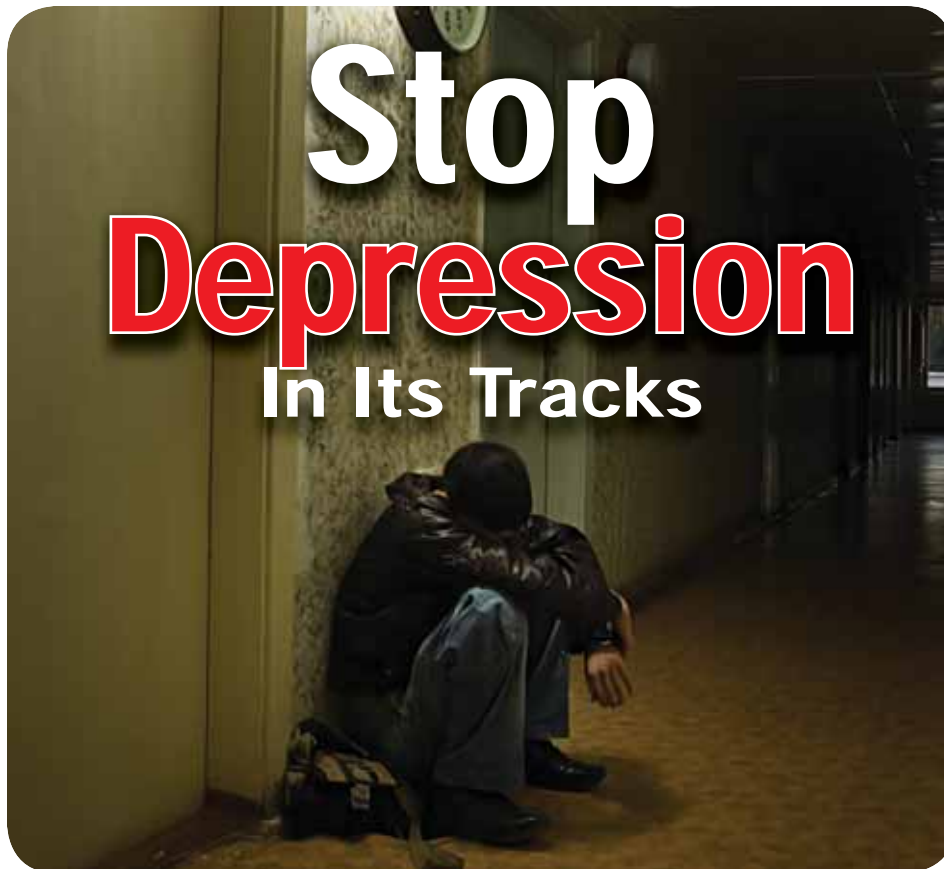




Dialogue

For People Who ENJOY Learning About Themselves!

September 2008



Stop Depression In Its Tracks

Subconsciously Getting Depressed to Manipulate

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 People who subconsciously create depression to manipulate others have very poor relationships with everyone they target. They can become chronically depressed if they do it as a regular way of getting along in life.

We don't get depressed in a second. We get depressed in a series of well-defined steps. You can stop depression in its tracks if you deal with each step along the way.

Finding Your Own "Depression Cycle"

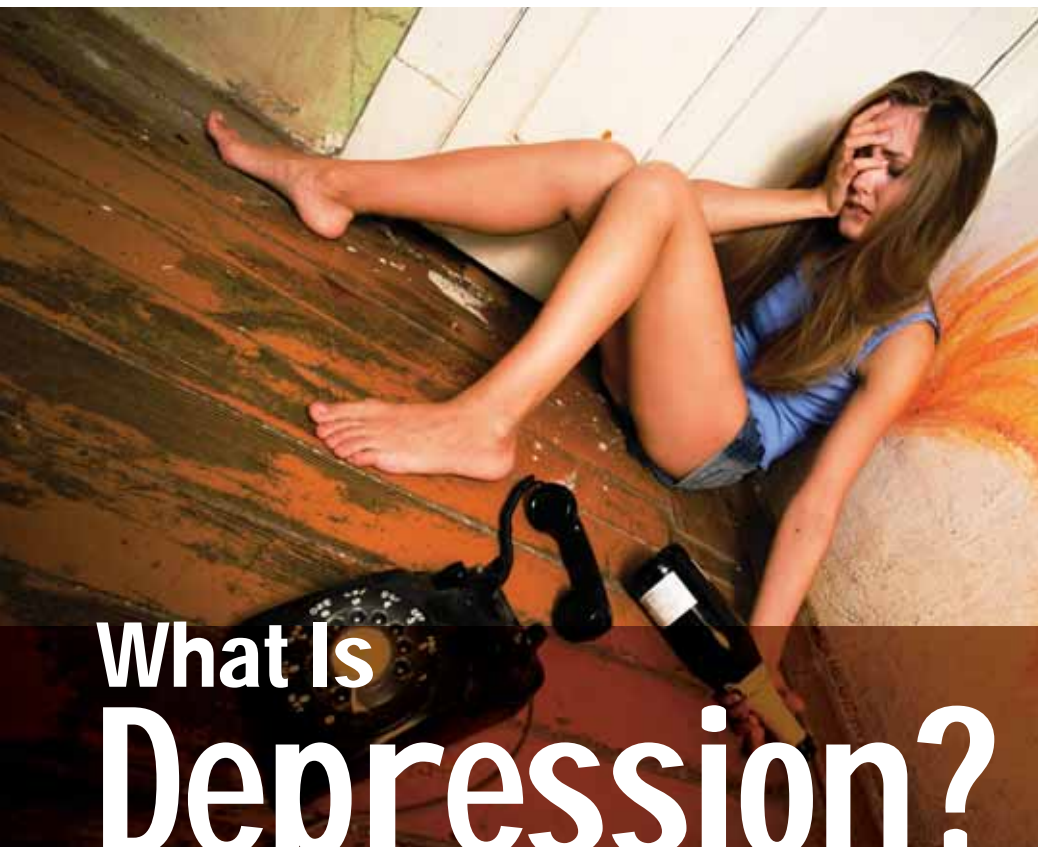
I'll be giving you three examples of typical depression cycles. None of these will be exactly like your own cycle, but by reading each of them closely you will learn a lot about the steps you go through on your way to depression.

