Depression Pattern Model© (DPM)

Proposed By: Alien Algorithms Ltd®

Contributors: Chief Designer And Concept Research Division

Date: November 21, 2025

The **Depression Pattern Model (DPM)** is a structured mapping framework that treats depression not as a fixed identity but as a set of repeatable patterns that can be observed, recorded, and analysed over time.

Instead of asking, *"Why am I like this?"* DPM shifts the question to, *"What exactly keeps happening, and under what conditions?"* It breaks depressive experience into signals, triggers, domains, and cycles, so that individuals can see their depression as a system with structure, rather than a vague, overwhelming fog.

DPM is intentionally non-clinical. It does not diagnose or replace professional support. Its purpose is to give people a clear way to see and track their own patterns, either independently or alongside therapy, medication, and other support. It is designed to work alongside the **Anxiety Mapping Model (AMM)**, acknowledging that anxiety and depression often interact and amplify each other.

---

1. Core idea: depression as a pattern, not a label

In DPM, "depression" is understood as a recurrent pattern of emotional, cognitive, physical, and behavioural states, combined with the contexts and triggers that surround them.

Three core assumptions sit under the model:

1. Depressive experience is not random. With enough data, patterns emerge.

2. Those patterns can be tracked across time, domains, and triggers.

3. Once patterns are visible, they can be responded to more deliberately, even if they cannot be fully controlled.

The model is built around observation and structure. It does not tell you what you "should" feel; it helps you see what you actually feel, how often, how intensely, and in response to what.

---

2. The four domains of depressive signals

To stop everything blending into a single "I feel bad" state, DPM separates depressive signals into four overlapping domains:

- **Emotional domain** – feelings such as sadness, emptiness, guilt, shame, irritability, numbness, or feeling "switched off" from life.

- **Cognitive domain** – patterns in thinking, such as rumination, self-criticism, hopeless predictions, mental fog, difficulty concentrating, or indecision.

- **Physical domain** – bodily signals, such as fatigue, heaviness, sleep disruption, aches, changes in appetite, or slowed movements.

- **Behavioural domain** – observable actions and routines, such as social withdrawal, avoiding responsibilities, staying in bed longer, long shower sessions, neglecting personal care, or losing interest in previously valued activities.

A single episode often involves multiple domains at once. For example, "I stayed in the shower for 45 minutes" might sit in the behavioural domain, but it may also be linked to emotional numbness, cognitive avoidance, and physical exhaustion. DPM does not try to separate these artificially; it simply gives you a language to note which domains are dominant in each episode.

---

3. Baseline, spikes, and cycles

Depression rarely presents as a single continuous block of identical experience. Instead, it tends to show up as:

- A **baseline tone** – the background level of mood, energy, and motivation that feels "normal" for you in a depressed period.

- **Spikes or crashes** – short, more intense episodes where symptoms become significantly worse.

- **Cycles** – repeating sequences that involve certain triggers, moods, behaviours, and consequences.

DPM encourages you to distinguish all three.

Over time, you might notice that your baseline is "low energy, low motivation, mild sadness most days," while spikes occur after specific triggers (for example, social conflict, financial stress, or disrupted sleep). Those spikes might then drive behaviours—like withdrawal or long shower sessions—that deepen the baseline in the days that follow. This repeating loop is where the "pattern" in the Depression Pattern Model becomes most visible.

---

4. What you record: the daily data layer

At its simplest, DPM relies on short daily entries. Each entry captures the key elements of that day's depressive experience.

For any symptom or episode that feels relevant, you record:

- A short **description** of what happened: what you felt, thought, or did.

- The **context or trigger**, if one is identifiable: what came before it, or what seemed to set it off.

- An **intensity rating** from 0 to 10: 0 meaning absent, 10 meaning overwhelming or dominant.

- A sense of **frequency**: whether this is something you are noticing daily, a few times a week, occasionally, or rarely.

- An approximate **duration**: minutes, hours, or "most of the day."

It is not necessary to track every minor fluctuation. The model is designed to be low-effort. A few clear entries per day are enough for patterns to emerge over weeks.

You can use any medium that is sustainable for you: a notebook, notes app, spreadsheet, or a purpose-built tracker. The structure matters more than the tool.

5. Weekly organisation: frequency and intensity

Once per week, you review your entries and reorganise them from raw daily notes into a clearer overview.

The first layer is **frequency**: which symptoms or states are appearing almost every day, which are appearing several times a week, and which appear rarely but are significant when they do occur.

The second layer is **intensity**: which symptoms tend to stay in the low to moderate range, and which jump to high levels (for example, 8–10 on your own scale).

This simple two-axis view – frequency versus intensity – highlights:

- **High frequency, high intensity signals** – likely to be the core of your depressive pattern.

- **High frequency, low to moderate intensity signals** – form part of your depressive baseline.

- **Low frequency, high intensity signals** – may indicate spikes, crises, or specific trigger-linked events.

Together, these signals give you a **hierarchy of impact**: not all symptoms are equally important in how depression shows up in your life. DPM's job is to make that hierarchy visible.

6. Trigger mapping: inputs and links

Depressive signals do not appear in a vacuum. Even when they feel "out of nowhere," they tend to be embedded in life contexts. DPM encourages you to map likely triggers and contributing inputs into broad categories, such as:

- Social input: confrontations, criticism, rejection, overstimulation, or feeling ignored.

- Stress and load: financial pressure, deadlines, caring responsibilities, health problems.

