

# Challenging Depression

## Session 1

Lisa Firestone, Ph.D.



# Welcome!



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# In This Webinar:

- A cognitive/ affective/ behavioral approach to conquering the critical inner voice that drives depression
- Exercises, and other tools that can help people separate from negative thoughts
- Specific actions and exercises people can engage in to reduce symptoms of depression
- Tools to enhance mindfulness, self-compassion, and a positive sense of self



# 4 Parts to This Webinar:

**Part 1:**  
Introduction

**Part 2:**  
Theoretical  
Approach

**Part 3:**  
Assessment  
& Treatment

**Part 4:**  
Helpful  
Strategies for  
Dealing With  
Depression



# POLL

Do you:

- Struggle with depression?
- Have friends or family who deal with depression?
- Work with people who suffer from depression?

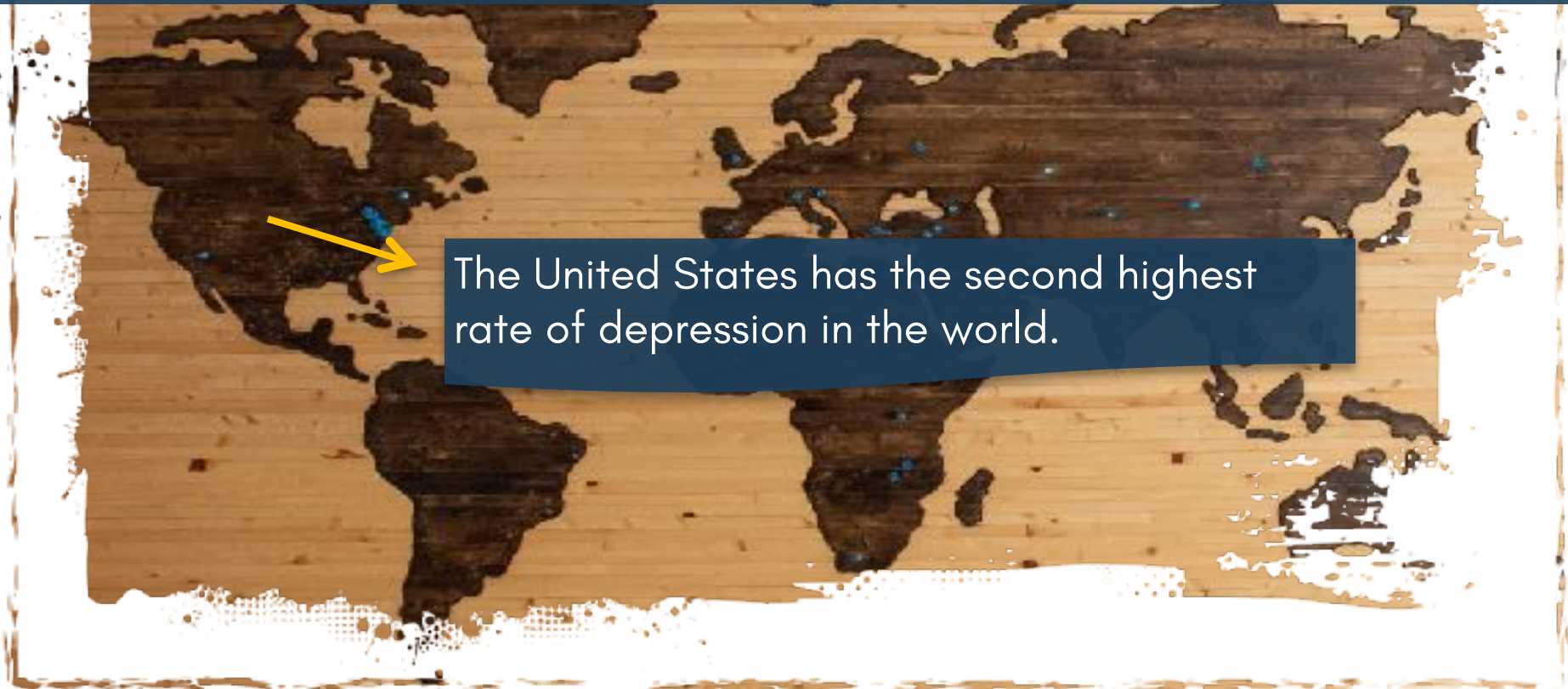


A man with short dark hair, wearing a dark jacket, is shown in profile from the chest up, looking towards the left. He is resting his chin on his hand. The background is a dark, textured surface with a large, bright, white, cloud-like or smoke-like shape in the upper left. The entire image is framed by a rough, white, splattered border.

# Part 1: Introduction



Worldwide, about 280 million people suffer from depression.

A world map is displayed on a corkboard background. The map is dark brown with light brown landmasses. A yellow arrow points from the left towards the United States. A dark blue rectangular box is overlaid on the map, containing white text.

The United States has the second highest rate of depression in the world.

# Depression in the United States

- **17.3 million adults** (7.1% of the adult population) have had at least one major depressive episode. (National Institute of Mental Health, 2017)
- In 2019, **18.5% of adults** had symptoms of depression that were either mild, moderate, or severe in the past 2 weeks. (CDC, 2020)
- **13.84% of youth** are coping with depression, up from 13.01% last year
- **9.7% of youth** (more than 2.3 million people) have severe depression.