Read all the way down the left column first. Then read each row, left to right.

Play with the second column as if it were a puzzle. Come up with your own ideas about how each step could be changed. Practicing this kind of thinking can help a lot the next time you start to feel depressed.

THE STEPS:	THE FIXES:
1) "I feel entitled to what I want from you."	"I know I'm not entitled to anything that doesn't involve a signed contract, or at least a verbal commitment. Even then, I sometimes have to tolerate not getting what I want."
2) "I'm angry but I won't admit it."	"I know I'm angry." "I can at least admit it to myself." "I can find good ways to tell you I'm angry."
3) "I'll blame you and make you feel guilty."	"I'll ask directly for what I want." "If I don't get it the first time, I'll ask again." "If I still don't get it, I'll talk with you to try to figure out some clever way we can both get what we want."
4) "I'll suffer at you until you give me what I want."	"Doing without what I want would be easier than all this suffering." "There are many other things I want that I can go for."
5) "If I don't get what I want, I'll sulk quietly and make you watch me."	"Pouting and sulking only hurts me."
6) "The sulking seems real and necessary to me now."	"Sulking is optional. Why would I do that to me?"
7) "I'm depressed."	Go back to step #1.

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What Is Depression?

Everyone occasionally feels blue or sad, but these feelings are usually fleeting and pass within a couple of days. When a person has a depressive disorder, it interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her. Depression is a common but serious illness, and most who experience it need treatment to get better.

Many people with a depressive illness never seek treatment. But the vast majority, even those with the most severe depression, can get better with treatment.

What are the symptoms of depression?

The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

Symptoms may include:

- Persistent sad, anxious or “empty” feelings
- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex

- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment

What illnesses often co-exist with depression?

Depression often co-exists with other illnesses.

Anxiety disorders, such as post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, panic disorder, social phobia and generalized anxiety disorder, often accompany depression. People experiencing PTSD are especially prone to having co-occurring depression.

People with PTSD often re-live the traumatic event in flashbacks, memories or nightmares. Other symptoms include irritability, anger outbursts, intense guilt, and avoidance of thinking or talking about the traumatic ordeal. Researchers found that more than 40 percent of people with

PTSD also had depression at one-month and four-month intervals after the traumatic event.

Alcohol and other substance abuse or dependence may also co-occur with depression. In fact, research has indicated that the co-existence of mood disorders and substance abuse is pervasive among the U.S. population.

Depression also often co-exists with other serious medical illnesses such as heart disease, stroke, cancer, hiv/aids, diabetes, and Parkinson’s disease. Studies have shown that people who have depression in addition to another serious medical illness tend to have more severe symptoms of both depression and the medical illness, more difficulty adapting to their medical condition, and more medical costs than those who do not have co-existing depression. Research has yielded increasing evidence that treating the depression can also help improve the outcome of treating the co-occurring illness.

What causes depression?

There is no single known cause of depression. Rather, it likely results from a combination of genetic, biochemical, environmental, and psychological factors.

Research indicates that depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appear to function abnormally. In addition, important neurotransmitters—chemicals that brain cells use to communicate—appear to be out of balance.

Some types of depression tend to run in families, suggesting a genetic link. However, depression can occur in people without family histories of depression as well. Genetics research indicates that risk for depression results from the influence of multiple genes acting together with environmental or other factors.

In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive epi-

sode. Subsequent depressive episodes may occur with or without an obvious trigger.

How is depression detected and treated?

Depression, even the most severe cases, is a highly treatable disorder. As with many illnesses, the earlier that treatment can begin, the more effective it is and the greater the likelihood that recurrence can be prevented.

The first step to getting appropriate treatment is to visit a doctor. Certain medications, and some medical conditions such as viruses or a thyroid disorder, can cause the same symptoms as depression. A doctor can rule out these possibilities by conducting a physical examination, interview and lab tests. If the doctor can eliminate a medical condition as a cause, the patient can be referred to a mental health professional.

