

# Understanding Clinical Depression

## A guide for friends and family

### Misunderstanding depression

Men and women suffering from clinically diagnosed depression are often frustrated by the misunderstanding and fiction surrounding this serious illness. Although clinical depression is well documented by science and doctors, members of the general public often offer a response borne of misconception that discounts the severity of this disease. Contributing to the confusion is the fact that although clinical depression is a medically diagnosed illness, the symptoms of depression sound familiar to everyone, and include some of the normal emotions that everyone experiences in day-to-day life. However, clinically diagnosed depression is not caused by, and does not respond to, the normal patterns and cycles of daily life experiences. It is a difficult illness resulting from an underlying medical dysfunction.

*For most people, mood follows the events and experiences of life. Stress, loss or grief will drive temporary periods of sadness and depression. But for the person suffering from clinical depression, these symptoms are not a transient response to events or stress. Its root is medical, and its effects dull all the experiences of living. Life becomes driven by the depression.*

When a person with clinical depression tries to relate their difficulty coping with the illness to a friend or relative, they are likely to receive a reaction such as "I often feel that way too" or "Why don't you just try to cheer yourself up" or the ever-popular "Just snap out of it!" Remarks such as these may seem reasonable because the feelings of despair, anxiety, and fatigue that a clinically depressed person describes appear to be identical to the feelings of unhappiness and tension that everyone experiences from time to time. It is important to understand, however, that clinical depression is not the same as the sadness that we all occasionally feel as a response to stressful or unpleasant situations.

### Depression as an illness

Clinical depression is caused by a chemical imbalance in the brain. The natural chemicals involved—dopamine, serotonin, norepinephrine, and others—are present in every person, and serve to regulate the experience of "thought," "mood," and "feelings." They are an integral part of the cognitive thought process. In most people, these chemicals are produced in the proper amounts as appropriate to keep that person regulated and "healthy" through different life events and through different "moods." The production and absorption of these brain chemicals waxes and wanes in response to stress, relaxation, and the daily events that occur in one's life. For most, periods of depression are a normal, healthy, and expected part of coping with life's trials and tribulations, along with periods of happiness, sadness, elation, grief, and all the other emotions that accompany our day-to-day lives.

A person with clinical depression suffers from an imbalance of these natural brain chemicals. The flow of chemicals may be interrupted, or the chemicals may be present in quantities too large or too small to properly regulate the brain. Although the onset of depression can be triggered by an event or stress in one's life, clinical depression will not "lift" when the stress passes, nor can the person be "distracted" from it or "cheered up." The lasting depression that a clinical sufferer experiences is not a response to outside events or stresses, but rather is caused by a medical malfunction of the regulation of these chemicals. The production and absorption of brain chemicals no longer occurs as a response to outside stimuli, but rather becomes the cause of unreasonably extended periods of depression and anxiety; darkness, fatigue, loneliness and hopelessness.

### Clinical depression vs. "common" depression

If you know someone suffering from clinical depression, one of the best things you can do for them is to understand the difference between normal, "healthy" depression or sadness and the experience of clinical depression as a medical illness.

For most people, mood follows the events and experiences of life. Stress, loss, or grief will drive temporary periods of sadness and depression. But for the person suffering from clinical depression, the opposite is true. For them, the depression is not a transient response to events or stress. Its root is medical, and its effects dull all the events and experiences of living, preventing any enjoyment, distraction, or hope that the mood will change or lift. Life becomes driven by the depression.

As a result, a person suffering from clinical depression will exhibit ongoing symptoms and an increasing sense of hopelessness. The signs of depression will grow worse, including: loss of appetite, fatigue, loss of sleep or oversleeping, inability to concentrate, and inability to experience any sense of joy or pleasure from friends, events, or things that they once used to enjoy. As the depression grows, the sufferer will lose the ability to function properly, perform job duties, or take care of themselves. They will begin to isolate themselves from family and friends. A 2001 study published in *The American Journal of Psychiatry* estimates that as many as 9% of people suffering from depression commit suicide as a result of the increasing emotional pain and sense of hopelessness. Left untreated, clinical depression can be a deadly disease.

