

# DEFEATING DEPRESSION

Dr. Simon Enright, Department of Clinical Psychology  
Berkshire Healthcare NHS Trust.

Supported by Berkshire Health Promotion Resources  
01753 638678 [www.bhps.org.uk/resources](http://www.bhps.org.uk/resources)



# UNDERSTANDING DEPRESSION

The word depression of course means different things to different people. Some people may use the word to describe feeling generally fed up, sad and blue, or just moody and irritable. There are times when feeling this way may be perfectly normal: during a bereavement for instance, if we are having problems in a relationship, or when important events have not gone well.

However, in a clinical sense the word depression has a much more specific meaning. Clinical depressions are usually divided into one of two general types. In the first type often there is usually no clear reason why the person has become depressed. Nothing in particular seems to have triggered it off, it just starts 'out of the blue'. This type of depression is sometimes referred to as 'endogenous depression' or 'biological depression'. The word endogenous means 'coming from within' and suggests that no obvious changes or specific issues in the person's life can explain the feelings of depression at this time.

The person suffering with endogenous depression experiences an overwhelming sense of emptiness and misery. They feel powerless to do anything to help themselves and often descend into a state of feeling hopeless about themselves and the future. Often the person's sleep is very disturbed. They wake very early in the morning and find it difficult or impossible to get back to sleep. Mornings tend to be by far the worst time for people suffering with endogenous depression, their concentration is usually a problem, making it hard to attend to anything for more than a few minutes. Often they seem to do nothing, staying in bed all day, neglecting personal hygiene, not eating and generally losing interest in everything.

The second general type of clinical depression is called 'reactive depression'. This can often seem equally intolerable to the sufferer but usually at least, it does make some kind of sense, occurring as a reaction to some real event in a person's life. The person can usually tell you why

they are depressed, though often the intensity of their depression is difficult to understand. All of us at times will experience the loss of a loved one, or fail to achieve something that we really wanted, or be under immense pressure and stress, but for some people these events seem to produce a very intense emotional reaction which they can't seem to 'snap out of'.

It is also possible that an event in the distant past may be closely related to the development of the depression. Sometimes the emotions from these events just seem to overwhelm us, as if to be reminding us that we still haven't fully dealt with these issues.

Often the person experiencing reactive depression will also have disturbed sleep but the problem here tends to be a difficulty in getting off to sleep, often lying awake for hours thinking the same worrying or negative thoughts continuously. Usually the mornings are the best time. As the day goes on so the sufferer tends to feel increasingly negative and miserable. Sometimes friends and relatives can help to lift the person's mood by helping them join in a new or exciting activity. But, left alone, self motivation is very difficult and the person may spend hours doing nothing but feeling miserable and having thoughts of self pity and anger towards other people.

## ***USING MEDICATION***

Often your doctor will try to help you to lift out of your depression by prescribing antidepressants. These drugs are not addictive so there is no problem in coming off them once your mood has lifted, though you should come off them gradually. They work by increasing the amounts of certain specific chemicals in the brain which become reduced when we get depressed.

It has been estimated that 50% of people who are prescribed antidepressants by their doctor don't take them properly or don't take them at all! Perhaps this is because they have unrealistic expectations of the

medication, thinking it will immediately make them feel happy or better. Antidepressants usually take at least two weeks to reach their full effect. They must be taken daily, as prescribed, not just when you feel particularly low. Unfortunately people sometimes describe side effects with these tablets. Try to persevere, these may settle down. If not, go back to your doctor who may be able to change the medication for something that suits you better.

## ***USING THIS BOOKLET***

This booklet examines how we can help ourselves out of all forms of depression in two general ways. First, by learning to change the unhelpful patterns of behaviour that develop as we become increasingly depressed, and second, by learning to recognise and then change self defeating patterns of thinking which only increase our feelings of helplessness and hopelessness. The advice is equally applicable to those people taking medication and for those trying to beat their depression without tablets.

This booklet does not suggest any magical answers to your depression. What it does try to do is offer well researched practical advice to help you learn to help yourself to beat the problem and prevent the depression from returning.

The booklet is divided into two main sections. The first examines how we behave when we become depressed and the second examines how our thinking patterns change with depression. There is now very clear scientific evidence that shows that these changes in our behaviour and thinking have a very powerful effect in maintaining our depression.

