

Thinking Disorders and Depression

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for Health Studies

Resources

- *Cognitive Therapy and the Emotional Disorders* by Aaron T. Beck, M.D.
- *Cognitive Theory of Depression* by Aaron Beck, M.D., A. John Rush, Brian Shaw, Gary Emery
- *The Heart of Being Helpful* by Peter Breggin, M.D.
- *Beyond Conflict* by Peter Breggin, M.D.

Three Major Schools of Thought

- Classical psychoanalysis – thoughts are disguised representations of unconscious conflicts that cause problems
 - patient's explanations are rationalizations, coping mechanisms are defenses
 - conscious ideas, reasoning, judgment should not taken at face value – they are clues to be used to access deeper, concealed aspects of the mind
- Behavior therapists – thoughts, feelings, ideas not valid data
 - behavior is observed by an independent outsider (them) and used to explain problems
- Traditional neuropsychiatry – minimizes conscious ideation
 - interested in thoughts and feelings in order to make “diagnosis”
 - abnormal thoughts and feelings are caused by physical processes/chemical imbalances
 - drugs and electroshock used

The Consequences of Adherence to These Ideas

- Patient cannot define problems in his own terms
 - cannot help himself with everyday problems
 - led to believe emotional problems are caused by forces outside his control
 - must seek help from an “expert”
 - confidence in strategies used to solve other problems is diminished too
 - common sense plays no role
 - people are incapable of solving their own problems – their issues are “medical diagnoses” requiring “expert” treatment

Common Sense

- Humans function quite well in many areas; here are just a few:
 - able to balance hopes and expectations with external demands and constraints
 - can face disappointment and frustration, usually without lasting damage
 - capable of making life-and-death decisions when driving a car
 - are able to filter enormous amount of stimuli and figure out what to pay attention to
 - routinely use their imaginations and can tell the difference between reality and fantasy
 - are able to tell the difference between adversaries from friends
 - are willing to make adjustments to behavior in order to get along with others
 - can tell the difference between sincere and insincere messages
 - when faced with something new, can analyze and consider alternatives
 - can resolve conflicts, accept rejection, face danger

Common Sense

- People develop highly sophisticated techniques for dealing with life and problems in life
 - individuals make observations, sets up hypotheses, test viability, and form opinions which become a guide for future interactions
 - trial and error leads to an inventory of approaches and solutions
- As a result, humans develop “common sense”
 - the normal person has a great understanding of himself and other people
- People commonly help themselves and others too
 - examine their own outcomes, make adjustments, bounce back from adversity
 - encourage other people to focus on what is bothering them, suggest sensible attitudes, realistic solutions to problems
 - does not always work, but helps most people to maintain normalcy most of the time

Understanding Psychological Problems

- Common sense does not provide insight and explanations for emotional disorders
- BUT understanding of the thinking process of the depressed/anxious/psychotic person results in thoughts and behaviors making perfect sense
 - accomplished through empathy and relationship – meaning is attached to experiences which make sense within person's conceptual framework
- Psychological problems are not the product of mysterious forces or chemistry – they result from things like faulty learning, making incorrect inferences based on inadequate or incorrect information, not distinguishing between imagination and reality
 - thinking is distorted because it is based on wrong assumptions; behavior is self-defeating because it is based on unreasonable attitudes
 - solution is correcting misconceptions, learning more adaptive attitudes

Automatic Thoughts

- There is a conscious thought between an external event and an emotional response
- When there is no external event, a person can still have a cognitive event – a thought, memory, stream-of consciousness that triggers an emotional response
 - continuous negative cognitive flow can cause depression
- A person cannot react emotionally until he has appraised the situation because judgment is required
- Exaggerated anger, anxiety, sadness is based on the individual's judgment or perception of the event
- The thoughts triggering responses are automatic - people constantly communicate with themselves; tuning in and listening to one's own dialog is key to figuring out the problem

