

Depression

Depression is the most common mental disorder in all urbanized societies and the rate of major depression has risen steadily during the 20th century. Its onset can occur across the entire life span in both sexes.

The severity of Depression can range from mild to moderate to severe. Having "the blues" is a mild form of depression. Often, healthy coping strategies can help moments of "the blues" to pass. But if left unchecked, "the blues" can lead to more severe forms of depression -- often called Clinical Depression or Major Depression.

Depression affects more than 17 million Americans in any given year. One-quarter of all women and one-eighth of all men will suffer at least one episode of depression in a lifetime. 3-5% of teens will have at least one major depressive episode during their teenage years. The frequency of depression appears to be more common in women and the frequency increases with age. However, women are also more likely than men to admit symptoms and seek help.

Clinical Depression is more than just sad feelings or blues. No amount of "cheering up," "keeping a stiff upper lip," "toughing it out," exercise, vitamins or vacations will help. It is a medical illness causing persistent changes in mood, behavior and feelings. If not treated, the episode can last nine months to a year and will probably happen again in one's lifetime.

People diagnosed with Clinical Depression do not always experience the same feelings, however.

- Some experience only one bout of depression during their life
- Some experience recurring bouts of depression
- Some experience depressive AND manic episodes

The good news is that no matter what the symptoms and causes of the depression, 80-90% of people with Clinical Depression CAN BE HELPED through therapy and/or medication.

The Causes of Depression

All causes of depression are not known. There are, however, documented biological, psychological, and environmental causes which can increase the likelihood that depression will occur, but for most, it is a combination of factors that causes Depression. The following is a listing of some of the most commonly recognized causes:

- **Biological**

Genetic link. Depressive disorders often run in families, however, not everyone with a genetic disposition develops the illness and some with no family history develop depression.

Neuro Chemicals. We often hear that it is the chemicals in our brains (or lack of certain chemicals) that cause depression -- and in some, this may be the cause.

Other. Some studies have shown that nicotine addiction may be linked to depression. As the number of smokers falls, the number of depressives rises. Other studies pinpoint low thyroid as a possible cause of depression. Still other studies have discovered that the frontal lobes of severely depressed patients are 7% smaller than in a healthy individuals' brains.

- **Environmental**

Some of the more prevalent environmental influences on the development of depression include: enduring numerous bad life experiences, having few or no sources of support, experiencing threatening life events or overwhelmingly stressful situations, losing something or someone significant, suffering with a chronic illness, and being involved in difficult relationships.

- **Psychological**

Some who suffer with Clinical Depression possess certain personality characteristics that are more prone to depression. These include people who have difficulty handling stress, have low self-esteem, or who have extreme pessimism about their future. Depression has also been described as hostile feelings turned inward.

Who is Most Susceptible to Depression?

Depression and the accompanying depressive symptoms brought on by environmental factors are the most common causes of Clinical Depression. Some people, however, no matter what their situation, are more susceptible to depression because of their psychological make-up. Who tends to be most susceptible?

1. Lonely and isolated individuals. Non-lonely people may not become depressed when encountering high levels of stress, presumably because of access to social support.
2. Those who have little support from family.
3. Those who have irrational beliefs and thoughts.
4. Those who have feelings of being helpless/alone in the social world.
5. Those who have little self-competence/confidence in social interactions.
6. Those who have poor problem-solving appraisal.
7. Those who have high levels of negative life stress.
8. Those who have seriously thought about or attempted suicide in the past.

Symptoms

Feeling of	<ul style="list-style-type: none">o sadness/emptinesso hopelessness/pessimism/guilt/anxietyo helplessness or worthlessnesso shame, dejection, brain is broken
Person seems	<ul style="list-style-type: none">o unable to make decisionso unable to concentrate and remembero uninterested in pleasurable or ordinary activitieso to have an increased number of problems with family/school/friendso irritable over little thingso to have low self-esteem/high self-loathing
Complains of	<ul style="list-style-type: none">o loss of energy and drive - slowed downo trouble falling/staying asleep and getting upo appetite problems - losing/gaining weighto headaches/stomachaches/backacheso chronic aches and pains in joints/muscles
Behavioral changes like	<ul style="list-style-type: none">o loss of interest in sexo sudden unexplained changes in behavioro restlessness/more irritabilityo wanting to be alone most of the timeo cutting classes/dropping hobbies and activitieso drinking heavily or drug usageo crying a lot
Talks about	<ul style="list-style-type: none">o death and/or suicide

A single person rarely reveals all symptoms at the same time. When a person experiences even a few of the above symptoms persistently, AND the symptoms or behaviors are out of proportion to that person's life situation, Depression must be considered. Even when these "red flag" symptoms are present, however, many do not seek help because they do not recognize symptoms as those that can accompany Depression. Some do not seek help for other reasons: They are fearful or ashamed or they view Depression as a "weakness" and many feel they should just be able to tough it out. Remember, Depression is not a weakness. It is a serious health disorder.

