

Coping with Depression

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SIGNS OF DEPRESSION

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

“My hair is thinning. I’m losing my looks. No one will care about me any-more.”

“I just can’t get myself to do any work around the house. My marriage is falling apart.”

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

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

Typically, the depressed person also sees himself in a very negative way. He may believe that he is helpless and alone in the world and often blames

himself for trivial faults or shortcomings. He is pessimistic about himself, about the world, and about his future he loses interest in what is going on around him and doesn’t get satisfaction out of activities he used to enjoy. Often he has trouble making decisions or getting himself to carry out decisions he has made. Some people may be depressed without showing the usual sad, moody, dejected feeling. They may complain instead of physical discomfort or suffer from alcoholism or drug addiction. When a person always seems tired or bored with what he is doing, he may actually be depressed. When bright children do poorly in school over a period of time, this too may point to depression. There is even evidence that the overly active child may be compensating for and underlying depression.

NEW UNDERSTANDING FROM RESEARCH

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

Recently, a 10-year research project supported by the national institute of mental health attempted to explain the persistence of these unpleasant feelings in depressed people. These researchers found that an important factor is that the depressed person interprets many situations incorrectly. What he thinks about what is happening around him affects how he feels. In other words, the depressed person feels sad and lonely because he erroneously *thinks* he is inadequate and deserted.

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

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

THINKING AND DEPRESSION

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

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

In order to understand this faulty thinking, consider the following example. Suppose you are walking down the street and you see a friend who appears to completely ignore you. Naturally you feel sad. You may wonder why our friend has turned against you. Later on, you mention the incident to your friend, who tells you he was so preoccupied at the time he didn't even see you. Normally, you will feel better and put the incident out of your mind. If you are depressed, however, you will probably believe your friend has really rejected you. You may not even ask him about it, allowing the mistake to go uncorrected. Depressed persons make such mistakes over and over. In fact, they may misinterpret friendly

overtures as rejections. They tend to see the negative rather than the positive side of things. And they do not check to determine whether they may have made a mistake in interpreting events.

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

Still, you have many skills and you may be good at solving problems in other areas. In fact, you have solved problems all your life. Like a scientist, you can learn to use your reasoning powers and your intellect to “test out” your thinking and see whether it is realistic. In this way, you can keep from becoming upset at ever experience that seems at first glance to be unpleasant.

You can help yourself by (1) recognizing your negative thoughts, and (2) correcting them and substituting more realistic thoughts.

CHECKLIST OF NEGATIVE THOUGHTS

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

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

(2) *Self-Criticism and Self-Blame.* The depressed person feels sad because he focuses his attention on

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

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

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

(4) *Negative Expectations of the Future.* You may have fallen into the habit of thinking that you will never get over your feelings of distress or your problems and believe they will last forever.

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

(5) *"My Responsibilities are Overwhelming."* You have the same kinds of jobs to do at home or at work that you have done many times before, but you now believe you are completely unable to do them or that it will take weeks or month before they are completed. Or you tell yourself that you have so many things to do that there is no way of organizing the work.

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

WHAT YOU'D BETTER KNOW ABOUT NEGATIVE THOUGHTS

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

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

2. The thoughts are *unreasonable* and serve no useful purpose. They make you feel worse and they get in the way of attaining what you really want out of life. If you consider them carefully, you will probably find that you have jumped to a conclusion that is really not accurate. Your psychotherapist will be able to show you how unreasonable your negative thoughts are.

3. Even though these thoughts are unreasonable, they probably seem perfectly *plausible* at the time that you have them. They are usually accepted as reasonable and correct, just like a realistic thought such as, "the telephone is ringing – I should answer it."

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

If you allow yourself to sink into the grip of these thoughts, you will find that you are interpreting

everything in a negative way. You will tend more and more to give up, since everything seems hopeless. But giving up is harmful – because depressed people often interpret the fact that they have given up as yet another sign of inferiority and failure.

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

TYPICAL THINKING ERRORS

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

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

(2) *Overgeneralizing*. You make a broad, general statement that emphasizes the negative: “*Nobody* likes me.” “I am a *complete* failure.” “I can *never* get what I want out of life.” If someone you know tells you off, you think: “I am losing *all* my friends.”