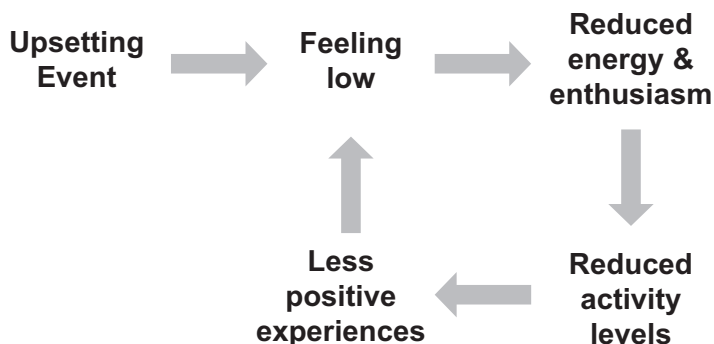
The two sections suggest practical ways of increasing our levels of activity and challenging our self defeating negative thinking. Learning these new self-help methods will take time. You must try to remain patient, taking one day at a time and being prepared to work hard every day with the ideas that you will read.

## **SECTION 1**

### **DEPRESSION AND THE WAY WE BEHAVE**

One of the first things that we can observe in people who become depressed is that they do much less. Their normal patterns of activity, their hobbies, interests and all physical activities just seem to stop. They might say that they've lost all enthusiasm for going out or meeting friends, or that they've got no energy to keep up their old routines. This pattern of reduced activity gradually becomes fixed. The less a person with depression does, the more they feel low and depressed and a vicious spiral is set up as the person's mood sinks down and down into ever deeper levels of depression.

This pattern of behaviour change has been studied extensively in psychology and psychiatry. The stages of this change have been analysed in very many theories of the development of depression. One description of this change is presented and described below:



The problem may start with an event which is upsetting in some way. This is not necessarily a sad event, though it often is, but it could also be a very demanding project at work, or the birth of a new baby, or any event that brings significant demands upon us. The demands of this event will often

cause a reaction in us. Many people develop specific physical symptoms at these times, e.g. tension headaches or aches and pains, others become anxious, and for some their mood begins to swing downwards.

Generally at these times people who are vulnerable to depression describe feeling low, empty, and not themselves. They usually want to be left alone and hope that by just doing very little for a while that they will soon come out of this state. As people begin to get depressed they find that their energy levels have reduced. The things that they were able to do easily the week before seem to exhaust them now. Additionally, they find it difficult to get enthusiastic about things that they previously enjoyed doing. Everything becomes a huge effort, even the simple things seem very demanding.

The next step, therefore, when the depressed person feels so lacking in energy and enthusiasm, is that they tend to stop doing things. They begin to stay in bed much longer in the morning, they start to miss appointments and break off arrangements. Gradually they reduce their commitments to the point that they've got nothing to get up for so they might just as well stay in bed. Friends gradually stop calling round and 'phoning because they know that their offer to meet up will be turned down. The depressed person becomes increasingly isolated.

For any of us reducing our activity levels will reduce our opportunity for new and exciting experiences. It is this novelty or diversity in life which brings most pleasure and enjoyment. The depressed person therefore begins to cut themselves off from the chances of having positive experiences. Their life becomes dull and routine, and they feel helpless and hopeless in this cycle of increasing inactivity and depression. Perhaps the only positive experiences that they have at this stage is the sympathy of relatives and friends. Unfortunately, in many ways, this may serve to reward the depressed person for behaving in this way and thereby increase the inactivity. Eventually however, even the most devoted and patient family member and friend can become fed up and irritated by their inability to help the depressed person to change.

## **BECOMING MORE ACTIVE**

As we become increasingly depressed so our activity reduces. We are slowed down physically and mentally, we become easily tired. Often we begin to blame ourselves for doing nothing, our self esteem gradually seeps away, we begin to believe that there is no way out and this feeling of helplessness ensures that we reduce our activity even further and so our depression intensifies.

Some psychologists believe that we become depressed when we begin to feel that we can no longer control what happens to us. If things go wrong often enough we can get to a point when we feel that there's no point trying to achieve anything because, regardless of our efforts, it will always turn out badly. Under these circumstances we learn to stop trying to influence our lives and we feel completely helpless. This condition is sometimes referred to as 'learned helplessness'.

Becoming more active is a very important part of breaking out of the vicious cycle of depression. Here are some reasons why:

- **Activity makes us feel less tired** When we feel depressed there is a very strong tendency to want to rest or sleep. The person feels exhausted and drained, totally lacking in energy. Normally when we feel like this it may be sensible to take rest but if these feelings stem from depression this is the worst thing that we can do. Resting under these circumstances simply makes the person feel even more tired and lethargic. What we must do is to try and increase our activity.
- **Activity distracts us** Being active will give the mind something to focus on and think about. Too often when we are doing nothing our mind wanders onto some worry or another and this is especially true when we are feeling low.
- **Activity can increase self-esteem** By being active we begin to feel in control again. We develop a sense of achievement. Doing something worthwhile, however small, is a positive step forward.

