

M - A - D

A Manual About Depression

This manual is for my clients experiencing depression and anxiety and other emotions like anger and frustration. While it is mostly focused on depression, it will be helpful in growing through the complexities of various discordant emotions, intrusive thoughts and behaviours that seem to come out of nowhere.

Counselling or therapy is helpful but is usually not sufficient. Healing comes through being involved in a community of family, friends and faith as well. Physical well being is important and this involves eating well, and exercising out of doors (and outside the gym). Antidepressant medications are effective for both anxiety and depression and need to be considered. This, of course, will involve you speaking with your medical doctor and complying with the prescription.

Depression is difficult but it is tolerable and, in fact, most depressions diminish and fade in about a year's time and never return. There are kinds of depressions that exist like a part of a person's personality and these need to be handled, tolerated and worked through.

Some think of depression as a battle and if this competitive metaphor works for you, then use it. Others think of this life experience as an inevitable friend to be accepted, appreciated and understood. You will find your way in working with your experience that is uniquely you.

You might as well be an expert in this venture, so I have listed some books and websites at the end of this manual. Some of the resources are spiritually focused and some are in the broader social and professional community. Let me know what you found helpful and make your own recommendations as well.

I would like you to 3-hole punch this manual, add your own pages of readings, thoughts and reflections, to make it your personal growth journal.

Best to you.



Paddy Ducklow, Psychologist

In the beginning...

The first part of the manual requires some learning. So take some time and read through the following 8 or so pages. Underline and take notes to help you remember.

Make this manual a kind of journal. Intersperse your thinking and reading alongside my considerations. Along the way there will be some questionnaires and check lists – you can make additional copies of these if you like (or download another manual from my web site). Add this to your journal.

Please bring your journal to each counselling session so that we can figure out where you are and what changes need to be made.

Please feel free to take your journal to your medical doctor or psychiatrist as well. It will help her / him to understand what you are doing between appointments.

1. Some Introductory Questions And Answers

Q: What is depression?

A: Depression is more than the blues or the blahs; it is more than the normal everyday ups and downs. When the “down” mood, along with other symptoms, lasts for more than a couple of weeks, the condition may be clinical depression. Clinical depression is a health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, academic or work performance, and the ability to handle everyday decisions and pressures.

Q: What causes depression?

A: We do not know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder. Research over the past decade strongly suggests a genetic link to depressive disorders; in other words, depression can run in families. Bad life experiences and certain personality patterns such as difficulty handling stress, low self-esteem, or extreme pessimism about the future can increase the chances of becoming depressed.

Q: How common is it?

A: Clinical depression is a lot more common than most people think. About 5% of the Western population suffers from a depression disorder at any one time. One-fourth of all women and one-eighth of all men will suffer at least one episode or occurrence of depression during their lifetimes. Approximately 1/3 of those who cope with a major depression require hospitalization. Men who marry are less likely to have a major depression; women who marry, especially with young children, are more likely. Depression affects people of all ages but is less common for teenagers and college students than for older adults. Approximately 5 percent of the teen population experiences clinical depression every year.

Q: Are all depressive disorders alike?

A: There are various forms or types of depression. Some people experience only one episode of depression in their whole life, but many have several recurrences. Some depressive episodes begin suddenly for no apparent reason, while others can be associated with a life situation or stress. Sometimes people who are depressed cannot perform even the simplest daily activities; others go through the motions, but it is clear that they are not acting or thinking as usual. Some

people suffer from bipolar depression in which their moods cycle between two extremes - from the depths of despair to frenzied heights of activity or grandiose ideas about their own competence.

Q: Can it be treated?

A: Yes, depression is treatable. Between 80 and 90 percent of people with depression - even the most serious forms - can be helped. Symptoms can be relieved quickly with psychological therapies, medications, or a combination of both. The most important step toward treating depression - and sometimes the most difficult - is asking for help.

Q: Why don't people get the help they need?

A: Often people don't know, they are depressed, so they don't ask for - or get - the right help. College students and older adults share a problem - they often fail to recognize the symptoms of depression in themselves or in people they care about.

Q: Who is most vulnerable to depression?

A: Vulnerability to depression: Birth / genetics + Early life + Life stress.

Q: Is being depressed a sign of weakness?

A: There are lots of signs and symptoms of weakness but depression and anxiety are not those. Even the strongest and most capable people in history and in our current life experience severe forms of depression.