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

A man who for weeks has been too depressed even to dress himself spend eight hours painting a

bedroom. When he finished, he was disgusted with himself for not getting exactly the results he wanted. Fortunately, his wife was able to make him realize what remarkably fine work he had done.

On the other hand, you may tend to view some positive events as losses. For example, a depressed young woman received a letter from her boyfriend, which she decided was a letter of rejection. She broke off with him with great sadness. Some time later, when she was no longer depressed, she read the letter again and realized no rejection was intended. What she had received was not a rejection, but a love letter.

WHAT TO DO

1. *The Daily Schedule*. Try to schedule activities to fill up every hour during the day. (See the form in this pamphlet for the Weekly Activity Schedule.)

Make a list of items you plan to attend to each day. Start off with the easiest activity, and then progress to the more difficult. Check off each activity as you complete it. This schedule can also serve as a running record of your experiences of mastery and satisfaction.

2. *“Master and Pleasure” Method*. You have more things “going for you” than you are usually aware of. Write down all of those that involve some mastery of the situation with the letter “M” and those that bring you some pleasure with the letter “P”.

3. *The A.B.C. of Changing Feelings*. Most depressed people believe that their life situation is so bad that it is natural for them to feel sad. Actually, your feelings are derived from what you think about and how you interpret what has happened to you.

If you think carefully about a recent event that has upset and depressed you, you should be able to sort out three parts of the problem:

A. The event

B. Your thoughts

C. Your feelings

Most people are normally aware only of points A and C.

A. Suppose, for example, your wife forgets your birthday.

B. You feel hurt and disappointed and sad

C. What is really making you unhappy is the meaning you attach to the events.

You think “My wife’s forgetfulness means she doesn’t love me anymore.” “I have lost my appeal to her and to others.” You may then think that without her approval and admiration you can never be happy or satisfied. Yet, it is quite possible that your wife was just busy or doesn’t share your enthusiasm for birthdays. You have been suffering because of your unwarranted conclusion – not because of the event itself.

4. If you should happen to get a sad feeling, *review your thoughts*. Try to remember what has been “passing through your mind.” These thoughts may have been your automatic” reaction to something that just happened – the chance comment of a friend, receiving a bill in the mail, the onset of a stomach ache, a daydream. You will probably find that these thoughts were very negative and that you believe them.

5. *Try to Correct Your Thoughts* by “answering each of the negative statements you made to yourself with a more positive, balanced statement. You will find that not only are you regarding life more realistically, but that you will feel better.

A housewife was feeling gloomy and neglected because none of her friends had telephoned for a few days. When she thought about it, she realized that Mary was in the hospital and Jane out of town and Helen really *had* called. She substituted this *alternative explanation* for the negative thought: “I am neglected,” and began to feel better.

6. *The Double Column Technique*. Write down your unreasonable automatic thought in one column and your answers to the automatic thoughts opposite these. (Example: John has not called. He doesn’t love me. Answer: He is very busy and thinks I am doing better than last week – so he doesn’t need to worry about me).

7. *Solving Difficult Problems*. If a particular job you have to do seems to be very complex and burdensome, try writing down each of the steps that you have to take in order to accomplish the job, and then do them just one step at a time. Problems that seem unsolvable can be mastered by breaking them down into smaller, manageable units.

If you feel frozen into only one approach to a problem and are not making any progress, try to write down different, alternative ways of tackling the problem. Ask other people how they might handle such a difficulty. We have labeled alternative ways of looking at and solving problems “Alternative Therapy.”

PSYCHOTHERAPY

Your psychotherapist can help you to identify and correct your unrealistic ideas and thinking that brings you to erroneous conclusions about yourself and others. He or she can also help you desire ways to deal more effectively with real, day-to-day problems. With his or her guidance and your own effort, you will have a good chance to feel better. And you can learn to respond to difficulties with far less depression and misery whenever you encounter those situations in the future.

FURTHER READINGS:

Beck, Aaron T., *Depressions: Causes and Treatment*. Philadelphia: University of Pennsylvania Press, 1972.
Beck, Aaron T., *Cognitive Therapy and the Emotional Disorders*. N.Y.: International Universities Press, 1976.

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WEEKLY ACTIVITY SCHEDULE

NOTE: Grade activities *M* for Mastery and *P* for Pleasure

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