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NEWS

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*****University of Texas expert discusses depression and the holiday blues.

DALLAS--For some the "joyous" holiday season is actually a time of sadness and possibly even depression. At this time of year the loss of loved ones may be felt more intensely than before, and memories of past, perhaps happier Christmases may surface. Financial pressures created by inflation and the high costs of the gifts we would like to buy may add to the stress.

A well-known researcher on depression says the grief, sadness, and anxiety felt by many during the holidays are natural, healthy emotional responses. But he does offer some tips on how to cope with such emotions and on how to avoid slipping into a real depression, which he defines as a serious, possibly lethal illness.

"Depression is not just sadness--it's not just a mood; it's a syndrome that includes increased feelings of guilt, suicidal thinking, and decreased weight, appetite, sleep, and libido," says Dr. John Rush, associate professor of psychiatry at The University of Texas Southwestern Medical School at Dallas. "And depression appears to be associated with 70 percent of all suicides (more than 20,000 deaths per year)."

Although he stresses there is no scientific evidence that self-help techniques can prevent real depressions, Dr. Rush does think there are some things people can do to avoid "feeling low." The first and most obvious thing is to extend one's social system by reaching out to other people, he says:

"Recent studies have shown that depressed people often have a very restricted social system. They tend to withdraw from social interaction. When something goes wrong, there is nobody around to give them support. So increase your contact with other people. That's probably a good way to reduce sadness and loneliness associated with the holidays."

Another way to avoid the holiday blues is to plan a reasonable level of activity, he says:

"There's a fine line between doing too little and doing too much. It's easy to run yourself ragged during the holidays. Don't put too much pressure on yourself. People often feel compelled to throw a huge party and they wear themselves thin worrying about it. They think it's their duty to have every friend and family member over simultaneously. It's very important to exercise good judgement about your obligations during the holiday season."

Some people who are "down in the dumps" during the holiday season mistakenly assume that everyone else is "royally happy," observes Dr. Rush. He says these "chronic negative types" may have symptoms of depression or they may just be blue.

As an example of this common tendency to negatively distort information, Dr. Rush describes a secretary who is typing letters and turns in one to her boss with a couple of typing errors. When her boss points out the mistakes, she takes it personally. She thinks to herself, "I'm no good as a typist. I can't do anything right. I'm a total failure." Even though she may have typed 50 other letters with no errors, she selectively attends to the negative things that happen to her and overgeneralizes from them.

Dr. Rush says recent studies have shown that depressed people interpret many situations incorrectly and, as a result, have a continuous stream of negative thoughts. The thoughts are generally not based on real facts and they make the person feel unhappy when there is no objective reason to feel that way. Dr. Rush has been instrumental in development of a new type of psychotherapy for depression called "cognitive" therapy which focuses on this negative perception of experience. He explains:

"The idea is that people who are depressed stay depressed because they negatively bias their perceptions of current experience--that is, they have a negative view of themselves, their world, and their future. They discount positive events like an award or a promotion by saying to themselves 'I don't really deserve it' or 'It was just due to luck.' In this therapy, we explain to the patients that it's the way they think that's making them depressed, and then we help them to identify and correct their errors in logic."

The psychotherapy is based on the cognitive theory of depression, which was first proposed in 1967 by Dr. Aaron T. Beck, professor of psychiatry at the University of Pennsylvania. Dr. Rush has been collaborating with Beck since the early '70's, when he too was at the University of Pennsylvania. Next spring Beck and Rush, along with two colleagues, are publishing a book titled "Cognitive Therapy of Depression: A Treatment Manual."

Rush says he has helped to "package" and test the new therapy. He currently is in the last year of a three-year, \$100,000 study funded by the National Institute of Mental Health in which he is further developing and applying the therapy in depressed outpatients. In an earlier study conducted in Pennsylvania and published in 1977, Rush and Beck and their co-workers found that cognitive psychotherapy can be more effective than chemotherapy in the treatment of some types of depression in outpatients.

"That was really the first study to show that psychotherapy is anywhere near as good as chemotherapy for depression," Dr. Rush says. "The literature up to that time was overwhelmingly convincing that psychotherapy did nothing for depression."

Because of this and other evidence, the National Institute of Mental Health recently announced plans to fund a larger, multi-center study of cognitive psychotherapy. Dr. Rush says he is convinced that certain types of depression require chemotherapy, but that cognitive psychotherapy will prove to be useful for a significant number of depressed patients. "It will expand our arsenal of treatment methods," he says.

He emphasizes that there are several different types of chemically distinct depressions, all of which respond differently to various treatments. He says his future studies will be aimed at determining which kinds of depression respond to cognitive therapy, which require drug treatment, and which need both. "That's a much more complicated question."

He adds that only one in five people who suffer from depression currently are receiving treatment:

"Depression is one of the most underdiagnosed and undertreated of all illnesses. People go for years without seeking medical care. They just figure 'I have a crummy life, so I feel crummy.' But there's no reason for them to have to live their lives like that. If they have the symptoms of the depression syndrome that I mentioned earlier--suicidal thinking, loss of weight and sleep, et cetera--then it's a medical problem and they should see a physician."

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