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Depression

The most important information you need to improve your health

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The Everything® Healthy Living Series

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Avon, Massachusetts

Contents

Introduction

For more than 10 years, millions of readers have trusted the bestselling Everything series for expert advice and important information on health topics ranging from pregnancy and postpartum care to heart health, anxiety, and diabetes. Packed with the most recent, up-to-date data, Everything health guides help you get the right diagnosis, choose the best doctor, and find the treatment options that work for you.

The Everything® Healthy Living Series books are concise guides, focusing on only the essential information you need. Whether you're looking for an overview of traditional and alternative migraine treatments, advice on starting a heart-healthy lifestyle, or suggestions for finding the right medical team, there's an Everything Healthy Living Book for you.

Depression

If you or a loved one is suffering from depression, you know what a challenge life with this condition can be. Some days your depression probably feels insurmountable; other days you may feel okay, but still something's not quite right. In short, depression can become a controlling force in your life. But it doesn't have to be. There's never a good time to suffer from depression, but you're battling it at the best time in history to do so.

Researchers are making significant inroads into understanding the causes of depression. This is the first step toward a cure. It may seem that a cure is a long ways off, but life — and science — move quickly these days; today's commonplace items were yesterday's wild dreams. Where science is concerned, it's a good idea to keep current. Any day that one item you've been hoping for may come along.

Also, the medical community and society at large are more tolerant and accepting of the idea of depression as a legitimate condition than ever before. Dismissive reactions and harsh stigmas are fading away. People are more eager to seek help for depression, as well as to offer it to those in need. There are countless books out there on the subject, and new medications and therapies are emerging every day.

Depression is not all in your mind. You know that, because you feel lousy all over, and now science agrees with you. Depression involves both your brain and your body. It's called the mind/body connection. Treating depression, then, becomes a holistic endeavor. Today there are antidepressant medications that work quite effectively to manage many kinds of depression, and psychotherapy, called talk therapy, can help you find the root causes of your depression. Together, antidepressants and psychotherapy, combined with positive lifestyle changes, work well to keep depression under control and manage its symptoms.

If terms such as "psychotherapy" are still a bit foreign — and frightening — to you, don't worry. This book will give you an introduction to depression, the various ways to deal with it, and all the details in between. You'll read about choosing the right therapist for your needs, the benefits and risks of alternative therapies, the necessity of exercise, and the importance of a good diet. And you probably have questions about how you'll cope on a daily basis. What about work? Will your job be in jeopardy if you can't keep up your former level of productivity? What about your relationships? Will they survive such a test? These are honest questions that deserve compassionate and realistic answers. In this guide, you'll find those answers. Remember, knowledge is power.

Acknowledging that you need help is the first step toward getting that help, and just picking up this book is a step in the direction of a better life. There's no time like the present to make a change for the better!

If you'd like to learn more about depression, check out *The Everything® Health Guide to Depression*, available in print (978-1-59869-407-9) and eBook (978-1-60550-212-0) formats.

Broad Look at Depression

You can’t put your finger on it. You can’t tell somebody where it hurts. All you know for sure is that something’s not right. Perhaps you’re feeling sluggish, with some vague aches and pains, or you’re grouchy and irritable. It seems that at times it’s almost impossible to work up any enthusiasm about anything. Other times, little things you usually brush off are really getting to you. What you’re experiencing could be depression.

A Working Definition of Depression

Want the concise version? The U.S. National Library of Medicine and the National Institutes of Health (NIH) define depression as a treatable medical illness. That’s pretty vague, but it contains three essential components. In reverse order, here’s what each one means:

- **Illness:** Depression is an illness with specific, characteristic symptoms that produce changes in the way you feel about yourself, your world, and your life. To qualify as depression, these symptoms must be ongoing for at least two weeks.
- **Medical:** Depression is real. It’s not a figment of your imagination. It exists and it hurts. It affects your body, your mind, and your emotions.
- **Treatable:** There is no cure for depression, but it can be treated. It can be managed with lifestyle changes, medications, psychotherapy, or a combination of these.

Psychologists refer to this condition as clinical depression — a psychiatric disorder characterized by certain symptoms, including an inability to concentrate, sleeping too little or too much, loss of appetite or eating more than usual, anhedonia, irritability, lack of energy, feelings of

extreme sadness, guilt, helplessness, hopelessness, and sometimes, thoughts of death.

Question

What is anhedonia?

Anhedonia is a term used in psychology. It refers to an inability to experience pleasure from events or activities that should be pleasurable. These events can range from eating and drinking to pursuing hobbies and sports and socializing. This includes sex!

You'll sometimes hear clinical depression called unipolar disorder. This is to distinguish it from bipolar disorder. *Uni-* and *bi-* are Latin prefixes, meaning one and two. In unipolar disorder, moods are consistently low. In bipolar disorder, two moods — extreme elation and extreme sadness — are involved, usually with periods of normal feelings in between. Depression can take many guises.

Creating a useful, comprehensive, working definition of depression is challenging. The essentials, however, are that depression is a treatable medical illness with symptoms that impact your physical, emotional, and mental well being. Since symptoms can worsen over time, depression should be treated.

What Are the Causes?

There are many kinds of depressive disorders, some more serious than others. It seems that depression has a wide variety of ways to enter your life:

- Some kinds of depression seem to run in families, so you may have a genetic predisposition to depression.
- Trauma and stressful life events can cause depression. The trauma doesn't have to have involved you personally to affect you. Stressful

life events that can lead to depression include divorce, financial setbacks, chronic illness, loss of a job, and so forth.

- Hormones can cause depression. This means either a rise in hormone levels or a drop in them. Testosterone in men and progesterone and estrogen in women may be the culprits.
- Some medications can trigger depression or cause depressive symptoms. This includes prescription medications, as well as recreational drugs and alcohol. Also, drug interactions may have dangerous side effects, including depression.
- Certain other medical conditions can cause depression. Among them are heart disease, cancer, and HIV/AIDS.
- The weather can cause depression. The dark days of winter may lead to seasonal affective disorder (SAD), also known as The Alaska Effect.

Discovering what kind of depression you are dealing with may lead to understanding what caused it. Following the clues may lead you to the proper treatment.

Twins or triplets tend to run in certain families — it's a genetic trait. So is left-handedness and red-headedness. So, also, are certain forms of depression, including bipolar disorder. If you are beginning to wonder if you might be suffering from depression, it just makes good sense to take a look at your family tree and find out everything you can about the medical conditions that tend to appear more frequently than might be expected.

Did your father experience severe mood swings — so much so that you never knew quite what to expect from him when you were growing up? Was your mother constantly sad — to the point that you can't ever remember her being really happy? These are the kinds of things to look for as you take a trip down memory lane. Ask your aunts, uncles, cousins, or grandparents what they remember about other family members. Their

responses may not come in medical terms, but they'll help you establish a connection to your past that will help guide your future.

You're in Good Company

When you're feeling all alone and struggling to cope, sometimes it helps to know that you're in good company. Depression has touched the lives of many prominent people, including many of our presidents. A recent Duke University study, published in January 2007, in the *Journal of Nervous and Mental Disease*, suggests that almost half of our presidents suffered from some form of mental illness, with 24 percent affected by depression. Anxiety disorders came in second — certainly understandable, given the responsibilities of the job!

Abraham Lincoln

Lincoln is perhaps the most well-known figure, among his presidential peers, to struggle with depression. Living in the nineteenth century meant that Lincoln did not have access to the medical resources enjoyed today. One thing he did share with modern-day sufferers, however, was the need to cope with his disorder. He had chosen a public life. This meant that his adversaries would be watching, should he falter.

Recent biographers, such as Joshua Wolf Shenk in *Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness* (2005), have looked deeply into Lincoln's medical history and found that Lincoln tried an assortment of substances and strategies to treat his depression. He tried a pill (known as the blue mass) with mercury as its main component. On one occasion, he also tried cocaine.

Apart from that, Lincoln also cultivated his sense of humor and he wrote prolifically. His writing served as a means of working through his depression, and among his poems is one titled "The Suicide's Soliloquy."

Fact

When Ann Rutledge, Lincoln's first love, died, his friends put up a suicide watch over him. Lincoln's depression became evident while he was in his twenties, became chronic in his thirties, and haunted him the rest of his life. Yet Lincoln became one of our greatest presidents.

In Lincoln's day, melancholia was seen as a personality type with attributes such as deep self-reflection. What helped Lincoln cope with his depression?

- He understood his illness for what it was — something he'd have to deal with every day for the rest of his life.
- He realized depression didn't have to define him.
- He had a support system in place — those friends who cared for him and accepted him, with all of his idiosyncrasies. Those were the friends who watched over him through his darkest times.
- He had a self-deprecating and well-documented sense of humor. He had learned to laugh at himself.
- He'd also learned that depression doesn't mean that everything else that's good in one's life vanishes. The good things just might be a little more difficult to call upon and might not stay accessible as long as you'd like.
- He journaled. He wrote and he wrote and he wrote.
- He made himself get up every morning and face the day, whatever it held. The effort that this must have taken, when he was feeling so low, was Herculean. When he experienced suicidal thoughts, he wrote them into poetry.
- He never gave up. In fact, Lincoln employed many of the same practices that are current, state-of-the-art approaches to treating depression today.

Thomas Eagleton

By the late twentieth century, you might guess that things would've only gotten better for those suffering from depression. Unfortunately, mental illness still carried a huge stigma. In 1972, vice presidential candidate Thomas Eagleton was dropped from the McGovern ticket when news of Eagleton's treatment for mental illness was revealed. The contrast between Lincoln and Eagleton is sharp and painful to study. Lincoln was not treated poorly for his mental illness. On the contrary, he was seen as intelligent, introspective, and complex. Eagleton was seen as a liability, and his disorder became the topic of gossip columnists and comedians. Was Eagleton the first one to be shunned because of his mental health condition? Of course not. The roots of this fear, for fear is what it is, go back a long way.

Society's Fear of Mental Illness

Where and when did the fear of mental illness originate? Simply stated, what the world doesn't understand, it fears, and for a very long time the world couldn't even begin to understand mental illness. For millennia, depression was a secret one kept. Of course, this just made matters worse. Those closest to the depressed person knew there was a problem, even if they were unaware of its nature. If one was fortunate, they didn't shun you or lock you away. They just dismissed the problem, if they could, with a knowing glance.

Sometimes people have an unreasonable but real fear that depression is contagious, in some way. They don't want to get too close and catch it. Then there's the very real worry that mental illness affects who one is at the core — that it's changed the person in some way. If you break an ankle, you've got a broken ankle. If you have a heart attack, it's definitely worse than the broken ankle, but it doesn't approach the incalculable fear of losing your mind. After all, your mind is who you are. It's where you live.

Moving Beyond the Stigma

How to solve this dilemma? The answer, of course, is education. The more you know about depression the more you can understand it, learn to cope with it, and seek solutions. But this isn't something you can do on your own. You need support. Luckily, society has finally begun to display an increased sense of urgency and responsibility regarding treatment of mental illness.

Fact

The Surgeon General's 1999 Report on Mental Health revealed that, with nearly one out of five people affected by some form of mental illness, the costs of diagnosis and treatment are escalating. In established market economies such as the United States, mental illness was the second leading cause of disability and premature mortality, and depression was the leading form of mental illness.

What's the current status? Some gains seem so small as to be nearly insignificant, while others are enormous. First, the terminology has changed. People no longer speak of the mentally ill; instead, it's people with mental illness. What's the difference? It's subtle, but it's important. Instead of equating the person and the disability (you are mental illness), we're now putting the person first and saying this person has a condition. There's a separation inherent in these few words, and it's a positive, healthy separation.

