Web-based Radio Program

How to Prevent and Overcome the Most Common Mental Health Disorders

Depression

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Good morning. This is Dr. Greenspan coming to you by our web-based radio show. Thank you for joining us. Today we're going to continue our series on the most common mental health challenges that we see in both children and adults. As you recall, we've been talking about anxiety and last time we talked about depression. We left off that I was going to provide a clinical example to exemplify the principles we were discussing about how to help children, as well as adults, who are depressed. As we know, all children and adults – whether they have special needs or don't have special needs – can become depressed and experience depressive disorders.

An example I wanted to give you was of a child who, at age eight, was getting more and more depressed and he was avoiding going out with his friends, he was spending more time playing computer games and watching TV, and he was being negative about school and about his prospects for having friends – whether people would like him – and basically feeling that he was a "failure" at everything he tried, including at having friends and being successful at school. At times he would even verbalize feelings such as, "I wish I were never born." He clearly looked sad and felt very sad. It had gotten beyond just sadness or disappointment in a particular friendship or being scapegoated by certain kids at school; it had gotten to the point where he was pulling away from his regular activities, retreating and just feeling depressed and feeling more and more like a failure.

This youngster fit our profile in the sense that he was very sensory reactive, both to touch and to sound and, therefore, he was also very emotionally reactive to his own feelings and very reactive to feelings of others. He might take even just a slight little grimace or a smile on someone's face as a negative reaction to him or to something he did, or as a sign that he was not being as socially skillful as someone else. He was a verbal and bright child and could verbalize many of his feelings. He also had another strength, which both worked for him and against him – long term it worked for him, but in the short term it actually contributed to his depression – he was very strong on his visual-spatial processing and thinking in the sense that he could see the forest for the trees and was a big-picture thinker and could see the bigger patterns. So he was very quick to construct big patterns, like "Nobody likes me," but, unfortunately, around his depressive feelings he was locked into more polarized thinking so rather than seeing shades of gray or seeing the glass both partially filled and partially empty, he would see it as all empty. He would construct a whole pattern – going back through his long-term history – around that.

Also, his strong big-picture thinking and visual-spatial thinking enabled him to deal with his over reactivity and his getting overloaded – not by being fragmented or just cautious, as many sensory reactive children can be – but in terms of being stubborn and negative. So he

would anticipate where he would get overloaded and just refuse to do it, whether it was wearing clothes that were the slightest bit rough, or whether it was going into a social situation where he anticipated any sort of "people making fun of me." He was a good anticipator and was very negative and very controlling about how he wanted his environment to be – that's why he retreated to the safety of computer games and TV and "couch potato land." We can see very clearly this combination, often, in both adults and children who get depressed – they combine their sensory reactivity with a very strong capacity for big-picture thinking. So rather than just getting fragmented and being at lose ends and jumping from thing to thing, they actually see the whole pattern, which depresses them, and they see the negativism and the stubbornness, which just digs the hole deeper for them, although in the long term it also helps them dig their way out because they can then understand their patterns and take corrective action to change them and get some insight into their depression and their own physical make-up, which helps them.

This child also evidenced some of the other characteristics that we've talked about. When he was very little, we learned by watching videotapes for our documentation, that when he would get intense in his moods – and he could be very negative or very stubborn or, at times, look depressed – his mother would freeze a little bit and she would blame herself for his intense mood. Rather than just trying to comfort and soothe him and instead of being flexible and trying to bring him out of it, you could see in her face a build-up of tension and a sort of momentary freezing. So he experienced – at that moment of intense affect – an absence of any emotion coming back from his caregiver on whom he was most dependent. Instead he got, in a sense, an empty response or a tense response. For him, that didn't "fill him up," as he later came to describe it. Instead he just felt this emptiness. Indeed, later, when we saw him, when he felt strong emotions they were coupled with pessimism and an empty feeling, which actually dated back, in all likelihood, to these pre-verbal experiences.

