

The Depression Learning Path



By



uncommon knowledge

How to Cure your Depression
Completely Within 8 Weeks
GUARANTEED!
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The advertisement features a blue background with a geometric pattern of triangles. In the bottom left corner, there is a photograph of a woman with her hands on her head, looking distressed. The text is arranged in a vertical stack, with the main headline in white on black bars, the word "GUARANTEED!" in large yellow letters, and a yellow "Click Here" button at the bottom.

IMPORTANT NOTICES

Contributions

If you have contributed money in exchange for this ebook, our sincerest thanks to you. It makes all the difference.

If you have not, please consider doing so. You can contribute from [this page](#).

If you know someone who you think would benefit from the Learning Path, please direct them to the [website](#), or suggest they [contribute](#), rather than sending them the book. Thank you.

Acknowledgements

Our thanks go first to our friend Michael McLean, for a tireless and inspired piece of work in organising the information for this site. If it wasn't for you Michael, it would never have happened.

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And finally, though not least, to the [hundreds of people](#) who, though suffering from depression, have taken the time to let us know how much the Depression Learning Path has helped them. There is no better motivation.

Roger Elliott and Mark Tyrrell

Uncommon Knowledge Ltd

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The Depression Learning Path - "Get The Whole Picture and Beat Depression For Good"



IF YOU suffer from clinical depression, the Learning Path will greatly improve your chances of beating it for good.

But to get rid of depression, and ensure it remains nothing more than a bad memory, you really need a complete understanding about what it is and how it works. That's what the Depression Learning Path is for.

We are excited to be able to share this information with you because, when we use it with our depressed patients, it is incredibly effective at helping them get rid of their depression. That's why we ask you to stick with us right through the Learning Path. Here's a bit of feedback to motivate you!

A comment from a happy follower of the Learning Path

"I can say without exception that this is the best article I have EVER read about depression and how to beat it. And I have read many, having been a depressive for over 40 years!"

"I sincerely wish that more people could be made aware of your site, by some kind of publicity - be it more links from more sites or something. Because I strongly believe that they too would be helped by following the Learning Path and would then have the knowledge required on how to get help with beating their terrible depression."

"So I implore you to publicise your site far more, so that it reaches far more people, because I think it's the most easy to follow, practical guide to beating depression I have ever read."

"I would like to thank everyone who contributed to your site and hope that millions of people will get to hear of it and be helped by it - which they would be, if they only knew it was there!"

Yours most sincerely, Sandra Brierley, Basildon, Essex.

One of the biggest obstacles to beating depression is the huge amount of inaccurate information in both popular culture and, amazingly, the medical profession. Therefore, a lot of what you read in the Learning Path may challenge your existing ideas about depression.

Before you embark on the Path, you should be fully aware that this information is for educational purposes only, to be used in a similar way that you would use a book in a library. Its creators are not medically trained, and it is [not intended to replace medical advice](#). By taking the Learning Path you will:

- Learn the truth about antidepressants, and the truth about how effective they are
- Find out what a major US government study recommends for the treatment of depression - the results may astound you, especially if you've seen a doctor or counselor
- Protect yourself from damaging forms of therapy and counseling, and learn how to find a good therapist
- Understand how depression works - it often makes people feel much better right away
- Discover what you can do to help lift your own depression
- And much much more. If you have problems with depression, the best way to beat it for good is to become an expert!

It will take you about half an hour to complete the Learning Path, so if beating depression is important to you, please set aside the time to complete the Path properly. Why not grab a coffee and devote the next half hour to it? It could be the most important half hour you ever spent.

(If you are really, really pushed for time, but want an overview, jump to the most important page of the Path - [Understanding Depression](#). Please come back and do the rest of the path later though.)