Essential

Terminology has changed across the board. For example, instead of deaf people, it's people with deafness; instead of blind people, it's people with blindness. People are no longer confined to wheelchairs; instead, wheelchairs assist them. Once you get the hang of it, it makes sense.

What else has changed? Information. Information about depression is now available around the world to everyone with access to a computer and the Internet. Typing depression into an Internet search engine produced 88,400,000 sites. Depression is a hot topic. People are seeking information and seeking help for themselves and for loved ones.

Is the stigma of mental illness still out there? Of course it is. But as researchers delve more deeply into genetics, and as our knowledge base builds, the stigma will fade. Cancer used to hold a stigma. People couldn't even refer to it by name. Superstitions still flavor our thinking. But new discoveries mean new advances in treatment and diagnosis, new drugs, and the hope of a cure. If you're suffering from depression, don't suffer alone and in silence. Force yourself to venture out to see and to be seen. Remember, what you see, you can begin to understand. What you understand, you can learn not to fear. What you don't fear, you can conquer. It's all about little steps, one at a time. Keep your balance, and if you stumble, pick yourself up, dust yourself off, and start all over again.

Taking the First Step

If you're feeling depressed and hopeless and are unsure of where to turn, what do you do? A needlepoint tapestry on the wall of a family therapist's office in Santa Cruz, California, bore the following piece of embroidered wisdom: "When you're down and out, lift up your head and shout…'I'm down and out!'" It's good advice. Being honest with yourself is the first step toward relieving the symptoms of depression and coming to terms with this disorder.

Acknowledging that there's a problem is not only the first step, but it's also the most difficult step. From infancy, you're taught to handle problems on your own. "Deal with it!" has become a not-so-gentle admonition from our culture. So, when you can't "deal with it," you tend to think that you're flawed. You should be able to cope. Depression is not

just a routine problem, however. You need help to get better — and this does *not* make you weak or helpless or pathetic. It's just the way it is.

Remind yourself what a courageous move it is to admit you have a problem and need help. And also remember that getting this far is evidence that you still have some control over your situation. This means you're not powerless. Once you acknowledge this, take a deep, cleansing breath, and make an appointment with a physician or psychotherapist to have a chat. Such professionals have the training necessary to provide you with the tools you'll need to tackle depression.

There's no point in suffering in silence. In fact, there's no point in suffering at all. Even when your emotional gauge tells you there's nothing left, remember: There are always at least two gallons left in the tank. That's plenty to get you to the gas station. That's more than enough to get you to help. As long as you remain in the driver's seat, you still have some control.

Understanding Depression

Experience has been called life's best teacher, and life provides many experiences as you pass through it. Some of those are good and some not so pleasant. In the case of troubles, once you've been through something, you can usually recognize it, should it pass by your way again. It's getting through that all-important first time with anything that can be difficult. If you haven't had experience with depression, and even if you have, this section will give you some insight into what depression is and how to tell when it gets serious.

Feeling Depressed Versus Having Depression

It's true that everyone experiences feelings of depression from time to time. However, feeling depressed isn't the same as having depression. This is an important distinction.

Though feeling depressed can be a pretty unpleasant experience, it's actually a healthy response to certain events. For example, if you've ever experienced the loss of a loved one or the end of a romantic relationship, you probably felt sad, upset, or just generally down afterward. This is perfectly normal and, in fact, a healthy emotional response. The key is how you deal with the feelings of depression and how you express those emotions thereafter.

If you are mentally healthy, you will experience a down time and say, "Man, I'm having a bad day. I sure hope tomorrow gets better." You accept that circumstances may be out of your control or accept some responsibility for what's happening, if that's appropriate. In any case, you know that, come the dawn, you're going to give it another go and see what you can make out of the new day.

If you suffer from depression, on the other hand, you sink lower and lower with each negative experience. Your entire mood tends toward the negative rather than the positive. Every bad thing that happens to you only serves to reinforce your already gloomy outlook.

That feeling of being down in the dumps means that you're depressed. It's part of being human. Some days go better than others, and you may even enjoy feeling sorry for yourself, at times, when the world seems to be conspiring to get you down. In emotionally healthy people, this mood soon passes. Whether caused by hormones, as in premenstrual syndrome (PMS); a stressful situation, such as a romantic breakup; problems at work; an argument with a spouse or partner; or getting some bad news about your income taxes, those funks are transitory. You kiss and make up or you find another romantic partner. You resolve the problems at work or you find another job. You soldier on through the menstrual cycle and emerge on the other side your own sunny self. You can see the low points for what they are — isolated occurrences. It's when these moods last more than two weeks that being depressed can mean having depression.

How Do You Know?

There are many online questionnaires available to help you determine whether your symptoms indicate that you are suffering from depression. However, only a qualified mental health professional is able to make a diagnosis of depression. The following self-questionnaire is provided solely for informational purposes and is not intended to take the place of a professional medical diagnosis.

1. Have you been feeling down or blue for at least two weeks?
2. Are you having difficulty falling asleep or staying asleep?
3. Do you find yourself sleeping much more or much less than usual?
4. Are you eating significantly more or less than you usually do?

5. Do you find yourself having difficulty concentrating?
6. Do you feel helpless or that life just isn't worth the effort?
7. Do activities that used to give you pleasure now seem too much work?
8. Have you had thoughts of suicide?
9. Has your energy level decreased?
10. Have any of the symptoms you are experiencing interfered with the quality of your life?

If you've answered yes to any of these questions, have a talk with your primary health care provider. Depression may be the problem, but often other medical conditions have symptoms that mimic those of depression. Your doctor is in the best position to advise you.

Anger Turned Inward

When people have a conversation, it usually involves an exchange of information. When two people are talking to each other, it's called a dialogue. But when you're trying to have a conversation with someone who's suffering from depression, what transpires sounds more like a monologue than a dialogue, which can be frustrating for all involved. Here's how such a conversation, in which one of the individuals is suffering from depression, might sound.

Friend: "What's wrong with you?"
Person with Depression: "I don't know."

Friend: "That's not very helpful."
Person with Depression: "Okay."

Friend: "Are you angry with me?"
Person with Depression: "No."

Friend: "I don't understand you."

Person with Depression: “I don’t understand me either. Just leave me alone.”

The friend wants to help but doesn’t know how. The person with depression doesn’t have a whole lot to contribute, and so the conversation goes nowhere, until one of them has had enough and either gives up the effort and sits in uncomfortable silence or leaves.

If you’ve had this experience, or something similar, then you’ve had a glimpse of what Sigmund Freud meant when he referred to depression as “anger turned inward.” In the snippet of conversation above, the uncommunicative person is angry — perhaps not at the other person involved in the conversation, but angry nonetheless.

The Anger Continuum

Mental health is measured on a continuum, and so is anger. At different times and under varying circumstances, you may find yourself angry, miffed, annoyed, irritated, and even downright furious. When your anger is a reaction to a specific event and is a logical response, it’s normal.

Generally, you’ll find socially acceptable ways of venting this anger, but when you can’t let off steam, the stress continues to build. The stress has to go somewhere, so it turns inward on you, causing all manner of physical problems. You may suffer from stomach troubles, indigestion, heartburn, headaches, raised blood pressure, or a host of other symptoms that mask the true problem — you’re angry.

You may have been taught from childhood that it’s not nice to express anger. Unfortunately, if you internalized this message, you may reap a nasty harvest. Anger is negative energy, and it’s destructive.

Essential

In classical Greek drama, as the play unfolds, the audience’s emotions of fear and pity for the characters must be cleansed or purged, in order for balance to be restored. Aristotle called this deep cleansing catharsis. Today

this word is used to refer to an experience that leaves us drained, but drained with the promise of renewal. You may have heard someone say, "I'm tired, but it's a good tired." That's catharsis.

Healthy Expression

Appropriately expressed anger is healthy. Repressed anger or inappropriately expressed anger is not. There are numerous ways to release this energy. Punching a bag, running, playing sports, singing, dancing, gardening — anything that lets you exhaust this negative energy and leaves you feeling cleansed works to keep your anger managed. This process is called catharsis.

Finding the Right Outlet

Children and adolescents need outlets for their energy. This is why depressed children often spend too much time alone, unengaged and disengaged. It's also why they can do well with play therapy. Play is serious business for children. It's a time of emotional, mental, and physical growth.

For teenagers, healthy activities that let them use their bodies full-out are essential to keeping a good balance and preventing the build-up of stress that can lead to depression. In this time of cost-cutting and budget tightening, the very activities that adolescents need — such as sports, drama, choir — are being axed from the school curriculum. It's a real case of penny-wise and pound-foolish. It's a false economy. The costs of not having these outlets are borne by the medical system and ultimately, the taxpayer.

Adults, and that includes the elderly, may be so caught up in the daily routines of everyday life that they don't take the time to recreate — to re-create themselves. If you neglect this important aspect of promoting mental and physical health, your body pays the price in a variety of ways. The human body was meant to move and be active. It's nature's way of

letting go of worries, releasing negative energy, and replenishing your resources.

The Cycle of Depression

You may find that your depression is usually at its worst upon waking in the morning and tends to improve during the course of the day. Why? It has to do with the quality of your sleep. Sleep studies at the Human Givens Institute, associated with MindFields College in the UK, have found that, if you're dealing with depression, you tend to dream more than people who are not depressed. All this dreaming takes up a considerable portion of sleeping time, stealing the time that otherwise would allow for deep, restorative sleep.

Normally, you'll move through different levels of sleep during the night. There are cycles of REM sleep (Rapid Eye Movement) when you dream and non-REM sleep when you don't dream. Non-REM sleep is broken into four different phases, with phases 3 and 4 being the deep levels of sleep. Those levels are the restorative, healing levels of sleep. When you're dreaming (in REM sleep) too much, because your mind is working through your problems, concerns, or troubles, your body doesn't spend adequate time in deep, restorative sleep. What happens then is that you wake up in the morning and still feel tired.

Worrying Makes It Worse

Worrying is not productive. Worriers are not pleasant to be around; they focus only on the problem, not on solutions. When you create a mental list of worries, and the list grows as the day goes on, your mind is forced to keep track of them. You can't stop worrying; you can't stop stressing. Depression won't let you. You're constantly inside yourself, brooding. And you start to dread going to bed, because you know your sleep will be restless at best, nonexistent at worst.

Dealing with Insomnia

Some nights you can't shut off your brain and go to sleep. Thought after thought pummels away at you. Sometimes you give up, get up, and read or watch a little TV until you try again to sleep. You may begin taking sleep medications or perhaps having a nightcap or two before you go to bed. But this doesn't fix the problem and may not even mask the symptoms for long.

When this happens occasionally, not to worry. When this becomes a predictable pattern, there are some simple things you can do on your own to help stop the negative thought flow. For example, before retiring for the night, write down everything that is currently causing you stress. The act of committing these thoughts to paper can relieve your brain. You've taken action.

The next day, look to see if there is a pattern to your worries. Do they center around your children? Your spouse? Your job? Your finances? Organizing your worries can be a productive exercise, allowing you to consider them with some objectivity. You're beginning to exert some control.

Once you've identified the categories, take a look at what you've listed under each. Put them in order from biggest worry to smallest worry or smallest to biggest — whatever seems more comfortable to you. You're identifying what is making you sleepless.

After each worry, consider what kind of action could be appropriate. For example, suppose you worry about your daughter's safety, as she lives on her own in an urban area. You realize you've been consciously or unconsciously looking for news stories that focus on the problems of young adults working in the inner cities. You worry about crime and about her becoming the victim of a break-in or a mugging. In your worst-case scenario, you picture her running for her life. You also worry she won't have enough money to cover all her expenses, or that she's not putting enough away for the future. You worry about her job security and what

she'll do if she's laid off. What's most important here? First comes safety; after that, it appears job and finances are connected. Now what?