Then we saw the same patterns repeat themselves in pretend play. If it were just nice little pretending with trucks or with setting up a school situation, his main caregiver – his mom – played out wonderful pretend dramas with him. But when themes of aggression or themes of conflict or themes of other intense affect, including sadness, played out, again, she got worried about, "Why are these in his play? What does this mean? Am I a bad mother?" And there was that freezing again and he would experience, undoubtedly, that same lack of affect or feeling tone or empathy and, instead, reinforce that experience of emptiness. In fact, when I was able to work with him in therapy he would describe to me that when he felt strongly – either angry or rejected – he couldn't picture feeling better. He had no images – no pictures – in his mind that he could create to make him feel better. So he didn't have what we might call an "internal security blanket" that he could visualize or imagine or create in terms of reassuring words. Many of us go through tough times, but at the moment of truth, during the tough times, we reassure ourselves and we talk ourselves through it, or we picture something positive to help us get through it. This ability derives from experiences we had in growing up during tough times where there was somebody there, holding our hand, empathizing, giving us hopefulness or promise for the future. This little fellow didn't have that, so it was at the level of pre-verbal or pre-symbolic experience and at the rhythm of emotional exchanges that there was that emptiness at the moment of intense affect. Then, at the level of using images or symbols with words or pictures, again, there was that emptiness that was reinforced. Usually if it's there pre-verbally, you then can form symbols that exemplify it and that becomes your internal security blanket that you can call on and that helps you from being depressed.

So he didn't have that internal security blanket and, as he began becoming a causal thinker and becoming more logical, he had unrealistic expectations – not based on his experience, but unrealistic in the sense of the reality of the situation at hand – for continuing empty or negative or bad experiences, coupled with strong affect, which made him more vulnerable to depression. It was also hard for him to progress into gray-area thinking and higher forms of reflective thinking around intense feelings, although he was quite able to do this with math or with his schoolwork, where until he got real depressed he was a very good student, although when he got real depressed his grades started suffering because he stopped doing his homework and handing in assignments.

So in this child we saw some of the patterns we've gone over previously. In addition, his father was a bit of a workaholic – he was a busy attorney – who got home late at night and didn't have much patience. When this little guy would get into his pattern of negativism or stubbornness it often led to a battle with Dad, who had a kind of militaristic attitude about such things and would often say, "Okay, let's get over these things; let's tough it out." He thought he could intimidate his little toddler into just "toeing the line" and getting over his negativism, whether it was wearing proper clothing or sitting at the dinner table – small things that were hard for this guy and which required more flexibility. This pattern continued. Dad would play with him occasionally, but not every day, and it was more either rough housing or trying to show him sports, rather than more empathetic, flexible play where he would tune into his child's interests. What happened over time is this little guy would avoid playing with his dad because of his rather abrupt style, even though he enjoyed sports. When he was not on the outs with his friends around the block, he wanted to be active and physical, but with his Dad he found it a little too controlling, a little too aversive, so he shied away from it and he would do only selected things with his dad. The tension in their relationship and the fighting only intensified. So we had a situation with a mom who was more "there" and more empathetic, but who couldn't handle the intense affect, which caused him to experience emptiness; and with his dad, who was more oriented toward power struggles with this little guy, who already was negative and stubborn and prone to having power struggles and who needed a very different kind of approach.

When the depression reached a peak and they came for consultation we identified these patterns. Also, we were able to identify the principles we alluded to earlier that would help overcome his depression. In addition to learning about these themes through play and by talking with a therapist, the following family plan was instituted that helped this little guy overcome or master some of the developmental steps that he hadn't mastered that made him vulnerable to being depressed.

