

An REBT Theory of Depression

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In the recent past, the counselor and psychotherapist have had one theoretical model that they could employ in attempting to understand and correct depressive reactions. This is Freud's view (1950) that depression is the result of retroflected hostility which was first directed at others but then turned on oneself when the outer expression proved to be too guilt-provoking. This hypothesis has to some extent been borne out by clinical evidence. However, there are obviously additional kinds of depression that are not explained by this kind of framework. Beck (1967), for in-stance, has put forth his version of depression in which he sees it as stemming from a pessimistic view of the self, the world, or the future.

Beck's theory of depression is an improvement over the simplistic Freudian view, but it too suffers from a significant flaw. It fails to take into consideration the fact that one's perception of the world, the self, or the future as pessimistic is not al-ways inaccurate. To think otherwise, in some instances, is equivalent to acting neurotically. The prisoner in the concentration camp, if he was sane and objective, had to view the world and the future in the most bleak and pessimistic vein possible.

Other theories of depression have appeared equally as incomplete as Freud's, or Beck's, and have lacked that vital quality of being applicable to treatment, (Ber-liner, 1966; Bibring, 1953, Blinder, 1966; Campbell, 1953; Cohen, et al, 1954; Frommer, 1967; Grinker, 1961; Hunt, 1967; Kraines, 1957, Mendels, 1965, Mendelson, 1960; Parkes, 1965; Pollitt, 1966; Rado, 1928, Silverstone & Lascelles, 1966; Spie-gel, 1967; Stunkard, 1957; Tellenback, 1961). The REBT theory of depression meets both criteria missing in the other theories. It explains all depression satisfactorily and it spells out in precise detail just how each depressive client is to be worked with.

The REBT theory of depression states that three factors are accountable for all forms of psychological depression: (1) self-blame, (2) self-pity, and (3) other-pity.

Whenever it is determined that a person is depressed, it is first proper to tell him of the three ways in which people depress themselves and then to solicit the assistance of the client in determining which of the three methods mentioned he is using in his specific case. If he cannot guess for himself how he is depressing himself, the therapist should not hesitate to suggest which of the one or perhaps several methods the client is using.

When the therapist is reasonably sure as to which technique is being employed, he goes into a traditional REBT approach to rid the client of the irrational ideas behind self-blame, self-pity, or other-pity.

Should it seem that the client is blaming himself; then he must be shown that he believes the following irrational ideas: (a) There are such things as bad and evil people in the world (he now being one) and that he must be severely blamed and punished in order to assure the future avoidance of that heinous behavior. (b) One is not worthwhile unless he has achieved success or demonstrated generally acceptable intelligence and competence. (Ellis, 1963).

The REBT therapist attempts to show the self-blamer that his premise, i.e., that blame and guilt are actually successful methods of altering behavior for the better, is al-most totally incorrect. The literature on psychopathology is more than sufficient to demonstrate the opposite. The more one blames others for their misdeeds, or the more the doer blames himself, the more the misconduct is likely to increase. This is so

because the wrong-doer sees himself in an increasingly poor light and thus has less and less faith in his ability to improve. Furthermore, the worse one thinks of one-self, the less one is going to permit success and accomplishment to enter his life since these are the fruits saved for the deserving ones and not the evil ones.

The client is asked to regard erroneous or sinful conduct as the result of stupidity (not having the intelligence to know better), ignorance (having the intelligence to know better but not having had the opportunity to learn certain facts or master certain skills), and lastly emotional disturbance (having both the intelligence and skill to do right but being so disturbed that right and wrong cease to be relevant issues).

Another poignant attack against the irrationalities of the self-blamer deals with showing him how his supposed feelings of worthlessness and inferiority are rooted in the soil of conceit. The wrongdoer is often quite willing to forgive the transgressions of his friends, parents, or children, but would never consider being so charitable with himself. To be so harsh with him-self he must unknowingly presume that he is not human, that the rules of fallibility apply to everyone else in the world, but not to him, and by inference place himself in a special and honored position among men: a super mortal. When he can be shown that there is a difference between *being* guilty and *feeling* guilty, he will tolerate his weaknesses in a far saner manner. Should he then go about scolding his child needlessly, he is certainly correct to conclude that he is guilty of being an inadequate parent. He need not, however, conclude that he is a worthless person simply because he is an unworthy father. A demarcation must be made between the person and his performance. The two are not identical although they are closely related. An example may make this clear. If a person dislikes his nose, does he have to dislike himself? Perhaps one thinks of him-self as a clumsy dancer. Does this mean he is totally worthless as a human being and has he no importance to himself merely because he has little value to other dancers?

