what you have changed in your mind. Let us say you decide to stop feeling guilty when you do something for yourself. The next step is to do it. Spend an hour a day reading a novel. Purchase some new clothes. Have coffee with a friend or a weekend away without the family. Do the things you would previously have regarded as 'undeserved'.

Overcoming obstacles

While change is possible, it is not easy - mainly because of a very human tendency known as 'low-discomfort tolerance'.

Most of us want to be physically and emotionally comfortable. But personal change means giving up some old habits of thinking and behaving and 'safe' ways of approaching life.

Whereas before you may have blamed others for your problems, now you start to take responsibility for yourself and what you want. You risk new ways of thinking and acting. You step out into the unknown. This could increase your stress and emotional pain - temporarily. In other words, you may well feel worse before you feel better.

Telling yourself that you 'can't stand it' could lead you to avoid change. You might decide to stick with the way things are, unpleasant though it is. You know you would be better off in the long run, but you choose to avoid the extra pain now.

Or you might look for a quick solution. Do you hope that somewhere there's a fancy therapy which will cure you straight away - without you having to do anything? I meet many people who

try therapist after therapist, but never stay with one approach long enough to learn anything that will help. They still live in hope, though, and often get a brief boost from meeting new therapists or therapy groups.

As well as fearing discomfort, you may also worry that you 'won't be a real person'. You think that you will end up 'pretending' to feel and behave in new ways, and imagine yourself as false or phoney. Somehow, it seems, to choose how you feel seems 'less than human'.

You are, though, already choosing your reactions - even though you may not be fully aware of doing so. And using conscious choice is what sets humans apart from instinct-bound animals. It is also what makes you a unique person - different to every other. So give up the notion that it is false and machine-like to use your brain to avoid bad feelings. Getting depressed, worried, and desperate does not make you more human.

You might worry that learning self-control will make you cold and unemotional, with no feelings at all. This common fear is quite misguided. The opposite is true: if you learn how to handle strong feelings you will be less afraid of them. This will free you to experience a fuller range of emotions than before.

While self-improvement may be hard, it is achievable. The blocks I have described are all self-created. They're nothing more than beliefs - ideas you can change using practical techniques you can learn.

Rational thinking is not just academic theory. People from a wide range of social and educational backgrounds have already used it successfully. You will be able to as well.

It is true that human beings start life with a biological predisposition to irrational thinking, which they then add to by learning new and harmful ways of behaving and viewing life. But there is a positive side to human nature - we also have the ability to think about our beliefs and change the dysfunctional ones.

What about problems you can't sort out on your own? Some outside help may be a useful supplement to your self-help efforts. Whether or not you have such help, though, taking responsibility for your feelings and actions will be the key to success. You will also need some hard work and perseverance. But, happily, by learning how to identify and change self-defeating beliefs and attitudes, these things can be within your control - and happiness within your reach.

FROM SELF-DEFEAT TO RATIONAL LIVING

12 Self-defeating Beliefs

1. I need love and approval from those significant to me - and I must avoid disapproval from any source.
2. To be worthwhile as a person I must achieve, succeed at what ever I do, and make no mistakes.
3. People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.
4. Things must be the way I want them to be - otherwise life will be intolerable.
5. My unhappiness is caused by things outside my control - so there is little I can do to feel any better.
6. I must worry about things that could be dangerous, unpleasant or frightening - otherwise they might happen.
7. I can be happier by avoiding life's difficulties, unpleasantness, and responsibilities.
8. Everyone needs to depend on someone stronger than themselves.
9. Events in my past are the cause of my problems - and they continue to influence my feelings and behaviours now.
10. I should become upset when other people have problems and feel unhappy when they're sad.
11. I should not have to feel discomfort and pain - I can't stand them and must avoid them at all costs.
12. Every problem should have an ideal solution, and it is intolerable when one can't be found.

12 Rational Beliefs

Love and approval are good things to have, and I'll seek them when I can. But they are not necessities - I can survive (even though uncomfortably) without them.

I'll always seek to achieve as much as I can - but unflinching success and competence is unrealistic. Better I just accept myself as a person, separate to my performance.

It's unfortunate that people sometimes do bad things. But humans are not yet perfect - and upsetting myself won't change that reality.

There is no law saying things have to be as I want. It's disappointing, but I can stand it - especially if I avoid catastrophising.

Many external factors are outside my control. But it is my thoughts (not the externals) which cause my feelings. And I can learn to control my thoughts.

Worrying about things that might go wrong won't stop them happening. It will, though, ensure I get upset and disturbed right now!

Avoiding problems is only easier in the short term - putting things off can make them worse later on. It also gives me more time to worry about them!

Relying on someone else leads to dependent behaviour. It is OK to seek help - as long as I trust myself and my own judgement.

The past can't influence me now. My current beliefs cause my reactions. I may have learned these beliefs in the past, but I can choose to analyse and change them in the present.

I can't change other people's problems and bad feelings by getting myself upset.

Why should I in particular not feel discomfort and pain? I don't like them, but I can stand it. Also, my life would be very restricted if I always avoided discomfort.

Problems usually have many possible solutions. It is better to stop waiting for the perfect one and get on with the best available. I can live with less than the ideal.

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