

## Chapter 1

# Demystifying and Defeating Depression

### *In This Chapter*

- ▶ Looking at depression
- ▶ Calculating the costs of depression
- ▶ Treating depression
- ▶ Going beyond depression

**L**ike solitary confinement, depression isolates those who experience it. Alone, fearful, and feeling powerless, sufferers withdraw. Hope, faith, relationships, work, play, and creative pursuits — the very paths to recovery — seem meaningless and inconceivable. A cruel, inhuman punishment, depression incarcerates the body, mind, and soul.

Though depression feels inescapable, we have a set of keys for unlocking the jail cell of depression that confines you or someone you care about. You may find that the first key you try works, but more often than not escape requires a combination of keys. We're here to help — we have a big ol' ring of keys to pass around.

In this chapter, we clarify the difference between sadness and depression; they're not the same. Next, we show you how depression looks among various groups of people. We calculate the costs of depression in terms of health, productivity, and relationships. We tell you about the treatment options for depression. And finally, we offer a glimpse of life beyond depression.

## *Just Singing the Blues or Depressed?*

Life delivers death, divorce, disaster, disease, disorder, disgrace, and distress. Inescapable and inevitable. Even if nothing else goes wrong, you're

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eventually going to die. Expecting to live a life absent of sharp episodes of sadness, despair, or grief is unrealistic. In fact, without times of sorrow, how would you truly appreciate life's blessings?

Yet, misfortunes and loss need not lead to depression. What's the difference? Sadness and grief lessen in intensity as time passes (see Chapter 2 for more information about grief and types of depression). Sadness and grief may seem fairly overwhelming when they occur. But time does eventually heal.



Unlike episodes of despair, depression involves deep guilt and loss of self-esteem. People suffering from depression feel hopeless, helpless, and unforgiving of themselves. Depression disrupts the body, often impacting sleep, appetite, concentration, energy, and sex. And depression profoundly diminishes the ability to love, laugh, work, and play.

*Depression* is a mood disorder in which a person feels profoundly sad, joyless, despondent, and unable to experience pleasure. Depression comes in various types that have somewhat different symptoms. We describe these categories of depression in Chapter 2, but all involve a low mood or diminished sense of pleasure.

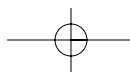
## The Varying Faces of Depression

Depression doesn't discriminate; it can affect anyone regardless of race, social class, or status. Typical symptoms of sadness, loss of energy and interests, low self-esteem, feelings of guilt, and changes in appetite and sleep appear in men, women, children, and the elderly. Such symptoms also manifest themselves across different cultures. However, a depressed preschooler may not exactly look the same as a depressed 80-year-old.

In Chapter 2, we dissect the various categories of depression. In this chapter, we show you how depression looks in different people at different life stages. The cases we present in this chapter, and throughout this book, don't represent real people. However, they're loosely based on the people we've worked with in our collective careers.

### Young and depressed

Depression can be found among children of any age, from preschool through young adulthood. Experts agree that the rates of depression in youth have skyrocketed. A recent study among college students at Kansas State University found the percentage of depressed students doubled over a 13-year period.



## Kids, depression, and obesity

In a study reported in the September 2002 journal *Pediatrics*, more than 9,000 teens participated in a study on the relationship between depression and obesity. The researchers gave the kids a questionnaire that measured depression and calculated their body mass index (BMI), a measure of obesity. They assessed the kids once again a year later. Kids who were obese and depressed at the first assessment

tended to become more obese by the second assessment. Kids who were not obese at the first assessment, but were depressed, had double the risk of becoming obese a year later. Much remains to be discovered about exactly how depression may increase this risk of obesity; however, these findings underscore the importance of addressing depression when it occurs.



The rates of depression in children are likely underreported because parents and professionals often fail to recognize the problem. Children rarely spontaneously report depression to others. Instead, they more typically remain unaware of their feelings, which manifest themselves through changes in their behavior, appetite, and sleep.

**Mackenzie's** mom surprises her by bringing cupcakes to school on her eighth birthday. The teacher leads the class in singing "Happy Birthday," but Mackenzie barely smiles. After quickly devouring the two overloaded trays of cupcakes, the kids all race out to the playground for recess. Mackenzie trails behind.