2. Depression Symptoms

Depression is more than just the normal, temporary feelings of sadness and hopelessness associated with difficult life events. Symptoms of depression include depressed mood and an inability to enjoy activities that persist for at least 2 weeks and are associated with 4 or more of the following:

- Significant change in appetite, sexual drive and weight
- Significant change in sleep pattern
- Loss of energy and excessive fatigue
- Feelings of worthlessness, self-reproach and excessive guilt
- Difficulty concentrating, remembering and making decisions
- Loss of motivation and enjoyment of regular tasks
- General slowing down of all motor tasks
- Suicidal tendencies or thoughts

Within the psychological community, the diagnostic term - bipolar disorder- is used to describe these people who will have many of the symptoms described above as well as some or all of the following symptoms, again concentrated over an extended period of time:

- Significant elation and expansion of mood
- Irritability with impulsive anger
- Hyperactive, talkative and highly distractible
- Bad judgment leading to difficulties socially or at work
- Inflated self esteem
- Involvement in risky activities that can bring painful circumstances
- Diminished need for sleep

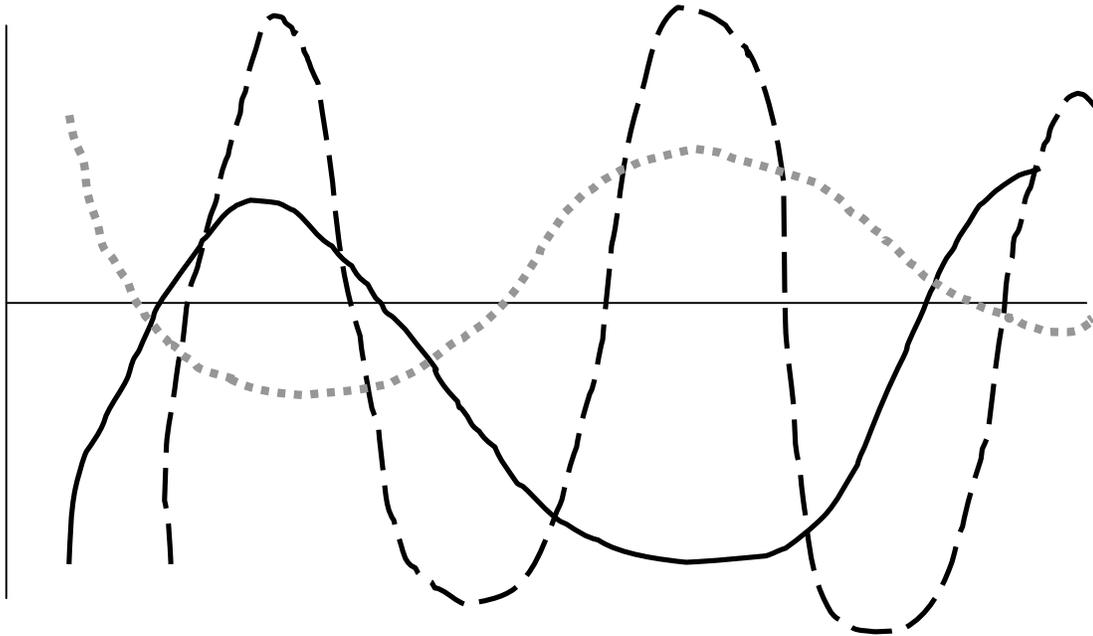
Go back and circle the descriptors that seem most true to you today. Write down these descriptors in a list form beginning with those that you consider to be the most severe symptom to the least troubling symptom.

3. Depression Graphs

Depressions differ from person to person.

Below are three movements between “doing well” (+10) and “doing poorly” (-10). Everyone has cycles, including men, over a 4-6 week time period where their moods elevate or depress. You should learn to watch yours on a calendar.

The grey dotted line is thought to be a “normal cycle” with more positives over time than negatives – that is more doing well than doing poorly. Most people have a cycle something like this.



The solid black line is a depressive cycle with significantly more down time than up. The weight of this cycle is hard to handle for anyone. The heaviness comes from the inside of the person and not from particular circumstances (though they may be triggered by outside experiences; say a demotion at work).

The rapid-cycling line looks more like bipolar disorder (what used to be called manic-depression because the person moved from a highly elevated “mania” to a non-functioning depression). The highs can be very high (as in hyper-energetic or hyper-angry) and the lows can be very low.

4. Examples of Depression

Charles Haddon Spurgeon, recognized by many as one of the finest preachers over the past 200 years, struggled with depression that lasted for months at a time. At one particular point, after the church where he was serving was burned down, he went into a severe depression.

Similar stories have been reported about such Christian notables as Martin Luther, John Bunyan, and William Cowper. Their experiences would seem to illustrate that spiritual depth and commitment are no guarantee of protection from depression.

The story of Elijah — one could also look at the pages of Scripture to see some biblical characters going through depressive like symptoms. Note the experience of Elijah in I Kings 19 after a spiritual triumph over the prophets of Baal. One would assume that after such a powerful experience with God, Elijah would be high and energetic. At the beginning of the chapter we see him receiving a message from Jezebel who threatens him. Elijah is afraid, runs away and goes out into the desert. He came to a broom tree, sat down under it and prayed that he might die. "I have had enough, Lord," he said, "Take my life; I am no better than my ancestors." Then he lay down under the tree and fell asleep. (I Kings 19:4-5) It would appear that Elijah's unique triumph over God's enemies did not guarantee him a life that was free of depressive symptoms.

Similar analyses could be done of the books of Job, Jeremiah and 2 Corinthians, writings that seem to pair spiritual aspiration with personal experiences that are characterized by depressive symptoms. So to argue that spiritual people do not get depressed and, by implication, that depressed people are not spiritual is to reflect an approach to biblical history that is superficial at best and insensitive at worst.