# Mental Health America

## Depression Screening During COVID-19

- × From Jan. to Sep. 2020, more than half a million people took a depression screen from Mental Health America, a 62 percent increase over the 2019 number.
- × More than 8 in 10 people scored with symptoms of moderate to severe depression since the beginning of the pandemic in March 2020.

# Depression During COVID-19

CDC reported that from August 2020–February 2021, the percentage of adults with recent symptoms of an anxiety or a depressive disorder increased from 36.4% to 41.5%.

Source: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm>

# Depression During COVID-19

One survey study of 1441 respondents from during the COVID-19 pandemic and 5065 respondents from before the pandemic showed that depression symptom prevalence was more than 3-fold higher during the COVID-19 pandemic than before.



J.K. Rowling  
Author

*Depression is the most unpleasant thing I have ever experienced. . . It is that absence of being able to envisage that you will ever be cheerful again. The absence of hope. That very deadened feeling, which is so very different from feeling sad. Sad hurts but it's a healthy feeling. It is a necessary thing to feel. Depression is very different... Depression isn't just being a bit sad. It's feeling nothing. It's not wanting to be alive anymore.*

# Two Kinds of Depression

DSMV

## Major Depressive Disorder

- Can be a single episode or recurrent
- More severe symptoms



## Dysthymia

- Less severe but persistent and pervasive
- Symptoms are similar but less intense





# Signs and Symptoms of Depression

- Persistent sad, anxious or "empty" feelings
- Feelings of hopelessness, pessimism, or helplessness
- Feelings of guilt or worthlessness
- Irritability or anger
- Restlessness
- Loss of interest in once pleasurable activities or hobbies, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions





# Signs and Symptoms of Depression

- Changes in sleep pattern (insomnia, early-morning wakefulness or excessive sleeping)
- Appetite changes – overeating, appetite loss, weight loss
- Thoughts of death, suicide, suicide attempts
- Aches or pains, headaches, cramps or digestive problems that do not ease with treatment
- Withdrawal from friends and family
- Noticeably physically agitated or slowed down





# Psychotherapy and Depression

# Facts About Depression Treatment

- Depression is very treatable.
- Researchers concluded that when therapists can help guide patients through treatment, using specific psychotherapeutic strategies, as many as **50 to 80 percent** will respond **within 8 to 16 weeks** of treatment without drugs.



# Facts About Depression Treatment

- In a study in which 681 patients with chronic forms of major depression were treated with antidepressants alone or psychotherapy alone, those with a history of early childhood trauma (loss of parents at an early age, physical or sexual abuse, or neglect), responded better to psychotherapy alone than to antidepressant monotherapy. Moreover, the combination of psychotherapy and pharmacotherapy was only marginally superior to psychotherapy alone among the childhood abuse cohort. (Study Published by APA)

# How does psychotherapy help people recover?

- Pinpoint life problems that contribute and help them understand which aspects of those problems they may be able to solve or improve
- Identify negative or distorted thinking patterns that contribute to feelings of hopelessness and helplessness
- Explore other learned thoughts and behaviors that create problems
- Help people regain a sense of control and pleasure in life







# Causes of Depression



# Causes of Depression

Does not have a single cause and can be triggered by a life crisis, physical illness or something else but can also occur spontaneously. Scientists believe several factors can contribute to depression:

- **Trauma**
- **Genetics**
- **Life circumstances**
- **Brain changes**
- **Other medical conditions** – history of sleep disturbances, medical illness, chronic pain, anxiety and ADHD, some medical syndromes like hypothyroidism, and some medications
- **Drug and alcohol misuse** – 21% of adults with a substance use disorder also experienced a major depressive episode in 2018.





# Interesting Findings: **Biological**

## Neurological:

- ✗ Hippocampus is smaller in some depressed people.
- ✗ Possible links between sluggish production of new neurons in the hippocampus and low moods
- ✗ Neurotransmitters that affect mood: “system gone awry”

## Genetic:

- ✗ Runs in families
- ✗ Genes influence stress response: more or less likely to become depressed in response to trouble.

## Medical:

- ✗ Illnesses or medications may be at the root of up to 10%–15% of all depressions.



## Stressful Life Events:

- ✗ Genetic makeup influences sensitivity to stressful life events.
- ✗ "When genetics, biology, and stressful life situations come together, depression can result."
- ✗ Studies have shown that people who are depressed or have dysthymia typically have increased levels of corticotropin-releasing hormone (CRH).

## Early Losses and Trauma:

- ✗ May leave individuals more vulnerable to depression
- ✗ Many researchers believe that early trauma causes subtle changes in brain function that account for symptoms of depression and anxiety.

