



# Study Suggests You Need to Think Your Way Out of Depression

May 14, 2010 By [David Evans](#)

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When I've gone through a depression, I've often had well intended friends suggest that I do something healthy--like brushing brushing my teeth--as though that action was the key that would unlock a flood of happiness and vitality. Sometimes this kind of nudging worked, but more often than not it just made me feel like they didn't understand what I was going through. They intended to make me feel better, but I often ended up frustrated and more deeply depressed.

Now [there's research](#) indicating that even trained therapists ought to focus more on helping people change their negative thinking patterns than on adopting healthier behaviors, at least in the first few weeks of therapy.

This is something my last therapist did exceptionally well. When I first arrived in his office waiting room I was just a few weeks out of the hospital, I had almost no faith that therapy was going to do me any good. It'd spent so many dollars and hours examining my childhood and pouring out my heart, only to have my depression return again and again. The hush-rurrr sound of the white noise machine in the waiting room echoed all the other waiting rooms I'd sat in over the years, making me resent him before he ever opened the door to greet me.

The depressive fog I was in made it difficult to recall exactly how my therapist overcame my resistance, but I remember numerous times when he challenged my interpretation of my life and what I saw then as lowly prospects for my future. He did encourage things like exercise and getting out of the house more, but these suggestions took a back seat to the wholesale rearrangement of my thinking that he was helping me accomplish.

The new research from Daniel Strunk, PhD, from Ohio State University, and his colleagues, indicate that my therapist was on the right track. They received permission to videotape the first four therapy sessions of 60 individuals diagnosed with major depression, who were treated by one of six cognitive behavioral therapists.

Later, trained reviewers watched the videos and indicated what techniques (cognitive versus behavioral) were used most often. Strunk's team also asked study participants about their depressive symptoms so that the researchers could measure the efficacy of the techniques used.

It turned out that study participants whose therapists focused on cognitive issues had much more resolution of their depressive symptoms than participants whose therapists focused on behavior strategies:

“There has been a lot of attention recently on behavioral approaches to treating severe depression, and that may lead some people to suspect that cognitive techniques are not important for more severely depressed patients.” said Strunk. “But our results suggest that it was the cognitive strategies that actually helped patients improve the most during the first critical weeks of cognitive-behavioral therapy.”