

COPING WITH DEPRESSION

BOOKLET 1

What is Depression ?

This booklet was produced by the Clinical Psychology Service of Northampton Healthcare Community [NHS] Trust.

It forms part of a series of booklets that are designed to provide people with information that will reassure, advise and encourage them.

WHAT IS DEPRESSION ?

THE EXPERIENCE OF DEPRESSION:

“I was seized with an unspeakable physical weariness. There was a tired feeling in the muscles unlike anything I had ever experienced. I had an indescribable nervous feeling. My nights were sleepless. I lay with dry, staring eyes gazing into space. I had a fear that some terrible calamity was about to happen. The most trivial duty became a formidable task. The tired muscles refused to respond, my “thinking apparatus” refused to work, my ambition was gone. My general feeling might be summed up in the familiar saying “What’s the use ?”. I had tried so hard to make something of myself, that the struggle seemed useless. Life seemed utterly futile”. [From an article written by a psychiatrist, E.C. Reid]

If you are suffering from depression, perhaps you can identify with some or all of the experiences of Mr. Reid. He was writing in 1910, but descriptions of depression go back much further than this. Millions of others have been there before.

Many people suffer from depression at some time in their lives, and some have repeated episodes of depression over many years. In the 1988 US Presidential Campaign, questions were raised about whether Mike Dukakis had received treatment for depression. As one commentator put it: “If everyone who’s been treated for depression votes for Dukakis, he’ll win by a landslide !”

Depression is very widespread. Perhaps as many as one in ten of all GP consultations are for depression.

THE MEDICAL APPROACH TO DEPRESSION:

It is very likely that you have already had contact with your family doctor, who will have mentioned the word “depression” to you. It is one of those words which has both an everyday meaning and a more technical, medical meaning. Everyone feels miserable, fed up or sad sometimes.

However, in some people depression can be so severe that it dominates their lives, and drags on preventing them from coping as they used to. Their lives may seem barely worth living. Being accused of self-pity, giving in, or not “pulling themselves together”, doesn’t help in the least. Depression of this degree is an illness, and needs treatment, and when doctors talk about “depression” they mean this severe depression.

Someone who is depressed may worry that they are going “mad” because their thinking is very confused and because they have changed so much that they feel out of touch with their true selves. They may, therefore, worry that they will be sent to the local psychiatric hospital. This is extremely unlikely to happen. Although depression may seem a desperate prison from which there seems no escape, it is essentially a worsening of normal experiences, and is totally different from a major mental illness such as schizophrenia.

CHARACTERISTICS OF DEPRESSION:

It is much easier to describe depression than to explain it. Certain characteristic symptoms can give you, your family or your doctor a clue that you need professional help.

- Feeling sad
- Loss or gain in appetite, with loss or gain in weight
- Problems with sleep – sleeplessness or excessive sleeping. Particularly waking up early in the morning
- Losing interest in people and activities; not caring what happens
- Aches and pains without any obvious physical cause
- Feeling hopeless about the future
- Being extremely pessimistic
- Having difficulty in concentrating and making decisions
- Not enjoying anything
- Having a sense of failure or guilt
- Wishing you were “out of it all”
- Loss of outward affection, going off sex
- Loss of self-confidence, avoiding meeting people
- Irritability
- Thoughts of suicide; these are very common in depression and are much better admitted than covered up, as they are a certain sign that help is needed

We may not actually realise how depressed we are, because it has come on so gradually, or because we blame ourselves for being lazy or feeble. We are determined to struggle on, and may need to be persuaded by others that it is not a sign of weakness to seek help. Or we may try to make up for or escape from our real feelings by rushing around and being over-active – and then wonder why we feel so stressed and exhausted.

CAUSES OF DEPRESSION – WHY ?

Friends and relatives, as well as the depressed person are anxious to know **WHY** they should be depressed. Usually there is more than one reason and these differ between one person and another.

There are physical aspects to being depressed as well as psychological ones. There are also several different theories about why people become depressed.

Physical Factors:

When people become depressed, there is often a change in the balance of biochemical substances in the brain [called monoamines]. Antidepressant drugs work by restoring normal monoamine activity. They increase the active levels of monoamines in the brain. It is also thought that vigorous physical exercise may have the same effect.

However, it may simply be a feature that is associated with it. Probably it does result in some of the features of depression such as lack of appetite and early morning waking.

