

“Knowledge Dispels Fear”

The Depression Self Help Plan



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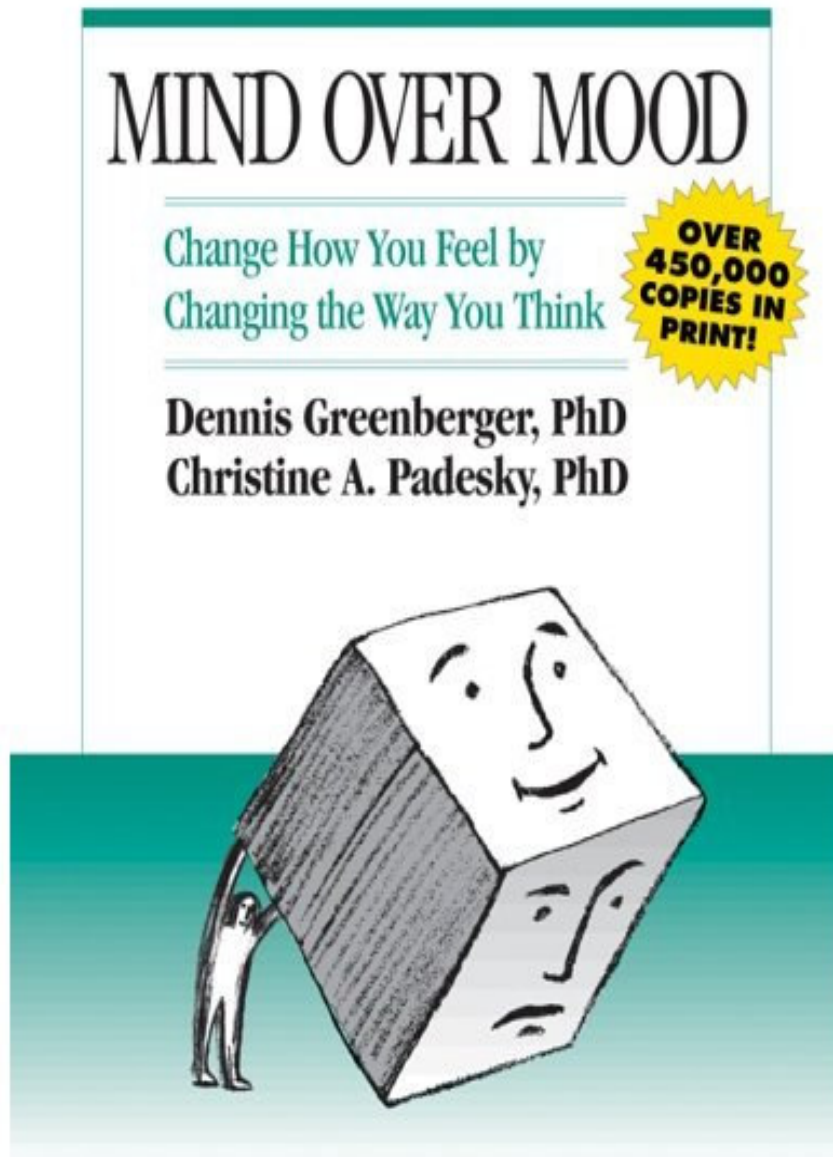
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Session (2) Depression Resistant Thinking

Caution

The Depression Self-Help Plan is designed as a self-help tool for clinical Depression. It is important that you do not diagnose yourself as suffering depression but see your Doctor for an assessment and diagnosis, because there are some medical conditions whose symptoms can mimic those of depression such as thyroid gland problems, pernicious anaemia etc, and if this is the case then it is vital to get it diagnosed and treated by your doctor. If you have any health problems and/or are taking any form of regular medication, are pregnant, then discuss with your doctor before using the depression self-help techniques outlined in this course. The techniques outlined in this course are designed to be used in conjunction with any treatment from your Doctor, not as an alternative to standard treatment by your doctor. The techniques outlined in this self-help plan, such as relaxation, exercise, etc. may cause a few people on long-term medication to require a reduction to their medication; this should not be done by the individual but by their doctor. Do not practise techniques like relaxation while driving a car, or doing any other activity that needs concentration for safety and do not drive immediately after using a relaxation technique, acupuncture or any other technique that makes you drowsy. We also advise that you do not make any life changing decisions such as leaving a job or ending a relationship until you have recovered from your depression, otherwise you may make a mistake that you later regret.

Recommended Reading: Depression Resistant Thinking



Greenberger D., Padesky C.A. (1995) Mind over Mood: Change How You Feel by Changing The Way You Think, Guilford Press.

Cognitive Behavioural Therapy

“Cognitive therapy developed out of the simple notion that a major part of why we get upset is not just that life is awful or very stressful. Rather, it’s the way we interpret things that happen to us and how we react to them that counts.” (Brenda O’Hanlon)

In the late 1950's and early 1960's a revolution occurred in psychological medicine when Doctor Aaron Beck developed Cognitive Behavioural Therapy (CBT) and Doctor Albert Ellis developed Rational Emotive Behavioural Therapy (REBT); these were new forms of talking therapy to treat psychological problems such as anxiety and depression. The research by Beck and Ellis revealed that our thoughts play a very powerful, influencing role on our feelings.

There are over 400 different types of talking therapy that can be used to help with psychological health problems like depression; many of these therapies have not been tested to assess their effectiveness, but one of the most researched and scientifically proven is Cognitive Behavioural Therapy (Cognitive pertains to anything to do with our thinking and Behavioural to our actions.) When we become depressed our thinking becomes more negative and pessimistic. Cognitive Behavioural Therapy is a technique for identifying and challenging this negative thinking that is a factor in causing, maintaining and exacerbating problems like stress, anxiety and depression.