Number one, we helped Mom understand her own background and history and her relationship with her own mother, who had been very rigid and very intrusive and who didn't handle intense affects well. We helped Mom understand the connection of how she could help her little boy, Tommy, with his intense affects. So when he showed strong emotion, she was able – through her insights and just through sheer effort – to learn to "hang in there" with him and be empathetic and listen to the anger or the conflict or the pain without blaming herself. She still had the fantasy of blaming herself, but she was able to kind of talk herself through it and say, "Well, it's not something I'm going to retreat from. I know I feel this way because of what I experienced with my own mom, but I'm going to hang in there and provide a different experience for my little guy." She gradually learned to be more empathetic and to find out more about the painful affects so that he began experiencing Mom not as an empty space at the

moment of truth, but as a empathetic presence. That was very important, even though he was a little older – it's never too late to get that internal security blanket, that empathetic image or that empathetic relationship you can carry around inside you. So she became more flexible and more empathetic at these moments of intense affect, which is our first principle.

Number two, we worked with Dad to change his pattern also. Dad became alarmed when this little guy began verbalizing feelings of wishing he had never been born. That got Dad's attention and he realized that his kind of rough, militaristic style wasn't going to work with this little fellow, even though that was his image of how you got little boys to be "tough" and rugged. He recognized, with the help of the therapist, that the pathway to this little guy was going to be through more warmth and empathy and doing what we call real Floortime, where Dad followed his son's lead. So Dad got into a pattern where he started getting home earlier every night and doing one or two Floortime sessions – he started off playing computer games and then board games that his little guy liked, and then he was actually able to go out and help him in the back yard with dribbling a basketball and learning to do the things he wanted to do that his friends were doing – but always very flexibly, always setting up games where the playing field was even, so that Tommy had a chance of winning and would win 70 to 80 percent of the time. They began having a better time together, throwing balls around, dribbling a basketball, playing nerf ball baseball, and doing some fantasy play together, where there was usually a theme of Tommy dominating Daddy, rather than Daddy dominating Tommy, which had been the earlier theme. With more time together and Dad's getting home earlier, there was more general family time. Tommy had an older sister and there was better harmony in that relationship, too. Tommy was less intrusive and less provocative with his sister and, therefore, they got along better and the whole family started getting along better.

In his therapy sessions, the therapist was able to see Tommy begin gradually changing a little bit in his play and in his verbalization – he was getting a little more flexible and his negativism and negative expectations were less intense. They were still there – he was still worried about the kids at school being mean or scapegoating him – but they went from a 10-plus to a seven, and then eventually to a five. Everything softened a little bit, although the patterns were still there. I also urged the parents to have problem-solving time with Tommy where they anticipated tomorrow – the good and the bad – and the feelings he would have and emphasized moving from polarized thinking to gray-area thinking. For example, we would ask, "How bad a day do you think tomorrow will be compared to yesterday? Do you think the guys will tease you more or less? How will you feel – sad or angry? Will there be anything that goes well tomorrow?" Gradually, over a period of many months, Tommy moved more into gray-area thinking, anticipating even some positive things that would happen the next day. Basically, the lion's share of the work occurred daily at home when the family was practicing moving from polarized to gray-area thinking. It was really the change in the interaction patterns between Mom and Dad with their son that had contributed to overcoming Tommy's challenges. Tommy continued to be a big-picture thinker, but now that he was using this in his anticipatory problem solving he could see how he always anticipated the worst, but that when you come home the next day and talk about what happened at school, it wasn't as bad as he thought it would be. So he was able now to use that to an advantage for self-generated insight as it came up in the family situation. At the same time, his dad agreed to coach the local recreation department soccer team and that enabled Tommy to feel more secure, particularly now that he had a better relationship with his dad, in sports activities with his friends. Tommy was actually a pretty good soccer

player because he and his dad had gone out in the back yard and played a lot, so he began shifting around the pattern with his friends. Instead of being scapegoated, there was a more reciprocal and mutual pattern, with some teasing back and forth, but less where Tommy felt "I'm the worst kid on the block" or "I can't do anything."

