THEORIES ABOUT THE CAUSES OF DEPRESSION

Helplessness and hopelessness

Being frustrated so many times that you have no hope is surely depressing. This is a very old idea; 2,000 years ago Aretaeus, a physician, said melancholia sufferers "complain of a thousand futilities." But it is also a fairly recent and rapidly changing theory. Seligman (1975) was studying escape learning and found that dogs, forced to stay in a box where they were repeatedly shocked, soon gave up and stopped trying to escape. Not surprising. Moreover, 65% of the dogs didn't try to escape the next day when the box was modified so they could easily escape. They just laid down and whined. They had learned helplessness. Seligman said human depression with its passivity and withdrawal might be due to "learned helplessness."

This single study of dogs stirred enormous interest among experimental psychologists who had heretofore ignored the ancient idea of hopelessness. Amazing. However, I think we are seeing the potential of research to slowly clarify and validate an idea. For example, within a few years the "helplessness" theory was being questioned because many people in helpless circumstances do not become depressed and because this theory does not explain the guilt, shame, and self-blame that often accompanies depression. How can you feel helpless, i.e. without any ability to control what happens, and, at the same time, feel at fault and guilty about what happened (Carson & Adams, 1981)?

A few years later, attribution and/or cognitive theory (Abramson, Seligman, & Teasdale, 1978) came to the rescue with the reformulated helplessness theory. This suggests that the depressed person thinks the cause is internal ("it's my fault"), stable ("things can't change"), and global ("this affects everything"). This is a very different theory (no experimentalist had ever theorized that the dogs blamed themselves). But soon there were more problems, e.g. research showed that most depressed people, like dogs, see the causes of their depression as being outside forces, not themselves (Costello, 1982). Moreover, both the hopeless self-blamer and the hopeful self-helper see the causes of their behavior and feelings as being internal. So, internal causes may lead to optimism as well as pessimism. And, finally again, how do we know that the feelings of helplessness or hopelessness precede and cause depression rather than just being a natural part of feeling depressed?

To deal with some of these difficulties, Abramson, Metalsky, & Alloy (1989) modified the helplessness theory into a still broader hopelessness theory. The more complex hopelessness theory contends that prior to becoming hopeless the person has (a) a negative cognitive or attribution style (see next two theories) and (b) some unfortunate, stressful experience. Because both of these factors are involved, some people with depression-prone thinking don't become depressed (by avoiding traumatic experiences) and some people go through awful experiences without getting depressed (by avoiding negative thinking). The hopeless person expects bad things will happen in important areas of his/her life (pessimism) and/or that hoped for good things will not happen, and he/she doesn't expect anything to change that miserable situation.

Considerable research has supported parts of the hopelessness theory. For example, Metalsky & Joiner (1992) found that three cognitive views: (a) attributing bad events to unavoidable and far-reaching causes, (b) drawing negative conclusions about yourself from a negative event ("it means I'm worthless"), and (c) assuming one bad event will lead to others in the future, when combined with high stress, are associated with depression. In another study, they found that low self-esteem was another crucial ingredient in order to produce depression (Metalsky, Joiner, Hardin & Abramson, 1993). Please note: depression might be avoided by reducing your negative thinking habits, avoiding high stress, or by building your self-esteem.
Of course, your needs and personality will determine how stressful a particular event will be for you. Segal (1992) found that recovered dependent depressives were plunged back into depression by a loss or conflict in interpersonal relationships. But, self-critical depressives relapsed when they failed at school or work. Only our most dreaded problems seem to set off depression.

This new hopelessness theory explains depression to a considerable extent on the basis of pessimistic expectations of the future. Traditional thinking and other theories (#1, #5, #8, #9, #10 & #13) say depression is caused by obsessing about losses in the past. Selective perception of the past is also thought to be important, e.g. self-critical people don't see their successes. Both backward-looking and forward-looking theories are probably true, sometimes. Some people regret the past ("Of all sad words of tongue and pen, the saddest are these, 'it might have been'") and others dread the future (because they will mess it up or have no control), and some do both. Maybe the negativism of some depressed people extends to everything--the past, the future, me, you, the world...

