**Common symptoms of depression include:**

* Sadness
* Tearfulness
* Low energy
* Fatigue
* Irritability
* Hopelessness
* Feelings of worthlessness
* Excessive guilt
* Increase or decrease in appetite
* Sleep disturbances
* Difficulties concentrating
* Indecisiveness
* Restlessness or agitation
* Loss of interest in things that once brought pleasure
* Somatic complaints
* Frequent thoughts of death
* Suicidal thoughts and actions

## John, 35 years old

He feels like a heavy black cloud settles all around him and he can’t see through it. All he can see is blackness. He feels like distressed. He was always working in a dead end job, where he cannot concentrate anymore and one day his girlfriend left him without explanation. For a week after that he barely even got out of bed and he couldn’t find the energy or the motivation to get up or do anything. He left his job, but he did not feel better. When he was not working anymore, he started to have a feeling of worthlessness. He wasn’t really in danger and he didn’t see anything too awful or upsetting. But he just felt worse and worse, and all the things he used to enjoy seemed stupid and pointless. He couldn’t be bothered doing anything, not even eating. He didn’t have any energy, but he couldn’t sleep either. He just stayed in bed and felt hopeless. He stopped meeting with his friends, as he felt like everyone irritates him. He is living alone and almost nobody visits him. Recently he started to use drugs to feel better, however it made him feel even worse. Once he even thought about killing himself, but then he thought, what it would do to his parents. Then he had a feeling of guilt.

**One of the explanations for John's behaviour could be learned helplessness, as he cannot could not find a solution for his problems, he became depressed and he might believe that there is no way out from this.**

Martin Seligman (1967) and his colleagues were the first who coined the term 'learned helplessness' after they discovered that when dogs could not escape from an electric shock (as negative reinforcer is removed and the operant escape become extinct), dogs became ‘depressed’ and would not act to avoid the shocks even when that was possible. They also realised that cognitive processes also take part in this process (e.g. negative views supported by cognitive biases), however there are individual differences and biological factors as well.

According to Peter Lewinsohn (1970) the possible cause of depression is the stress from the environment, lack of personal skills to obtain reinforcement and withdrawal from social interaction.

**All these causes are present in John's behaviour.** Positive reinforcement for depressive behaviour or punishment for healthy behaviour can also increase depression. **However, this last cause is probably missing from John's life, as almost nobody visits him. But also it means that there is nobody to reinforce healthy behaviour too.**

Peter Lewinsohn (1970) suggested activities that elicit positive reinforcement need to be increased, but unhelpful reinforcement need to be reduced or extinguish. He also mentioned those reinforcements that cause punishment need to be removed and the individual need to build up resilience.

Escaping or avoiding stimuli leads to a passivity and withdrawal that reduces the positively reinforced behaviour, which increases depressive symptoms (Martell et al., 2001, cited in Carvalho and Hopko, 2011). Consequently, alternative activities and temporarily satisfying maladaptive behaviours (e.g. **substance use in John's case**) are often chosen (Cronkite and Moos, 1995, cited in Carvalho and Hopko, 2011).

**CBT can be effective treating John's depression.**

There is a significant evidence for the effectiveness of CBT for the treatment of depression and other mental illnesses (Butler, Chapman, Forman and Beck, 2006).

Rohde (1983) noted that the CBT treatment approach is rooted in behavioural (Lewinsohn et al, 1969), and cognitive formulations of depression (Beck, 1967).

The behavioural component is based on Behavioural activation (BA) approach.

Dimidjian et al. (2008, pp. 362-363) suggested that BA aims to help clients become active and engaged in their lives to reduce depression and help to prevent future episodes. BA therapists help depressed clients to increase activities that bring greater reward and to solve important problems. Clients are assisted in approaching important life goals and engaging with the problematic aspects of their lives. Researchers suggest that BA holds promise as an efficacious treatment for depression (Dimidjian et al., 2008, pp. 362-363).

CBT has a cognitive component as well. Young et al. (2006, p. 297) suggested that evidences are supporting the efficacy of cognitive therapy in the treatment of depression. Cognitions are tested and examined. Through this process, patients start to see themselves and their problems more realistically, to feel better, to change their maladaptive behaviour patterns and to take steps to solve life difficulties. These changes are mainly results of planned self-help homework assignments.

According to Young et al. (2006, p. 297) there is another type of cognitive therapy called schema therapy. It has been developed to deal with the deeper psychological structures that predispose patients to chronic depression. Attention and effort are directed toward identifying and modifying the underlying schemas and schema modes that often predispose chronic depression. When patients come to understand their own schemas and schema modes, their developmental origins, and the way they are triggered, reinforced, and maintained. As a result, patients attain the necessary psychological tools to make the necessary cognitive, interpersonal, and behavioural changes necessary to minimize further episodes of depression (Young et al., 2006, p. 297).

**John can be encouraged to attend a Cognitive Behavioural Group Therapy.**

According to Lewinsohn, Youngren, & Grosscup (1979, cited in Weis, 2014, p. 501), in these classes patients learn new skills to help them cope with depressive symptoms and daily stressors. This course also helps to learn not to attribute their failure to internal causes, to enjoy success and avoid self-blame. Because if they only experience failure and frustration, they see themselves helpless and start to create maladaptive thought and cognitive biases, which can lead to depressed mood (Lewinsohn, Youngren, & Grosscup, 1979, cited in Weis, 2014, p. 501). They also mentioned that they learn to monitor their emotions and notice how changes in their behaviour can improve their mood. Later in treatment they can have social skills training how to make friends and engage in social activities (Rohde et al., 2005 cited in Weis, 2014, p. 502).

**There can be other options for John to reduce undesirable behaviours and to increase desirable behaviours. For example:**

Azrin and Besalel (1981, pp. 14-151) investigated a method of treating depression based on an operant reinforcement perspective. Their procedure included:

Increased reinforcer utilization, behavioural contrast of reinforcers and aversive stimuli:the existing level of reinforcement loss was contrasted with the even greater levels of reinforcement loss of others; enforcement loss was discouraged, sources of reinforcement were encouraged.

Overcorrection: to interrupt and inhibit negative self-labelling

Reinforcer sampling (a potentially reinforcing but unfamiliar stimulus is presented without regard to any prior behaviour) and stimulus control (ABC/SD>R>SR) by positive events

Also, training was given in skills related to the cause of the depression such as communication and study skills.

Some improvement occurred after treatment for virtually all persons. Overall degree of improvement was about 75% reduction in the unhappiness rating and 86% in goal attainment. These results indicate that the treatment program was effective within few sessions and the benefits endured. The degree and speed of improvement on the behavioural measures seemed at least as great as obtained by previous cognitive or behavioural programs.

+NOT FINISHED:

3 circles model: NEGATIVE LIFE EVENTS (triggers), EMOTIONAL RESPONSES (depressive mood, hopelessness), AVOIDANCE PATTERNS (increased sleep, social withdrawal)

**There could be many other reasons for John's depression. For example, depression could be affected by genetic factors as well.**