- **Activity will increase motivation** The more you do gradually the more you will feel like doing. Activity is like charging up a car battery. The busier you are the greater is the charge you create. If you do nothing for a long period of time then the charge in your battery will eventually drain away and the battery will go flat.
- **Activity improves your mental powers** Once you begin to become more active you will quickly find that your thinking and memory become clearer and sharper. Your concentration will also improve, as will your ability to see things in perspective and to solve problems.
- **Activity can involve others** Once people see that you are involving yourself in more things they will encourage you and help. No doubt they will be delighted to spend more time doing things with you now that you have given them some scope to help. Once others become involved in our activities we begin to make plans and commitments with them which help to keep us involved.

Despite all of these very positive effects of being active it certainly isn't easy to get going again. This is because the negative thoughts which always accompany depression will try to block your way. No doubt your mind will be telling you things like: 'I won't enjoy it', 'I'll make a fool of myself', or 'It's much too difficult'. It is usually these type of thoughts that prevent you from having a go. Learning to challenge these thoughts is an important part of the process of recovering from depression and so it will be dealt with in detail again later on.

# **ACHIEVING EVERYDAY TASKS**

Being depressed can often mean that even the simple everyday tasks become difficult. If they can be put off they will be, or if not, they may be delayed as long as possible. Gradually these small jobs begin to pile up and eventually the depressed person feels totally overwhelmed.

In order to know where to start we need to outline a few basic steps which, when applied consistently, will offer us a strategy for coping with even bigger problems which seem impossible to deal with.

These steps are as follows:

## **1. List the Tasks**

Usually there are a number of tasks that you will want to complete in a given time, so the first step is to sit down with a pencil and paper and write them all down. Be careful not to miss anything out. Once you make the list it's important to stick to it and not keep introducing new demands upon yourself which are unrelated to the targets you have chosen.

## **2. Prioritise**

The next step is to order these tasks into some priority. Which task needs to be done first, and then second, and so on until all tasks have been given a place in the order. If you can't decide which should come first it doesn't matter. In that case simply give each task a number and then start with the lowest first. The important thing is not the exact order but rather that you won't be trying to do everything at once

## **3. Define the Stages of the Task**

Now think about the first task. What does this entail? What are the exact steps that you need to take to complete this task?. Try to be as detailed in describing these steps as you can. Don't miss out any of the stages. Be specific in describing the tasks. For example, don't say "I'll

tidy the house", but, "I'll Hoover the lounge carpet, dust the mantel-piece, wash the kitchen floor, etc."

#### **4. Mental Rehearsal**

Rehearse each stage of the task in your mind for a minute or so. Try to picture yourself performing the task right through to completion.

#### **5. Anticipate Problems**

Write down any practical difficulties that you think that you may come across and try to work out how you can overcome these. The trick here is not to be too ambitious. Set yourself targets that you can achieve without too much difficulty first, so that you can build up your confidence before tackling more difficult ones.

#### **6. Deal with Negative Thoughts**

Write down any negative thoughts that you may have about the task or your ability to achieve it. Try to challenge these ideas by writing down, or rehearsing in your mind, other ways of looking at the problem. Talk positively to yourself: "I know I can do this", "It will feel great once this job is finished". More information about 'challenging inactivity thoughts' appears later in this booklet.

#### **7. Start at the Beginning**

Take the task one step at a time. Break it down into even smaller stages if your trying to do too much at once. Remember the positive talking, praise yourself as you gradually achieve more.

#### **8. Reward Yourself for Your Success**

Once the task is complete tick it off your list and have a break you've earned it! Don't try to convince yourself it was nothing, that's the whole point it really was something, a first step forward! Perhaps you might reward yourself with a cup of coffee before repeating the process with the next target on the list.

## **USING AN ACTIVITY DIARY**

It can be very helpful to record your daily activities in a diary. Often people who feel depressed ignore or forget what they have achieved in a day. They tend to dismiss their few activities as 'nothing' or 'unimportant'. A diary can act both as a reminder, and a way of planning ahead. In the centre pages of this booklet you will see an example of an activity diary. Photocopy this and then try to fill out each hour of the day with what you plan to do tomorrow. When you wake up you probably don't feel much like making plans, so if this has already been done, you will have something to get up for and to immediately get on with. Try to get up at a regular time each day so that the activity schedule will always start with breakfast say at 8.30am.

As you go through the day tick off the activities as you complete them. If you do something else which wasn't planned then write that into the diary using a different coloured pen. Spend some time at the end of each day looking back over what you have achieved and thinking about why certain things have still not been done. Perhaps you will have to break down some tasks into smaller targets so that you can have another go at them tomorrow. Try to build in to the diary some rewards, things that you're going to enjoy amongst the more routine tasks. Just take each day at a time. Gradually, if you keep trying to meet your targets for tomorrow, your activity levels will get back to normal and this will help your depression to lift.

