

Coping with Negative Thinking in Depression

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What is Depression?

Depression is sometimes called the blues, melancholy, sadness, or a “down” feeling. But whatever it is called, it is an experience many people have had. In one national survey, 30% of persons indicated that they had persistently experienced at least two weeks of feeling depressed sometime during their life. However, feeling depressed is not the same thing as having the clinical disorder of depression. The actual disorder is a collection of several interlocking symptoms involving emotional feelings, loss of interest, changes in biological functioning, and loss of the ability to think clearly.

Family and friends who do not understand the true nature of depression may inadvertently make the depressed person feel worse by suggesting that they need to “snap out of it” or do certain things to feel better, such as buying new clothes, going to a movie, and so on. These are simplistic suggestions. One shot remedies are only temporary ways of coping, and persons with a depressive illness cannot “snap out of it” any more than a person with the flu can snap out of that illness.

It is important to understand the true nature of depression because depressed persons may blame themselves for their condition. Or, alternatively, friends and family may blame them for being depressed. Part of the problem lies in the word itself. One word is being used to convey a variety of conditions. Some persons have depressed mood only. Perhaps they didn’t get the raise they expected. Some persons have depressed mood and two or three more symptoms such as feeling worthless and hopeless. Some persons have all of the nine symptoms of major depression (see the list below). Calling all of these “depression” only leads to confusion. If a friend or family member has only had depressed mood and not the rest of the syndrome, they may think that they know what clinical depression is, but they don’t. And they may offer simplistic solutions because those worked for their depressed mood.

Part of the problem in people receiving simplistic advice regarding their depression is that we have mainly one English word to describe a variety of different psychological states. Let’s imagine that there was only one word for colds, flu, and pneumonia. Let’s say the word was “coldflumonia.” One person might say, “When I have coldflumonia, I go to work.” Another might say, “When I have coldflumonia, I have to stay in bed.” And still another person might say, “When I have coldflumonia, I have to go to the hospital.” There would be considerable confusion and even blaming. “Why does this goldbrick go to the hospital with coldflumonia, when I go to work?” The answer would clearly be that they are talking about different things, but thinking that they are talking about the same thing.

Depression, as mental health professionals use the term, is more than a sad feeling. Sadness is often a normal emotional reaction to certain situations. Depression, however, goes beyond simply being sad. It can be thought of as an excessive reaction of the brain to stress. Typically, it involves several of the following symptoms:

1. depressed mood
2. appetite change (either increased or decreased) and weight change (increased or decreased)
3. changes in sleeping habits (either insomnia or oversleeping)
4. fatigue
5. slowed physical movements (or the opposite, being agitated and unable to sit still)
6. difficulty concentrating or making decisions, or having problems with memory
7. feelings of guilt or worthlessness
8. loss of interest and pleasure in activities which normally would be enjoyable
9. suicidal thoughts

Severe depression can have a life of its own, and while there are things a person can do to influence it, it cannot be simply willed away. Think, for example, of how it feels to have the flu. A person can influence whether they get well or not. They can stay in bed and rest, or they can continue to push themselves. In the latter case, it will probably take longer to get well than if they took care of themselves.

There is a double message which is important for depressed clients to hear: You have control, but you do not have total control. You can influence the course of your depression, but you cannot make it go away immediately. It is important to realize this so that you do not blame yourself for taking time to get well. On the other hand, you also need to know that there is hope. There are things which you can do to help yourself.

The Different Types of Depression

Depression occurs in a variety of forms. While all depressions may look alike in some ways, there are some important differences. No single symptom, not even depressed mood, is present in everyone who is depressed. (Pervasive lack of interest in usual activities can be substituted in DSM-5 for persistent depressive mood.) It is the overall cluster of symptoms which is used to diagnose depression.

A major depression involves a deep, persistent sadness or loss of interest and numerous symptoms. For at least two weeks, the person must experience problems with at least five of the symptoms of depression which are listed on the previous page. One symptom must be either depressed mood or pervasive loss of interest. One in four women and one in ten men will experience a major depression in their lifetime.

An important distinction in diagnosis is between unipolar and bipolar depressions. Bipolar depressions have two “poles,” or opposite ends. One pole is a high, euphoric, manic state in which the person is overly energetic, optimistic, and impulsive. The other pole is a severe depressive state in which the person is tired, pessimistic, and has to push themselves to function. Bipolar depression is a biochemical illness of the brain caused by a person's genes. It must be initially treated by medication, although counseling is almost always needed because of the destruction the disorder leaves in its wake. Counseling can help the person to “smooth out” the bumps in their life. Fewer episodes of stress means that there will probably be fewer manic and depressive episodes.

The high periods of bipolar disorder can be as problematic as the low periods. But they are a problem in a different way. Wild spending sprees, poor decisions, and fights with family members are just a few of the complications which may occur. Even though manic periods definitely have a biological cause, family, friends, and bosses are not likely to understand this concept. As a result, the things which manic persons do in their “high” periods can cause people to turn away from them and blame them. It can cause them to lose jobs, marriages, and friendships.

Unipolar depression, on the other hand, has one “pole.” It consists of one or more major depressions without any manic periods. Unipolar depressions tend to arise from a complex array of factors including stress, negative thinking, disturbed relationships, and genetic and biochemical factors. Some people, because of their family genetic history, have more of a tendency to develop depression than others, and it takes less stress to send them into an episode. Other persons may not have a strong tendency towards developing depression, but given enough difficult, stressful circumstances, they may also develop the syndrome.

Another common type of depression is Dysthymic Disorder. (In DSM-5, this is now referred to as Persistent Depressive Disorder.) Dysthymic Disorder is a long term, chronic state of mild depression lasting at least a couple of years. For persons with his disorder, mild depression has become the usual state of affairs. They do not have all of the symptoms for a major depression for a two week period, but they are impaired and cannot function as well as they otherwise might.

Some clients do not have any of the above disorders. They have been exposed to a stress and have had unpleasant depressive symptoms, but these are not severe enough to qualify as a major depression. Nor have their symptoms persisted long enough to qualify as a Persistent Depressive Disorder. In these situations, the diagnosis of Adjustment Disorder with Depressed Mood is used. Since adjustment disorders are less severe and are associated with stress, if the stressful event goes away, the depression generally does as well.

You may encounter the diagnosis of Depressive Disorder Not Otherwise Specified. This is now referred to as Depressive Disorder Unspecified. It would mean that the doctor does not have enough information to make one of the other depressive diagnoses.

If Depression Is Biological then Why Do I Need Psychotherapy?

That is an excellent question. It is well known that depression can result from stress.