Your map to the Depression Learning Path

Below is an index to all the parts of the Learning Path. You will be returned to this index once you have completed the Path in case you want to review any particular section. For now, we recommend you start at the beginning. 😊

<h3>The Learning Path</h3>
Click on the icon above to start the Learning Path. The table below shows you the steps on the Path.
Section 1 - Depression Information You'll start by getting a complete overview of all the relevant facts about depression. This will ensure you have an accurate picture as a foundation for the rest of the Learning Path.
Section 2 - Understanding Depression. How Depression Works Probably the most important part in overcoming depression, a clear understanding of how it works, and what it actually <i>is</i> .
Section 3 - Treating Depression - Drugs and Psychotherapy With all the available treatments out there, it's vital you can negotiate the minefield of drugs, therapies and counseling.

Welcome to The Learning Path

STARTING with the *signs of depression*, the Learning Path will take you on a journey during which you will learn astounding, revolutionary and vital facts about clinical depression. The aim is to give you up-to-date information on depression and what the research says is the best treatment. As you go along, follow the signs at the bottom of each page.

During your journey, you will learn:

- How therapists are now lifting even severe depression **quickly**
- The **astounding** new discovery that shows how depression is caused by over-dreaming, and what you can do about it.
- Why depression is 10 times more common in those born since 1945 than in those born before, and why this is important to you.
- The **facts** about drugs vs. therapy for depression and much, much more.

Once you have completed the Learning Path, you will know enough about depression to decide on the best way for you to get rid of it, and stop it coming back. So, onto the first section...the signs of depression.

Have I Got Signs of Depression?

If you have been feeling down, or out-of-sorts, your thoughts can easily turn to whether you are depressed or not. This first section will take you through the signs of depression and how depression is diagnosed.

However, whether you 'fit' the depression diagnosis or not is unimportant. If you are feeling so down that you need to do something about it, that is enough.

Usually, our clients report one or more of the following:

- Exhaustion on waking
- Disrupted sleep, sometimes through upsetting dreams
- Early morning waking and difficulty getting back to sleep
- Doing less of what they used to enjoy
- Difficulty concentrating during the day
- Improved energy as the day goes on
- Anxious worrying and intrusive upsetting thoughts
- Becoming emotional or upset for no particular reason
- Shortness of temper, or irritability

Not all people have all of these, and some have different signs, but if you are depressed, at least some of these will probably ring true with you.

The individual signs of depression - the way you feel - are what are used in diagnosing depression. So it's easy to see why there is so much confusion, seeing as the signs are generally common emotions and feelings.

There are also physical effects of depression, which we'll come to later.

Only a qualified doctor or health practitioner can formally diagnose you with clinical depression. However, how they reach this diagnosis gives an incredibly important insight into how to treat depression.

Depression screening and tests for depression

Screening for depression is becoming more common, as we begin to realize how much is left undiagnosed. So let's look now at how clinical depression is normally diagnosed.

Diagnosing depression

According to the definitions of most medical, psychological and psychiatric bodies, there is a commonality in the diagnosis of depression. Most depression tests have a very similar framework.

Almost without exception, clinical depression will be diagnosed if a certain number of feelings, that are signs of depression, are present over a certain period of time

Below is the 'official' guide for diagnosing clinical depression:

A person can be diagnosed as suffering from clinical depression if:

(A) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
Note: In children and adolescents, can be irritable mood.

(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

(3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
Note: In children, consider failure to make expected weight gains.

(4) insomnia or hypersomnia nearly every day

(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

(6) fatigue or loss of energy nearly every day

(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

(B) The symptoms do not meet criteria for a Mixed Episode.

(C) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

(D) The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

(E) The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Depression - a natural response?

OK, so that's what the doctors use. But if we look at E), it raises some interesting questions.

It says that clinical depression can be diagnosed if the symptoms cannot be attributed to bereavement. So, since grieving is a natural response, we can see that depression is simply an out-of-place natural response.

And of course it is. If it were not, we would have to take drugs to create it.

So what about the incredibly popular idea that depression is due to some unnatural chemical imbalance in the brain. That this 'imbalance' is the source and root cause of depression?