## **PLANNING AHEAD - SETTING GOALS AND TARGETS**

Learning to begin again to structure time will enable you to feel more in control of your life, giving you a sense of purpose where previously the depression had brought about a feeling of hopelessness and despair. By planning ahead we'll avoid constantly fighting moments of indecision, toiling over minor choices about how to fill the next minute, hour and day. Having a definite purpose for our time gives us things to strive for and something to aim at. Once the day's activities are written down then

they'll seem less overwhelming, manageable targets rather than hours of nothingness and boredom.

There are a few basic guidelines for getting the most out of your planned activities schedule:

- **Try to keep flexible.** The diary is only a guide, you should not see it as absolutely rigid. There are bound to be times when you are interrupted. Accept this, and when the interruption is over go back to the plan and pick things up from there.
- **Have alternatives up your sleeve.** Sometimes all of our plans are ruined by factors beyond our control, e.g. the rain. If you have other alternatives planned for indoors then you won't suddenly have a big gap in the schedule.
- **Try to stick to the general timing for events.** Don't keep trying to repeat an earlier target if it didn't go exactly right the first time, move on to the next activity. If you finish the previous task early then wait till the allotted time before starting the next. Try to fill the gap with a pleasurable activity e.g. a walk, a coffee, or listening to the radio.
- **Keep the diary full.** Try to have something definite written into the diary for every box. Some activities will spread out over several spaces others will probably be less than a full hour. Try not to have any big gaps in the timetable with nothing planned.
- **Specify a time for each task.** Plan for the amount of time that you are going to spend on a task and don't worry if you don't finish it completely. It is better to say: "one hours gardening", than, "weed all the flower beds".
- **Always have a review at the end of the day.** Don't keep constantly thinking back over things that have not gone exactly to plan but some time in the evening ask yourself: 'What can I learn from the problems of the day? Did I attempt too much? Were the tasks too energetic? What might I do differently next time?'

- **Keep going, try not to give up.** Remember that no matter how menial it may seem, it's very important that you are doing something. The idea of the schedule is to try to give you back a sense of purpose and control into your life.

Hopefully, as your mood gradually improves, making plans and doing the tasks will become easier, but this will only happen if you put in the initial effort. It's up to you!

## ***PHYSICAL EXERCISE TO BEAT DEPRESSION***

There have been a large number of studies in which groups of depressed people have been asked to carry out regular programmes of aerobic exercise. This form of exercise is more vigorous than say walking, and involves a significant increase in heart rate and usually getting out of breath. Examples include: jogging, swimming, squash, gym work, aerobics, etc. These studies have shown that this exercise has a very positive effect on mood and greatly improves the person's sense of well being. There may be a number of reasons for this:

- Exercise increases the activity and production of a number of brain chemicals. This is exactly the same as the effects of anti-depressant medication. This means that exercise can also promote a sense of well being in a similar way to taking tablets.
- Exercise releases feelings of tension, frustration, and anger.
- Exercise increases the amount of sleep that you get and improves the quality of that sleep. Deeper sleep greatly improves our general ability to function the next day.
- Exercise improves the physical health of the body. The heart and lungs work more efficiently. The body's immune system is also boosted by exercise, helping us to fight off physical illness.

- Exercise increases your energy levels and helps you to become more active and alert.
- Exercise increases your self esteem and confidence by helping you to improve your figure and look good.

Obviously, if you haven't done any exercise for some time it is important to start slowly. Perhaps a daily brisk walk. If you have any doubts about your ability to exercise, then do consult your doctor. He or she will be only too happy to give you a check up and some advice about how to go about getting started. Even if you are elderly, or you have had physical problems, there will be something you can do to increase your activity, but do take advice.

Doing exercise regularly with a friend often helps to keep the commitment up. Remember exercise should also be fun, so don't get into a rut always doing the same thing, and don't be too concerned with timing yourself, constantly trying to go further and faster. Ideally, we should be aiming to exercise three or four times a week, for around half an hour. Make a plan for exercise on your activity schedule. By keeping a record of what you achieve you can see how far you've come.

# DAILY ACTIVITY DIARY

Time	Monday	Tuesday	Wednesday
8-9am			
9-10am			
10-11am			
11-12am			
12-1pm			
1-2pm			
2-3pm			
3-4pm			
4-5pm			
5-6pm			
6-7pm			
7-8pm			
8-9pm			
9-10pm			
10-11pm			



## SECTION 2

### DEPRESSION AND THE WAY WE THINK

In psychological therapy the process of trying to alter faulty or unhelpful patterns of thinking is called 'cognitive therapy'. Though there are many different forms of cognitive therapy they all share the same basic underlying idea;

Events don't cause us to become upset and stressed, rather, it is our *beliefs* about these experiences that determine our emotional reactions and behaviour.