As we will see later, the therapy for helplessness and hopelessness includes (a) making more good things happen and/or increasing positive expectations, (b) increasing self-control--like with this book, (c) increasing tolerance of whatever happens, and (d) increasing one's optimism. Ideally, the depressed person will develop internal, stable, and global explanations (attributions) for good events, e.g. "I'm responsible for what happens, and I can make good things happen again in lots of areas." Likewise, the shift should be to believing that external, unstable, and specific factors account for unpleasant life-events, e.g. one of Seligman's better adjusted dogs in the shock box might say, "this man is hurting me, he will surely stop soon, people only shock me in this box... and I will vigorously avoid getting into this box again. For now, I'll just tough it out."

**Exercise: How do you explain things?**

It might increase your understanding of your own depressive moods to think of 8 or 10 situations that could happen to you--both good and bad. Examples: doing poorly on an exam, getting a good job or a promotion, having an auto accident, not being able to get a job, getting a new friend, having a date that doesn't work out, losing a girl/boyfriend, having a fight with a parent, relative, or child, etc. Vividly imagine each situation, then, afterwards, write down what seems like the main reason or cause for what happened. Next, ask yourself: (a) Is this cause due to me or someone or something else? (b) Is this cause going to influence just this situation or many others as well, i.e. how general or how limited is the influence of this factor? (c) Is this cause a temporary factor or long-lasting? (d) How important is this situation to me? (e) When bad things happen to me, do I conclude I am at fault or bad? (f) When something bad happens to me, do I assume more bad events are on their way? By looking at your answers over several situations, perhaps you can figure out your attributional style. Are you a pessimist about the future? Are you a harsh self-blamer? What do you think your faults are? Do you blame your behavior ("I didn't study enough"--this is changeable) or your character ("I'm lazy" or "I'm stupid"--hard to change)? What are your strengths? How low is your self-esteem? Do you see ways to change?

There are even more good questions you can ask yourself that should help you realize that your depression can be changed (Johnson & Miller, 1994):

- **The Exception Question:** When are you the least depressed? What was the last time you weren't depressed (or down on yourself)? Do you remember a time when you expected to get depressed but you were able to avoid it? These kind of questions remind you that you have some self-control... that depression can be changed. They cause you to start exploring the reasons for these changes--what was different? How can you reduce the depression again?
The Miracle Question: If the depression (or self-critic) miraculously went away, how would life be different for you? What would be the first sign it was gone? How would others say you are different? What would you be doing instead of being depressed? Be very specific about how your behavior and feelings would be changed. What are some of the exciting possibilities if you were not burdened with depression? This starts you thinking about your potential in the future as a happy person.

The How-Did-You-Do-It Question: Depression is an awful condition, how have you managed to handle it? How have you kept things from getting even worse? How do you fight off the conditions that make you get really depressed or to want to hurt yourself? Where do you get the strength to be a survivor? These questions cause you to look for your specific strengths and for other ways to cope with depression. They also help you see that depression is not caused by you and is not an unavoidable part of your being. Depression and self-putdowns are external problems imposed on you by psychological or historical factors and circumstances. These misery-causing external factors can be changed.

However, there are still serious questions about this hopelessness theory: When and how are negative thinking styles learned in real life? Again, which comes first the thinking or the feelings? Isn’t it illogical to feel responsible for making good things happen but not responsible for bad events (although that is the way we frequently think about God—we give God credit for good happenings but usually not the blame for bad things)? Do hopeless depressives only feel guilty and ashamed of sins of omission? Wouldn't sins of commission be impossible for me as a truly "helpless" person, unless I was possessed by evil external forces that "made me do it" and with whom I collaborated? Begins to sound like a 1620 witch hunt, doesn't it? (See later discussion of guilt.)