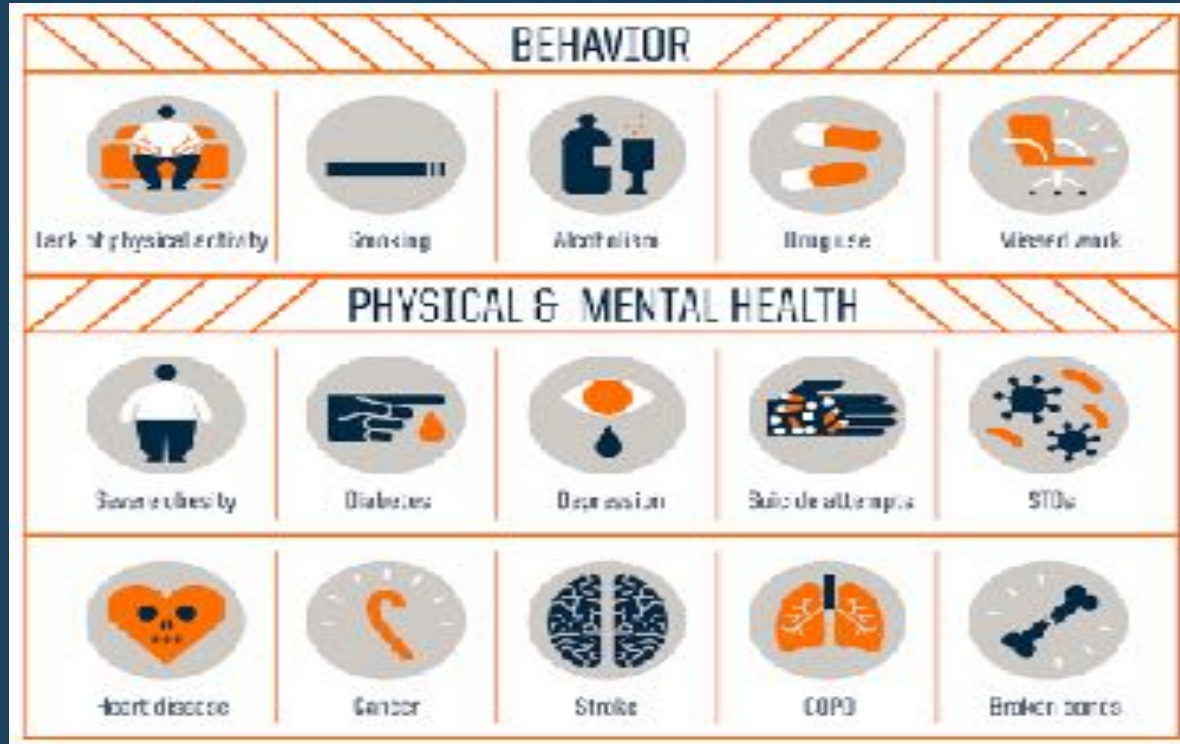
# Adverse Childhood Experiences

## Three Types of ACEs



# Adverse Childhood Experiences

## Results of ACEs



# Attachment and Depression

- Dimensions of insecure attachment contribute to later emotional distress through direct pathways
- Anxious and avoidant attachment predict depressive symptoms.
- “Evidence that both cognitive and interpersonal factors contribute to the developmental pathways that lead to symptoms of depression

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2741157/>





# Depression: A Cognitive Perspective

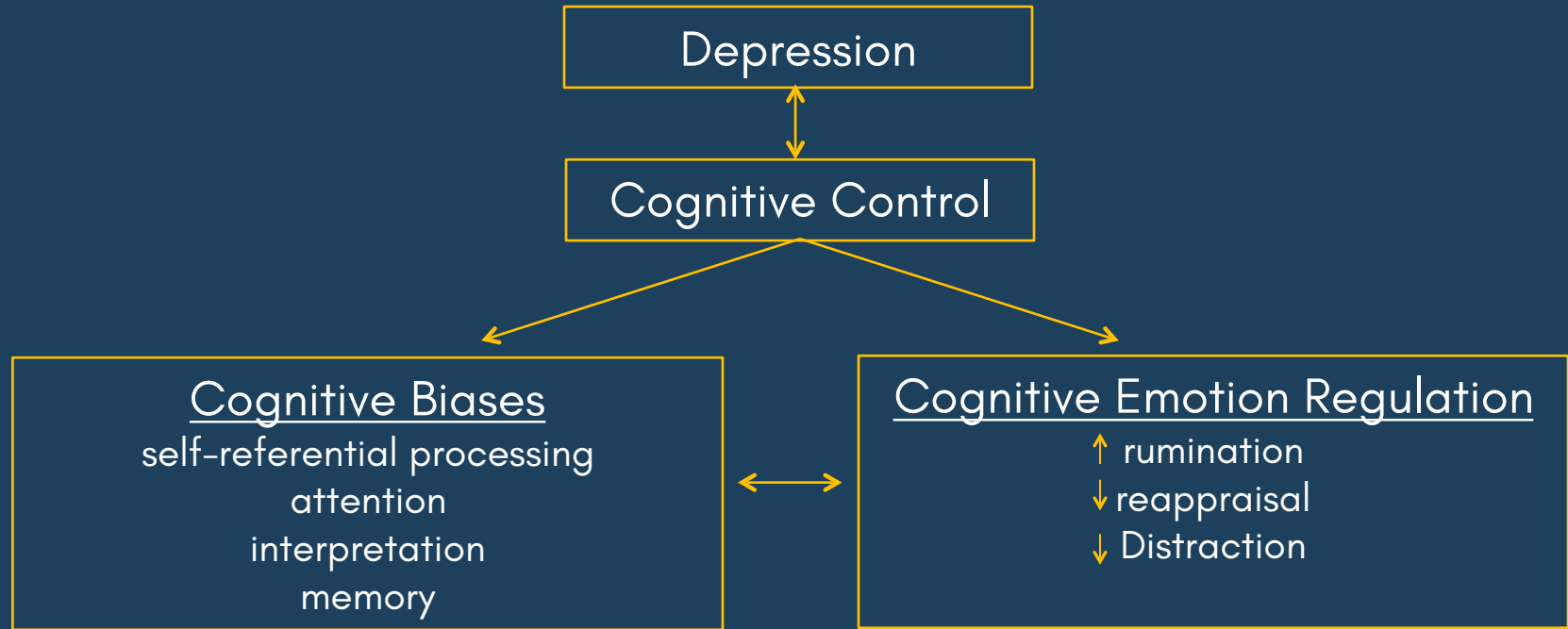
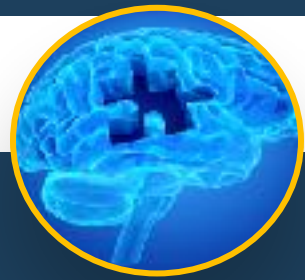