Mackenzie's teacher approaches her mother, "I'm concerned about Mackenzie. She seems quiet and less interested in her schoolwork. I often see her alone on the playground. She doesn't raise her hand in class like she used to, either. Is something wrong?"

When children are depressed, they lose interest in activities that they previously enjoyed. If you ask them if they're sad, they may not be able to connect their feelings with words. However, they will show various signs of depression, such as low energy, sleep problems, appetite changes, irritability, and low self-esteem.



Watch children at play for subtle signs of depression. Depressed children may weave themes of death or loss into their play. All children's play includes such themes on occasion, but dark topics show up more often in kids who are depressed. You may need to observe kids over a period of time because their moods change. They may not look as continuously depressed as adults with depression. Their moods may fluctuate throughout the day. Consult a professional if you have any doubts.

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### Treating depression in old age

Physicians often fail to notice depression in the elderly. Why? They chalk up the signs of depression to the process of normal aging. That's unfortunate, because depression is common — and treatable — in geriatric populations.

Yet sometimes antidepressant medications don't work. A study reported recently in the journal *Psychotherapy and Psychosomatics*

found that interpersonal therapy significantly decreased depression in patients over 60 years of age who had previously failed to respond sufficiently to antidepressant medication. This small study supports the idea that dealing with interpersonal issues, such as grief, loss, and transitions, may be particularly useful for people in this age group.

### *Is grandpa grumpy or depressed?*

Some people view old age as inherently depressing. They assume that upon reaching a certain age, quality of life deteriorates. In fact, there is some truth to these assumptions: Old age brings increases in illness and disability and losses of friends, family members, and social support. Therefore, *some* sadness is to be expected.



Nevertheless, depression is absolutely *not* an inevitable consequence of old age. Most symptoms of depression in the elderly mimic those of depression in anyone. However, the elderly are a little more likely to focus on aches and pains rather than feelings of despair. Furthermore, they commonly express regret and remorse about past events in their lives.

Depression interferes with memory. If you notice increased memory problems in grandpa or grandma, you could easily chalk the problem up to the worst-case scenario — Alzheimer's or dementia. However, such memory problems can be the result of depression.

And depression in the elderly increases the chances of death. Yet, if asked about depression, elders may scoff at the idea. Denying depression, the elder person may not get needed treatment.



Elderly men are at particularly high risk of suicide. Men older than 60 are more likely to take their own lives than any other combination of age and gender. If you have any doubts, check the possibility of depression with a doctor or mental health professional.

### *Real men don't get depressed, or do they?*

Most studies show that men get depressed about half as frequently as women. But then again, men tend to cover up and hide their depression;

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they feel far more reluctant to talk about weaknesses and vulnerabilities than women do. Why?

Many men have been taught that admitting to any form of mental illness or emotional problem is unmanly. From early childhood experiences, these men learn to cover up negative feelings.

**Scott** looks forward to retirement from his job as a marketing executive. He can't wait to start traveling and pursuing long-postponed hobbies. Three months after he retires, his wife of 20 years asks for a divorce. Shocked, yet showing little emotion, Scott tells his friends and family, "Life goes on."

Scott starts drinking more heavily than usual. He pursues extreme sports. He pushes his abilities to the limit in rock climbing, hang gliding, and skiing in remote areas. Scott distances himself from family and friends. His normal even temperament turns sour. Yet Scott denies the depression so evident to those who know him well.



Rather than own up to disturbing feelings, men commonly turn to drugs or alcohol in an attempt to cope. Some depressed men express anger and irritation rather than sadness. Others report the physical signs of depression, such as lack of energy, poor sleep, altered appetite, and body aches, but adamantly deny feeling depressed. The cost of not expressing feelings and not getting help may account for the fourfold greater rate of suicide among depressed men than women.

### *Women and depression*

Why do women around the world appear to suffer from depression about twice as often as men? Biological and reproductive factors may play a role. The rate of depression during pregnancy, after childbirth, and prior to menopause is higher than at any other time in women's lives.