Also, in the problem-solving discussions, Tommy was able to talk about how tomorrow would be a tough day because there will be a lot of noise at school and how he didn't like noisy environments; or where there was going to be dress-up day because of an assembly, where the kids couldn't wear their sweats and how he wasn't looking forward to having to wear regular Chinos. Through that he became more aware of just how his body was more sensitive than other people's might be, or how he wished it would be, and how it made him feel and talk about his reaction to his own sensory experiences, including how sensitive he was both to touch and to different kinds of sound, as well as how quickly he picked up how other people looked at him and talked to him – their tone of voice. Through discussions, especially with Dad, who gave him lots of examples of how he had been similar to Tommy as a kid, which he had been, and then overcompensated in the other direction as a teenager. He talked to him about how he could use his sensitivity to his advantage to size up people, to know what they're about, to understand other people's feelings. Tommy began broadening his problem-solving discussions to include not only how he would feel tomorrow, but also how he thought the other people he was interacting with would feel in a particular situation, where he was going to have a hard time or an easy time, and even how his teachers felt. Along with this additional tool of understanding how his physical make-up worked and how it influenced his feelings, he had the tools he needed to begin overcoming not just his immediate depression, but also his tendencies toward depression because now he had internal security, he was a better gray-area thinker rather than an all-or-nothing thinker, which contributes to the depression, and he understood that he was a sensitive person who could feel things deeply and intensely, but that capacity could also be an advantage.

Tommy is now grown up, but as an adult he can remember his childhood years when he was negative and depressed and he is still in touch with those feelings of insecurity and feeling like an outcast, but he uses that for his insight. He's now a teacher, actually, and it helps him be a very effective teacher and to understand his kids well. He has a particular knack for working with kids who are sensitive and need that little extra warmth and empathy. Because he's a good big-picture thinker, he's also very effective at figuring out innovative ways to get across to the kids. So he's embarking on what looks like a very successful career in teaching.

The important principles to remember about depression are, number one, that the understanding of this developmental pathway, where the person is very sensitive to sensation and therefore to affect, is something that needs to be gradually understood as part of one's unique physical make-up. Number two, often there are experiences that leave a person feeling empty or without that inner security blanket or without that empathetic response when they're feeling intense and it's important to understand the history of that and to change it in the family patterns. Number three is to help the person experience flexibility and empathy rather than power struggles and to move from polarized thinking to gray-area thinking. Number four is to move to a more assertive attitude towards life – whether as a child who's good at sports or dance or music, or as an adult who's in college or in a career – to be more assertive, rather than passive, and to cope with the competition and anger that goes along with it, instead of retreating into self-defeating attitudes. You saw vividly how these principles could play out for Tommy and we've seen this play out for many adults, as well, in the same way. It shows us how something

like depression is really a complex combination of biological and psychological factors that require a comprehensive approach.

As we've started our series on mental health disorders, we've seen how both anxiety and depression come from, as I was indicating, a complex interplay of physical and psychological factors. By understanding developmental pathways, we can create principles of positive mental health that can be family-based, sometimes aided by a therapist, but at other times families can carry out these patterns on their own. While anxiety and depression have many similarities, there are also differences in the developmental pathways leading to different principles.

Next we're going to consider children with behavioral and conduct disorders, as well as adults with behavioral and conduct disorders – those individuals prone toward impulsivity and extreme anti-social behavior who have difficulty using good judgment when it comes to what should and shouldn't be done, as well as following the rules. Obviously, here, there's a full gamut, from mild impulsivity, characteristic of many kids, that may include pranks and maybe problems at school, to being aggressive or difficult or pushing other kids, to major anti-social acts that you see with illegal behavior, especially during the teen years, but sometimes during the pre-teen years as well. Because we're running out of time for today, I won't get into this pattern in today's discussion.

We're going to be taking a two-week break, due to vacations, so we'll resume our show on Friday, September 2, at 10:00 am. In the fall we'll start doing the show on Wednesdays, rather than on Thursdays, so after our first show on September 2, we'll be doing it on Wednesdays from 10 until 11, or as close to those times as we can. Wednesday will be our new day, starting September 7. Enjoy the rest of your August and thank you for joining us. We'll be resuming in early September. Bye-bye.