

Lesson 3

Understanding Depression—Yours and Theirs

Depression is one of the world's oldest and most common ailments. It can have both physical and psychological symptoms. Millions of Americans are estimated to suffer from depression, a condition so widespread that it has been dubbed "the common cold of mental illness."

Even so, depression is widely misunderstood. Myths and misconceptions have led many people to believe things about depression that simply are not true.

This lesson will help you understand depression and will give you some suggestions for controlling depression and helping others who are depressed.

To prepare yourself for this lesson:

- Jot down all the words that come to mind when you think about the word depression.

- When you were depressed, what did you do to relieve your depression?

- When someone you know has been depressed, how have you reacted to him/her (examples: tried to humor them, stayed away, talked them out of it)?

What Is Depression?

Let us get rid of some myths about depression right away. Depression is not a sign of weakness. It is not a lack of character or courage. Abraham Lincoln and Winston Churchill are two of the many historic figures known to have suffered from serious depression. Well-known and highly respected figures from all walks of life are among the millions of people who experience depression.

Being depressed is not abnormal. The most common complaint of people who seek counseling is that of feeling depressed. In fact, it is estimated that over six million people in the United States need professional help for depression.

Depressed people are not crazy. Many get better on their own or with help from other people. Only a small percentage of depressed people need institutional care.

Mental depression is not the same as feeling blue. Everyone has times of feeling blue. People often refer to these feelings by saying they are "depressed." However, mental depression is more intense, lasts longer, and significantly interferes with day-to-day activities.

Another myth about depression is that it is hopeless. One reason for this belief is that people who are depressed often think that nothing can be done for them. Such feelings of hopelessness are actually a symptom of depression. But the truth is, it can be treated and treatment is usually successful.

What Causes Depression?

The causes of depression are not entirely clear. Sometimes an event will bring it on, but other times it will not. There is also evidence that genetic and

biochemical factors may play a role in the development of depression, but that role remains to be more thoroughly researched.

Also, some people may be more prone to being depressed than others. This predisposition involves a person's development, motivations for action, and his/her needs. When needs become excessive, extreme, or distorted, the behavior that is exhibited to fill them may be abnormal and depression producing.

The role of events in a depression does not end with the event that brought on the depression. Events can build on each other. For instance, the depressed person may become increasingly irritable and have to stop working, which can further contribute to the depressed mood.

Many experts believe that depression grows out of a combination of these factors. They say that the body chemistry of some people gives them the tendency toward depression, and then something in the life situation happens to trigger that depression. This triggering event is different in different people, but is often linked to some kind of loss, such as the loss of a loved one or of a job, or the loss of roots when people move or leave home for the first time.

Signs of Depression

Robert Fetsch, Colorado State University, states that depression is associated with many symptoms and not everyone has the same ones. Some people have many symptoms; others have only a few.

Here are some signs of depression:

- Appearance—Sad face, slow movements, unkempt look;
- Unhappy feelings—Feeling sad, hopeless, discouraged, or listless;
- Negative thoughts—“I’m a failure,” “I’m no good,” “No one cares about me;”
- Reduced activity—“I just sit around and mope,” “Doing anything is just too much of an effort;”
- Reduced concentration;

- People problems—“I don’t want anybody to see me,” “I feel so lonely;”
- Guilt and low self-esteem—“It’s all my fault,” “I should be punished;
- Physical problems—Sleeping problems, weight loss or gain, decreased sexual interest, or head aches; and
- Suicidal thoughts or wishes—“I’d be better off dead,” “I wonder if it hurts to die.”

Taking Care of Depression

In those cases where a difficult life situation has led to depression, self-help steps can be taken to control it.

Face Up to Depression

Guilt and denial waste energy and do not help solve the problem. Acceptance of the depression relieves pressure.

Recognize the Problem

If your depression is the result of a loss, try to identify the exact time when the loss and feelings of depression began. What was the cause? Why did it happen? What do you need to do now?

Take Action

Often depression responds to structure. Combine structured activities with opportunities to release the turbulent feelings that often accompany depression.

- Get busy doing things you previously enjoyed. Don’t cut yourself off from family and friends. Attend activities with others even if you don’t feel like talking.
- Stay active. Counteract the physical slowdown of depression by exercising (examples: walk, jog, bowl, play tennis).
- Watch your diet. Include raw vegetables and fruits to increase your energy level.
- List ways you can let go of your depression. Complete the worksheet, Taking Care of Myself, included in this lesson.

- Listen. Tapes offer a relaxed way to listen to helpful information. There are excellent “self-help” videos available through libraries, book stores, and special catalogs.
- Read. There are many self-help books and pamphlets that can help you understand your emotions and give suggestions on overcoming problem areas in your life. The bibliography at the end of this lesson lists several good ones.
- Answer these questions:
 - Do I really want to change?
 - What benefits do I get from being depressed?
 - What does it do for me?
 - What payoffs would I get if I let go of my depression?
 - If I were not depressed, what would I be doing?