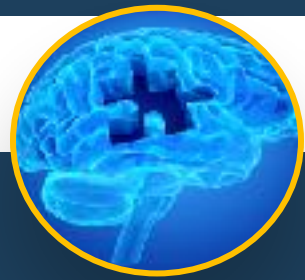
Fig.1. Depression is associated with (1) cognitive biases in self-referential processing, attention, interpretation, and memory; (2) the use of maladaptive versus adaptive cognitive emotion regulation strategies; and (3) deficits in cognitive control over mood-congruent material, which in turn, contributes to cognitive biases and the use of maladaptive emotion regulation strategies, all of which exacerbate and sustain symptoms of depression.

# Depression: A Cognitive Perspective



- Depression is characterized by negatively biased interpretation of ambiguous information, **difficulty disengaging from negative material** that has captured their attention or has entered working memory, and overgeneral positive autobiographical memories that interfere with depressed persons' ability to use positive memories to repair negative mood states.
- **Rumination** contributes to the onset and maintenance of depressive episodes.
- Both theoretical models of depression and empirical findings suggest that **ameliorating maladaptive cognition can reduce depressive symptomatology**.

# Depression: A Cognitive Perspective



- Research suggests that depression is characterized by:
  1. Increased use of maladaptive emotion regulation strategies (e.g., rumination)
  2. Decreased use of adaptive emotion regulation strategies (e.g., reappraisal)
  3. Decreased flexibility in the selection and implementation of emotion regulation strategies
- Increasing evidence documents the benefits of mindfulness-based cognitive therapy (MBCT).

# Self-Concept and Depression

- Negative self-concept has been found to be associated with depression in toddlers.
- Low self-esteem and depression are strongly related.
- Scar model (depression erodes self-esteem) versus vulnerability model (low self-esteem contributes to depression).
- Study on low self-esteem and depression findings supported vulnerability model: the effect of self-esteem on depression was significantly stronger than the effect of depression on self-esteem.





# **Part 2:** Theoretical Approach



# Separation Theory

Robert W. Firestone, Ph.D.

Core Conflict:

Integrates psychoanalytic and existential systems of thought

Two kinds of emotional pain:

**UNDEFENDED**



**DEFENDED**



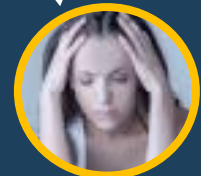
**INTERPERSONAL**



**EXISTENTIAL**



**FANTASY BOND**



**CRITICAL INNER VOICE**

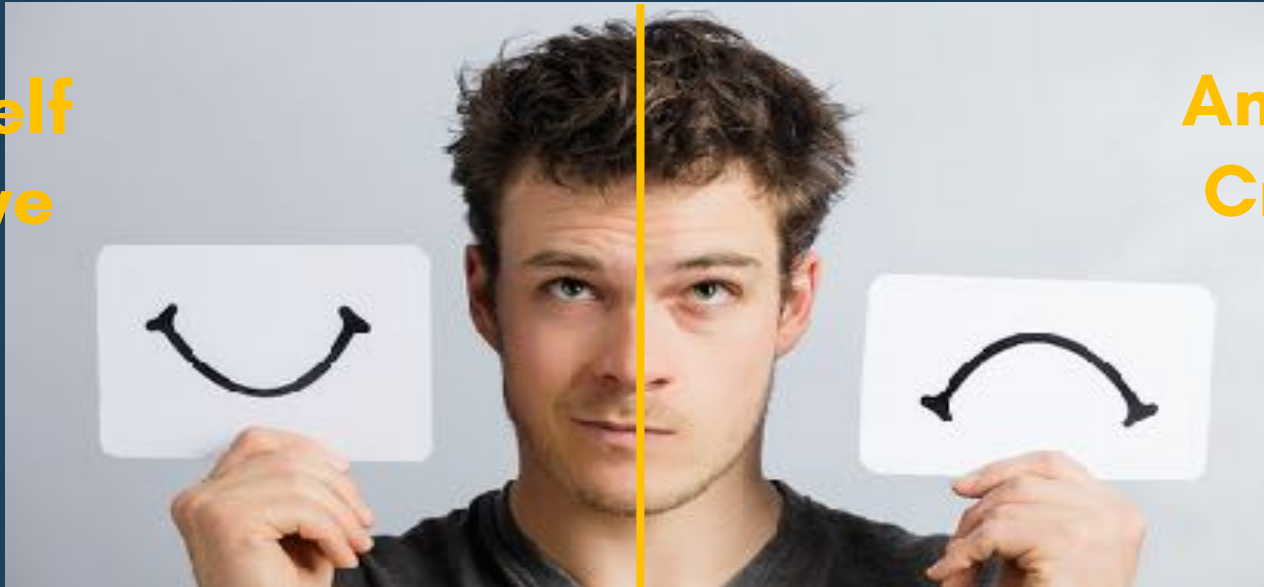


# Our Theory

Each person is divided:

- One part wants to live and is goal-directed and life-affirming.
- One part is self-critical, self-hating and even self-destructive.
- The nature and degree of this division varies for each person.