- Thought patterns: self-attacking thoughts, catastrophic predictions, guilt spirals, rumination.

- Physical states: illness, chronic pain, lack of sleep, jet lag, hormonal shifts.

- Isolation and lack of structure: whole days without meaningful interaction, unstructured time, staying in bed or inside most of the day.

- Environmental factors: noise, clutter, weather changes, low light, irregular meals.

- Routine disruptions: skipped showers, long shower sessions, irregular sleep, disrupted eating patterns, sudden changes to daily habits.

The goal is not to prove causality but to notice statistical association in your own life. For example, you might discover that:

- After three nights of poor sleep, your emotional numbness and irritability reliably rise.

- Long, unstructured evenings correlate with increased rumination.

- Certain social interactions reliably lead to next-day fatigue and withdrawal.

These observations turn depression from "a mysterious cloud" into a system with inputs and outputs.

---

7. Pattern recognition: clusters and loops

After several weeks of tracking, the DPM shifts from data collection to pattern recognition.

You begin to look for:

- **Symptom clusters** – combinations of emotional, cognitive, physical, and behavioural signals that tend to appear together.

- **Trigger–response links** – common pairs like "interpersonal conflict → guilt and rumination → withdrawal" or "oversleeping → fatigue → reduced productivity → self-criticism."

- **Temporal cycles** – structures like "weekdays vs weekends," "mornings vs evenings," or "after certain recurring events."

Critically, DPM also highlights feedback loops. Depression often sustains itself through cycles where a depressive state leads to behaviour (for example, cancelling plans, withdrawing, or staying in bed), which then creates more conditions that feed the depressive state (for example, increased loneliness, missed opportunities, more self-criticism).

A simple example might be:

1. Trigger: minor criticism at work.

2. Emotional response: shame and heaviness.

3. Behaviour: cancel social plans, stay home.

4. Consequence: increased loneliness, more rumination.

5. New baseline: slightly lower mood the next few days, more sensitive to further criticism.

DPM's value lies in making such loops visible, so that they become targets for deliberate interruption, even in small ways.

---

8. Strategy integration: responding to the pattern

Once patterns and loops are visible, you can begin experimenting with small, strategic interventions. DPM does not prescribe specific techniques, but it does encourage you to align strategies with the domains that appear most dominant in your pattern.

For example:

- If emotional signals are central (sadness, emptiness, numbness), strategies may focus on safe emotional expression, grounding, or reconnection with things that still carry some sense of meaning, even if small.

- If cognitive patterns dominate (rumination, self-attack, hopeless forecasts), strategies may focus on structured tasks, cognitive reframing, or deliberately limiting rumination time.

- If physical fatigue is consistently high, strategies may address sleep, movement, or energy management.

- If behavioural withdrawal is a strong driver, strategies might involve micro-commitments, low-pressure social contact, or maintaining one or two non-negotiable routines.

DPM treats each strategy as an experiment, not a cure. You apply a strategy and then track what happens in the following days and weeks. If certain changes repeatedly correlate with small improvements in frequency or intensity, they become part of your personal toolkit.

---

9. Progress tracking: trends, not perfection

The model is not interested in perfect days. It is interested in direction over time.

Progress in DPM is reflected by trends such as:

- Certain high-intensity symptoms decreasing in frequency.

- Shortening duration of spikes or crashes.

- Reduced severity of specific loops (for example, you still withdraw, but not for as long; or you ruminate, but it is easier to stop).

- Improved ability to predict when certain patterns are likely to occur—and to prepare for them.

Weekly summaries help you see short-term changes. Monthly reviews help you see whether your baseline is shifting, even slightly. Your entries become a record that "something is changing," even if your brain doesn't always feel that change internally.

---

10. Integration with the Anxiety Mapping Model (AMM)

Many people experience anxiety and depression not as separate boxes but as interacting systems. In those cases:

- Anxiety may drive overactivity, overthinking, constant scanning, or avoidance.

- Depression may follow when the system is exhausted, overwhelmed, or repeatedly depleted.

When used alongside the **Anxiety Mapping Model (AMM)**, DPM helps you see:

- Where anxiety patterns end and depressive patterns begin.

- How anxiety and depression might trade off dominance over different days or weeks.

- Which triggers primarily hit the anxiety system, which hit the depressive system, and which hit both.

Together, the two models provide a broader map of your mental state cycles, making it easier to see where interventions might have the most impact.

---

11. Scope and limitations

The Depression Pattern Model is a self-observation framework. It is designed to:

- Structure your understanding of depressive patterns.

- Help you see what repeats, what escalates, and what changes.

- Support communication with professionals, if you choose to involve them, by giving you clearer language and data about your experiences.

It is not a diagnostic tool, it does not replace medical or psychological care, and it does not claim to resolve depression on its own. In some cases, tracking may temporarily surface more awareness of distress. If at any point the process feels overwhelming, it is entirely valid to slow down, pause, or review it with someone you trust or a qualified professional.

---

12. Starting point

The entry point to DPM is deliberately small: one short note per day, even if that note is as simple as, "Today was heavy, mostly fatigue and a flat mood, no clear trigger."

From there, the model builds itself through repetition. Each week of data increases clarity; each month makes trends easier to see. The goal is not perfection; it is structure, so that depression becomes analysable rather than unknowable.

Simply by deciding to observe, you have already changed the pattern. You are no longer only inside it; you are also looking at it from above.