Out of the Blue: Six non-medication ways to relieve depression

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Challenging Myths

Myths about depression:
Cause is known (biochemical and genetic)
Despite the ads one sees on TV, the cause of depression is not known and has not been established as biochemical or genetic
“For most common diseases, specific genes are almost never associated with more than a 20-30% chance of getting sick,” explains Bryan Welser, CEO of gene discovery company Perlegen Sciences. (Quoted in Wired, Nov. 2009, p. 121)
“The strongest predictor of major depression is still your life experience. There aren’t genes that make you depressed. There are genes that make you vulnerable to depression,” –Kenneth Kendler, M.D., Professor of Psychiatry and Genetics Medical College of Virginia, TIME, March, 2001
Cause determines intervention
Antidepressants are the only effective treatment

What This Presentation Offers

The six strategies: New possibilities for effective intervention
These are alternate approaches to use with clients/patients with whom your usual approaches have not helped or to supplement your current methods and approaches

Latest book

OUT OF THE BLUE
SIX NON-MEDICATION WAYS
TO RELIEVE DEPRESSION
BILL O’HANLON
The Rise in Depressive Disorder

Rates of depression have radically increased in recent years. Treatment for depression has increased by 300% between 1987 and 1997; by 1997, 40% of psychotherapy patients, double the percentage of a decade before, had a diagnosis of a mood disorder. The percentage of the population for depression grew from 2.1% in the early 80s to 3.7% in the early 2000s, an increase of 76%. Use of antidepressants nearly tripled from 1988 to 2000. Immigrants tend to have the same rates of depression as their adopted culture/country rather than the rates of the place from which they came.


The Costs of Depression

WHO estimates that depression is the leading cause of disability for 15- to 44-year-olds.
In the US, economists estimate that depression is responsible for $43 billion in costs every year.

Depression can be devastating

Andrew Solomon
(author of "The NoonDay Demon")

Emily Dickinson
I felt a funeral in my brain

Andrew Solomon
I felt a funeral in my brain and mourners to and fro
Kept treading, treading 'til I thought that sense was breaking through
And when they all were seated, a service like a drum
Kept beating, beating 'til I thought my mind was going numb
And then I heard them lift a box and creak across my soul
With those same boots of lead again then space began to toll
As if the heavens were a bell and being were an ear
And I and silence, some strange race wrecked solitary here
Just then a plank in reason broke and I fell down and down and hit a world at every plunge and finished knowing then
Lincoln’s description of depression

“I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I cannot tell; I awfully forbode I shall not. To remain as I am is impossible; I must die or be better, it appears to me.”

Depression as multi-factored

Biochemistry is only part of the story

The Six Strategies

#1 Marbling
#2 Undoing depression
#3 Shifting relationship with depression
#4 Challenging isolation/restoring and strengthening connections
#5 A future with possibilities
#6 Re-starting brain growth

#1 Marbling

Mapping depresso-land and non-depresso-land
Investigate times and aspects of non-depression while finding out about depressive experience
Focus mainly on depression could add to the problem

A recent study shows that extensive discussions of problems and encouragement of “problem talk,” rehashing the details of problems, speculating about problems, and dwelling on negative affect in particular, leads to a significant increase in the stress hormone cortisol, which predicts increased depression and anxiety over time.


Therapy often focuses on what is wrong

Challenging pessimism and building optimism

One study found that even naturally pessimistic people who spent one week doing exercises in which they identified and wrote down times in the past in which they were at their best, their personal strengths, expressing gratitude to someone they have never properly thanked, and writing down three good things that happened were happier when their happiness levels were measured six months later.


Seligman reports a study done by himself and Jeff Levy with people who scored as severely depressed in a depression inventory. Participants were instructed to recall and write down three good things that happened each day for 15 days. 94% of them went from severely depressed to mildly to moderately depressed during that time.


Positive Psychology can help alleviate depression

A meta-analysis of 51 positive psychology interventions with 4,266 individuals. The results revealed that positive psychology interventions do indeed significantly enhance well-being (mean r 5.29) and decrease depressive symptoms (mean r 5.31).