Coping Strategies

Many people who are going through a major life transition have mild depression. This was referred to earlier as "the blues." The changes, uncertainties and stressors that often accompany a life transition can produce mild depressive symptoms. These symptoms are normal. The following are some of the coping strategies that can help some people to get through mild depressive episodes:

- Talking
- Analyzing Events
- Calling friends or family
- Doing something for one's self
- Writing in a journal
- Changing environments
- Socializing
- Positive Self-Talk
- Resting
- Meditation
- Relaxation
- Crying
- Exercising (Regular exercise, in fact, can alleviate depressive symptoms in mild to moderate cases♦Aerobic exercise in particular).

What about sufferers who use some of these coping strategies, but the symptoms do not go away? What about sufferers who are UNABLE to utilize any coping strategies because the depression has completely debilitated them?

Treatment Approaches

Whether caused by biological, environmental, psychological factors, or a combination of any of these factors, if Major Depression has set in, therapists today use a combination of cognitive and behavioral techniques along with medication to treat this illness. (Electro Convulsive Therapy and Chemotherapy are used in rare instances when other modes of therapy are unsuccessful).

With the support of a counselor and the use of Cognitive/Behavioral strategies, the goal is to help the person to gain insight into his/her issues and then to take action toward making positive changes. These goals can be reached by helping the client:

- To learn positive ways to think of self
- To learn better ways to deal with life problems
- To improve interpersonal and communication skills
- To gather insight into how past/present events may have influenced the development of depression
- To manage relationships
- To learn healthy problem-solving and decision-making skills

- To learn how to build resilience to manage stress
- To learn to balance expectations with potentialities
- To learn face failure with an increased level of tolerance

Medications are often prescribed along with Cognitive/Behavioral therapy to give symptom relief, so that psychotherapy will be more effective. Not all sufferers of depression must remain on anti-depressants forever - however, there are some whose depressive symptoms must be treated for extended periods of time. This is determined on an individual basis. Medications for depression (Tricyclics, Monoamine Oxidase Inhibitors [MAOIs], Lithium and Serotonin Reuptake Inhibitors [SSRIs]) MUST be taken exactly as prescribed, for as long as they are prescribed - even if the person starts to feel better.

Ways to Help Others

If a friend or loved one shows many symptoms of depression for a prolonged period of time, listen and encourage him or her to ask a professional (instructor, counselor) about depression and treatment. You may wish to share this handout with the person to help him/her begin to see that depression is very widespread, and very treatable.

The way people feel who are depressed does not accurately reflect the situation that they are in -- but the depression keeps them from realizing this and seeking help. Do not be frustrated if the person resists or denies the need for help. You may need to contact someone yourself, especially if the person threatens death or suicide. You can contact your family doctor, mental health specialists, private clinics, college counseling centers or local crisis hotlines for further support and advice.

Conclusion

The causes of depression are different for everyone. Assistance in the form of counseling should be tailored to each individual's needs. There are multiple factors of causation for depression, and therefore, therapy should be specifically tailored to each client's needs.

Relapse among those who have suffered from and have been treated for depression is common. It is suggested that treatment continues even after the person seems to have recovered from the Major Depressive symptoms.

REMEMBER: People do not get depressed because they want to. Very few like to feel this way. Successful treatment IS available. For further information, you might want to check out the following websites.

<http://www.save.org>: Lists a multitude of information on depression, suicide and treatment. Some of the topics included on this website are: "What to do if someone you

know becomes suicidal," "When a loved one is hospitalized with a depressive illness," "National statistics on depression and other depressive illnesses," "What to do if a friend has depression," "Common misconceptions about suicide," and, "If you feel that you are suffering from depression and have thoughts of suicide."

<http://www.fda.gov/cder/drug/default.htm>: The United States Food and Drug Administration, Center for Drug Evaluation and Research site provides resources to help you make informed decisions about using medications, both over-the-counter and prescription.

<http://www.real-depression-help.com/beck-depression-inventory.html>: This site contains multitudes of information provided by Aaron T. Beck, M.D and is an extremely comprehensive website on depression, manic depression, and an infinite number of related topics. Please click on the Hamilton Depression Scale found on this webpage for a free depression screening.

<http://familydoctor.org>: This web page of the American Academy of Family Physicians contains valuable information about antidepressants and how they work as well as a variety of other topics.

<http://sis.nlm.nih.gov/hotlines/index.html>: This website offers a variety of information on health issues.

You might also want to check out the following books on mood disorders:

1. UNDERSTANDING DEPRESSION - A COMPLETE GUIDE TO ITS DIAGNOSIS AND TREATMENT
By Donald F. Klein, M.D. & Paul H. Wender, M.D.
2. THE SUICIDE OF MY SON - A STORY OF CHILDHOOD DEPRESSION
By Trudy Carlson
3. QUESTIONS & ANSWERS ABOUT DEPRESSION AND ITS TREATMENT
By Ivan K. Goldberg, M.D.
4. OVERCOMING DEPRESSION
By Demitri Papolos & Janice Papolos
5. SUICIDE: SURVIVORS - A GUIDE FOR THOSE LEFT BEHIND
By Adina Wroblewski
6. SUICIDE: WHY?
By Adina Wroblewski

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