Australian Catholic University

presents

A Lecture Series on Depression

with

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I am deeply grateful to ACU National for making this lecture possible.

ACU has taken a huge step in a very progressive direction in wanting to bring to the community an opportunity to consider and proactively do something about the rising rates of depression that affect all of us directly and indirectly.
The Value of Education

Clients Knowledgeable About Depression Recover Better and Faster Than Uneducated Clients
Summary of Most Common Depressive Symptoms

- Insomnia
- Loss of energy
- Feelings of worthlessness
- Excessive or inappropriate guilt
- Concentration problems
- Thoughts of death/suicide
Hard Questions About Defining and Diagnosing Depression

There are 227 possible combinations of symptom presentations for DSM-IV Major Depression—“a bewildering array of manifestations for a supposedly singular entity”

Is it a discrete phenomenon, like a heart attack, or a relative one?

(Pettit & Joiner, Chronic Depression, 2006, APA)
New Recommendations for Depression Screening

The U.S. Preventive Services Task Force (USPSTF) finds “good evidence that screening for depression in primary care practices can improve clinical outcomes in adult patients.”

The method of depression screening can range from structured written questionnaires to simply asking two questions: one about mood and one about anhedonia.

USPSTF, Annals of Internal Medicine, May 21, 2002, 136: 760-764

Or visit: www.ahrq.gov/clinic/3rduspstf/depression
How Do You Know if You’re Depressed?

• During the past month (or more) have you often been bothered by feeling down, depressed or hopeless?

• During the past month (or more) have you often had little interest or pleasure in doing things?
Forms Of Depression

- Major depressive disorder (MDD); unipolar
- Dysthymia
- Manic-depression, depressed phase; bipolar
- Seasonal Affective Disorder (SAD)

Tonight I’m focusing on Major Depressive Disorder, by far the most common mood disorder in Australia
The Costs of Depression

• **Financial**: The annual cost of depression in Australia is estimated to be at least A$3.3 BILLION due to sick days off of work, poor job performance, psychotherapeutic care, and loss of earnings from suicide.

• **Emotional**: Grief, pain, despair, potentials never realized.
The Costs of Depression (continued)

- **Physical**: Illness, self-destructive behavior, even premature death
- **Social**: Family conflict, poor parenting, loses lost, divorce, recklessness, antisocial behavior
Depression Often Co-Exists With:

- Anxiety Disorders
- Substance-Related Disorders (especially alcoholism)
- Anorexia and Bulimia
- Personality Disorders
- Medical Conditions
Too Few Depression Sufferers Receive Treatment

Despite the overall increase in the number of people seeking help for depression, estimates are that only HALF of depressed people receive any form of treatment, and only about half of these receive adequate treatment.

Kessler et al., (2003), JAMA, 289, 3095-3105
What causes depression?
How you answer this question is the single most important determinant of how you will relate to all I will discuss over the next 90 minutes.
Is Depression Caused By:

- Genetics?
- A biochemical imbalance?
- Psychosocial stressors?
- Errors in information processing (Cognitive distortions ?)
- A lack of environmental and social rewards?
- Social inequities?
- Cultural/familial influences?
- Mishandling key vulnerable situations?
The best answer I can give you is that depression is caused by many contributing factors.
The Biopsychosocial Model Of Depression

- Depression has a *biological* component (genes and biochemistry, diseases, drugs)
- Depression has a *psychological* component (cognitive distortions, history)
- Depression exists in a *social* context (social disturbances, distress, cultural influences)
Reasonable Conclusions About Genes and Depression

• Complex experiences like depression are almost invariably a product of genes and environment, and not either factor alone.
• Genetic variance is estimated to be between .3 and .4; significant, but not overwhelming.
• The genetic evidence has been at least as powerful in pointing to environmental influences on depression as it has genetic influences.
• It is as inaccurate to state that depression is not heritable as to say that it is.
A World Health Organization (WHO) Prediction

- Depression is currently the FOURTH most significant cause of suffering and disability worldwide (behind heart disease, cancer and traffic accidents) and, sadly,

- It will be the SECOND most debilitating human condition by the year 2020
What Does the WHO Prediction Suggest to You?

• Depression is already a pervasive and debilitating condition
• Depression is growing in prevalence around the world
• Most of the people who need help don’t receive it
• Depression will impact individuals, families and cultures in unpredictable ways
• Depression’s growth is more likely to be socially transmitted than by other means
Depression is Contagious!