Acknowledgment and Possibility

An alternative is to move back and forth between discussions of depression and non-depressive moments and experiences.

This not only respectfully acknowledges the person’s painful and discouraging experiences, but gives them a reminder they aren’t and haven’t always been depressed.

It can also illuminate and give hints to skills, abilities and connections that can potentially lead out of depression or at least reduce depression levels.

Letter from Abraham Lincoln to Fanny McCullough after she was distraught over the loss of her father in the Civil War

Dear Fanny

It is with deep grief that I learn of the death of your kind and brave Father; and, especially, that it is affecting your young heart beyond what is common in such cases. In this sad world of ours, sorrow comes to all; and, to the young, it comes with bitterest agony, because it takes them unawares. The older have learned to ever expect it. I am anxious to afford some alleviation of your present distress. Perfect relief is not possible, except with time. You cannot now realize that you will ever feel better. Is this not so? And yet it is a mistake. You are sure to be happy again. To know this, which is certainly true, will make you some less miserable now. I have had experience enough to know what I say; and you need only believe it to feel better at once.

Make maps of depresso-land and non-depresso-land

Compare and contrast and build maps of feelings, actions, thoughts, focus of attention, interactions and contexts associated with both depressive experience and non-depressive experience

Elaine’s maps

Confident/Competent-land
- Gets out of bed by 9 a.m.
- Contacts friends
- Plays music
- Focuses on good things she has accomplished in the past
- Has a job
- Goes to work
- Spends time with women friends

Depresso-land
- Stays in bed until noon
- Doesn’t have a job or quits job
- Eats breakfast foods all day
- Stays alone; talks only to depressed friend or therapist
- Focuses on bad things happening in the future
- Goes to lunch alone
Inclusion

Permission
To and not to
“It’s okay to feel depressed.”
“You don’t have to have hope right now.”

Inclusion of opposites
“You can be hopeless and have hope at the same time.”

Exceptions
“You feel hopeless except when you don’t.”

Discover exceptions, resources and solutions

Find out about moments of non-depression
Find out about what happens when the depression starts to lift differently than during it
Ask why the problem isn’t worse
Import strengths and abilities from contexts of competence

#2 Undoing depression

Pattern intervention
Discover repeating patterns involved with and associated with depressive experience and help the person change those patterns in small or big ways

Patterns of doing, viewing and context
Highlight any places around depression that the person has moments of choice

Depression as a bad trance

Symptom trance vs. coming out of bad trance
Repetition as trance induction
“Your nostrils are closing; your nostrils are closing.”
Undoing depression: Case example

Erickson sends a depressed person to the library

How to do a good depression

Stay still, don’t do anything that makes you breathe fast or hard
Stay in bed if you can; if not, sit in the same chair or lay on the couch
Isolate; avoid other people
If you can’t avoid other people, try to talk to the same person or few people
Talk to them about the same topic, usually how depressed/unhappy you/they are
Sleep during the day and have insomnia at night
Brood on the past, fears, faults and resentments
Imagine the future will be the same or worse than the past or present
Eat terribly; overeat or undereat (whichever one you specialize in), eat junk foods, sugar, fat
Don’t pursue hobbies, passions or spiritual interests
Drink alcohol, smoke cigarettes, and/or use other drugs
Don’t ask for help

Undoing depression: Identifying patterns

Location/places
Activities
Timing/Duration
Sequences
People

#3: Shifting relationship to depression
#3: Shifting relationship to depression

Mindfulness: noticing without judging and noticing variations in sensations, feelings, thoughts and experiences around depression

Externalizing: From domination and intrusion to taking back power from depression

Valuing depression: Stop resisting depression to reduce the suffering

Follow your wound: Making meaning and finding direction from the crisis and pain of depression

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Mindfulness

Noticing without judging

Noticing variations in sensations, feelings, thoughts and experiences around depression

Witnessing rather than getting caught up in; being with

Get curious

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Mindfulness Based Cognitive Therapy (MBCT)

MBCT proved as effective as maintenance anti-depressants in preventing a relapse and more effective in enhancing peoples’ quality of life. The study also showed MBCT to be as cost-effective as prescription drugs in helping people with a history of depression stay well in the longer-term.