Acceptance Means Relief

The most difficult part of this process comes in realizing and accepting that you have no control over another individual. Your daughter is living her life, just as you are living yours. As a parent, you will always worry about your grown children. It comes with the birth certificate — a lifelong commitment of love. Take a deep, cleansing breath. Close your eyes and visualize a positive city scene. It may be a museum, art gallery, anything that evokes good images. Next, place your daughter in that scene. Then add the following caption to that picture: "I trust my daughter to live responsibly." Just as repeating negative thoughts can imprint them on your mind, so can repeating positive ones — and you have also associated a positive image with the positive thought.

How to convey your worries to her? The next time you chat or meet, discuss them as you would with any other adult. This can be tough, but keeping channels of communication open is the best antidote to worry. You may be surprised to learn that she worries about you, as well!

Another Example

Here's one more worry example. You are worried you'll be all alone one day, with no one to care about you or for you. Is this a reasonable worry? Possibly, but focusing too much on that scenario can create a self-fulfilling prophecy. What to do? Back to your list. This time, instead of concentrating on a possibility, you're going to look at solutions that will eliminate the prospect of this depressing future. When you're depressed, the future is a dark and dismal place, devoid of hope. But that's an imaginary future, since the real future is yet to be written. Having a plan to deal with your worries, one by one, is really a plan to effectively deal with depression.

> ***Alert***
>
> Living in depression has been likened to doing time in hell. In *The Divine Comedy*, Dante Alighieri wrote, "Abandon hope, all ye who enter here." He placed this inscription above the gates of hell to illustrate complete and utter despair and loss. Yet there's another old expression that serves us better, "Where there's life, there's hope."

You've already constructed the bleak future, so now ask yourself what a good future would look like. It would probably include friends, family, health, and the resources to make life worth living. Again, you've developed your categories. Since you're dealing with depression, begin with the health category, as it influences each of the others. It's time to make a plan for managing your depression. Your first task should be scheduling a complete physical exam. With the information this will give you, you'll be able to target specific behavioral changes to improve the quality of your life. The actions you take now will greatly influence how you feel later on.

Regaining Control

Even if you can only think of one item to add to one category each day, in one week, you'll have begun to construct a blueprint for your life that is of *your* making. There will be seven items you've added and seven can become your lucky number, since you will have begun to retake control. Depression may be a part of your life, but it does not have to define who you are. Only you can define yourself. Need an idea? Go to the friends category and write down, "Send birthday card to Sharon." It can be just that simple. Keeping connections alive is essential to your emotional health. Keeping track of what you have accomplished builds upon itself. Just as with thinking positive thoughts, taking even small, positive actions can bring you out of the doldrums, one baby step at a time.

Identifying Serious Depression

If you've experienced trauma of some kind, you may have heard the following sentiment, or something similar to it, from someone who cares about you: "You can't control what happened. You can only control how you respond to it." Is this true? Not always. Sometimes, your body has its own ideas about how you'll respond, and trying to will yourself to feel differently doesn't work.

Everybody has a different stress (tolerance) level, and everybody has different trigger points. How you respond may be quite different from how someone else does. This doesn't mean you are weak or flawed. It simply means you are an individual.

If you've been the victim of a crime, if you've survived an automobile accident, or even if you've caused an automobile accident, the emotional effects can linger long after the physical injuries have healed. If the situation has resulted in a death, the devastation you feel may be beyond description. No one can tell you what you are feeling or how you are feeling. Even trained psychologists, counselors, social workers, and psychiatrists have to listen to you in order to know how to help.

Question

What is trauma?

Trauma is a Greek word that means wound. In psychology, trauma refers both to the hurtful experience as well as to the body's response to that hurt. When some outside force causes you injury or severe stress, you've experienced trauma. You may be able to see the physical effects immediately, but the emotional effects may not show up for some time.

When an event has occurred that affects a group of people, crisis counselors are sometimes called in to help victims process their feelings. These counselors will visit schools or workplaces and lead discussions, listen, and offer help. Sometimes, however, the impact of whatever has happened doesn't hit one immediately. And later, out of the blue, one will

experience shock. The symptoms one encounters then may be diagnosed as post-traumatic stress disorder (PTSD). So when does it get serious?

- When you think that behind every silver lining, there's a dark cloud, it's serious.
- When your depressed mood begins to affect the quality of your life, it's serious.
- When minor annoyances create major reactions, it's serious.
- When you resort to alcohol, tobacco, or other drugs — such as cocaine — to help you get through the day, it's serious.
- When you begin to think that life isn't worth the effort anymore, it's serious.
- When you can't express your feelings, or if you aren't even sure what those feelings are, and if this experience lingers for more than two weeks, it's serious.

When it's serious, it's time to get help. There are all kinds of resources available to you, and many of them are as close as your telephone or your computer. Don't overlook those helping hands closer to home, however. A call to your family physician or family nurse practitioner can send you down the right path for finding support.

The Importance of Friendships

Friendships are the buffer zones for life's ups and downs, and when you're struggling with depression, there is nothing more important than seeking help and support from friends. If you're having a bad day, instead of sulking on the couch alone, pick up the telephone and call a friend. Tell the friend you're feeling down and ask if she would like to go out and get lunch, coffee, whatever. This is a good start. Friends will listen because they care and because they're curious as to the reason why you're depressed. They'll ask what's wrong. You'll take a deep breath, sigh, and tell all. They'll sympathize with your plight and give advice. You'll each

commiserate, share stories, have a cup of coffee or a beer, and then the conversation will turn to other topics. It's an effective, practical, and cheap way of working through minor problems that are causing you to feel down. A word of caution, however: Only a trained mental health professional is qualified to provide therapy.

Sometimes, however, even your closest friends reach the breaking point and need to distance themselves for their own well-being. A steady diet of gloom and doom can dishearten even the jolliest spirit.

For friendships to both thrive and survive, there needs to be ample time for both talking and listening by each party. There's an unwritten time limit for each pity party. Each friend listens, each friend shares. Once you've used up your allotted time, you're expected to listen. If you have depression, this becomes more difficult. You may *hear* your friend talk about her problems, but you might not be truly *listening*. It's a fine but important distinction. Do your best to stay on top of this behavior; you don't want to lose the friends who are helping you through your tough time.

Essential

In an intervention, family and friends confront the person whose substance abuse or emotional or mental illness has created the real possibility that suicide may be imminent or that symptoms require immediate professional treatment. They lay out their concerns and often are prepared to take that person to treatment, on the spot. It can be helpful to have a trained professional facilitate an intervention.

Intervention

If things are more dire and you're having trouble even mustering the emotional strength to call a friend or to go out for coffee, your friends and family will likely begin to seriously worry about you. This is when an intervention could come in. Perhaps your friend will show up at your door

one day. Perhaps she'll bring along someone else important to you. They'll want to discuss your situation with you and come up with a plan to get you help. While this may make you feel upset and even humiliated at the time, the facts still stand: Sometimes, you have to hit bottom before you can spring back up. If this happens to you, take the advice to get some help.

Even if an intervention doesn't happen, at some point, if you are to regain joy in living and regain a sense of self, you may have to become your own best friend and make that appointment. It's the first step toward managing your depression and moving outside yourself and back into life.

The Physiology of Depression

There's a lot to depression. It not only affects how you feel but also has implications for your body as a whole. That's where physiology comes in. Physiology is that branch of science that studies living organisms and how they function. So physiologists examine both the physical and chemical processes that affect the human body. What are they looking for? These physiologists are looking for the key that will unlock the mysteries of depression.

It's Not All in Your Head

Diagnostics is as much an art as it is a science. A good diagnostician takes everything into consideration when evaluating a condition. Lab results, patient affect, impressions, and history — all these become integral parts of the diagnosis.

It isn't possible to isolate a specific medical condition by drawing an imaginary line across a given part of the human body. "You've got a headache? We'll just lop off your head at the neck and things will be fine." Of course this is nonsense. Even if you have a definite area of concern, a malfunctioning appendix, for example, the effects of this problem are felt throughout your body. This includes your head! An attack of appendicitis will have certain symptoms:

- Pain
- Elevated temperature
- Elevated white blood cell count

These symptoms, however, are not confined to your abdomen. Your brain tells you that you're hurting. You're running a fever, and you feel awful all over. Perhaps you have chills and are visibly shaking. And those

white blood cells have free rein throughout your bloodstream. So, even though the problem is in your tummy, the symptoms of appendicitis permeate your entire body, and no one would tell you otherwise.

One more example to set the stage. A sliver. A little, teeny piece of wood, embedded in your index finger. It hurts, of course. That foreign body is an irritant. And, in addition to the possibility of infection, if you don't dig it out, what else is happening? Are you focusing on that sliver? Is your mood going south? You're irritable. And if you can't find a needle or something else with a sharp point to get that splinter out, it's going to be difficult to ignore, until you can. All in your finger? Technically, yes. However, the spillover effects are felt pretty much everywhere.

How Pain Works

Pain receptors in your finger send a signal to your brain that sends a message via your spinal cord to the affected nerve. You look at your finger and see what's causing the pain. You realize that, to alleviate that pain, you've got to remove the splinter. So, is the pain all in your head? Of course not. If you can accept this fact in minor physical hurts, it makes sense that this truth also applies in more serious hurts, such as depression. You cannot separate your mind from your body.

Your tolerance for pain is highly individualized. What one person experiences as mild discomfort may send another person to the aspirin bottle. That's why hospitals now use a pain index for each patient. You point to the level of pain you're feeling, based upon a facial expression. Personalized pain equals personalized treatment.

It's Everywhere!

When you are depressed, your entire body is affected. You can't compartmentalize. Whether you experience aches and pains, tiredness, irritability, insomnia, or any of depression's other symptoms, it's your mind that takes control and processes the problem. This is the mind/body connection, and it's a marvelous system. Keeping you healthy, keeping

you strong, is a major cooperative effort, requiring your body and your mind to be in sync. After all, who else could have more of a vested interest in your health than you do? Trust your body when it tells you it hurts. Trust your mind when it tells you that you're depressed.

Depressive Personalities

Your personality and your temperament may play a role in whether or not you develop a depressive disorder. Researchers in a study conducted at the University of Washington were interested in whether there would be a recurrence of depressive symptoms in patients who had recovered from major depression (*www.apa.org*). Does having had depression predispose you to having it again? They followed seventy-eight patients during the two year study and found that thirty-four participants in the study (44 percent) suffered relapses. The scientists reasoned that if they could identify the risk factors involved in a recurrence they might discover that those same factors might play a significant role in developing depressive disorders in the first place. So they looked at what characteristics those thirty-four individuals shared and found some common traits:

- Aggressiveness manifested in distrust and hostility toward others
- Low levels of dependency on others
- Lower levels of pleasure derived from recreational activities

These are the personality traits, they decided, that may put you at risk for depression. It goes deeper than personality, however. Researchers are now studying whether these traits are linked to genetics. So, if you are morose, gloomy, negative, hostile, or aggressive, you may indeed have a depressive personality, and you might be able to blame it on your genes.

Brain Chemistry

So, where does the brain come into the picture and what does it have to do with this genetic material? The brain is key, although people didn't always

know how important the brain actually was.

Ancient Egyptians tossed out the brain when they were mummy-making. They didn't consider it a necessary part of the body. What we've learned since that time is, well, mind-boggling. And we've barely scratched the surface. What do you remember from your biology class? You probably can recall some brain terms, such as medulla oblongata, cerebellum, and cerebrum, but there are more parts, and some of them lie deep within. Scientists are still in the early stages of unraveling the secrets of the human brain. As far as depression goes, the National Institute of Mental Health (NIMH) is a good source of information on brain research, and it reports that two parts of your brain, the amygdala and the hippocampus, are of interest to researchers studying depressive disorders.