5. Masks of Melancholy

(The following blog is from my web site dated March 16, 2010 -- <http://theducklows.ca/blog/>)

“Masks of Melancholy” is the name of a book written by a friend, John White, a psychiatrist and a church leader. It has always struck me as a great description of depression. John was bipolar.

Depression puts on a mask. The mask can look needy or agitated or “pissed off” or apathetic and all kinds of other miserable things. The mask depends pretty much on our genetic wiring and what was emotionally practiced in our family of origin.

I have been depressed lately. I visit this state periodically like I am checking in with how bad life can really be. My mask is “agitated anger.” People I love bug me. I long to be left alone but I am lonely when no one is around. I ask for help in a way that keeps anyone from really caring. I isolate when I want to connect. Even coffee and chocolate (both major food groups) fail to inspire me. “Pissed off” pretty much summarizes it. “Stay away” is what my mask reads to others.

So now that I have told you more than you want to hear, let me refer you to some resources that might be helpful to you. Visit Wing of Madness (<http://www.wingofmadness.com/>). As well, and take a look at the Mayo Clinic screening test for depression (<http://tinyurl.com/cdy9otv>). This assessment should give you and your counsellor helpful info for your ongoing planning.

As for me, I think I am going to take off my mask, eat chocolate and drink coffee.

That’s the blog.

I would like you to visit the 2 websites listed above and look around. Learn from “Wing of Madness” – there are some great insights here. I particularly appreciate how non-technical the information is.

As to the Mayo Clinic depression inventory, this is the PHQ-9. It takes just a few minutes to complete and gives you an accurate assessment of your depression.

For anxiety, I recommend this site: <http://allcare.net/s2/anxietyAssess.php>. Let me know if you find this helpful.

(You may wish to sign up to my blog. It is easy to do and can be cancelled at any time. I publish 4-5 brief articles a month. They are all about therapy, faith, humour and other stuff I like. Go to <http://theducklows.ca/blog/> and subscribe on the left / bottom column.)

6. The Multiple Causes of Depression

It is never wise to assume a single cause without having fully tuned in to the person's experience. There are at least 10 different reasons why depression may afflict a person. In some cases a number of these factors work in tandem to intensify the depression.

- Insufficient rest. Mild forms of depression characterize people, like students, who go through prolonged periods without sufficient sleep.
- Poor diet and insufficient exercise. A consistently poor diet with no exercise will create a physiological flatness that will eventually manifest some depressive symptoms.
- Drug reactions.
- Repressed anger. People who have been through severe trauma, like sexual abuse, and have been unable to express their anger outwardly will sometimes 'turn it in' and become depressed.
- Biochemical factors. The increased research on brain chemistry has demonstrated that some depressions can be linked primarily with biochemical factors rather than psychological factors.
- Endocrine dysfunction. Due to physiological factors, difficulties related to the thyroid, pituitary or adrenal glands may cause depression, as may women's experience in either the pre-menstrual, postpartum or pre-menopausal stages of life.
- Faulty thinking. Quite apart from circumstances that are going on in life, erroneous thinking can produce depressive symptoms.
- Success. An emotional valley that leads to depression can follow the elevation of mood that comes with success and completion.
- Loss. Depending on the individual's history, loss or the perception of loss can trigger depression
- Faulty behaviour. When people violate social, moral or legal standards, some people will react to this violation with depressive symptoms.

It is very common to see depression and anxiety move through one's family of origin. So if you experience some depression, you might wish to talk about your emotional history with me. It can be illuminating.

7. Cognitive Distortions

Cognitive distortions seem true to the depressed, angry or anxious person, but they are not rational. And these misbeliefs can create real difficulty with your thinking and, consequently, how you feel.

Figuring out your “style” of cognitive distortion is helpful in understanding your relationships with family, friends, partner and community. We all have distortions – formed when we were younger and well practiced since then. Take some time and check off the ones that seem to apply to your thinking and especially the conflict or hurt that you are experiencing currently.

<input checked="" type="checkbox"/>	What are your cognitive distortions?
	1. Filtering: You focus on the negative details and magnify them, while filtering out all the positive aspects of a situation. A single detail may be picked out, and the whole event becomes coloured by this detail. This “awfulizes” your life and leads to depression and dread.
	2. Polarized Thinking: The hallmark of this distortion is an insistence on dichotomous or binary choices. Things are black or white, good or bad, right or wrong. Perceiving life as extremes, impacts hugely on how you judge yourself and others. For example: people have to be perfect to not be a failure. (Now that will effect your golf game let alone your parenting!)
	3. Overgeneralization: You come to a general conclusion based on a single incident or piece of evidence. If something bad happens once, you expect it to happen over and over again. “Always” and “never” are cues that this style of thinking is being utilized. This distortion can lead to a restricted life, as you avoid future failures based on the single incident or event.
	4. Mind Reading: Without their saying so, you “divine” what people are feeling (especially toward you) and why they act the way they do (usually negatively). Mind reading depends on a process called “projection” (you project your ideas onto the scene and call it “reality”). Then, you ignore what is actually real to confirm what you already think is real.
	5. Catastrophizing: You expect disaster. You notice or hear about something that could be a problem and start "what if's." What if that happens to me? What if tragedy strikes? There are no limits to a really fertile catastrophic imagination. An underlying catalyst for this style of thinking is that you do not trust in yourself and your capacity to adapt to change.
	6. Personalization: This is the tendency to relate life around you to some kind of reaction to your value. You compare yourself to others, trying to determine who's smarter, better looking, etc. The underlying assumption is that your worth is in question. You are therefore continually forced to test your value as a person by measuring yourself against others. If you come out better, you get a moment's relief. If you come up short, you feel diminished.
	7. Control Fallacies: There are two ways you can distort your sense of power and control. If you feel (1) externally controlled, you see yourself as helpless, a victim of

