

3 -

Paths to Depression: - Paths to Wellness -

Chapter Highlights

- ◆ The thoughts–action path
- ◆ The biology path
- ◆ The relationship path
- ◆ The lifestyle path
- ◆ The spiritual path
- ◆ The mindfulness path

One of the most fascinating facts about depression is that there can be so many different paths that lead toward the illness and so many paths that can be taken to wellness. Fortunately, you do not just have to choose one path out of depression. You can combine ideas and methods from more than one perspective on depression to craft a plan that works best for you. In this chapter, we explain the major approaches to fighting depression and help you decide which paths you may want to emphasize in your journey to recovery.

The Thoughts–Action Path

The thoughts–action path is based on the principles of cognitive-behavior therapy (CBT)—the most widely used psychotherapy designed specifically for depression.

DEFINITION Cognitive-behavior therapy (CBT) is a treatment for depression that focuses on changing negative thinking and altering behaviors.

To get a quick idea of how CBT works, let's do an exercise. Imagine for a moment that you are trying to help Kate, the woman with depression whom you met in Chapter 1. Do you remember that Kate dropped out of lots of her usual activities after she became depressed?

When Kate considers breaking out of the rut of spending time alone, staring at the TV, she often has thoughts that just drag her further down. Your goal in Exercise 3.1 is to generate some ideas that might help Kate start to make progress in the fight against depression.

Were you able to come up with some more realistic or helpful ways of thinking about the event? Examples of some of the thoughts that we might have tried to help Kate identify are: "I've been depressed, but I still can be a good friend. I'm not my usual self, but I'm not a total mess. It's an exaggeration to say that I'm a failure. I'm still doing well at work, and I have some interesting things to say. I would probably enjoy the movie and dinner. Going out with my friends would be good for me. It would be worth pushing myself to do this."

Whether you are getting treatment with CBT from a professional therapist or trying to learn CBT self-help methods on your own, you will be encouraged to "think about your thinking" so that you can recognize how your thought patterns may be inducing or worsening depression.

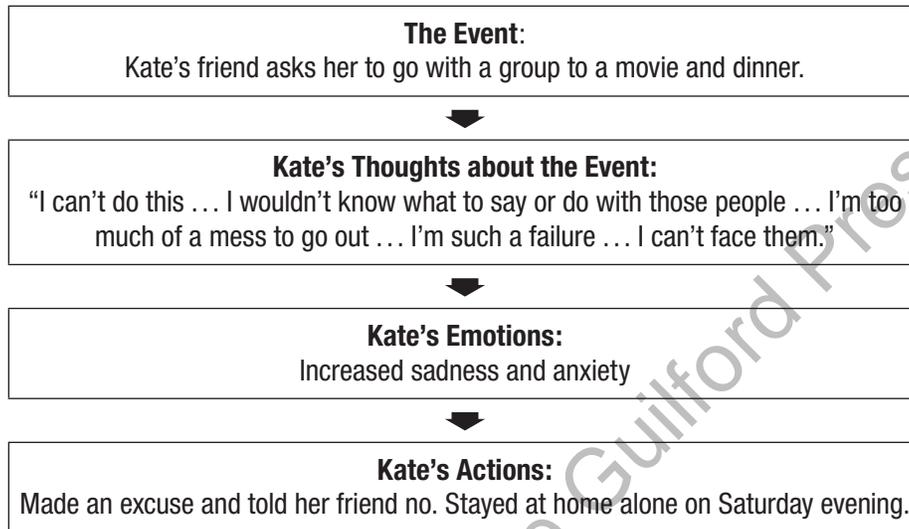
Of course, many people with depression have significant real-life problems, such as relationship strains or breakups, job losses, or physical illnesses. You may have had many negative experiences in your own life. We have certainly had our share of bad things happen. CBT doesn't minimize real problems, but it does try to help people avoid "adding insult to injury" and think in clear and objective ways about solving their problems.

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- FAST FACTS**
- The thoughts–action path is based on CBT—an effective treatment for depression.
 - CBT teaches people how to recognize and change thinking patterns that may be promoting or worsening depression.
 - When people face tough problems such as relationship breakups, unemployment, or other personal stresses, CBT helps to build problem-solving strategies.
-

Have you started to consider any of your own ways of thinking that could be part of depression? The checklist in Exercise 3.2 on page 35 could help you target some common thoughts that you might like to change.

Helping Kate Break the Negative Thoughts–Action Cycle

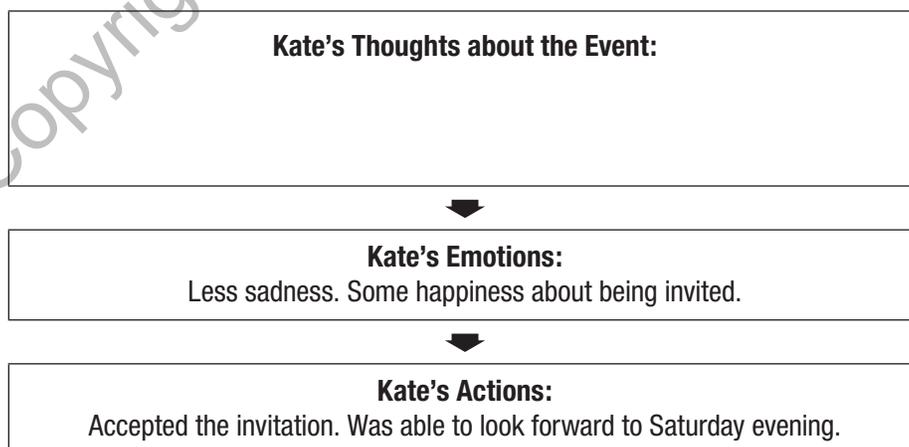
Background Information: One of Kate’s old friends from school called to ask her to join some other people they knew for some social activities on Saturday evening. The plan was to go to an early movie and then have dinner together. Here is what happened:



Be Kate's Helper: Are you thinking of some ways that Kate could have had a healthier response to the invitation? Did you spot the negative tone of Kate’s thoughts? Depression often seems to cast a dark cloud on people’s thinking. It can distort perceptions and make things seem worse than they actually are. If you knew that Kate actually was a good conversationalist, and it was likely that her friends didn’t see her as a failure, what kinds of thoughts would you wish she could have? Try to rewrite Kate’s thoughts so that a happier conclusion is reached.