However, cultural or social factors likely contribute to women's depression as well. For example, women who have been sexually or physically abused outnumber men with similar experiences, and such abuse increases the likelihood of depression. Furthermore, risk factors, such as low income, stress, and multiple responsibilities like juggling housework, childcare, and a career, occur more frequently among women than men.

**Janine** gently lays her baby down in the crib. Finally, the baby has fallen asleep. Exhausted after a challenging day at work, she desperately longs to go to bed herself. But, laundry waits, the bills need to be paid, and the house is a disaster. Six months ago, her husband was called to active duty in the Army Reserves and life hasn't been the same since. Janine realizes her overwhelming fatigue and loss of appetite are due to depression setting in.

## Depression and miscarriage

The loss of a baby through miscarriage is a devastating event that often causes depression. And new evidence suggests that depression may play a role in inducing miscarriages, as well. Many miscarriages aren't easily explained. However, the mother's immune system may play a role. And we know that depression appears to disrupt the immune system.

A recent study published in the October 2002 issue of the scientific journal *Human*

*Reproduction* studied the relationship between depression and miscarriage. A group of women who had previously miscarried were given questionnaires to determine whether they had emotional problems. Of the women who then got pregnant, 22 percent miscarried again. What predicted miscarriage? Depression. If you or someone you care about is planning a pregnancy, be sure to get help for any existing depression first. It could save a baby.

## Depression and diversity

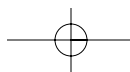
Everyone experiences depression in unique ways. Attempting to generalize about depression based merely on ethnicity or membership in a certain group can lead to misperceptions. But risk factors for depression include discrimination, social ostracism, poverty, and major losses (like loss of a job or loved one). And unfortunately all these risk factors occur more frequently among minorities. Being different may take the form of race, culture, physical challenge, or sexual orientation.

In addition to these risk factors, many groups face special obstacles when dealing with depression. For example, some ethnic populations have limited access to mental health care because of language differences, embarrassment, economic difficulties, and lack of nearby facilities. More resources designed at helping these groups access care are clearly needed.

## Adding Up the Costs of Depression

Depression has existed since the beginning of humankind. But today depression is a worldwide epidemic. No one knows why for sure, but the risk of depression for those born after World War II has mushroomed.

Estimates vary considerably, but today depression appears to occur in 15 to 20 percent of all people over the course of a lifetime. Furthermore, in any given 12-month period, somewhat under 10 percent of the population experiences an episode of significant depression. And at this very moment, an estimated 121 million people are suffering from depression throughout the world. That's an awful lot of people.



Guess what? Estimates on depression are only rough approximations. Because most people with depression fail to seek treatment and many folks with depression don't even realize they're depressed, reliable statistics are few and far between. Whatever the real figures are, huge numbers of people suffer from depression at some point in their lives. And depression has all kinds of costs associated with it.

## *Counting cash costs of depression*

The World Health Organization (WHO) has created a statistic called the Global Burden of Disease (GBD) that puts a number on the worldwide economic cost of various diseases. Depression is now the fifth largest contributor to the GBD. By the year 2020, the WHO predicts that depression will be the second most costly disease.

The financial cost of depression is staggering. In the United States alone, the National Institute of Mental Health pegs the price tag of depression at \$43.7 billion per year.

Where do these costs come from? Depressed people miss work more often and get less done when they do work. Parents of depressed kids may have to miss work to get their children to treatment appointments. Treatment also represents part of the total tab, but remember that alleviation of depression increases productivity, reduces absenteeism, and reduces medical costs. (See the section "Detailing depression's physical toll" for more information about medical costs of depression.)

## *Previewing personal costs of depression*

Economic facts and figures do little to describe the human costs of depression. The profound suffering caused by depression affects both the sufferer and those who care. Words can't adequately describe these costs:

- ✓ The anguish of a family suffering from the loss of a loved one to suicide
- ✓ The excruciating pain experienced by someone with depression
- ✓ The diminished quality of relationships suffered both by people with depression and those who care about them
- ✓ The loss of purpose and sense of worth suffered by those with depression
- ✓ The loss of joy

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*Detailing depression's physical toll*

Depression's destruction radiates beyond personal and economic costs — depression damages the body. Scientists discover new information almost daily about the intricate relationship between mood and health. Today, we know that depression affects:

- ✓ **Your immune system.** Your body has a complex system for warding off infections and diseases. Various studies have shown that depression changes the way the immune system responds to attack. Depression depletes the immune system and makes people more susceptible to disease.
- ✓ **Your skeletal system.** Untreated depression increases your chances of getting osteoporosis, though it's unclear exactly how depression may lead to this problem.
- ✓ **Your heart.** The relationship between depression and cardiovascular health is powerful. Johns Hopkins University studied healthy doctors and found that among those people who developed depression, their risk of heart disease increased twofold. This risk is comparable to the risk posed by smoking.

