

COPING WITH DEPRESSION



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RECOGNIZING THE SIGNS OF DEPRESSION

“I’m down all the time. Nothing helps.”

“I can’t get myself to do much work. I’m just getting by.”

“I don’t enjoy things the way I used to.”

“Everything is falling apart. It’s hopeless.”

“There’s something wrong with me. No one will want to be with me.”

“Things are never going to get better.”

These are typical thoughts of people who are experiencing depression. A change in thinking is a key feature of depression, and these thoughts reflect a change in the way a person with depression has come to think about themselves. For example, a devoted parent may believe they are doing a terrible job. A competent employee may view themselves as a failure.

The most obvious and typical sign of depression is a sad mood. A person with depression may cry or feel like crying, even when there seems to be nothing to cry about, or may find it impossible to cry when a sad event occurs, even though they feel extremely sad. Behavioral signs of depression may include trouble sleeping and changes in appetite. It is also common for people with depression to describe feeling constantly tired; they may describe this as feeling “weighed down.” People with depression often report trouble

concentrating and difficulty making decisions, sometimes even simple decisions such as what to eat. For some, thoughts about ending one’s life show up when depression is moderate to severe.

It is typical for a person with depression to view themselves in a negative way, believing they are helpless, unlovable, and/or worthless. Pessimistic about themselves, the world, and the future, they lose interest in what is going on around them and describe getting less satisfaction from things they previously enjoyed.

Some people with depression may not experience the usual sad or dejected feeling. They may instead describe an experience of getting no pleasure, they may feel physical discomfort, and/or they may engage in problematic alcohol or substance use. When children are observed to have a sustained change in functioning at school, this, too, may point to depression.



IDENTIFYING AUTOMATIC THOUGHTS

What can you do to help yourself? Learning how to identify what you are thinking is an important step in reducing depression. We start by teaching a person to notice when their mood has changed or intensified in a negative direction. One might also notice behaviors associated with negative thinking such as avoidance or engaging in unhelpful behaviors (e.g. sleeping too much or overeating). When either mood has changed in a negative direction or a person is engaging in an unhelpful behavior, we suggest asking yourself:

“What was just going through my mind?”

This is an important way to help yourself to identify your own automatic, unhelpful thoughts. We teach people to pay special attention to thoughts that get in the way of taking steps to achieve what is most important to them. On the first page of this booklet, we gave you some examples of thoughts people have when depression shows up. A person without depression may have similar thoughts, but generally dismisses them, understanding them to be just thoughts, not truths. When a person with depression has negative thoughts, they often accept them as true, without question.

THINKING ERRORS

People with depression tend to make consistent thinking errors. Identifying and labeling

thinking errors can help you gain perspective. For example, suppose being of service to your family is a strong value of yours. Perhaps you do what you can to help your grandchildren, but at times you are not available. You might have the thought, “I’m a failure as a grandparent.” The most common thinking errors are listed below:

All-or-nothing thinking: You view a situation in only two categories instead of on a continuum. Example: “If I’m not a total success, I’m a failure.”

Catastrophizing: You predict the future negatively without considering other, more likely, or just as likely outcomes. Example: “I’ll be so upset, I won’t enjoy myself at all.”

Disqualifying or discounting the positive: You tell yourself that positive experiences, deeds, or qualities don’t count. Example: “I did a good job on the project but that doesn’t mean I’m good at my job; I just got lucky.”

Emotional reasoning: You think something must be true because it “feels” true. Example: “I know I do a lot of things OK at work, but I still feel incompetent.”

Labeling: You put a fixed, global label on yourself or others without considering evidence that might lead to a less extreme conclusion. Example: “I’m a total loser.”

Magnification/minimization: When you evaluate yourself, another person, or a situation, you unreasonably magnify the negative and/or minimize the positive. Example: “Getting a mediocre grade proves how stupid I am.”

Mental Filter: You pay a great deal of attention to one negative detail instead of looking at the whole picture. Example: Because I got one negative comment on my evaluation [which also contained several excellent comments], it means I'm doing a lousy job."

Mind reading: You believe you know what others are thinking and fail to consider other, more likely or just as likely possibilities. Example: "They're thinking I don't know what I'm doing."

Overgeneralization: You make a sweeping negative conclusion that goes far beyond the current situation. Example: "Because I felt uncomfortable at the meeting, I don't have what it takes to work here."

Personalization: You believe others are behaving negatively because of you, without considering more reasonable explanations for their behavior. Example: "My neighbor didn't say hello to me because I did something to upset them."

"Should" and "must" statements: You have a precise, fixed idea of how you or others should behave. Example: "I shouldn't make any mistakes."