The Amygdala

Your amygdala is one of those brain parts located deep in the brain. It's shaped sort of like an almond, and scientists believe it functions as a communications hub between the parts of the brain that process incoming sensory signals and the parts that interpret these signals. For example, if you hear noises in the night, your amygdala serves as a neuro-911. It sends out the danger message, and you experience a heightened sense of anxiety as a result. This is the beginning of the fight-or-flight response. Next, you'll analyze the danger and decide whether to ignore it, confront it, or make tracks. In addition to being Mission Control, the amygdala also warehouses these emotional memories. When you experience the same situation again or encounter a situation that's similar, your amygdala kicks in and accesses that prior knowledge, and you become anxious. In essence, your brain's been trained.

Alert

Anxiety that is unrelated to a specific cause is one of the warning signs of depression. If you experience anxiety and can't figure out why you're

feeling the way you are, it's time to make an appointment for a physical examination to rule out a physical cause for your symptoms.

The Hippocampus

You also have a hippocampus in your brain, and your hippocampus has been in the news recently. New research has discovered that the dentate gyrus, a specific part of the hippocampus, is the source of the eerie déjà vu effect. Your hippocampus, or your dentate gyrus, works with your amygdala to do some further work on that anxiety-provoking situation you just experienced.

Question

What's déjà vu?

You're doing some activity or thinking about something and you get the distinct sensation that you've done this before and thought this before. Some psychics have attributed this experience to a sort of extra-sensory perception (ESP).

The hippocampus encodes these threatening events into memories. Since memories of traumatic events are the triggers for post-traumatic stress disorder (PTSD), researchers are interested in exploring this further. Also, the hippocampus appears to be smaller in some people who were victims of child abuse or who served in military combat. What causes the hippocampus to shrink? Why does it shrink? These are questions that, when answered, may explain flashbacks and lapses in memory centered around the traumatic event. By learning more about how the brain creates fear and anxiety, scientists may be able to devise better treatments for anxiety disorders and the depression that accompanies them.

The Chemical Process

Your brain is a complex organ, and its chemistry is not yet fully understood. Researchers do know quite a bit, though, and are adding to

that knowledge daily. They know that certain chemicals send impulses across nerve endings to other nerves or muscles or organs. These chemicals are called neurotransmitters. When everything is working smoothly, these neurotransmitters operate efficiently and in correct amounts. When things are not going according to plan, neurotransmitter levels may fluctuate. This is not good. The neurotransmitters of interest here are norepinephrine, serotonin, and dopamine. They're the neurotransmitters associated with major depression.

Norepinephrine is also known as noradrenaline. It has a stimulating effect and promotes alertness and a sense of well-being. If norepinephrine is overproduced, fear and anxiety can result.

Serotonin is a key neurotransmitter for maintaining mental and emotional health. If your serotonin levels drop, due to prolonged stress or illness or malnutrition, depression can follow.

Dopamine is the precursor to norepinephrine. It's also a neurohormone (see the next section). Scientists are studying the connection between unbalanced dopamine and schizophrenia and Parkinson's disease.

Essential

The word *neurotransmitter* comes from the Latin *neuro* meaning nerve and *transmitto* meaning to send across. These neurotransmitters send messages across nerve endings, or synapses.

It may seem strange to think of your brain as a chemistry experiment, but that's exactly how researchers are approaching the problem. They're looking at fear and anxiety as chemically induced responses. If they find out that this is indeed true, then discovering the chemistry behind those responses is the first step toward developing medications to alter those chemicals, reducing the fear or anxiety response, and ultimately curing or

even preventing the onset of depression. This is exciting terrain for a scientist.

Add a Hormone or Two

Neurotransmitters have help. They need it! They work hard at what they do. They're aided in their tasks by other chemicals, called neurohormones, that may also play a role in depression. One of these chemicals, corticotrophin-releasing hormone (CRH) gets you on the alert when a real or perceived danger looms. Research suggests that trauma during childhood can negatively affect the functioning of CRH and the hypothalamic-pituitary-adrenal axis (HPA axis) throughout the course of your life.

So much of what people have learned about the brain reinforces the importance of the early years in creating good mental and physical health. Many illnesses, and that includes depression, may have their roots in childhood and in childhood experiences.

Studies have shown that people who have dysthymia (chronic depression) typically have increased levels of CRH. Antidepressants and electroconvulsive therapy are both known to reduce these high CRH levels. As CRH levels return to normal, depressive symptoms recede (*www.everydayhealth.com*).

Neurogenesis

It never pays to be too sure of anything. Science teaches us that fact every day. It used to be common knowledge that, once your brain was injured, that was it. Break your arm, bruise your spleen, and healing is possible. New cells generate and repair the damage. But injure your brain? No way. Too bad. Tough. The brain cells you had when you were born were all you get. That conventional wisdom got thrown out the window when researchers discovered that the brain may indeed be able to generate new cells and possibly have the potential to repair itself, even in adulthood. The

implications of this discovery are enormous, especially when you consider what this will mean for sufferers of stroke, Parkinson's disease, and depression.

> ***Fact***
>
> *Neurogenesis* is a Latin word. As in the Book of Genesis — the beginning of the Bible — genesis means beginning, and neurogenesis means a rebirth of nerve cells in the brain. It's creation, ongoing.

Some Good News

Do you like puzzles? Scientists love them. To understand what's happening in brain research, think of a jigsaw puzzle. The puzzle's not in the box, however. Someone has scattered the pieces throughout the house. There's one under the sofa, a couple are inside the lampshades, and some are inside the pitted olives in the can on the third shelf of the pantry, and the rest? Well, they're somewhere. To make assembling this puzzle more interesting, you don't know how many pieces there are supposed to be. You also don't know what the finished puzzle will look like. Sound like fun? It may not be your cup of tea, but it can help you understand the excitement when scientists find two pieces of research that fit together. That's pretty much what happened during the 1960s and 1970s, when scientists discovered that the axons of the neurons in the brain and spinal cord could regrow, to some degree, after trauma (*http://neurogenesis.iord.org*).

The Depression Connection

Stress, depression, antidepressants, and neurogenesis — research is now focusing on a possible connection. If stress inhibits neurogenesis in the hippocampus, then relieving stress — through the use of antidepressants — may increase neurogenesis, and increased neurogenesis may hold promise in the search for a cure for depression. That's what's in

the works. For now, scientists do know that exercise and electroconvulsive therapy (ECT) also promote neurogenesis.

All about Endorphins

The reference to exercise in the last section may have got you wondering about endorphins, those pain-killing chemicals your body produces. Athletes are familiar with endorphins, which are released during periods of strenuous physical activity. Some athletes will tell you that the endorphin rush is almost an addiction.

Finding Those Elusive Endorphins

Medical diagnostic procedures have advanced rapidly in recent years. No longer restricted by clumsy X-ray machines, scientists can opt from a wide variety of new technologies. One of these new technologies is Positron Emission Tomography (PET), an imaging technique that can scan the human body at the cellular level.

Using PET, researchers at the University of Michigan Medical School discovered that the brains of people with severe depression had lower levels of several related molecules that are key to the development, organization, growth, and repair of the brain than did the brains of people without the disease, or those with the bipolar form of depression. Their findings add endorphins to the list of brain systems that appear to be altered in depression.

The Simple Version

In plain English, endorphins are released during periods of extreme physical exercise in order to block pain. Eating chocolate also releases endorphins and is not so hard on your joints. However, to return to the basic idea: Normally, the neurotransmitters would send the pain signal out, and you would feel the pain and stop the activity that was causing it. The endorphins that are released block this signal and so you can continue on and win the marathon or hit the grand slam home run to clinch the World

Series. This blocking property is the basis of certain drugs, which you'll read about later. For now, understand that endorphin release varies among individuals, and scientists are continuing their work in this area to understand the role of endorphins in depression. If they can regulate endorphin production, they may be able to get a better handle on treating depression with the body's own tools.

Depression's Many Faces

The American Psychiatric Association (APA) refers to disorders that have a disturbance in mood as their predominant feature as mood disorders. Depression is a mood disorder, which can be broken down into the following specific disorders: major depressive disorder, dysthymic disorder, bipolar disorder, cyclothymic disorder (a type of bipolar disorder), seasonal affective disorder (SAD), postpartum depression, mood disorder due to a general medical condition, and substance-induced mood disorders. In this section, you'll learn about different types of mood disorders, along with diagnosis and treatment options for each.

Major Depression

Major depression is a serious disorder. It is also known as major depressive disorder or unipolar depression. The National Institute of Mental Health (NIMH) estimates that major depression affects approximately 10 percent of the population, with 20 to 25 percent of the population experiencing at least one episode of major depression during our lives. Symptoms of major depression include the following:

- Anger
- Trouble sleeping or sleeping too much
- Noticeable changes in appetite
- Fatigue and lack of energy
- Feelings of worthlessness, self-hate, and guilt
- Extreme difficulty concentrating
- Agitation, restlessness, and irritability
- Taking no interest or pleasure in what were previously enjoyable activities — including sex

- Feelings of hopelessness and helplessness
- Thoughts of death or suicide

There is an increased risk of alcoholism and drug abuse associated with major depression, and it has been estimated that up to 15 percent of people with major depressive disorder die by suicide. It's serious business and deserves serious attention.

Causes

There is no one, single cause for major depression. Instead, a mix of genetics and psychological and environmental factors seem to be responsible. Depression may also occur spontaneously, that is, without obvious, identifiable triggers such as a stressful life event or physical illness. In any case, the National Alliance for the Mentally Ill (NAMI) considers major depression to be a biological, medical illness.

Diagnosis and Treatment

A diagnosis of major depressive disorder is made based upon your symptoms. The key symptoms are having a depressed mood for at least two weeks, and experiencing anhedonia, a loss of pleasure in all those activities you used to enjoy. If these describe how you're feeling, tell your physician so she can make the proper diagnosis.

NAMI estimates that between 80 and 90 percent of those who have been diagnosed with major depression can be successfully treated and restored to normal life activities. Depending upon the severity of symptoms, treatment may include a combination of antidepressants, psychotherapy, and lifestyle changes. Also, electroconvulsive therapy (ECT) is another treatment option.

Question

What is psychotherapy?

Psychotherapy is a form of treatment, in which a licensed psychiatrist,

psychologist, or counselor works with a patient to help resolve mental and emotional issues that interfere with daily living. It is sometimes called talk therapy. The patient and the psychotherapist talk about the problems and consider logical strategies for dealing or coping with them.

Dysthymia

The word dysthymia is of Greek origin and means bad mood or ill humor. Dysthymia is considered to be a chronic form of depression. Also known as neurotic depression, dysthymic disorder, and chronic depression, dysthymia is characterized by moods that are consistently low. The National Institute of Mental Health (NIMH) reports that dysthymia occurs more frequently in women than in men and affects up to 5 percent of the general population. It may occur alone or with more severe depression.

If you suffer from dysthymia, you'll continue to function in everyday life, but you're miserable doing it. More than half of those with dysthymia eventually have an episode of major depression, and about half of patients treated for major depression have this double depression. Many patients who recover partially from major depression may continue to have milder symptoms that persist for years. This type of chronic depression is difficult to distinguish from dysthymia. Symptoms of dysthymia include the following:

- Sad mood lasting two years or longer
- Changes in eating habits
- Chronic fatigue
- Low self-esteem
- Sleeping problems
- Lack of concentration
- Feelings of hopelessness, guilt, or worthlessness
- Thoughts of suicide

Causes

There may be a genetic predisposition to dysthymia. Researchers are studying neurochemical imbalances in the brain, along with other factors of childhood and adult stress and trauma. Studies show that dysthymia usually has a gradual onset and those individuals who are socially isolated or who lack strong support groups may be especially vulnerable to this disorder. This makes the elderly a population of concern for dysthymia.