Research has shown that the way we think has a powerful influence on how we feel emotionally. When we become depressed, the powerful, mood enhancing neurotransmitter serotonin, falls and this increases the level of negative thinking. Cognitive Behavioural Therapy is not however, about positive thinking, or putting a positive spin on things, but it is about realistic, scientific thinking. Most people are unaware that we all talk to ourselves internally in our head, they also do not realise that our self-talk may be inaccurate, yet we just tend to assume that it is correct. Thinking is a habit, but we are fortunate that we have the ability to change that habit and in so doing we can make ourselves more stress and depression resistant.

Difficult, challenging and painful events happen in life, that’s a fact, but although we may not always be able to control what happens to us, we can have a powerful control over how those things affect us. It is unrealistic to think that after years of thinking in a certain way we can change our thinking overnight, it will take time, effort and practice, but it can be done. Research studies have shown that for mild to moderate forms of depression, Cognitive Behavioural Therapy is as effective as a course of antidepressant medication, although medication can be life saving for more severe forms of depression. Studies also show that Cognitive Behavioural Therapy reduces the risk of relapse of depression.

Although mild to moderate forms of depression can be helped by using the self-help Cognitive Behavioural Therapy techniques we cover in this session, if the depression isn't resolved or your depression is more complicated it would be advisable to consult a fully qualified Cognitive Behavioural Therapist.

Computerised Cognitive Behavioural Therapy

“Preliminary results have demonstrated the clinical efficacy of Computerised Cognitive Behavioural Therapy in the treatment of anxiety and depression in primary care.” (Royal College of Psy.)

Cognitive Behavioural Therapy is a scientifically proven and effective technique used to help relieve depression, however the National Health Service has too few Cognitive Behavioural Therapists and too high a demand for their services; as a consequence, depending on where you live, it could take up to a year before you can see a Cognitive Behavioural Therapist. Another option is to pay for a private Cognitive Behavioural Therapist but at £50 - £100 per session (depending on where you live) this is not affordable for many people. As a way of getting around this Computerised Cognitive Behavioural Therapy has been developed in which a course of Cognitive Behavioural Therapy is taught to people on a computer.

Research has suggested that Computerised Cognitive Behavioural Therapy (CCBT) can be useful in helping to reduce depression. In one study looking at the value of Computerised Cognitive Behavioural Therapy to help anxiety and depression, a research team from the Centre for General Practice Integration Studies, School of Public Health and Community Medicine at the University of New South Wales, Sidney, Australia, and published in the July 2004 issue of the British Journal of Psychiatry, tested the value of computerised Cognitive Behavioural Therapy on 274 patients with anxiety and/or depression. They were split into groups and either received Computerised Cognitive Behavioural Therapy or standard treatment. The results from the study revealed that Computerised Cognitive Behavioural Therapy improved depression and reduced depressed negative thinking. The authors concluded that the Computerised Cognitive Behavioural Therapy led to greater satisfaction with treatment.

There are a number of Computerised Cognitive Behavioural Therapy programs available. Professor Chris Williams, one of the UK's leading experts in Cognitive Behavioural Therapy at Glasgow University, has written a free, on-line course on Cognitive Behavioural Therapy for depression and anxiety which can be found at the following website www.livinglifetothefull.com other free online courses in computerised Cognitive Behavioural Therapy include www.depressioncenter.net and <http://moodgym.anu.edu.au> .

Moodgym is a free online course in Cognitive Behavioural Therapy, which has been proven in research to work. The Moodgym study was published in the British Medical Journal in January 2004. The data revealed that people who used it reduced their depressive symptoms, compared to a control group, to such a degree that it was as effective as one to one treatment with a qualified therapist.

Having said all of this, online Computerised Cognitive Behavioural Therapy is not appropriate for every person. It tends to be effective for the more mild to moderate forms of anxiety and depression. If your depression is in a severe form you may not be able to benefit from the Cognitive Behavioural Therapy until your mood has been lifted by medication.

Depressed Thinking

“. . . People with depression typically think in ways that are both unrealistic and unfair to themselves. That is, they tend to judge themselves negatively, they see the world in negative terms, and have negative expectations for their future. These are habits of thinking that may trigger depression or they may maintain or worsen the depression that already exists.” (Depression Toolkit: Information and Resources for Effective Self Management of Depression)

When we become depressed we develop what psychologists call “depressed thinking” where we think more negatively about ourselves, our situation, other people and the world in general; whereas before the depression we were more optimistic and positive. We can feel we are useless, worthless, - eg “I’m a failure”, “I’m weak”, “I should be able to pull myself together.” We remember every mistake we have made and magnify it, we think we are a bad mother/partner, that our family would be better without us, that the depression will never ever lift and we will be suffering like this for the rest of our life. We are not taught how to assess our thinking and self talk to see if it is accurate, so we become our own judge, jury and executioner with no right of appeal and no extenuating circumstances. We are unrealistic and unforgiving of ourselves.

This depressed thinking is not the person’s fault, researchers have found that when the level of the mood enhancing neurotransmitter in the brain called serotonin, falls so there is an increase in negative thinking, and when people are treated with medication the depressed thinking decreases. The important thing to realise here is that this thinking is unrealistic and excessively negative. You have probably noticed when people get drunk and become aggressive someone will say, “ignore him/her, it’s the alcohol talking.” Well with depression it’s a similar situation, when we start thinking these negative things “it’s the depression talking”, causing us to be more negative and more pessimistic.

Many people try to think positively but find it doesn’t work, dealing with these negative thoughts is not as simple as “thinking positive thoughts”, it’s the depression itself that is causing the anxious and negative thinking.

At times, life can be difficult and challenging to say the least, but with depressed thinking it seems like that most of the time; people can have thoughts of hopeless, helpless, despair, with no hope, thinking that this condition will go on forever. This is depressed thinking and it is this type of thinking that feeds the depression just as surely as throwing petrol on a fire feeds the fire.

However studies have shown it is possible to change the way we think. One of the most successful and scientifically proven ways to help us identify and challenge our style of thinking and to ease the depression is Cognitive Behavioural Therapy.

