

Dealing With Depression

Many people experience feelings of worthlessness or too much guilt, problems thinking or concentrating, loss of pleasure in activities, lack of energy, and even thoughts of suicide.

Most people have occasional negative thoughts about themselves, the world, and the future. Being depressed turns up the volume on all those negative thoughts. Being depressed can also lead to a lack of energy making even simple tasks seem insurmountable. This can then feed the depression in a vicious cycle as people criticize themselves for being “lazy.” The good news is that there are effective treatments for depression.

Aspects of Depression

For those who are depressed, the experience is overwhelming. Some have described it like being covered in a blanket. Some have described it like a huge wave crashing over them. Others have described it as trying to walk when they’re up to their necks in mud. One way to deal with depression is to break it down into its component parts, each of which can be dealt with separately.

I use a model that I modified from one articulated in the book, Mind Over Mood, by Greenberger and Padesky. Using this model, depression can be broken down into six aspects: Mood, Biology, Behavior, Environment, Childhood, and Cognitions (thinking).

Mood

Most people who are depressed feel depressed. There are, however, other emotions involved too. Some people feel anxious along with the depression. Some people get irritable. Some just feel numb. These moods are the result of the other five factors.

Biology

The most widely advertised biological factor is the chemical imbalance that antidepressants are designed to treat. At one level, we can be seen as a bunch of nerve cells talking to each other. To oversimplify it, nerves work by creating an electrical impulse that shoots down the length of the cell and then some goop squirts out the end of the neuron. The next neuron reacts to that goop and that starts another electrical impulse. Antidepressants work to restore the balance of that “goop.”

The biggest class of antidepressants is called SSRI’s (Selective Serotonin Reuptake Inhibitors). They work at the level of the neuron (nerve cell). Each neuron gathers information at one end and then, if it gets enough of the right information, sends an electrical impulse to the other end where some goop is squirted out. This goop is what gets the next cell to react. SSRI’s work by keeping the first neuron from vacuuming back up the goop (serotonin) so there is more floating around between neurons. This means that the next neuron is more likely to get activated, leading to a balanced chemistry within the brain. Other classes of antidepressants are variations on this theme. The good

news is that antidepressants are effective in about two-thirds of the cases. The bad news is that about 80% of those who stop taking antidepressants become depressed again.

There are other biological factors that can lead to depression. These can include thyroid problems, hormone imbalances, and chronic pain. There is even a type of depression called Seasonal Affective Disorder (SAD) in which people get depressed every autumn when there is less light, and perk up every spring when the days grow longer. These other biological factors can be uncovered by having regular medical checkups and by looking for patterns in the depression.

Behavior

Behavior is one of those things that is affected by and affects the depression. Depression decreases both motivation and energy levels. This means that depressed people are less likely to do things to take care of themselves. This can include everything from cooking healthy meals to exercising to cleaning. It can also affect work performance. The trap is that when we are not doing these things, we tend to feel guilty about it, which increases the depression, which in turn decreases the chances of doing any of the activities.

This leads to two effective treatments. One is called “behavioral activation.” Simply stated, this means starting to do things. Starting with small, manageable activities, the goal is to get the depressed person doing something that leads to good feelings. When was the last time you had fun? The other effective treatment is exercise. There is a lot of research that shows that exercise is very effective for mild to moderate depression. It actually treats the depression. It is not as effective for severe depression simply because, in those cases, the level of motivation is so low that the depressed person is simply not going to get up and exercise. Even moderate levels of exercise, however, will help.

Environment

Our environment is also very important. Stressful relationships or jobs or dark/dirty/unsafe living environments can trigger and perpetuate depression. When depressed, the desire is to climb into bed and pull the covers over your head. However, this could be the worst thing as it shuts out all the light and can trigger a type of mini-SADs, not to mention the guilt that you experience because of all the things you SHOULD be doing.

Relationship and job problems also contribute to depression. These are areas where we should be getting support and validation of our worth as individuals. However, when these relationships go awry, it can leave us questioning our worth as people. In addition, there is often an element of self-blame as we wonder “how did I get myself into this situation?”

Childhood

There are influences, both positive and negative, that we carry from our childhood, such as messages that we received about who we are in the world and how the world works. These can affect our perception of current events. If I learned in my childhood that I am a worthwhile person and that I can control the events in my life, then I am at lower risk for

depression. If I learned that nothing I do will matter, then I am more likely to react to current events with a mindset that increases the chances of depression. To the extent that these messages are contributing to the depression, they need to be examined and rejected.

Cognitions

All of these factors feed through people's cognitions—their way of thinking. It is not just the behavior of sitting on the couch; it is also what the person is saying to him/herself about it. It is not just the job stress, but also whether that triggers negative self-statements about one's own worth. Negative thinking leaves people concluding there is no point because "it probably won't work anyway." If I recorded all the negative thoughts going through a person's head and then played it over and over to a non-depressed person, that person would soon be depressed too! Although we don't have any control over the thoughts that go through our heads, there are ways to take the power out of those thoughts. This is the purpose of Cognitive Behavior Therapy.

Cognitive therapy works first to find out what a person is thinking. In any given situation, there will be a flurry of thoughts and they can be as hard to distinguish as individual snowflakes in a blizzard. Those thoughts are then examined. It is not just a matter of thinking "happy thoughts." The negative thoughts may be totally rational. However, depressed people tend to focus only on the negative thoughts and ignore the positive ones. There are specific techniques to challenge the thoughts in a rational manner. The goal is not to change from thinking the glass is half empty to thinking it is half full; it is a realization that the glass is both half full and half empty.

Cognitive therapy is effective in about two-thirds of the cases. The even better news is that there is only about a 25% relapse rate*. Cognitive therapy can work by itself or in conjunction with medications.

Summary

Depression is a very disabling disorder. People who are depressed can become incapacitated. There are a lot of factors involved in the development and maintenance of the depression. Fortunately, there are also good treatments for each of these factors.

* Stats from:

Wall Street Journal, January 6, 2004.