Information Handout

Professional Version | US English

What Keeps Depression Going?



PSYCHOLOGY**TO®LS**®

Description

Everyone feels 'down' from time to time, but when you are depressed, your low mood can last for weeks at a time. While mild depression might not stop you from living your life, severe depression can make you feel suicidal and unable to function normally. Common symptoms of depression include:

- Feeling dejected or down for most of the time.
- Taking less interest in things that interested you before.
- Feeling fatigued or tired.
- Sleeping too much or too little.
- Feeling worthless, guilty, or very self-critical.
- Feeling indecisive or unable to concentrate.
- Thinking often of death or suicide, behaving suicidally, or harming yourself.
- Eating too little or too much.
- Feeling agitated, unable to sit still, or moving and speaking more slowly than normal.

Research studies have shown that Cognitive Behavioral Therapy (CBT) is one of the most effective treatments for depression (Cuijpers et al, 2020). CBT therapists work a bit like firefighters: while the fire is burning they aren't very interested in what caused it, but are more focused on what is keeping it going, and what they can do to put it out. This is because if they can work out what keeps a problem going, they can treat the problem by 'removing the fuel' and interrupting this maintaining cycle. Modern approaches to treating depression stem from earlier advancements. In the 1970's, psychologist Charles Ferster published an influential behavioral account of depression. At the same time, psychiatrist Aaron Beck was beginning to describe cognitive aspects of depression. The What Keeps Depression Going? information handout describes some of the key factors identified by these two approaches which act to maintain depression. It illustrates the maintaining factors in a vicious flower format, in which each 'petal' represents a separate maintenance cycle. Helping clients to formulate a model of their experiences is an essential part of cognitive behavioral therapy for depression. Therapists can use this handout as a focus for discussion, or as a template from which to formulate an idiosyncratic model of a client's experiences.

Instructions

Suggested Question

One interesting way of thinking about depression is to look at why, for some people, it does not get better by itself. This handout shows some of the most common reasons why some people's depression persists. I wonder if we could look at it together and think about whether it describes what is happening for you?

References

Beck, A. T., Rush, A. J., Shaw, B. F., Emery, G. (1979). Cognitive Therapy of Depression. New York: Guilford press.

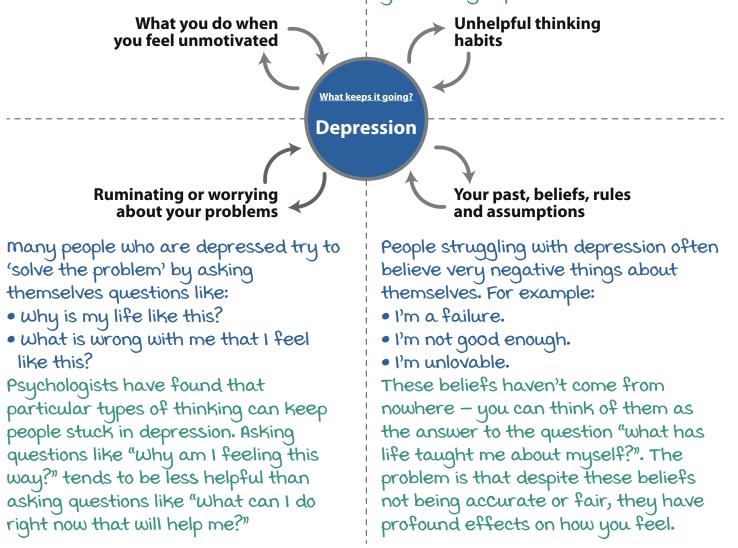
Cuijpers, P., Quero, S., Noma, H., Ciharova, M., Miguel, C., Karyotaki, E., ... & Furukawa, T. A. (2020). Psychotherapies for depression: a network meta-analysis covering efficacy, acceptability and long-term outcomes of all main treatment types. *World Psychiatry*, 20(2), 283-293.

Ferster, C. B. (1973). A functional analysis of depression. American Psychologist, 28(10), 857.

When you are depressed, you feel less motivated to do the things you used to enjoy, or to spend time with people you like. Without feelings of motivation it is often easier to avoid doing things. Following the demotivated feeling and avoiding these activities means that you are missing out on key ingredients for wellbeing, making you feel even less energetic, and even more demotivated.

All of us have 'automatic thoughts' that pop into our minds.

When you are depressed, your thinking can become distorted or biased without you realizing it. It is like your mind starts taking unhelpful 'shortcuts' with thinking. This causes your thinking to become negative or self critical, leaving you feeling hopeless.



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Resource details

Title: What Keeps Depression Going?
Type: Information Handout
Language: English (US)
Translated title: What Keeps Depression Going?

URL: https://www.psychologytools.com/resource/what-keeps-depression-going Resource format: Professional Version: 20230721 Last updated by: JP

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