Here is one way to understand this issue. It may not be totally correct, because science continues to increase our knowledge of the brain, but it is close enough to be a useful framework. Stress physically impacts the brain. One way it does this is through the body's release of cortisol. The process begins with the perception in the brain that there is a stressful situation at hand (loss of a job, marital tension, and so on).

The brain causes the hypothalamus to release Corticotropin Releasing Factor. This triggers the pituitary to release Adrenocorticotrophic Hormone. This triggers the adrenals to release adrenalin, noradrenalin, and cortisol. Cortisol has a damaging effect on the hippocampus, and it may have negative effects on other parts of the brain as well. We don't know all of the physiological pathways that might occur to stress the brain under stress, but the point is that stress is not just psychological. It ends up being endocrine and physiological.

In treatment, the brain has to heal from depression, but it cannot heal when it continues to be bombarded with stress chemicals.

How do we prevent that? One way is to lessen the brain's perception of stress. One person who talks in front a crowd might feel excited, and another person in the same situation might feel extremely stressed. Persons with chronic negative thinking are likely to have chronic stress. Thus, one way of seeing the goal of cognitive therapy is that it reduces the negative thinking, which produces the stress, which involves the release of cortisol from the adrenals, which travels to the brain, and which most likely there plays a role in the development of depression.

Not all persons who are stressed develop depression. The types of genes that a person has tends to predict whether stress will cause depression. In one study, persons with two particular genetic subtypes had a depression rate of 35% after three stressful events, whereas persons with a different genetic subtype had a depression rate of 10% after three stressful events.

While, excessive stress can cause cell death in the brain, the good news is that neurons in the hippocampus can regrow. But most likely, they need a nonstressful environment in which to regenerate (that is a brain environment free from excessive cortisol). Cell growth is also spurred by exercise, which in turn releases brain derived neurotrophic factor (BDNF). I would also venture to say that cell regrowth is probably assisted by a healthy diet, something which can be impaired in depression. Psychologists often focus on exercise and diet as part of an overall treatment plan.

How long does the brain need in a stress free environment to regenerate? One study of laboratory animals indicated that rat brains needed 21 days of rest to recover from 21 days of high doses of cortisone. Most depressed patients would love to have at least 21 days when they were not being put under stress and in which they didn't have to fight off negative thoughts that were also stressful to them; but to fully recover, probably much more is needed. Probably the human brain needs several months of sustained "normality" in which it is not being bombarded by excessive negative thoughts and excessive stress.

Understanding the Role of Negative Thinking in Depression

Whether negative thoughts are the cause of depression or the result of depression is not always clear. However, it would be true to say that many times, negative thoughts cause stress and probably thereby cause depression. On the other hand, it would also be true to say that no matter what original pathway leads someone to become depressed, the result of the depression can be a great many negative thoughts and these in turn will tend to perpetuate the depression.

One analogy would be a prairie fire. Lightning may be needed to start the fire, but once the fire is started it doesn't matter after that what actually triggered it. It is self sustaining. Once the fire is going, then heat combusts fuel in the presence of oxygen. The combustion liberates more heat, which combusts more fuel. It is a self sustaining cycle. Once depression has started, it generates negative thoughts, and the negative thoughts generate more depression. To interrupt the fire, one can take away fuel (i.e., create a firebreak) or take away the oxygen (e.g., spray a foam on top of the fuel). To stop depression, one can interrupt the stress cycle by "depriving it" of excessive, illogical negative thinking.

The negative thoughts which person have are typically about themselves, their situation in the world, and/or their future. This is referred to as the "cognitive triad."

<i>Negative Thoughts in The Area of</i>	<i>Can Lead To</i>
View of Self	Thinking of oneself as worthlessness, bad, helpless, ugly, stupid
View of World	Distrust, cynicism, alienation
View of Future	Discouragement: Thinking it will be a long, hard road ahead Pessimism: Being doubtful that one can make it through current problems. Hopelessness: Thinking that it is impossible to make through current problems.

Write down any negative thoughts you have about yourself:

Write down any negative thoughts you have about your situation:

Write down any negative thoughts you have about your future:

Do your negative thoughts tend to occur more regarding yourself, your world, or your future?

Negative thoughts in the three areas (self, world and future) both cause depression and are caused by depression. When a person becomes depressed, negative thoughts may initially be tied to one or more specific situations. However, after a person is depressed, negative thoughts can be about anything.

A depressed person does not have to try to think these negative thoughts. They occur almost automatically. One type of situation that seems to trigger such negative thoughts is when a person is by themselves, in a boring situation, or doing something that takes no effort or thinking on their part. An example would be driving down a long highway with little traffic. Another type of situation would be one which is stressful, such as going on a first date, or going into a job interview. The boring situation allows negative thoughts from a depressed brain to emerge without any competition from the outside world. Stressful situations may cause a depressed brain to come up with negative conclusions about the outcome of the situation ("I will act stupid; I'll screw it up.")

These types of thoughts are called automatic negative thoughts (ANTs). One client called these "popcorn thoughts" because of the way they just popped up in her mind. Automatic negative thoughts make the depressed person feel more depressed because they feel so true and so realistic. Most of the time the thoughts are not realistic, however, and dwelling on automatic negative thoughts causes more depression.

ANTS are called "automatic" because there is no intention to feel depressed or to thinking negatively. I have never had a patient who said to me, "Yahoo. It's Friday. I get to go home and have negative thoughts." There is no desire to be depressed, and there is no desire to have negative thoughts. There is such a thing as automatic positive thoughts. These can occur in narcissism, in mania, and in addiction. However, the automatic negative thoughts in depression are negative. Most of my clients are dealing with automatic negative thoughts. Then it is important to remember that they are automatic negative thoughts, and not automatic negative realities. A thought is a product of the brain, and it can be true or false. It is not a reality just because I am thinking it.

Depressed persons need to have some times when they are distracted and thus not have to deal with their negative thoughts. They need some time to rest. At other times, they need to confront those thoughts as being illogical and to work to replace them with more realistic thoughts. One cannot battle ANTS 24 hours a day, seven days a week. Think about how our revolutionary war ancestors fought the British. They did not simply line up and shoot it out. There were too many well trained British soldiers. The Americans would have lost. They had to choose their battles carefully and to fight only at certain times. They had to disengage from the enemy at other times. There are times that we just have to distract ourselves away from our negative thoughts.

As you read this, you may become aware of certain automatic negative thoughts. For example, you might think, "I can't learn anything;" "everybody else must be able to understand this better than I can," and so on. Remember that when you are depressed, your memory and concentration may be

impaired. If you have to reread parts of this, do not jump to conclusions. It is not important to learn this information quickly. Just try to focus on understanding some parts that are useful to you. On the other hand, your thought may be, "This isn't going to help me." This, too, could be an automatic negative thought. Such skepticism is fine, as long as you can also be skeptical of your own negative thoughts! In depression, people are often skeptical of everything positive, but they are not skeptical towards their own depressive ideas. You will need to learn to distance yourself from your thoughts. Think of it this way. Your brain is not one simple anatomical part of your body. It has many different parts. In depression, some part (we don't know which), is manufacturing the ANTs. They feel true because they are being manufactured inside of us. But some other part of our brain, let's say the prefrontal cortex, needs to intercept these and decide that they really don't make sense.