Diagnosis and Treatment Options

Dysthymia is diagnosed symptomatically, but is probably not detected as often as it occurs. Some people report a vague list of physical symptoms, which may or may not trigger the correct diagnosis. Also, some people just learn to live with their symptoms, never seeking help.

Face

Nearly half those with dysthymia have a symptom that also occurs in major depression, shortened REM latency. This means the rapid eye movement that indicates vivid dreams begins quite early in their sleep cycle. This means that less time is spent in the deeper, more restorative stages of sleep. Researchers are studying a possible connection between shortened REM latency and dysthymia.

Dysthymia is treated with psychotherapy and antidepressant medications. Results tend to vary. Some people experience a full recovery, while others continue to have symptoms. Recovery from dysthymia often takes a long time, and the symptoms often return. In these instances, maintenance therapy and medication may be indicated. The most common drug treatments are selective serotonin reuptake inhibitors (SSRIs): fluoxetine (Prozac) and sertraline (Zoloft), or one of the dual-action antidepressants, such as venlafaxine (Effexor). Some patients may do better with a tricyclic antidepressant, such as imipramine (Tofranil).

Talk therapies, such as cognitive behavioral therapy (CBT) and interpersonal therapy (IPT), have also been shown to be effective, and the

combination of medication and psychotherapy may result in the most improvement.

Essential

Remember that once you start medication, you shouldn't stop taking it abruptly. Certain drugs must be tapered off under the supervision of a doctor or bad reactions can occur. If you are having trouble with side effects, talk to your doctor. Sometimes taking your medication at a different time of day or just a minor dosage adjustment is all you need.

Bipolar Disorder

You may have heard this referred to as manic depression, an older term that refers to the symptoms of this condition. People with bipolar disorder experience an extreme arc of mood swings, ranging from incredible highs to almost unendurable lows, with periods of normal moods usually occurring in between. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. Because the mania (highs) and depression (lows) interfere with normal daily living, bipolar disorder requires medical treatment for life and usually responds quite well to this.

Mental Health America (MHA) (formerly the National Mental Health Association) reports that over 5.5 million adults in the United States suffer from this disorder, which has a tendency to run in families. Symptoms of bipolar disorder usually begin in later adolescence or early adulthood. Once the symptoms have manifested themselves, it is important to seek treatment. Manic symptoms include the following:

- Increased energy, activity, and a sense of restlessness
- Euphoria
- Extreme irritability — even aggression
- Jumping from one idea to another, racing thoughts, rapid speech
- Inability to concentrate
- Little need for sleep

- Delusions of power and abilities (the Superman complex)
- Reckless behavior, impulsiveness
- Increased sex drive
- Recreational drug abuse — alcohol, cocaine, sleep medications
- Denial
- Hallucinations — in severe cases

A period of normal behaviors or moods typically occurs between the manic and depressive phases. Depressive symptoms include the following:

- Feelings of despair, hopelessness, anxiousness, extreme sadness
- Feelings of helplessness, inability to cope, worthlessness, pessimism
- Decreased energy, fatigue
- Loss of interest in previously enjoyed activities, including sex
- Difficulty focusing on issues, forgetfulness
- Restlessness, irritability
- Sleeping too little or too much
- Vague aches and pains without physical cause
- Thoughts of death, suicide, even attempts to commit suicide

Sometimes these symptoms of mania and depression occur together. When this happens, it is referred to as a mixed bipolar state.

Different Types of Bipolar Disorder

The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), a publication of the American Psychiatric Association (APA), includes Bipolar I, Bipolar II, Cyclothymic, and Bipolar Disorder not otherwise specified within the category of Bipolar Disorders.

- **Bipolar I Disorder:** This is the classic form of bipolar disorder. It involves recurrent episodes of mania and depression.

- **Bipolar II Disorder:** In this form of the disorder, people experience milder episodes of the manic phase alternating with periods of depression. Hypomania is the term used to describe these less extreme manic symptoms.
- **Bipolar Disorder:** This category is for the forms of bipolar disorder that do not fit the criteria for Bipolar I, Bipolar II, and Cyclothymic Disorder.
- **Rapid-Cycling Bipolar Disorder:** When someone has four or more episodes of the disorder within a twelve-month period, the condition is referred to as rapid-cycling bipolar disorder. The National Institute of Mental Health reports that rapid cycling is more common in women than in men and tends to develop later in the course of the illness.
- **Cyclothymic Disorder:** Cyclothymic Disorder is considered to be a milder form of bipolar disorder and its symptoms are essentially the same, although milder in intensity and of shorter duration. Between 15 to 50 percent of people suffering from Cyclothymic Disorder may develop Bipolar Disorder.

Causes

Researchers have studied the occurrence of bipolar disorder in specific families and in studies involving twins. The evidence indicates there is a definite genetic component to this disorder. A 2002 University of Michigan study, “Evidence of Brain Chemistry Abnormalities in Bipolar Disorder,” discusses the genetics of the relationship between neurotransmitters, such as serotonin, dopamine, and norepinephrine and bipolar disorder. Even if you are genetically programmed for bipolar disorder, however, whether or not you develop the condition may depend on stresses you encounter on the road to adulthood. Research in this area is ongoing.

Diagnosis and Treatment Options

A diagnosis of bipolar disorder is made by considering the symptoms and family history.

Bipolar disorder cannot be cured; however, it can usually be effectively treated and managed with a combination of medication and psychotherapy. Lithium has been used for many years with good results. Most people who have bipolar disorder take more than one medication. They may take lithium and/or an anticonvulsant, a medication for agitation, anxiety, depression, or insomnia. Carbamazepine (Tegretol), valproate (Depakote), lamotrigine (Lamictal), and gabapentin (Neurontin) are often prescribed.

If you have bipolar disorder, you must treat it for life. Mood changes can still occur, even if you are vigilant in taking your medications. In addition to medications, psychotherapy has proved helpful. In severe cases, electroconvulsive therapy (ECT) may be advised. Your psychiatrist may require you to keep a daily journal to help you take responsibility for managing the disease. With proper care, most who suffer from bipolar disorder can lead full and productive lives.

Seasonal Affective Disorder (SAD)

If you've ever felt dragged down by the weather, or if the dark days of winter cause your usually sunny disposition to go gloomy, you may have experienced seasonal affective disorder, appropriately referred to as SAD. This condition is also known as the winter blahs and The Alaska Effect, a term that relates to that northern state's long, sunless days of winter. This disorder has come into its own and been recognized for what it is — depression. There is also a kind of SAD that occurs in the summer, although this is rarer. Approximately half a million people in the United States are affected by SAD, and it appears to affect more women than men. Symptoms of SAD include the following:

- Food cravings — especially for sweet or starchy foods

- Weight gain
- A heavy feeling in the arms or legs
- No energy
- Fatigue
- Wanting to stay in bed and hide under the covers
- Difficulty concentrating
- Irritability and withdrawal from social situations

Symptoms of summer SAD, discussed in the next section, include poor appetite (and corresponding weight loss) and difficulty sleeping.

Essential

Modern office buildings that have few windows or closed-in workspaces — such as a cubicle — can create symptoms of SAD. Even in the summer, extended periods of cloudy weather can trigger an attack.

Summer SAD

There is another form of SAD that operates during the summertime. Summer SAD is almost a mirror image of SAD and may be triggered by the heat. Those cravings for carbs, sleepiness, and weight gain that characterize regular SAD turn into lack of appetite, insomnia, and weight loss in summer SAD. Preferring the shades drawn and air conditioning on, as well as waiting for autumn, are symptoms of summer SAD.

Summer SAD is most common in the southern latitudes. It affects about one percent of the population, with young adult women being the most susceptible. It hasn't received the attention that regular SAD has, but it may be caused by the affect of heat on certain hormones.

Causes

SAD has been linked to a biochemical imbalance in the brain prompted by shorter daylight hours and a lack of sunlight in winter. Melatonin, a sleep-related hormone, steps up production in the dark. It

may have a connection to SAD. When the days are shorter and darker, more melatonin is produced. The more melatonin in your system, the sleepier and more tired you will be! Also, the farther from the equator you live, the greater the likelihood you will experience SAD.

Diagnosis and Treatment Options

If you believe you may have SAD, and the symptoms are interfering with daily living, consult your physician, who can make the proper diagnosis. Once you've determined that SAD is the culprit, let the light shine in! Increased exposure to sunlight can improve symptoms of SAD. If you can afford a trip to the Bahamas, this would definitely be in order! Light therapy — bright, white fluorescent light — frequently helps. The *American Medical Association Essential Guide to Depression* points out that although white fluorescent lights are used, they are about twenty times brighter than common household fluorescent lights. Some suggest that full-spectrum lights, which most closely imitate sunlight, are most helpful.

Fact

A new light treatment is an artificial dawn simulator. This is an electrical device attached to a bedside lamp. It is set to come on automatically, several hours before awakening. The dawn simulator starts with a very dim light and gradually increases to simulate a sunrise.

There are also specific medications, dietary changes, and stress management therapies for SAD. Your doctor may suggest light therapy, either with a light visor, which you wear, or a light box, which you sit down and bask in! Behavior modification therapy can also help.

Postpartum Depression

Whether the pregnancy was planned or unplanned, eagerly embraced or grudgingly tolerated, two things are certain: Having a baby changes your life and motherhood is forever.

For the first week or two after delivery, your moods may swing from joy to sadness, and the tears may flow. You may feel angry at your spouse or partner, your other children, and even at the baby.

These are called the Baby Blues. When the symptoms persist beyond this two-week window, however, you're probably dealing with postpartum depression, a condition that affects about 10 percent of new mothers, according to the National Women's Health Information Center (NWHIC). You may cry, even though you think you should feel happy. It doesn't matter. The tears keep coming. You may feel you have lost, rather than gained — lost your figure, your identity, and your independence. Other symptoms include the following:

- Loss of interest or pleasure in life
- Loss of appetite
- Less energy and motivation
- Sleep difficulties
- Feeling worthless, hopeless, or guilty
- Feeling restless, irritable, or anxious
- Losing or gaining weight
- Feeling like life isn't worth living
- Having thoughts about hurting yourself
- Worrying about hurting your baby

Causes

Changes in hormone levels (estrogen and progesterone) are probably responsible for postpartum depression. Within twenty-four hours of delivery, these hormones drop back to normal non-pregnancy levels, leaving your body to adjust to yet another dramatic change. Also, sleep seems a distant dream now, as baby controls everything you do. If you want to be the perfect mom, that added stress only piles more pressure on your tired mind and body.

If you've experienced postpartum depression after a previous delivery, you're more likely to have it again. Other factors predisposing you to postpartum depression include other forms of depression unrelated to the pregnancy, a history of severe premenstrual syndrome (PMS), and a difficult or unsupportive family situation.

Diagnosis and Treatment Options

Your obstetrician/gynecologist or physician will likely diagnose postpartum depression based upon your symptoms. It's important to seek treatment both for yourself and for the baby. The time after birth is important for infant emotional development, and a mother who is experiencing emotional stress cannot provide her child with all that's necessary at this critical time.