	<p>fate. The fallacy of (2) <u>internal control</u> has you responsible for the pain and happiness of everyone around you. Feeling externally controlled keeps you stuck. You don't believe you can really affect the basic shape of your life, let alone make any difference in the world. The truth of the matter is that we are constantly making decisions, and that every decision affects our lives. On the other hand, the fallacy of internal control leaves you exhausted as you attempt to fill the needs of everyone around you, and feel responsible in doing so (and guilty when you cannot).</p>
	<p>8. Fallacy of Fairness: You feel resentful because you think you know what's fair, but other people won't agree with you. Fairness is so conveniently defined, so temptingly self-serving, that each person gets locked into his or her own point of view. It is tempting to make assumptions about how things would change if people were only fair or really valued you. But the other person hardly ever sees it that way, and you end up causing yourself a lot of pain and an ever-growing resentment.</p>
	<p>9. Blaming: You hold other people responsible for your pain, or take the other tack and blame yourself for every problem. Blaming often involves making someone else responsible for choices and decisions that are actually our own responsibility. In blame systems, you deny your right (and responsibility) to assert your needs, say no, or go elsewhere for what you want.</p>
	<p>10. Shoulding: You have a list of ironclad rules about how you and other people should act – oughts, shoulds and musts. Rule-breakers anger you, and you feel guilty if you violate them. The rules are right and indisputable and, as a result, you (the “Shouldster”) are often in the position of judging and finding fault (in yourself and in others). “Full of should” as they say.</p>
	<p>11. Emotional Reasoning: You believe that what you feel must be true – automatically. If you feel stupid or boring, then you must be stupid and boring. If you feel guilty, then you must have done something wrong. The problem with emotional reasoning is that our emotions interact and correlate with our thinking process. Therefore, if you have distorted thoughts and beliefs, your emotions will reflect these distortions.</p>
	<p>12. Fallacy of Change: You expect that other people will change to suit you if you just pressure or cajole them enough. You need to change people because your hopes for happiness seem to depend entirely on them (not on yourself or your decisions). The underlying assumption is that your happiness depends on the actions of others (e.g. spouse, boss, God, kids...). Happiness actually depends on the thousands of large and small choices you make in your life.</p>
	<p>13. Pre-judging: You generalize one or two qualities (in yourself or others) into a negative global judgment. Global labeling ignores all contrary evidence, creating a view of the world that can be stereotyped and one-dimensional. Labeling yourself can have a negative and insidious impact upon your self-esteem; while labeling others can lead to snap-judgments, relationship problems, and prejudice.</p>
	<p>14. Being Right: You feel continually on trial to prove that your opinions and actions are correct. Being wrong is unthinkable and you will go to any length to demonstrate your rightness. Having to be “right” often makes you deaf to a differing opinion. Being right becomes more important than an honest and caring relationship. Forget trying to hear and understand.</p>

	<p>15. Reward Fallacy: You expect all your sacrifice and self-denial to pay off, as if there were “Someone” keeping score. You feel bitter when the reward doesn't come as expected. The problem is that while you are always doing the “right thing,” if your heart really isn't in it, you are physically and emotionally depleting yourself and not much good to anyone else.</p>
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Note: the assumption of cognitive distortions is that there are 2 problems: (1) the problem you complain about and (2) the way that you harbor the problem – this is the distortion. Mostly we cannot solve the problems outside of us; but we can understand and change the ways in which we handle those problems. Couples need to know this: they can solve what is in them and between them but not what is in the other.

Write down the distortions that you use most frequently. List them by name in the column to the left. In the right column, write down an example of the distortion that you can remember from your recent history.

Cognitive Distortion	A Recent Example
▪	▪
▪	▪
▪	▪
▪	▪
▪	▪

8. Feeling Words

It is important that you become an “expert” on your emotions and the feeling words associated with them. I have created 7 columns of feeling words with various descriptors listed below. If you are unsure of what you are experiencing, I think that you will find this list helpful.

Go through and highlight your current feelings. Do this on a regular basis so that you can have a sense of what you are experiencing.

You might also wish to have a friend or spouse observe your emotions and give their best attempt at describing how you present.