Over the 15 months after the trial, 47% of the group following the MBCT course experienced a relapse compared with 60% of those continuing their normal treatment, including anti-depressant drugs. In addition, the group on the MBCT programme reported a higher quality of life, in terms of their overall enjoyment of daily living and physical well-being.


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Mindfulness Based Cognitive Therapy (MBCT)

Other studies:


Externalizing

Help people separate depression from their identity

Speak about depression as an undermining influence

Investigate times when depression has dominated

Investigate times when they have escaped from or stood up to depression

Build on those exceptions to uncover personal qualities and identity stories that show the person to be a hero and competent

Spread the story socially and extend it into the past and the future

Valuing depression

Stop resisting depression to reduce the suffering

Depression can help focus attention and reduce distractibility

Substantial evidence indicates that depression focuses attention on the problems that caused the episode.

Depression promotes analysis and problem-solving by focusing attention on the problem and reducing distractibility.


Depression can help social cooperation and decision making

Happy or secure participants showed shorter decision times and imitated others' behavior, whereas sad or insecure participants exhibited more systematic and rational behavior.

Follow Your Wound

Depression can be a spur to a new life direction

Pissed and Dissed as Life Energies and Guides to Life Directions

Pissed as a clue for what to do with the rest of your life
Dissed as a clue for what to do with the rest of your life
Follow your blisters rather than your bliss

Disrespected: Wounded/Cursed
or
Dissatisfied:
Righteously Indignant/Dissatisfied

Transforming the “negative” energy of anger and hurts into positive energy
Patsy Rodenberg
Voice coach for actors and public speakers

Leonard Cohen:
There’s a crack in everything. That’s how the light gets in.

Ann Rice - A wound transformed
Daughter who died of leukemia at 5. Rice wrote a novel that featured a 5-year-old who could never die. (Interview with a Vampire)

Sam Keen - Wounds as invitations to healing self and others
We all leave childhood with wounds. In time we may transform our liabilities into gifts. The faults that pockmark the psyche may become the source of a man or a woman’s beauty. The injuries we have suffered invite us to assume the most human of all vocations—to heal ourselves and others. –Sam Keen
I thank God for my handicaps, for through them I have found myself, my work and my God. - Helen Keller

Real suffering burns clean; neurotic suffering creates more and more soot. - Marion Woodman

Assessment of the wound

Where have you been wounded?

Where or about what have you been cursed?

What would you like to change about the world or other people?

What would you talk about if given an hour of prime time television to influence the nation or the world?

How can you turn this wound or disrespect or curse into a blessing or contribution?

Post-depression thriving

The 3 Cs

Connection

Compassion

Contribution
#4 Challenging isolation

Depression invites people to isolation and disconnection

Connections as essential healing and preventive factors

An example of re-connection and depression recovery from Cambodia

Social Isolation is Becoming More Common

Social connections are at risk in modern societies
Shared family dinners and family vacations are down over a third in the last 25 years
Having friends over to the house is down by 45% over the last 25 years
Participation in clubs and civic organizations is down by over 50% in the last 25 years
Church attendance is down by about a third since the 1960s
The average number of people we consider close confidants dropped nearly one-third, from 2.94 in 1985 to 2.09 in 2004
The average American has only two close friends
1 in 4 Americans (25%) report that they have no one to confide in
Average household size has decreased by about 10% during the past twenty years, to 2.5 people
In 1990, more than 1 in 5 households were headed by a single parent; currently it is 1 in 3
6.27 million people in the U.S. live alone and that is expected to increase to 29 million by 2010
People with five or more close friends (excluding family members) are 50 percent more likely to describe themselves as "very happy" than respondents with fewer.