Types of Automatic Negative Thoughts in Depression

Understanding the types of negative thoughts provides a person with a kind of toolkit. Anyone learning carpentry needs to understand what a hammer is and how to use it. They would need to be able to name and describe a variety of tools. It wouldn't be useful to simply say, "I have some tools here." Being able to label things gives people greater understanding and power over them. In the same way, depressed persons often sense negative thoughts swarming around in their minds but aren't able to sort them out. Being able to label them can lead to understanding and to a type of power over them. Since these were described in more detail in Chapter handout 3, they will only be summarized here:

1. ***Ignoring the positive and focusing on the negative.*** In this style of negative thinking the depressed person ignores most or all of the positive events that are happening (or have happened) and focuses on the negative events in their life. This can be a little tricky, because we don't know what we don't know.



Consider the following therapy dialog:

Patient: I feel I am a terrible mother.

Therapist: Why is that?

Patient: Because I yelled at the kids this morning. I didn't cook them a good breakfast, and I sent them off to school with just a Pop Tart to eat.

Therapist: Well, I admit that doesn't sound very good; but do you ever do positive things as a mother?

Patient: Not really.

Therapist: Well, how about taking them to the zoo?

Patient: Well, yes, I do that.

Therapist: How about giving them birthday parties?

Patient: Yes, that, too.

Therapist: Or tucking them into bed at night?

Patient: Okay, I guess you got me.

Therapist: I'm not trying to "get you" but to show you that your brain is overlooking relevant positive facts that would help you to feel better. Your brain is operating in a biased fashion, just remembering and paying attention to the negatives.

2. *Disqualifying the positive.* This involves negating something positive which has happened. A depressed person will often turn down a compliment, saying something such as, "I didn't really do anything important." Inwardly, the person may be disqualifying the compliment by thinking something such as, "They don't really mean it; they're just trying to be nice."



In the first example above, the mother might say, "Well, yes, I do tuck them in bed at night; but any mother should do that. It doesn't prove anything." This would be an example of disqualifying the positive.

Or perhaps a depressed college student makes an A on a Calculus exam. Their ANT may be that they are dumb or stupid. When the therapist points out their A, the patient might respond, "I just got lucky," or "He just happened to give an easy test that day."

3. Overgeneralizing. A typical statement from a depressed person is "I can't do anything right". Such a statement would be ignoring the positive and overgeneralizing about their inability to carry out tasks correctly. They have never been a success? At anything? Statements that use the words "anything," "nothing," "always", "never", "ever", "everyone", "no one," etc., are very likely to be overgeneralizations." The use of these words amplifies negative thoughts and situations, thereby increasing depressive feelings.

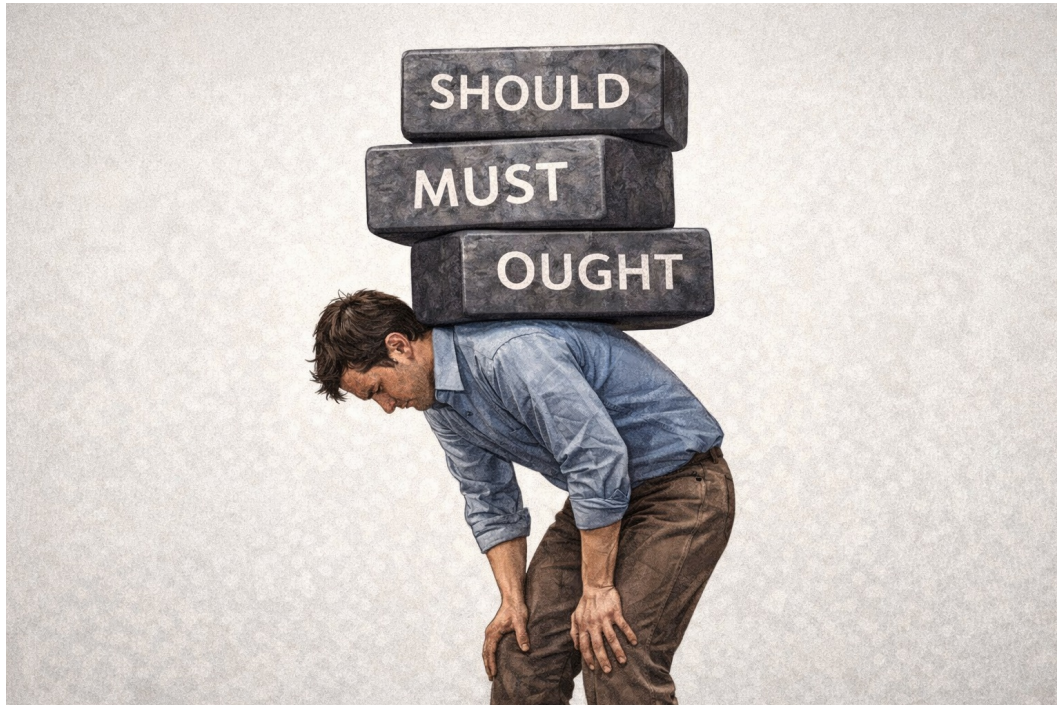


It's not just a bad lesson; it's a bad day. It's not just a bad day, it's a terrible week. It's not been just a terrible week but it's turning into an awful month. Everything's awful.

4. *Catastrophizing and exaggerating.* Catastrophizing involves an extreme overreaction to an event, and exaggeration involves magnifying an event in the mind. An example of exaggeration would be getting a minor criticism from one's boss and thinking, "He really chewed me out." Catastrophizing goes far beyond simple exaggeration. It sometimes links together one imagined event after another until in the person's mind a true catastrophe results ("This will happen, and then this will happen, and then this will happen, and in the end, it will just be awful.").



5. "Should" statements. Thoughts which use the words "should" and "ought" aimed at the self tend to produce guilt and feelings of inadequacy. These types of statements tend to be moralizing. That is, they tend to turn situations into moral issues. While there are clearly issues of morality in life which deserve "should" thoughts (killing, stealing, child abuse), depressed persons often bring this kind of thinking into a wide variety of everyday circumstances, creating an extra emotional burden on themselves ("I should clean house better;" "I should cook better meals;" "I should be nicer to my kids when they get home;" "I should be advancing faster and getting more promotions;" etc.).