When a client can learn to think positively about himself and still disapprove of his faults, he has broken the self-blame habit. When he has done this he has conquered depression by self-blame.

Self-pity is an extremely common cause of depression and arises from a belief that: (a) it is not merely sad, regrettable, and un-fortunate when events do not pass as one hoped for, but that it is literally horrible, earth-shaking, and catastrophic; and (b) that emotional pain is inflicted upon us from without rather than from within.

To alleviate depression caused by self-pity, the counselor first attempts to determine if the situation is actually as bad as the client sees it, and if it's not, he shows him why it is not awful. A young man, rejected by his fiancée believes the world is coming to an end, that her rejection of him is proof of his inferiority, and that he will never be in love again. These are all irrational notions because none can be proven. He can be shown that, even without help, he will eventually get over the temporary hurt, that there are hundreds of other women in whom he could become interested, and that her rejection of him informs us more of her tastes than his personality.

Instead of feeling sorry for himself over this sad event, the subject is urged to see it for what it is (a frequent occurrence, which though sad, can be profited from). When he no longer sees it as a life and death issue his basis for pitying himself is removed.

In the event that the incident related to the self-pity is truly a catastrophic event, the counselor must get him to see (a) that further pain, self-induced, makes matters worse, that (b) he should attempt to spare himself this

emotional pain regardless of what privations he has suffered, because it is totally neurotic to make things worse when in fact they are already very bad, and (c) he must be made to see that it is his emotional disturbance which, in practically all cases, is the greater share of his misery. It is what a person does to himself through feeling sorry for himself for having lost his family that eventually becomes more painful than the actual loss.

When the counselor is posed with the question, "But why did this happen to me?" he should answer, "Why shouldn't it?" It must happen to someone in the fallible world of ours, so if these unfortunate events don't happen to him at times it merely means they will probably happen to someone else. And they in turn will pose the same question because they refuse to see this as a chance existence, filled with innumerable dangers, dispensing its harsh acts without rhyme or reason.

Pitying others is the third and last method by which psychological depression is caused. Though it is a mark of civilization to take the pains of others into our own hearts, it is also one of the faults of civilization that we often do this to a fault. The counselor must help the client make a distinction between concern (which is healthy, leads to constructive action, and causes little personal pain), and over concern, (which is unhealthy, often produces little constructive action, and produces much pain). When a person who is too involved in the miseries of others takes constructive action, it tends to be accomplished despite this show of compassion rather than because of it.

Other-pity arises from the irrational beliefs that (a) one should be upset over other people's disturbances and difficulties, and (b) that it is vitally important to our existence what other people do, and that we should make great efforts to change them in the direction we would like them to be (Ellis, 1962).

The first of these irrationalities is dealt with by urging the client to ask himself just what good it does the sufferer if he, the client, suffers along with him. Instead of offering the victim a model of undisturbed behavior to emulate, he shows him by his own disturbance that he too would be just as disturbed as the victim is if such a mishap befell him. Additionally, by showing the sufferer a big dose of sympathy, the task of overcoming his natural (but neurotic) tendency to pity himself is made all the more difficult. Instead of only one catastrophe being involved in a mishap there are now two.

Should the client inquire, "How do I know when I'm caring enough and when I'm caring too much?" the counselor replies quite simply, "When it hurts." Concern is a degree of caring which keeps us task-oriented and stable enough to work in behalf of the person we are caring for. Over concern is more empathetic than task-oriented and is wasteful in time and energy that otherwise could be used to good advantage.

The REBT theory of depression has the advantage over other theories in that it is specific and uncomplicated. Most clients have no difficulty in understanding the three causes of depression and can easily identify which one, two, or three methods they themselves are employing. They are asked to choose which of their sources of depression they would first like to work on, and the counselor then explains the set of irrational ideas behind that particular type of depression. When progress is made in this area, other sources of depression are removed in like manner.

Thus far I have not encountered a single case of depression which could not be subsumed under this scheme. Doubts have arisen when a few clients seemed not to profit from this analysis, but further work or psychological testing always showed the cause to be self-blame, self-pity, and other-pity.

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