The Psychology of Depression

DEALING WITH DEPRESSED THOUGHTS
by Richard Bozian, M.D.

It is normal for there to be ups and downs in life and for anyone to feel sad or blue at times. What is not normal is for this to persist for any length of time and to be associated with a sense of helplessness and hopelessness for the future. Normal sadness, or the ”blues”, is incorrectly called depression.

Depression is more than sadness and is better characterized as “living in a black hole”. The individual feels apathetic, lifeless, and empty and there is interference with the ability to function at work or play. Paradoxically there may be anger, anxiety and irritability.

As with many disorders, there are always underlying biological, psychological and social factors precipitating the dysfunctional state. The genetic contribution is best characterized as a predisposition and this does not detract from the significant contributions that SMART Recovery can offer. If the level of function is profound and persistent, professional help needs to be obtained. Profound depression may require a combination of medication, psychotherapy and social networking to assist in the recovery process. If the depression is profound or long lasting, professional help needs to be obtained. If drugs have been in the picture, it is essential that they be discontinued, since depression is a major consequence of drug abuse. In fact, the drug use may have been initiated as therapy for an underlying bipolar or psychotic disorder that remained undiagnosed. It is critical to be patient for recovery which may take weeks or months. Removal of any stress factors is critical.

Our cognitive behavioral approach to addiction and depression has been powerfully effective. Aaron Beck, Albert Ellis and Donald Meichenbaum are pioneers of the cognitive behavioral approach to the treatment of depression. They identified the three variants of negative thoughts prevalent in depression wherein the individual considers the self as worthless, the world as being unfair, and the future as hopeless.

SMART tools work on the core of the contributing perceptions which can be classified as self-blame, self-pity and other-pity.

Self-Blame

No one makes you psychologically depressed. You do that by the things you say to yourself.

You are not worthless even if important people in your life reject you. Doing badly never makes you a bad person-only imperfect. You have a right to be wrong. Guilt is created in two steps: a) You do something bad and b) you decide you're awful. Never blame yourself for anything. Instead, admit your responsibility for wrongdoing. Self-blamers are grandiose in the sense that they judge themselves more harshly than they judge others who commit similar errors. Separate the rating of your *behavior* from the rating of your *self*.

Self-Pity

You don't have to have everything that you want. The world was not made just for you. Not getting your way is disappointing or sad—not the end of the world. Count your blessings. You have put up with disappointments all your life; you can tolerate this one too.

Other Pity

Caring for others is mature, over-caring is neurotic.

All the pain you feel for the suffering of others does not relieve them of the slightest pain.

Healthy detachment by *you,* helps *others* face up to their self-defeating behaviors. You won't get burned out as a helper if you don't break your heart over others.

Resilience

The fostering of *resilience* is the key to recovery from depression. Resilience is a trait that can be learned with practice and nurturing relationships. One learns to focus on one's positive attributes and avoid the negativity of thought and behavior impeding recovery. Fostering of this quality has enabled veterans with severe physical disabilities to avoid post traumatic stress disorder.