6. *All or nothing thinking.* Sometimes depressed persons conclude from a small failure that they are a total failure or after losing their temper with their children that they are a terrible parent. This kind of thinking implies that there is no gray area in between total success and total failure, between total adequacy and total ineptness. This is "all or nothing" thinking. It ignores the fact that for 99.99% of us, our actions fall in between the absolute best and absolute worst. All or nothing thinking states that "either I perform action 'X' perfectly well, or I am a total failure."



7. **Mindreading.** Mindreading is a type of jumping to conclusions about a situation. This is "knowing" what another person is thinking without having any really good evidence. A depressed person might "know" that others are unhappy with him or making fun of him.



8. *Fortune telling.* Like mind reading, fortune telling is a type of jumping to conclusions. However, rather than jumping to conclusions about what people are thinking, it is about what will happen in the future. In depression, this might involve concluding that the person will never recover from his depression, believing that he won't get the job that he wants, or thinking that his wife will leave him. Depressed persons often believe that they are being realistic in negative projections about the future. However, cynicism is not the same things as being realistic. Each time that ANTs involve fortune telling, they have a compelling feeling that this time it's going to be true. The only way to overcome this is to keep a track record of how often the ANTs do come true. Most of the time they don't.



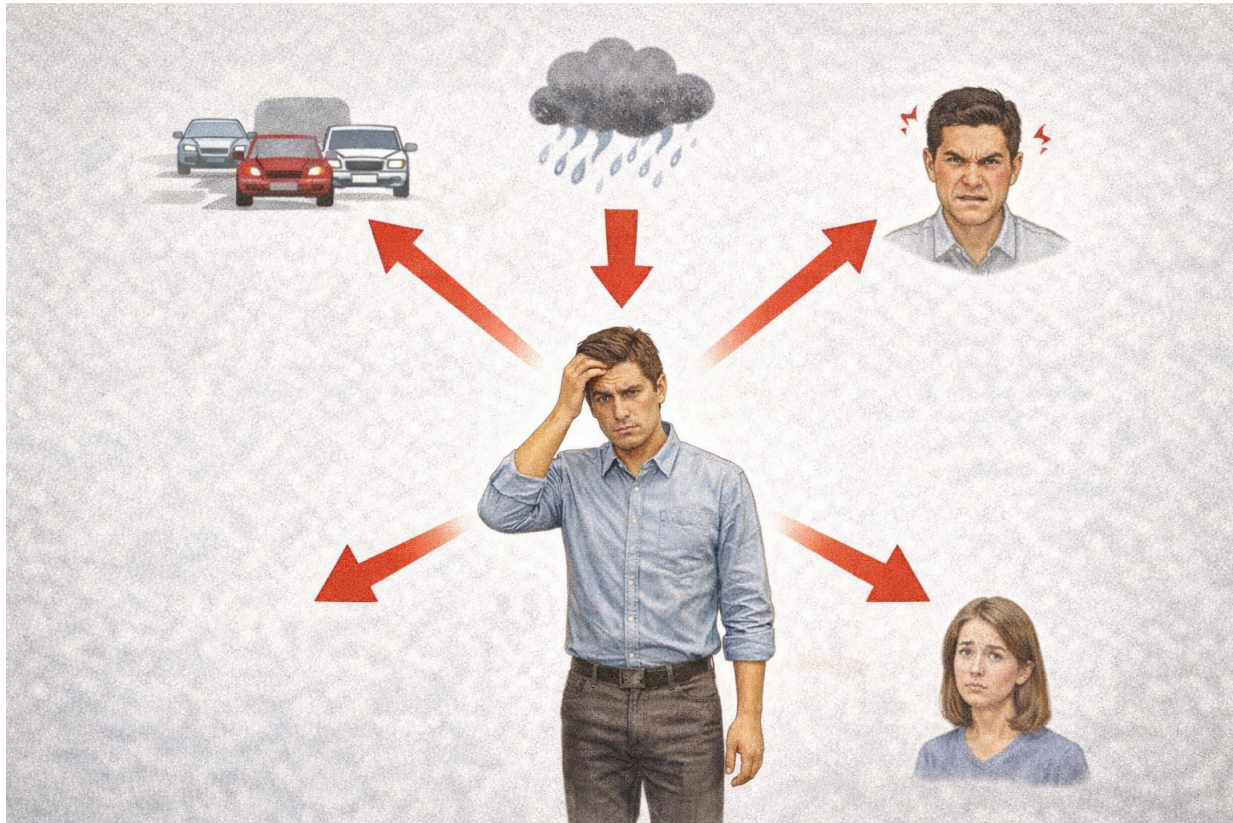
9. Reverse Fortune Telling. In depression, persons often second guess their past decisions with “what if” thoughts and “if only” thoughts. “If only I had reared my children differently, they would have turned out better.” “If only I had been nicer to my husband, he wouldn't have left me.” Reverse fortune telling involves jumping to conclusions about what the present would be like if one had acted differently in the past. These thoughts are untestable and can neither be proven nor disproved. It makes little sense to torture oneself with a thought that can never be proven one way or another.



10. *Emotional reasoning.* This type of negative thinking involves basing thoughts on feelings rather than the other way around. It is more logical to base one's feelings on the facts of a situation. "Intuition" will make the depressed person believe a variety of "facts" which are really not true.



11. Personalization. Depressed individuals sometimes view negative events as being aimed at them or caused by them when in reality they were not. Thus, for example, a teacher might send out a note to parents saying that it is important for them to make sure that children have their lunch money when they arrive at school. A depressed parent might feel sure that the teacher is upset with them personally and that the note is aimed just at them.



It's all about me (in a bad way).

12. Mislabeling. Depressed persons tends to label their behavior or situations they are in using very negative terms. If they are having difficulty getting motivated, they may blame themselves for being “lazy.” If they are having difficulty thinking clearly and remembering things, they may tell themselves that they are “stupid.” These are likely to be far from the truth. The depressed person is often physically tired and may also be very uninterested in doing things. But these are temporary symptoms and quite different from being “lazy,” which is an ingrained character trait. Similarly, having difficulty concentrating and thinking clearly is a typical symptom and has nothing to do with lack of intelligence.



FAQ: Frequently Asked Questions

Aren't negative thoughts realistic at times? After all, don't bad things happen to people?

Yes, bad things do happen. However, depression has a way of making even bad situations seem worse than they are. If you are clinically depressed, then you can be pretty sure that some of your negative thoughts are excessive and exaggerated. After applying cognitive therapy to your thoughts, things may not seem rosy, but they are likely to seem less gloomy. Depressive thinking demoralizes a person far beyond what situations and circumstances usually warrant.

