



Dr. Michael Yapko

Depression is contagious: How our relationships can serve as the cause of, or the solution to, overcoming depression.

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This is Dr Michael Yapko, I am a clinical psychologist and I'm going to be speaking for the next thirty minutes about the topic of depression as a contagion. The title of my talk is **“Depression is contagious: How our relationships can serve as the cause of, or the solution to, overcoming depression.”**

First I'd like to start by expressing my gratitude to you Robert McNeilly and Gabriel Peacock of the Milton Erickson Institute of Tasmania for inviting me to make this presentation.

And a little bit of background - As I mentioned I'm a clinical psychologist with more than thirty years of specialized experience in treating depressed individuals, couples and families. I've written twelve books on various aspects of therapy and especially short-term therapy for depression.

I wrote the authoritative section on treating depression for Encyclopedia Britannica and by invitation I regularly conduct trainings for mental health professionals all over the world.

My intention is to speak, as I said for about thirty minutes, which is just enough time to acquaint you with the subject matter. For further information you can visit my website: <http://www.yapko.com>.

What causes depression?

Well let's start by me asking you to consider your answer to this seemingly simple question: What causes depression?

How you answer that question is going to influence dramatically how you conduct treatment and even how you're going to react to the things that I talk about in the next thirty minutes.

Is depression caused by genetics, a biochemical imbalance in the brain, psycho social stressors, cognitive distortions, a lack of environmental and social rewards, social inequities, cultural influences, family influences? Does it arise from simply mishandling key vulnerable situations?

Well the truth of the matter is that there is excellent evidence to support every one of these viewpoints. So the best answer that I can give you to the question of what causes depression, is that depression is caused by many contributing factors.

The “Bio Psycho Social Model”

Most people acknowledge the utility and reasonableness of what is referred to as the “bio psycho social” model of depression an acknowledgement that depression has a biological component influenced by genes, biochemistry, disease processes and even medications.

Depression also has a psychological component that includes things like the person's personal history, their coping style their realm of experience, their range of cognitive distortions and so on.

And finally, depression exists in a social context: Social disturbances, social distress, cultural influences, family influences. And all of these things combine to create depression. Depression doesn't just have a single cause nor does it have a single treatment.

Not In Our Genes

But biology has received the greatest amount of attention from people for all kinds of reasons. I think people love the simplicity of the notion that this is

genetic or that this is biochemical but there is a great deal of evidence that has accumulated in a variety of fields in the last few years that makes it abundantly clear that depression is about much more than "biology run amuck."

When we look at the literature of genetics, the literature of epigenetics, neuroscience, affective neuroscience, epidemiology, individual psychology, and social psychology we discover that there is evidence in each of these areas that continues to point to the power of the environment in shaping our gene expression. That's referred to as epigenetics and the quality of our relationships influences the biochemistry of our brains. In fact, the more we learn about the biology of depression, the more we discover the power of human relationships to either increase or decrease one's vulnerability to depression.

The Social Components Of Stopping Depression From Spreading

So my focus now is on the social side of the equation. What is it about human relationships that either protects people against depression, or leads them into depression? Well if we start generally, let's start with the epidemiology for just a moment. The World Health Organization monitors these kinds of issues around the world. Recently they declared depression is currently the fourth most significant cause of suffering and disability worldwide, behind heart disease cancer and traffic accidents.

But even more troublesome is their prediction that by the year 2020 depression will have risen to become the second most debilitating human condition.

So what the data show us is that depression is continuing to rise. Depression is continuing to increase in prevalence around the world and across all demographic groups.

So if we ask the question what could possibly be causing this? Is it that all of a sudden everybody has the same genetic anomaly? Does everybody share the same biochemical imbalance or are we looking at this through the wrong lens?

That instead of thinking about this as some biological of selection that damages individuals, can we look on a more widespread social basis? Look

at depression through the social lens and have better explanation for what's going on?

Well that's what I've been doing now for the last ten years. And in fact I just wrote a book that was released just a couple of months ago. The book is called “*Depression Is Contagious*” (<http://amzn.to/1dMZEb5>)

And in this book I describe the substantial evidence from many different fields that points in the direction of acknowledging that the reason depression is spreading is not because of biology, the reason that it's spreading is because of sociology, social psychology, interpersonal psychology...the things that happen between people.

Well, so many people are so focused on drugs and genetics, that they're missing the social psychology of this problem. They're so busy looking at things microscopically and I think now it's more realistic to look at things macroscopically - to have a bigger lens to understand the broader implications of this growth of depression.

So I simply want to advance the notion that depression has a huge social component that has received too little attention - to the detriment of people who suffer depression and those people who care about them.