Happy	Sad	Angry	Confused	Scared	Weak	Strong
Aglow	Angry	Aggravated	Abashed	Affrighted	Confused	Able
Alive	Apathetic	Agitated	Addled	Afraid	Deathly	Active
Amused	Bad	Anguished	Anxious	Aghast	Deflated	Adequate
Blissful	Blue	Annoyed	Baffled	Alarmed	Defective	Aggressive
Bubbly	Burdened	Blustery	Befuddled	Anxious	Defenseless	Angry
Calm	Crushed	Burned up	Bewildered	Appalled	Deficient	Assured
Cheerful	Deflated	Critical	Bothered	Apprehensive	Delicate	Bold
Compassion	Dejected	Cross	Chaotic	Awed	Disabled	Brave
Content	Despairing	Cutting	Confounded	Chicken	Dull	Capable
Delighted	Despondent	Disgruntled	Crazy	Confused	Exhausted	Confident
Ecstatic	Depressed	Disgusted	Dazed	Daunted	Exposed	Consistent
Elated	Disappointed	Dismayed	Depressed	Displeasure	Feeble	Courageous
Enthralled	Disenchanted	Displeased	Deranged	Distrustful	Frail	Determined
Excited	Distressed	Distraught	Disconcerted	Dreadful	Fragile	Durable
Exuberant	Disturbed	Distressed	Dismayed	Fearful	Frustrated	Enduring
Feel good	Down	Disturbed	Disordered	Frightened	Gentle	Energetic
Felicitous	Downcast	Enraged	Disorganized	Harassed	Helpless	Everlasting
Fine	Downhearted	Exasperated	Disoriented	Horrified	Ill	Fierce
Fortunate	Downtrodden	Fed up	Distracted	Insecure	Impotent	Firm
Full of life	Drab	Fierce	Distraught	Intimidated	Inadequate	Forceful
Gay	Dreary	Fiery	Disturbed	Jumpy	Incapable	Formidable
Giddy	Dull	Frantic	Doubtful	Leery	Inconsistent	Full of spirit
Glad	Embarrassed	Frenzied	Embarrassed	Lonely	Ineffective	Glorious
Gleeful	Emotional	Frustrated	Flabbergasted	Meek	Inferior	Happy
Good	Unwanted	Furious	Flustered	Nervous	Insecure	Hardy
Great	Forlorn	Hateful	Foggy	Panic-stricken	Irresolute	Hate
Joyful	Gloomy	Hostile	Forgetful	Panicky	Lacking	Healthy
Joyous	Glum	Hot-tempered	Frustrated	Petrified	Laid low	Herculean
Jubilant	Grave	In a stew	Helpless	Rattled	Languid	Impregnable
Lighthearted	Grieved	Incensed	Helter-skelter	Shaky	Lethargic	Independent

Love	Hate	Indignant	Hopeless	Shy	Lifeless	Indestructible
Lucky	Heart-hearted	Inflamed	Jumbled together	Spooked	Lost	Intense
Marvelous	Hopeless	Infuriated	Left out	Startled	Meager	Invincible
Memorable	Hurt	Intense	Lost	Stunned	Mild	Loud
Merry	Lonely	Irate	Amazed	Terrified	Pale	Love
Motherly	Lost	Irked	Mistaken	Terrorized	Passive	Mean
Overjoyed	Low	Irritated	Misunderstood	Threatened	Powerless	Mighty
Peaceful	Low spirits	Livid	Mixed up	Timid	Puny	Muscular
Pleasant	Melancholy	Mad	Muddle	Timorous	Quiet	Opinionated
Pleased	Miserable	Madness	Nonplused	Tormented	Retiring	Over-whelming
Proud	Mistrustful	Mean	Obscure	Tremulous	Run-down	Penetrating
Relieved	Moody	Miffed	Out-or-it	Uneasy	Shaky	Positive
Satisfied	Morose	Outraged	Panicky	Unpleasant	Sickly	Potent
Smile	Mournful	Perturbed	Perplexed	Unstrung	Soft	Powerful
Thankful	Negative	Provoked	Puzzled	Unsure	Spineless	Productive
Thrilled	Painful	Rag	Scatterbrained	Worried	Sale	Quick
Tranquil	Pitiful	Raving	Surprised		Submissive	Rage
Turned on	Plaintive	Revengeful	Trapped		Subtle	Reliable
Up	Remorseful	Riled	Troubled		Timid	Resistant
Uplifted	Self-pitying	Seething	Uncertain		Unable	Robust
Wonderful	Sober	Sore	Uncomfortable		Unable to cope	Secure
	Somber	Spiteful	Un-composed		Unconvincing	Solid
	Sorrowful	Stormy	Undecided		Undernourished	Stalwart
	Sorry	Temper	Unsettled		Unfit	Staunch
	Terrible	Troubled	Unsure		Unhinged	Stout
	Turned off	Uncontrollable	Un-together		Unstable	Super
	Uneasy	Unrestrained	Upset		Unsure	Surviving
	Unhappy		Vague		Useless	Vibrant
	Unloved		Weak		Vulnerable	Well being

9. The “Garbage List” in Depression and Anxiety

If you listen to someone who is experiencing a major depression, the following thoughts are typically said. They are not “thoughtful” thoughts; they are automatic “injunctions” as if your psychological system was programmed to constantly spew out the garbage accumulated through one’s hurts in life. The process of using these injunctions against oneself is sometimes called “emotional reasoning.”