Use the Four Column Technique to Combat Negative Thinking

The use of the four column technique was demonstrated in Chapter/handout 3. Here is an example of how negative thinking can lead to depression and how this technique can be used to combat such thoughts.

First, the person writes down the objective situation which was occurring when they began to feel depressed:

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
I went to a party, but only one person talked to me.			

Now, the person writes down how they felt in the situation:

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
I went to a party, but only one person talked to me.		Depressed Lonely Hopeless	

The next step makes it clear how the situation led to the depressive feelings. This involves writing down the automatic negative thoughts in the second column. These thoughts act as a kind of bridge between the event and the feelings:

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts

I went to a party, but only one person talked to me.	They don't want to talk to me. I'm just not interesting. I'm boring. I would have felt better if I had just stayed home. I'm a zero. I have nothing going for me.	Depressed Lonely Hopeless	
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These three columns make it clear why the person became depressed. The negative thoughts in the middle link the situation to the depressed feelings. Without the thoughts in the second column, there would have been no depression. Perhaps the person would have just lost interest in the party and gone home. Or perhaps he would have tried to stir up some excitement. However, because of the negative thoughts that he is having, he is demoralized him to the point that he starts to give up trying to have fun.

The final step in the four column process is to challenge the negative thoughts. This is where the real coping begins because it is an opportunity to change the way the person is looking at the situation.

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
<p>I went to a party, but only one person talked to me.</p>	<p>They don't want to talk to me.</p> <p>I'm just not interesting. I'm boring.</p> <p>I would have felt better if I had just stayed home.</p> <p>I'm a zero.</p> <p>I have nothing going for me.</p>	<p>Depressed Lonely Hopeless</p>	<p>Maybe I'm not assessing the situation correctly about them not wanting to talk to me.</p> <p>I'm labeling myself in a very negative way. This is all or nothing thinking.</p> <p>Maybe I just need to brush up on my social skills. There's no reason that they should show an interest in me if I'm not holding up my side of the conversation.</p> <p>Maybe I'm personalizing. Maybe I wasn't the problem, but some of the other people were shy. Or maybe they were with good friends.</p> <p>I would have felt bad at home, too. Maybe even worse.</p> <p>I have a lot of good qualities. But people are going to have to get to know me to be able to appreciate them.</p>



Time for Practice

On this page is a blank sheet for you to use to work on your negative thoughts:

Objective Situation (The “Event”)	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts

Tips on Working on Negative Thoughts

First, write down very clearly the negative thoughts you are having. Don't let them remain vague in your mind.

Don't start a negative thought with a “maybe.” For example, don't try to challenge a thought such as, “Maybe my boyfriend won't call tonight.” If you are feeling depressed about it, you are probably thinking on some level, “My boyfriend **won't** call tonight.” This type of a strong negative thought is easier to challenge. For example, it is easier to challenge the thought "I will fail the test" than it is to challenge the thought "I might fail the test."

Don't label yourself as “stupid” for having negative thoughts or tell yourself that you “shouldn't” have them. This is just more depressive thinking. It may temporarily suppress negative thoughts to tell yourself that you shouldn't have them, but this just leads to more feelings of inadequacy and thus more depression.

Look at evidence which would dispute your depressive thoughts. Don't just play Pollyanna and tell

yourself that they are not true. Finding evidence contrary to your negative thoughts can be difficult to do if you are very depressed since your mind is biased towards seeing the negative. This is where you may most need the help of a therapist or a friend.

Examine your logic leading to your negative thoughts. For example, look at the list of cognitive distortions to see if your thoughts fit into any of those categories.

Look for alternative explanations of the upsetting situation. There are usually a variety of ways of seeing most situations.

Keeping a Notebook of Fortune Telling Thoughts

Keep a notebook (or least take note in your mind) of your fortune telling thoughts. Persons who have negative thoughts about the future often fail to follow up on them. It is important to have some kind of record about what actually happens. For example, suppose a person is very anxious and depressed because they believe that they are going to do a very poor job at giving a speech. When the day of the speech comes, they deliver it satisfactorily, and they go on. They breathe a sigh of relief that it wasn't as bad as they thought. But they forget just how worried they were. They forget how they just knew that it would go terribly. As a result, they do not learn from experience. Then the next time that they have fortune telling thoughts, they are again sure that they know what is going to happen. Keeping a notebook and following up on these thoughts is one way of combating fortune telling. It is important when using this technique not to fall prey to self-fulfilling prophecies. That is, it is very possible for someone who expects events to go wrong to somehow unconsciously facilitate this happening. In addition, the cognitive error of focusing on the negative can make it seem that everything is going wrong when it is not.

Example of negative, fortune telling thought:

“This is going to be a terrible day. I can just feel in my gut that things will go wrong today.”

Notebook Technique:

I'll keep a record of what happens today, and I'll make sure to write down both the positive and the negative events that happen.

Some negative thoughts can't be challenged easily because there is not much definite information or data one way or another. Simply waiting to see what happens may not provide the necessary facts; there may have to be a deliberate attempt to obtain information. For example, if you are engaged in mindreading thoughts that someone else is unhappy with you, it can be useful simply to ask the person if they are upset, and if so, about what.

Sometimes people have negative assumptions about what will happen if they try to behave in a healthy manner. Their fortune telling thoughts keep them from doing what they need to do in their own interest:

If I take a week off from work, then the office will fall apart.

If I tell my husband how I feel, he will be angry at me and stomp out of the house.

If I set limits on my son he will only become angry and act out more.

Each of these predictions is a type of fortune telling, and each one lends itself to performing an

experiment. The person with the negative thoughts may not have any real information about what would happen in these situations because they have always stopped themselves from doing what was necessary to prove or disprove the thought.

Affirmations

Some persons find repeating affirmations on a daily basis to be very helpful, and there is research which indicates that repeating positive phrases can have a mood lifting effect. If you would like to try affirmations as a way of coping, consider stating the following to yourself silently or out loud. Try creating your own phrases.

I am a person just like everyone else, and I have value as a person.

I have my own strengths and abilities which make me unique.

I can solve problems and overcome many of my difficulties. I can persevere.

I can be flexible. If one way of approaching a problem doesn't work, I can always use another.

I have people that love me and care about me.

I can take control of my life. I will not allow myself to be helpless or a victim.

I will look for the positives in my world today. They are there if I look for them.

I am going to act with confidence.

There are enjoyable activities in life which are waiting for me. I only need to search them out.

Visualize these thoughts as you say them. See yourself in your mind's eye acting them out. Visualize yourself enjoying activities, handling problems, and overcoming difficulties. If negative thought images creep in, gently set them aside and go back to imagining yourself mastering problems and enjoying life.