### Treatment

Clinical depression can be treated. Many medications are now available that can help restore the natural balance of the chemicals in the brain. It is important to understand that these medicines are not "mood lifters" and that they will not cure the depression. The medicines only help to regulate the underlying chemical imbalance so that the patient can begin to work on improving the symptoms of depression. Medicines permit the possibility of a successful response to therapy that could not otherwise be achieved. Even with the medications, the road back to wellness can be very difficult, requiring a lot of time and effort on the part of the person suffering, as well as the support and understanding of the people around them.

It is also important to understand that the medications available require a long period of time to take effect. Unlike aspirin, penicillin, or a vaccination, these brain chemical regulating medications cannot be expected to take effect until at least 4 to 6 weeks from the start of treatment. During this period, the person will have to work very hard to cope with the continued feelings of anxiety, stress and depression that accompany the disease. Once the medications begin to take effect, coping skills and counseling will begin to be effective in relieving the depression over time. Continued therapy and support are a necessary part of treatment. Not everyone responds well to every medicine, but there are now many different medicines available, so if one doesn't work, it is important to be patient and continue to hold hope until the proper prescription and dosage for that individual can be found.

With medication and coping skills, people suffering from clinical depression can be brought back to a point where they can enjoy life and function well once again. Because the root of the problem is a chemical imbalance, medications may always be required to help regulate these chemicals, just as a person suffering from diabetes will have to take insulin for the rest of their lives. At this time, there is no cure for clinical depression, but with medication and therapy, and with understanding, periods of severe depression can be minimized and overcome.

### How can you help?

If you know someone who is suffering from clinical depression, the most valuable thing you can do to help is to offer them your continued and appropriate support and encouragement. Understanding the nature of this illness will reward both of you during the journey toward relief from this difficult disease.

- Learn about depression at your local library, bookstore, or on the internet. Numerous books on depression are available, and many organizations offer literature and support. Your local health facility or a family doctor or therapist can provide advice and literature as well. Use the web links at the end of this document to begin research on your own.
- Ask the person in treatment if they can get some literature for you from their doctor or support group, or see if they would like to set up an appointment to join them with their doctor in order to learn more about their depression and their needs. Many support groups allow members to bring friends along as well.
- Continue to show them love, understanding, and affection. Make sure they know they have your support, and make an effort to stay in

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contact with them through calls, emails, and visits. They may become evasive, unavailable, or easily irritated. Understand that this is a result of the illness and not a personal criticism of your actions.

One of the most destructive symptoms of clinical depression is the tendency to isolate oneself from friends and family. Richard O'Connor, psychotherapist and author of *Undoing Depression*, wrote: "One of the bitter ironies of depression is that depressed people crave connection with other people, while the nature of the disease makes it impossible for them to connect."

- Encourage them to seek help and to stick with their treatment. Finding an effective treatment may take some time and experimentation. Make sure they are keeping their doctor appointments and continuing to refill and take all of their medications as directed.
  - Talk to them about the specific coping skills and short term goals that they are working on with their doctor or therapist. Encourage them to see the positive steps that they are taking. Even small accomplishments may take a great deal of effort and should be acknowledged. Clinical depression makes sufferers focus on the negative. Continue to remind them of the goals they have achieved.
  - If treatment does not seem to be successful after an extended period of time, encourage them to find other sources of treatment rather than giving up. As with any doctor, finding one with the right combination of understanding and bedside manner is a subjective process that may require some trial and error.
  - Don't be judgemental, and don't try to relate your own experiences in an effort to get the depressed person to "cheer up." Depression is an illness, not a character defect or a sign of weakness, laziness or pessimism. Hopelessness is a symptom of the illness, not a cause of it.
  - Don't have unreasonable expectations for the person suffering. Their illness may prevent them from attending social gatherings or from going out to movies or for shopping, even if you think that such events would "be good for them." Continue to make such opportunities available, but do not push too hard if they are unwilling or not yet ready to try. Such activities should become a part of the recovery process when the time is right, and the patient should be discussing these and similar goals with their doctor or therapist.
- If they feel unable to attend a scheduled event or gathering, offer to make alternate plans on another day on a smaller scale. If they feel unable to travel, offer to visit instead. Seeing a few, trusted friends may be more amenable to them at times when the thought of being in even a small group of people seems overwhelming.
- Discuss and learn about their triggers for depressive episodes, and learn to recognize signs that a depressive period may be beginning. Identifying episodes early on can be key to limiting their duration and severity. If you see signs of the onset of depression, encourage them to recognize this and to see their doctor or therapist.
  - Find a support group for yourself. Support groups are available specifically for friends and family members of those suffering from depression. Attending a local group can provide you with advice, feedback, and support towards the goal of maintaining your connection with your friend or loved one, while helping relieve the stress the situation may add to your own life.
  - Recognize when they may need more help than you alone can provide. While your continued support is invaluable, it does not replace medical treatment or the advice of a trained professional. It is also not necessary for you to provide more emotional support than you can reasonably provide on your own.