Automatic Thoughts

- Most people are unaware of their automatic thoughts
 - when asked many will provide conjecture about what they *must be thinking*
 - people are used to talking with themselves one way and with others in another way
 - they can be taught to focus on automatic thoughts - whenever they feel an unpleasant feeling, they can consider the thoughts immediately before that feeling
 - paying attention to these thoughts provides precise data for understanding the problem
 - the more disturbed a person is, the more important identifying these thoughts becomes in helping him

Characteristics of Automatic Thoughts

- They are very specific
- They do not arise from deliberation or reflection – they “just happen” by reflex
- The person makes no effort to initiate them
- They are difficult to “turn off”
- People regard them as reasonable and accurate, even when they are not – they accept validity without testing them logically
- People continue to believe the unrealistic thoughts even after acknowledging that they are not valid
- They are often contrary to objective evidence – no matter how many times they are invalidated they persist
- They are idiosyncratic – tend to occur with other individuals with same disorder

Self Monitoring and Self-Instruction

- Goes on during all waking life
- Over-monitoring – self-consciousness and excessive inhibition
 - stage fright – excess of warning signals and inhibiting self instructions
- Deficit of self-monitoring – smoking, overeating, alcohol abuse
 - individual shuts out awareness of consequences
- Process is scan, debate, make decisions – leads to messages directing behavior
- Too many self-instructions – “tyranny of the should”
 - common in overachievers and people developing depression
- For anxious and depressed people – escape and avoidance are common thoughts
 - anxious persons perceive danger and do not think they can cope
 - depressed persons think life is onerous and want to detach from it

Self Monitoring and Self-Instruction

- Self-instructions of an angry person – incite action against the perpetrator
- Self instructions lead to self-awards and punishment

a person disappointed in his behavior focuses on regrets and reproaches, thinks about being bad, ineffective, feels guilty and sad – this can morph into depression

a person proud of an achievement feels great about himself

- Anticipation is an important influence on feelings and actions

meaning of experiences is determined by expectations of consequences

mood and motivation are elevated by positive expectation, dampened by negative expectation

can be visual – seeing oneself thin or healthy for example; or seeing oneself as overweight and unhealthy

The Rules

- Different people give themselves different instructions, but individuals tend to show commonality in reactions indicating similarity of instructions
 - example: people who are shy or aggressive tend to give themselves similar instructions
- Consistency of response results in rules to guide reactions to situations and interpret experiences
 - standards and regulations – “right” and “wrong”
 - measurements of success
 - coding system to determine meaning of events
 - ways to steer or inhibit behavior
- Two people using different rules can have entirely different reaction to same situation
- Rules are developed from experience, observations, cultural/family ideology

Meaning

- There is a difference between the objective (public) description of an event and the meaning (subjective) attached to it by an individual
 - example a boss schedules a meeting with an employee
 - public meaning – need to talk about business issue
 - private meaning – “I’m being fired,” “I’m in trouble”
- Misinterpretation or misinformation can result in incorrect meanings being attached to a situation
- Private meanings are often unrealistic/incorrect for people with psychological problems
- The meaning attached to an event leads to an emotional response
 - if the meaning is incorrect, the response will be inappropriate

The Personal Domain

- Humans attach special meaning to things of importance to them
- Based on person's concept of self, attributes, personal characteristics, goals, values; family, friends, material possessions, school, social group, nationality, religion
- Explains how a person can be affected by something remote from him
 - a member of an ethnic group achieves something significant – others in the group are proud as if they themselves had achieved something significant
- Nature of emotional response depends on whether person perceives events as adding to, subtracting from, endangering, or impinging on domain
- Emotion – starts as we look at things and decide if they are good or bad
 - good – joy, pleasure, happiness
 - bad – sadness, anxiety, anger