Relationships As A Context

Well, let's look at relationships for a second. If you're a clinician and you think about the people that you treat...how often are other people at the heart of someone's depression? Think about the role of rejection, loss, betrayal, humiliation, abuse, abandonment. All of these are common foundations of depression's origin. And these are all social phenomena. They happen in the context of human relationships. And how often is that our misperceptions about other people lie at the base of depression?

What happens when people see rejection where there was none? What happens when people feel left out despite the invitations that others extend for them to join in? When people miss social cues and misinterpret other people's motives, they can make themselves a miserable. And this is about how they conduct their relationships in ways that are ineffective at least, and highly dysfunctional at most.

Well, if we look at this across cultures, regardless of culture, the people who are in positive satisfying relationships, including their relationship to themselves, do better in terms of mood and health.

Yet depressed people isolate. They damage their relationships and they even commit anti-social acts all in the name of trying to cope. But coping poorly.

I'll be making the same point in many different ways: **Good relationships are imperative to good mental health.** But good relationships require skills that are not taught or culturally modeled. So too many people never develop those skills. Consequently their relationships suffer and can easily become a source of pain, distress, and yes, depression.

So in my book “*Depression Is Contagious*,” I spent the first chapter describing the overselling of the anti-depressant medications and I shared a great deal of information that it is not well-known to people and yet it should be because the premier medical journals on the planet over the last several years have been publishing some very serious allegations against the drug companies. And even beyond allegations solid evidence that the drug companies have lied, they have deceived. That this has been a triumph of marketing over science.

In fact just two weeks ago as of the date that I'm recording this February eighth 2010, Newsweek magazine one of the premier news magazines in the United States indeed around the world ran a cover story that was called antidepressants don't work.

Antidepressants Do Not Work

And then the key story itself was titled “*The Depressing News About Antidepressants*” written by the science editor Sharon Begley.

(<http://www.newsweek.com/depressing-news-antidepressants-221710>)

This article that provides an excellent summary of why the drug companies are misrepresenting the merits of antidepressants. And of course, what has become well-known now is that the neuro-chemical hypothesis of depression, the idea that depression is caused by a shortage of serotonin were nor epinephrine. The evidence is growing that this is not only not true but it's patently false. And so the evidence is against that viewpoint. And if

we look at the new studies coming out that are much more honest and rigorous it shows that the antidepressants really don't have much of a success rate beyond placebo.

Now, that is an important point because it lends another level of substance beyond the epidemiology, beyond the social psychology of the things I'm going to be talking about. But it points to, that so much of what depression is about are things that cannot be helped by any anti-depressant medication.

Antidepressants cannot make you a better problem solver. Antidepressants cannot teach you social skills. Antidepressants cannot build a support network for you. Anti-depressants are very limited in what they can do, and so it highlights again that when people don't learn the kinds of skills that I'm talking about that it increases not only their vulnerability to depression but the vulnerability of the people around them that they influence.

Depression is contagious

Depression is contagious and I think about it you already know that. You know how there are some people who can walk into a room and spread rainbows and sunshine and then there are other people who can walk into a room and suck the energy right out of it and turn it into a black hole.

Well, mood is contagious and certainly the more that we learn about the social relationships of depressed people, the more that we understand why the people who are in close proximity to depressed individuals are at an elevated risk for depression.

This is particularly true for families and particularly true for children. Did you know that the child of a depressed parent is anywhere from three to six times more likely to become depressed than the child of a non depressed parent. Just having a depressed parent is a very very strong risk factor. And of course now we know it isn't because of genetics. The idea that there is a depression gene has been soundly disproven.

There Is No Depression Gene.

There are genetic vulnerabilities, there are genetic predispositions. But this is the whole point of my book and of this lecture: that when we look at the

evidence in the field of epigenetics - how genes express themselves - they are modifiable by environmental influences.

What I'm encouraging heavily is developing an environment of healthy relationships, positive relationships that help your brain, help your mind, help your life, help your mood.

So in “*Depression Is Contagious*” after the first chapter where I talk about what antidepressants can't do and what some of the misrepresentations of drug companies have been, I moved through the rest of the book in terms of teaching people the social skills that are known to not only reduce depression but even to prevent depression.

What Skills Should Therapists Be Teaching?

And so in the remaining minutes I'm going to talk about what some of these skills are that I teach in the book and then I think therapist should be routinely teaching their depressed clients. So the first one that I'll describe is the most basic point that other people are not like you. other people are not like you.

There is a pattern that is consistent across depressed individuals. It's a pattern that's known in the literature it has the “internal orientation.” The internal orientation refers to how self-absorbed and self-focused, depressed people tend to be. It's why many people will describe depressed people as the worst to try to have a relationship with. Because they miss the cues around them. They don't notice other people's moods or feelings. They're just really into themselves and they don't really mean to be but that's the nature of depression. Depression drives you inwardly.