Taking Action Against Postpartum Depression

Talk with your doctor about how you feel. He may offer counseling and/or medicines that can help. If you are breastfeeding, your baby will be exposed to whatever medications you are taking, and you need to discuss this with your doctor. Sometimes, just finding someone to talk to can help immensely. Let people help you. You don't have to do everything yourself. The old advice to "Sleep when the baby sleeps" is good advice. Don't use this time to clean house. Rest. Here are some other good tips:

- Keep a journal. This time will never come again. Writing can be good therapy.
- Find the time to take a short walk every day. Just getting outside and moving will do wonders for you.
- If the weather is inclement, take the time to pamper yourself for at least fifteen minutes every day. Soak in the tub, read a magazine, do something for you.
- Find a new moms' group in your area or go online and find one. Sharing your experiences with others who are also going through

them can help immensely.

- Avoid making unnecessary major decisions. This merely compounds the stress.
- Realize that, “This too, shall pass.” As your body adjusts and your routines fall into place, you will soon feel better. It helps to understand that you are not alone, and what you are feeling has been felt by millions of women.

Other Sources of Depression

Other physical and mental conditions may predispose you to developing depression, and so can the medications used to treat them, along with some other over-the-counter drugs and substances used for self-medicating.

Mood Disorder Due to a General Medical Condition

If you are coping with a serious or chronic physical illness, such as cardiovascular disease, cancer, or Parkinson’s disease, you may find yourself also weighed down by the symptoms of depression. Depression may also be an early symptom of an impending medical illness.

Untreated depression may prolong the course of your other illness, negatively impact the quality of your life while you are trying to recuperate, and deplete your energy. If your other illness is serious or chronic, there is another potential risk that depression can bring to the table — suicide. Discuss how you are feeling with your physician and get relief from your depressive symptoms.

Substance-Induced Mood Disorders

The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) notes that depression may be caused or precipitated by the use or abuse of substances such as drugs, alcohol, medications, or exposure to toxins. That’s quite an extensive list of items that offers depression as a nasty side effect. It’s also a side effect you want to avoid.

Seeking Professional Help

You've decided to take a major step and get some help. That takes an enormous amount of courage. See this step for what it is: part of your personal plan to achieve a healthy life. In this section you'll discover who does what, how they do what they do, and what you can expect from these health care professionals. Your access to any of these professionals will depend on where you live, your insurance company's policies and coverage, and the general economy of your area. The more hospitals your area has, the more likely you will have access to clinical psychologists, psychiatric nurse practitioners, and psychiatrists. But even in more remote areas, help is available.

The Historical Figures Behind Modern Therapy

Modern psychotherapy has its roots in behavioral therapy, which is also referred to as behaviorism. This school of thought teaches that all human behaviors are conditioned responses to external stimuli — what we'd refer to as our environment. A pioneer in this field was Ivan Pavlov, a Russian researcher whose name became a household word. He trained dogs to salivate at the sound of a bell, because they had been conditioned to receive food after the bell rang. Another pioneer was B.F. Skinner, an American psychologist who carried this work over into human subjects. His theory of operant conditioning held that living creatures operate on their environment. If the results of their operating produce a desirable result, they'll continue doing whatever caused the good thing. If the results turn out to be bad, they'll stop whatever caused the bad thing. Behavior modification is a current form of therapy that draws on Skinner's work. Essentially, you change your behavior and you get different results. If you're suffering from depression, lifestyle changes are an important

component of therapy. But perhaps the two biggest names in the field of psychology are Sigmund Freud and Carl Jung, who you'll read about in the following two sections.

Sigmund Freud

Sigmund Freud was a medical doctor specializing in neurology. Freud was fascinated with the workings of the unconscious mind — those thoughts that occur when you are sleeping. According to Freud, adult depression and anxiety were related to childhood experiences, and dreams held the answers for treating these disorders. During REM sleep, the rational and reasoning portion of the brain is not at the helm, so all inhibitions can break loose. That means that you can think about very painful experiences that your awake mind keeps repressed. Analyze your dreams, and you can relieve the symptoms of depression. This was the theory Freud discussed in his *Interpretation of Dreams*. Freud also found that when his patients discussed their symptoms, problems, and concerns with him, their depression symptoms decreased.

Freud also studied the sexual causes of psychological disorders; but, in this regard, his work has largely been bypassed, as medical breakthroughs have begun to unravel the neurochemical aspects of depression.

Carl Jung

Carl Jung is considered the father of analytical psychology. With a more spiritual bent than Freud, Jung believed that there was a "collective unconscious" shared by all humanity. Where Freud focused on sexuality and aggression, Jung focused on the spirit. Jungian psychoanalysis, therefore, takes a holistic approach to therapy and is used widely today. Jungian therapy is not open-ended; the goal is to be able to function without long-term therapy.

Jung's philosophy had much in common with yoga's meditative aspects, which also seek collective consciousness. Jung also developed the

concepts of the extroverted and the introverted personality styles.

Counselors

High school counselors, often called guidance counselors, offer advice as you choose your career path. If you've ever been party to a law suit or needed help with legal problems, you've sought legal counsel from an attorney. Financial counselors offer advice with investments and help you make good decisions for your stock portfolio. There are counselors who provide mental health services, as well.

According to the report *Mental Health, United States, 2002*, published by the U.S. Department of Health and Human Services, there are more than 100,000 professional counselors licensed or certified for independent practice in the United States. One of these is sure to be just what you're looking for! There are many kinds of counselors, filling many kinds of needs.

Tailored to Your Needs

Since counselors have a certain area or areas of practice, such as family counseling, substance abuse counseling, codependency counseling, and so forth, be sure your prospective counselor works in your area of need.

Clinical social workers, licensed professional counselors, and mental health counselors all offer counseling services in the area of depression. Each can diagnose and provide individual or group counseling.

Clinical social workers will have a master's degree in social work (MSW), and they'll be licensed by the state in which they practice. Their professional organization is the Academy of Certified Social Workers. These social workers practice in family service agencies, community mental health centers, private practice, and outpatient clinics attached to general or psychiatric hospitals.

Licensed professional counselors will have a master's degree in counseling. They will also be licensed by the state in which they practice.

Mental health counselors will have a master's degree, along with a minimum of two years' post-master's clinical work under the supervision of a licensed or certified mental health professional. They will be licensed by the state in which they practice. Their professional organization is the National Academy of Certified Clinical Mental Health Counselors.

Medical Professionals

In addition to counselors, who work in the lay sector, the medical field has many types of professionals who can treat depression. You may find some of these folks engaged in private practice, or they may be associated with a hospital or medical clinic. Your best resource is your family health care provider. Ask who is available in your area to help you get started tackling the symptoms of depression.

Psychiatric Nurse Practitioner

A psychiatric nurse practitioner (PNP) is a registered nurse who is trained in the practice of psychiatric and mental health nursing. The professional organization is the American Psychiatric Nurses Association. Psychiatric nurse practitioners are licensed by the state in which they practice. They're trained to diagnose and provide individual and group counseling. Psychiatric nurse practitioners are frequently affiliated with psychiatric hospitals or may be in private practice.

Psychologist

A clinical psychologist is a therapist with an advanced degree from an accredited graduate program in psychology and two or more years of postgraduate supervised work experience. Most states require a doctoral degree and a state license for psychologists. Clinical psychologists are trained to make diagnoses, administer psychological testing, and provide individual and group therapy. Previously, only medical doctors could write

prescriptions, but in 2002 New Mexico granted prescription privileges to psychologists, and in 2004 Louisiana followed suit. Psychologists in the Armed Forces also have prescription privileges. Otherwise, psychologists are required to consult with a physician before prescribing. These psychologists are required to have advanced training in order to qualify for this designation.

Essential

If you are having difficulty locating a therapist, finding one just got a whole lot easier. Simply dial 1-800-Therapist. That will get you on the right track to finding someone who can help you.

Psychiatrist

A psychiatrist is a medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses. Like other doctors, psychiatrists are qualified to prescribe medication. A psychiatrist should have a state medical license and be board-eligible or board-certified by the American Board of Psychiatry and Neurology.

Specific Therapy Options

Depending upon the causes of your depression, you and your therapist will decide what approach will be most effective for you. All licensed therapists are trained in a particular approach, and some therapists are skilled in more than one. You may choose to try cognitive behavioral therapy, interpersonal therapy, or psychodynamic therapy, all of which are described in this section.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT), which is usually done on an individual and not a group basis, has proven to be very helpful in treating depression. The National Institute for Mental Health's *Science Update* from May 2007 reports that for those who were unsuccessful in treating

depression with an antidepressant medication, switching to or adding CBT is generally as effective as switching to or adding another medication.

If you choose CBT as a treatment option, you can expect weekly therapy sessions that are supplemented with practice exercises you do on your own.

Interpersonal Therapy

Interpersonal therapy (IPT) is frequently used to treat depression. When you are depressed, you aren't able to relate to others as well as you did before depression set in. IPT helps you reach out beyond yourself, and ending those feelings of isolation. You'll work on communication skills, appropriate expression of feelings, and learn how to speak up for yourself so you get what you need. Another goal of IPT is to help diffuse conflict.

Psychodynamic Therapy

"How did you feel about that?" asks the psychiatrist, as the patient reclines on the couch, reaching deep inside to pull out the situation that started his downhill slide into depression. That's the Hollywood image of psychodynamic therapy, also known as psychoanalysis.

This sort of pseudo-psychiatry has been the subject matter of all kinds of jokes and parodies. These portrayals do not represent the way this kind of therapy really works. In psychodynamic therapy, you and your therapist will work together to find the unconscious processes that are shaping your behaviors.

Psychotherapy

In general, psychotherapy involves talking about how you're feeling. In fact, it's often called "talk therapy." Your therapist is there to guide you and help you. How you feel affects how you act. When you are feeling better, you are able to interact more positively with those around you, be they family, friends, or work associates. Your therapist guides you on your

journey to sort out what's important from what's not. Then, you'll get an action plan to help you act on what you've learned.

Choosing the Right Therapist

Cost of services will probably be a primary concern for you. Therapy can be expensive, but most insurance companies will cover a specific portion of the costs. Check with your insurance company to see what services they will cover and what your co-pay will be. If you do not have insurance, check with your local hospital to see what mental health services are available to you at reduced costs or on a sliding fee schedule.

> ***Alert***
>
> With the advent of the computer age, it is now possible to find therapists with online practices. Some of these are reputable, and others are not. Before you sign up and sign on the dotted line, do careful research. Don't be taken in by Internet scams.

Even with glowing recommendations by satisfied patients or clients and the referral of your primary physician, finding the right therapist for you make take some time and a little leg work. Your first contact will probably be with the receptionist when you call to make an appointment for a consultation. It's been said that secretaries and receptionists reflect the culture of their work environment, and this is a good analysis. Your request should be handled professionally, and you should be treated with respect.

Entering the Inner Sanctum

You've made the appointment for your consultation and you've prepared a list of questions to ask. You're both looking forward to the session and dreading it at the same time. It's that fear of the unknown acting up. But you've persevered, and now you've been shown into the office.

At this first session, you and your counselor will spend some time getting to know each other. You will discuss your personal history, medical history, and any other areas of your life that have relevance. This helps in firming up the diagnosis of a depressive disorder and gives the counselor information as to the best course of treatment for you. You are building trust, essential for a good working relationship.

Conducting Your Own Interview

This is also the time for you to interview the counselor to be sure you are both a good fit. Remember, you are hiring a professional to do some work. Ask what experience your counselor has in addressing your particular issues. Ask what kinds of therapy she offers. Will you opt for individual or group sessions? Ask how long your treatment is likely to last. Ask what you can expect from treatment. Most therapists are trained in several different approaches. They then combine techniques from these various approaches that fit their own style and personality. There are also various formats in which therapy may be held. These include individual, group, and family psychotherapy.