Negative Thinking:

Some psychologists think that certain people are likely to become depressed because they tend to see the things that happen to them in a very negative, extreme way. For example, you make the effort to ring up a friend whom you haven't seen for a while. They sound as if they don't want to talk, giving short answers to your questions and not asking you very much. After you've finished, you leap to the conclusion: "No-one likes me any more". [In fact, your friend might be watching television or might have a headache]. It is very common to think in this way when you are depressed. But it is unlikely that negative thinking in itself can cause depression.

Learned Helplessness:

It has been demonstrated that we tend to get depressed when we can't control what happens to us. If we try to solve a family problem but fail, or if a teenager tries very hard to do well at school but always fails, then depression can be the result. We can learn to be helpless but we can also learn how to prevent helplessness.

Depression as a reaction to distressing events or circumstances:

Biochemistry, negative thinking and a feeling of helplessness are all characteristic of depression, but as depression seldom simply drops from the sky, it usually takes an event or series of events to start an episode of depression. Depression may be a perfectly "normal" reaction to something that has happened. This may be a loss of someone close to you, or moving to another region in the country and leaving friends, family and a particular lifestyle behind. Circumstances may be particularly difficult. We may be alone, or having pressing worries, or be physically ill and debilitated.

Some psychiatrists would say that a certain sort of childhood can make you vulnerable later on in adulthood. This might be the sort of background in which how you get treated doesn't

really depend on what you do. You learn that you cannot control what happens to you because you cannot predict your what your parents' reactions will be.

Negative thoughts can lie dormant, but may surface when we are facing a crisis. For example, thoughts about being useless and feeling unable to make a contribution may only arise when made redundant from one's work. Under normal circumstances such thoughts might seldom occur. Sometimes we may be depressed about a failure. We might believe that because we have failed once, we will fail again: "I couldn't do it then so I'll never be able to do it. Nothing I do will make any difference". We believe we are incapable of change. We may catch ourselves thinking negative thoughts about not measuring up to standards and ideals we hold. There is a gap between our real selves and our ideal selves: "Life's passing me by; what's the use of trying if there's nothing left for me?"; "I'm useless and washed up; I can never be what I want to be, so why carry on?"

ANTIDEPRESSANT DRUGS:

- The antidepressants that doctors prescribe will often help someone recover from their depression. If taken correctly, they will usually speed up recovery and they will give enough of a "lift" to make a start with coming to grips with the difficulties that perhaps set off the depression in the first place.
- However, they will not completely resolve the underlying difficulty that has led to the depression. It is possible to learn skills that can help to beat depression.
- Antidepressants must be taken properly if they are to be effective. It has been estimated that about half the people who are given antidepressants by their GP either don't take them properly or don't take them at all. This is possible because they do not immediately make you feel better, but they do have quite a few side effects. No benefit will be noticed until after the antidepressants have been taken continuously for up to two weeks. Antidepressants do not make you feel much happier, but are most effective with symptoms such as poor sleep and appetite and lack of energy.

Side-effects include: Dry mouth, blurred vision, some trembling, dizziness or feeling very tired. [There are other less common side effects, but you may be lucky and experience very few of these]. Often people experience the side effects before they have experienced any benefit, and decide to stop taking the antidepressants. As mentioned, it is important to persevere by taking the tablets continuously for two weeks as no benefits will be experienced before then.

Antidepressants are usually effective in cases of moderate depression, giving you a foothold from which to begin learning to deal with your depression. They need not usually be taken for more than a few months.

When you are beginning to feel less depressed and you want to stop taking antidepressants, do discuss this with your GP. Do not suddenly stop taking them. Remember that your brain chemistry has got accustomed to its supply of medication and it will need some time to readjust.

To get the most benefit from your GP you might find it useful to ask him/her the following questions, and it's a good idea to write the answers down as people when they are depressed have even worse memories than people who are not depressed !

What and How ?

- ◆ What kind of tablets are they ?
- ◆ How can they help me ?
- ◆ How should I take them ?
- ◆ How can I tell if they work ?