All of us all of the time are forming ideas and beliefs about the events and experiences that occur in our lives. Just like amateur scientists we all want to understand the things that happen to us. If I am walking along the road and I see a friend who walks right past me without acknowledging my 'Hello', then I will immediately begin to develop ideas about what has just happened. I might say: "He must have had something on his mind, I know that he's been very busy at work", or, "Perhaps I've offended him in some way. What did we talk about last time we met?". We may have lots of different theories about this simple event which we might want to check out by telephoning our friend that evening.

Our need to attribute some reason to events in our life has been studied widely in psychology. This 'attribution theory' suggests that there are a number of specific ways of thinking from which we choose when we make decision about the various causes of events. This will become clearer if we look at an example. Here a person is trying to explain why they have just failed their maths exam. Examples of the reasons they may come up with are shown in the following table.

	To Do With Me		Outside Of My Control	
	Always	Sometimes	Always	Sometimes
<b>Covers all</b>	I lack intelligence	I was exhausted	Tests are all unfair	It was an unlucky day
<b>Specific to this</b>	I lack ability in maths	I'm fed up with maths	Maths tests are unfair	My paper was no. 13

Though the example talks specifically about the failure of a maths exam these basic types of reasoning contained in the eight boxes are the same for all our attempts to understand experiences in our lives. The following paragraphs attempt to explain this:

### 1. Internal or External Causes?

The first decision that we make, though probably not consciously, is to decide as to whether the reason for the event occurring is due to ourselves or as a result of somebody or something else. In the example above those four alternatives offered as 'internal attributions' all begin with the statement "I", the reasons for failure was in each case to do with me. The other alternative is to put the blame on something outside of my control, some external cause.

### 2. Always or just Sometimes?

The next factor in our decision making relates to whether the problem is long term or short term. Will it always be the case, or only sometimes? In the example a lack of intelligence is unlikely to be easily changed, where as, being exhausted may vary from one day to the next.

### 3. Global or Specific?

Finally, the person makes a decision regarding the scope of the problem which brought about the failure of the exam. Does the problem cover everything and therefore will effect everything that the person does in

the future, or is the problem specific to that one particular subject or occasion?

Though we may have very many possible explanations for the success, failure, or cause of a particular event, people who study attribution theory tell us that all these possible alternatives can all be fitted into one of these eight types of reasoning noted in the boxes of the table.

During times when our mood is normal and our thinking is rational we are able to make a free choice in explaining events using any of these eight alternatives. When we become depressed however, our patterns of thinking alter in a dramatic way. It has been demonstrated experimentally many times that in depressed mood people tend almost exclusively to only make two of the eight possible choices to explain certain events:

- 1. Explaining Failure:** For events where the depressed person believes that they have failed, they tend to say extreme things like: "I lack intelligence.... I'm unlovable.... I'm worthless". In saying this they are blaming themselves entirely (internal), believing that the fault will always be with them (stable) and that it will have a very negative effect everything that they do (global).
- 2. Explaining Success:** For success, people who are depressed will tend to say: "It was just luck". They claim that the success was complete fluke, totally beyond their control and nothing to do with them (external), is unlikely to ever effect anything else that they do (unstable), and could only happen again under those very unlikely circumstances (specific).

If any of us were to always blame ourselves for all the problems that we face in life and take no credit for any success that we have, then probably we too would develop a sense of hopelessness and helplessness, in the way that the depressed person does. This is not to say that this type of thinking actually causes depression, but rather once a person is depressed, they

become unwittingly locked into this style of thinking which then serves to maintain and increase the depression.

The process of cognitive therapy attempts to point out this style of thinking to the depressed person, identify why it is unhelpful, and helps the person to learn how to change these negative patterns of thinking. This is not an attempt to lie to ourselves, or pretend that sad events are positive. Instead, we are learning to recognise that there are a number of possible ways of looking at any event. Some of these viewpoints will be more helpful than others.

## **RATIONAL EMOTIVE THERAPY (RET)**

This type of cognitive therapy, like all others, is based on the principle that events do not cause human distress. It is the way we interpret these events, and the beliefs that we have about them, which bring about our emotional responses.

RET proposes that human beings are happiest when they are able to identify important purposes and goals in their lives and are then able to work towards achieving these goals. Being "rational" in this sense is personal to each individual and refers to ideas and beliefs which the person holds which help them to achieve their goals. "Irrational" refers to ideas and beliefs that get in the way of this.