Ethics and Confidentiality

You may be ill at ease, at first, and find it difficult to talk about your family relationships or your personal history. Whatever you reveal during your counseling session is confidential. Counselors abide by a strict code of ethics, which states in part that “Personal information is communicated to others only with the person’s written consent or in those circumstances where there is clear and imminent danger to the client, to others or to society. Disclosure of counseling information is restricted to what is necessary, relevant, and verifiable” (American Mental Health Counselors Association).

If It’s Not the Right Fit

Perhaps you decide that this first counselor is not going to do it for you. You just don't see a rapport developing between you. There's no blame involved on either side, and you don't have to apologize. You're dealing with people, and everyone is different. If there's a personality clash, if you aren't comfortable with your first choice of counselor, move on to the next prospective therapist on your list. It's important that you feel comfortable if you're going to make the best use of your time and money.

Essential

You don't want to hurt your therapist's feelings, but the situation isn't working out. How do you go about telling your therapist that you're going to go somewhere else? Just say, "I'm not making the kind of progress I need. Thank you for your help, but I'm going to end my sessions." Then do it! But don't stop there — keep looking until you find the right therapist for you!

You're Hired!

You've found the therapist that you're comfortable with. This is the one. Perhaps it was the first one you interviewed, maybe it's the third. Whatever the case, it's settled, and you're ready to begin.

You'll tell your therapist just that: "I think I'll be comfortable working with you. I'd like to get started." The next thing that will happen, most likely, will be that you and your therapist will agree on a specific date and time for your first official session. You may ask how many sessions you can expect to have, and your therapist will discuss this with you. You may be given some homework right at the start. For example, you've told your prospective therapist that you're struggling with specific symptoms. Your therapist may ask you to start keeping a log in which you'll write down when you experience one of these symptoms, and perhaps what you're doing when it happens. You'll get some instructions, regardless, so that when you arrive for your first session, you'll be ready with some specific information.

Working with Your Therapist

Right away, you'll set goals for your therapy. This is not going to be a passive relationship. Depression won't fall by the wayside without you being the one to make sure it gets left behind. You are the one who will have to do the hard work, with your therapist right at your side giving encouragement along the way.

Question

How many goals should I set? Are these like New Year's resolutions?

These goals are definitely not like New Year's resolutions — everybody breaks those before the week is out. Start with one goal, such as overcoming a symptom like insomnia that's causing you distress. Then work out specific objectives for meeting that goal. You'll find that success breeds more success, and you'll be ready to move on from there.

Goals and Strategies

Your ultimate goal, of course, is to free yourself from depression. The strategies you develop to achieve this goal will vary, depending upon the type of depression you are dealing with. For example, if you are struggling with sleep issues, you and your therapist will work together to develop strategies to help you relieve this symptom. Your therapist may ask you to keep a journal in which you write down all your pre-bedtime habits and routines, along with notes on how the course of your sleepless night plays out. For example, if you wake frequently, can't fall asleep easily, or can't get your mind to relax, these are all useful bits of knowledge that you and your therapist can make use of at your next session.

Will I Be in Therapy Forever?

No. That's why you've set goals. You'll set up your schedule at the first visit. You'll usually meet once a week for a specific period of time — three months is not unrealistic. Each session will probably begin with reviewing your progress relative to your goals. You'll also continue to

evaluate how well you're relating to your therapist. Your progress should be moving forward. If you feel you're getting stuck, talk to your therapist about the best way to get going again.

Prescriptions from Your Psychiatrist

Psychiatrists are physicians, and they can prescribe antidepressants for you take in conjunction with your psychotherapy. A combination of antidepressants and psychotherapy has been shown to be the most effective means of dealing with many forms of depression.

> ***Alert***
>
> It's good practice to have one regular pharmacy where you get your prescriptions filled. That way, the pharmacist has easy access to your records and can advise you quickly if there is a potential problem with mixing your medications.

However, before you fill that prescription for an antidepressant, be sure your psychiatrist knows what other medications you may be taking. Side effects and dangerous drug interactions can occur with medications prescribed for certain medical conditions, so be aware and be safe.

If your doctor has prescribed an antidepressant, ask the doctor what to expect when you begin taking it. Some medications have initial side effects that go away as your body adjusts to the medication. Once your questions have been answered, be sure to take the medication as directed. If you miss a dose, ask the pharmacist what you should do.

Sometimes it's best to wait until the next scheduled dose; other times, you may be able to take the missed dose right away. And don't stop your medications without checking with your doctor. Some can cause potentially serious side effects if you stop taking them abruptly.

Helping Yourself

It’s time to take a look at everything you’ve accomplished and give yourself a well-deserved pat on the shoulder. You’ve made positive changes in your life — you’re eating better and exercising more. You’re taking your prescribed medications and working with your psychotherapist to get to the root of your depression. Now it’s time to examine how your thought patterns can help or hinder your recovery. It’s time to revisit the mind/body connection.

Naming Your Demons

”If wishes were horses, beggars would ride.” It’s another old saying but it gets to the point. A more modern version is, “Unless something changes, nothing will change.” Either way, the message is clear: If you want to make improvements or changes in your life, you’ve got to stop thinking about them and start doing something about them. In the initial stages of depression, you may feel a wide range of emotions, and most of them are negative ones. You want to be free of them, but first you need to identify just what they are. As you work through each one, you’ll see how to reduce the power it has to influence the way you think and the way you feel.

Anger

Anger is an emotional reaction to a perceived wrong or a hurt. Anger carries negative energy with it, and how you use that energy can determine the effect that anger has on your body and on your psyche. If you lash out in anger, you may not weigh your words before you say them and may later regret what you said. If you strike out in anger, you may miss your intended target and cut a wide swath of unintended damage. Anger and depression are closely related; in fact, depression has been defined as

“repressed anger” or “anger directed inward.” You can experience anger, if you feel powerless to effect change. Instead of internalizing anger, ask yourself:

1. What am I angry about?
2. How can I express that anger in constructive ways?
3. How can I work off that negative energy?
4. How can I put that anger to good use?

Alert

Count to ten before you say something you might regret. Once a word has left your lips, you cannot recall it. It lives forever. Of all the weapons man or woman has ever used, words are the most powerful.

Guilt

You may feel that you deserve to feel depressed — that you’re not worthy of a happier life. It’s easy enough to bring up a list of errors and omissions that can be used to attest to your shortcomings. Everybody can do this. No one leads a perfect, blameless life. Everyone makes mistakes. If you’ve made your share, or even what you think is more than your share, this only means you’re human. It doesn’t mean you deserve less of the good things that life has to offer. Just as with anger, get to the root of those guilt feelings. What exactly makes you think you deserve to be depressed? This is something you and your psychotherapist can explore together. Freeing yourself from guilt will speed your recovery from depression.

Despair

“It’s all so hopeless. Nothing will ever change. It’s useless to try.” You have to admit that, even if you’re feeling this way, seeing it in print makes it seem a little over the top. In fact, writing down your negative thoughts is a good tool for gaining power over them.

Essential

Be true to yourself, and don't feel guilty about this. Even when pursued by his "black dog" of depression, Winston Churchill understood the fundamental importance of being his own person: "You have enemies? Good. That means you've stood up for something, some time in your life."

When you're feeling despair, it takes an enormous act of willpower to resist the impulse to give up on your treatment. You've gotten this far, however, because you know in your heart of hearts that depression is not hopeless. You will make the changes you need to make in order to break free. Useless to try? Not by a long shot.

The Power of Negative Thinking

Everything good is powerful, but not everything powerful is good. Negative thoughts fall into the latter category. They can adversely impact your relationships, including the all-important relationship you have with yourself. These thoughts have the potential to reinforce the symptoms of depression and throw up roadblocks on your road to recovery. Recognize this kind of thinking for what it is — damaging and destructive. Here are some common negatives, along with suggestions for effectively managing them.

I Know What I Know

There's a line in *Moonstruck*, the movie starring Cher and Nicolas Cage, when Loretta (Cher) says to her new boyfriend, "I know what I know." He's been trying to convince her to consider another perspective on her life, but she's put on the blinders, shut the shades, locked the door, and closed up the house for the summer. She doesn't want to hear anything that will challenge or contradict her thinking. As far as she's concerned, the subject is closed.

Depression can be like that. Your thinking gets narrow and muddled, and you begin to believe there's no other way of looking at the situation. When you find yourself thinking along these lines, take a deep, cleansing breath and say to yourself, "Maybe, just maybe, there's another way to think about this. What do you suppose that would be?" You might not get an answer immediately, but continue in this direction. You can retrain your mind to open itself to other possibilities.

This Is It. My Life Is Over

Perhaps a little dramatic, but sometimes it's easy to think this way when you're feeling hemmed in and shut off from life. With this form of negative thinking, tomorrow will be no better than today, and quite possibly, will be even worse.

Essential

"The bend in the road isn't the end of the road, unless you refuse to make the turn" — Anonymous. Life throws some S-curves and some hairpin turns at all of us. You can handle them if you keep both hands on the wheel and go easy on the brakes.

The truth is you don't know what tomorrow will have in store. Nobody does. But one thing is certain: If you expect things to be bad, they will be. You can't control the unfolding of the universe. The only control you have is in the way you react. When you feel yourself in the gloom and doom — "We're all gonna' die!" — mood, give yourself one of those mental head slaps and replace that thought with something a little more realistic. One word can make a difference. Even if the best you can come up with right now is "Maybe we're all gonna' die" — at least you're beginning to get your mind around some different possibilities. And after all, life is all about possibilities.

Perfect is the Only Option

Perfectionists are prone to depression. If you're a perfectionist, you're hard on yourself and on everyone else, as well. There's only one way to do the job — and that's the perfect way. You want to control the situation. But there is no perfect way. There's always one more improvement that could have been made, or one more rough edge that should have been sanded off better. You'll never be satisfied, and even your best work isn't good enough. What you're really feeling is that you aren't good enough. Just how good do you have to be? And by whose standards? Perfectionism lends itself to specific, scripted routines and rituals. In this regard, it shares some characteristics with obsessive-compulsive disorder (OCD) — got to do it right. Got to do it again, to make sure it's right. An effective therapy for OCD is desensitization. You learn to go longer and longer without performing the ritual. You learn to accept that you've done the procedure right the first time. Consider using this technique to manage perfectionism. Set yourself some limits and commit to them. "I'll just fine tune the project two more times and then I'll call it quits." Then do it and accept the thanks or praise that others give you, with a clear conscience.

It's All About Me

Self-consciousness is an interesting aspect of ego. You feel conspicuous. You think that everybody is focused on you, being critical of you, blaming you, talking about you, and generally, making you center stage in their lives. The result is that you're afraid to make a move for fear of messing up and drawing attention to yourself.

When your mind is working optimally, you understand that your self-worth is not determined by what others think of you. When you're dealing with depression, your sense of self-worth and self-consciousness get all mixed up together. Understand that not everyone is going to like you. If you think about this, you'll realize you wouldn't want everyone to like you. After all, you have your standards. Not everyone is worthy of your friendship. The person most worthy of that friendship, however, is you.

When you find yourself running scared, stop in your tracks. Ask yourself, “What exactly am I running away from?” The next question is, “Why am I doing this?” You most likely won’t come up with a very satisfying answer. And that’s good. It’s time to stop running.

Everything Is My Fault

This is perfectionism’s opposite — sort of its evil twin. It’s a lack of self-respect. With this kind of thinking, you become the world’s doormat. Whatever goes wrong, you feel that somehow you’re to blame for the situation. No matter that circumstances may be so far out of your control to make this impossible, you must have caused the foul-up. You feel that you should have done this, or you could have done that, and then everything would be different, somehow. Pull yourself back to Mother Earth. Nobody has that kind of power. Talk to your psychotherapist to develop strategies that will help you work through these feelings and replace them with more constructive thoughts.