It's possible, but it just doesn't make sense for the majority of cases. And when we look at the increase in depression over the last 50 years or so, we will see that our brain chemistry just can't change that quickly.



Key Understanding

Most depression is not due to a chemical imbalance, or genetic factors. Low serotonin levels are a result, not a cause, of depression.

Despite the prevailing ideas for the last few decades, this is now known to be a fact. (1)

This misunderstanding is also the reason why drugs for depression miss the point, and treat the symptoms instead of the causes.

Understanding this is one of the keys to understanding depression itself.

Next, we'll look at the symptoms of depression and how they come about...

Typical Symptoms of Depression

ALTHOUGH it is often classed as 'mental illness', clinical depression often has as many physical symptoms as mental. The feelings or emotions that are **depression symptoms** actually begin to cause the physical effects. How this happens is a vital part of understanding depression and the symptoms that come with it.

If you are depressed at the moment some of the following symptoms may sound familiar:

- You feel miserable and sad.
- You feel exhausted a lot of the time with no energy .
- You feel as if even the smallest tasks are sometimes impossible.
- You seldom enjoy the things that you used to enjoy-you may be off sex or food or may 'comfort eat' to excess.
- You feel very anxious sometimes.
- You don't want to see people or are scared to be left alone. Social activity may feel hard or impossible.
- You find it difficult to think clearly.
- You feel like a failure and/or feel guilty a lot of the time.
- You feel a burden to others.
- You sometimes feel that life isn't worth living.
- You can see no future. There is a loss of hope. You feel all you've ever done is make mistakes and that's all that you ever will do.
- You feel irritable or angry more than usual.
- You feel you have no confidence.
- You spend a lot of time thinking about what has gone wrong, what will go wrong or what is wrong about yourself as a person. You may also feel guilty sometimes about being critical of others (or even thinking critically about them).
- You feel that life is unfair.
- You have difficulty sleeping or wake up very early in the morning and can't sleep again. You seem to dream all night long and sometimes have disturbing dreams.
- You feel that life has/is 'passing you by.'
- You may have physical aches and pains which appear to have no physical cause, such as back pain.

It's this wealth of depression symptoms, and the broad scope that confuses many people as to what depression actually is. Explanations rarely cover all the symptoms, and everybody's experience is different.

The Learning Path will complete the picture for you. You will gain a complete understanding of depression that incorporates how we think, how depression affects our biology and where the physical symptoms of depression come from. We will come to that soon, but first a look at what causes depression.

Causes of Depression

THERE ARE 3 main points of view about the **causes of depression**. Most commonly held is the view that it is generally some combination of these three.

1. Depression is a medical disease, caused by a neurochemical or hormonal imbalance.
2. Depression is caused by certain styles of thinking.
3. Depression is a result of unfortunate experiences.

While each of these can be argued strongly to be a **cause** of depression, each also leaves many important questions unanswered. On the surface, each has a strong case, but none give us the complete picture. Here are some important considerations:

- Although depression causes physical symptoms, and on rare occasions has physical causes, **it is not a disease**.
- A core aspect of depression is thinking styles, but does being a pessimist inevitably cause depression?
- Trauma, upheaval or sad experiences can seem to trigger depression, but why in people whose circumstances are similar, do some suffer from depression and others don't?
- How can your thinking style cause the horrific physical symptoms of depression? (This will be answered shortly)

Only when we consider all the aspects surrounding depression can we truly see how the pieces fit together, giving us a real understanding of the causes of depression, and therefore the best way to beat it.

By looking at the current thinking on these 'causes' of depression, we can piece together a true understanding of depression and explode some of the myths surrounding it.

1) On depression as a disease

As we have seen, depression is not a disease. The physical symptoms are just that, symptoms, and not causes.

Being depressed can feel like a physical disorder because you often feel exhausted, experience pain, have changes in appetite, and so on.

A key to understanding depression lies in looking at how the exhaustion and the physical effects of depression are caused by the link between emotionally arousing thoughts, dreaming and exhaustion. (More on this soon.)

