

# **DEPRESSION AS RESISTANCE TO TREATMENT**

# Workshop Outline

- Introduction—the nature of depression
- The nature of resistance
- The purpose of defenses
- Two types of depression
  - Self hate
  - Plain vanilla depression
- The therapist's job

# **MISCONCEPTIONS ABOUT DEPRESSION**

# The epidemic of depression

- Age of onset gets younger, frequency increases
- Seven percent of Americans will have a MDD episode
- Other forms add up to 25 percent
- 20 percent at any given time
- 15 percent of MDDs will die by suicide

# Impact of Depression

- Depression is the second biggest public health problem in the world—World Bank and WHO
- As debilitating as blindness or paraplegia
- Second only to cancer in terms of economic impact
- 41,000 suicides annually—about the same as deaths from breast cancer

# More True Facts

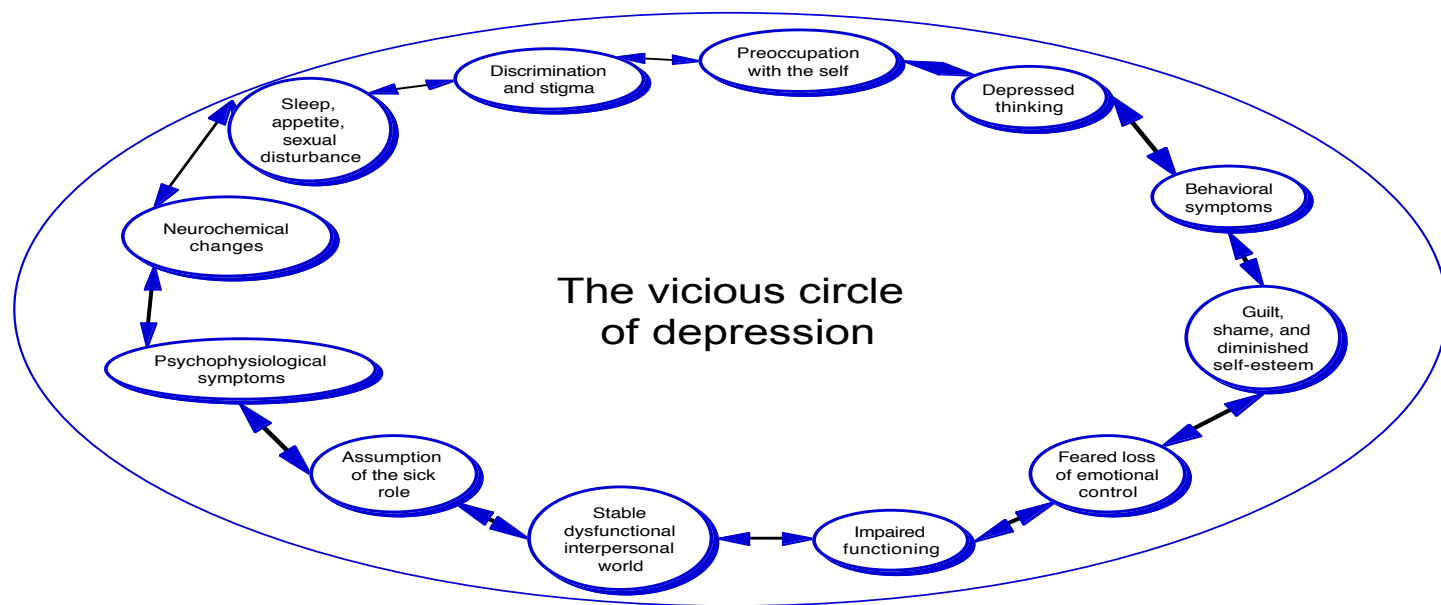
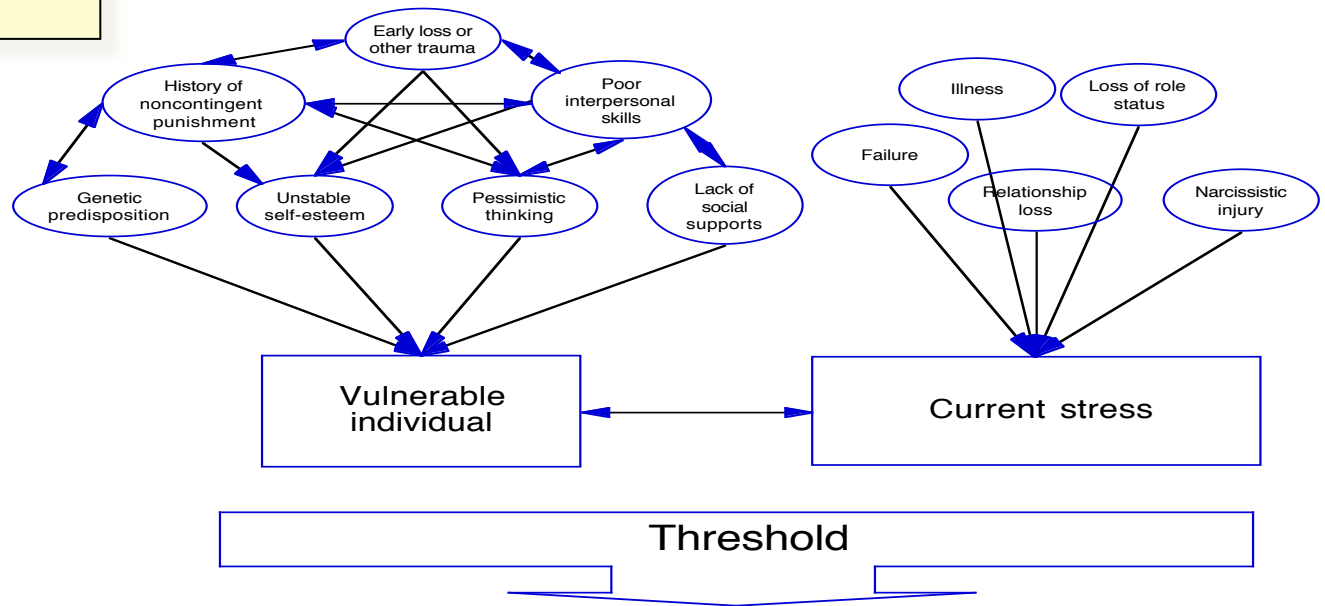
- Depression is now ten times as prevalent as a generation ago
- The average age of onset has gone from 30 to 15 years old
- Besides depression, 17 percent of us suffer from debilitating anxiety
- More than half of patients with major depression also meet the formal diagnostic criteria for an anxiety disorder
- **Depression is a chronic, recurring disease.**

