

# 15

## Dealing with Depression

# ARE YOU DEPRESSED?

It's common to get "the blues" from time to time. Many people experience difficulties over job layoffs, divorce, the death of a loved one, or other major losses. Sadness is a normal part of life. But when sadness never returns to gladness, it becomes depression.

If you answer "YES" to more than two of the following questions, you may be depressed.

## 1. ALMOST ALL THE TIME, DO YOU FEEL:

- Sad?
- Lethargic?
- Pessimistic?
- Hopeless?
- Worthless?
- Helpless?

## 2. ALMOST ALL THE TIME, DO YOU:

- Have difficulty making decisions?
- Have trouble concentrating?
- Have a memory problem?

## 3. LATELY, HAVE YOU:

- Lost interest in things that used to give you pleasure?
- Had problems at work or in school?
- Had problems with your family or friends?
- Isolated yourself from others?

# ARE YOU DEPRESSED?

## 4. LATELY, HAVE YOU:

- Felt low energy?
- Felt restless and irritable?
- Had trouble falling asleep, staying asleep, or getting up in the morning?
- Lost your appetite or gained weight?
- Been bothered by persistent headaches, stomach aches, or back aches?

## 5. LATELY, HAVE YOU:

- Been drinking more alcohol than you used to?
- Been taking more mood-altering drugs than you used to?

## 6. LATELY, HAVE YOU BEEN THINKING ABOUT:

- Death?
- Hurting yourself?
- Your funeral?
- Killing yourself?

Source: Adapted from materials by the National Institute of Mental Health's Depression Awareness, Recognition, and Treatment



# WHAT IS DEPRESSION?

**DEPRESSION IS MORE THAN THE BLUES OR THE BLAHS; IT IS MORE THAN THE NORMAL, EVERYDAY UPS AND DOWNS.** When a “down” mood, along with other symptoms, lasts for more than a couple of weeks, the condition may be clinical depression. Clinical depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, job or academic performance, social activity, and the ability to handle every day decisions and pressures.

## **WHAT ARE THE SYMPTOMS OF DEPRESSION?**

In contrast to the normal emotional experiences of sadness, loss, or passing mood states, clinical depression is persistent and can interfere significantly with an individual’s ability to function. In addition to depressed mood, symptoms of depression can include:

1. Insomnia (although some depressed people oversleep)
2. Decreased appetite & weight loss (although some depressed people overeat & gain weight)
3. Decreased interest in usual activities and/or a reduced ability to experience pleasure
4. Difficulty concentrating, thinking, and making decisions
5. Loss of interest in sex
6. Fatigue, loss of energy
7. Feeling guilty
8. Feeling helpless, worthless or without hope
9. Reduced self-esteem

# WHAT IS DEPRESSION?

10. Crying
11. Anxiety, restlessness and agitation
12. Irritability, inappropriate anger
13. Physical symptoms such as headache, digestive problems, and pain
14. Wishing to be dead
15. Thoughts of suicide or suicidal behavior

Not everyone who is depressed has the same symptoms listed above. Symptoms may differ from person to person as well as from one depressive episode to the next.

## WHAT CAUSES CLINICAL DEPRESSION?

We do not yet know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder. Research over the past decade strongly suggests a genetic link to depressive disorders- depression can run in families. Difficult life experiences and certain personal patterns, such as difficulty handling stress, low self-esteem, or extreme pessimism about the future, can increase the chances of becoming depressed.

## CAN DEPRESSION BE TREATED?

Yes, depression is treatable. Between 80-90% of people with depression can be helped. Some people with milder forms may do well with therapy alone. People with moderate to severe depression may benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and therapy to learn more effective ways to deal with life's problems, including depression.

# LIFESTYLE CHANGES THAT CAN HELP

Research shows that for mild depression, non-drug therapies are an effective form of treatment. For moderate to severe depression, non-drug therapies play a valuable supportive role in treatment when combined with antidepressant medication.

## EXERCISE

Aerobic exercise elevates mood, relieves anxiety, improves appetite, sleep, sexual interest and functioning, and boosts self-esteem. Studies also show that exercise helps normalize the chemical imbalances in the brain linked to depression.

## SOCIAL SUPPORT

Depression feels terribly isolating. Support groups show that you are not alone. A strong support group is both important for prevention and recovery from depression.

## DIETARY SUPPLEMENTS

Certain vitamin deficiencies—notably B-1, B-2, B-6, and folic acid—can cause depression. However, keep in mind that too much of certain vitamins can cause problems harmful to the body.

## PSYCHOTHERAPY

A study by the National Institute of Mental Health showed that “talk therapies” led to significant improvement in 55% of those individuals with mild to moderate depression. How long is long enough? 16 weeks of psychotherapy is right for most major depressive episodes.

## COGNITIVE THERAPY

You can't talk yourself out of depression, but you can stop talking yourself deeper into it. Cognitive therapy—also called cognitive restructuring—teaches people to recognize and correct depressive thinking. If you make a mistake at work, you might think, “I'm hopelessly incompetent,” and slide toward depression. That's “awful-izing”—a thought distortion that magnifies minor upsets into catastrophes. With cognitive therapy, the reaction changes: “Okay, I made a mistake. Everyone makes mistakes. Fortunately, my boss and co-workers know I don't make many. And I can fix this one easily.”