If you feel that they need more help than you are able to offer, or if it begins to interfere with your own ability to cope with stress, encourage them to find additional support and professional help. Set distinct limits if necessary, but be up-front about it and don't appoint blame. Make it clear that you are not abandoning them and that you will still be there to provide as much support as you can. Be sure to follow through with your promises! Actions speak louder than words.

- Remember that depression is an illness, and approach it with an attitude as such. People with "conventional" illnesses get calls, visits, cards, and other signs and reminders of encouragement that aid them in their fight to overcome a serious illness. Take the extra effort to stay in touch, and offer assistance with errands or tasks that the fatigue and

loss of concentration associated with depression may make it difficult them to perform.

- **If you suspect thoughts or actions that may lead to suicide or harm to others, call someone immediately.** Don't assume that talk about suicide is an idle threat. If you are concerned, an abundance of information about suicide is available on the internet and in literature that can be found through any health care professional or support group.

Be prepared to intervene on their behalf. Talk to their doctor or therapist, or call a local health center for advice. If any thoughts of suicide or death are expressed or suspected, contact a medical professional or suicide prevention hotline immediately. 1-800-SUICIDE (1-800-784-2433) offers toll free counseling nationwide in the USA 24 hours a day, 7 days a week.

## Recognizing clinical depression

Clinical depression must be diagnosed by a doctor or therapist. You or someone you know may be suffering from clinical depression if several of the following symptoms persist for two or more weeks without change:

- Prolonged sadness or unexplained crying spells.
- Inability to take pleasure in activities or hobbies one used to enjoy. Loss of interest in such activities.
- Social withdrawal.
- Significant change in appetite and sleep patterns.
- Difficulty concentrating, inability to make decisions.
- Irritability, anger, worry, agitation, anxiety.
- Pessimism, indifference.
- Loss of energy, persistent lethargy, fatigue.
- Unexplained aches and pains.
- Feelings of worthlessness, guilt, or hopelessness.
- Excessive consumption of alcohol or use of chemical substances.
- Recurring thoughts of death or suicide (*If you or someone you know has thoughts of death or suicide, contact a medical professional or suicide prevention hotline immediately.*)

For a person suffering from clinical depression, these symptoms will begin to cause distress and will interfere with work, social life, or daily functioning. If you or someone you know may be suffering from clinical depression, see a trusted doctor or specialist for an evaluation, and don't keep it a secret. Help is available.

Information on depression can be found by contacting your local hospital's mental health department or through the following organizations:

National Institute of Mental Health

<http://www.nimh.nih.gov>

<http://www.nimh.nih.gov/publicat/depressionmenu.cfm>

phone: 866-615-NIMH

National Foundation For Depressive Illness, Inc.

<http://www.depression.org>

phone: 800-248-4344

Depression and Bipolar Support Alliance (DBSA)

<http://www.dbsalliance.org>

Suicide Hotline numbers and advice, by state:

<http://suicidehotlines.com>

1-800-SUICIDE (1-800-784-2433) will connect you to the closest available suicide prevention hotline in your area.

Suicide Prevention Center

<http://www.suicidepreventioncenter.org>

**Copies of this document are available at:**

<http://www.idexter.com/understanding/depression>

Additional References:

"Suicide rates revised for depression," *Science News*, Jan. 6, 2001 Vol. 159, No. 1

Dr. Richard O'Connor, <http://www.undoingdepression.com>

"Depression: It's Not Just in Your Head," DBSA pamphlet