How Our Thoughts Influence How We Feel

“Many of us do not realise that our perceptions about events or our thinking style and our attitudes can also contribute to our levels of stress.”

(Professor C. Cooper, PhD)

One of the foundation stones of Cognitive Behavioural Therapy is that our thoughts influence our feelings. Many of us are unaware that our thoughts have a very powerful effect on our feelings. This is an important concept because we may not always be able to influence what happens to us but we do have a powerful influence in how we interpret what happens to us, how we deal with it and therefore on the level of distress it causes us. No matter what happens to us nobody can take this away from us.

We tend not to pay much attention to our thoughts; however the way we think can have a potential influence over our health. Research has shown, for example that watching a horror film on television triggers the release of higher levels of stress hormones. In reality we are not at threat from a vampire, but our fearful thoughts trigger the fight/flight response. On the other hand other studies have shown that watching a relaxing comedy film, where our thoughts are less negative than with the horror film, can reduce the levels of stress hormones in our blood stream.

People often believe it is external, difficult events that cause us stress, anxiety and depression but this is not totally accurate (except for major life events), if this were so then everybody affected by challenging events would feel the same way, but not everybody exposed to a challenging event will find it difficult. Yes, life is unfair but it is not so much the challenging event that causes us problems, it is more how we deal with it.

Psychologist Doctor Richard Lazarus says, “stress resides neither in the situation nor in the person it depends on a transaction between the two.” An individual’s views, perception, beliefs and expectations play a large role in whether he/she thinks an event is stressful or not. What do our thoughts have to do with our feelings? In reality our thoughts about a challenging event will play a large role in whether we think the event is stressful and also play a role in whether we think we can cope with the event.

By changing our thoughts we can change how we feel. Dr Albert Ellis developed a type of therapy called Rational Emotive Behaviour Therapy (REBT) which is similar to Cognitive Behaviour therapy in which he developed the $A + B = C$ technique that is a very easy way to teach people how their thoughts affect their feelings. We have given you an example of a form which uses the $A + B = C$ technique on the next page and a blank copy, in the resources section at the back of this session, for you to use for yourself. Using this “ $A + B = C$ Thoughts/Feelings Identification Log” you can start listening-in to your internal self-talk and recording your thoughts in the log to help you begin to see how our thoughts affect our feelings.

Example of A+B=C Thoughts/Feelings Identification Log

Date	(A) Activating Event Write down details of the event	(B) Beliefs/self talk, thoughts, attitudes, images, assumptions, opinions about event at (A), write down automatic negative thoughts	(C) Consequences/emotions, write down your resulting unpleasant emotions eg stress, anxious, tense, angry, frustration
	<ul style="list-style-type: none"> ▪ Being diagnosed with Clinical Depression 	<ul style="list-style-type: none"> ▪ “I will be like this for ever, I will never get better” 	<ul style="list-style-type: none"> ▪ Frightened
	<ul style="list-style-type: none"> ▪ Unable to do the housework due to extreme fatigue 	<ul style="list-style-type: none"> ▪ “I’m lazy” 	<ul style="list-style-type: none"> ▪ Angry at self
	<ul style="list-style-type: none"> ▪ Can’t concentrate 	<ul style="list-style-type: none"> ▪ “I’m worried I’m mad” 	<ul style="list-style-type: none"> ▪ Frustrated
	<ul style="list-style-type: none"> ▪ Doctor says I need antidepressant medication 	<ul style="list-style-type: none"> ▪ “I’m a failure because I can’t lift my depression without medication” 	<ul style="list-style-type: none"> ▪ Anxious
	<ul style="list-style-type: none"> ▪ Partner is irritable with me 	<ul style="list-style-type: none"> ▪ “I am a bad partner, my partner would be better without me” 	<ul style="list-style-type: none"> ▪ Worried

Instructions: In column A write down your problem/activating event. In column B write down your thoughts, beliefs and automatic negative thoughts around that activating event. In column C write down your resulting emotions/behaviours. There is a blank copy of this form for you to use in the resources section.

Perception

“You and I tend to believe implicitly what we think and to consider that thoughts are a true reflection of reality. The first thing to remember is that thoughts are just interpretations of reality.” (Professor Ivy Blackburn)

One of the most important tenets of stress management is the role that perception plays in stress. Most people believe that it is external, stressful situations or people that cause their stress but this is not 100% accurate, if it were, everybody who was exposed to a particular stressor would be affected, but this is not the case. Stress is not a black and white issue of "Cause and Effect". It is the result of a number of complex and interacting factors such as the interaction between the stressors and our perception of the stressors. How we perceive/appraise an event (stressor) plays a very large role in whether the stressor triggers our fight/flight response. For example if our perception is influenced by a negative, pessimistic thinking style the potential stressor will be perceived as more of a threat than say another person exposed to the same potential stressful event but who has a flexible, non-rigid, optimistic thinking style.

Some stressors are universally painful and stressful to most of us such as the death of a loved one. Fortunately, these Major Life Event stressors are relatively rare; most of the stressors we encounter occur on a daily basis and are known as Daily Hassles. Our perception of these every day, non life event stressors, depends very much on our individual perception of those particular stressors.

An example of a daily hassle is a traffic jam. One person in the traffic jam may sit and fume becoming very angry at the delay, but another person in the same traffic jam may quietly accept the situation, calmly read a book and think that getting upset or irritable won't move the car one millimetre further. This is the same potential stressor for both drivers, yet two different responses, partly due to the perceptions of the event by both individuals.

An individual's perception is influenced by many factors such as:

- Our beliefs
- Our level of pessimism or optimism (Explanatory Style)
- Our internal self-talk
- Our locus of control
- Our degree of stress hardiness

For most challenging situations stress is not an automatic reaction. We make two appraisals that influence the fight/flight response:

1. Whether the event is a threat/stressful,
2. Whether we feel we will be able to cope with it.

If our perception is based on inflexible, rigid thinking then that will cause us more emotional distress. By changing our thinking style to a more flexible, realistic and accurate type then our perception of events will be less distressing.