Social forces can increase- or decrease - vulnerabilities to depression
Rapid Changes...

• KEY POINT: Our social and technological changes are occurring far more quickly than our biological evolution. Mood problems are a consequence.
Through the process of socialization, you evolve your individual patterns for responding to the challenges of life.
Issues vs. Patterns

- Breakdown of family
- Technology
- Nuclear destruction
- Self-fulfillment
- Geo mobility
- Television

- Helplessness
- Low frustration tol.
- Hopelessness
- Personalization
- Less social skill
- Global thinking
Examples of Global Style in Client Self-Reports

- “I just want to be happy”
- “I just want to feel normal”
- “I am my depression” (anxiety, history, or diagnosis)
- “I’m just so overwhelmed”
- “I get so bad I just can’t think”
- “The symptom just happens to me”
The Projective Hypothesis

When you encounter an *ambiguous* stimulus, you project meaning onto it using your own frame-of-reference.
How We Deal With the Inherent Ambiguities of Life Defines Our Experience

Mood, Physical Health, Productivity and Social Attractiveness Are All Affected By The “Word in Your Heart”
Ambiguity is a Risk Factor

• People strive to understand and make “meaning”
• Ambiguity raises, while certainty lowers, anxiety; projection as a coping device
• Cognitive distortions represent efforts to reduce, eliminate ambiguity
• A therapeutic goal is to learn to both RECOGNIZE and TOLERATE ambiguity
The Three P’s of Explanatory Style

• **Personalization** (“It’s me/ It’s them.”)

• **Permanence** (“It will always be this way/ It will change.”)

• **Pervasiveness** (“It affects everything/ It affects only this.”)
Depressing Questions

- “What’s wrong with me?”
- “When will I ever...?”
- “Why can’t I ever...?”
- “What if I fail?”
- “Why is this happening to me?”
- “What am I going to do with my life?”

Any other such questions you can think of?

Why are these potentially depressing?

The questions you ask determine the quality of the responses you get.
Examples of Depressogenic Beliefs

• 1. Where there’s a will, there’s a way.
• 2. Everything happens for a reason.
• 3. There is one right (or best) way to live.
• 4. You shouldn’t be judgmental.
• 5. You are responsible for all things that happen in your life.
Optimism is a resource for coping positively with the inherent ambiguities of life.

Looking for the “hidden gems” significantly increases your odds of finding them.
Positive Psychology

“Positive Psychology is the study of positive subjective experience, positive character traits and positive institutions. It represents ... a change from an exclusive concern with healing damage and repairing weakness toward a positive psychology of understanding and building human strength.”

Martin E. P. Seligman, Ph.D.
Goals of Positive Psychology

• Document what kinds of families result in children who flourish
• Document what kinds of work settings support greatest satisfaction among workers
• Document what kinds of social and political policies result in strong civic engagement
• In short, identify how people’s lives can be most worth living.

Happiness is not merely the absence of depression

What do we know about people who describe themselves as happy?
What Predicts Happiness in General?

• Strong marriages
• Strong family ties
• Strong friendships
• Positive spirituality
• A positive sense of purpose
When *Specifically* are Happiness and Satisfaction Most Likely?

- When goals are intrinsic (i.e., community contribution, emotional intimacy and personal growth)
- When goals are self-concordant and congruent with one’s motives and needs
- When goals are realistic and feasible
- When goals are valued by one’s culture
When *Specifically* are Happiness and Satisfaction Most Likely?

- When goals aren’t conflicting
- When pursuing success rather than avoiding failure
- When highly committed to one’s goals
- When one believes he or she is progressing toward the goals

Twelve Possibilities for Enhancing Your Happiness

• Be active
• Be outgoing
• Be flexible
• Be passionate
• Be compassionate
• Be focused
• Be positive
• Be aware
• Be a problem solver
• Be a sensory seeker
• Be connected
• Behave in a happy manner
Is There Any Force in Life More Powerful Than Expectancy?