Write down some positive yet realistic thoughts that would help Kate accept the invitation.



EXERCISE 3.2

A Checklist of Common Negative Thoughts in Depression

- | | |
|-------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> I should be doing better in life. | <input type="checkbox"/> I'm failing. |
| <input type="checkbox"/> He/she doesn't understand me. | <input type="checkbox"/> It's too much for me. |
| <input type="checkbox"/> I've let him/her down. | <input type="checkbox"/> I don't have much of a future. |
| <input type="checkbox"/> I just can't enjoy things anymore. | <input type="checkbox"/> Things are out of control. |
| <input type="checkbox"/> Why am I so weak? | <input type="checkbox"/> I feel like giving up. |
| <input type="checkbox"/> I keep messing things up. | <input type="checkbox"/> Something bad is sure to happen. |
| <input type="checkbox"/> My life's going nowhere. | <input type="checkbox"/> There must be something wrong with me. |
| <input type="checkbox"/> I can't handle it. | |

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The Link between Thoughts, Emotions, and Actions

The example we gave of Kate's response to the invitation illustrates a very common pattern in depression.

Events ↔ **Thoughts** ↔ **Actions**

1. *Events* (or memories of events) trigger *thoughts* that are negative, depressing, or anxiety provoking.
2. Distressing *thoughts* stir up unpleasant *emotions* such as sadness, anxiety, anger, or irritability.
3. Depressing thoughts and emotions lead to *actions* that can reinforce or deepen the depression.

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- FAST** • The relationship between thoughts and actions is a “two-way street.”
- FACTS** • If you have negative thoughts, you may act in a self-defeating way.
- If your actions include behaviors such as giving up pleasurable activities, isolation, procrastination, and not treating yourself well, you may be likely to think less of yourself or to have other negative thoughts.
-

We often use the term “vicious cycle” to describe the negative, downward spiral that can occur in depression. Thoughts and actions feed on one another to drive people deeper into depression and to prevent them from getting better. However, CBT offers much hope for interrupting this cycle.

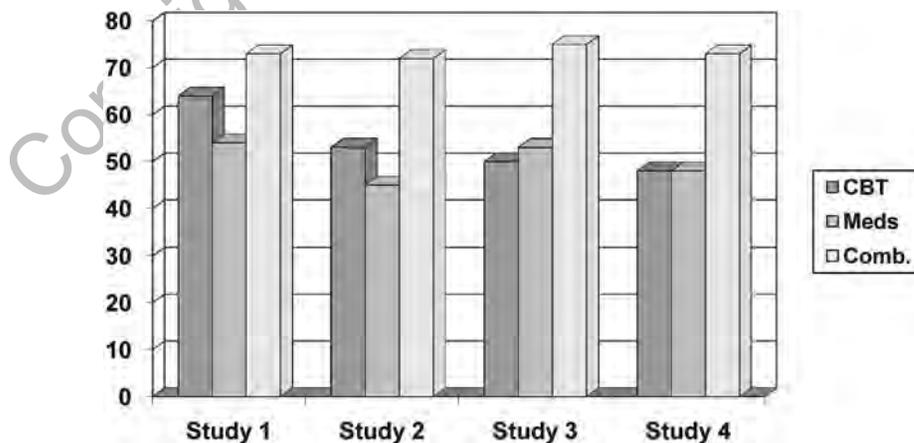
How Effective Is CBT?

Many research studies have shown that CBT reduces symptoms of depression, anxiety, and a large number of other problems. The following graph, adapted from the work of Drs. Steven Hollon and Edward Friedman and their associates, should provide encouragement about the prospects of getting help from CBT. It shows results of four of the large studies that looked at the effectiveness of three types of treatment for major depression: (1) CBT alone (2) antidepressants alone, and (3) combined CBT and antidepressants.

When researchers have examined results of all of the studies of combining CBT and medication, they have found that CBT and medication are each effective, but the two treatments together can be more powerful than either one alone.

Are There Any Negatives to Using CBT?

As you can see from looking at the graph below, CBT doesn't work for everyone. Like all other effective treatments for depression, the degree of response varies from person to person. Also, CBT may take more effort and time than treatment with an antidepressant. Another factor to consider is that psychotherapy may cost more than medication over the short term if your insurance pays most or all of your drug costs and you have to pay for therapy sessions yourself or have a significant copay. However, studies of the cost-benefit ratio of receiving different forms of treatment for depression have found solid support for the value of receiving CBT, both for acute treatment and for relapse prevention. An especially appealing feature of CBT is that it usually has very long-lasting effects—it teaches



Response rates for CBT, antidepressants, and combined therapy. -

coping skills and depression management techniques that can be used for a lifetime. In a way, CBT is a “gift that keeps on giving.” Studies have shown that the longer-term outcome after stopping treatment is better for CBT than for medication.

Computer-Assisted CBT

Several computer programs have been developed to help people learn how to use CBT to overcome depression. These programs can be incorporated into professional treatment to enhance the therapy experience and to reduce the amount of time that people need to spend attending sessions with a clinician. Computer programs can also be used as self-help tools to build CBT skills. One program that has been tested in scientific studies and found to be useful is “Good Days Ahead” by Drs. Jesse Wright, Andrew Wright, and Aaron Beck. If you are interested in using a computer program as part of your way out of depression, you can check the websites listed in the Resources section of this book.

SCIENCE CORNER

- Research on computer-assisted CBT (CCBT) has found that people typically like working with these programs and find them helpful in reducing symptoms of depression and anxiety.
- A study conducted by Dr. Jesse Wright and associates found that people with depression had large decreases in depressive symptoms when treated with CCBT (a combination of brief visits with a clinician plus working with the “Good Days Ahead” program) and that the improvement was the same as in standard CBT (longer visits with a clinician but no use of the computer program). Also, the people who received CCBT had greater increases in knowledge about CBT than those who were treated with standard CBT.