# Diagnostic Distinctions

- Major Depression
- Dysthymia
- DDNOS
- Adjustment Disorder
- Bipolar Disorder

# **DEPRESSION AS A VICIOUS SYSTEM**





A biopsychosocial model of depression

# Predisposing factors

- **Vulnerabilities**
- **Stressors**

# Vulnerabilities

- **Genetic Predisposition**
- **Rotten Childhood**
- **Poor Interpersonal Skills**
- **Lack of Social Supports**
- **Unstable Self-Esteem**
- **Pessimistic Thinking**
- **Early Loss and Other Trauma**
- ...

# Vulnerabilities

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# Stresses

- **Illness**
- **Failure**
- **Loss of Relationship**
- **Loss of Role Status**
- **Narcissistic Injury**
- **Social Stress**

# The Vicious Circle of Depression

- Preoccupation with the Self
- Depressed Thinking
- Behavioral Symptoms
- Guilt, Shame, and Diminished Self-Esteem
- Feared Loss of Emotional Control
- Impaired Functioning
- Development of a Stable, Dysfunctional Interpersonal World
- Assumption of the Sick Role
- Physiological Symptoms
- Neurochemical Changes
- Vegetative Signs
- Discrimination and Stigma

# Depression and the brain

- Elevated stress hormones
- Impaired immune response
- Greater risk of heart attack
- Dopamine, a pleasure neurotransmitter, is reduced
- Receptor sites for endorphins wither away
- “Excess mortality”

The Defensive Purposes of Depression

# **ENGAGEMENT AND RESISTANCE**



# Defenses

- Anxiety may be a response to a threat to the coherence of the self; a conflict between a wish and a fear
- Purpose of defenses: responses of the automatic self to reduce anxiety
- Method: distort reality to make it seem more acceptable to our expectations
- Defenses enable us to cope with much of contemporary life

# Why defenses can be self-destructive

- By definition, they distort reality, sometimes so much that we're not aware of input we should be paying attention to.
- They easily become habitual, automatic responses to stimuli that work so effectively that we become unaware of the stimuli that provoke their use.
- Thus we lose awareness of our emotions: anger becomes contempt; the wish to connect becomes withdrawal.
- With overuse, they distort character.