Internal Self-Talk

“Our thoughts are a reflection of our beliefs, we are often our own worst inner critics. Most of us would not dream of speaking to other people the way we criticise ourselves”

(David Brookes Psychotherapist)

Contrary to popular opinion, talking to ourselves is not the first sign of madness. We all have a silent, internal conversation with ourselves, in our mind, almost all of the time. This is called Internal Self-Talk and is totally natural and healthy. We have about 50,000 thoughts a day most of which are automatic. Our internal self-talk will be a mixture of positive, negative and neutral thoughts; healthy self-talk ratio is around 2 positive thoughts to every 1 negative thought.

It is important to understand that this internal dialogue can influence our feelings and behaviours. Researchers have found that if our self-talk is mainly negative, harsh and unrealistic it can cause an increase in stress and negatively influence our mood. In this silent self-talk we are often judgemental of ourselves, we can call ourselves useless, worthless, horrible, stupid, a failure, and this is a form of psychologically beating ourselves up; it is literally a form of psychological torture. Someone once wrote: *“If we talked to our friends in the same way that we talk to ourselves we would not have any friends.”*

Very often the quality of our self-talk has been influenced when we were younger by our parents, friends, peers, media, school, etc. Our self-talk is influenced by our beliefs about ourselves, other people and the world in general. It can influence our self-esteem, levels of confidence and our relationships. We never question what we say to ourselves to check it's accuracy, we just listen to the negative statements day in, day out and like the drip, drip of water on stone, if we keep up excessive, negative internal self-talk saying negative things for long enough, we begin to believe it even if it's not correct. We just accept it as being true when often it is not, or when it is true, we blow it out of proportion. Our self-talk can be rigid and inflexible against ourselves, life and other people. If we think we are a failure or useless we just tend to accept it. We tend to think our thoughts are just thoughts, but they have been shown to affect our brain chemistry. That is why research has found that optimists, who have a positive self-talk and belief in themselves, have better physical and psychological health than those of us that tend to be pessimistic with a negative self-talk.

The problem in the western world is that our culture and philosophy gives us the notion that it is all right to keep psychologically beating ourselves up as useless, but it is not acceptable to give ourselves a pat on the back, because it is seen as egotistical. This is inflexible, we need to be able to change our internal self-talk and not just accept what we say to ourselves. It is not selfish or self-centred to think about ourselves. If we are not feeling our best then we won't be able to give our best.

Excessive, negative, internal self-talk is full of negative core beliefs and negative cognitive distortions, however it is possible to change our internal self talk, making it more flexible and realistic therefore we become less stressed and therefore less depressed.

Automatic Negative Thoughts (ANTS)

“The ANTs (Automatic Negative Thoughts) whole mission and goal in life is to fuel the negative thinking that leads to anxiety, panic, social phobia, agoraphobia, generalised anxiety, obsessive actions and compulsive behaviour and the related depression that goes along with the anxiety.” (Anxiety Network)

Some of our negative self-talk can be in the form of Automatic Negative Thoughts (ANTS). These ANTs can just pop into our heads and can also be just below our conscious level. Usually, we have a ratio of 2:1 positive to negative thoughts, however when we are stressed, anxious or depressed our thinking becomes more negative and our self-talk becomes mainly hypercritical of ourselves.

While these negative thoughts could help us to deal with a physical threat to our well-being thousands of years ago by making us more cautious, they are absolutely unhelpful when dealing with the psychosocial stressors we encounter in our modern world. In fact Automatic Negative Thoughts can make the complex problem solving that we need to use in our modern society more difficult.

Automatic Negative Thoughts just pop into our heads, they are rigid and inflexible. They may seem realistic but serve no purpose and have no value what so ever.

Examples of Automatic Negative Thoughts include:

- “I’m useless.”
- “I’m no good.”
- “I’m a failure.”
- “I’ll never get another job.”
- “I’m not a good Mum or Dad.”
- “I’m worthless.”
- “Other people are better than me.”
- “I could never do that.”
- “I’m not a nice person.”
- “I’ll never be any good at it.”
- “It’s always my fault.”
- “Nobody likes me.”
- “I can’t cope.”
- “I’m stupid.”
- “I’m bad.”
- “I’ll never be able to learn this.”
- “I’ll never get better.”
- “I’m not bright enough.”
- “The worst always happens to me.”
- “This won’t work out.”
- “I never get things right.”
- “It always happens to me.”
- “I can’t change.”
- “Anything that can go wrong will go wrong.”
- “Life’s a bitch and then you die.”
- “I’m not popular.”
- “There is nothing I can do about it.”

To help us change our depressed thinking it is important to identify these Automatic Negative Thoughts, and take action to deal with them. ANTs can operate just below our conscious awareness, but with time and practice we can access them. We need to start to tune into our internal self-talk, listen to what we are saying to ourselves and start identifying the Automatic Negative Thoughts. Once we have identified them, we can challenge them to assess their accuracy.

Thinking Traps

“Life is shaped by the mind. We become what we think.” (Buddha)

Now that we have started to identify our negative self-talk we can begin to change it. As we have learnt, our thoughts play an influential role in our feelings. Some of these thoughts are what Clinical Psychologists call “Cognitive Distortions” or “Thinking Traps”. These thinking traps can exacerbate our depression and so it is important to identify and challenge them. We also need to be able to look at the many beliefs we hold. So the next two sections include explanations of the many common thinking traps and core beliefs (or rules for living) that shape our thinking styles. By identifying which of these we use, we can then begin to challenge them and substitute more realistic ways of thinking to help increase our depression resistance.

You will find below some of the most common “Thinking Traps”, or “Thinking Errors” or “Cognitive Distortions” as they may also be known. Note any that you think might apply to you.