Well-Being Therapy

Well-being therapy is a form of CBT developed by Dr. Giovanni Fava that focuses specifically on helping people develop positive life experiences. This therapy uses all of the methods of CBT plus exercises that show you how to find practical, everyday ways to promote feelings of well-being. Research studies have found that well-being therapy is effective for people with chronic depression and for those who have not had a full response to medication. In Chapter 7 we explain Dr. Fava’s important contributions to CBT and show you how to put these useful methods into action.

How Does CBT Work?

If you receive CBT from a health care professional who is skilled in this approach, you will notice right away that teamwork is very important. You and your therapist will work together to identify how your thinking and your behavior are dragging you down. You

will learn how to spot negatively biased thinking in depression and to develop a healthier thinking style. And you will build practical skills for improving energy, enjoying life, becoming more productive, and solving problems.

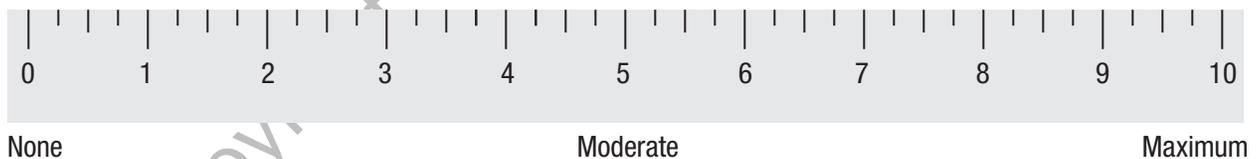
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- FAST FACTS**
- Professional treatment for depression with CBT usually requires 8 to 20 sessions.
 - Therapists typically recommend that you do “homework” with self-help exercises between sessions to solidify your learning and to put the therapy lessons to work in real-world situations.
 - Some of the homework suggestions can include reading books such as this one to increase knowledge and strengthen skills.
-

Self-help is a very important part of CBT. Although we recommend professional treatment for people with significant depression, some studies have shown good results with self-help alone. Whether you have the opportunity to receive CBT from a trained therapist or you are trying to learn these strategies on your own, we have designed this book to provide some of the most powerful CBT methods for changing thoughts and actions.

EXERCISE 3.3

My Interest in Using the Thoughts–Action Path

Instructions: Place a mark on the ruler to indicate your interest in using the thoughts–action path to overcome depression.



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The Biology Path

Biological treatments are used by millions of people to overcome depression and are becoming increasingly popular methods of treating this disease. Antidepressant use in the United States more than doubled in a recent 10-year period, and antidepressants are some of the most frequently prescribed drugs in medical practice.

Antidepressants are frequently a mainstay of treatment for more severe major depres-

sions and for prevention of relapse. The scientific evidence solidly supports their use for these indications. However, their effectiveness for an acute episode of milder or “minor” depression has been questioned.

**SCIENCE
CORNER**

- The overall research findings on medication for major depression have been so strong that treatment guidelines published by leading professional organizations and universities recommend antidepressants as a top choice for treatment of this illness.
 - However, there is some scientific evidence that antidepressants may not be superior to a placebo for milder or “minor” depression.
-

The biological pathways to depression are being unraveled by investigators working all around the globe. They are hunting for clues that will lead to a better understanding of the causes of depression and are working to develop improved treatments. We describe some basics of the biology of depression here. In Chapter 8 you’ll be able to learn much more about how to benefit from biological treatments for depression.

The Genetics of Depression

If one of your parents or other close relatives has depression or bipolar disorder, your chances of developing depression are much higher than for people who have no family history of depression. The risk for major depression is about doubled if you have a parent with this problem, and the risk for bipolar disorder may be 10 times greater if you have a parent who has suffered from this type of mood disorder.

These findings have stimulated an intense research effort to try to identify specific genes that may be involved in producing the disorders. An important goal of these investigations is to uncover the details of how the genes influence the chemistry and/or the structure of the brain to induce depression. If the genetic mechanisms can be decoded, then new medications or other biological treatments could be designed to correct these abnormalities.

Although the promise of genetic studies hasn’t been realized yet, there are many good leads. Investigators have found that it is unlikely that depression can be traced to one single gene. It is much more likely that a number of genes will be discovered that interact with the person’s environment (for example, life stresses, medical illnesses, lifestyle, relationships) in the development of depression. An area of research that has been a special target for genetic studies is the function of the genes that control serotonin—a brain chemical that you will learn more about in the next section of this chapter.

Do you know your own family history of depression? Many of our patients tell us of people in their families who either have been diagnosed with depression or may have had this condition but never received professional treatment. If you have a family history of depression, you can use the next exercise to trace the pattern. You could share this chart with your doctor to help her better understand your depression.

EXERCISE 3.4

My Family History of Depression

Relative	Treated for depression	Not treated for depression, but may have had this problem	Treated for bipolar disorder	Not treated for bipolar disorder, but may have had this problem	Treatments received, if known
Mother					
Father					
Maternal grandmother					
Maternal grandfather					
Paternal grandmother					
Paternal grandfather					
Maternal aunts or uncles					
Paternal aunts or uncles					
Cousins					
Children					

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The Chemistry of Depression

Antidepressants and other biological treatments for mood disorders are thought to work, at least in part, by correcting imbalances of chemicals in the brain called neurotransmitters. These chemicals are responsible for connecting the billions of nerve cells (called neurons) in our brains. Without neurotransmitters, our brain cells could not send messages to one another—they would be like lone voices in the wilderness. Neurotransmitters are

an essential part of an elaborate and effective communication system that allows us to think, feel emotions, make decisions, and perform all of the brain functions needed for life.