Rational beliefs are expressions of: 'desires', 'wishes', 'preferences', 'likes' and 'dislikes'. When we are able to achieve these things then the resulting emotion is one of pleasure and satisfaction. If we fail to achieve these things we may feel appropriately sad, concerned or regretful. The important point is that these negative feelings do not prevent us from trying to obtain our goals, but rather, are a minor setback from which we can recover to try again.

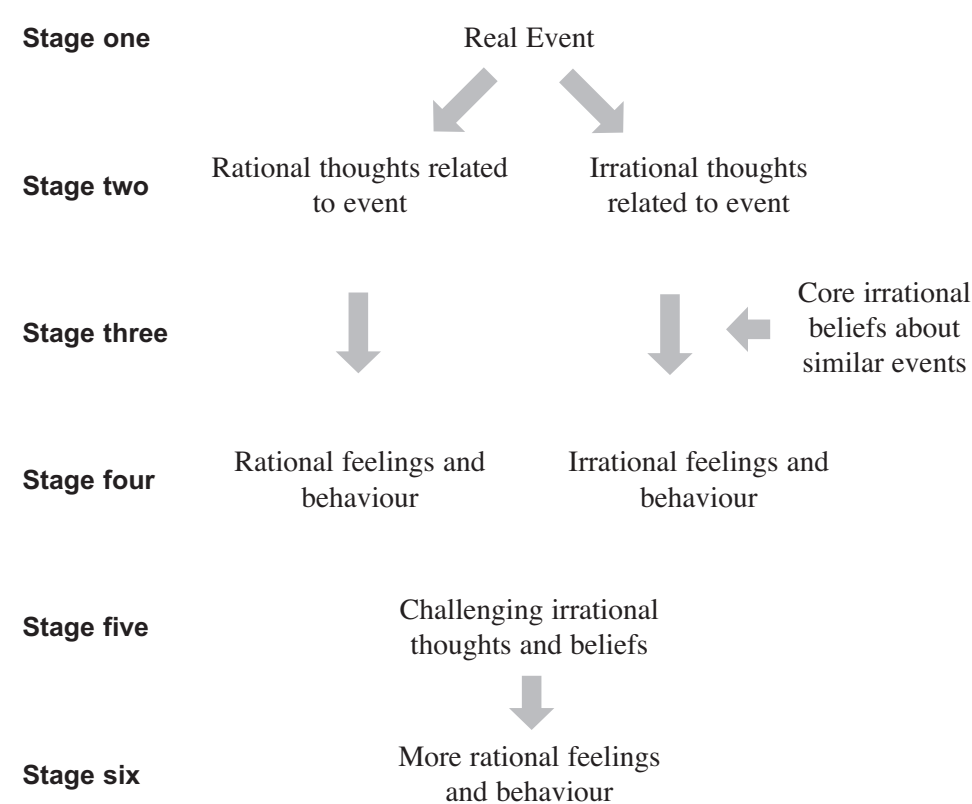
Irrational beliefs, on the other hand, are always absolute and dogmatic. They come out as: 'must', 'have to', 'should', and 'ought to'. When these are

not achieved they can lead to extreme frustration and unhappiness, which often brings withdrawal, depression, anxiety, or guilt. It is the extreme nature of the original belief that produces these reactions, not the specific events or problems themselves.

RET practitioners believe that all human beings have the capacity to think both rationally and irrationally. In certain psychological states, such as when we feel depressed, the tendency to think in irrational ways about life events becomes increasingly likely.

## THE STAGES OF RATIONAL EMOTIVE THERAPY

Rational emotive therapy can be most easily outlined in 6 stages:



# THE PROCESS OF RET

## Stage One

As the individual sets out in their task of attempting to achieve their goals they are constantly encountering different experiences in life. These events either tend to help, or hinder the person in achieving their goals. Let's think of the example of a person who has the ultimate goal of getting married. An event related to this might be that his current girlfriend telephones to say that she wants to break of their relationship.

## Stage two

The person immediately wants to understand why his girlfriend may have done this. He tries to explain to himself why this has happened, just as we looked at in the 'maths exam' example. At this stage the person might have many possible explanations. Some of these ideas will be rational, e.g. "perhaps it's because we always argue when we see each other", or, "I know she's been seeing a lot of John recently maybe she prefers him to me". Though the person may well be upset by these thoughts, at least he is able to think rationally about what has happened. In time he will probably meet someone else and ultimately achieve his goal of getting married.

The person may also have irrational beliefs about the event. "She can't leave me, I'll never find anyone else", or "It's hateful of her to treat me this way, I'll never trust another woman again". Clearly these type of thoughts would have a very disruptive effect on the person being able to subsequently achieve his goal of getting married.

We can see at this second stage of the theory how our beliefs about events can either assist us, or prevent us, from achieving our ultimate goals. Identifying our beliefs about events is therefore an essential element in RET.