The mental health professional will conduct a complete diagnostic evaluation. He or she should discuss any family history of depression, and get a complete history of symptoms, e.g., when they started, how long they have lasted, their severity, and whether they have occurred before and if so, how they were treated. He or she should also ask if the patient is using alcohol or drugs, and whether the patient is thinking about death or suicide.

Once diagnosed, a person with depression can be treated with a number of methods. The most common treatments are medication and psychotherapy.

Psychotherapy

Psychotherapy—or “talk therapy”—can help people with depression.

Some regimens are short-term (10 to 20 weeks) and other regimens are

longer-term, depending on the needs of the individual. Two main types of psychotherapies—cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT)—have been shown to be effective in treating depression. By teaching new ways of thinking and behaving, CBT helps people change negative styles of thinking and behaving that may contribute to their depression. IPT helps people understand and work through troubled personal relationships that may cause their depression or make it worse.

For mild to moderate depression, psychotherapy may be the best treatment option.

For more information please visit: <http://www.nimh.nih.gov/health/publications/depression/complete-publication.shtml>

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Getting Depressed From Intense Anger



People who get depressed after suffering an incident of major physical or psychological pain can get past their depression if they get away from all danger and get good support from friends and family. They can call a therapist at any stage, but they definitely should call if they are still depressed after a few months.

THE STEPS:	THE FIXES:
1) "You did a terrible thing to me!"	"I've been hurt! How can I soothe myself?" "Who do I know who can soothe me right now?"
2) "I'm hurting, bad."	"I need time to just let myself feel this through, alone or with someone who cares about me."
3) "I'll make you suffer and get even."	"There's no such thing as getting even." "If I make you hurt, I'll still be hurt."
4) "I made you feel bad, and I felt better for a few minutes, but I still feel bad afterwards."	"That short time I felt good about getting revenge wasn't worth it."
5) "I can't win with you. I can only lose."	"Winning and losing isn't what it's about. And I do get some things I want from you even though I don't get everything." "I don't have to stay with you if I don't want to."
6) "I'm depressed."	Go back to step #1.

Getting Depressed From Overlapping Anger



People who get depressed from overlapping anger need a therapist to help them make major changes in their life.

THE STEPS:	THE FIXES:
1) "I'm tired of being angry all the time. But so many things keep going wrong. I get mistreated all the time."	"Is it really all the time?" "Do I notice the things that go right?" "Some people treat me well. How often am I with them?"
2) "It's not worth fighting about anymore. I don't win often enough. It's not worth it."	"I am always worth my own time and energy!" "It's not about winning or losing, it's about doing my best to get what I want."
3) "I'll just give up and go through each day feeling sad about how my life is going."	"I know I have a serious problem and I'm going to get professional help right now."
4) "Nobody can help me."	"That's what therapists do! They help! If I don't like the first one I see, I'll find someone who does help me!"
5) "I've been depressed for so long it seems normal to me now."	"My therapist knows it's not the way life has to go. I'll trust that until I get past these lousy feelings."
6) "Sometimes I think of suicide, or murder, or just flipping out to make people take care of me!"	"It's understandable that you'd have such thoughts, but you have to be positive you'll never do these things before you can get better. Let your therapist help you until you are sure you'll never do these things."
7) "I'll just stay depressed."	No you won't! (No feeling lasts forever. It just seems like it when we feel really bad.) Go back to step #1.

FACTS & STATISTICS: Depression and Bipolar Disorder

Bipolar Disorder Facts and Statistics

- The average age at onset for a first manic episode of bipolar disorder is the early twenties.
- Men and women are equally likely to develop bipolar disorder.
- Bipolar disorder affects approximately 2.3 million American adults annually. (National Institutes of Mental Health)

Depression Facts and Statistics

- Chances for recovery for depressed individuals who seek professional care are very good.
- Through therapy, people can learn coping techniques and problem solving skills to deal with depression and other mental health disorders.
- Support from family and friends plays a crucial role in helping someone with depression.
- Therapy may reduce the chance of future episodes of depression.
- Having one episode of depression greatly increases the risk of having another episode.

- Depression can interfere with daily activities such as work, eating and sleeping.

(This information was published by APA in "How Psychotherapy Helps People Recover from Depression," 1998. To view this article and more, visit <http://www.apahelpcenter.org/articles/>.)

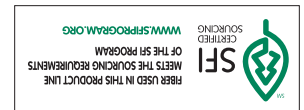
According to the World Health Organization, depression is among the leading causes of disability worldwide.

- An estimated 5.8% of men and 9.5% of women world-wide will experience a depressive episode in any given year. (World Health Organization)
- An estimated 121 million people world-wide currently suffer from depression. (World Health Organization)
- Eight to 20 percent of older adults experience symptoms of depression. (Surgeon General's Report on Mental Health 1999)
- Depression often co-occurs with anxiety disorders and substance abuse. (National Institutes of Mental Health)



- Approximately six million American men suffer from depression. (National Institutes of Mental Health)
- Nearly twice as many American women as men are affected by depression. (National Institutes of Mental Health)
- Approximately 18.8 million American adults have depression. (National Institutes of Mental Health)

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