Sadness

- Results when something of value has been lost
- The meaning of loss determines whether a person will feel sad
 - a millionaire loses a few dollars gambling – this is fun
 - a millionaire loses money on a business deal – feels that he has bad judgment, this is bad
- Hypothetical loss – no loss has occurred but “could happen” or something anticipated does not come through, still perceived as a loss
- Intensity of emotion depends on how person values what is lost
- Common cause of sadness – unfulfilled expectation and disappointment over losses

Anxiety

- Anxiety-producing situations include threat of physical harm, serious illness, economic loss, social rejection, loss of person or thing, sickness or death of another person, humiliation, desertion
 - all are threat to personal domain
 - threat can be real or imagined
- Anxiety is limited when people think they have ability to cope; increased when damage to domain is imminent or probability and time of loss are uncertain
- Anxiety in response to things that appear safe – related to private meaning attached to those things
 - example: person afraid of driving across a bridge because he fears it will collapse
 - example: person afraid of eating in a restaurant because he fears he will get food poisoning

Anger

- Intentional and unintentional transgressions - a person is subjected to an unpleasant experience by one or more adversaries
 - person feels he is subject of deliberate criticism, coercion, thwarting, rejection, deprivation, opposition
 - does not have to include malice – the “perpetrator” may not know what he did perceived as awful because they impinge on domain/rights – areas like self-esteem
- Rights can include expectations of respect, courtesy, consideration, loyalty
 - person can feel disenfranchised if he thinks that he cannot claim privileges because he is not entitled
 - example – “I can’t qualify for a promotion because I did not earn a college degree – everyone knows I could not afford to go to school.”

Anger

- Indirect transgressions – behavior of offender indirectly exposes person to self-devaluation
 - examples – girlfriend flirts with another guy, co-worker tells stories about his own success
 - “Someone else is getting something I’m entitled to.”
 - person questions his own importance, but keeps himself from self-devaluation by being angry with “offender”
- Hypothetical transgressions – no apparent reason for angry response
 - example – wealthy man is infuriated because someone asks for charitable contribution
 - example – person gets angry when watching someone else run a stop sign
 - reason – offender has violated a rule important to the person who is offended
 - explains anger in hypothetical terms – “I could have been walking across that street,” or “If I had to give money to every charity, I’d go broke”

Hypothetical Transgressions

- Cause considerable percentage of human difficulties
- Principles of fair play, justice, reasonableness create a protective wall around domain
- People get angry when something happens that is perceived as a threat to domain even when not directed at them
- Statements of violation (examples):
 - “They have no right to act that way.”
 - “It’s the principle of the thing.”
- A breach of the personal code by another person even if not directed at the person can be perceived the same as an attack
 - can seem inappropriate and unhealthy by others, but seems reasonable to the person – violation of personal standards same as attack on domain

Social Conventions

- Play a major role in determining when it is appropriate to be angry

“You’re overreacting.”

“You should have gotten angry.”

“I would have told him off.”

Anger

- Cause of anger – individual thinks domain is being assaulted including values, moral code, protective rules
- Individual takes the infringement seriously and thinks of it negatively
- Does not think it poses imminent danger (anxiety is response to danger)
- Person focuses on wrongfulness of offense and offender rather than personal injury
- Degree of anger depends on how unreasonable, arbitrary, or improper the offense seems
- Exacerbations can be caused by perception of deliberate intent, maliciousness, lack of fairness, or if the offender is an undesirable person
- Anger can be reduced by the thought that offense was accidental, well-intentioned, justified, or committed by nice person

Distorted Thinking

- Same conditions can cause sadness, anxiety, anger
- Situations that seem similar can cause different reactions at different times in same person
- The meaning attached to the event determines reactions, depends on person's thinking patterns, psychological state at time of event
 - if main concern is danger – anxiety results
 - main concern is loss – sadness results
 - main concern is unacceptable behavior – anger results