Optimism and Pessimism are Perceptions About the Future
Fatalism and Self-Management

Why bother to exercise, eat properly, or learn to manage your moods if you believe nothing you do can make a positive difference?
Challenging the Depressed Client’s World View…

Key skills are to step outside one’s own thinking long enough to generate alternatives and do some “reality testing”
Coping Styles

• Approach (direct) problem-solving
• Avoidant coping
• Ruminative coping

Avoidance and rumination are highly correlated with depression
Examples of Positive Coping Strategies

- I seek out groups of friends.
- I meditate or do other things to relax myself.
- I go for a walk or short trip.
- I engage in a creative activity (e.g., writing, playing music, gardening)
- I do things to make myself feel better
- I engage in physical activities (e.g., sports)
Examples of Negative Coping Strategies

- I eat a lot.
- I use drugs or alcohol.
- I blame myself for feeling depressed
- I sleep a lot.
- I become aggressive and snap at others.
- I withdraw and isolate myself from others.
Drinking to Cope is a Very Bad Idea

In a study of 412 unipolar depressed patients assessed 4 times over a 10 year period, drinking to cope with distress operated prospectively as a risk factor for more alcohol consumption at each follow-up, as well as more drinking problems and higher levels of depressive symptoms.

Holahan et.al., J. of Abnormal Psychology, Feb., 2003
Ruminative Responses

- Expressing to others how badly one feels
- Pondering on why one feels badly
- Thinking about the possible consequences of one’s symptoms

Does Rumination Predict Depression?

Ruminative responses to depressive symptoms predict:

- higher levels of depressive symptoms over time (after accounting for baseline levels)
- depressive disorders, including new onsets
- chronicity of depressive disorders
- anxiety symptoms

It may seem counterintuitive, especially to those invested in “deep” psychotherapies, but there is a potential danger in thinking too much...
“The unexamined life isn’t worth living.”

Socrates

“Neither is the over-examined life.”

Yapko
The Stress Generation Model of Depression

“Depressed people contribute to the occurrence of their own stress, which, in turn, maintains or exacerbates vulnerability to depression.”

Hammen, *The Interactional Nature of Depression*, 1999
The quality of your relationships is a significant predictor of your risk for depression.

What about social skills training as a preventive opportunity?
Depression’s Social Effects... Depressives Have:

- fewer social skills
- fewer close relationships
- less elaborate social networks
- less rewarding relationships
- fewer social contacts
Depressions’ Social Effects… (continued)

- less social support
- more marital problems
- more family arguments
- more pessimism about the future of their relationships

Keltner & Kring, Review of General Psychology, 9/98
The Depressed Person’s Social Presentation

- Distant
- Apathetic
- Shy
- Hostile
- Clingy

How do others evaluate and react to depressed people? How does that serve to exacerbate depression?
Interpersonal Patterns That Maintain Depression

- Negative feedback seeking (seeking out information that confirms their already low self-concepts)
- Excessive reassurance seeking (desiring and repeatedly asking for reassurances as to their worth while rejecting positive input)
- Interpersonal conflict avoidance
Expectations and Relationship Satisfaction

How well your partner lives up to your expectations determines your degree of satisfaction with the relationship.

But, what happens if your expectations aren’t realistic?
Marriage and Depression

- Are marital discord and depression clinically linked?
- Do poor marriages predict increased vulnerability?
- Does marital discord predict later depression?
- Does marital discord “cause” depression and vice-versa?
- Can marital therapy relieve depression?

THE ANSWER IS “YES” TO ALL!
Vital Skills in Healthy Relationships

- Compartmentalization
- Communication
- Problem-solving
- Goal planning
- Conflict resolution
- Good boundaries
- Discretion and proportionality
Depression Intensifies From One Generation to the Next

The first such study following 3 generations of high-risk families and has taken more than 2 decades to complete showed most of the prepubescent grandchildren with a 2 generation history of depression developed anxiety disorders that developed into depression as they aged into adolescence.

Weissman et. al, *Archives of General Psychiatry*, January, 2005
Parent Depression as a Risk Factor

• Impaired mental functioning
• Avoidant coping style
• Chronic stress in family
• More negative, critical interactions with children
• More likely to have a depressed parent themselves
• More likely to be divorced or maritally stressed
Children at Risk

- Having a depressed parent
- Loss of mother
- Low level depressive symptoms
- Living in family distress
- Divorce
- Absentee fathers
- Alcohol and drug abuse
Rituals/Strategies for Strengthening and Protecting Families

Rituals of:

• **Time** (meals, storytelling, projects, recreation)
• **Place** (kitchens, state parks, cabin, porch)
• **Interest** (music, art, sports, hobbies)
• **Celebration** (birthdays, accomplishments, new job, new season)
• **Connection** (family interviews, visiting friends/relatives, family reunions)
• **History** (storytelling about family members and events, looking at photos)

From *The Shelter of Each Other* by Mary Pipher
Problem Parents, Problem Children

“… less than 3% of the families with no risk factors had a multi-problem child. Among families with a depressed parent, the prevalence of multi-problem children rose to 26%.”