Go through the following list and underline or highlight the ones that seem to pertain to your experience. Some of the expressions would be exactly how you feel. Some of the expressions you identify with but it carries little emotional weight. Underline the ones that cause the greatest catastrophe in your spirit.

Here is the garbage list:

- I feel like I am up against the world.
- I'm no good.
- Why can't I ever succeed?
- No one understands me.
- I've let people down.
- I don't think I can go on.
- I wish I were a better person.
- I'm so weak.
- My life's not going the way I want it to.
- I'm so disappointed in myself.
- What's wrong with me?
- I wish I were somewhere else.
- I can't get things together.
- I hate myself.
- I can't stand this anymore.
- I'm worthless.
- I wish I could just disappear.
- What's the matter with me?
- I'm a loser.
- My life is a mess.
- God hates me.
- I'll never make it.
- I feel so helpless.
- Something has to change.
- There must be something wrong with me.
- My future is bleak.
- I'm just not worth it.
- I can't finish anything.
- Nothing feels good anymore.
- I can't get started.
- I'm a failure.

Now What! This can be quite a depressing activity! And I certainly do not want to leave you there!

Now, figure out what you think are the top three negative statements you make about yourself. In your journal write a rebuttal response to each unfair attack. These rebuttals are to be more truthful, authentic and Spirit-giving than your automatic thoughts.

This will probably take some considerable deliberation as you craft the exact wording of how you will rebut the accusation.

Please bring this to me at your next counselling session with me.

10. Irrational beliefs – Albert Ellis

Here are some irrational beliefs originally authored by Albert Ellis (Rational-Emotive Therapy) with some slight adaptations from me. They are written in the extreme so that you will see the misbelief clearly. Check the misbeliefs that you identify with on the right column.

Irrational Beliefs or Misbeliefs	✓
<ul style="list-style-type: none"> ▪ It is a dire necessity for adult humans to be loved or approved by virtually every significant other person in their community. 	
<ul style="list-style-type: none"> ▪ One absolutely must be competent, adequate and achieving in all important respects or else one is an inadequate, worthless person. 	
<ul style="list-style-type: none"> ▪ People absolutely must act considerately and fairly and they are damnable villains if they do not. 	
<ul style="list-style-type: none"> ▪ It is awful when things are not the way one would very much like them to be. 	
<ul style="list-style-type: none"> ▪ Emotional disturbance is mainly externally caused and people have little or no ability to increase or decrease their dysfunctional feelings and behaviors. 	
<ul style="list-style-type: none"> ▪ If something is or may be dangerous or fearsome, then one should be constantly and excessively concerned about it and should keep dwelling on the possibility of it occurring. 	
<ul style="list-style-type: none"> ▪ One cannot and must not face life's responsibilities and difficulties and it is easier to avoid them. 	
<ul style="list-style-type: none"> ▪ One must be quite dependent on others and need them and you cannot mainly run one's own life. 	
<ul style="list-style-type: none"> ▪ One's past history is an all-important determiner of one's present behavior and because something once strongly affected one's life, it should indefinitely have a similar effect. 	
<ul style="list-style-type: none"> ▪ Other people's disturbances are horrible and one must feel upset about them. 	
<ul style="list-style-type: none"> ▪ There is invariably a right, precise and perfect solution to human problems and it is awful if this perfect solution is not found. 	

11. This Way Madness Lies – More Misbeliefs

Let's look at some more self-destructive thoughts or cognitive distortions, or what we have been calling misbeliefs. This list is summarized from people I see in my therapy practice. Feel free to add your own.

These thought-patterns have had brilliant results in helping millions of people feel worthless:

- Everything in life is pass / fail, saved / unsaved, in / out, black / white, good / bad.
- I have to be perfect to be worthwhile.
- I know what you are thinking!
- I can tell what's going to happen, based on what always happens.
- If I feel bad, I am bad.
- I must do this, I should do that, I ought to have done more!
- I'm responsible (for most everything).
- The negative is true.
- The positive is not true.

Add some of your own misbeliefs:

-
-
-
-
-

12. A + B = C

This is a pretty common formula for depression, anger and anxiety.

A = the “activating” event (“trigger”)

B = the “belief” (or misbelief) system

C = the “consequence” or outcome

Circumstances do not automatically victimize us. Depression, anger or anxiety though triggered by an activating event, are not determined by that event. The event goes through our belief system, our history and memory, and our current considerations as well. How we consider the activating event, or the beliefs that we have about that event, has more to do with the consequences that does the trigger itself.

Take a minute and consider this. Bring to your mind an event (perhaps when you were angry or fearful) and record the A and B and C events in the chart below.

A	+B	=C
Write below what the trigger event was that caused the pain or hurt that you experienced.	Write below the beliefs that caused the trigger to increase / multiply so that it became too difficult to handle.	Write below the outcome as a result of the trigger event multiplied by the misbeliefs.
○	○	○

13. Measuring Your Emotional Rhythms

I would like you to chart your depression score (see “Masks of Melancholy” on page 7 and / or the page following) for each day for the current month. Start with whatever day this is. You may download additional copies of this from my web site or make copies of this format for future months.