Actually, the victim of depression may feel helpless, but his/her emotions, weakness, and pessimism can have a very powerful effect on others. Examples: the typical "helpless" person "asks others to do things for him/her," "never does things on his/her own," "gets others to make decisions," etc. This is helpless? Hardly, it is dependent, demanding, and controlling (Peterson, 1993). These "helpless" feelings also serve as self-excuses for poor performance (for many of us it is better to be seen as "feeling down" than as a failure). But only persons prone to depression are willing to be extremely self-critical ("I'm a loser... helpless... worthless") in order to protect themselves against criticism and to avoid facing future responsibilities (Rosenfarb & Aron, 1992).

How do people respond to someone's helplessness? At first, people try to make the person feel better; they try to meet his/her needs. But after seeing a lot of "helpless" behavior from one person, people tend to get angry and/or avoid the subtly (maybe inadvertently) demanding depressed person who never changes. Clearly, not all "helpless" people are passive, ineffective, and feeling futile, like Seligman's dogs. Some are powerful. Seligman's latest views are in Peterson, Maier & Seligman (1993).

Yapko (1992) believes that depression not only results from an "illusion of helplessness" but also from an "illusion of control." For instance, Baby Boomers were taught they could have it all--education, great job, wonderful family, nice house and car, fantastic travel, etc. That wasn't true and Baby Boomers have an unusually high rate of depression. They didn't meet their expectations. Unrealistic expectations in both directions, i.e. hoping for too much change or believing little change is possible, can cause depression.

Negative views

Beck's cognitive therapy states that somewhere in childhood the depressed-to-be person
develops a negative view of the self, the world, and the future: "I'm no good," "the world ain't fair," and "it won't work out." Each of these negative views gets expanded into detailed beliefs: "I'm dumb," "I can't talk intelligently," "I'm ugly too" and on and on. These negative assumptions seem to be held on a very primitive level; facts don't influence these beliefs, so they never get questioned or tested against reality. For a brilliant investigation of the development of self-critical beliefs at an early age, see Carol Dweck's studies of mastery-oriented thinking. These negative views just lie dormant even while more rational evaluations of self, world, and future may also be developed and used as we mature into adults. Then later in life, when the self is hit with some serious loss or stress, often one that reminds us of a loss or trauma at an early age, the old unreasonable and destructive negative ideas suddenly take over and dominate our thinking. It is our negative ideas that produce our depression, not the stressful triggering event that produces our depression. The deeper the depression, the more the negative ideas replace rational thinking (Coleman & Beck, 1981).

Under the influence of this primitive, negative thinking, our logic fails us. For example, we jump to conclusions, look at only one detail and disregard the big picture, overgeneralize from one experience, magnify our faults and minimize our achievements, and take the blame (see examples in next two theories). All of this adds a very dark and gloomy shadow over our mental life.

Research has confirmed that sad-prone people notice the negative aspects of an event (they remember their goofs--but not other peoples'--and overlook what they did right) and assume too much of the responsibility when things go wrong. It has also been experimentally demonstrated that thoughts (induced by the experimenter) can influence feelings and behavior (Carson & Adams, 1981). Therefore, it isn't just the depressing event that makes us sad but also every time we remember and fantasize about the disappointing event in the past or imagine a similar thing happening in the future, we create a more and more depressive mood. Remember, though, negative cognition clearly accompanies depression but it has not been proven that negative thinking is the exclusive cause of depression; other factors may be involved in causing depression (Barnett & Gotlib, 1988).

Using methods much like Lewinsohn's, cognitive therapists collaborate with the patient to get him/her to investigate the relationship between his/her negative ideas and his/her feelings of depression or actions. So, the therapist may ask the patient to "investigate" whether or not he/she can start taking tennis lessons. If he can, that is a little evidence against his belief that he/she can't change anything. A few weeks later patients are taught to identify their automatic negative thoughts that precede negative feelings. The cognitive therapist does not attack the patient's irrational ideas as being wrong. Only after the patient begins to doubt some of his/her own negative ideas, can the validity of those thoughts (and the logic and assumptions underlying them) be tested out and evaluated by the patient with help from the therapist (Coleman & Beck, 1981).

Cognitive therapy notions about negative thinking overlap a lot with the hopelessness theories, Rational-Emotive therapy (irrational ideas), and faulty conclusions theories discussed later.

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