Tunnel Vision: You only see the negative aspects of a situation. Example: "The whole day was terrible." You don't consider that you felt better when you got dressed, cleaned up the kitchen, went for a walk, and talked to a friend on the phone.

RESPONDING TO AUTOMATIC THOUGHTS

Most people with depression believe that the situations in their lives cause their sadness. While life includes many trying and difficult situations, our feelings are derived from what we think about and how we interpret the situations we face.

In thinking about an event that upset you, consider:

- the situation;
- what you were thinking; and
- how you felt emotionally.

We suggest this as most people are generally only aware of how they feel in a situation. For



example, suppose you texted a close friend several hours ago and they didn't text back. You might have the automatic thought, "They don't want to spend time with me anymore." This thought would likely lead you to feel sad and dejected. Now, imagine you had the thought, "Something is wrong." You might feel anxious. Once you understand what you are thinking, how you feel makes sense.

SOCRATIC QUESTIONING

To expand on the skill of asking yourself "What was just going through my mind?" when you recognize that you're feeling sad or distressed or doing something unhelpful, there are additional, Socratic Questions you can ask. These questions will help you evaluate your negative automatic thoughts in a more reasonable, balanced way and develop responses that are more helpful. First ask yourself:

"What was just going through my mind?"

Then ask:

1. *What makes me think this thought is true? Is there any evidence it might not be true, or not completely true?*
2. *Is there another way of looking at this situation?*
3. *If the worst happens, what could I do? What's the best that could happen? What is most likely to happen?*
4. *What's the effect of believing this thought? What could happen if I changed my thinking?*
5. *What would I tell my friend [think of a specific person] if they were in this situation and had this thought?*

6. *What can I do about this now?*

By answering these questions with more reasonable, balanced responses, you may find that you are experiencing life more realistically and beginning to feel a little better.

HOW TO GET MOVING AGAIN

One of the most important initial steps for people with depression is scheduling activities. We find that many people with depression have withdrawn from at least some of the activities that previously gave them pleasure, or a sense of achievement, and lifted their mood. And they frequently have increased behaviors that maintain their depressed mood, such as sleeping too much or too little or exercising less often (if at all).

People with depression usually believe that they won't enjoy an activity they previously enjoyed. They may be anxious that others will notice that they are not themselves. Avoidance and inactivity (which result in fewer opportunities for pleasure, a sense of accomplishment, and connection) lead to experiencing critical thoughts about being "lazy," "unlikable," or "having a bad life," which in turn maintains the depression. The negative thinking and inactivity becomes a negative cycle. Helping you become more active and giving yourself credit for your efforts goes a long way in increasing self-efficacy and improving your mood.

Scheduling activities is essential, and keeping aspirations, values, and goals in mind will help you select activities that are pleasurable and



a daily schedule with increasing degrees of activity can lead to experiencing positive emotion and, ultimately, decrease depression.

It's important to give yourself credit for doing anything that was even mildly challenging, or you didn't feel like doing, but you did anyway. Create a simply daily list (mental or written) of positive things you did that day, deserving of credit.

meaningful.

Once you identify your values, goals, and aspirations, choosing activities in the service of these can motivate you to get started. For example, the person who values their relationships with family may be motivated to push themselves to increase their interaction with them. The person who values being of service may continue to help their elderly neighbor, despite the lethargy they are experiencing.

It can also be helpful to give some thought to which activities you are doing too much of, and which activities you are doing too little of or avoiding altogether. Creating and following

CBT RESOURCES

BECK INSTITUTE

The nonprofit Beck Institute for Cognitive Behavior Therapy was established in 1994 by Dr. Aaron T. Beck and Dr. Judith S. Beck as a setting for state-of-the-art psychotherapy and professional training in CBT. Over the last three decades, Beck Institute has built exceptional in-person and online trainings in CBT, trained thousands of professionals from around the world, and created a global community of CBT practitioners.



PSYCHOTHERAPY AND COACHING

At Beck Institute, we are committed to providing modern CBT that not only helps clients with a wide range of symptoms and challenges but emphasizes a broader vision of well-being and life satisfaction. Our therapists help clients align their lives with their values and aspirations, achieve their goals, and foster feelings of purpose, empowerment, and connection.

Our CBT-based wellness coaching program teaches practical skills that help clients build confidence, manage stress, and stay on track to achieve their goals—and maintain progress long term. To learn more about clinical services and wellness coaching at Beck Institute, call 610.664.3020 or visit cares.beckinstitute.org.

National Suicide Prevention Lifeline (US): 1-800-273-TALK (8255)

Crisis Text Line: 741742

ONLINE RESOURCES

- Visit cares.beckinstitute.org for information and resources about CBT.
- Sign up for the Beck Institute newsletter beckinstitute.org/newsletter.
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