When people become depressed, they can have changes in their neurotransmitter functions that need to be returned to normal. The three main neurotransmitters that are culprits for causing depression are:

- Serotonin
- Norepinephrine
- Dopamine

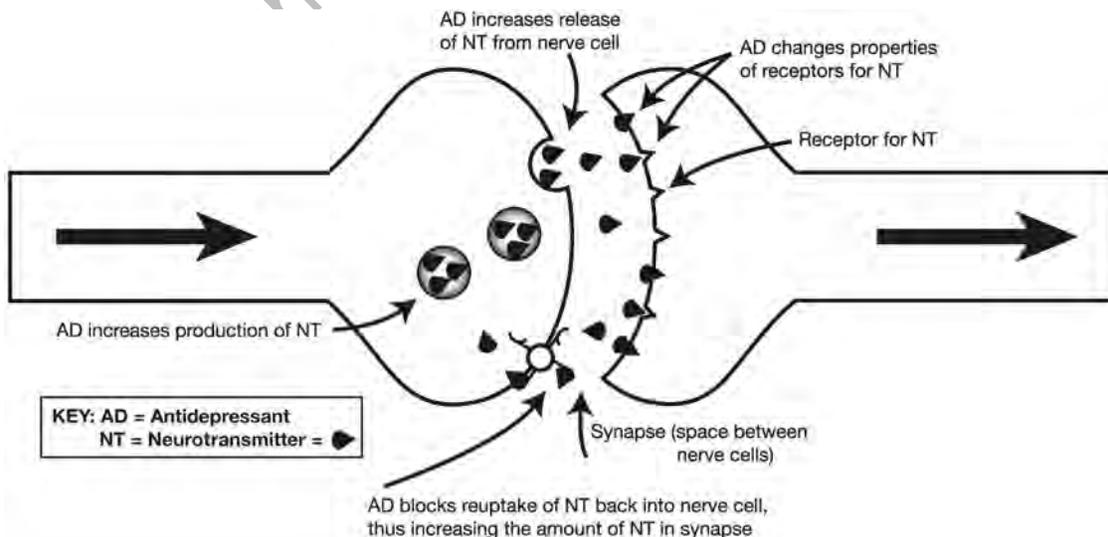
Researchers have found that these neurotransmitters play an important role in functions that can become imbalanced in depression, such as mood, sleep, appetite, energy, and a sense of well-being.

Antidepressants can reverse abnormalities in neurotransmitters in several different ways, as shown in the diagram below.

Newer research is finding that antidepressants and other medications used to treat mood disorders (described in Chapter 8) can have positive influences on the brain beyond their impact on neurotransmitters. For example, these medications can reverse problems with function of the brain sites for depression described in the next section, and they can stimulate growth of certain brain cells.

FAST Antidepressants work in multiple ways to correct the brain dysfunction that can occur in depression.

FACT



The Anatomy of Depression

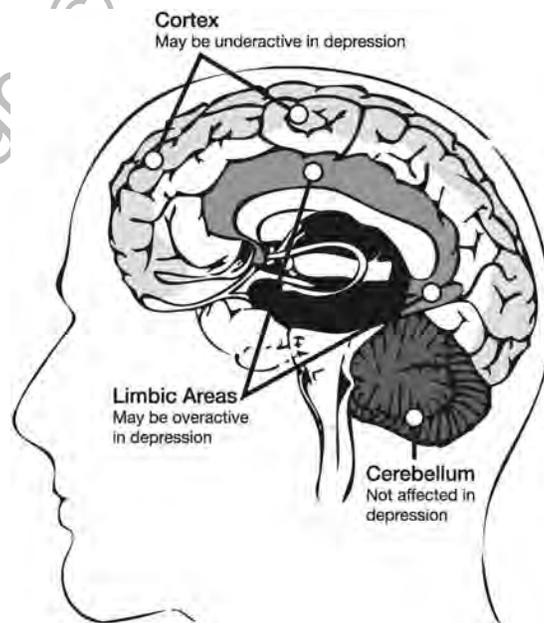
In the 1600s Robert Burton wrote what was to become a famous book about depression called *The Anatomy of Melancholy*. The term *melancholia* was used then (and sometimes still is) to describe depression because people with this condition suffer from a melancholic (sad) mood. Although the author made some very interesting observations about depression, he obviously did not have the tools of modern science to study the brain. Therefore he attributed the condition to a variety of possible causes such as “passions and perturbations of the mind, bad air, and distemperature of particular parts [of the body].”

An explosion of research in recent years has helped us understand what happens in the major centers of brain activity when people become depressed. Unlike the research on neurotransmitters, hormones, and other tiny molecules, studies of brain anatomy and physiology focus on some of the larger structures of the brain that are shown in the diagram below.

The anatomy of depression probably varies from individual to individual, so researchers doubt that one brain center will be found that will be abnormal in all people with depression. However, scientific studies have been adding to our knowledge of how certain biological treatments, and even psychological treatments, may work.

Some of the most important findings of research on the anatomy of depression are:

1. The *cortex* (outer layer) of the front of the brain becomes *underactive* in many people with depression. The cortex is the part of the brain responsible for our conscious thinking. If you have a depressing thought such as “It’s hopeless,” or an encouraging thought such as “I’ll get better if I keep trying,” these thoughts are generated in the cortex.



2. The *limbic* parts of the brain are located deep beneath the surface. The limbic areas are brain centers for emotions such as sadness, anxiety, anger, happiness, or joy. Some of the limbic portions of the brain are *overactive* in many people with depression.
3. Research has shown that antidepressant drugs work first by correcting abnormalities in the limbic or deeper parts of the brain.
4. Studies have found that CBT has biological effects on the brain. CBT works first by improving functioning in the front of the cortex. Thus CBT appears to work from the “top down,” and medication appears to work from the “bottom up.”

Biological Treatments for Depression

Most people who receive biological treatments for depression are prescribed antidepressants such as sertraline (Zoloft), escitalopram (Lexapro), fluoxetine (Prozac), or other medications that can correct chemical imbalances. Some of the other types of medication used for depression include mood stabilizers (such as lithium), atypical antipsychotic drugs (for example, quetiapine [Seroquel], aripiprazole [Abilify], and buspirone [Buspar]). These medications can be added when standard antidepressants aren't fully effective on their own or when other symptoms are present. Chapter 8 will help you learn about using these treatments to overcome depression and also will describe some other biological treatments, such as brain stimulation methods (electroconvulsive therapy and transcranial magnetic stimulation), that can be considered for very severe depression that doesn't respond to medication.

