

# DEPRESSION

- Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods.
- True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for a long period of time.
- Depression affects about 19 million Americans annually. It is estimated to contribute to half of all suicides. About 5%-10% of women and 2%-5% of men will experience at least one major depressive episode during their adult life.
- Depression affects people of all races, incomes, ages, and ethnic and religious backgrounds, but it is three to five times more common in the elderly than in young people.

## **Causes, incidence, and risk factors**

- The exact cause of depression is not known. Many researchers believe it is caused by chemical imbalances in the brain, which may be hereditary or caused by events in a person's life.
- Some types of depression seem to run in families, but depression can also occur in people who have no family history of the illness. Stressful life changes or events can trigger depression in some people. Usually, a combination of factors is involved.
- Substance abuse: While it has long been believed that depression caused people to misuse alcohol and drugs in an attempt to make themselves feel better (self-medication), it is now thought that the reverse can also be the case; substance abuse can actually cause depression.
- There is no single cause of major depression. Psychological, biological and environmental factors may all contribute to its development. Whatever the specific causes of depression, scientific research has firmly established that major depression is a biological, medical illness.
- Norepinephrine, serotonin and dopamine are three neurotransmitters (chemical messengers that transmit electrical signals between brain cells) thought to be involved with major depression.
- "Scientists have also found evidence of a genetic predisposition to major depression" Scientists believe that if there is a chemical imbalance in these neurotransmitters, then clinical states of depression result. Antidepressant medications work by increasing the availability of neurotransmitters or by changing the sensitivity of the receptors for these chemical messengers.
- Scientists have also found evidence of a genetic predisposition to major depression. There is an increased risk for developing depression when there is a family history of the illness. Not everyone with a genetic predisposition develops depression, but some people probably have a biological make-up that leaves them particularly vulnerable to developing depression.
- Some illnesses such as heart disease and cancer and some medications may also trigger depressive episodes.
- It is also important to note that many depressive episodes occur spontaneously and are not triggered by a life crisis, physical illness or other risks.

## Factors

- Alcohol or drug abuse
- Life events or situations, such as:
  - Breaking up with a significant other, illness or death in the family, or parents divorcing (for adolescents)
  - Repetitive traumatic calls
  - Childhood events, such as abuse or neglect
  - Divorce, death of a friend or relative, or loss of a job (for adults)
  - Social isolation (common in the elderly)
- Medical conditions such as hypothyroidism (underactive thyroid), medications (such as sedatives and high blood pressure medications), cancer, major illness, or prolonged pain
- Sleeping problems, Sleep deprivation

## Symptoms

- Agitation, restlessness, and irritability
- Dramatic change in appetite, often with weight gain or loss
- Extreme difficulty concentrating
- Fatigue and lack of energy
- Feelings of hopelessness and helplessness
- Feelings of worthlessness, self-hate, and inappropriate guilt
- Inactivity and withdrawal from usual activities, a loss of interest or pleasure in activities that were once enjoyed (such as sex)
- Thoughts of death or suicide
- Trouble sleeping or excessive sleeping
- Depression can appear as anger and discouragement, rather than as feelings of hopelessness and helplessness. Use of alcohol or illegal substances may be more likely to occur.

## Treatment

- Medicines that you take for other problems could cause or worsen depression. You may need to change them. **DO NOT** change or stop taking any of your medications without consulting your doctor.
- People who are so severely depressed that they are unable to function, or who are suicidal and cannot be safely cared for in the community may need to be treated in a psychiatric hospital.
- Most people benefit from antidepressant drug therapy, along with psychotherapy. As treatment takes effect, negative thinking diminishes. It takes time to feel better, but there are usually day-to-day improvements.

## Prevention

- Take medications correctly and learn how to manage side effects.
- Learn to watch for early signs that depression is becoming worse and know how to react when it does.
- Try to exercise more, seek out other activities that bring you pleasure, and maintain good sleep habits.
- Avoid alcohol and illegal drugs. These substances can make the depression worse over time, and may also impair your judgment about suicide.
- When struggling with your depression, talk to someone you trust about how you are feeling. Try to be around people who are caring and positive.
- Try volunteering or getting involved in group activities.

## Types Of Help

- Cognitive behavioral therapy teaches depressed people ways of fighting negative thoughts. People can learn to be more aware of their symptoms, learn what seems to make depression worse, and learn problem-solving skills.
- Psychotherapy can help someone with depression understand the issues that may be behind their behaviors, thoughts, and feelings.
- Joining a support group of people who are experiencing problems like yours can also help. Ask your therapist or doctor for a recommendation.

## When Your Spouse Is Depressed

### Here's how you can help your loved one out of the darkness of depression.

by Carolyn MacInnes

*Tim and Sandra sit close together on their porch swing, holding hands. It's hard to believe that less than a year ago, they'd discussed selling their house, splitting their possessions and sharing custody of their three children. The couple explains that a common but treatable illness nearly destroyed their strong 12-year marriage.*

*"I remember the day it started," Tim says. "I walked into the kitchen one morning and Sandy was just sitting on the floor. She was still in her bathrobe, and her eyes were swollen from crying."*

*When Tim asked what was wrong, Sandra told him she honestly didn't know. Their lives were good. They weren't struggling financially or having problems with the kids. She knew there was no reason to cry, yet the tears returned every morning from then on. Her concentration began to slip as well, leading to mistakes that almost cost her a job she loved. Finally, Tim insisted she see a doctor.*

*"I sure didn't like the diagnosis," Sandra explains, shaking her head. "I expected him to give me vitamins or tell me not to work so hard. I never anticipated what he would actually suggest."*