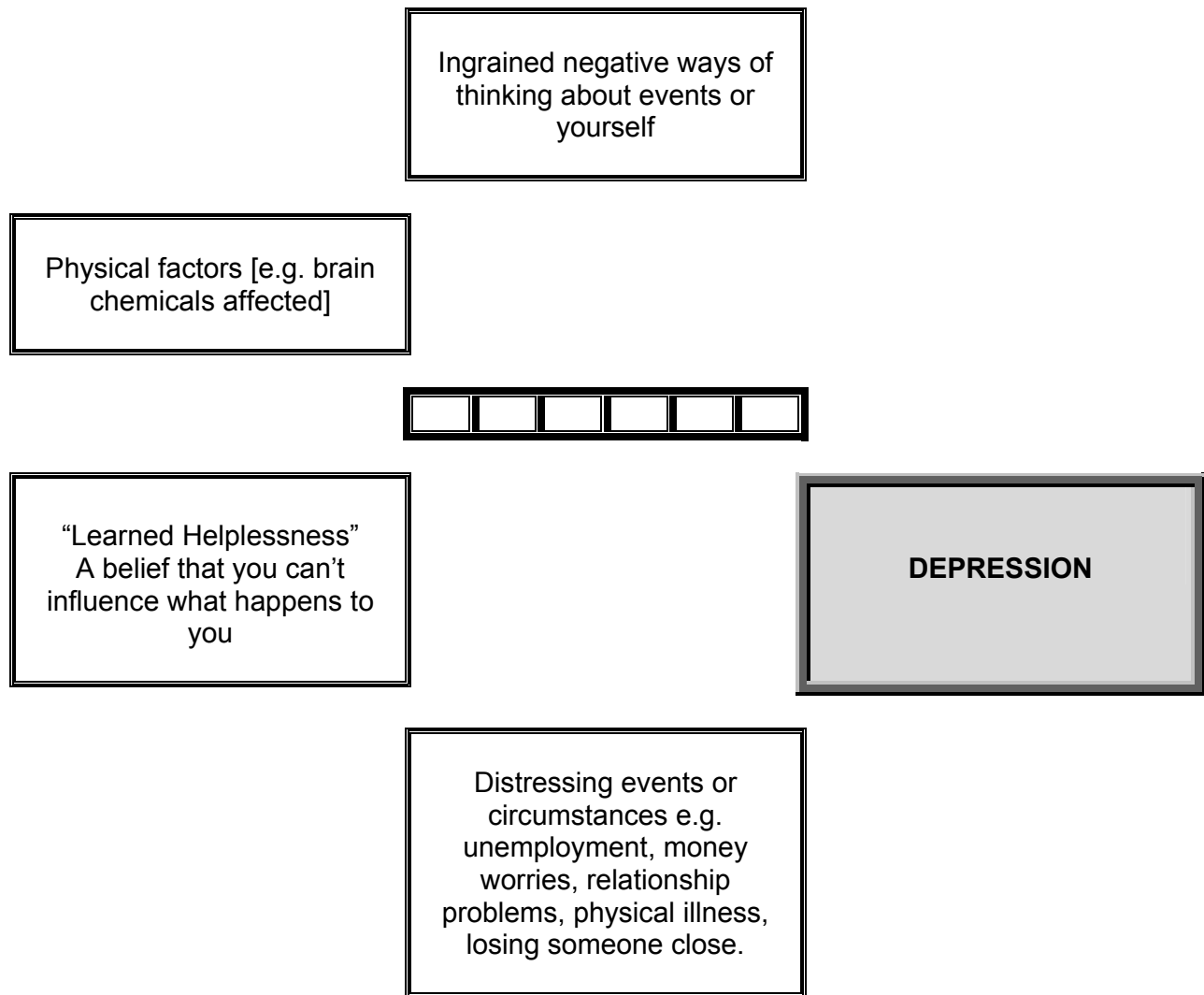
What Side-effects ?

- ◆ Do they ever cause problems ?
- ◆ Do they have side-effects ?
- ◆ Can I drive after taking them ?
- ◆ Can I take other medicines with them ?
- ◆ Can I drink alcohol while I am taking them ?

How Long ?

- ◆ How long must I continue with these tablets ?

DIAGRAM OF WHAT CAUSES DEPRESSION:



This diagram shows **FOUR** of the main causes of depression. It is likely in most cases that **MORE THAN ONE** factor is involved.

**PREVENTING DEPRESSION IS A SKILL THAT CAN BE LEARNED
IT IS POSSIBLE TO LEARN HOW TO "INCREASE YOUR RESISTANCE TO DEPRESSION"**

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