

Emotional Wellness

June, 2020

What About Depression?

Everyone feels sad from time to time. It's only natural. Most people go through blue days or just periods of feeling down, especially after they experience a loss. But what experts call clinical depression is different from just being "down in the dumps." The main difference is that the sad or empty mood does not go away after a couple of weeks – and everyday activities like eating, sleeping, socializing, or working can be affected.

Estimates indicate that perhaps one in three (some say one in five) adults in the general population experiences a depressive disorder (e.g., major depression, bipolar disorder, dysthymia, post-partum depression, or seasonal affective disorder) at some point in their lives. In any given year, over one in 20 people will have a depressive episode. For each person suffering directly from depression, three or four times that number (relatives, friends, associates) will also be affected to some degree. It is impossible to obtain exact figures because so many people try to live with this condition without looking for help. Recent studies suggest that this condition is on the rise, especially among single women, women in poverty, single men, and adolescents. National tragedies or natural or environmental disasters can also generate depressive symptoms for large parts of a population.

A depressive disorder can change a person's moods, thoughts, and feelings. Without appropriate treatment, this condition can go on for a very long time – weeks, months, or years. Even among those suffering from depression, most do not know they have a treatable condition. Most blame themselves or may be blamed by others. This leads to the alienation of family and friends who, if they knew of the illness, would likely



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Patricia uses her excellent client rapport and clinical expertise to help clients overcome their struggles. Her professional counseling experience includes work with children, adolescents, couples, individuals and families with a wide range of clinical issues. She utilizes a variety of approaches including: psychodynamic, family systems, cognitive behavioral and solution-focused theoretical frameworks to match her client needs.

Patricia's educational background includes a Master of Science in Counseling Psychology with an emphasis in marital and family therapy from California Lutheran University and a Bachelor of Science in Organizational Leadership from Biola University. In addition to holding memberships in several honor societies and professional organizations, Patricia obtains ongoing psychological training, specializations and certifications.

offer support and help find effective treatment. Although this is one of our most devastating emotional disorders, treatment can bring relief to over eighty percent of those who experience depression.

Several causes of depression have been identified. For example, the illness has been seen to run in families, suggesting that some people may have a genetic predisposition to depression – and this may show itself particularly during times of stress. However, it is important to note that just because you have a family member with depression, you are not necessarily going to suffer from this condition yourself.

Sometimes a major change in a person's life patterns can trigger a depressive episode. These changes may be due to serious illness, a period of financial difficulties, stressful relationships, or a severe loss (such as the death of a loved one, divorce, or the loss of a job). Researchers find that people who are easily overwhelmed by stressful events, tend to worry, have low self-esteem, and see the world in a pessimistic way are more prone to depression than other people.

Types of Depressive Disorder

Not all depressions are alike. The nature of one's depression depends on the cause and on each person's individual adaptation to this disorder. Here are several generally recognized forms of depression.

Major Depression

A major depression is different from a state of normal sadness. People who experience depression describe it as agonizing pain that cannot be shaken and seems to have no end in sight. They feel trapped and often talk about having a dark empty pit in their chest or stomach that cannot be filled. Some depressed people contemplate suicide. Virtually all people with depression complain about reduced energy, reduced concentration, and the inability to complete projects. About eighty percent of depressed people say they have trouble sleeping, with frequent nighttime awakening during which they worry about their problems. Many people with depression oversleep during the daytime. Many people with this disorder report that they have had either an increase or a decrease in their appetite, sometimes accompanied by weight gain or loss. About fifty percent of people with depression say that their symptoms are worse in the morning and that they feel a bit better by evening. Half of all people with depression report only one severe episode within their lifetimes, but the remainder may have this happen twice, or repeatedly, during their lives.

Here are some symptoms of major depression –

- Diminished ability to enjoy oneself
- Loss of energy and interest
- Difficulty concentrating; slowed or fuzzy thinking; indecision
- Magnified feelings of hopelessness, sadness, or anxiety
- Decreased or increased sleep and/or appetite
- Feelings of worthlessness or inappropriate guilt
- Recurring thoughts of death

Dysthymia

Another common form of depressive disorder is called dysthymia. This involves having chronic, long-lasting symptoms of depression, which are not disabling, but prevent a person from functioning at top capacity or from feeling good. Women experience dysthymia about twice as often as men, and it is also found in those who lack a relationship and in those who are young or with few resources (such as a low income or few social contacts). The primary symptoms of dysthymia (which means “bad humored”) include a depressed mood, a feeling of being down in the dumps, and a lack of interest in usual activities for at least two years. People with dysthymia can experience any of the symptoms of major depression, but usually not to the degree that may be found in a full-blown depression. Dysthymic people, though, are vulnerable to moving into a major depression during times of stress or crisis. Dysthymia often leads to a life without much pleasure, and many people with this condition feel that it is simply a part of their personality so that they never seek treatment.