Seeking Help

Seek help if you:

- Are thinking about suicide;
- Are experiencing severe mood swings;
- Think your depression is related to other problems that require professional help;
- Think you would feel better if you talked with someone; or
- Don't feel in control enough to handle things yourself.

To find help:

- CARE-a computerized data base which lists sources of child and adult care; available through CU Extension offices in each county;
- Ask people you know (your physician, clergy, etc.) to recommend a good therapist;
- Try local mental health centers (usually listed under mental health in the telephone directory);
- Try family service, health, or human service agencies;
- Try outpatient clinics at general or psychiatric hospitals;

- Try university psychology departments;
- Try your family physician; or
- Look in the yellow pages of your phone book for counselors, marriage and family therapists, or mental health professionals.

How Do You Live with a Depressed Person?

Depressed people can be very difficult to be around, and yet they need more than the usual understanding and support from their friends and family.

The anger and lack of trust that a depressed person may have for people close to him or her is very disturbing to someone who is trying to help. At such times, the sincerity of a friend is questioned when the depressed person doesn't feel worthy of someone's friendship. Withdrawal from others, even when very lonely, can make it nearly impossible to encourage a depressed person to enter into activities that may help pull him or her out of the depression.

It is frequently difficult for a depressed person to carry on a conversation. Attempts to help may be met with defensiveness and verbal attacks. Frequently questioning him or her about the condition may be met with crying and frustration, simply because the person may not know what is wrong. Reassurance is important, although it can become a drain on the encouragers.

While being supportive and understanding, the friend must be careful not to do things that fulfill any unreasonable or unrealistic needs on the part of the depressed person. There is a very thin line between being supportive and being overly protective. Too much concern can feed an unrealistic demand for attention. Performing too many tasks for someone who “just can't seem to get things done” can bring about great dependency and also guilt over being indebted to someone else.

You can best help a friend or relative who is depressed by considering the following points:

- Do not moralize. Do not pressure him or her to “Put a smile on your face,” or to “Snap out of it.” Often the person will feel even worse after hearing such statements. Do not expect a “quick fix.”

- Be available. When you are alone with your depressed friend, you might say something like, "I have noticed lately that you seem down. I care about you. I'm willing to listen." Then be a good listener.
- Don't say, "I know exactly how you feel." You probably don't. But if you've had similar experiences, sharing those may help. Say things like, "This is what helped me. It might help you," or "I know some of what you must be feeling."
- Urge him/her to get professional help if necessary. Offer to accompany your friend to the first visit if it will be easier for the person.
- Listen and watch for signs or threats of suicide. Sometimes people who are thinking about killing themselves give away cherished belongings or say something like, "After I'm gone..." "Are the insurance policies up-to-date?" "Would you take care of my pet if...?" If you think suicide is an immediate possibility, do not leave your friend. Contact a mental health professional for help as quickly as you can.

Taking Care of Myself (worksheet)

Directions:

List seven things you could do to keep mentally and physically fit (examples: use seat belts, stop drinking alcohol, tell a funny joke each day).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

I choose to make a contract with myself to do the following two things this week to take better care of myself:

1. _____

2. _____

Signed _____

Date _____

Additional Reading

Coping Better...Anytime, Anywhere by M. Maultsby Jr., New York, N.Y.: Prentice Hall Press, 1986.

A Gift of Hope: How We Survive Our Tragedies by R. Veninga, New York, N.Y.: Ballentine Books, 1985.

How to Survive the Loss of a Love by M. Colgrove, H. Bloomfield, and P. Williams, New York, N.Y.: Bantam Books, 1977.

Necessary Losses by J. Viorst, New York, N.Y.: Simon & Schuster, 1986.

Transitions by W. Bridges, Reading, Mass.: Addison-Wesley, 1988.

Study Questions

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1. During an informal conversation someone says to you, “Depressed people are crazy and should be put away.” What would you say to this person?

2. You seem to have trouble sleeping, don’t feel like doing much, would rather not be around people, and experience constant headaches. Are you suffering from depression?

3. What suggestions would you give a friend who is living with a person experiencing depression?

4. When is it advisable to seek professional help for depression?

5. Can depression only be cured by a professional counselor?

Study Answers

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1. Depressed people are not crazy. Most get better on their own or with help from others. Only a small percentage of depressed people need institutional care.
2. Although these are symptoms that are observed in people suffering from depression, they can also be present in people suffering a physical illness. It is probably advisable to see a physician in order to diagnose the cause.
3. Don't moralize or pressure the depressed person to "snap out of it."
Be sure you are available to listen to the depressed person when he/she needs to talk.
Offer to help the depressed person seek professional help if needed.
Be aware of signs of suicide.
4. If a person is thinking about suicide.
If the person is experiencing severe mood swings.
If the person's depression is related to other problems that require professional help.
If the person thinks he/she would feel better talking to someone.
5. No. If it is possible to pinpoint the onset of depression, for example the death of a spouse, it is possible for a person to work through his/her own depression or with the help of friends. If the cause of depression is biochemically related or if the person doesn't seem to be able to cope, then professional help can be beneficial.

NOTES

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