# Defensive style and personality

- Rachel's story
- Character armor
- Emotions usually end up being expressed ironically or self-destructively

# Two Routes to Depression

- Self hate
- Really rotten childhood
- Abuse/neglect/trauma
- Primitive defenses: splitting, dissociation, severe denial
- Often highly self-destructive, little self-control
- Difficult to relate and connect; they scare us
- Plain vanilla depression
- Survives childhood relatively intact, with ability to relate, impulse control, etc.
- Stuck in a now-win situation that has begun the vicious system of depression
- Healthier defenses like intellectualization, black humor, “depressive realism”
- We might like them

- But it's not a polarity, not two different diagnoses or personality types; rather
  - It's a continuum
  - They're all trying not to feel

# The self hate paradigm

- Automatic beliefs: *I'm not worthy. I'm different, ugly, inadequate, guilty.*
- Always sees: Own faults and failings. Often tormented by guilty or shameful feelings from the past.
- Never sees: Own virtues, which may be considerable. A guilty conscience often makes this person ethical, considerate, reliable.
- Emotional style: Often shy, withdrawn, sometimes moody, sometimes seeks excessive reassurance. Sometimes the “good soldier” —does his duty but quick to take the blame.

# The origins of self hate

# Unconscious guilt and shame

- Guilt and shame—distinctions?



# Symptoms and manifestations of self hate

# Self hate in relationships

# Self hate and the assumptive world

# Spotting and stopping self hate

# Negative thinking

- Automatic Negative Thoughts
- The Inner Critic at work again

# The path to recovery

# Coping with a traumatic past

- Get into a mindful state
- Explore the connection between the past trauma and the present self-destructive behavior
- What are your triggers? Make a list.
- Work on emotional control
- Write out the story on successive nights. Add detail, and edit.
- Work on radical acceptance

# Plain vanilla depression (and anxiety)

- Depression and Anxiety



# Plain vanilla depression (and anxiety)

- Depression and Anxiety

# The Depressed Paradigm

- Automatic beliefs: *It's all my fault, but there's nothing I can do. I'm helpless, hopeless, blameworthy.*
- Always sees: Defeat, guilt, and blame. Good things are mere accidents, bad things are my fault.
- Never sees: Evidence that things are not so bad. Blind to own self-destructive behavior patterns.
- Emotional style: Withdrawn, pessimistic, slowed down, stuck, can't make decisions.

# Depressed self-destructive behaviors

Overeating to comfort yourself, a consolation prize  
Social isolation because you don't feel worthy of attention  
Substance abuse  
Procrastination—for all kinds of reasons  
A cycle of overwork and collapse  
Staying in destructive situations—letting your partner, boss, or coworkers take advantage of you  
Neglecting your health because you don't feel you're worth the effort  
Poor sleep (insomnia or waking at 4 A.M. and obsessively ruminating is a classic sign of depression)

- Not exercising—you don't have the energy and you don't think it'll do any good
- Refusal to ask for help because you're ashamed and guilty
- Suffering in silence (not expressing your feelings is both a cause and symptom of depression)
- Depressed shopping, spending money you don't have to buy things you hope will make you feel better
- Parasuicide: nonfatal suicide attempts, suicidal gestures
- Self-mutilation
- Anorexia/bulimia
- “Wearing the victim sign”: unconsciously communicating that you can be taken advantage of

# Depressed thinking

- *If a bad thing is true once, it's always true. If it's true in these circumstances, it's true in all similar circumstances.*
- *Bad events count more than good events.*
- *When things go wrong, it's my fault. When things go right, I got lucky.*
- *Everyone is watching me all the time, especially when I slip up. When things go wrong, it's because of something I did wrong.*
- *Things have to be perfect all the time. The minute any little thing goes wrong, everything will start to fall apart.*
- *Everything is always good or bad, black or white, with no shades of gray.*
- *Whatever I feel is true.*
- *I'm fundamentally different from others: I'm damaged, guilty, weak, inadequate, flawed, doomed. . . .*

# Recovery from depression

# The Anxiety Paradigm

- Automatic beliefs: *I can't handle it, and it keeps getting worse. There's so much to worry about that it's killing me.*
- Always sees: Danger, threats, worries. Feelings of inadequacy.
- Never sees: That “thinking” will not provide relief from excessive worry.
- Emotional style: Worried, anxious, preoccupied. Not emotionally available. Seeking reassurance drives others away.