**Real Self  
Positive**



**Anti-Self  
Critical**

# Division of the Mind

## Parental Ambivalence

Parents both love and hate themselves and extend both reactions to their productions, i.e., their children.

### **Parental Nurturance**



### **Parental Rejection, Neglect, Hostility**



# Prenatal Influences



Disease  
Trauma



Substance  
Abuse/  
Domestic  
Violence



# Birth Trauma

Baby

Genetic

Structure

Temperament

Physicality

Sex



# Self-System



## Parental Nurturance

- Unique make-up of the individual (genetic predisposition and temperament)
- Harmonious identification and incorporation of parent's positive attitudes and traits and parents positive behaviors:
  - Attunement
  - Affection
  - Control
  - Nurturance
  - Effect of other nurturing experience and education on the maturing self-system resulting in a sense of self and a greater degree of differentiation from parents and early caretakers

# Personal Attitudes/Goals/Conscience



## Goals

Needs, wants, search for meaning in life



## Behavior

Ethical behavior toward self and others



## Moral Principles

## Realistic, Positive Attitudes Towards Self

Realistic evaluation of talents, abilities, etc. with generally positive/compassionate attitude towards self and others.

## Goal-directed Behavior

## Acting with Integrity



# Anti-self-System



- Unique vulnerability: genetic predisposition and temperament
- Destructive parental behavior: misattunement, lack of affection, rejection, neglect, hostility, over-permissiveness
- Other Factors: accidents, illnesses, traumatic separation, death anxiety

**The Fantasy Bond** (core defense) is a self-parenting process made up of two elements: the helpless, needy child, and the self-punishing, self-nurturing parent. Either aspect may be extended to relationships. The degree of defense is proportional to the amount of damage sustained while growing up.

# Anti-Self System

## Self-Punishing Voice Process

### Voice Process

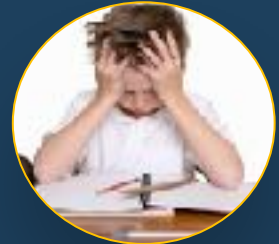
1. Critical thoughts toward self
2. Micro-suicidal injunctions
3. Suicidal injunctions – suicidal ideation

### Behaviors

Verbal self-attacks – a generally negative attitude toward self and others predisposing alienation

Addictive patterns. Self-punitive thoughts after indulging

Actions that jeopardize, such as carelessness with one's body, physical attacks on the self, and actual suicide



# Anti-Self System

## Self-Soothing Voice Process

### Voice Process

1. Self-soothing attitudes
2. Aggrandizing thoughts toward self
3. Suspicious paranoid thoughts towards others
4. Micro-suicidal injunctions
5. Overtly violent thoughts

### Behaviors

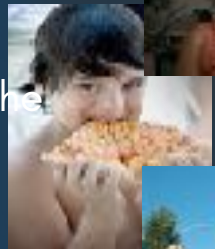
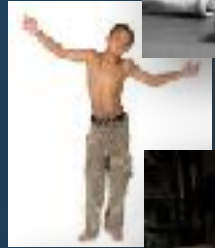
Self-limiting or self-protective lifestyles, Inwardness

Verbal build up toward self

Alienation from others, destructive behavior towards others

Addictive patterns. Thoughts luring the person into indulging

Aggressive actions, actual violence



# Depression in Children



- Lack of parental nurturing is a risk factor for depression recurrence in young children.
- 51% of the 74 children diagnosed with depression in preschool (ages 3-5) were later depressed in school (ages 9-12).
- Later depression symptoms were associated with non-supportive parental behavior.

*(Report from APA Monitor)*

# Parental Rejection



Recollections of parental rejections are significantly associated with depression, self-criticism and suicidality.

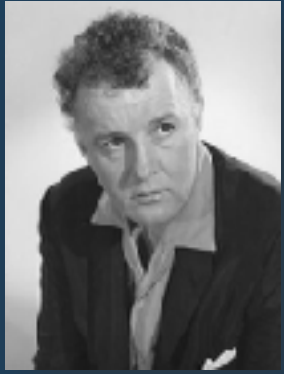


# **The Role of a Fantasy Bond in Self-image**

Maintaining a negative image of oneself helps uphold a Fantasy Bond with one's parent, as the person idealizes their parent at their own expense.

A man in a light blue button-down shirt and a dark blue tie is sitting at a desk. He has a distressed expression, with his right hand pressed against his forehead and his gaze directed downwards. A laptop is visible on the desk in front of him, but it is out of focus. The background is a plain, light-colored wall. The entire image is framed by a decorative, hand-drawn style border with splatters and dots.

# Critical Inner Voice and Depression



Rod Steiger  
Actor

*When you're depressed, it's as though this committee has taken over your mind, leaving you one depressing thought after the other. Part of the depression is as though you're punishing yourself for something... Your sense of self, your appreciation for yourself, your respect for yourself, disappears completely. It certainly isn't that your mind goes blank. On the contrary, when you're depressed, your mind beats you to death with thoughts. It never stops.*

# FEIFFER

By JULES FEIFFER

I AM A CRITIC.