Attributions in Stress

Oftentimes, when things go badly, people try to find a reason or cause for why they went wrong. These causes are called attributions. Research has shown that some types of attributions are more likely to lead to depression than others. For example, assume that a man breaks off a relationship with a woman. She can blame the break up on herself ("I wasn't good enough for him") or decide that it may have more to do with him and his own personal situation. The first explanation is called an internal attribution, and the second is called an external attribution. An internal attribution says that the cause for an unpleasant event is due to the person having the thought. An external attribution lays the blame on someone or something else.

The woman may also decide that this same situation is likely to arise in all relationships with men (a global attribution) or that it only happened because of particular reasons associated with this particular man (a specific attribution).

Finally, she may decide that whatever the cause (internal or external) it will be prone to happen again and again in the future (a stable attribution) or that it is not likely to happen again (an unstable attribution). Why is all of this important? Because research has shown time and again that the attributions which are most likely to lead to depression are the ones which are internal, global, and stable. In other words, the most depressive way of thinking about a stressful situation is the

following:

“I caused this difficulty to occur. I have this ingrained problem, perhaps a character flaw or a physical flaw, and it is all my fault that this happened. Moreover, this personal inadequacy is not going to go away. It will be there in the future, no matter what type of situation I am in.”

Sounds depressing doesn't it? But there are other ways of seeing situations. Here are some examples of how the same event can be perceived differently and consequently lead to two different sets of emotions.

Thought	Attribution	Result
“He rejected me because I am ugly and stupid.”	Internal, stable, global attribution	More likely to lead to depression.
“He is young and confused. He doesn't know what he wants in a relationship. Other men have been interested in me in the past.”	External, unstable, specific attribution	Less likely to lead to depression

Now suppose that a person makes a bad grade in a college course. What might their attributions be?

Thought	Attribution	Result
“This just proves how stupid I really am.”	Internal, stable, global attribution	More likely to lead to depression
“I really didn't try hard enough. And I think math is particularly difficult for me. I will have to learn some new study techniques and try again.”	Internal, unstable, specific	Even though this is an internal attribution, it is still less likely to lead to depression because it is specific rather than global and unstable rather than stable across time.

Notice that in the case of the college test, the student is still making an internal attribution and is not blaming the bad grade on anyone else. It does the depressed person no good to go around blaming everyone else if he is actually causing many of his own problems. However, the attribution here is specific to math courses, and it is unstable (“I will try harder next time”). Unstable attributions can lead to more persistence because they are based on the idea that a problem is not set in concrete forever. Specific attributions (“I have problems in math” rather than “I have trouble in everything”) tend to lead to less depression. They can also lead to more flexibility in coping: “I had trouble on this math test, but I have not had as much difficulty on others; perhaps I need to change the way I study.”

The Attitudes of Depression

The depressive thoughts discussed so far are fairly easy to "catch", i.e., it is generally easy to become aware of them. However, like the picture from a movie projector, thoughts can be in focus or out of focus. People have some thoughts which are not clearly stated in words, and becoming aware of those requires some effort. For example, the depressive thought, "My wife is going to leave me" may be easy to "catch" and to put into words. The thought, "She is leaving me because I am inadequate" may be somewhat more out of focus. And the thought, "If I am not loved, it proves that I am not really worth anything" may be even more difficult to bring into focus.

Despite the fact that they are often not very clear in the person's mind, underlying attitudes can shape how people see the world. What makes a person worthwhile? What makes life worth living? How does a "real woman" or a "real man" behave? Just as a person who holds a red lens up to their eye sees everything red, our underlying attitudes color how we see events. Some people see every situation as requiring them to gain the approval of others. Other people see most situations as instances where they may need to achieve and excel. Still others see most life situations as requiring self-control. Each of these ways of thinking defines for some people their reason for living and what they believe makes them worthwhile (I am worthwhile if I achieve; I am worthwhile if people approve of me; etc.). These underlying attitudes, two edged swords. They can not only make persons feel worthwhile, they can also make them feel inadequate and think that they are worthless if they are not lived up to.

Here are some of the attitudes about self-worth which are common:

I must achieve in everything I undertake or I am not worthwhile.

I must be approved of by everyone. If someone dislikes me or disapproves of me, there must be something wrong with me.

If I am not always in control of my feelings and actions, then I am weak. And if I am weak, I am worthless.

I must be loved to know that I am valuable.

I must do everything I do in the best possible way (that is, perfectly) or I'm not worthwhile.

Perfectionistic attitudes have been found to be particularly prone to cause depression. In one study of persons in treatment for depression, the higher the levels of perfectionism, the less likely it was for the person to improve. It didn't matter whether they were in cognitive therapy working on negative thoughts, receiving medication, or in some other form of treatment. Perfectionism was a roadblock to significant improvement in all the forms of therapy offered. The implications of this are very clear. Although some depressed persons see perfectionism as a very logical approach to life, it is actually a landmine in the road to success and happiness.

It is not always necessary to deal with underlying negative attitudes to get out of depression. Clearly, there are times when circumstances improve or when the passage of time helps the person to feel better. However, when negative assumptions are not dealt with, then the person is likely to be just as vulnerable to future depression if stresses occur again. It is not easy for peoples to change these attitudes by themselves, and discussions with a therapist are often helpful and sometimes necessary.

Getting Personal

1. *What kinds of stresses have caused you to be depressed in the past? Does this tell you anything about your depressive attitudes? For example, have you tended to become depressed following relationship breakups? Being disapproved of by someone important to you? Experiencing school failure or a job setback? How about after making a mistake?*

2. *What kinds of stresses have not depressed you in the past?*

3. *As you consider your answers to questions 1 and 2, does it appear that there are particular kinds of stresses to which you are most vulnerable?*

4. *Rate yourself on the following underlying attitudes.*

Attitude	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
If I fail at something, it means that I am inadequate or worthless.					
If I do not accomplish something which is very important to me, then I am a failure.					
If someone that I love does not love me, then it means that I am unlovable and worthless.					
I must be approved of by everyone. If someone dislikes me or disapproves of me, there must be something wrong with me.					
If I am not always in control of my feelings and actions, then I am defective and/or weak.					
If I do not strive for perfection, I am likely to turn out to be mediocre and worthless.					

Depressive Attitudes and Stress: An Explosive Combination

Depressive assumptions and stressful life events can team up to cause low self-esteem and depression. For example, consider what happens with the following combination of a depressive attitude and a corresponding event:

Attitude	"I am worthwhile only if I am loved."
+ Event	"My wife left me."
=Result	"I am worthless."

In this case, the attitude and the event go together to create feelings of worthlessness and depression. The particular attitude and the particular event fit together hand in glove. Making a "D" in a course or even an "F" might be less likely to trigger depression in this person, given their basic attitudes about what makes them valuable. The person is basing their self esteem on love, not on success. (The exception to this would be if they thought that people would love them less for making poor grades.)