Holahan, Moos & Bonin, *The Interactional Nature of Depression*, 1999
Be the Antidepressant Family

• Take prompt action. Don’t wait.
• Create a context for communication to occur
• Listen non-judgmentally
• Ask open-ended questions
• Ask for other attributions for whatever has happened
• Encourage physical activity
• Encourage frequent social contact
• Seek out opportunities for fun
• Encourage relaxation
• Encourage self-care and personal responsibility

From Hand-Me-Down Blues by Michael Yapko
When to Get Professional Help

- Suicidal thoughts or feelings
- When feeling “stuck” and hopeless
- When lacking support to “reality test” and have no clear sense of direction
- BEFORE it reaches a crisis point
- When potentially life-changing decisions must be made with clarity
- When adversely affecting others
The two primary treatment options are medications and psychotherapy. (Other treatments, such as brain stimulation methods, are not common.) Medications and psychotherapy are not only NOT mutually exclusive, but the evidence suggests a combination of the two may be best for most people.
It is imperative you be an intelligent and informed consumer when seeking treatment
No Amount of Medication Can Change Your:

- Coping style
- Explanatory style
- Relationship style
- Cognitive style
- Problem-solving skills
- Support network
- History
Action Oriented Therapy

It is no coincidence that the therapies with the greatest empirical support all emphasize **ACTION and SKILL-BUILDING** in treatment; clients may **feel** better in merely supportive therapy, but they will **do** better in treatment with direction.
Things to Do When You’re Depressed

- Get a thorough physical examination - and level with your doctor.
- Avoid alcohol. Completely. (Yes, you.)
- Strive to learn about your vulnerabilities and develop ways to manage them.
- Learn to distinguish:
  - facts from feelings
  - beliefs from facts
- Strive to sleep well
More Things to Do When You’re Depressed

• Challenge yourself: “How do I know?”
• Strive to exercise regularly.
• Do fun things and do them often.
• Get and stay connected to others.
• Learn to relax.
• Be goal-oriented in important areas.
• Prioritize and problem-solve.
• Get support, get help. Don’t wait!!
Things Not to Do When You’re Depressed

- Don’t dwell on the past. It’s gone. But, tomorrow hasn’t happened yet.
- Don’t compare yourself to others. “You have to do your own growing no matter how tall your daddy was.” (A. Lincoln)
- Don’t catastrophize; understand probability.
- Don’t leave things unsaid or unresolved.
- Don’t analyze too deeply. Move on.
More Things *Not* to Do When You’re Depressed

- Don’t reject yourself; define your assets.
- Don’t ignore reality. Get the facts!
- Don’t ignore your own needs. Self-care is *not* the same as selfish.
- Don’t give up or be passive. Try again, **BUT DO SOMETHING DIFFERENT!!**
- Don’t isolate. Find good people to be with.
- Don’t leave time unstructured.
Some Advice for Partners/Family Members

- Don’t blame the person for being depressed. Use the depression as a series of problems to be solved.
- Don’t attribute the depression to motivation problems.
- The depression is their problem, not yours. Don’t feel guilty, but do what you can to help.
- Keep your life going.
More Advice for Partners/Family Members

- Avoid clichés like “Pull yourself up,” “Quit feeling sorry for yourself,” and “Cheer up.”
- Don’t try and “save” the person from doing things he/she can do for him or herself.
- Getting out of depression is a series of small steps needing your encouragement.
- Focus on present challenges- there’s no need to bring up past failures.
More Advice for Partners/Family Members

• Don’t support the negativity with sarcastic responses (“You’re right. You’re awful.”)
• Don’t ignore symptoms. Let your partner know empathetically you’re aware he/she feels bad.
• Don’t patronize and condescend.
• Stay focused on and connected to the best parts of the person.
HIGHLY RECOMMENDED SELF-HELP RESOURCES

- Breaking the Patterns of Depression (Yapko)
- Hand-Me-Down Blues (Yapko)
- Focusing on Feeling Good CD program (Yapko)
- Learned Optimism (Seligman)
- Emotional Intelligence (Goleman)
- The Optimistic Child (Seligman)
- Feeling Good (Burns)
- Mind Over Mood (Greenberger/Padesky)