

FORM 2.4. Information for Patients about Depression

What Is Depression?

Depression has a variety of symptoms, such as loss of energy, loss of interest in activities and in life, sadness, loss of appetite and weight, difficulty concentrating, self-criticism, feelings of hopelessness, physical complaints, withdrawal from other people, irritability, difficulty making decisions, and suicidal thinking. Many depressed people feel anxious as well. They often feel worried, nauseated, or dizzy, and sometimes have hot and cold flashes, blurred vision, racing heartbeat, and sweating.

Clinical depression varies from mild to severe. For example, some people complain of a few symptoms that occur some of the time. Other people, suffering from severe depression, may complain of a large number of symptoms that are frequent, long-lasting, and quite disturbing.

Clinical depression is not the same as grieving after the loss of a loved one through death, separation, or divorce. Feelings of sadness, emptiness, low energy, and lack of interest are normal during grief; anger and anxiety can also be part of the normal grief process. Clinical depression differs from normal grief, however, in that clinical depression sometimes may occur without a significant loss. In addition, depression may last longer than grief and includes feelings of self-criticism, hopelessness, and despair.

It would be an unusual person who said that he or she never felt “depressed.” Mood fluctuations are normal and help inform us that something is missing in our lives and that we should consider changing things. But clinical depression is worse than simple fluctuations in mood. Because there are various degrees of depression, the severely depressed patient may wish to consider a number of treatments in combination.

Who Gets Depressed?

Depression is not something that happens to people who are “unusual” or “crazy.” It is everywhere. Along with anxiety (which occurs more frequently than depression), it is the common cold of emotional problems. During any given year, a large number of people will suffer from major depression: 25% of women and 12% of men will suffer a major depressive episode during their lifetime. The chances of recurrence of another episode after the initial episode are high.

The reason for the sex difference in prevalence of depression is not entirely clear. Possible reasons may be that women are more willing to acknowledge feelings of sadness and self-criticism openly, whereas men may “mask” or hide their depression behind other problems, such as alcohol and drug abuse. In addition, women are often taught from an early age to be helpless and dependent. Women may also control fewer sources of rewards than men do, and their achievements may be more often discounted.

What Are the Causes of Depression?

There is no one cause of depression. We view depression as “multidetermined”—that is, a number of different factors can cause it. These factors can be biochemical, interpersonal, behavioral, or cognitive. Depression may be caused in some people by factors in one of these areas, but it is just as likely to be caused by a combination of factors from all these areas. Biochemical factors can include your family’s

(cont.)

genetic predisposition and your current brain chemistry. Conflicts and losses in interpersonal relationships can be factors in causing depression, as can behavioral factors, such as increases in stress and decreases in positive, enjoyable experiences. Cognitive factors include various distorted and maladaptive ways of thinking. Let us look at the behavioral and cognitive factors in a little more detail.

How Does Behavior Affect Depression?

The following is a more specific list of behavioral factors involved in depression.

1. **Loss of rewards.** Have you experienced significant losses in your life recently—for example, loss of work, friendships, or intimacy? There is considerable research evidence that people who suffer significant life stresses are more likely to become depressed—especially if they lack or do not use appropriate coping skills.

2. **Decrease of rewarding behavior.** Are you engaged in fewer activities that were rewarding for you in the past? Depression is characterized by inactivity and withdrawal. For example, depressed people report spending a lot of time in passive and unrewarding behaviors, such as watching television, lying in bed, brooding over problems, and complaining to friends. They spend less time engaged in challenging and rewarding behaviors, such as positive social interactions, exercise, recreation, learning, and productive work.

3. **Lack of self-reward.** Many depressed people fail to reward themselves for positive behavior. For example, they seldom praise themselves, or they are hesitant to spend money on themselves. Many times depressed people think that they are so unworthy that they should never praise themselves. Some depressed people think that if they praise themselves, they will become lazy and settle for less.

4. **Skill deficits.** Are there any social skills or problem-solving skills that you lack? Depressed people may have difficulty asserting themselves, maintaining friendships, or solving problems with their spouses, friends, or work colleagues. Because they either lack these skills or do not use the skills they have, they have greater interpersonal conflict and fewer opportunities to make rewarding things happen for them.

5. **New demands.** Are there new demands for which you feel ill prepared? Moving to a new city, starting a new job, becoming a parent, or ending a relationship and trying to find new friends can cause significant stress for many people.

6. **Being in a situation where you feel helpless.** Depression may result from continuing to stay in a situation in which you cannot control rewards and punishments. You feel sad or tired, lose interest, and feel hopeless because you believe that no matter what you do, you cannot make things better. Unrewarding jobs or dead-end relationships can lead to these feelings.

7. **Being in a situation of continual punishment.** This is a special kind of helplessness: Not only are you unable to get rewards, but you find yourself criticized by others and rejected. For example, many depressed people may spend time with people who criticize them or hurt them in various ways.