I AM NOT A BOOK ART  
THEATRE, FILM, MUSIC  
OR DANCE CRITIC.



I AM A  
RESERVED  
CRITIC.



A RESIDENT CRITIC, WORKING  
ON THE HEAD OF A RESERVED



HE SNAPS UP I TELL HIM  
"YOU'RE LATE." AT THE CE-  
FICE I TELL HIM "YOU'RE  
LATE." AT THE DANCE PARTIES  
I TELL HIM  
"YOU'RE  
BORING."



WHEN HE FALLS IN  
LOVE I TELL HIM  
"YOU'RE NOT GOOD  
ENOUGH."



ON OCCASION HE DOES  
TAKE ANY MORE RE-  
VIEWS AND CRITICS  
HE OUT OF HIS HEAD.



SO I RIP OFF MY  
MASK AND SAY  
"IS THAT THE ONLY WAY TO  
TALK TO YOUR  
MOTHER?"



END OF FEIFFER

THE NEW YORK TIMES, 1964

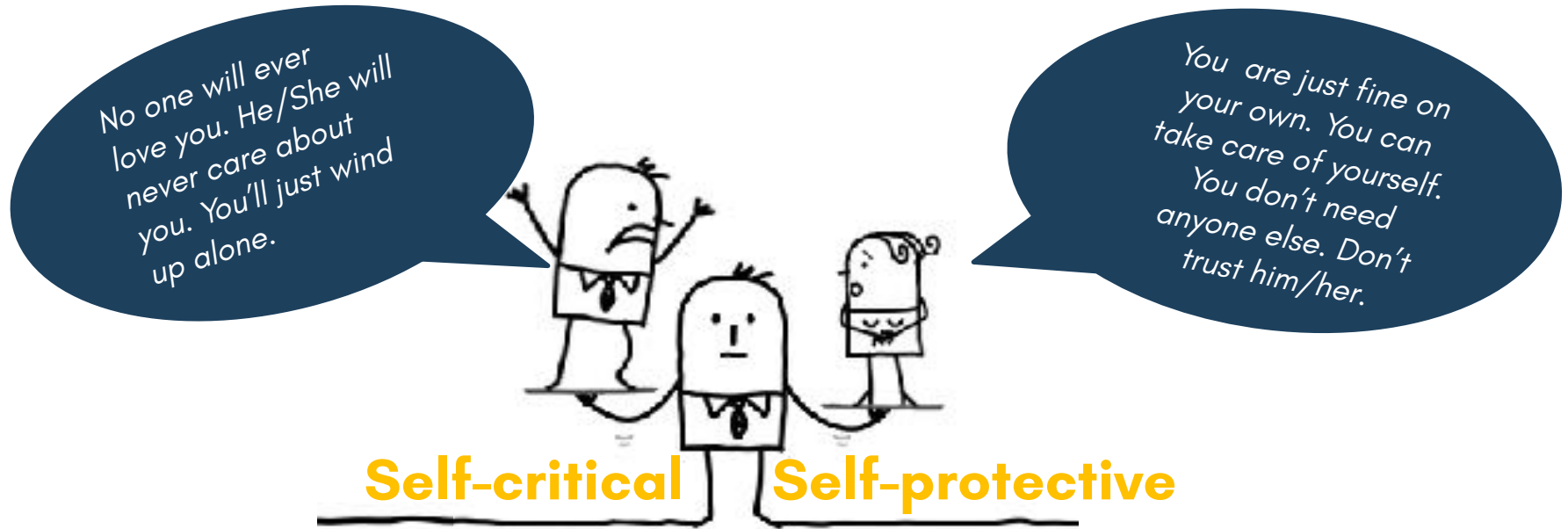
## What is the Critical Inner Voice?

- The critical inner voice is a well-integrated pattern of destructive thoughts toward ourselves and others.
- The nagging “voices” that make up this internalized dialogue are at the root of much of our self-destructive and maladaptive behavior.
- The critical inner voice is not an auditory hallucination; it is experienced as thoughts within your head.
- This stream of destructive thoughts forms an anti-self that discourages individuals from acting in their best interest.





# Critical Inner Voice



# How does the critical inner voice affect us?

- The critical inner voice is an internal enemy that can affect every aspect of our lives, including our self-esteem and confidence, our personal and intimate relationships and our performance and accomplishments at school and work.
- These negative thoughts affect us by undermining our positive feelings about ourselves and others and fostering self-criticism, inwardness, distrust, self-denial, addictions and a retreat from goal-directed activities.



# Self-criticism and Depression

- Self-criticism internalized growing up and the negative ways one compares themselves to others contributes to depression
- Depressed individuals showed a fear of being compassionate toward themselves and feelings of being unimportant to others

Source: Joeng, J. R., & Turner, S. L. (2015, March 23). Mediators Between Self-Criticism and Depression: Fear of Compassion, Self-Compassion, and Importance to Others. *Journal of Counseling Psychology*. Advance online publication. <http://dx.doi.org/10.1037/cou0000071>



# Common Voices in Depression

- You just don't belong anywhere.
- You're a horrible person!
- Your life is so boring and empty.
- Don't ever get too happy because the ax is bound to fall.
- Nobody really likes you. You're unlovable.
- You deserve all the bad things that are happening to you.
- Don't show anybody how bad you feel.
- Who do you think you are anyway? You're nothing!
- You don't deserve anything.