<ul style="list-style-type: none"> • Black and White Thinking (All or Nothing Thinking) 	We see ourselves, others, and events as all right or all wrong, all good or all bad, we are either totally successful or a total failure, no halfway measure.
<ul style="list-style-type: none"> • Overgeneralisation 	We make conclusions based on single events; we use one negative experience to predict all other outcomes.
<ul style="list-style-type: none"> • Catastrophising 	We presume the worst will always happen, we won't be able to cope and it will be awful.
<ul style="list-style-type: none"> • Mental Filter 	We see the negatives and not the positives of a situation; we discount compliments and focus only on bad remarks or reviews.
<ul style="list-style-type: none"> • Magnifying or Minimising (Binocular Vision) 	We blow things out of proportion making mountains out of molehills, we minimise our strengths and maximise our weaknesses.
<ul style="list-style-type: none"> • Personalisation and Blame 	When something goes wrong we totally blame ourselves or we may totally blame other people for an event.
<ul style="list-style-type: none"> • Labelling and Mislabelling 	We call ourselves or others by names, not based on facts, but on one or two negative incidents.

<ul style="list-style-type: none"> • Jumping to Conclusions (a. Mind Reading) 	We make negative interpretations about what others are thinking without knowing all the facts
<ul style="list-style-type: none"> • Jumping to Conclusions (b. Fortune Telling) 	We think we know how events will turn out without evidence to support our views.
<ul style="list-style-type: none"> • Emotional Reasoning 	We let feelings guide our interpretations, reasoning from emotions instead of facts.
<ul style="list-style-type: none"> • Discounting the Positive 	We discount positive things about ourselves and others.
<ul style="list-style-type: none"> • Hindsight Thinking 	We look back and wish we had done things differently – “If I knew then what I know now.”
<ul style="list-style-type: none"> • What ifs 	We often ask “what if” something happens, fearing the worst outcome, which may stop us from looking at practical solutions.
<ul style="list-style-type: none"> • Egocentric Thinking 	We want to persuade others to think and believe the same way we do.
<ul style="list-style-type: none"> • Being Right 	We think we are correct in our thinking; we discount other evidence and the ideas of others.
<ul style="list-style-type: none"> • Control Error (a and b) 	a) We see ourselves as helpless and externally controlled OR b) We feel responsible for everything, carrying the world on our shoulders.
<ul style="list-style-type: none"> • Change Error 	We think we have to change others to achieve our happiness. We may blame, demand, withhold and trade to achieve this.
<ul style="list-style-type: none"> • Fairness Error 	We judge things by what we think is fair feeling resentful when things are not fair.
<ul style="list-style-type: none"> • Heaven’s Reward Thinking 	Our decisions and actions are based around the needs of others not our own, imagining by doing the right thing we will gain our reward someday.
<ul style="list-style-type: none"> • Unrealistic Comparisons 	We compare ourselves to other people, seeing them as more successful, happier, better at handling life, than we are.

Core Beliefs

“Our beliefs create the world that we live in, and our beliefs and thoughts therefore also create the stress we experience. If we think something is safe and possible to conquer, then it is. But if we think the opposite then that will be our experiences” (Janice Calnan, Psychotherapist)

We come into this world with no beliefs, but as soon as we start to develop we begin to learn, from our parents, peers, school, media, etc, a set of beliefs and views that we use to interpret ourselves, other people, events, experiences and the world in general. All of us have a belief system with different rules for living that we use on a daily basis to interpret, measure and deal with life. We have beliefs about how things are, how people should behave, about ourselves and about events that happen to us.

We develop these rules for living based on what we learn as we are growing up, on our own life experiences, as well as from other people and the culture we live in. A lot of these beliefs are held unconsciously and so most of the time we don't give them much thought, although they do influence our thinking. They can be realistic or unrealistic, helpful or unhelpful and we can usually keep them under control; however when we are anxious or depressed they can become less controllable.

We have literally thousands of these beliefs, they are not a sign of illness, they are held by many of us. The problem is that because we think them, we believe they are correct and they create for us a psychological straight jacket. If our beliefs are rigid and inflexible they can cause resentment, anger and frustration and when we are having difficulties such as depression, they can help to exacerbate our anxiety and/or depression.

Core beliefs are the foundation stones upon which thinking traps (cognitive distortions which we discussed previously) are based. Our beliefs can be a potent source of internal stress and many of our beliefs can actually prevent us from taking action. We can help lower this stress by looking at our thoughts and beliefs and assessing them for their accuracy, but for most of us we have never been taught how to assess our thinking for its accuracy. We should remember our thinking is not fixed for life; we can change our core beliefs.

Core beliefs are often formed in childhood and have a powerful influence on our thinking, however negative core beliefs are not irreversibly etched for evermore in stone, we can change them to be more flexible and realistic. One example of a negative core belief is “a leopard never changes its spots,” inferring that people can't change, but this isn't accurate, alcoholics have stopped drinking, depressed people have become less depressed, which proves people can and do change.

If you have a Cognitive Behavioural Therapist they will be able to help you look at your core beliefs to see how accurate they are and if necessary help you to substitute them with more realistic, flexible core beliefs. Overleaf you will find a list of examples of some of the more common core beliefs.