Alert

Children can feel the same way adults do, and if your child is coping with depression, this may be an avenue to explore. Psychologists refer to this as “magical thinking.” Here’s how it works: A child is angry at a parent and wishes that parent dead. The parent then has a heart attack and dies. The child is convinced that he is responsible for the death. This places an incredible burden of incalculable power on the child and the child can’t cope. Play therapy is often used for children who are struggling with these issues.

Truth in Labeling

Sometimes the only exercise people get is in skipping logic and jumping to conclusions. This is common, whether you have depression or not. In this case, you confuse the action with the person who’s performed the action. Here are a few common expressions to illustrate the point. The labeling has gotten confused.

- You said, “I can’t do anything right.” (You broke a glass.)
- You said, “I’m an idiot.”(You couldn’t decipher the assembly instructions for that new treadmill.)
- You said, “I am such a loser.” (You made a mistake.)

By upping the ante in each of these examples, you’ve lost sight of the truth, which is: Everybody drops things. Everyone has had difficulty following assembly directions. Everybody makes mistakes. Instead, you’ve accepted some self-destructive labels: Loser, idiot, inept. Don’t accept future deliveries! Next time something happens, accept the responsibility for the action. If you can prevent it from happening again, great! But don’t heap abuse on yourself. It’s counterproductive.

Positive Self-Talk

Used to be, if you saw someone talking to herself at the airport, at a restaurant, or while walking down the street, you made an assumption that she might be mentally ill. Not anymore. Technology has revolutionized the way people talk on the phone. Everyone seems to have an earpiece that replaces the old handheld devices. As a result, you don’t know who’s talking to whom, anymore. Talking to yourself, however, may not be crazy. In fact, it might be one of the sanest and most intelligent conversations you’ll have all day.

Question

How is self-talk different from talking to yourself?

With self-talk, you analyze problems, weigh options, and devise strategies for dealing with various situations. In some cases, you may find yourself talking out loud, as you work through whatever issue is occupying your mind. Negative self-talk can hold you back. Positive self-talk can help you make giant strides in coping with depression. It’s a lot different from random mutterings and mumblings!

Changing Your Focus

Positive self-talk is all about changing how you see your role in difficult situations. You want to change that perception from a negative to a positive one. One way to accomplish this is to practice affirmations. Affirmations are short and snappy statements that hone in on your best qualities. They help you remember all the good things about yourself. Here are some practical and applicable affirmations for coping with depression:

- Every day, I am getting stronger.
- Every day, I see positive changes in my moods.
- I have control over how I feel.
- I eat healthy foods that help my body grow strong.
- I exercise to increase my energy.
- I reach out to others, when I need help.

Silly mind games? No, not at all. If anything is silly, it's the negative mind games you can play, when depression has control over your thoughts and feelings.

Essential

The Little Engine That Could has become part of American folklore. No matter what anybody else told him, he kept repeating the same positive thought over and over again. He had his own affirmation, and you know exactly what that was: "I think I can, I think I can…" He kept his focus and achieved his goal. You can too!

Changing Your Habits

Want to quit smoking? You're told to make changes in your routines. First, clean house. Get rid of all the cigarettes. Then, examine your habits. If you always sit down and read the morning paper with a cigarette in hand, go for a walk instead. If you smoke to keep your hands busy, try one of those exercise squeeze balls and work your fingers that way. Or, if your friends are smokers and you can't keep from smoking when you're with

them, you may need to make new friends who don't smoke. The point is that you're going to need to make some changes, if you're to achieve your goal.

> ***Fact***
> It takes three weeks to change a habit, so don't despair if your new regimen to improve your body and your mind seems to be taking longer than you want. Out with the old and in with the new! Each day you're getting closer to making that new habit a part of your life.

Changing negative thoughts into positive ones works the same way. First, clean house. Sweep all those self-defeating thoughts out the door and into the trash bin. Then, when one of those thoughts tries to slip back in, remind yourself of your goal — a healthy, happy life — and turn that thought around to something more positive, change your activity, or call someone who will support you. Keep your focus.

This Is Taking Too Long!

Do you feel sometimes that your progress seems so slow that a snail is making better time than you are? This is common. Many people feel this way. It will take time to break free of depression. Recognizing and affirming each positive step you make will help you deal with the little setbacks that are a normal part of living. You know all the negatives associated with depression. In fact, you're living with them on a daily basis. It's time to change your focus and look at life from a 180-degree change of perspective. The reassuring news is that there are many ways to do this. None of them hurt. None of them are complicated. There's a partnership that can work wonders in your life: Humor and its sidekick, Responsibility. At first glance, these may not seem to have much in common, but they do.

Humor

When was the last time you laughed? Really, really laughed? Can't remember, can you? Depression is such a thief. It steals all the fun out of life and leaves you trying to cope without the tools you need. Humor is one of those tools, and it's more important than you might think.

There are many kinds of humor: the gentle ribbing that family and good friends enjoy, the silliness of the Three Stooges or the Marx Brothers, the sarcastic, biting humor that some comedians inflict on their audiences, or the helpless kind of laughter that sends tears streaming down your cheeks and leaves you feeling drained, but oddly restored.

Whatever form humor takes, it has the ability to lift you out of the moment and out of yourself. It can lift your mood and your spirits. Humor may be absolutely the last thing on your mind right now. "There's nothing remotely funny about the way I'm feeling," you say — and you're right. The goal is not to laugh at yourself but rather to find the absurd in the situation.

The Whole World Loves a Clown

Actually, the whole world doesn't, and many people are afraid of them. Clowns are paradoxes. The masks painted on their faces show either exaggerated expressions of laughter or pathos. There's no real emotion, and you can't tell what they're feeling inside. You may feel like a clown if you're working to put on your "happy face" and it doesn't feel right. You're not a clown, however, and you're actively working to change your perspective on the world. You're not a sham and your efforts are real.

Making Humor Work for You

"Did you hear the one about the short-tempered psychotherapist?"

"Yeah, he lost his patients."

Learning not to take yourself too seriously is important for managing depression. Humor can reduce stress, help you cope with anxiety, and put events into perspective. Humor gets the point across without being tedious, and an occasional joke can help you cope. Making the jokes relevant is the

key! Each profession has its inside jokes, and so do most medical conditions. Why? There are a couple of reasons. First, humor is a bond. It's insider knowledge. It builds camaraderie and a shared world view. Second, and of specific relevance here, when you can laugh at something, it loses its power to control you.

Laugh and the World Laughs with You, Cry and You Cry Alone

It's true. People are sympathetic to a point, but after a while, if all you're doing is feeling sorry for yourself, pretty soon you'll be the only attendee at your pity party. Take action, after you've shared what you're feeling. Use that initial outpouring of sympathy and empathy to gear yourself up for some forward progress. The encouragement will continue if you're making a good effort.

Taking Responsibility

Are you responsible for having depression? Of course not. Are you responsible for doing everything you can to work your way through this condition? Yes, you are. And why wouldn't you want to be? Accepting responsibility is not the same thing as taking the blame. Responsibility means you understand your role in managing your health and seeking positive avenues for optimizing your recovery.

Essential

When you're feeling confused about what you can and cannot do, remember the Serenity Prayer. Pastor Reinhold Niebuhr is the author of this famous prayer. "God, grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference." Serenity, courage, and wisdom are powerful, positive attributes to cultivate in your daily life to fight depression.

So, what exactly does accepting responsibility mean? It means that:

- You understand that while you cannot control your medical condition, you do understand that you can choose how you will deal with it.
- You will make good health choices — eat well and exercise — because you know this will help you.
- You let go of the "Life isn't fair" script and realize that all people have something on their plate that they'd rather not have.
- You find positive and appropriate outlets for your frustration and anger.
- You truly believe that while pain and suffering are certainties, misery is optional.

Coping Strategies

There are tricks — shortcuts, actually — for just about anything you want to do in life. Right now, you want to relieve the symptoms of depression and get about the business of living your life on your own terms, once again. Coping strategies can get you to where you want to be.

The Jigsaw Puzzle Approach

A jigsaw puzzle goes together one piece at a time. If you're persistent, eventually the 500 or 1,000 or 1,500 pieces will come to look like the picture on the box. You can apply this analogy to your daily routine, when you're faced with those big jobs at home or at work. These can be overwhelming and discouraging, but if you break those jobs into smaller tasks, you'll find that you can manage more easily and, just like the jigsaw puzzle, eventually the job will get done. You'll also enjoy the satisfaction of being able to put a check by each task, as you accomplish it. You're monitoring your progress and seeing the visual reminder of what you've produced.

Deferring Decisions

During times of stress, it's not advisable to make important decisions. Depression is stressful. If you don't have to sell the house right now,

change jobs, or break off a serious relationship, don't. Postpone the big decisions until you're feeling better. You may find that your depression was responsible for creating or at least intensifying the difficult situation in the first place. Even if this turns out not to be the case, time is on your side. Wait, if you can.

Fact

Once you let worry into your mind, everything takes on equal weight. You can't assign the appropriate value to what's causing you distress. A house fire is just as worrisome as a misplaced set of car keys. Depression keeps you from putting things in a proper perspective.

Scheduling Worries

Often, worries seem to come in torrents, when you're depressed. Nothing seems to be working right, and everything has the potential for reinforcing your down mood. Take charge of your worries and they'll lose their power over you. Before you go to bed, write down everything that is worrying you. Don't leave anything off the list. When you've written it all down, promise yourself that in the morning, or when you start to feel better during the day, you're going to take the first worry on your list and decide upon a strategy for dealing with it. Why the first worry? Because it's probably the one that's most on your mind. The big ones come to mind quickly. It's only toward the end that you're scraping the bottom of the worry barrel. Here's how this might look:

1. **Worry:** I'll be depressed forever. **Strategy:** Nothing lasts forever, and that includes depression. I'll take my antidepressants, eat right, exercise, and keep my appointments with my psychotherapist. I'll work through this depression, even though it may take longer than I'd like.

2. **Worry:** I'm never going to have the energy to be able to leave the house and enjoy myself again. I'll be trapped inside forever. **Strategy:** Look at what I said — never and forever. This black-and-white thinking isn't getting me anywhere. I'm going to find out why I'm so tired and talk to my psychotherapist about this. Together we'll find ways I can gradually get my life back.
3. **Worry:** I've lost the person I used to be. I never laugh anymore, and I hurt so much. **Strategy:** I can't believe I said never. I'll think of a way to turn that sentence around to make it sound foolish. Okay. I'm going to go looking for myself. I'm probably just misplaced. That's ridiculous, but it made me smile just a little. I can do this, even if I try it just once every day.
4. **Worry:** I am the worst mother in the world. I don't even care about the baby right now. **Strategy:** I understand that I have postpartum depression. This will pass in a couple of weeks. It's just that my hormones aren't back in sync yet. In the meantime, I'll get some help taking care of the baby. I really do love her.
5. **Worry:** I dread the coming winter. Winter is the worst time of year for me. I don't think I'm going to be able to survive another one without going stark, raving mad. **Strategy:** Okay. Forget the stark, raving mad. I have seasonal affective disorder (SAD), and I'm going to discuss light therapy with my physician and make some changes this year.

In each of these examples, you have taken responsibility for your actions. You aren't blaming yourself, because even though you're depressed, you know that finger pointing doesn't accomplish anything. You're on track. You understand that time is now on your side. With good self-care and positive self-talk, you'll beat this depression.

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