## **Stage Three**

Though there are many possible irrational ways of thinking about events, RET states that most of these stem from 'core irrational beliefs'. These are ideals learnt perhaps from our parents, significant other individuals, or through personal experiences, which make our lives so difficult that our goals become essentially unobtainable. No matter how hard the individual tries they will never be able to achieve their goals thinking in this irrational way.

Here are some examples of a core irrational beliefs:

- I must be loved, or approved of, by almost everyone that I meet.
- It is terrible, horrible and catastrophic when things don't go the way I've planned.
- I must be perfectly competent in everything I do.
- If I don't succeed today all my past success will count for nothing.
- I must cope with all life's problems including others people's.
- I should not let myself go and enjoy things. Life should be hard.

These types of underlying, core irrational beliefs prevent the person from seeing events in context and from dealing with them effectively. They get stuck and can't then move on to find other ways of achieving their goals.

## **Stage Four**

As we have just said an event can bring about both rational and irrational beliefs. It is these beliefs that then cause emotional reactions and behaviour. The rational thoughts enable the person to move on and perhaps find a new partner, whilst the irrational thoughts leave the person in despair, unable to see a way forward because they won't let go, wanting something that they can't achieve.

## Stage Five

This is the stage where RET begins to intervene and change our thinking patterns. The person learns to analyse and challenge their irrational thoughts and beliefs. They are helped to develop specific methods of challenging unhelpful thoughts and to learn to think differently about the events which were causing distress. Gradually, the person becomes better at recognising irrational patterns of thinking and beliefs, and so is able to challenge their initial thoughts more easily. This process is achieved using methods of identifying and recording thoughts, and then applying specific questions to challenge these thoughts. These methods are described in the following sections of this booklet.

## Stage Six

Ultimately, when the person has learnt to re analyse their irrational patterns of thinking and to challenge and change these, they will begin to develop a new and more hopeful outlook. The person can now see a way forward to try to achieve their goals by another means.

# BECOMING MORE AWARE OF NEGATIVE THINKING

What you have read so far tries to make it clear that depressed people typically think in a biased negative way. They take a negative view of themselves ('I'm no good'), the world ('life has no meaning'), and the future ('things will always be this way'). Negative thoughts have several common aspects:

1. They are **automatic** - they just pop in to your mind without any effort from you.
2. They are **distorted** - they don't fit the true facts.
3. They are **unhelpful** - they keep you feeling depressed, making it hard to change.
4. They seem **very real** - it doesn't occur to you to question them.
5. They are **involuntary** - they can be very difficult to switch off.

The more depressed you are- the more negative thoughts you will have, the more you believe them- the more depressed they will make you. The first stage in breaking down this vicious cycle is learning to become more aware of your negative thinking and of the effect that it is having on you. Every time your mood changes for the worst, or you feel low, try to note down exactly what is that you're thinking on a chart similar to the following one.

SITUATION	NEGATIVE THOUGHTS	FEELINGS
waking up and not wanting to get out of bed.	I can't face the day. There's nothing to get up for. I've got nothing to live for.	Empty, lonely. and hopeless.
At a friend's house.	I'm such boring company. I bet she wishes I'd go home. I'm just making her feel bad too.	A failure, upset. I have nothing to offer anybody.

## CHALLENGING NEGATIVE THOUGHTS

Once you have learned to become more aware of your negative thinking, the next step is to re-examine your thoughts and to look for more helpful and realistic ways of thinking. There are four major ways of questioning and altering negative thoughts;

1. What is the evidence? - Do the facts of the situation fully support the view I've taken? Am I confusing a thought with a fact? Would my reasoning stand up in a court or be accepted as true by other people? Am I jumping to conclusions?

### *Automatic thought*

e.g. John didn't ring me when he said he would. Perhaps I've upset him.

### *Possible Alternative thoughts*

He's very busy. It may have slipped his mind. I have no reason to assume I've offended him.

2. What alternative ways of looking at it are there? - How else could you interpret what has happened?, or, How would someone else view this situation? Try to think of as many different alternative views as you can and think about what evidence exists for each possible idea. There are always lots of different ways of looking at any event. If you could consider things objectively, ask yourself which is the most likely?

***Automatic thought***

e.g. My husband didn't eat the cakes I baked for him. He thinks I'm a terrible cook.

***Possible Alternative thoughts***

He wasn't hungry. He's enjoyed my cakes before. He'll probably have them tomorrow.

3. What is the effect of thinking the way you do? - How does it influence the way you feel and what you do? What are the advantages of thinking in this way? Can you find an alternative view that will have a more positive effect?

***Automatic thought***

e.g. I must make a good impression at this party.

***Possible Alternative thoughts***

I'm here to try to relax and enjoy it, not perform for other people. Putting pressure on myself will only make me more anxious.