A National Institute of Mental Health study showed that after 16 weeks of cognitive restructuring training, 51% of those with mild to moderate depression reported significant improvement.

## HAVE MORE FUN

In mild depression, this often helps. “Happiness requires action,” says psychologist Jennifer James, Ph.D. Visit a friend. Have a massage. Get a pet. Take a class. Take a vacation. Redecorate.

# WHAT ARE THE WARNING SIGNS FOR SUICIDE?

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities - seemingly without thinking
- Feeling trapped - like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

## HOW TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.

# WHAT ARE THE WARNING SIGNS FOR SUICIDE?

- Take action. Remove means, such as guns or stockpiled pills. Offer hope that alternatives are available but do not offer glib reassurance.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.
- Police or 911

## BE AWARE OF FEELINGS

Many people at some time in their lives think about suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and thoughts they experience:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat or work
- Can't get out of depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

**If you experience these feelings, get help! If someone, you know exhibits these symptoms, offer help!**



# UPSTATE RESOURCES FOR DEALING WITH DEPRESSION (THERAPY)

- Crisis Line: 864-271-8888 (24 hours a day, 7 days a week)
- Greenville Mental Health clinic: 864-241-1040
- Greer Mental Health clinic: 864-879-2111
- Piedmont Mental Health clinic: 864-963-3421
- Pickens Mental Health clinic: 864-878-6830
- Anderson Mental Health clinic: 864-260-2220
- Compass of Carolina Family Counseling: 864-467-3434
- Carolina Center for Behavioral Health (in and outpatient): 864-235-2335
- Marshall I. Pickens Hospital: 864-455-8988
- Patrick B. Harris Hospital: 864-231-2600
- National Alliance for the Mentally Ill (Advocacy, family support): 864-331-3300
- Julie Valentine Center (formerly Greenville Rape Crisis and Child Abuse Center): 864-331-0560



## GENDER AND DEPRESSION IN MEN

Overwhelmingly, depression has been seen as a woman's problem, and the rate of depression among women is usually estimated as twice that of men. However, recent research has shown that men are actually just as likely to be depressed. Harvard psychologist William Pollack, PhD, contends that male depression goes unrecognized by individuals, colleagues, family and even physicians because it often doesn't fit the textbook signs.

### WHY IS DEPRESSION IN MEN SO OFTEN UNDIAGNOSED AND UNDETECTED?

1. The symptoms in men are different from the “blue mood” which typifies it in women.
2. Men often resist seeking help and male friends and colleagues don't ask in depth questions.
3. Men don't equate sexual problems with depression.

Nonetheless, male depression can have devastating affects on the sufferer, as well as his family and colleagues. Depression can lead to a substantial drop in productivity and work performance, divorce and even suicide (male suicides outnumber females four to one).

Men tend to act out their mood disorder while women typically turn it inward. Based on the latest research findings, here are some of the prime differences between male and female depression (of course, not everyone will have the same symptoms or all symptoms):

# GENDER AND DEPRESSION IN MEN

## SYMPTOMS IN MEN

Blames others  
Anger, irritability, ego inflation  
Feels suspicious, guarded  
Creates conflict  
Restlessness and agitation  
Compulsiveness  
Sleeps too little  
Becomes controlling  
Shame (eg. sex performance)  
Fear of failure  
Becomes overly status-conscious  
Self-medicates through alcohol  
Over use of internet/TV/email

## SYMPTOMS IN WOMEN

Tendency to self-blame  
Feels sad, apathetic, worthless  
Feels anxious, frightened  
Avoids conflict  
Slows down, nervousness  
Procrastination  
Sleeps too much  
Difficulty maintaining boundaries  
Guilt  
Problems with success  
Assumes low status  
Self-medicates through food  
Withdrawal

# GENDER AND DEPRESSION IN MEN

## APPROACHES TO HELPING MEN WITH DEPRESSIVE SYMPTOMS ARE:

### 1. RECOGNIZING THE PROBLEM

Getting him to admit his depression and seek help is the important first step.

### 2. REGULAR EXERCISE

Researchers at Duke University have shown that 20 minutes brisk walking a day is better than antidepressants.

### 3. A HEALTHY DIET

Depressed men tend to have unhealthy eating habits.

### 4. SPIRITUALLY

(this includes meditation or yoga).

### 5. CLEAR COMMUNICATION

The way we communicate largely dictates the way we feel. It's important to insist that the depression sufferer is clear in his communication with you, particularly as he may use imprecise or unclear communication to control his relationships.

### 6. SOCIAL SUPPORTS

Depressed men often destroy their social support network, as they can severely damage teams at work. Helping them recreate these is very important. Many depressed men have never had an adequate social support network.