Another study reported in the October 2000 issue of the journal *Circulation* followed more than 4,000 elderly people who were initially free of heart disease. Researchers found that elderly persons with depression were 40 percent more likely to develop heart disease and 60 percent more likely to die. Intriguingly, they discovered that every increase in depression scores led to even greater increases in heart disease risk. This risk occurred above and beyond the risks posed by smoking, high cholesterol levels, and age.

- ✓ **Your mind.** Although depression can mimic dementia in terms of causing poor memory and concentration, depression also increases the risk for dementia. We're not sure why, but scientists have discovered that an area in the brain thought to govern memory is smaller in those with chronic depression.

If left untreated, depression can disrupt and possibly damage connections in your brain and may lead to the degeneration and death of brain cells.

- ✓ **Your experience of pain.** Of course depression inflicts emotional pain. However, depression also contributes to the experience of physical pain. Thus, if you have some type of chronic pain, such as arthritis or back pain, depression may increase the amount of pain you feel. Scientists aren't entirely sure how depression and pain interact, but the effect may be due to disruption of neurotransmitters (see Chapter 15 for more information about neurotransmitters) involved in pain perception. As a matter of fact, many people with depression fail to realize they're depressed and only complain of a variety of physical symptoms such as pain.



## Psychotherapy for your heart

If you have heart disease, depression increases your risk of dying from it. How's that for an opening line? Now, the good news. Psychotherapy can improve your chances. A report posted on the American Psychological Association Web site ([www.apa.org](http://www.apa.org)) indicates that 14 hours of psychotherapy reduces re-hospitalization rates for heart patients by 60 percent. Furthermore, counseling prior to medical procedures leads to shorter stays in the hospital following surgery. Unfortunately, only about 12 percent of hospitals

treating heart disease actually offer psychotherapy to their heart patients. We suspect that if a pill came onto the market that reduced re-hospitalization rates by 60 percent, the drug company responsible would have constant commercials extolling the importance of asking your doctor for their new, miracle drug. But there's only so much two authors can do: Just know that if you have heart disease, don't ignore the importance of your emotions.

Depression likely affects the entire way the body functions. For example, altered appetite may lead to obesity or malnourishment and serious weight loss. In addition, depression is associated with disrupted hormonal levels and various other subtle physiological changes. In a sense, depression harms your body, mind, and soul.



Don't let yourself get depressed by all these frightening effects caused by depression. If you're depressed, you can feel better — and we spend the remainder of this book helping you to do so. Effective treatments currently exist and new ones are emerging.

## Feeling Good Again

Depression is treatable. With good diagnosis and help, most folks can expect to recover. If you feel a loss of pleasure, reduced energy, a diminished sense of your worth, or unexplained aches and pains, you may be depressed (see Chapter 2 for more information about the symptoms of depression). Please pursue help (see Chapter 4 for ideas on how to find the right help for you).

Many types of help exist for depression. This book is one of them and falls under the category of self-help. Self-help does work for many people. However, self-directed efforts may not be enough for everyone. In the following sections, we briefly outline the different kinds of help that you may find useful.



You don't have to choose only one option. You may need or want to combine a number of these strategies. For example, many people with depression have found the combination of medication and psychotherapy helpful. And combining more than one type of psychotherapy sometimes proves useful as well.

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If your depression doesn't start to lift or if you have severe symptoms such as thoughts of suicide, please seek professional assistance.