Distorted Thinking

- The difference between psychological disorders and normal emotional responses – consistent distortion of a realistic situation
 - determined by internal factors that interfere with appraisal of reality
- All people have specific vulnerabilities that can set off inappropriate reactions
 - when inappropriate or excessive reactions become common person is said to have an “emotional disorder”- several manifestations
 - represents continual intrusion of unrealistic thinking
 - sadness – feeling of being deprived, deficient, defeated
 - manic state – preoccupation with ideas of grandeur
 - anxiety – feelings of danger
 - paranoia – feelings of being abused

Thinking Disorders

distortions range from subtle inaccuracies to delusions

are automatic thoughts

gradation ranges from impaired thinking to psychosis

progressive degrees of distortion, increased repetition of distorted ideas, progressive fixation on distortions associated with worsening mental health

Beck A. "Thinking and Depression. I. Idiosyncratic Content and Cognitive Distortions." *Arch Gen Psychiatry* 1963 Oct;9:324-333

Personalization

- Healthy people can make objective judgements about external events and themselves
judgements are made on 2 levels – relevant to self and detached from self
people with psychological issues – egocentric judgments more compelling and displace objective judgments
 - overestimate the degree to which things are related to them – a depressed person interprets every frown as a sign of dislike for him
 - constant comparison of self with others, including people the person does not know
 - everything that happens has personal meaning, and usually it is negative

Common Distortions

- Polarized thinking - things are black or white, good or bad, wonderful or horrible, always or never
- Unipolar – things are either bad or irrelevant
- Catastrophizing – anticipating worst of all possible outcomes
- Extreme judgments – a child loses a glove – “If this continues we’ll end up in the poorhouse.”
- Selective abstraction – details taken out of context, missing the bigger point
- Jumping to conclusions when evidence is lacking or contrary
- Overgeneralization – making a mistake and concluding “I never do anything right.”

The Rules/Schema

- Most people are not aware of their own rules
- When asked about ideas, most people report their conclusions, not the rules that helped the person to arrive at the conclusion

I am stupid

I am worthless

My head hurts so I must have brain cancer

Everyone hates me

- Emotionally healthy people have more flexible rules

Schema

- Basis for molding data into cognitions – how people screen out, differentiate, code what happens to them
 - in depression – patients' conceptualizations are distorted to fit the dysfunctional schema
 - patient can lose control over thinking processes and is unable to conjure up a more appropriate schema
- Milder depression – person usually can view his negative thoughts with some objectivity
 - as depression worsens, thinking becomes more dominated by negative ideas even though there is no logical connection between situations and interpretations
 - severe depression – thinking completely dominated by negative, repetitive thoughts; can find it difficult to concentrate on things like reading, problem-solving
 - person's cognitive organization is so disconnected from external circumstances that individual cannot respond to even positive changes in environment

Distorted Thinking in Depressed People

- Arbitrary inference – jumping to conclusions
 - drawing a conclusion in the absence of evidence to support it or when evidence is contrary to the conclusion
 - example – a person applied for a job and does not get it and thinks, “No one will ever hire me.”
 - ignores facts such as currently having a job, have had previous jobs
- Selective abstraction – details taken out of context, ignoring more important things and considering the entire situation on the basis of a fragment
 - example – a student fails a test and drops a class even though he earned B's on other tests in the class
 - what is important is the current demonstration of “weakness” not the totality of the experience in school

Distorted Thinking in Depressed People

- Overgeneralization – drawing a general conclusion on the basis of isolated incident(s) and applying it to unrelated situations
 - example – a person who has a dispute with a co-worker concludes that she just can't get along with anyone, or that work is a hostile place
- Magnification/minimization – errors in evaluating the significance of a situation
 - a person has a headache and thinks it might be brain cancer
- Personalization – tendency to relate external events to self when there is no connection
 - a person waits too long for a waiter to take his order and concludes “I knew this guy did not like me.”
 - some friends make plans to attend an event and a friend in the same group who was not invited concludes that “They never invite me to anything special because they don’t think I can afford to go.”