Please bring this form to each of our counselling sessions. You may also wish to take this form to your doctor if she/he is working with you on your emotions. Keep all of your monthly charts in your 3-ring binder or file folder.

Month / year for this chart: _____.

Date	Depression score
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

Date	Depressing score
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	

Instructions – How to Score the PHQ-9

Major depressive disorder is suggested if:

- Of the 9 items, 5 or more are checked as at least ‘more than half the days’ (shaded area).

Other depressive syndrome is suggested if:

- Of the 9 items, 1, 2 or 3 is checked as at least ‘more than half the days’ (shaded area);
- If there are 2-4 checked at least ‘more than half the days’ (shaded area).

To Monitor Severity Over Time

Take a calendar and record on it your depression score daily for 2-4 weeks. You may wish to record your score both morning and evening.

- 0-4: Normal range or full remission.
- 5-9: Minimal depressive symptoms.
- 10-14: Major depression, low severity. Use clinical judgment about treatment, based on client’s duration of symptoms and functional impairment. Treat with antidepressant or psychotherapy.
- 15-19: Major depression, moderate severity. Warrants treatment for depression, using antidepressant, psychotherapy or a combination of treatment.
- 20 or higher: Major depression, high severity. Warrants treatment with antidepressant and psychotherapy, especially if not improving on therapy alone.

Functional Health Assessment

The instrument also includes a functional health assessment. This asks the client how emotional difficulties or problems impact work, things at home, or relationships with other people. Client responses can be one of four:

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

The last two responses suggest that the client’s functionality is impaired. After treatment begins, functional status and number score can be measured to assess client improvement.

[For more information on using the PHQ-9, visit www.depression-primarycare.org]

15. Remodeling Self-Talk – a 4-Step Approach

What we say to ourselves can curse us and it can bless us as well. Have you ever walked away from a conversation with yourself and wished that you would be less abusive to you? Do you catch yourself doing wrong most of the time? Do you catch yourself screwing up and wonder why you are so attentive to the worst and so negligent about the best?

A lot of this has to do with self-talk – what you say to yourself about yourself.

Helping yourself with your problematic emotions (say depression, anger, anxiety) has a lot to do with what you say to you about you. Let's remodel some of this – not a complete reconstruction of your brain! – by getting rid of some of the verbal clutter in your head.

This is similar to A+B=C (page 16) but focuses on history and reframing the experience.

Here is an example:

A - Activating Event	B - Belief System / Misbeliefs	C - Consequence	Reframing / Remodeling
<i>What happens – the trigger</i>	<i>Phrases I hear in my self-talk</i>	<i>How I now live my life</i>	<i>New truth-filled self-talk</i>
If someone criticizes me, I get upset. I can't get it off my mind. I lose sleep over it. I get mad at my wife and she has done nothing but be decent. I can hardly live with myself sometimes.	When I was a child, whatever I did was not good enough. Dad usually criticized me. Nothing I ever did was good enough. I always had to be the best. Being second was being the first loser.	I've got to be perfect. I just can't handle criticism. If I'm criticized for anything, I always feel sick inside. I want to quit.	If my work gets criticized – well, I can handle that. My value as a person is not the issue. I might even learn something from this. People disagreeing with me doesn't mean they reject me. I'm OK.
My feelings when I understand these 3 columns: /10			Reframed: /10

The fourth column is the work. Taking time to speak to yourself about yourself takes time and energy. You can't do this on the fly and you can't do this in your head. Pull out the journal / manual and start doing your work.

The bottom line asks you to measure your feelings out of 10. The ABC columns will make you feel angry, depressed, anxious and / or a combination of this and other feelings. Rate what you feel.

Now rate your feelings having done the reframing work. You will find a reduction (but not an elimination of the feelings). The goal is to reduce the intensity of the emotions – to bring them into line so that you can manage your experience.

Your Turn:

A - Activating Event	B - Belief System / Misbeliefs	C - Consequence	Reframing / Remodeling
<i>What happens – the trigger</i>	<i>Phrases I hear in my self-talk</i>	<i>How I now live my life</i>	<i>New truth-filled self-talk</i>

What you need to do now:

Keep remodeling your thoughts. Get yourself a truer way of thinking about you and your world.

Take your problem issues or triggers (column 1) and look at the misbeliefs and consequences (in columns 2 and 3) and reframe them with new truth-filled (this is not just “positive thinking”) self-talk (column 4).

You may need to do this several times each and every day. (This is work. But chocolate rewards are important too!)

Next session: come back with several charts completed.

16. The Depression for the Psalmist – Psalm 88

Many of the lament Psalms list qualities of depression that grip the writer. Most noteworthy in this regard is Psalm 88. Notice the openness that the psalmist has about his pain, the fact that his calling on God did not make life easier and the rather depressing end to the Psalm even though the writer is imploring God to be of help. The black hole of depression is presented in tandem with a desire to know God and acknowledge his salvation.