Although antidepressants are used frequently in current medical practice and help a great number of people, they do have potential downsides, such as the chance that they may not work to relieve symptoms, produce side effects, or lead to mild withdrawal symptoms when they are discontinued—problems that will be fully explained in Chapter 8. Also, some people prefer not to take medications when nondrug alternatives have been shown to be effective. You'll learn more about these options when we describe the other paths to wellness.

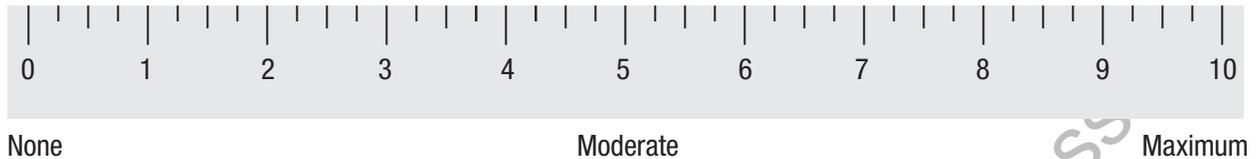
-
- FAST** • There are many biologically based tools that can be used to fight depression.
- FACTS** • Antidepressant medications are the most frequently used biological treatments.
- Other medications such as mood stabilizers, Abilify, or buspirone can be used to boost the effects of antidepressants.
 - Brain stimulation methods are used infrequently, but they can help for very severe or refractory depression.
-

Now that you have learned some of the basics of taking the biology path, you can use the ruler in Exercise 3.5 to indicate how much you would like to use biological treatments in

EXERCISE 3.5

My Interest in Using the Biology Path

Instructions: Place a mark on the ruler to indicate your interest in using the biology path to overcome depression.



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your plan for recovery. Because you will explore many other options for fighting depression in this book, the estimate can be revised later as you put together a comprehensive plan.

The Relationship Path

Relationships with family, friends, coworkers, and others can play a role in depression in three major ways:

1. *Relationship problems are triggers or causes of depression.* Part of Kate's path to depression was the sense of loss and rejection she felt after a breakup of a long-term relationship. Another "failure" just seemed to make things worse. These events reinforced her negative self-talk and decreased her motivation for forming new relationships.

Relationship difficulties don't have to be as dramatic as the ones Kate experienced to have an impact on depression. For some people, a subtle but steady erosion of a significant relationship can be a contributing cause. Or persistent criticism from a partner, parent, or other person can have a damaging effect. And for others chronic loneliness can be a factor. Research has shown that the fewer interpersonal relationships a person has, the more likely he is to experience depression.

2. *Depression causes relationships to suffer; and as relationships become strained or dwindle, the depression becomes worse.* When Kate became depressed, she didn't feel like being around other people. She pulled back from friends and others who could offer support or help her get involved in positive interests and activities. Her social isolation made her life even more depressing.

Depression can impair relationships in many ways. Because people with depression have lowered energy and interest, they can become less engaged in important relationships than when they are feeling well. If they have an understanding partner, parent, or friend, the changes may not have a negative influence on the relationship. However, there

is a risk that depression can take a toll on relationships when others don't respond with empathy and caring.

3. *Relationships help in the recovery process.* Even though depression had caused Kate to back away from friends and family, she had some strong relationships that could be part of her recovery plan. When we described the thoughts–action path earlier in this chapter, we asked you to help Kate change her negative reaction to a friend's invitation for a social occasion. Kate had many other opportunities to recognize and take advantage of relationship strengths to fight depression. For example, she could ask her family to help her with plans to get more involved in social activities. Social supports have been found to play a very important role in coping with depression.

When people become depressed, they often turn inward. They can become so absorbed with the pain of the depression that they don't realize that good resources for fighting the depression can be found in their significant relationships. We'll help you troubleshoot relationship difficulties and tap relationship resources in Chapters 9 and 10.

Does Therapy Focused on Relationships Work to Relieve Depression?

In a word, yes. Many studies have shown that therapies directed at relationship problems are effective in treating depression. Although CBT most frequently uses an individual therapy format, the focus of interventions often is on the impact of relationship problems, and efforts to build and sustain healthy relationships are a very common element of treatment. When relationship problems are especially problematic, CBT can be done with couples and families.

Another form of talk therapy—interpersonal psychotherapy—is designed to help people deal with common relationship problems that may induce or aggravate depression. Interpersonal therapy (IPT) is much like CBT in being a practical method that teaches coping strategies. IPT is often used to help people (1) work through grief and loss, (2) improve troubled relationships, and (3) enhance relationship skills. Although it has been shown to be an effective treatment for major depression in several large research studies, IPT has not been studied as extensively as CBT, and many fewer therapists have been fully trained in IPT than in CBT.

We've tried to include some good tips and self-help exercises in this book for strengthening relationships in your fight against depression. The suggestions are drawn from both CBT and IPT. Let's begin in Exercise 3.6 with a brief inventory of relationship stresses or changes.

If you checked some of the items in the problems–opportunities inventory, there is probably a good chance that the relationship path could offer useful ways to battle depression.

The Lifestyle Path

Kate had stopped exercising and was having trouble with insomnia. She often stayed up late at night, had fitful sleep, and then was exhausted the next day. She was also giving

EXERCISE 3.6

Relationship Problems and Opportunities

Instructions: Place a check mark beside any problems or opportunities that you may have.

Problems

- I have had a relationship loss (for example, death, separation, break-up) that is still troubling me.
- I have pulled away from significant relationships.
- I am lonely.
- I tend to isolate myself.
- I have relationship conflicts.
- I am in a relationship with someone who criticizes me excessively.
- Depression makes it hard for me to maintain good relationships.