Examples of Negative Core Beliefs

<ul style="list-style-type: none"> ▪ Demand for Approval 	<p>We believe that others must <u>always</u> treat us well. We must have love or approval most of the time to be worthy.</p>
<ul style="list-style-type: none"> ▪ High Self Expectations 	<p>We believe that we <u>must</u> achieve success in everything we do to be worthwhile; if we make mistakes we are a failure as a person.</p>
<ul style="list-style-type: none"> ▪ Dependency 	<p>We believe we need to depend on someone or something stronger than ourselves because we cannot cope with life by ourselves.</p>
<ul style="list-style-type: none"> ▪ Helplessness 	<p>We believe our present problems, feelings and behaviours are caused by our past, this is how we are and we are helpless to change it.</p>
<ul style="list-style-type: none"> ▪ Emotional Control 	<p>We believe our feelings are caused by external pressures such as other people, so we cannot control or change our emotions.</p>
<ul style="list-style-type: none"> ▪ Blame Proneness 	<p>We believe ourselves and others, must not do anything wrong, that certain behaviours are awful or wicked and deserve punishment.</p>
<ul style="list-style-type: none"> ▪ Personal Idealism 	<p>We believe that the world and other people must be fair and just at all times.</p>
<ul style="list-style-type: none"> ▪ Frustration Reactivity 	<p>We find it difficult and frustrating when things or people are not the way we would like them to be.</p>
<ul style="list-style-type: none"> ▪ Problem Avoidance 	<p>We believe that it is easier to avoid rather than face life's difficulties and responsibilities.</p>
<ul style="list-style-type: none"> ▪ Discomfort Anxiety 	<p>We want to be comfortable, without pain, and free from anxiety at all times; we believe we would find it difficult to cope otherwise.</p>
<ul style="list-style-type: none"> ▪ Perfectionism 	<p>We want to be in control of all situations and believe things must go well; people and things <u>should</u> turn out better than they do.</p>
<ul style="list-style-type: none"> ▪ Anxious Over Concern 	<p>We feel anxious when faced with uncertain or risky situations. We constantly worry and are on our guard in case they might happen.</p>
<ul style="list-style-type: none"> ▪ Over Caring 	<p>We feel we should become upset over our own and other people's problems, those who don't are uncaring, and uncompassionate people.</p>
<ul style="list-style-type: none"> ▪ Fear of Losing Control 	<p>When stressed or anxious we worry we are not in control, "going mad", having a "nervous breakdown" and will be admitted to hospital.</p>
<ul style="list-style-type: none"> ▪ Unforgiving of Self 	<p>We cannot forgive ourselves for past actions. "I have done things in the past which are bad and should not be forgiven."</p>

How to Change Depressed Thinking

“Cognitive Restructuring a technique in which people can learn how to break their habits of automatically thinking negative thoughts and instead introduce affirming, remembered, wellness inducing thoughts.” (Professor Herbert Benson MD)

Some people may think that it is not possible to change the way we think, but this is not so, we all have experience of changing the way we think especially as we become more experienced in life. Cognitive Restructuring, also known as Reframing, is a Cognitive Behavioural Therapy technique that can be used for identifying, challenging and altering the negative thinking that fuels depression, replacing these thoughts with a more flexible, more accurate, less rigid thinking style.

Cognitive restructuring can be a bit difficult to get our head around because it can be hard to see how the way we think influences the way we feel, yet experience and numerous research studies have shown that it does. As we have previously discussed, living with depression and chronic stress can cause us to think negatively and pessimistically, and the more stress we are under the more negatively we think, which in turn increases our stress; it is a vicious cycle. Cognitive restructuring is a technique that helps to break this cycle. Cognitive restructuring is not about putting a positive spin on a negative situation but it is about seeing the entire situation accurately, good and bad.

Cognitive Restructuring is a powerful Cognitive Behavioural Therapy tool that is useful to help us deal with depression. For example, in one research study cognitive restructuring led to a fall in levels of the stress hormone cortisol in the blood streams of research subjects. It has not only been used to treat stress, anxiety and depression but has also been successfully used to help people cope with major life stressors and serious life threatening conditions such as aids and breast cancer.

It is unrealistic to expect to change depressed thinking overnight as we have probably been thinking in a certain way for some time, but with practice Cognitive Restructuring is a tool you can use to help you to change your thinking. We have included an example of a “Challenging Depressed Thinking Log” which uses cognitive restructuring to dispute depressed thinking and automatic negative thoughts, with a blank copy for you to use for yourself in the resources section. Using this “Challenging Depressed Thinking Log” you can continue the process you started with the A+B=C Log, but now go on to challenge or dispute your thoughts about events.

Cognitive Behavioural Therapy isn't a panacea for all ills but it can be useful in helping us to cope more effectively. There are cases where we cannot remove a stressor, for example looking after an elderly relative with chronic health problems, but the techniques outlined in this course will help us to cope better. Cognitive Behavioural Therapy as a treatment is usually given on a 1 to 1 basis, over 10 - 15 sessions. It cannot be covered here in a few pages, if you want to learn more, two cognitive therapists have written an excellent book called *Mind over Mood*, details of this book are given at the beginning of this part of the Depression Self Help Plan.

Example – Challenging Depressed Thinking Log

Date	(A) Activating Event Write down details of the event	(B) Beliefs/self talk, thoughts, attitudes, images, assumptions, opinions about event at (A), write down automatic negative thoughts	(C) Consequences/emotions, write down your resulting unpleasant emotions eg stress, anxious, tense, angry, frustration	(D) Dispute Automatic Negative Thoughts
	<ul style="list-style-type: none"> ▪ Being diagnosed with Clinical Depression 	<ul style="list-style-type: none"> ▪ “I will be like this for ever, I will never get better” 	<ul style="list-style-type: none"> ▪ Frightened 	<ul style="list-style-type: none"> ▪ “Anxiety and depression is are the most treatable health problems that we can develop, I’m going to get well”
	<ul style="list-style-type: none"> ▪ Unable to do the housework due to extreme fatigue 	<ul style="list-style-type: none"> ▪ “I’m lazy” 	<ul style="list-style-type: none"> ▪ Angry at self 	<ul style="list-style-type: none"> ▪ “Depression causes problems with energy and motivation, I’m not lazy, I’m just not too well at the moment”
	<ul style="list-style-type: none"> ▪ Can’t concentrate 	<ul style="list-style-type: none"> ▪ “I’m worried I’m mad” 	<ul style="list-style-type: none"> ▪ Frustrated 	<ul style="list-style-type: none"> ▪ “Anxiety and Depression are not diseases of insanity, I am not mad nor will I go mad”
	<ul style="list-style-type: none"> ▪ Doctor says I need antidepressant medication 	<ul style="list-style-type: none"> ▪ “I’m a failure because I can’t lift my depression without medication” 	<ul style="list-style-type: none"> ▪ Anxious 	<ul style="list-style-type: none"> ▪ “Depression can be mild, moderate or severe, and some cases may require medication, just like cases of high blood pressure and diabetes need medication”
	<ul style="list-style-type: none"> ▪ Partner is irritable with me 	<ul style="list-style-type: none"> ▪ “I am a bad partner, my partner would be better without me” 	<ul style="list-style-type: none"> ▪ Worried 	<ul style="list-style-type: none"> ▪ “I’m not a bad partner, me being depressed can be challenging for my partner, everyone gets irritable at one time or another”