# Rumination

- A 2013 study of more than 30,000 people showed that harping on negative life events (particularly through rumination and self-blame) can be the prime predictor of some of today's most common mental health problems like anxiety and depression.
- Limit the time you allow yourself to think about negative thoughts or worries.



# Continuum of Self-Destructive Thoughts

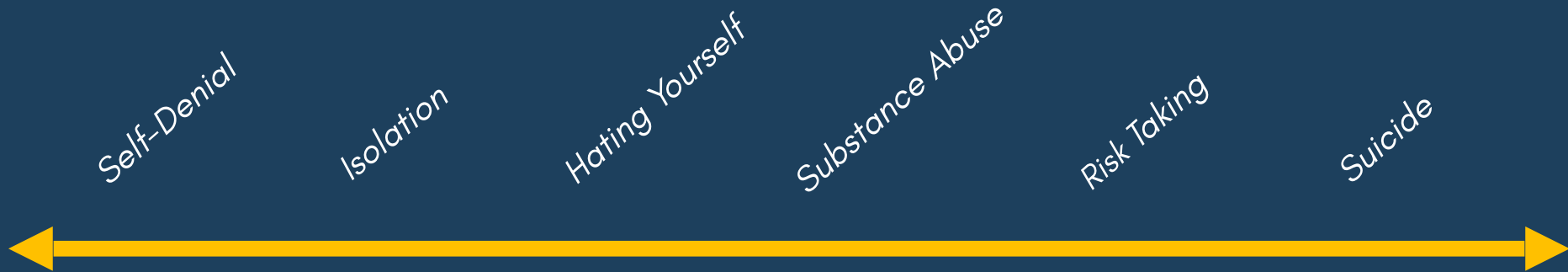
Negative thoughts exist on a continuum, from mild self-critical thoughts to extreme self-hatred to thoughts about suicide





# Continuum of Self-Destructive Behavior

Self-destructive behaviors exist on a continuum from self-denial to substance abuse to actual suicide.



# Our Approach to Self-Destructive Behavior

There is a relationship between these two continuums.  
How a person is thinking is predictive of how he or she is likely to behave.





Sylvia Plath  
Poet

*I could not sleep, although tired. And lay  
feeling my nerves shaved to pain and the  
groaning inner voice: oh, you can't teach,  
can't do anything. Can't write, can't think...I  
have a good self, that loves skies, hills,  
ideas, tasty meals, bright colors. My demon  
would murder this self by demanding that it  
be a paragon, and saying it should run away  
if it is anything less.*

# Self-criticism, Insecure Attachment, and Suicide

- Insecure attachment is associated with suicidal behavior.
- Self-criticism mediates the link between insecure attachment (anxiety and avoidance) and suicide-related behaviors.

**Sources:** Falgares Giorgio, Marchetti Daniela. (2017) Attachment Styles and Suicide-Related Behaviors in Adolescence: The Mediating Role of Self-Criticism and Dependency. *Frontiers in Psychiatry* 8 , pages 36.

Li S, Galynker Il, Briggs J, Duffy M. (2017) Attachment style and suicide behaviors in high risk psychiatric inpatients following hospital discharge: The mediating role of entrapment. *Psychiatry Res.*



# Assessment Instruments

- Firestone Assessment of Self-Destructive Thoughts (FAST)
- Firestone Assessment of Suicidal Intent (FASI)
- Firestone Assessment of Violent Thoughts
- Firestone Assessment of Violent Thoughts – Adolescents

Based on **Separation Theory** developed by Robert W. Firestone, PhD. and represents a broadly based coherent system of concepts and hypothesis that integrates psychoanalytic and existential systems of thought. The theoretical approach focuses on **internal negative thought processes**. These thoughts (i.e. “voices”) actually direct behavior and, thus, are likely to predict how an individual will behave.