Distorted Thinking in Depressed People

- Absolute, dichotomous thinking – tendency to see things as black/white, good/bad, angel/demon

“I’m always right about these things.”

“I never get my way.”

- General – thinking of things in primitive ways instead of using mature methods of evaluation
– broad global judgments about events, people, mostly negative and extreme

Depression

- Instinct for self-preservation disappears
- Social life – lessening interest in spending time with other people, love, affection
- Normal goals of avoiding pain and maximizing pleasure are reversed
 - person can seek negative experiences to confirm view of the world
- Capacity for enjoyment significantly reduced
- Lack of spontaneity, sadness, apathy common
- Loss of interest in food and sex
- Depressed persons seem to make choices and act in ways that increase their suffering

Depression

- Primary cause is sense of loss – person thinks he lacks an attribute or advantage that he considers necessary for happiness
- Depressed person has negative view of the world, negative concept of himself, negative appraisal of future – referred to as the cognitive triad
- Person believes he is a loser, he has lost things like friends or health, cannot achieve his goals
- He expects to fail if he tries something
- Focuses on hypothetical losses and pseudo-losses
 - most of the things the depressed person thinks about have never happened and will never happen

The Cognitive Triad

- 1. Person has a negative view of self
 - he sees himself as defective, inadequate, diseased, deprived
 - unfortunate experiences are a result of psychological, moral or physical defect
 - person believes himself to be undesirable and worthless
 - person believes he does not have the traits necessary to be happy and content
- 2. Tendency to interpret ongoing experiences in a negative way
 - the world makes unreasonable demands on him and there are unsurmountable obstacles to happiness and reaching one's goals
 - negatively construes situations when more realistic alternatives are available

The Cognitive Triad

- 3. Negative view of the future
 - anticipates current difficulties or suffering will continue indefinitely – life will include hardship, frustration, deprivation
 - expects to fail
- Reactions:
 - if person *thinks* he is rejected, he will *act* as if he has been rejected
 - if he *thinks* he is being ignored by other people, he will *feel* lonely
 - paralysis of will results from pessimism and hopelessness – there's no sense in trying
 - increased dependency – since he is inept and worthless, help and reassurance from others is necessary from people who are more capable

Predisposition to Depression

- Depressed people often have suffered a loss in the past that makes them more likely to over-generalize about or view a new situation in a very negative way
- Early experiences can cause one to form negative view of self
- Negative view can be dormant for a long time but later activated by specific circumstances perceived to be similar to original experience

“normal” person maintains interest in life, realistically able to process a negative event and still maintain positive thoughts about other events

person prone to depression becomes more negative and develops negative ideas about the rest of life

The Development of Depression

- Precipitating events:
 - loss of parent or disruption of an important relationship
 - rejection by peers
 - setting rigid, perfectionistic goals during childhood which sets the person up for disappointment
 - failure to attain an important goal
 - loss of a job, financial reverses
 - unexpected physical disability or illness
 - loss of social status or reputation
- If person perceives these events as total, irreversible loss, depression can develop

The Development of Depression

- Other contributors can be more subtle:
 - gradual withdrawal of affection from spouse
 - discrepancy between goals and achievement - gap between what a person expects and what is received in relationships, career
 - continual dissatisfaction with self as parent, spouse, student, artist
 - discrepancy between high goals and grandiose expectations
- Difference between depressed person and not depressed person – the way these things are construed – upset in give/get balance
- Impact of loss depends on kind and intensity of meanings attached to people and things
 - “My wife is the only person who can make me happy and she left. I will never be happy now.”
 - “This is the only job I wanted and I was laid off. My career is over.”

The Development of Depression

- Chain reaction makes things worse:

“If I were a better person she would not have left.”