Connection - Parker Palmer
Seven pathways to connection

• Inner self; deep self; heart; soul; intuition
• Body; physical self and sensations
• Another being
• Others; group; community
• Art
• Nature
• Bigger meaning/purpose; God/higher power

Connection to nature

#5 A Future With Possibilities

Connecting to a future with meaning and hope

Often in depression, there is a collapse of future-mindedness and hope

We can help reconnect the person with future possibilities

Future Pull

Victor Frankl

The farmhouse in my future
Future Pull

Problems into preferences
Positive expectancy language
Letter from one’s future
Starting therapy from post-depression perspective

#6 Restarting brain growth

The neurogenic/neuroatrophy hypothesis and how to use it in treatment

The New Brain Science

Old view: Brain had fixed structure and set number of brain cells, which declined over the aging process and with damage from trauma

New view: Brain plasticity

Brain can grow new cells and make new connections throughout life

Brain and body experience alters the structure and connections in the brain, strengthening, growing or weakening them and changing structure
So far, the evidence for the theory is sketchy. Recent findings show a pattern that fits with the theory, though.

Stress, which plays a key role in triggering depression, suppresses neurogenesis in the hippocampus.

Scientists have also found evidence that the hippocampus shrinks in people who have had long-standing depression.

Antidepressants, on the other hand, encourage the birth of new brain cells.
Neurogenic/Neuroatrophy Hypothesis

Animals must take antidepressants for two or three weeks before they bump up the birth rate of brain cells, and the cells take maybe another two weeks to start functioning. That's consistent with the lag time antidepressants show before they lift mood in people.

Neurogenic/Neuroatrophy Hypothesis

If an antidepressant is given during a period of chronic stress, it prevents the decline in neurogenesis that normally occurs.

Neurogenic/Neuroatrophy Hypothesis

People with head injuries in early adulthood experience higher rates of depression over their lifetimes.

Neurogenic/Neuroatrophy Hypothesis

Exercise, which combats depression in people, also promotes neurogenesis in the hippocampus.
Neurogenic/Neuroatrophy Hypothesis

So does electroconvulsive therapy, popularly known as shock treatment, which works in human cases of severe depression.


Neurogenesis/Neuroatrophy Hypothesis

Postmortem studies have shown that depressed patients had decreased hippocampal and cortical BDNF levels

Several studies have shown increased BDNF when people are treated with anti-depressants for some time


27 depressed patients and 19 control participants were presented with visual images intended to evoke either a positive or a negative emotional response. While viewing these images, participants were instructed to use cognitive strategies to increase, decrease or maintain their emotional responses to the images by imagining themselves in similar scenarios.

Experimenters used functional magnetic resonance imaging (fMRI) to measure brain activity in the target areas. The scientists examined the extent to which activation in the brain’s reward centers to positive pictures was sustained over time.

The experiment found that depressed patients showed normal levels of sustained activity in the reward centers early on in the experiment. However, towards the end of the experiment, those levels of activity dropped off precipitously.

The mechanisms for brain cell growth (neurogenesis)

- IGF-1 (insulin-like growth factor)
- VEGF (vascular endothelial growth factor)
- BDNF (brain-derived neurotrophic factor)

“Miracle Grow for the brain”

Dr. R. Douglas Fields, NIH neuroscientist and researcher

From the neurotransmitter theory to brain connectivity and plasticity

The brain becomes less plastic, less able to adapt and learn when the person becomes seriously depressed

Brain atrophy/damage can take place with the stress of longer-term depression that is untreated

Exercise can increase levels of BDNF and other factors that can oppose that atrophy and damage


What affects brain growth and connection?

Learning new things that stretch your abilities (not too much) and repeating those things through deliberate practice

Top things

- New language
- Music

Among expert musicians, certain areas of the cortex are up to 5% larger than in people with little or no musical training, recent research shows. In musicians who started their training in early childhood, the neural bridge that links the brain’s hemispheres, called the corpus callosum, is up to 15% larger. A professional musician’s auditory cortex – the part of the brain associated with hearing – contains 130% more gray matter than that of non-musicians.