# Living with Anxiety

# Shame and Stigma



# Anxiety as resistance

Principles of treatment

# **THE THERAPIST'S JOB**

# Resistance and Countertransference

- Fear of hope
- Moving on from guilt
- Mobilizing feelings
- Feelings vs. moods
- The goal is not happiness but the freedom to experience life

# MOOD JOURNAL

Date, time	Mood change	Externals (who, what, where, other unusual circumstances)	Internals (thoughts, fantasies, memories)	"Normal" feelings	Mood/ feeling agreement (1-10)

Instructions: When you detect a shift in mood, , write down the change (e.g., from neutral to sad), the external circumstances (what you were doing, where, with whom), and the internal circumstances (what you were thinking about, daydreaming, or remembering). Then based on those external and internal circumstances, describe how you think a "normal" person might feel (e.g., sad, angry, happy, proud). Then rate how much your mood agrees with "normal" feelings (1= no agreement, 10 = complete agreement).

# Developing Will Power and Self Control

# Learn will power like juggling

- Avoid triggers and enablers
- It's usually worse than you expect
- But it's not as bad as you fear
- Don't try unless you're ready
- Keep practicing
- Ask for help
- Keep your eyes on the prize—the ennobling journey
- Reward yourself
- Don't obsess—distract
- Don't let a slip kill your resolve
- Savor the positive results

# Healthy Defenses

<b>Defense</b>	<b>Definition</b>
<b>Suppression</b>	The conscious effort to put disturbing thoughts or feelings out of mind.
<b>Altruism</b>	Doing for others as we would like to be done by. Done mindfully, it gives the self some gratification and does not belittle the recipient.
<b>Sublimation</b>	The indirect or attenuated expression of wishes and feelings that cannot be expressed directly. Writing a fictional story about fathers and sons rather than killing your father.
<b>Anticipation</b>	Spreading anxiety out over time by planning and taking preliminary measures. Hopefully you do this all the time, and never suspected it was a psychological defense.
<b>Humor</b>	Expressing aggression or anxiety in a socially acceptable form through jokes or wit.
<b>Acceptance</b>	Experiencing feelings without being overwhelmed by them; coming to terms with the limitations of our abilities, the inevitability of suffering, the shortness of life.

# MINDFULNESS

- **Mindfulness means becoming more alert, thoughtful, deliberate; not reacting automatically to emotions; more curious, more ready to look beneath the surface, more ready to withhold judgment; kinder, more patient, more tolerant.**
- **Mindfulness is the process of simply trying to witness and observe one's thought processes, behavior, and reactions to others without judging. It is the ability to see oneself with an increased clarity; and most importantly, with compassion or lightness.**
- **Mindfulness as a quality of perception: out of the box, noncategorical, aware of all information.**



# Mindfulness Exercises

- Spend time each day in reflection
- Monitor associations
- Pay attention to dreams
- Look for patterns in your life
- Listen to your body
- Ask your loved ones
- Look at your autobiography