“If I were smarter or had a masters’ degree I would not have been laid off.”

self-doubt and thoughts about future turn into negative generalizations about self dramatization follows: “This is just too much for me to deal with.”

undermines person’s feelings of coping ability

person withdraws from other activities – what’s the point?

not motivated to take care of himself – not worth the effort

loss of appetite and sleep disturbance caused by distress, makes him feel worse

depression gets worse

The Development of Depression

- Person prone to depression thinks cause of adverse events is defect in self
 - ignores all other possible explanations – company losing money, spouse has her own problems
 - blaming self exacerbates effect of loss
 - tendency to exaggerate or make up personal defects makes things worse
 - self-image becomes increasingly damaged, tends to describe himself in negative terms
 - events are filtered through negative self-image
 - friend is too busy to talk on the phone now means she does not want to be my friend
 - my husband has to work late tonight means he does not want to spend time with me
 - progression is from disappointment to self-blame to pessimism

The Development of Depression

- The effects of self-criticism, self-condemnation, self-rejection – the same as if the judgment came from someone else – feeling hurt, sad, humiliated, lower self-esteem
- Depressed person is not angry with himself, he is disappointed in himself – he feels sad

Pessimism

- Depressed people expect future adversity and experience it as if it is happening now
- See the future as an extension of the present – financial struggle, marital problems will last forever
- Global pessimism
 - “things never work out for me”
 - if a goal cannot be achieved now, it is never achievable
 - if I cannot have this goal, there is no sense in pursuing others
 - perceived defects are expected to get worse – my spouse left because I’m unattractive – I’m getting old which will make it harder to find another person to love me
 - Problems become unsolvable
 - Rumination about loss – each repetition seems like a new negative experience, added to previous inventory of other losses

Pessimism

- Depressed person focuses on loss, glosses over anything positive
- Practices “selective abstraction” – interprets daily events negatively, is oblivious to anything positive
 - same bias used in reflecting on past experiences – only thinks about negative ones, cannot remember positive things (selective memory)
 - person becomes oblivious to anything positive going on
- Pessimism become perpetual sadness, passive resignation, apathy

Motivational Change

- Depressed person avoids experiences that used to be fun, becomes totally withdrawn
- Sometimes contemplates suicide
- Only goes through the motions of doing some things because it is the right thing to do, not because he wants to
- Everything is pointless, meaningless, goals are worthless
- Inactivity and inertia make things worse, person has more time to be preoccupied with negative thoughts

Suicide

- Based on desire to escape, nothing can get better, seems like a rational choice
- Ends personal misery, family will be better off
- Person feels like everyone would be better off if he was dead because he is worthless and a burden
- Significant correlations between depth of depression and degree of pessimism and negative self-evaluation, negative view of the future, negative view of self
- Significant correlation between negative view of the future and suicidal thoughts
- Study to determine factor contributing most to desire to commit suicide – hopelessness

Minkoff K, Bergman E, Beck A, Beck R. "Hopelessness, Depression, and Attempted Suicide." *Am J Psychiatry* 1972 Apr;130(4):455-459
Beck A, Kovacs M, Weissman M. "Hopelessness and Suicidal Behavior. An Overview." *JAMA* 1975;234(11):1146-1149

Reciprocity

- Depressed person can become depressed independent of interpersonal experiences
- But a person's behavior influences other people whose actions in turn influence the individual
 - rejection or criticism from others can be first trigger for depression
 - person slipping into depression can withdraw from others, who may respond with criticism or rejection
 - becomes a vicious cycle until person is so depressed that he does not notice attempts to help him or to show love and affection
- Strong social support and relationships can buffer against development of depression
 - can also be helpful in treatment of a depressed person – family and friends can help patient to see reality and test validity of negative thinking
- Depressed persons vary in extent to which depression is aggravated by other persons