Although each of the factors of stress and loss described above may make you prone to depression, they do not necessarily have to result in depression. Certain ways of thinking can increase your chances of becoming depressed, however. You are more likely to become depressed if you think that you are entirely to blame, that nothing can change, and that you should be perfect at everything. These *interpretations* of stress and loss are the “cognitions” or thoughts that you have about yourself

(cont.)

and your environment. Cognitive therapy is specifically focused at identifying, testing, challenging, and changing these excessively negative views of life.

How Does Thinking Affect Depression?

Certain ways you think (your cognitions) can cause depression. Some of these are described below:

1. **Dysfunctional automatic thoughts.** These are thoughts that come spontaneously and seem plausible; however, they reflect distorted perceptions and are associated with negative feelings such as sadness, anxiety, anger, and hopelessness. Examples of some types of these thoughts are the following:

Mind reading: "He thinks I'm a loser."

Labeling: "I'm a failure," "He's a jerk."

Fortunetelling: "I'll get rejected," "I'll make a fool of myself."

Catastrophizing: "It's awful if I get rejected," "I can't stand being anxious."

Dichotomous (all-or-nothing) thinking: "I fail at everything," "I don't enjoy anything," "Nothing works out for me."

Discounting positives: "That doesn't count because anyone could do that."

2. **Maladaptive assumptions.** These include ideas about what you think you *should* be doing. They are the rules by which depressed people think they have to live. Examples include the following:

"I should get the approval of everyone."

"If someone doesn't like me, that means I'm unlovable."

"I can never be happy doing things on my own."

"If I fail at something, then I'm a failure."

"I should criticize myself for my failures."

"If I've had a problem for a long time, then I can't change."

"I shouldn't be depressed."

3. **Negative self-concepts.** People who are depressed often focus on their shortcomings, exaggerate them, and minimize any positive qualities they may have. They may see themselves as unlovable, ugly, stupid, weak, or even evil.

What Is Cognitive-Behavioral Treatment of Depression?

The cognitive-behavioral treatment of depression is a highly structured, practical, and effective intervention for patients suffering from depression. This type of therapy treats depression by identifying and addressing the behaviors and thinking patterns that cause and maintain depression. This therapy focuses on your present, here-and-now thoughts and behaviors. You and your therapist will look at how actions, or lack of actions, contribute to your feeling bad or good. There are actions you can take to start feeling better. You and your therapist will also look at the negative and unrealistic ways of thinking that may make you feel depressed. Therapy can give you the tools to think more realistically and feel better.

In cognitive-behavioral therapy, you and your therapist will first identify your symptoms and how

(cont.)

mild or severe they are. You will be asked to fill out forms or standardized questionnaires that can scientifically measure your symptoms. These may include the Beck Depression Inventory, the Symptom Checklist 90—Revised, the Locke–Wallace Marital Adjustment Test, or other questionnaires. In the initial meetings, you will be asked to select goals you wish to attain—such as increasing self-esteem, improving communication, reducing shyness, or decreasing hopelessness and loneliness. You and your therapist will monitor your progress in therapy by referring to your initial measures of symptoms and your movement toward the goals that you establish.

How Effective Is Cognitive-Behavioral Therapy for Depression?

Numerous research studies conducted at major universities throughout the world have consistently demonstrated that cognitive-behavioral therapy is as effective as antidepressant medication in the treatment of major depression. Within 20 sessions of individual therapy, approximately 75% of patients experience a significant decrease in their symptoms. The combination of cognitive-behavioral therapy with medication increases the efficacy to 85% in some studies. Moreover, most patients in cognitive-behavioral therapy maintain their improved mood when checked 2 years after ending therapy. In cognitive-behavioral therapy, we hope not only to reduce your symptoms, but to help you learn how to keep those symptoms from coming back.

Are Medications Useful?

Various medications have been found to be effective in the treatment of depression. These include Prozac, Paxil, Zoloft, Effexor, Tofranil, Wellbutrin, Elavil, Nardil, Parnate, lithium, and several other medications. It takes 2 to 4 weeks for you to build up a therapeutic level of the medication in your system. Some medications may have negative side effects. Some of these side effects may be temporary and decrease over time, or they may be handled with combinations of other medications. In some cases, patients with severe depression may wish to consult their physician about the possibility of electroconvulsive therapy (ECT).

What Is Expected of You as a Patient?

Cognitive-behavioral treatment of depression requires your active participation. During the initial phase of therapy, your therapist may request that you come to therapy twice per week until your depression has decreased. You will be asked to fill out forms evaluating your depression, anxiety, and other problems, and to read materials specifically addressing the treatment of depression. In addition, your therapist may ask you at later points, or on a weekly basis, to fill out forms evaluating your depression and other problems that are the focus of therapy. Your therapist may also give you homework exercises to assist you in modifying your behavior, your thoughts, and your relationships. Although many patients suffering from depression feel hopeless about improvement, there is an excellent chance that your depression may be substantially reduced with this treatment.