Each of the depressive attitudes can lead to low self-esteem or feelings of worthlessness if the right stress occurs. Think of it as a jigsaw puzzle in which certain pieces fit together. If a person believes they must succeed and do well in everything they attempt, then not getting an expected raise or promotion can be a severe blow to their self-esteem. It may even lead to clinical depression. On the other hand, if members of his family are upset with him and avoiding him, it may cause sadness, but still not result in depression because his underlying attitudes regarding self-worth are not based on love and approval.

Here are some of the logical problems with each of the dysfunctional attitudes.

1. "I must do everything perfectly":

Problems with This Way of Thinking:

--Trying to do everything perfectly may so overwhelm a person that they may never get started. They may then get less done than if they tried to do a good or adequate job.

--A person may spend so much time on details that little work gets done overall.

--Doing things perfectly is not really possible. Thus, it is inevitable that the person will feel inadequate at some point.

2. "I must succeed in everything I undertake. I must never fail or else I am worthless."

Problems with This Way of Thinking:

--It is not possible to always avoid failure.

--If an individual fails at one thing, is she supposed to ignore and overlook all of the things that she does right?

--This way of thinking can cause such a fear of failure that a person will not take even minor risks. This can cause them to be immobilized.

--Some of the people who have accomplished the most in history have had significant failures as well as successes.

3. "It is terrible to be disapproved of. If someone disapproves of me, I must have done something wrong."

Problems with This Way of Thinking:

--It is not possible to please everyone.

--If it appears that we are pleasing everyone, we are probably only succeeding in being wishy-washy and having few if any real principles.

--This would mean that other people's opinions are automatically more valid than my own.

--Since someone will always disapprove of us, we are doomed to always feel inadequate and unhappy.

4. "I must be loved to know that I am valuable."

Problems with This Way of Thinking:

--Whether we are loved does not change our intrinsic self-worth. It is very important to be loved, but it does not reach into the core of our being and change who we are.

--If we must be loved to feel worthwhile, we are likely to be a doormat in a relationship for fear of losing it.

--A person's value to society comes more from the love and concern they give than from the love they receive.

5. "I must be in control of my emotions and actions at all times or I am weak and worthless."

Problems with This Way of Thinking:

--No one can be in control at all times. This is a myth perpetuated by Hollywood heroes in action movies. We cannot live our lives according to a Hollywood script.

--Emotions cannot always be controlled. Furthermore, a person who attempts to have tight control over their feelings has difficulty being spontaneous and having fun. They may also tend to try to control others and so are not much fun to be around.

--A person who has this idea and gets depressed is then likely to get even more depressed because they will tend to blame themselves for not being in control of their situation and feelings.

--Part of the fun of life is being spontaneous and seeing what will happen next in life.

Special Section: Coping with Mania

Coping with the high, manic periods of bipolar disorder (manic depression) is generally a different process than coping with unipolar depression. Here are some guidelines about coping with mania:

1. This is most important of all: do not overwork yourself. Do not allow yourself to work (or play) until all hours of the night. Give yourself a chance to rest. Your body may not want to rest, but you must make the time for it.

2. Put yourself on a schedule and stick to it. Eat and sleep on a regular basis.

3. Have a close working relationship with the doctor prescribing your prescription. For some people, the medication for mania has to be adjusted quite often. Moreover, in a manic state you may not believe that your behavior is unusual or that there is anything wrong. If others indicate concern about your actions, you need to get in touch with your doctor and trust her opinion.

4. Prepare a plan for how you and your significant others will deal with any manic periods. Work with your spouse or family members in advance of these episodes. Decide together what you are going to do if you start to get out of control. Give your spouse or friend permission to follow the plan, since you may be resistant to following it once you are in an episode.

Special Section: Coping with Suicidal Thoughts and Impulses

Suicidal thoughts do not just arise in depression but can occur in a variety of disorders and with a variety of psychological problems, such as panic disorder. Such thoughts and impulses can occur also when angry feelings overwhelm a person. Almost every method of coping described in this book is in some way relevant to dealing with suicidal thoughts and impulses. However, there are certain techniques which are particularly relevant to dealing with this problem.

Overcoming Negative Thoughts Regarding Suicide

Suicide is closely related to hopelessness and to negative thoughts about the future. Persons who commit suicide are generally convinced that there is no other way out for them. This is not true. There are better solutions to problems than suicide. If you are concerned that your depression will always be with you, then keep in mind the fact is that even severely and chronically depressed individuals can have long periods of time in which they are not bothered by depression or mood swings. Most depressions come to an end and do not go on forever.

Since hopelessness is so closely associated with suicide, it is vitally important to find a reason for hope. In this regard, it is important to avoid catastrophizing and fortune telling. The suicidal person believes that they know what the future will be and that it will be bleak and full of despair. Some examples of typical fortune telling thoughts are:

“I’ll never get over this depression.”

“I’ll never be happy again.”

“Now that I’m divorced, I’ll always be alone.”

“I’ll never find someone else that I can love or who will love me as much.”

“I’ll never find another good job. I’ll always be scraping by from now on.”

The suicidal person often anticipates that something dreadful and intolerable is about to occur. However, the future is almost never a sure thing. There is no way of knowing with certainty what is going to happen. Even if it appears fairly definite that something bad will occur, it may be that you are not just afraid of the event itself but of something which you think will follow it. For example, if you are sure that your spouse is going to get a separation, maybe what you fear most is the idea that she will take the children away and that you will never see them again. The likelihood of a separation may be almost certain; the probability of divorce may be somewhat less sure; and the

chances of her taking the children away where you could never see again them are even less likely. The farther into the future a person is predicting, the more doubtful it is that their fears will actually come true.

Suicidal individuals often have the thought that others will be better off without them. “No one would miss me if I’m gone.” “I’m worth more to them dead than alive.” These are examples of the extremely distorted thinking that can occur in depression. The grief, pain, and suffering of family members after a suicide is often overlooked or discounted by the depressed person. Suicide is not a noble act. It does not take a burden off the family--just the opposite. It is a desperately self-centered act which can burden survivors with feelings of guilt, anger, and depression for years to come. It is important to realize that underneath the selfless sounding words of “taking a burden away from the family” through suicide, the depressed person is sometimes actually very angry. Suicide is often more of an expression of anger than selflessness. When this is realized, then the suicidal person can find more appropriate ways of dealing with their anger.