4. What thinking errors are you making? - Depressed people usually distort their thinking in particular ways. These typical thinking errors are listed in the following section. Try to identify which error you may be making and which errors you make most often.

- Thinking in Extremes.

This is also known as 'black and white thinking'. A person may say: "People either like me or they hate me", or, "If I can't get it totally correct then there's no point doing it at all". There are no grey areas in this type of thinking, everything is categorised as either one of only two possibilities.

- Over Generalising.

The depressed person draws a general conclusion on the basis of a single event often selected out of the context in which it occurred. For example: "Nobody likes me", might be the over generalisation following an argument with a friend.

- Magnification and Minimisation.

This is a process of focusing selectively on the relatively minor things that have gone wrong, blowing these totally out of proportion, and ignoring, or playing down, the things that went well. For example: "I'm a totally hopeless cook" might be an example of this type of thinking when one of the children complained that the sprouts were hard. Even though the rest of the meal was delicious.

- Personalising.

This is where the person makes themselves responsible and guilty for an event which was nothing to do with them. Typical thoughts include: "I saw my boss looking very angry yesterday. I expect that it's me he's angry with because of my recent work rate".

- Imagining Catastrophes.

The person sees disaster in even the most minor problem. For instance: "My front door won't close properly any more, perhaps the house is subsiding".

## RECORDING AND CHALLENGING NEGATIVE THOUGHTS

Once we have learnt to catch ourselves thinking in these irrational ways, we can then apply the specific questions noted earlier to our thoughts. The following chart is an extension of the previous one for noting down negative thoughts. Record exactly what you were thinking in situations in which you find yourself feeling depressed, irritable, angry and so on. But now try to rate these original negative thoughts in terms of how strongly you believe them, somewhere between 0% -i.e. 'not at all', and 100% -i.e. 'completely'.

Having done this, try to write down a challenge to these negative thoughts using the questions listed earlier to help you. Initially, the challenge may be difficult or seem rather false. Be patient, with practice it will get easier. Your thinking will gradually become more flexible and accurate by asking the appropriate questions of the original thoughts. Once you have written down this challenge then go back to the first thought and reassess it. How much do you believe it now? Try to rate the thought again. Has it become weaker?

The table over-leaf gives some possible examples:

Negative Thoughts	Degree of Belief	Situation	Rational Challenge	Degree of Belief Now
e.g. No-one wants to be with me anymore. I'm such boring company.	95%	Some friends ring to say that they can't come round.	They told me why they can't make it and we've arranged another time. They did seem very sorry.	5%
e.g. I'm a complete failure.	70%	Having difficulty mending the puncture on my bike.	These jobs are not always easy. Just because this isn't going well doesn't make me a total failure, I can come back to it or buy a new inner tube.	20%
e.g. I'll never get over this depression. I might as well give up.	80%	Lying in bed feeling lonely and fed up.	Just take one day at a time. I'll make a plan for today and visit Peter. I know that exercise helps so I'll do that first.	30%

## **IN SUMMARY**

When we become depressed our levels of activity reduce and our patterns of thinking change. Try to remember the following points:

### **For Reduced Activity;**

- Becoming more active means planning ahead.
- Use the activity diary to make these plans.
- Don't be too ambitious - Little and often is better than something then nothing.
- Remember daily aerobic exercise will help enormously.
- Try to involve others in your plans.
- Gradually the more you do, the more you'll feel like doing.
- Don't forget to reward yourself for what you achieve.

### **For negative thinking:**

- Remember it's your thoughts that make you feel depressed, not events.
- Carefully monitor and record your negative patterns of thinking.
- Identify any particular patterns to these thinking errors.
- Use the specific questions suggested to challenge your thinking.
- Write down the alternative ways of viewing the situation and rehearse these.
- Keep it up. Gradually this will all get easier as your thinking becomes more rational and positive.

## **FURTHER READING**

Burns, D. (1989). The New Mood Therapy

Rowe, D. (1983). Depression. The Way out of Your Prison. Routledge and Kegan Paul.

Hughes, I. (1990). Beating the Blues. Shadowfax Publishing, Cardiff.

## **FURTHER HELP**

Some may find it helpful to contact others who have experienced depression. The following organisation aims to help in this:

**Depressives Associated**, P.O. Box 5, Castle Town, Portland, Dorset,  
DT5 1BQ

**Notes...**

**Notes...**



**Defeating Depression V1.03 - Reprint September 2014**

Review required Sep 2015

Available from Berkshire Health Promotion Resources - [www.bhps.org.uk/resources](http://www.bhps.org.uk/resources) - 01753 638 678

Printed by Sargeant Brothers - Torfaen, Wales - 01495 752 425