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Office of Medical Information
The University of Texas Health Science Center at Dallas
5323 Harry Hines Boulevard Dallas, Texas 75235
214/688-3404

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CONTACT: Ann Harrell
Office: 214/688-3404
Home: 214/369-2695

****UTHSCD psychiatry researchers look for clues to best choice of therapy for the individual patient.

DALLAS--Think about being wrapped up in a giant cocoon. You are unaware of anything outside this silky, suffocating tomb of the retreating self. This is Margaret Anderson's description of her depression.

Anderson (not her real name) is a participant in a special research study using cognitive therapy for depression at The University of Texas Health Science Center at Dallas.

Cognitive therapy is a form of psychotherapy based on the idea that a person's emotional responses are influenced by the way he or she thinks, says Dr. Robin Jarrett, research assistant professor in psychiatry and Anderson's therapist. The therapist works with the patient to change negative thinking that may be intensifying the person's already depressed state.

The Dallas woman says her withdrawal from the world crept up so slowly that she was unaware of what was happening to her until she was paralyzed emotionally. And nobody looking at Margaret Anderson's busy life would have believed it. Not only does she hold down a job and handle the family investments, but she is the mother of a preschooler and is famous among her friends for throwing large parties all by herself. Her husband adores her, and her many acquaintances admire her for her accomplishments.

In fact, keeping busy was the technique she had developed to keep her depression at bay. "But when the trip, the continuing education class and the party was over, I came back to the house and nothing had changed," she says.

Last summer she realized that she didn't turn music on at home anymore, and she no longer sang and played games to entertain her little daughter in the car. Worse, she continued her retreat behind the four walls of her house, found herself unable to make decisions and felt overwhelmed and agitated by everything. At work and at parties, however, she continued "faking it."

Fortunately for this woman, she got help in time. The more she read about the subject, the more she suspected that depression was her problem. A call to the Dallas Depressive and Manic-Depressive Association referred Anderson to the Affective Disorders Unit at UTHSCD where mood disorders such as these are treated. There she was given the opportunity to participate in research on treating mood disorders with either drugs or cognitive therapy.

When Anderson decided to participate in a research program, she and her therapist discussed the preferred therapy. In her case it was cognitive therapy. "I chose it because I like to have a lot of control over my life," she says.

While many different types of therapy have been used with depressed patients, Jarrett says drug therapy and cognitive therapy are among the most effective, both having a success rate of about 75 percent. Currently, however, researchers do not know for certain which kind of therapy will be most effective with whom.

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That's why an important area of investigation in the Affective Disorders Unit is looking for patients who will help researchers gauge the effectiveness of treatment. In addition, Jarrett says that research in the Affective Disorders Unit, which follows patients after treatment, will help establish whether cognitive therapy helps the patient ward off recurring episodes of depression, which drug therapy does not seem to do well.

During the 20 therapy sessions, Jarrett helped her patient apply cognitive therapy skills to her problems. Anderson, like other patients using these techniques, confronted her depression by learning to:

- Recognize and write down negative thoughts that seem to occur automatically.
- Recognize the connections between her thinking, emotions and behavior.
- Evaluate the evidence for and against the reality of these thoughts.
- Substitute thinking more realistic thoughts for unfounded negative thinking.

The patient also was taught problem-solving techniques to use when she realized that there was some foundation for her negative thinking.

So far, Anderson is doing well. She says that she and her therapist found that some of her automatic negative thinking was influenced by "the way she was raised."

"But that's not important," she says. "The important thing is to be realistic about the fact that I'm too much of a perfectionist. I kept thinking nothing I did was important and that nothing amounted to much."

Now she has learned to organize tasks for the week and spread them out so she won't feel overwhelmed. By evaluating her performance and herself less harshly, she has gained confidence in her ability to cope on a daily basis.

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