Use mind over mood to beat depression

Malcolm Falconer

Last month I explained the history and basic structure of cognitive behavioural therapy (CBT). This is a very useful approach for treating depression because the five-part model allows those with depression to break up a seemingly confusing and chaotic mess into its component parts.

People with depression are, naturally, most concerned about their low mood – it is the thing they notice the most and becomes their focus of attention. It is the identifying point that tells them something is wrong, because they are not "feeling" as good as they would like to "feel". This "bad" feeling becomes the decision making focus, or matrix. It may seem logical to not want to do something if you don't feel good, but it also sets up the vicious cycle of depression, as shown in Figure 1.

Letting the mood drive the body, actions and thinking is like standing in a bucket and trying to pick yourself up

The low mood, and the way it influences decision making, exacerbates and accentuates the other symptoms of depression. If you don't feel good, then staying in bed seems the best thing to do, which exacerbates insomnia and fatigue and reduces appetite. These are the physical symptoms of depression.

When mood makes physiological symptoms worse, behavioural symptoms also deteriorate. When you don't feel good, are tired and prefer to stay in bed, problem solving and attending to daily tasks in the here and now become compromised.

Inactivity exacerbates the decrease in motivation caused by depression and so the low mood, tiredness and fatigue are further compromised by depressed behaviours. As a result, the cognitive aspect of depression deteriorates.

The self-talk, or commentary of "what's the point" or learned helplessness, is also driven lower by the mood, particularly when accompanied by physiological and behavioural deterioration. So, the mood affects the body, behaviour and thinking and these in turn affect the mood.

Desperate attempt to get free of the mood

Suicidal ideation in depressed people is almost always a desperate attempt to get free of the mood; it is seldom a conscious cognitive appraisal. Suicide is typically seen by a depressed person as the only option to escape despair.

Letting the mood drive the body, actions and thinking is like standing in a bucket and trying to pick yourself up. You have to get out of the bucket – your mood – to pick yourself up.

CBT encourages the person with depression to use "mind over mood", as the title of the book by Padesky and Greenberger – referred to in my first article (*New Zealand Doctor*, 6 October) – suggests. Using mood as a decision-making matrix is never going to change depression, especially when mood can change 180 degrees in 180 minutes. The decision-making matrix has to shift to something more reliable.

A more helpful and reliable decision-making matrix for people with depression is to check if their body is capable of taking action. If so, then what action needs to be taken? This is the CBT decision-making criterion; only by getting the mood out of the equation can hopelessness turn into hope.

Using the five-part model for depression

Using an analogy of a car, the body is the engine, the behaviours are the accelerator and the brake, the cognitions are the driver – or the commentary the driver is listening to – and the mood is the speedometer.

For most depressed people, the speedo is reading 0–2 – "stop" or "stuck" – but they want it to be reading 100kph. They don't like feeling mad, sad, bad or scared – they want to feel happy, light and free of fear.

But you can't break the glass on a speedo, force the gauge from 0kph to 100kph and get the sensation of speed. This is like asking a GP to give you a pill to make you feel better – it will take a very strong pill and you may feel good, but you may not be up to much. To change the speedo, or the way you feel, you have to get the engine running – attend to sleep, exercise and diet. If that is not enough, then a selective serotonin-reuptake inhibitor often sorts out insomnia or hypersomnia and fatigue.

The next step is to attend to behaviour, or to get the handbrake off and the accelerator down – reduce avoidance and attend to basic tasks. Most people with depression report feeling "stuck" and unable to do anything, because everything seems too hard. So making a list of five things to do in the here and now, starting with the easiest targets – have a shave, have a bath, clean the house, go to the shops and buy food, check the emails, pay some bills – get people into action.

A list is necessary because people with depression won't always think of what to do, or they will think of the really difficult things and not see the point of doing anything. The other benefit of the list is that at the end of the day, when they tick off three to four of the five things on the list, they get a bit of good feeling and belief in themselves – what we call self-efficacy.

This of course also reduces negative cognitions. When they do the things on the list, people with depression may not be doing record time down a racing track, but they are getting the car out of the garage and going to the corner store. This restores confidence and gets them thinking they are not so hopeless or helpless, or as much of a failure as they believed.

However, they will take medication, improve sleep patterns, attend to basics and think some less negative thoughts for a while before their mood changes. Mood is often the last thing to change, and the tipping point is often precarious.

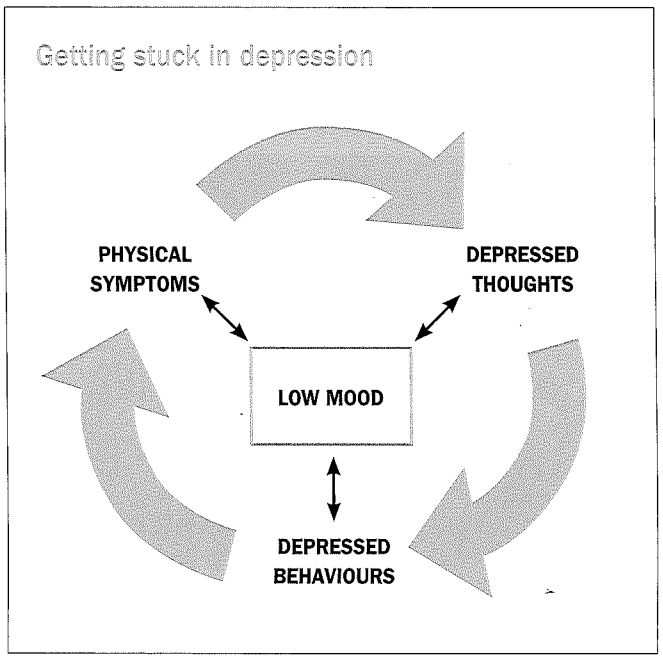

Figure 1. The vicious cycle of depression

We strive for congruence and when we are sleeping well, exercising, experiencing a good appetite, behavioural activation is under way and thoughts are not intruding, but our mood is still flat, we experience cognitive dissonance. This is uncomfortable and to achieve congruence either our mood has to lift and come into line with our body, action and thinking, or our body, action and thinking will all come into line with our mood – which is depressed.

Mood takes longer to change because low serotonin levels prevent or reduce the level of good feeling, so the benefits of action are sometimes elusive. People with depression may have to "fake it till they make it" – keep sleeping, exercising and eating well, attending to the basics and checking their negative thoughts for a while before they feel good, but keep doing it anyway.

This is the premise behind the John Kirwin ads – mental health is not a feeling, it's an action. You'll find even more information is on www.depression.org.nz

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