“GOD, you're my last chance of the day. I spend the night on my knees before you. 2Put me on your salvation agenda; take notes on the trouble I'm in. 3I've had my fill of trouble; I'm camped on the edge of hell. 4I'm written off as a lost cause, one more statistic, a hopeless case. 5Abandoned as already dead, one more body in a stack of corpses, And not so much as a gravestone-- I'm a black hole in oblivion. 6You've dropped me into a bottomless pit, sunk me in a pitch-black abyss. 7I'm battered senseless by your rage, relentlessly pounded by your waves of anger. 8You turned my friends against me, made me horrible to them. I'm caught in a maze and can't find my way out, 9blinded by tears of pain and frustration. I call to you, GOD; all day I call. I wring my hands, I plead for help. 10Are the dead a live audience for your miracles? Do ghosts ever join the choirs that praise you? 11Does your love make any difference in a graveyard? Is your faithful presence noticed in the corridors of hell? 12Are your marvelous wonders ever seen in the dark, your righteous ways noticed in the Land of No Memory?

“I'm standing my ground, GOD, shouting for help, at my prayers every morning, on my knees each daybreak. 14Why, GOD, do you turn a deaf ear? Why do you make yourself scarce? 15For as long as I remember I've been hurting; I've taken the worst you can hand out, and I've had it. 16Your wildfire anger has blazed through my life; I'm bleeding, black and blue. 17You've attacked me fiercely from every side, raining down blows till I'm nearly dead. 18You made lover and neighbor alike dump me; the only friend I have left is Darkness.” (An Ethan prayer)

Read this again. Underline what you identify with. Make some comments below if you like.

17. Prayers to Pray

Morning Prayer: The Lord's Prayer

“The world is full of so-called prayer warriors who are prayer-ignorant. They're full of formulas and programs and advice, peddling techniques for getting what you want from God. Don't fall for that nonsense. This is your Father you are dealing with, and he knows better than you what you need. With a God like this loving you, you can pray very simply. Like this:

“Our Father in heaven, Reveal who you are. Set the world right; Do what's best— as above, so below. Keep us alive with three square meals. Keep us forgiven with you and forgiving others. Keep us safe from ourselves and the Devil. You're in charge! You can do anything you want! You're ablaze in beauty! Yes. Yes. Yes.” (Matthew 6:7-13 in The Message)

Evening Prayer: The Prayer of Saint Francis of Assisi

“Lord, make me an instrument of your peace. Where there is hatred, let me sow love; where there is injury, pardon; where there is doubt, faith; where there is despair, hope; where there is darkness, light; and where there is sadness, joy.

“O Divine Master, grant that I may not so much seek to be consoled as to console; to be understood as to understand; to be loved as to love. For it is in giving that we receive; it is in pardoning that we are pardoned; and it is in dying that we are born to eternal life. Amen.”

18. Practical Advice from Those Who Have Been There

I asked some of my clients to write to me what they consider the most healing aspect of getting through depression. Here is some of what they said (mostly in their exact words).

- Walk 30 minutes each and every day and forget about the weather. Do this in the morning.
- Do my “renovate my thoughts” work. Do it on paper and not in my head.
- Don’t worry about not being close to God. Letting God do all the work in being close to me.
- Get up in the morning and write down 20 things that I am thankful for. Do this every day if I can.
- Decide what social events I will do and I will not do. It is okay if my husband wants to do what I don’t feel I can do. Don’t judge him because he is not depressed and afraid.
- Ask my wife to hold me and tell me it is going to work out okay.
- Don’t drink alcohol. Not even a drop.
- Going to the naturopath was amazing! I didn’t know that there was a connection between wheat and depression.
- Put on music that I like. Loud.
- Unsubscribe to the newspaper. It is okay to read Time or Macleans but stay away from “beauty” magazines. Too depressing.
- Practice being thankful. Say my thanks to people.
- Do all-the-time dialogue prayer rather than talk meanly to myself.
- I like what you (Paddy) said: “70 is my new 100.” I say that to myself and I feel that I don’t have to be perfect all the time.
- Go to your doctor and get medication. Get over the belief that you have to do it alone.
- Do the things that you used to enjoy and write in your journal how you enjoyed them now. Look for the good feelings. They are there.
- Get 8 hours of sleep each and every night. If you don’t rest during the day.
- Hang around positive people. Avoid those that depress you or frustrate you.

Also see http://helpguide.org/mental/depression_tips.htm for some great ideas.

19. Stuff to Read

Here are some books that I like and you might too. I have divided them into “2 books” because we could have lots of them. Here are some of my “2 books.”

2 books to read about emotions:

- Masks of Melancholy by John White
- Telling Yourself the Truth by Backus and Chapian

2 books to read about conflict, etc.:

- Boundaries by Cloud and Townsend
- Getting to Yes by Fisher, Ury and Patton

2 books to read about psychology:

- Family Ties that Bind by Ron Richardson
- Enneagram by Rohr and Ebert

2 books to read about spiritual life:

- Sabbath by Wayne Muller
- Traveling Mercies by Anne Lamott

2 books to read about marriage:

- The Good Marriage by Judith Wallerstein
- Hold Me Tight by Sue Johnson

2 books to read about other stuff:

- The Shack by Paul Young
- Blue Like Jazz by Donald Miller

Most of these books can be found at the public library and / or can be purchased through Amazon.ca.