Opportunities

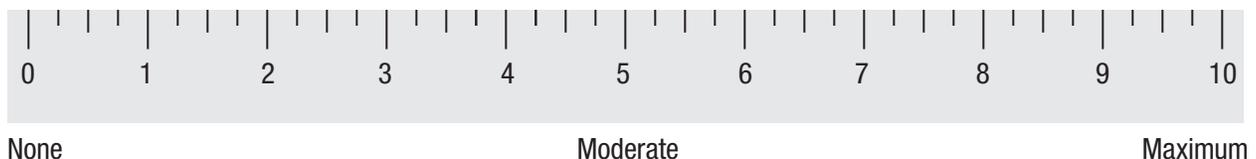
- I have family members who care about me.
- I have friends who care about me.
- I could reach out to family members in the fight against depression.
- I could reach out to friends in the fight against depression.
- I could work on coping better with grief or loss.
- I could work on improving one or more of my relationships.
- I could get professional therapy to help a troubled relationship.

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EXERCISE 3.7

My Interest in Using the Relationship Path

Instructions: Place a mark on the ruler to indicate your interest in using the relationship path to overcome depression.



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little thought to purchasing or preparing healthy food. Kate knew that she had fallen into a habit pattern that was deepening her depression, but she couldn't figure out a way to change. It was like she was on a giant ship that was sailing in the wrong direction, and she couldn't turn it around.

In Chapter 11, we explain how to work toward healthier habits. For now, let's just sketch out some of the lifestyle patterns that you might think of changing.

Exercise

Many research investigations have provided solid evidence that exercise can be used to help depression. Yet many people are like Kate—they can't seem to get in gear to get walking or get to the gym. Scientific studies have suggested that exercise may work by increasing the neurotransmitters that we described in the biology path, or they may elevate levels of endorphins—brain chemicals associated with a feeling of well-being. Exercise can also enhance self-esteem, relax tension and anxiety, and improve general health and vigor. So there are many reasons to recommend exercise as part of a plan to fight depression.

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- FAST** • Exercise is an “evidence-based” treatment for depression.
- FACTS** • One study found that exercise three times a week was as effective as an antidepressant medication.
- Exercise may work by increasing levels of neurotransmitters or endorphins.
-

Sleep Management

Sleep disruption is one of the core symptoms of depression, and methods to improve sleep can be an important part of the recovery process. CBT has been found to be an especially effective nondrug treatment for sleep problems. You can learn about CBT self-help methods for sleep in Chapter 11. But if sleeping problems persist, you can ask your doctor for advice. Some antidepressants can help with sleep, and there are several types of sleeping medications that can be useful. Sleeping pills, however, may have side effects, cause dependency, or have reduced effectiveness over time.

Diet

There has been controversy over the possible role of diet or diet supplements in the treatment of depression. You may have seen books or pamphlets with claims that diet changes can cure depression. We are much more cautious about recommending diet or diet supplements as a path to recovery, but there are scientific findings worth noting. Some of the possible diet modifications that may have some merit include use of the “Mediterranean diet,” fish oil supplements, and vitamin D (see Chapter 11 for details).

- CAUTION**
- Lifestyle changes such as exercise and diet supplements can be valuable parts of an overall plan for recovery from depression.
 - But we don't recommend that people rely completely on lifestyle changes for treatment of depression.
 - A comprehensive plan that includes one or more of the core, evidence-based treatments such as CBT or antidepressant medication should be considered for people who suffer from significant major depression.

Substance Misuse or Abuse

Many people with depression fall into the trap of using alcohol or street drugs to “self-medicate.” Although the substances can seem to temporarily take some of the pain away, the ultimate outcome is to worsen symptoms and to make it harder to recover. If you are having issues with alcohol or drugs, you will need to confront this problem. Otherwise, your other efforts to overcome depression may be in vain.

Light Therapy -

Seasonal depression, or “seasonal affective disorder” (SAD), is a type of depression that occurs when the days grow shorter and there is less sunlight. There is plenty of scientific evidence that light therapy can work for seasonal depression. The treatment that we explain later in the book uses a “light box” for about 30 minutes a day to stimulate brain chemicals involved in depression.

FAST Light therapy can be effective for seasonal depression, a type of depression that occurs when days grow shorter and there is less sunlight.

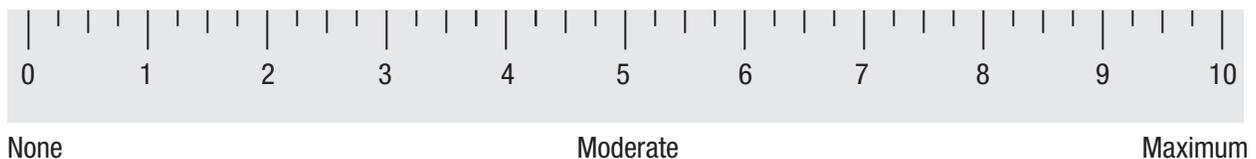
FACT

Do you think that any of these ideas for lifestyle change could be part of your path out of depression? Could changes in any of these areas help you in other ways? Almost all

EXERCISE 3.8

My Interest in Using the Lifestyle Path

Instructions: Place a mark on the ruler to indicate your interest in using the lifestyle path to overcome depression.



of the people we see in clinical practice have one or more good opportunities for working on their lifestyle as they move toward recovery.

The Spiritual Path

Most people describe themselves as having a spiritual side even if they don't have religious beliefs. And when depression strikes, their spiritual dimension can either become part of the problem or offer potential solutions for fighting the condition. In an earlier book, *Getting Your Life Back: The Complete Guide to Recovery from Depression*, Dr. Monica Basco and I (JHW) offered a definition of spirituality that is based on the work of Dr. Fredrick Luskin from Stanford University and Dr. Roger Walsh, author of *Essential Spirituality*. Do you identify with any of these common elements of spirituality?

1. Having meaning and purpose in life.
2. Having faith in a higher power and/or a greater good or purpose.
3. Being connected to life and people; giving to others.
4. Feeling that mind, body, and spirit are unified and whole.

When Depression Darkens the Spirit

Just as depression can drain your energy, deplete your interest, or lower your self-esteem, it can erode your spiritual underpinnings. Kate withdrew from many things in her environment, including her church activities and the people who used to be such a vital part of her life. As her depression worsened, she became more dispirited and found that her sense of meaning and purpose was diminishing. She was able to put one foot in front of the other and get to work—she had to keep her job to keep her finances afloat. But her usual drive was gone. She was starting to ask herself “What’s the use?” When she got out of bed to start the day, it seemed that there was nothing to inspire her, nothing to make her feel truly alive and connected.