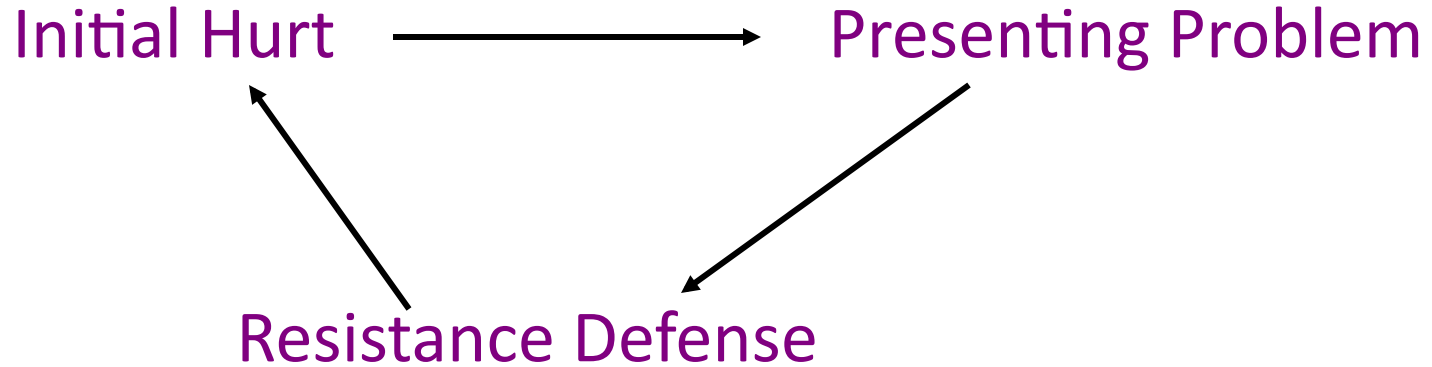
1. TAKE A HISTORY!

2. WHY NOW?

3. WHAT'S THE LINK?

# **GENETIC AND DYNAMIC DIAGNOSIS**

# The Present and Chronically Endured Pain



# Past and Present

# Keeping the Therapist Engaged

# Depression as resistance

## Velma's Story

# **OVERCOMING SELF-DESTRUCTIVE BEHAVIOR**

# Practicing Impulse Control

- Get into a mindful state
- Control anxiety
- Don't listen to the Sirens
- Visualize the results of being strong
- Wait five more minutes
- Keep your eyes on the prize



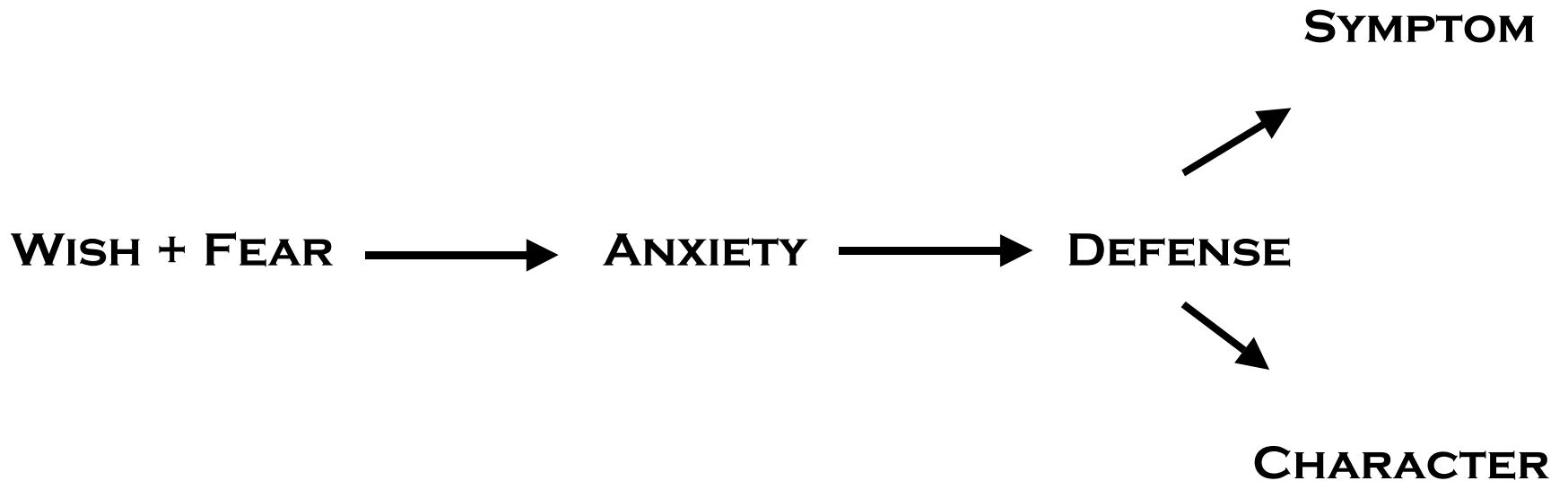
# Skills of Recovery

- Mindfulness/detachment
- Observing eye/noticing the chatter in the head
- Compassionate curiosity
- Allowing feelings
- Awareness of boundaries
- Pace, tempo, organization, work habits
- Rewarding the self
- Cognitive Skills
- Interpersonal Skills