*After several tests, Sandra's doctor told her he believed she was suffering from a depressive disorder. He explained that our bodies need to maintain stable levels of the chemical serotonin to function normally — but*

*the receptors in Sandra's brain were blocking its flow to certain areas. When he suggested she try an anti-depressant drug to trigger proper serotonin absorption, she refused.*

*"I left his office feeling conflicted," Sandra says. "Tim and I were both raised to believe that true Christians were happy, thankful people. I was convinced that my misery was caused by a lack of faith, not a medical condition. But truthfully, I wasn't sure which option scared me more. I couldn't even bring myself to tell Tim that the doctor had called my mental health into question."*

*Over the next few months, Sandra tried to bury her secret — but her sorrow was too pervasive to hide. Their frightened children began asking what was wrong with Mom.*

*In the meantime, Tim admits his concern turned to frustration. "I'd ask again and again what was wrong, but she never had an answer," he says. "Not only was I aggravated by my feelings of helplessness, I was angry the life I'd worked so hard to provide wasn't enough to make her happy."*

*"And the more angry he got, the more he'd withdraw from me," Sandra adds. "Then I'd feel guilty and withdraw even more. We just kept drifting further apart."*

*Despite her efforts to pray during that time, Sandra admits she found it almost impossible to muster the strength or the words. She felt she was not only losing her mind and her family, but now even God had abandoned her.*

## **Identifying Depression**

Tim and Sandra's story likely rings true for many couples. According to the National Institute of Mental Health (NIMH), one in five adults in America will suffer from a diagnosable mental disorder in a given year. Women face these illnesses twice as often as men, but statistics show men are highly under-diagnosed due to an unwillingness to admit they're struggling.

Stigmas and misconceptions often prevent those with depressive illnesses (which often include anxiety and panic) from getting treatment. For some, words like *mental illness* and *therapy* still evoke images of patients in strait jackets or neurotic movie characters with phobias of germs, elevators and their shadows. In reality, depression can be much less obvious. Even so, it still debilitates and destroys its victims if left untreated.

A few key signs of depression are:

- Daily sadness
- Loss of interest in activities previously enjoyed
- Restless, anxious or irritable behavior
- Trouble concentrating, focusing or remembering
- Excessive weariness and lethargy
- Sleeping or eating too much or too little
- Unexplained aches and pains
- Thoughts of suicide or death

If you recognize any of these symptoms persisting in a spouse for more than a few weeks, check with your family doctor.

## Preparing Yourself to Help Your Loved One

Flight attendants always tell you to put on your own oxygen mask before helping someone next to you. In the same way, it's important to prepare yourself before attempting to assist others when a spouse is depressed. Deep sorrow can be infectious, and it's not uncommon for caregivers to develop symptoms of depression themselves. Guard against this possibility by eating well, exercising, getting enough sleep, and staying in the Word.

Also keep an eye on your kids. Children are often vulnerable to a parent's anxiety. One study indicates that 20% of 10-year-olds whose mothers suffered from depression were themselves victims within five years.

Don't underestimate the value of caring friends and family at times like this. Let loved ones help you with day-to-day tasks, and allow them to listen to and pray with you. The surest way to intensify your struggle is to isolate yourself and your immediate family from those who love you.

## Reaching Out to Your Spouse

When a care-giver understands that clinical depression is a genuine medical condition, he or she may actually feel empowered. It's encouraging to realize there are a number of tangible ways to help a spouse who is depressed:

### DO

- Pray fervently with and for them.
- Share meaningful Scripture verses.
- Help them see that the family needs them to get well.
- Listen; give credibility to their feelings.
- Seek help for yourself and offer to see a therapist with them.
- Encourage them to consider medication; research shows that 80% of those suffering from depressive disorders can be treated successfully with modern medications.
- Show affection; encourage them to get out and do things with you.

### DON'T

- Tell your loved one to just pray about it or make them feel like healing would come if they'd simply trust God more.
- Make them feel guilty for the impact of their illness on the family.
- Blame or criticize them.
- Imply that they need help because they're weak. Also, don't immediately exclude other family members from counseling. Sometimes, complex relational issues involving several family members can spark depression.
- Expect medication to solve everything. Also, don't discount the need for prayer — and possibly therapy.
- Let them continue in a pattern of sleep and isolation.

## **A Happy Ending**

Once Tim and Sandra overcame their fears and misconceptions about mental illness, they began to counsel with their pastor each week. Sandra also returned to the doctor. Within a few months, she felt like herself again, thanks to a low dosage of a Selective Serotonin Re-uptake Inhibitor (SSRI). The medication helped bring her serotonin levels back into balance. Their children were thrilled to see Mom smiling again.

The couple, now co-leading a mental illness support group at their church, discovered that they could survive depression with teamwork, education, empathy and a lot of prayer.

"The Lord has really blessed us by allowing this experience to bring us together rather than tear us apart," Sandra says. "When times were toughest, Tim decided not to give up on me — and that decision has radically changed our lives."

### **::: RESOURCES :::**

**Centerstone 800-681-7444**

**Metro Government EAP 844-833-0437**

**AFL-CIO EAP: Confidential Contact Numbers**  
**615-269-0980 (Nashville)**  
**800-752-4929 (TN Only)**

**National Alliance on Mental Illness**  
**NAMI Helpline at 800-950-NAMI**  
[www.nami.org](http://www.nami.org)

**Depression and Bipolar Support Alliance**  
**615-228-4810**  
[www.dbsalliance.org](http://www.dbsalliance.org)