But one of the things associated with that, the internal orientation, is how often depressed people will use their feelings as the indicator of what to do. They'll use their feelings to make decisions and that's the problem when you're making important decisions through the lens of depression - through the filter of depression - You're very likely to make depressed decisions. And when we look at the decision making strategies of depressed people this is a whole element of the field that's called “affective neuroscience”: how do moods affect decision-making. Then we see how depressed people will make decisions that serve to reinforce their depression, that serve to actually make their depression worse.

And again they don't do it intentionally but they do it. So you might say to your depressed partner "please go get help" and the person says "no I don't want to do that, I don't feel comfortable talking to a doctor about this." That's a bad decision.

Or they go to the doctor and the doctor says you know here are the names of three therapists and I think you should get into counseling. You could use some help and some support and some skill building. And the person takes the three names and sticks them in a drawer and never calls them. That's a bad decision. And it's mediated by depression and the internal orientation.

Hypnosis And How To Get "Out" Of Yourself.

So it becomes one of the most important skills to learn: how to get out of yourself. How do you get out of yourself and make decisions based on something other than your feelings? What else can you make a decision on the basis of? How about the result you want instead of the feeling that you have?

And it's really one of the reasons why I love hypnosis so much, because hypnosis as a tool makes it easier to create these dissociations. By dissociation, I mean the ability to detach feelings from a course of action, to be able to choose a course of action that is separate from your feelings simply because you want the outcome. Hypnosis makes that kind of process easier.

So a second skill and another chapter that's in the book, deals with expectations. If you were to ask the marriage experts what single factor most predicts relationship satisfaction they will tell you - without hesitation - that the single greatest factor in determining your satisfaction are your expectations. If your partner lives up to your expectations, you're happy. If your partner doesn't live up to your expectations, you're not happy.

And isn't that really how you judge everything? Is it not how you judge this presentation? If I am talking about the things that you think I should talk about, if I'm saying the things you think I should say, because you would agree with them, then you're going to be happy. But if I say things that you disagree with or things that you don't think I should be talking about then

you're not going to be happy. So expectations are the predictor of satisfaction but it misses the bigger question here.

Learning How To Assess Other People Realistically.

What happens when your expectations are unrealistic? And that's part of the problem with depressed individuals: How often their expectations for other people are partly or entirely unrealistic. So they want apologies from people who are never going to apologize. They want faithfulness from people who are never going to be faithful. They want honesty from people who are never going to be honest. And instead of recognizing who this person is and how they do things, they have a lapse in judgement. Learning how to assess other people realistically is the key skill I'm alluding to here.

Instead of being realistic about who this person is, they're focused more internally on what they want from that person without ever realizing this person can't provide it. It's just not part of who they are. So the first skill I mentioned was "get out of yourself." The skill I'm mentioning now is learning how to assess other people realistically. I want somebody to be able to go out to lunch with somebody and a half hour later really know a lot about who this person is, how they do things, what their values are and what they're likely to do.

So the next thing that I talked about in the book, is about the hazard of thinking too much and thinking too deeply. I am in the realm now of talking about what are called coping styles. A coping style is how you deal with the inevitable stresses, the inevitable adversities in life.

The Avoidant Coping Style

And there are two coping styles in particular that are highly correlated with depression. One is the avoidant coping style which is exactly as it sounds the person avoids dealing with things they don't want to deal with. And of course avoidance disempowers you. You can't really get any where, you can't really solve any problems by avoiding them. It's inherently disempowering. As soon as you go into avoidance you're basically saying that the problem is bigger than you are, and nobody defeats depression by declaring themselves a victim.

Thinking Too Much

The other coping style is called a ruminative coping style. Rumination refers to the tendency to analyze and analyze. Spin it around. Think about it some more. Spin it around some more and analyze it some more and think about it some more. All of these are at the expense of taking effective action.

People who are ruminative are constantly thinking, constantly analyzing, spinning around in their heads and all that serves to do is increase their level of anxiety. And as you probably know anxiety is the most common co-existing condition with depression. Statistically most cases of depression are co-morbid cases, meaning there is a second or even a third co-existing condition. Anxiety just happens to be the most common co-existing condition and rumination fuels anxiety. It also fuels more depressive symptoms.

Now it's a curious thing because when you interview people who are prone to rumination, they don't realize they are ruminating. That isn't how they think about it. They actually think they are doing something. They think they're problem solving. And it's a curious thing also, that if you look at the different forms of psychotherapy: Why is it that those therapies that are analytic and dynamic, have the lowest treatment success rate for depression?