The questions in Exercise 3.9 can help you see whether any spiritual issues could be considered as you work to overcome depression.

Spirituality in the Fight against Depression

There are a number of different ways to use spiritual resources to combat depression. Here are two of the paths that people have taken.

Search for Increased Meaning and Purpose in Life

Viktor Frankl, a highly influential Austrian psychiatrist, developed a form of psychotherapy called logotherapy that focuses on efforts to enhance one's sense of meaning. He had endured the horrors of a concentration camp during World War II and found that having a deep sense of meaning, even in the face of some of the worst circumstances imaginable,

EXERCISE 3.9

Depression and Spirituality Checklist

Instructions: Use this checklist to identify spiritual concerns that you may want to address in your path toward overcoming depression.

Concern	Not a concern for me	A minor concern for me	A moderate concern for me	A major concern for me
Feeling that my life lacks a full sense of purpose				
Feeling distant from a higher power				
Being uninvolved in what's really important in life				
Wanting a greater spiritual underpinning to give my life more direction				
Having feelings of emptiness				

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helped him avoid despair. In Chapter 12 we share Frankl's inspiring ideas with you as you follow your path to recovery.

Draw Strength from Religious Beliefs and Practices

If you have a religious faith, you may want to think of ways to tap this strength as you work to overcome depression. Disconnecting from religious practices that have been an important part of one's life can contribute to the downward spiral of depression, but a reengagement in these activities may offer comfort, support, and increased hope.

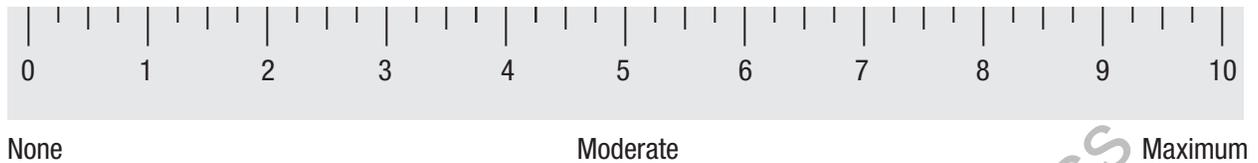
Is There Scientific Evidence for the Spiritual Path?

Spiritually oriented approaches to depression have been researched much less heavily than biological treatments, evidence-based psychotherapies such as CBT and IPT, and lifestyle changes such as exercise and light therapy. Thus we don't recommend that the spiritual path be the only method that people use to try to overcome significant major depression. Spiritually oriented activities can be used to augment other treatments such as CBT or antidepressants that have been researched extensively and found to be effective.

EXERCISE 3.10

My Interest in Using the Spiritual Path

Instructions: Place a mark on the ruler to indicate your interest in using the spiritual path to overcome depression.



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The research that has been done on the effects of spiritually oriented practices has generally been positive. For example, several studies have shown that people who have a strong sense of meaning and purpose in life have a substantially reduced risk for depression.

Although involvement in religious practices hasn't been studied as a specific treatment for depression, surveys have found that people who attend religious services may have a decreased rate of depression and suicide. The benefits of involvement in religious practices may also extend to improving physical health and increasing the life span.

The broad definition that we gave for spirituality leaves room for people of different backgrounds to consider how depression might be affecting their spiritual life and how they might use spiritually oriented avenues in the recovery process. Are you getting any ideas for using the spiritual path?

The Mindfulness Path

The last path for coping with depression that we describe in this book is mindfulness meditation. This method was pioneered by Drs. Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn, who blended mindfulness practices derived from ancient Buddhist traditions with the more modern principles of CBT to develop a treatment program they call "mindfulness-based cognitive therapy." Their approach enhances people's ability to stay "in the moment" and to fully experience and appreciate the good things in their lives. Achieving a state of mindfulness can help people stay away from the dark road to depression.

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- FAST FACTS**
- Mindfulness teaches people to focus their attention in a way that helps calm their emotions, relieve stress, and reduce negative thinking.
 - Mindfulness changes negative thinking in a different way than traditional CBT.

Instead of directly challenging negative thoughts, meditative techniques are used to enhance positive emotions such as feelings of kindness and self-compassion while quieting worrisome or self-condemning thoughts.

Research on mindfulness meditation has shown that it can substantially reduce the risk of relapse into depression. In one study, people who participated in the mindfulness-based cognitive therapy program had about 50% fewer episodes of depression after treatment than those who didn't have the mindfulness-oriented treatment. Therefore mindfulness-based cognitive therapy is typically recommended for people who have had more than one episode of depression. Investigators also have found that people who received mindfulness-based cognitive therapy reported improved quality of life, better interpersonal relationships, and an ability to accept that negative thinking is a part of depression and not an accurate representation of themselves.

Despite these potential benefits, *a note of caution is needed*. Researchers on mindfulness-based cognitive therapy typically recommend that it *not* be used as a treatment for acute or severe depression. Instead, it is usually implemented when people have either recovered or made significant progress with other treatments and are trying to resolve residual symptoms. The meditative practices that are a core element of this approach may require levels of concentration and attention that are hard to achieve if you are deeply depressed. Because of these limitations, we offer the following recommendations:

- Do not use mindfulness as a stand-alone treatment for acute or severe depression.
- Use mindfulness only if this approach appeals to you and you find that the practices outlined in Chapter 13 are enjoyable and helpful.
- Use mindfulness methods primarily as a way to enhance quality of life and to reduce the risk for relapse.

To give you a brief preview of the mindfulness methods described in Chapter 13, we'll outline three features of the mindfulness path.

1. *Learn how to shift from the "doing mode" to the "being mode."* Most of us spend the majority of our days in the "doing mode." Our minds are churning with thoughts about accomplishing tasks, how we are measuring up, how we are going to manage lists of things yet to be accomplished, and how we might handle the other stresses of the day. Although the doing mode is critically important for getting things done, we can get so consumed by having our minds in this mode that our senses can be dulled to the pleasures and joys of life.

