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## How Depressed Are You?

THE AUTOMATIC THOUGHTS QUESTIONNAIRE
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Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you *over the last week*. Please read each item carefully and indicate the appropriate response, using the scale below.

5 = All the time

4 = Often

3 = Moderately often

2 = Sometimes

1 = Not at all

- \_\_\_ 1. I feel like I'm up against the world.
- \_\_\_ 2. I'm no good.
- \_\_\_ 3. Why can't I ever succeed?
- \_\_\_ 4. No one understands me.
- \_\_\_ 5. I've let people down.
- \_\_\_ 6. I don't think I can go on.
- \_\_\_ 7. I wish I were a better person.
- \_\_\_ 8. I'm so weak.
- \_\_\_ 9. My life's not going the way I want it to.

- \_\_\_ 10. I'm so disappointed in myself.
- \_\_\_ 11. Nothing feels good anymore.
- \_\_\_ 12. I can't stand this anymore.
- \_\_\_ 13. I can't get started.
- \_\_\_ 14. What's wrong with me?
- \_\_\_ 15. I wish I were somewhere else.
- \_\_\_ 16. I can't get things together.
- \_\_\_ 17. I hate myself.
- \_\_\_ 18. I'm worthless.
- \_\_\_ 19. I wish I could just disappear.
- \_\_\_ 20. What's the matter with me?
- \_\_\_ 21. I'm a loser.
- \_\_\_ 22. My life is a mess.
- \_\_\_ 23. I'm a failure.
- \_\_\_ 24. I'll never make it.
- \_\_\_ 25. I feel so helpless.
- \_\_\_ 26. Something has to change.
- \_\_\_ 27. There must be something wrong with me.
- \_\_\_ 28. My future is bleak.
- \_\_\_ 29. It's just not worth it.
- \_\_\_ 30. I can't finish anything.

Reprinted with permission of Dr. Steven D. Hollon of Vanderbilt University. For more information see: S. D. Hollon, and P. C. Kendall (1980). "Cognitive Self-Statements in Depression: Development of an Automatic Thoughts Questionnaire." *Cognitive Therapy and Research*, 4, 383–95.

## SCORING

To find your score, simply add together your responses for the 30 items.

## NORMS

SCORE	PERCENTILE
60	85
55	70
49	50
43	30
38	15

## About the Automatic Thoughts Questionnaire

We have learned a great deal about depression over the past few decades. Much of this research has focused on the biological underpinnings of depression, and this work has led to a number of new and effective medications. And while these advances have undoubtedly helped to improve the quality of life for countless people, a number of people, including yours truly, are concerned that the biological view of depression has been oversold. We are living in a time when Prozac is one of the medications most widely prescribed not only by psychiatrists but by family practitioners as well. Although it seems like a simple solution to life's problems, there is good reason to believe that taking a pill is not always the best solution for depression.

Among those with a healthy dose of skepticism about drugs always being the best answer are the authors of the Automatic Thoughts Questionnaire, Drs. Steven Hollon and Philip Kendall.

They argue that thoughts play a critical role. A number of investigators have collected convincing evidence that certain thoughts, or cognitions, can both initiate and maintain a depressive episode. Hollon and Kendall developed the Automatic Thoughts Questionnaire to assess the sorts of cognitions that are associated with depression. Their goal was to develop a test that would be useful in gauging the progress of psychotherapy, but it can also be useful for those of you who are prone to experiencing these feelings. If you do have such episodes and you had a high score on this test, the odds are excellent that by changing your automatic thoughts you could feel considerably better. Please note that the norms were based on nondepressed college students. So even if your score was above the 85th percentile, it does not necessarily mean that you are seriously depressed. As always, if you suspect that you are, you should consult a mental health professional.

I know all too well that changing one's thoughts is easier said than done, but it can be accomplished with a concerted effort. The first step is to recognize that the types of thoughts reflected in the items in this test are indeed irrational—but recognizing this is often difficult for depressed people to do. I had a client a few years ago, for instance, who came to therapy for help with her depression. This young woman was about to graduate from a prestigious university and had been accepted to an equally prestigious graduate school where she planned to obtain her Ph.D. Sounds impressive, right? Well, she was depressed because she was “such a failure.” As evidence, she pointed to her rejection from her first choice of a graduate school and to two classmates who had higher grade point averages than her own.

What seems so obvious to an outside observer can be impossible for the depressed person to believe. I'm not sure I ever completely convinced this young woman that her assessment of herself as a failure was irrational. She was saying the right things by the end of our brief therapy and she reported feeling better, but I suspect that she continued to harbor the belief that she was

a failure because she did not graduate number one in her class and was not accepted to the most prestigious graduate school.

The truth is that the sorts of thoughts people have can be, and often are, independent of what they are doing with their lives. We have all known people who seem to make a mess of everything they try, yet they remain convinced that their only problem is that others fail to recognize their greatness. The important point is that even when we experience disappointments, we are not justified in concluding that we are worthless or doomed to a life of failure.

The first step in modifying the automatic thoughts that are contributing to your feelings of depression is to go through the list of items and find a more realistic view for those that you endorsed. Most depressed people, for instance, endorse item 21, "I'm a loser." They may even cite a failure or two as examples of what losers they are. But we've all heard stories of people who have had countless failures before they reached their goals. Having a failure experience is just that—a failure experience. It does not make one a loser.

The next step is to make a concerted effort to substitute a more realistic, positive thought every time you experience the negative thought. If you have the persistent thought, for instance, that you are a loser, have a substitute thought ready. Perhaps it would be, "Yes, I failed at that project, but the next time around I'll be ready and I'll do better." Another good thought would be, "Yes, I failed at that project, but let me review all the successes that I've had." Thoughts can be habits the same way that behaviors are. So just as one can conquer the bad habit of biting one's fingernails by engaging in a substitute behavior whenever the urge to bite strikes, one can modify negative automatic thoughts with a sustained effort to substitute more positive, realistic thoughts for the negative automatic thoughts.

This approach to treating depression is called cognitive therapy. Aaron Beck is responsible for articulating this theory, and he has suggested that depressed people tend to make several types

of logical errors in their thinking. Magnification and minimization are two common such errors—errors that my young client described above was guilty of making. She magnified her failures—namely, her “failure” to graduate at the top of her class and her failure to gain admission to her first choice of graduate school. That she was unable to take pride in her graduating third in her class and being admitted to one of the top graduate programs in the country was a result of her tendency toward minimization. Another common error described by Beck is arbitrary inference. An example of this is the person who believes that a flat tire is evidence that he or she is a loser. Depressed people often interpret impersonal events as evidence of their failures as human beings.

The belief of researchers such as Hollon, Kendall, and Beck that cognitions are crucial is supported by evidence that cognitive therapy may be as effective as medication in the treatment of depression. This debate has not been settled, but after treatment has been concluded there is good reason to believe that people who receive cognitive therapy are less likely to have a relapse than people receiving medication. I suspect the debate as to which form of treatment is best will not be resolved anytime soon, but the evidence is clear that modifying cognitions can play a very important role in alleviating depression for many people. It is hard work, but I urge you to give it a try if depression is one of your barriers to a happier, more satisfying life.