# Uses for Our Measures

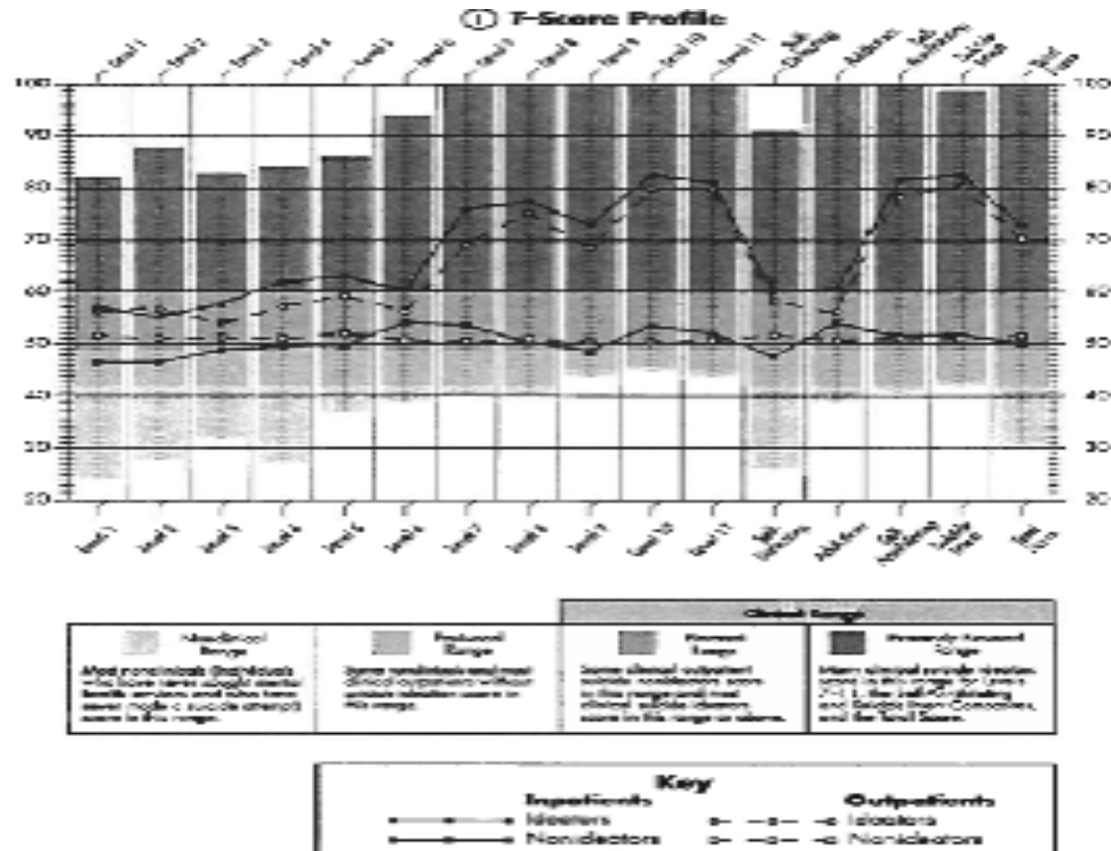
- Risk Assessment
- Treatment Planning
- Targeting Intervention
- Outcome Evaluation





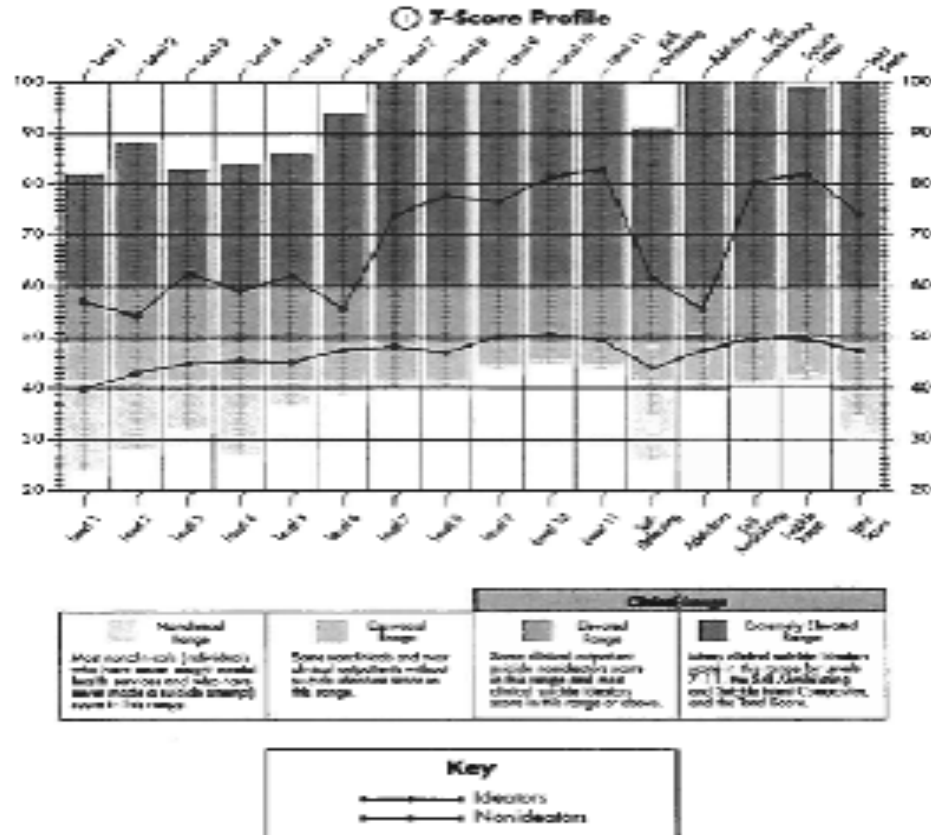
# Mean *T* Scores for the Depression Sample

## Inpatients and Outpatients – Ideators VS Nonideators (N=296)



# Mean T Scores for the Bipolar Disorder Sample

Ideators VS Nonideators (N=68)



# Firestone Assessment of Self-Destructive Thoughts

		Never	Rarely	Once in a While	Frequently	Most of the Time
1.	Just stay in the background.	0	1	2	3	4
2.	Get them to leave you alone. You don't need them.	0	1	2	3	4
3.	You'll save money by staying home. Why do you need to go out anyway?	0	1	2	3	4
4.	You better take something so you can relax with those people tonight.	0	1	2	3	4

# Other Measures

- Beck Depression Inventory-II (BDI-II)
- Clinically Useful Depression Outcome Scale (CUDOS)
- Patient Health Questionnaire (PHQ-9)
- Quick Inventory of Depressive Symptomatology (QIDS)



# Continuing Education Information

All webinar resources, including a video recording and links to purchase CE Credits will be emailed to you after part two of this webinar takes place.



# Thanks!

## End of Session 1

**Part 2 will take place on Oct. 13, 2021**

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