

Going on Manual Pilot:
“If you build it they will come.”

I encounter patients who suffer from severe depression and other similar conditions everyday in my medical practice. Many times people in early recovery have powerful cravings and urges that their conscious mind does not want to follow. In these situations I discuss “Going on Manual Pilot”.

Normally we go through the day without thinking about why we do things. If you feel that it is right, you go ahead. It works out well almost all the time because we have good judgment and our “urges” are for healthy things. (Maybe with the exception of an extra piece of cake). I call this operating on “Auto Pilot”.

What if you could not trust your own mind to guide you? That is a scary thought in and of itself, but people with depression and in early recovery live with just that problem. Before they start treatment they go with what they feel like doing because that is all they know to do and it is the easiest way to get through the day. Unfortunately, this behavior can be unhealthy or even dangerous.

A depressed person can have trouble just getting out of bed or getting dressed, much less going to work or cleaning their house. They suffer from lack of motivation and lack of joy. They feel guilty and worry. They may not eat or they may eat all the time. They may sleep all day or never sleep at all. They may have abdominal pain or headaches. These are extremes and most depressed people fall somewhere in the middle. Depression is often hard to diagnose; it is just a confusing condition that mimics many other serious medical illnesses. To make it even more complex, depression is a common symptom seen in a variety of problems such as cancer, heart disease, and with infections. In addition, there are many studies that show that depression raises the risk of many of these same diseases.

It is important to diagnose and treat this problem because it leads to so much suffering and because there is a lot that can be done to help these patients. Treatments include psychological counseling, often using a strategy called cognitive behavioral therapy (CBT). In CBT the therapist helps the patient to respond differently to various types of thought. This leads to more healthy behavior and can result in a decrease in symptoms. It is unclear how CBT changes the symptoms of biologic depression, but it undoubtedly does. Medication also plays an important role and nutritional treatments, such as specific amino acids, are important. Studies show that a combination of all of these gives the best results.

In my practice I do not have the time to fully investigate the underpinnings of each patient’s depression; that is a job for their therapist. I do have the time to listen about their symptoms and how they affect their lives. Knowing exactly what

they deal with daily helps me decide on the proper medication and nutritional prescriptions to employ. It also allows me to start giving some ideas on how they can make a few basic changes in what they do each day, which starts the CBT process and leads to decreased symptoms.

Another important concept is what is called the “observing ego”. This is the part of the brain that is logical and knows the right things to do. When you are depressed, it is very hard to get in touch with this, or even realize that it exists, but it is almost always there. Psychotic patients usually do not have a functioning observing ego.

Often a depressed person cannot even get out of bed or get dressed in the morning. They do not clean their house, go to work, go to a movie, and a myriad of other things slip by. I ask my patients what they actually do and then what they would do if they were feeling better. They can almost always list the usual daily items that make up our lives. They can do this because they have an “observing ego”.

I then tell them to make a real list of these things and to start doing them on “manual pilot”, even if it is very difficult. It is amazing how much better they feel once they start this process. Can you remember the movie *Field of Dreams* with Kevin Costner? In the movie he built a baseball field in the middle of nowhere and the great players from the past eventually came. I have my patients build their “Field of Dreams” and it is amazing that their “dreams do come”. I ask them to check off the list everyday, starting with getting out of bed, showering and getting dressed. As things get better they add household chores and making and serving meals for their families. For others, the list may be more advanced.

For those in early recovery, the list is different, but centers on what to do instead of using. I ask my patient to see why they feel anxious or crave and then see what alternatives they can come up with.

Just understanding this process helps many sufferers. Try this approach. It may even help you.