2) Depression and thinking styles

It's fairly obvious that depression is not an inevitable consequence of things going wrong. Different people react to adversity in different ways, and this has led to the study of how depressed peoples' thinking styles compare to those who don't depress.

We know that many people appear to have 'perfect lives' on the outside while being very depressed inside, often feeling guilty for being depressed as well - '*I should be happy*' is the common thought.

Other people can have many external disadvantages and yet never become depressed.

When dealing with depression, it is vital to understand that there are many ways of dealing with adversity, some of which will tend to cause depression, and others which will not.

3) Depression and events in our lives

A result of bad experiences?

Depression is often linked with bad experiences, but can events actually cause depression?

If something awful has happened to you, of course you're going to feel sad, angry, hurt or in shock. And often, traumatic events can be linked to the onset of depression. This does not, however, mean they cause it.

(Important note: **Post traumatic stress disorder** can lead to depression due to the continuing emotionally arousing thoughts it creates. Quite apart from the results of having your life interrupted on an ongoing basis by horrific memories, the emotional arousal they create can cause depression. We will see how shortly.)

The link between what happens to a person and how they feel as a result depends on how they **relate** to it. That does NOT mean that people who become depressed are to be blamed, it simply gives us an insight into why depression occurs.

This is clear as we're all aware of people enduring the most horrible circumstances imaginable without becoming clinically depressed.

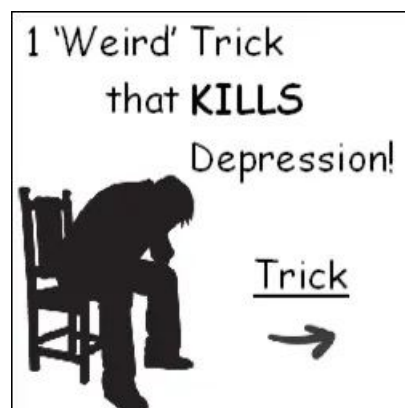
Events can be seen to be a trigger for depression, but depression is not caused by what happens to us in life (although every one needs a break sometimes). It's about how we respond and make sense of events.

Depression relies how we explain things to ourselves

Much of clinical depression is about how we interpret reality. And when we start to develop depression symptoms, a depressive thinking style can seem impossible to break.

By understanding depressive thinking styles, we can begin to see how they form a pattern of thinking, a cycle of depression, that creates a downward spin and so continues to fuel the depression. We will look at how to break this cycle later in the Learning Path.

Now we'll look at some of the ideas around the medical causes of depression...



Medical Causes of Depression

As we have seen, depression is not primarily a physical disorder, although it is often described as a 'disease'.

"Depression, we are saying, is not a disease; it is a natural response to certain types of emotional introspection that result in excessive dreaming." Human Givens, 2003, J. Griffin & I. Tyrrell

Overcoming depression is made much harder by the many half truths that are commonly aired, on the news, in magazines, or by well-meaning friends. These often make it seem inevitable you'll get depression, or that once you suffer from depression you'll have it for life.

It's essential to understand that depression is much more than simply a disease or a chemical imbalance. The more we understand about the cycle of depression, that affects our mind and body, the better prepared we are to treat it.

Throwing some light on some of commonly claimed **'medical' causes of depression**, gives us a better understanding of depression, and therefore a better chance of overcoming it.

Depression as a disease

Depression can not be said to be a disease, because it is not primarily a biological disorder - that is, the root cause of the symptoms are not usually physical. How do we know? Well, here's one way:

People born since 1945 are 10 times more likely to suffer from depression than those born before.

That is an astounding figure, and it cannot be explained away by people going to their doctor more, or depression being diagnosed more easily, as these were taken into account in the study.

Human biology doesn't change that quickly.

What it does show clearly is that most depression is non-biological. Depression has biological effects, but studies now show that less than 10% of depression is biologically caused.