## Thinking therapy

Dr. Aaron T. Beck, who wrote the foreword for this book, developed a system of psychotherapy that he calls cognitive therapy. *Cognitive therapy* is based on the premise that the way you think strongly influences the way you feel. Studies support the value of cognitive therapy above any other approach to the alleviation of depression. Dr. Beck discovered that depressed people

- ✓ View themselves in distorted, overly negative ways
- ✓ See the world in bleak, dark terms
- ✓ Envision a future of continual gloom and doom

Depression causes people to believe that their dark views are completely accurate and correct. Cognitive therapy, which we also refer to as *thought therapy*, helps untangle twisted thinking. You can find out more about this approach in Part II of this book. We encourage you to give thought therapy a try. Research shows that thought therapy even protects you against future recurrences of depression. Skeptical? Try it anyway!

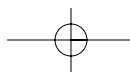
## Doing away with depression

Another well-tested approach to the alleviation of depression is what's known as behavior therapy. *Behavior therapy* is based on the premise that changing behavior changes moods. The problem: When you're depressed, you don't feel like doing much of anything. So, in Part III we help you figure out how to take small steps and overcome this mind hurdle using behavior-therapy-based tools. In addition, we tell you how

- ✓ Exercise can kick-start your battle with depression.
- ✓ You can bring small pleasures back into your life.
- ✓ Problem-solving strategies can improve coping.

## Reinventing relationships

Depression sometimes follows the loss of a significant relationship and such losses often come in the form of death of a loved one or divorce. But



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depression can also come on the coattails of other types of relationship losses — like changing a way you relate to the world. For example, retirement requires you to give up (to lose) one role, that of an employee, and take on another. Major life changes or transitions sometimes lead to depression if you don't have a way of dealing with them. So in Chapter 13, we tell you how to handle loss and transitions.

Depression also often causes problems with important current relationships. In Chapter 14, we provide you with various ways of enhancing your relationships. The process of improving your relationships may decrease your depression as well.

### *Finding biological solutions*

Perhaps you think the easiest approach to treating depression is found at the pharmacy or health food store. Simply pop the right potion and voilà, you're cured! If only getting better were so easy!

In Chapter 15, we review the pharmacological therapies. You'll find quite a few to choose from and we help you sort out the options. We also give you strategies for making the complicated decision as to whether anti-depressant medication makes sense for you or if you'd prefer alternative approaches.

In Chapter 16, we discuss the so-called natural way of treating depression. We also bring you information about shock therapy and other not-so-common treatments for depression.

### **Avoiding help for depression**

Researchers at the University of Michigan took a close look at data from national surveys the United States Centers for Disease Control and Prevention gave to teenagers and young adults. The researchers discovered an alarming statistic — 35 percent of the teenagers and 40 percent of the young adults reported having depressive symptoms for longer than two weeks. Of even greater concern is the fact that only 12 percent of both groups reported

attempting to find help. In fact, among those who had symptoms that endured for more than two years, only 15 percent informed any type of health professional about the problem.

Given that depression poses a significant risk of suicide, this low rate of help seeking is particularly disturbing. Clearly, much needs to be done to encourage those with depression to seek help.

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### *Feeling Better than Good*

After you've overcome your depression, you will likely feel much better. However, you'll want to sustain that improvement. Depression, like the common cold, has a nasty habit of returning. But you can do much to hold off or prevent future depression. We show you how to avoid future bouts in Chapters 17 and 18. Should you catch another round of depression, we also show you how to recover more quickly and keep the symptoms mild.

So, you feel better. You feel good. But guess what? You don't have to settle for good. We want you to feel better than good; perhaps better than you have ever felt in your life. That may sound too good to be true. However, in Chapter 19, we give you ways to add purpose and meaning to your life. In addition, we provide secret keys for unlocking your potential for happiness — those keys probably aren't what you would imagine them to be.

### *Celebrating Sadness*

We begin this book with promises of relief from depression. However, no therapy, behavior, or pill provides a life free from sadness. We're glad that one doesn't exist. And if such a cure existed, we wouldn't take it.

Because without sadness, how could one feel happy? Who would write great plays or create emotionally powerful works of art or songs that sing to the depths of the soul? Human emotions serve a purpose. They distinguish us from computers and give life meaning.

Thus, we write this book wishing you a life of happiness interspersed with moments of pain. To have pain is to live.