Resolving Depression

- Tendency for therapists to concentrate on person's problems rather than underlying thought processes
- Instead should focus on helping client to identify and recognize distorted thinking patterns, change emotional responses and behaviors as a result
- Important first step can be helping patient to restore function by encouraging constructive activities

depressed person has lost confidence that he is capable of doing anything or that any pleasure can be derived from doing anything – is immobilized

activity helps client to change thinking – negative, over-generalized conclusions about self were incorrect

solution: scheduling daily plans with goal-oriented tasks and having patient journal about thoughts and feelings while completing these tasks

Resolving Depression

- Scheduling activities cont.
 - scheduled activities jolts person out of immobilized state
 - tendency to think “what’s the use?” – counter with meaningful goals for each task
 - shows him he is capable of doing things

Resolving Depression

- Help client to identify automatic thoughts
 - client agrees to write thoughts down that precede responses and actions
 - client gathers data on self and brings to sessions for discussion
- Review of events and reassignment of responsibility
 - depressed people take responsibility for many things that they have little or nothing to do with
 - reattribution – purpose is not to absolve client of all responsibility but to teach perspective about when he is and is not responsible

Resolving Depression

- Discussion of alternative solutions - depressed people limit thinking to rigid set of options, often none of them good
 - often claims to have “tried everything” – really has rejected all viable options as not practical, impossible to do, etc.
 - engage client in a discussion about potential solutions to problems, encourage him to try
- Discussion about alternative explanations
 - reasons other than personal rejection for not getting a job or promotion
- Recording dysfunctional thoughts
 - client keeps a journal and writes down thoughts, responses and behaviors; also writes down other possible interpretations of thoughts
 - example – at a reception, client is ignored by someone; could be because she does not like him, could also be because she does not recognize him – they only met one time 3 years ago

Resolving Depression

- Identifying dysfunctional assumptions

- involves recognizing, testing and changing mistaken beliefs

- client must identify them in order to avoid risk of bias from therapist (goal is not to gain compliance to another's way of thinking or "normal" way of thinking)

- can be drawn from recording of automatic thoughts which are drawn from assumptions such as "I am helpless" or "I cannot do anything right"

- can also be drawn from choice of words like "dumb" and "stupid"

- should involve looking at client's assumptions about other people

- "My sister is happy because she is married."

- assumption – "I cannot be happy unless I am married." or "I am divorced so no wonder I'm miserable."

Resolving Depression

- Assumptions cont.
 - client is shown how to question assumptions for validity
 - is everyone you know who is married happy?
 - are all the single people you know depressed?
- Modification of “should”
 - depressed people often develop rules about what they should be doing based on perfectionistic standards
 - “I should listen to my friends who are telling me to stay married.”
 - starts with identifying the list of assumptions based on “should”, exploring what will happen if client makes another choice, trying alternate behavior/response to “should”

Resolving Depression

- Focus on positive memory
 - depressed people often recall only negative events and failure
 - client begins to write down happy recollections and times when he succeeded
- Calculating the real probabilities
 - depressed people often catastrophize – expect the worst always
 - discuss situations in which the worst did not happen
 - spend time evaluating real probabilities for future events
- Resistance to changing thinking
 - clients will sometimes be resistant to changing thinking – feel that something important will be missed
 - client lists advantages and disadvantages in maintaining current way of thinking

Resolving Depression

- Action is important
 - as beliefs and thoughts are changed, client must act on new beliefs in order to permanently change thinking
 - sometimes involves forcing himself to do things that go against long-held assumptions and beliefs – can be very uncomfortable
 - becomes easier to do over time

Summary of Depression

- Can start with loss, exaggerated response to loss
- Depressed person appraises experiences and self in negative way – sees only defeat, foresees miserable future
- Loss of motivation due to expectation of negative outcome from any course of action
- Inertia and passivity are expressions of loss of spontaneous motivation
- Sadness and apathy result – person gives up completely
- Creates vicious cycle of negative feelings causing increased sadness
- Improvement can happen by helping patient examine erroneous beliefs, automatic thoughts, rules, behaviors and replace with more constructive ones