Overcoming Suicidal Thoughts and Impulses: Using Problem Solving to Find Solutions to Difficulties

Suicide can be thought of as a last ditch, desperate means of solving a problem. The problem usually consists of an external component (such as a legal problem or a relationship disappointment) and an internal feeling of pain. The person usually feels that all possible means of dealing with the problem have been exhausted and that there are no good alternatives left. Usually, this is not true, although it may be necessary to get help from a friend or therapist to see the alternatives which have been missed. Get someone to help you see some new solutions to problems that you have not yet been able to see. Get away from any rigid, all or nothing thinking. When persons are stuck in trying to solve a problem, they often feel that there are only one or two ways to solve it. When they feel that neither of them is working, then they tend to feel helpless and hopeless. In reality, there are often a variety of solutions to a problem. None of them may be perfect, but almost every one of them is likely to be better than suicide. Oftentimes, there may be multiple problems, which is particularly confusing to a person who is already depressed, tired, and having difficulty concentrating. A therapist can be very helpful in pulling apart the different problems and helping to find solutions for each.

Overcoming Suicidal Thoughts and Impulses: Distracting Yourself Until They Pass

Usually, suicidal thoughts don’t last for more than a few hours at a time. By remembering that such impulses usually pass, it is easier to find ways to distract yourself temporarily. If you can get past the moment, then you may change your mind about wanting to kill yourself. The first step is just to get through the night or the next few hours. Contact a friend. Then reconsider your situation. Delay acting on your suicidal thoughts. Keep your choices open. As long as you are living, you have the choice to stay alive or not to. But once you are dead, you have no choices. Give yourself the chance to change your mind. Once the crisis passes, develop a plan for how you will deal with the thoughts and impulses if they occur again.

Overcoming Suicidal Thoughts and Impulses: Obtaining Help and Social Support

Don’t isolate yourself. It is vital to garner social support. It’s time to call in your favors from people. This is no time to be independent and strong and to try to go it alone. Suicidal thoughts and

actions are often triggered by the loss of a relationship. If you have lost a person through divorce or death, then your needs for companionship are likely to be greater. You may be feeling intense loneliness. Ask for help. Set up a support network of individuals who understand your feelings and who agree ahead of time to be supportive.

If there is a family crisis behind your urges to kill yourself, it may be helpful to turn to the member of the family who is most stable, supportive, and calm for help. Let that relative know that you have a problem and what it is. See if there is something they can do to help you through the crisis.

If you feel that you are facing overwhelming demands that you cannot possibly fulfill or carry out by yourself, ask for help from others. If your family is not willing to provide the support that you need, there are people who will be glad to help you, such as local telephone hot lines, depression support groups, church groups, friends, a therapist, a minister, and others.

Form a strong relationship with your therapist. They are there to help you. If you feel that you need more frequent sessions with your therapist, ask for them. If your therapist does not seem to give you the amount or kind of support that you need, discuss that issue in your therapy session. Find out what the rules are about contacting them in a crisis. However, don't stop at finding out what the therapist's guidelines are.

Overcoming Suicidal Thoughts and Impulses: Making a Contract

Make a contract with a friend or family member to stay alive. Have a firm agreement to call them and to see them before hurting yourself. Some persons are leery of making such a contract. They feel that they are giving away their freedom to someone else. Two things need to be said about this. First, you are not giving away your freedom. You are preserving it. As already mentioned, dead people are not free; only living people are free. Secondly, if you cannot make an indefinite contract, make a contract for a limited period of time--a month, two weeks, or even one week. That way you are not committing yourself "forever."

Create a contract between you and your therapist that you will not harm yourself before coming in for another session. (It is not enough only to contract that you will wait until talking with them on the phone).

Overcoming Suicidal Thoughts and Impulses: Avoiding Alcohol and Drugs

Avoid substance use because it increases the chances of following through on suicidal thoughts. Drugs and alcohol impair judgement and lower a person's inhibitions. Moreover, alcohol and many drugs are depressants. If you need a medication to help you feel better, get a prescription for an antidepressant or anti-anxiety medication from a physician. However, make sure that the doctor knows that you are suicidal so that she can prescribe one which cannot be used to harm yourself.

Overcoming Suicidal Thoughts and Impulses: Give Away Any Means of Suicide

Make it harder for you to kill yourself on a whim or an impulse. Give any lethal medications or weapons that might be used to hurt yourself to someone else. Get rid of all guns in the house. Don't leave temptation lying around. You may even need to avoid driving at times if you find yourself having the impulse to wreck your car.

Overcoming Suicidal Thoughts and Impulses: The Two “Yous”

There are in reality two “you’s”. There is the suicidal you in the present, and then there is the you in the future that will be glad to be alive. Your therapist and friends are trying to keep you alive because they know the future “you” will be happy to still be living. Not all of your personality wants to commit suicide. The fact that you are still alive to read this means that a part of you has not wanted to die and has kept you alive up to this point. Remember that suicide is a permanent solution to a temporary problem.

Spotlight On...

Medications for Depression

Do Depressed Persons Need Antidepressants?

While most depressions have some things in common (such as a tendency towards negative thinking, loss of interest, and so on), they can also differ somewhat in their exact symptoms and in the treatment to which they respond. Some depressions appear to be more biological in nature--especially the more severe depressions. Other depressions appear to be primarily a psychological reaction to events. This is most likely to be true when a depression is mild to moderate in intensity. However, the majority of depressions are not clearly biological or psychological and probably involve both types of processes. There is no laboratory test yet which tells professionals exactly what type of depression a client has. There is also no test which gives a clear cut indication of whether medication or psychotherapy would be effective in treating a person. For many clients, medication is used along with psychotherapy. For more information on using medication for treating depression, read Chapter/handout 17 : “Using Medications for Depression and Anxiety.”

Other chapters which you may find helpful from this book and relevant to depression are:

- Chapter 2 Learning to Cope with Stress
- Chapter 3 Coping with Negative Thoughts
- Chapter 4 You Can Assert Yourself
- Chapter 5 Coping with Worry and Anxiety
- Chapter 7 Coping with Depression--A Look at Relationships
- Chapter 8 Coping with Grief
- Chapter 14 Coping with Relationship Problems
- Chapter 16 Coping with Perfectionism
- Chapter 17 Understanding and Using Medications for Depression and Anxiety

Further Reading for Clients

- Burns, D.D. (1980). Feeling good: The new mood therapy. New York: William Morrow.
- Greenberger, D., & Padesky, C. (1995). Mind over mood : Change how you feel by changing the way you think. New York: Guilford Press.
- Quinnett, P. (1998). Suicide: The forever decision. New York: Crossroad Publishing Co.
- Real, T. (1998). I don't want to talk about it: Overcoming the secret legacy of male depression. New York: Fireside.

Further Reading for Therapists

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford Press.

Beck, J. (1995). Cognitive therapy: Basics and beyond. New York: Guilford Press.

Persons, J. (1989). Cognitive therapy in practice: A case formulation approach. New York: W.W. Norton.