# GENDER AND DEPRESSION IN WOMEN

Puberty changes a lot more than the way kids look and act. It sets in motion a tendency to depression among females. Before 13, young boys are a bit more likely to be depressed than young girls. There's some evidence the gender difference winds down four decades later. Major depression is most commonly a disorder of women in the childbearing years.

It's the hormones which rise in women during puberty, insists Adrian Angold, M.D., associate professor of psychiatry and behavioral sciences at Duke University. But it's not the hormones alone, otherwise all females would get depressed. His evidence suggests that estrogen switches on some inherited vulnerability to depression. But whether someone gets depressed then depends on happenstance. In his studies, girls who experience stressful life events are three times more likely to get depressed than those who do not. Stressors that may hasten depression in adolescent girls are:

- Having a mother either with a history of mental illness or currently experiencing depression
- Experiencing abuse (girls are abused more than boys and the abuse is more toxic to them)

Other studies show that early sexual abuse in girls can create long-term hyperactivity of the stress hormone system so that they over respond to stress in adulthood. One big stress of a threatening kind cannot only bring on a depressive episode, but it can permanently change the brain--"kindle" it. It then takes less and less stress to set off bouts of depression.

The emotional coping styles of males and females are radically different, offers psychologist Susan Nolen-Hoeksema, Ph.D., of the University of Michigan. "Men avoid negative emotions. Women don't." Unfortunately, women can get stuck in such emotions. Her work shows that women are more likely to ruminate about the stressors they encounter. They focus on symptoms of distress and the possible causes and consequences of the symptoms in a repetitive and passive manner. They generate more negative memories from the past, are more pessimistic about the present and more fatalistic about the future. That makes them increasingly hopeless, distorts their thinking, and renders them less likely to take positive action.

It is possible to short-circuit depression by curbing the tendency to ruminate. Studies show that cognitive therapy and mindfulness meditation are effective in helping people overcome rumination.



## LIVING WITH A DEPRESSED PERSON

The misery of depression extends beyond those suffering. It extends to their families and friends. Depressed people often frustrate and alienate those around them. “Try not to take it personally,” says San Francisco psychiatrist Michael Freeman, M.D. “They have an illness. They can’t help it.”

Of course, that’s often easier said than done. It is very difficult to control your temper when a close relative or friend never returns your calls, hardly gets out of bed, answers you in monosyllables, acts completely self-absorbed, seems to have no interest in you or doing anything you like to do together, and doesn’t keep dates or follow through on commitments. Get mad if you must, but then get over it. Keep reminding yourself that the person is ill and not responsible for his or her many failings.

Depressed people often engender tremendous guilt in those around them. “You think: ‘Nothing I do seems to help, so there must be something wrong with me,’ Freeman says. There is nothing wrong with you, nothing to feel guilty about. You can’t relieve clinical depression with love alone, any more than you can cure heart disease or cancer with just love. People who are

depressed need professional help. Many require medication.

“Reassure the children of depressed parents that the illness is not their fault,” says Eda Spielman, Psy.D., a Boston-area psychotherapist. “Otherwise, children may blame themselves for the parent’s condition, feel guilty, and become more vulnerable to depression themselves.” The illness is not their fault and they can’t “fix” it. The depressed person has to get professional treatment.

On the other hand, social support improves results in many serious illnesses, such as heart disease and some forms of cancer. Many experts believe that social support also helps treat depression. Keep reaching out to your depressed loved one, just to reinforce the fact that you care. Call. Send affectionate notes. Invite the person to movies, concerts, ball games, parties, and other events. But keep your expectations low—as close to zero as possible. Chances are that the depressed person won’t respond to you, or that if you get a response, it won’t be that of normal individual. But depressed people notice outreach efforts and appreciate them, even though their illness renders them incapable of acknowledging your love and devotion. If the person responds



## LIVING WITH A DEPRESSED PERSON

to you after a long period of silence and neglect, work hard not to be sarcastic: “So after 121 phone calls, you finally call me back. Thanks a lot.” Try to accept the contact as matter-of-factly as possible: “Oh, hello, Marcy. It’s nice to hear from you. How are you feeling?”

Don’t feel that you have to apologize to others for your depressed loved one’s lack of sociability or responsibility. When mutual friends remark that the person never RSVPed for their anniversary party, simply explain that he or she has been seriously depressed and that the illness has cripple the person’s social skills.

Guard against falling victim to depression yourself. Don’t get dragged into the emotional whirlpool that has sucked your loved one into an emotional abyss. “Stay involved with other people,” Spielman urges. “Work at not become isolated.” Solidify other family and social connections. Pursue hobbies and other interests. Have fun.

### HOW CAN YOU HELP A DEPRESSED LOVED ONE THROUGH DEPRESSION?

Here’s what you can—and should—do:

- Urge your depressed loved one to get professional help. That’s what the person needs. If necessary, offer to make an appointment with the person’s doctor or a trained therapist and drive the person there.
- Learn more about the condition yourself. The National Institute of Mental Health’s Depression Awareness, Recognition, and Treatment Program offers a free booklet, “Helping the Depressed Person Get Treatment,” (Call 1-800-421-4211 to request.)