# Use of Self

- Awareness of our own feelings
- Talking about the relationship
- Spontaneity and self-disclosure
- The therapist's depression
- Taking care of ourselves

# Psychodynamic paradigm



Habits the patient learns to sustain  
the depression

## **THE SKILLS OF DEPRESSION**

# ***Cognitive Skills***

- **Pessimism**
- **Negative Self-Talk**
- **Passivity**
- **Selective Attention**
- **Depressed Logic**

# Tenets of Cognitive Therapy

- The Cognitive Triad
  - Distortions of self
  - Distortions of present experience
  - Distortions of future
- Rigid schemas
- Faulty information processing

**GOOD THINGS ARE  
TRANSITORY, LIMITED IN  
SCOPE, AND SHEER LUCK.**

**BAD THINGS ARE  
PERMANENT, PERVASIVE IN  
IMPACT, AND MY FAULT.**

# Attributional Style

<h2>Stable vs. Unstable</h2>	
If it happened once, it'll happen again	Today was bad, but tomorrow may be better
<h2>Global vs. Specific</h2>	
If it's true here, it's true everywhere	If it's true here, it may or may not be true elsewhere
<h2>Internal vs. External</h2>	
I was the cause of that event	There were many causes of that event



# Depressed Attributional Style

<b>Stable vs. Unstable</b>	
Things are always rotten	Things are sometimes rotten
<b>Global vs. Specific</b>	
Things are rotten everywhere	Things are rotten here, but may be better elsewhere
<b>Internal vs. External</b>	
It's my fault that things are rotten everywhere	There are many forces involved when things are rotten

# ***Emotional Skills***

- **Isolation of Affect**
- **Somatization**
- **Denial**
- **Intellectualization**
- **Projection**
- **Externalization and Internalization**
- **Rageaholism**
- **Anhedonia**
- **Envy and Begrudgery**
- **Hopelessness**
- **Apathy**

# ***Behavioral Skills***

- **Procrastination**
- **Lethargy**
- **Work Till You Drop**
- **Compulsions (inc. eating disorders)**
- **Adrenaline Addiction**
- **Inability to Prioritize**
- **Victimizing, Violence, and Acting Out**
- **Victimization, Acting In, and Self-Mutilation**
- **The Link with ADHD**

# ***Interpersonal Skills***

- **Recruiting Accomplices**
- **Social Isolation**
- **Dependency**
- **Counterdependency**
- **Perseveration**
- **Passive Aggression**
- **Porous Boundaries**

# ***Treatment of the Self***

- **Impossible Goals, Low Expectations**
- **Inability to Nurture, Sustain, And Soothe**
- **Passive Aggression Against the Self**
- **Active Aggression Against the Self;  
Masochism and suicide**

# Aphorisms of Depression

- Problems and symptoms are not the same
- Depression is a disease
- If I change what I do, I can change how I feel
- I need to reconnect with my emotional life
- I need to identify and correct self-destructive thinking and behavior patterns
- I need to let my guard down
- I need to learn to take care of myself
- I need to practice detachment
- Change can come from anywhere
- There is a part of me that doesn't want to get well
- I am more than my depression
- Depression is a social problem

# Basics of Good Self-Care

- Exercise moderately but regularly
- Eat healthy but delicious meals
- Regularize your sleep cycle
- Practice good personal hygiene
- Get help for painful conditions
- Don't drink to excess or abuse drugs
- Spend some time every day in play
- Develop recreational outlets that encourage creativity
- Avoid unstructured time
- Limit exposure to mass media

# Self-Care continued

- Distance yourself from destructive situations or people
- Cultivate your sense of humor
- Allow yourself to feel pride in your accomplishments
- Listen to compliments and expressions of affection
- Avoid depressed self-absorption
- Build and use a support system
- Pay more attention to small pleasures and sensations
- Challenge yourself



# Termination Checklist

- Live with Emotions
- Learn Detachment
- Practice Intimacy
- Set Priorities
- Avoid, Alter, Accept
- Practice Self-Care
- Practice Responsibility
- Find Community
- Bibliotherapy