Mindfulness exercises build up your ability to enter the "being mode" in which you become fully aware of sensations such as the tastes of the food that you eat, calming feelings in your body, and positive emotions about important people in your life. Achieving a good balance between the being mode and the doing mode can enhance quality of life because you become more open to experiences of happiness and acceptance while paying less attention to unproductive self-talk and negatively toned ruminations.

A Mindfulness Questionnaire

Instructions: Answer these questions to explore how a mindfulness-based approach might help you cope with depression. If you answer yes to the first question and to three or more of the other questions, you may want to add the mindfulness path to your plan for wellness.

Question	Yes	No	Comment
Are you at the point where your depression is in fairly good control and you think you could concentrate on learning to use mindfulness practices?			
Have you had more than one episode of depression and you want to find ways to cut the chances of depression returning?			
Do you get preoccupied with negative or worrisome thinking and have trouble putting these thoughts aside?			
Do you think you need to open yourself up to an increased sense of self-acceptance and self-compassion?			
Do you often find yourself engaging in “mindless” activities in which you are not fully aware of the richness of your life experiences?			
Do you need to work on ways to be less stressed?			
Have you ever tried meditation and found it helpful?			
Would you like to learn more about mindfulness as a way of improving quality of life and controlling depression?			

2. *Learn about the downsides of “mindlessness.”* In Chapter 13, you’ll have the opportunity to take an inventory to see whether you have fallen prey to some of the common features of mindlessness, such as:

- Daydreaming or letting your mind drift when you could be appreciating good things that are “right under your nose.”
- Listening to someone with one ear while doing something else at the same time.
- Worrying about the past or future without having much awareness of the present moment.
- Driving your car or doing other routine activities while on “automatic pilot”—then realizing that you had little memory of what happened while you were engaged in that activity.

Spotting these types of “mindless” activities can help you develop a more centered and mindful way of engaging in activities of everyday life.

3. *Learn how to use basic meditation methods.* Simple meditation practices such as paying attention to your breath or other sensations in your body are part of the mindfulness-based cognitive therapy program. You don’t have to have extensive training in meditation to gain help from these practices, so we suggest some easy-to-use methods for building meditation skills in Chapter 13. If you find these practices helpful and wish to expand your knowledge and application of mindfulness, you might consider starting more formal training in meditation.

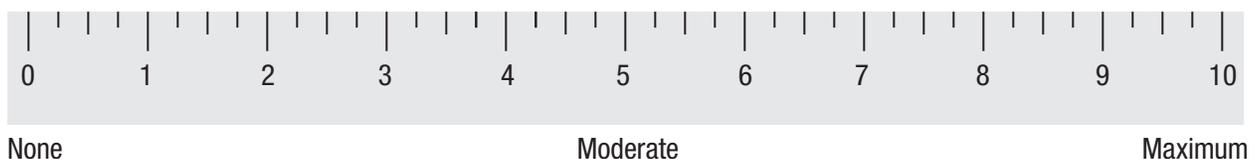
Exercise 3.11 on the previous page might help you identify some reasons to explore the mindfulness path as part of your plan for overcoming depression.

After answering these questions, you should have a better sense of how much you want to use the mindfulness path in your journey out of depression. So take a moment now to rate your interest using Exercise 3.12.

EXERCISE 3.12

My Interest in Using the Mindfulness Path

Instructions: Place a mark on the ruler to indicate your interest in using the mindfulness path to overcome depression.



Charting a Course to Recovery

Our next step is to pull all of your ratings together to get a “dashboard” display of the paths that you might want to take to overcome depression. To do Exercise 3.13, just leaf back through this chapter to retrieve the interest scores that you gave to each of the paths. If you have any specific ideas about things you would like to try or questions that you want to answer as you read this book, you can write these down in the comments column.

Before you complete the exercise, we want to return for a moment to the concept of using evidence-based treatments. In discussing the possible paths to recovery, we have suggested many different ideas for charting an effective course. The scientific evidence is greater for some of these approaches than for others, so in our clinical work we typically recommend one of the biological treatments and/or psychotherapies that have been demonstrated to be effective in a large number of studies. The other strategies, such as lifestyle changes or using the spiritual and/or mindfulness paths, can then be used to augment the basic treatment initiatives. So, if your symptom rating on the Patient Health Questionnaire–9 (PHQ-9) introduced in Chapter 1 indicates significant depression, we suggest that you get professional help in using one of the very well-established, scientifically proven treatments.

To help organize your work in the book, you may want to work first on chapters that discuss paths that you think might be the most helpful. The chart below shows which chapters discuss each path.

Chapter Organization
Breaking Free from Depression: Pathways to Wellness -

Path to recovery	Chapter numbers	Title
The thoughts–action path	4	Fighting Negative Thinking
	5	Restoring Energy and Enjoying Life
	6	Building Self-Esteem and Using Strengths
	7	Enhancing Well-Being
The biology path	8	Getting the Most from Antidepressants
The relationship path	9	The People in Your Life: How Relationships Can Influence Recovery from Depression
	10	Managing Relationship Problems to Improve Depression
The lifestyle path	11	Lifestyle Changes
The spiritual path	12	Using Spiritual Resources
The mindfulness path	13	Mindfulness

Instructions: Record the interest ratings you made for each of the paths to wellness here. Then make some notes about how you might like to use the paths.

Path to recovery	Interest score	Comments
Thoughts–action path		
Biology path		
Relationship path		
Lifestyle path		
Spiritual path		
Mindfulness path		

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Summary

The path to recovery can focus on using a single approach such as an antidepressant or a proven form of psychotherapy. But people who want to develop a more diverse and multitextured path can select from a range of potentially useful strategies. In this chapter we suggest that you choose at least one of the evidence-based approaches that has been shown to be effective for depression and that you strengthen your plan by drawing from the rich resources of other paths to wellness. As you work through the remaining chapters in this book, you'll be able to learn about many powerful methods for putting depression behind you.