The most widely accepted explanation for this sort of phenomenon is that society has changed. Over the past 5 decades, there has been:

- a breakdown in the extended family
- a dispersal of communities
- an increased focus on material wealth
- an overwhelming prevalence of news media
- and an increase in focus on 'the self'.

All of which, and more besides, add up to a potent recipe for depression.

Changes to levels of neurochemicals

Clinical Depression is often said to be caused by a chemical imbalance in the brain, and this is what most drug treatments are based on. Certainly in many cases, there is a reduction in the amount of certain neurotransmitters found (monoamines such as serotonin and norepinephrine) in depressed people.

However, low serotonin levels are simply another symptom of depression, not a cause. The more negative introspection you carry out, and the fewer pleasure-giving activities you participate in, the lower your serotonin levels become.

"Regarding depression as "just" a chemical imbalance wildly misconstrues the disorder."

Psychology Today
March, 1999

Drug therapies that work on this imbalance lift depression completely in a third of those who take them and partially in another third. For a third of people, antidepressants don't work at all, and many who do get positive results stop taking them because the side effects are worse than the depression symptoms they are supposed to be treating.

Antidepressants are also much worse at preventing relapse than appropriate psychotherapy (which is obvious, when you consider they are treating a symptom, not the cause of depression.) (1, 2)

Depression *can* lead to chemical changes in the brain, which return to normal once your depression lifts.

Also, we are fully aware that clinical depression is far more than a prolonged sadness, or period of grieving. Yet these chemical imbalances can be found on occasion in all of these situations.

This is why depression is not caused by chemical imbalance in the vast majority of cases.

Hormonal imbalances

One 'medical' cause of depression often given is the overproduction of stress hormones.

The hormonal imbalances related to depression are to do with our natural reactions to stress, and stress and depression are certainly linked. But does this hormonal imbalance actually cause depression?

It is true that depressed people often have increased levels of stress hormones in their bloodstream (3), but again, this is a symptom, not a cause.

When you ruminate, or introspect in a negative way, you create emotional arousal that causes the release of stress hormones. That night, in REM (dream sleep), you become emotionally aroused again as dreaming 'flushes out' the emotional arousal from your brain.

That is why depressed people have higher levels of stress hormones, and also why you can wake up feeling exhausted. More on this later.

How can stress cause depression?

Although stress is a fairly "modern" concept in terms of our biology, the body deals with stress by viewing it as a traditional threat, for example being attacked.

To deal with stress, the body's natural "flight or fight" reactions kick in. Namely:

- shutting down nonessential or distracting activities
- enhancing delivery of "fuel" to the main muscles
- suppressing appetite for food and sex
- heightens alertness
- increasing levels of stress hormones such as adrenaline and cortisol

Obviously this state is not healthy for prolonged periods of time.

The actual link connecting depression and stress concerns our thinking styles, namely the "All or Nothing" thinking our mind uses when it feels we feel threatened.



Key Understanding

When you are stressed, your brain works differently. You are more likely to resort to 'All or Nothing' thinking, which causes catastrophising, and difficulties in solving complex problems.

In turn, this creates more arousal, or stress, and so continues the 'loop', increasing the amount you dream, and so exhausting you. This has an additional effect in the way it changes your sleep patterns, as you will see later in the Learning Path.

As we continue to discuss this, remember that statistics only give a general picture. Your own case is totally individual and you should not rule out any line of treatment. For now, your best weapon against depression is knowledge.

Next in the Learning Path, more on the myths surrounding the causes of depression...

1 - Teasdale, J. D. et al. (2000) Prevention of relapse/recurrence in major clinical depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68, 4, 615–23.

2 - [Psychotherapy Versus Medication for Depression: Challenging the Conventional Wisdom With Data](#) - David O. Antonuccio and William G. Danton, University of Nevada School

3 - Nemeroff, C. B. (1998) The neurobiology of depression. *Scientific American*, 278, 6, 28–35.

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