Instructions: In column A write down your problem/activating event; in column B write your Automatic Negative Thoughts/Thinking Traps/Beliefs about the problem; in column C write down your feelings, emotions and behaviours following the event; in column D write down alternatives to B, (the “Questions to ask yourself about Depressed Thinking” on the next page may also be useful to help restructure your thinking).

Questions to Ask About Our Thinking

- **Am I confusing a thought with a fact?** The fact that you believe something to be true, does not necessarily mean that it is. Would your thought be accepted as correct by other people? Would it stand up in court, or be dismissed as circumstantial? What objective evidence do you have to back it up, and to contradict it?
- **Am I jumping to conclusions?** This is the result of basing what you think on poor evidence. For instance, depressed people often believe that others are thinking critically about them. But none of us are mind-readers. How do you *know* what someone else is thinking? You may be right, but don't jump to conclusions – stick to what you know, and if you don't know, see if you can find out.
- **What alternatives are there?** Are you assuming your view of things is the only one possible? How would you have looked at this situation before you got depressed? How would another person look at it? How would you look at it if someone else described it to you?
- **What is the effect of thinking the way I do?** What do you want? What are your goals? Do you want to be happy and get the most out of life? Is the way you are thinking now helping you to achieve this? Or is it standing in the way of what you want?
- **What are the advantages and disadvantages of thinking this way?** Many distorted thought patterns do have some pay-off – that is what keeps them going. But do the disadvantages outweigh the advantages? If so, you can think out a new way of looking at things which will give you the advantages, but avoid the disadvantages of the old way.
- **Am I asking questions that have no answers?** Questions like: 'How can I undo the past?' 'Why aren't I different?' 'What is the meaning of life?' 'Why does this always happen to me?' 'Why is life so unfair?' Brooding over questions like these is a guaranteed way to depress yourself. If you can turn them into answerable questions, so much the better. If not, don't waste time on them.
- **Am I thinking in black and white, all-or-nothing terms?** Nearly everything is relative. People, for instance, are not usually all good or all bad. They are a mixture of the two. Are you applying this kind of black-and-white thinking to yourself?
- **Am I using global words in my thinking?** Watch out for words like always/never, everyone/no-one, everything/nothing. The chances are that the situation is actually less clear-cut than that. Mostly it's a case of sometimes, some people and some things.
- **Am I condemning myself as a total person on the basis of a single event?** Depressed people often take difficulties to mean that they have no value at all as a person. Are you making this kind of blanket judgement?
- **Am I concentrating on my weaknesses and forgetting my strengths?** When people become depressed, they often overlook problems they handled successfully in the past and resources which would help them to overcome current difficulties. Once they can change their thinking, they are often amazed at their ability to deal with problems. How have you coped with similar difficulties in the past?

- **Am I blaming myself for something which is not really my fault?** Depressed people, for instance, blame themselves for being depressed. They put it down to lack of willpower, or weakness, and criticise themselves for not ‘puling themselves together.’ In fact, scientists have been studying depression for many years and they are still not certain what causes it. Depression is a difficult problem to solve and blaming yourself for it will only make you more depressed.
- **Am I taking something personally which has little or nothing to do with me?** When things go wrong, depressed people often believe that in some way this is directed at them personally, or caused by them. In fact, it may have nothing to do with them.
- **Am I expecting myself to be perfect?** It is simply not possible to get everything right all the time. Depressed people often set unrealistically high standards for themselves. Then they condemn themselves for making mistakes, or acting in ways they would rather not have done. Accepting that you can’t be perfect does nto mean you have to give up trying to do things well. It means that you can learn from your difficulties and mistakes, instead of being upset and paralysed by them.
- **Am I using double standard?** You may be expecting more of yourself than you would of another person. How would you react to someone else in your situation? Would you be so hard on them? You can afford to be as kind to yourself as you would be to someone else. It won’t lead to collapse.
- **Am I paying attention only to the black side of things?** Are you, for instance, focussing on everything that has gone wrong during the day and forgetting or discounting things you have enjoyed or achieved?
- **Am I overestimating the chances of disaster?** Depressed people often believe that if things go at all wrong, disaster is sure to follow. If the day starts badly, it can only get worse. How likely is it that what you expect will really happen? Is there really nothing you can do to change the course of events?
- **Am I exaggerating the importance of events?** What difference does a particular event really make to your life? What will you make of it in a week, a year, 10 years? Will anyone else remember what you now see as a terrible thing to do? Will you? If you do, will you feel the same way about it? Probably not.
- **Am I worrying about the way things ought to be, instead of accepting and dealing with them as they are?** Are you allowing events in the world at large to feed your depression? Telling yourself life is unjust and people awful? It is sad that there is so much suffering in the world and you may decide to do what you can to change things, but getting depressed about it does nothing to help.
- **Am I assuming I can do nothing to change my situation?** Pessimism about the chances of changing things is central to depression. It makes you give up before you even start. You can’t know that there is no solution to your problems until you try. Is the way you are thinking helping you to find answers, or is it making you turn down possible solutions without even giving them a go?
- **Am I predicting the future instead of experimenting with it?** The fact that you have acted in a certain way in the past does not mean to say that you have to do so in the future. If you predict the future, instead of trying something different, you are cutting yourself off from the chance of change. Change may be difficult, but it is not impossible.