- New physical abilities (juggling, typing, and so on)
- Exercise (vigorous aerobic)

Dr. Dean Ornish on exercise, nutrition and brain growth
Exercise and brain blood vessel growth

In people ages 60-80, those who aerobically exercised 3+ hours a week over the course of 10 years showed:

- An increase in the number of large blood vessels in the cerebral region of the brain
- An increase in blood flow in the 3 major cerebral arteries
- The cerebral area controls consciousness, memory, initiation of activity, emotional response, language and word associations
- Narrowing and loss of blood vessels may be associated with cognitive decline


Exercise and Mood Disorders

Growing evidence of strong and lasting effects of exercise on depression and anxiety, as well as anger

Beats medications in some trials for lingering positive effects

Has been shown to work on people who are not responding to medications
SMILE
(Standard Medical Intervention and Long Term Exercise)

156 adults, diagnosed w/Major Depression

Randomly assigned to 3 treatment groups

1) Exercise treatment
   - Exercise consisted of brisk walking, jogging or stationary bicycle riding 3x/week
     - 10 min. warm-up; 30-min. exercise; 5-minute cool down

2) Zoloft treatment

3) Combined treatment


At the end of 4 months, 60-70% of the participants were “vastly improved” or “symptom-free” in all 3 conditions

On 10-month follow-up:
- 38% of Zoloft condition subjects had recurrence
- 31% of the combined condition had recurrence
- 8% of the exercise only had recurrence (and people who continued to exercise were less likely as a group to have recurrence)

Hypothesis: Self-efficacy; brain growth

Exercise and Mood: Depression research

How much exercise matters:
Every 50 minutes of exercise per week correlated with a 50% drop in depression levels


Two studies found:

People who participated in moderately intense aerobics, such as exercising on a treadmill or stationary bicycle - whether it was for three or five days per week - experienced a decline in depressive symptoms by an average of 47% after 12 weeks

Those in the low-intensity exercise groups showed a 30% reduction in symptoms

Exercise also helped people who were unresponsive to medications


Exercise and Mood: Depression research

A Purdue University study found:

Middle-aged runners who had been running 3-5 times/week for 3-10 years were markedly less depressed than a matched comparison group.


ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) Study

Cognitive/brain training that increased speed of processing in the elderly decreased the likelihood of developing depression (compared with a control group) by 38% as measured one year out.


Exercise improves mood in elderly

Seniors who had never exercised before experienced a mood-lifting effect (less depression and anxiety and better reported quality of life) from regular aerobic exercise (3X/week on alternate days for 6 months)


Exercise worked as well as an antidepressant medication in relieving minor depression in seniors, and had the added effect of improving physical functioning (such as walking more briskly)

Exercise and Mood: Depression research

A University of Virginia study found:

Exercise had the most profound mood-lifting effect on people who were depressed

The effect increased with the amount of exercise

The study also found reductions in anger and anxiety through exercise


Exercise and Moods: Depression research

Beware of “overtraining,” or exercising too much (as in anorexia and other compulsive problems)

The evidence shows that over-exercising (exercising several times a day at training levels that are at or near maximal) is correlated with depressed moods


Dr. John Ratey on exercise and mood disorders

Serotonin, dopamine, norepinephrine levels and regulation affected by exercise

Younger Next Year

The New York Times Bestseller

"Live Strong, Fit, and Sexy—Until You're 80 and Beyond"

by Chris Crowley & Henry S. Lodge, M.D.
How to translate this in clinical work

Consider doing “walking sessions”
Encourage clients/patients to move as much as they are able

Getting people to exercise

Walking sessions
Baby steps
The solution-oriented method
The buddy system
Linking to motivation
Away from/toward

Recommendations for amount of exercise

For anxiety, maybe as little as 10-15 mins. can reduce anxiety
3x/week for at least 20 mins. aerobic exercise at 50-70% of maximum heart rate for relief of depression
For maximum brain growth and learning: 6x/week for 50 minutes at 50-70% of maximum heart rate
And then learn something new in the next 24 hours
Stretch yourself by doing/learning something slightly beyond your comfort

THANK YOU