Symptoms of dysthymia include –

- Poor appetite or overeating
- Insomnia (lack of sleep) or hypersomnia (oversleeping)
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness
- Fatigue or low energy

Bipolar Disorder

A third type of depressive disorder is bipolar disorder or manic-depressive illness. This disorder, which is much less common than major depression, is characterized by a pattern of cycling between periods of depression and elation. These cycles, or “mood swings,” can be rapid, but most often occur gradually over time. When in the depressed part of the cycle, the person can experience any of the symptoms of depression. When the person moves into the manic or elated phase, however, he or she can experience irritability, severe insomnia, inappropriate social behavior (like going on spending sprees), talking rapidly with disconnected thoughts, increased

energy, poor judgment, and increased sexual desire.

There is strong evidence that bipolar disorder is largely an inherited condition, and many people with this disorder respond well to medication.

Some symptoms of bipolar disorder are –

- High energy with a decreased need for sleep
- Extreme irritability
- Rapid and unpredictable mood changes
- An exaggerated belief in one's abilities
- Impulsive actions with damaging consequences (e.g., charging up credit cards, sudden love affairs, etc.)

Two other forms of depression –

Post-Partum Depression is linked to hormonal changes following the birth of a child. This can be a serious form of depression, sometimes with psychotic features, but most sufferers respond well to treatment.

Seasonal Affective Disorder or **SAD** is found among those who are sensitive to the shorter days of winter, especially those who live at northern latitudes. Many people with SAD respond to daily exposure to full-spectrum lighting.

A depressive disorder is a serious condition which affects virtually every aspect of a person's everyday life experiences. It is not a sign of personal weakness, although many depressed people feel guilty about not being stronger and tend to blame themselves. It is not possible just to "pull yourself up by the bootstraps" in order to get better. The sufferer should find the help of a trained professional. A depression is a time for introspection and reflection, a time to discover what has gone wrong and what can be made better. A trained professional can help the person with depression begin to see things in a more positive light.

Many people respond to psychotherapy alone in their treatment for depression. Others are helped by a combination of therapy and an antidepressant medication. Medications can facilitate the healing process. People also benefit by acquiring the life tools that are learned in psychotherapy. Recent studies have indicated that medication alone without psychotherapy doesn't work in the long run as well as psychotherapy alone or psychotherapy used in conjunction with medication.

What is most encouraging about this devastating condition is that so many people do get better when they find the appropriate treatment!

Things You Can Do to Deal with Depression

1. Give yourself permission to feel depressed. Don't expect too much from yourself, since this will only lead to feelings of failure – and this in turn perpetuates the depressive pattern. Don't fight the depression so hard. Giving in to it may alleviate the depressed feelings. (However, if you have suicidal or other destructive thoughts, you are advised never to give in to these – and to consult a professional immediately.)
2. Try not to set difficult goals for yourself or to take on more responsibilities than you can realistically handle. Break large tasks into smaller ones. Set priorities and take things one at a time. Learn to comfort yourself when you feel depressed.
3. Realize that you may have negative thoughts – and that they are a symptom of the depression. One thing you may focus on in therapy is turning negative thoughts into positive ones.
4. Postpone important life decisions until your depression is brought under control. If you must make major decisions, consult others who can be trusted and can take an objective view of the situation.
5. It is important during a depression to avoid the use of alcohol or drugs. While you may feel a temporary "high," this can lead to a dangerous pattern of highs and lows which can ultimately create a negative spiral that is very difficult to get out of.
6. Try to spend as much time as you can around other people. While this may seem impossible, it is better than being alone. It is important not to overdo it, however. Feeling better takes time.
7. Recognize that there are certain times of the day when you feel better. Use these times to your advantage.
8. While it may seem impossible, try to get some exercise. Pumping up your heart for even half an hour every other day does wonders for your mood, and you can do this by taking a walk. Don't blame yourself, though, if you cannot accomplish as much as you think you should.
9. Treat yourself, everyday if possible, to some activity that makes you feel better. Take a walk in a park or enjoy a bubble bath. Read an interesting article, listen to some music you like, or attend a social or religious function.

This newsletter is intended to offer general information only and recognizes that individual issues may differ from these broad guidelines. Personal issues should be addressed within a therapeutic context with a professional familiar with the details of the problems.

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A Depression Checklist

If you check at least half of the following items, you may benefit from a consultation with a trained professional who can help you in working through a depression.

- It is hard for me to concentrate on reading or watching TV.
- My future seems hopeless.
- I do things slowly.
- Pleasure and joy have gone out of my life.
- I feel sad, blue and unhappy.
- I have lost interest in things that used to be important to me.
- I have difficulty making decisions.
- I feel that I am guilty and deserve to be punished.
- It takes a great effort to do even simple things.
- I feel fatigued.
- I have had thoughts about hurting myself.
- My sleep is disturbed – too little, too much, or broken sleep.
- Without trying to diet, I have lost (or gained) weight.
- I feel depressed even when good things happen.
- I have negative thoughts much of the time.