(Source: Blackburn I. (1987) Coping with Depression, Chambers)

Thought Stopping Technique

“You don’t have to control your thoughts; you just have to stop letting them control you.” (Dan Millman)

Clinical depression can cause changes in our thinking. We start to remember all the mistakes we have ever made in our lives, we tend to ruminate on these thoughts and this can increase any stress, anxiety or depression we experience. Many of us think that we are at the mercy of our thoughts and there is nothing we can do, but this is not the case. When depressed, we are often given advice from people who say “just think positive thoughts,” but if it were as easy as this we would do so, but it’s not that easy.

However, there is a proven, psychological technique we can use to help stop distressing thoughts, which is called Thought Stopping. Like any other skill in order to get the maximum benefits from it we need to practice, practice, practice. It’s a deceptively simple technique and some may make the error of not using it because it may appear too over simplistic, but the reality is that it does work. The Lung Association teach this Thought Stopping technique in their Stop Smoking classes to help participants give up smoking. Use this Thought Stopping technique every time you have an excessively negative thought. Do not let negative thoughts go unchallenged.

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Notice Negative Thinking

Notice when you are thinking negative, depressed thoughts.

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Stop The Negative Thought/Thoughts

Stop the thought or image by seeing a big, red stop sign in your mind’s eye and shouting stop, silently. Consciously check you are breathing slowly with your diaphragm. Breathe slowly in through your nose and as you exhale through your mouth imagine the word - ”relax.” You can use an elastic band on your wrist and snap it against your skin, as you say STOP. Ensure the band is not too tight. Dr David Posen recommends you snap the band on the back of your wrist. The hairy side, not the sensitive under side and do not pull the band too hard. A small gentle snap is all that is needed.

▪

Replace the Negative Thought/Thoughts

Replace the negative thought/image, by imagining a positive, relaxing thought, such as a tropical beach, in as much detail as you can.

▪

Carry on with your normal activities

Resources Session (2)

Action Plan: Depression Resistant Thinking

	Yes	No
<ul style="list-style-type: none"> ▪ If at all possible get referred for Cognitive Behavioural Therapy through your GP or pay to see a private Cognitive Behavioural Therapist at www.babcp.com 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Look at the following free, online courses in Cognitive Behavioural Therapy www.livinglifetothefull.com, www.depressioncenter.net , http://moodgym.edu.au 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Consider borrowing the recommended book for this part of the course, <i>Mind over Mood</i>. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Start to become aware of your internal self-talk and start to keep a record on the Thoughts Feelings Identification log. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Download the free mindfulness MP3 relaxation file from http://campushealth.unc.edu/content/view/462/65/ 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ When you have become used to completing the Thoughts Feelings Identification Log then move on a step further to challenging your depressed thinking using the Challenging Depressed Thinking Log. 	<input type="checkbox"/>	<input type="checkbox"/>

Photocopiable A+B=C, Thoughts-Feelings Identification Log

Date	(A) Activating Event Write down details of the event	(B) Beliefs/self talk, thoughts, attitudes, images, assumptions, opinions about event at (A), write down automatic negative thoughts	(C) Consequences/emotions, write down your resulting unpleasant emotions eg stress, anxious, tense, angry, frustration

Instructions: In column A write down your problem/activating event. In column B write down your thoughts, beliefs and automatic negative thoughts around that activating event. In column C write down your resulting emotions/behaviours. (See example copy of ABC Log to help you complete this form)

Photocopiable Challenging Depressed Thinking Log

Date	(A) Activating Event Write down details of the event	(B) Beliefs/self talk, write Automatic Negative Thoughts, attitudes, images, assumptions, opinions about event at (A)	(C) Consequences/emotions Write your resulting unpleasant emotions eg stress, anxious, tense, angry, frustration	(D) Dispute Write a positive alternative, disputing automatic negative thoughts at (B)

Instructions: In column A write down your problem/activating event. In column B write your Automatic Negative Thoughts/Thinking Traps/Beliefs about the problem; in column C write down your feelings, emotions and behaviours following the event; in column D write down alternatives to B, (the “Questions to ask yourself about Depressed Thinking” may also be useful to help restructure your thinking).

Useful Self-Help Books, Websites, Addresses: Depression Resistant Thinking

Books

- Burns D. (2000) The Feeling Good Handbook, Plume.
- Blackburn I. (1987) Coping with Depression, Chambers.
- McQuaid JR, Carmona PE, (2004) Peaceful Mind: Using Mindfulness and Cognitive Behavioural Psychology to overcome Depression, New Harbinger inc.
- Edelman S. (2006) Change your Thinking: Overcome stress, combat anxiety and improve your life with CBT, Vermillion.

Websites

Cognitive Behavioral Therapy

- www.babcp.com
- www.feelinggood.com

Rational Emotive Behavioural Therapy

- www.rebt.org

Computerised Cognitive Behavioural Therapy

- www.mindstreet.com
- <http://moodgym.anu.edu.au>
- www.depressioncenter.net
- www.livinglifetothefull.com

Addresses

▪ Counselling

British Association for Counselling and Psychotherapy, BACP House,
35-37 Albert Street, Rugby, Warwickshire CV 21 2SG,
☎: 0870 443 5252, Fax: 0870 443 5161,
Email: bacp@bacp.co.uk , Web: www.bacp.co.uk

▪ Cognitive Behavioural Therapy

British Association for Behavioural and Cognitive Psychotherapy,
BABCP General Office, Globe Centre, PO Box 9, Accrington, Lancs, BB5 2GD,
☎: 01254 875 277, Fax: 01254 239114, Email: babcp@babcp.com
Web: www.babcp.com

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