Now that's not a general statement about psychodynamic approaches but it is saying that as far as depression goes, there are other more effective approaches. And part of the problem is that psychodynamic approaches actually encourage more rumination, more analysis, as opposed to knowing when to stop the analysis and move forward with being proactive. Taking active action.

Across the different therapies that have the highest treatment success rates, there is a variable called “behavioral activation” that is critical. It may seem counter-intuitive, especially if you're psycho dynamically oriented, especially if you're invested in deep psychotherapies, but the clinical evidence makes it abundantly clear - the research evidence makes it abundantly clear - there is a potential danger in thinking too much. We want to get the person to do less thinking, less analyzing, and empower them to be more proactive, taking action in their own behalf.

The next chapter in the book is about marriage bringing other people down with you. The message to the reader is to learn to lighten up and protect

those people that you love from your depression. You know one of the things that happen when people get depressed is they lose their sense of humor. Depressed people are not known for their sense of humor, quite the contrary. So instead of having the ability at times, at least to lighten up, have some fun, do some things that are easy and light hearted. The person builds their life around the depression. Their partner says, "Come on let's go to a movie." No, I'm too depressed. "Come on let's go take a walk." No, I'm too depressed. "Come on let's..." No, I'm too depressed. And little by little the person literally builds their life around the depression, until it becomes so top heavy that they collapse under its weight.

The message - at least part of the time - to people who are depressed to protect their partners is: "lighten up" and the further message "go have fun."

Create times that are good for you and good for the other people around you so that life isn't all about feeling bad that it really is your responsibility as the depressed person to protect the people that you love from the negative consequences of your depression. That is a really important point.

Close Relationships

The next chapter in my book deals with how important close relationships with other people are. The more that we learn about the relationships between quality of relationships, number of relationships, depth of relationships, and physical and mental health: The more that we see that it really is true we are social animals and we do need other people.

But what happens in depression, of course, is that people start to isolate and instead of getting connected and staying connected, they disconnect. And the problem is, when you don't have people around you to give you feedback, to challenge your depressed thinking. There you are all alone with the depressing thoughts in your head, nobody to challenge them. And all it does is leave you vulnerable to believing yourself. I often say when I'm being a little bit facetious about this, is that the problem with depressed people is that they think things and then they make the mistake of actually believing themselves.

The value of having other people in your life is that they can expand your thinking and challenge your thinking. As I mentioned earlier, across cultures the people who are connected to something other than themselves, the

people who are attached to something greater than themselves, do better they have lower rates of depression.

Well, I can go on and on but I can tell you this: Self-help is essential. And the social skills that I'm talking about developing are not only important from a treatment point of view, they are important from a prevention point of view. And that is the last skill mentioned in passing. How important it is for depressed individuals to learn good problem solving skills and most importantly the ability to learn to think preventively.

Learn To Think Preventively

You know I am often amazed at how many of the problems that people present to me asking for help, are problems that could have been prevented with just a little bit of foresight if the person had just thought ahead. I can honestly say, that most of the unhappy people that I've treated, had ample time to act preventively but they missed the opportunity.

Why did they miss the opportunity? Simply, because it came disguised as inconvenience. They didn't want to have to reel in their feelings: They wanted to be able to follow their feelings. Even though they knew following their feelings was going to take them down a path that was going to work against them and even be destructive.

The Future Can Be Predicted

And so the opportunity to think preventively, the skill of learning to think preventively, I think is the most important skill a clinician can teach someone. And yet I'm often amazed at how often clinicians, miss the opportunity to do that. They say things to their clients like “well the future can't be predicted” or the really clever approach that “life is what happens to you when you have other plans.”

And instead of teaching the person how to think ahead and how to act preventively they portray the future is something that can't be predicted. Well, of course the future can't be entirely predicted, but aspects of it can. There are a lot of things that can be predicted, that if you say “this” to your partner pretty good chance here is the reaction you're going to get. You smack your kid when you're angry, pretty good chance what's going to happen next, and what kind of child that's going to become.

There are a lot of things that are very predictable and to me it's an important thing, because how you think about the future is either going to motivate or demotivate and certainly one of the foundations of depression is hopelessness. The person believing that no amount of effort is going to make a difference.

Well, I want the person to know that effort does make a difference, but it has to be sustainable effort and it has to be sensible effort. So I don't want the person just doing the same old things, hoping things are going to change. It's my job to create the context where this person can learn the skills acquire the information to start doing things differently. The message that I want to reinforce over and over again is be proactive and when you're being proactive do something different.

Well I see that my time is up. I want to thank you for your kind attention. I hope that you have found this quick overview of the social side of depression, interesting and certainly interesting enough to want to acquire more information about it that can be very helpful to your clients.

Again thank you for listening.

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<http://www.yapko.com/>

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