

FOCUS ON THE FAMILY®

HELP!

**SOMEONE I
LOVE IS
DEPRESSED**

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Help! Someone I Love Is Depressed

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People's names and certain details of cases mentioned in this book have been changed to protect the privacy of the individuals involved. However, the author has attempted to convey the essence of the experience and the underlying principles as accurately as possible.

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Foreword

This year nearly 10 million American adults will experience major depression. Perhaps you or someone you love is one of those individuals. If so, let me commend you for picking up this book. Admitting that depression is negatively affecting you or your family isn't easy—but by honestly facing the problem you've taken the first step toward wholeness and healing.

As a clinical psychologist I've worked with men, women, and teenagers whose lives have been severely affected by clinical depression. I've heard them describe overwhelming feelings of sadness, guilt, and worthlessness. I've known some people who felt so hopeless that they seriously considered ending their own lives.

I've also seen how the proper treatment of depression can restore hope and bring a renewed sense of joy and pleasure to life.

Help! Someone I Love Is Depressed will help you understand the causes, symptoms, and treatments for depression. It is written by my colleague Dr. Archibald Hart, a respected authority on depression and the former dean of the Fuller School of Psychology. Dr. Hart's book is clear, concise, and easy to read. Like a trusted friend, he'll guide you through the sometimes confusing world of mood disorders—leading you to a scientifically and spiritually accurate understanding of depression.

May God bless you as you begin your journey of hope!

Dr. Bill Maier

Vice President, Psychologist in Residence
Focus on the Family



Part
One

Depression and Its Causes

Jana's story

After Jana's youngest child left for college, Jana's husband, Kyle, noticed gradual changes in her behavior. She began sleeping until noon, neglecting her appearance, and bingeing on junk foods she rarely touched before. Kyle would arrive home from work in the evening to find Jana still in her pajamas, the house a wreck, and dinner not started. She didn't seem to care about anything, didn't want to go anywhere, and didn't have any energy. What had happened to the woman who had taken such meticulous care of herself and her family—the woman who once had dozens of interests? Kyle suspected she was feeling overwhelmed by serious depression. But what could he do to help her?



Depression is so epidemic in our society that it's been labeled the “common cold”

of emotions. At some time, one in every five people will experience depression seriously enough to hinder his or her normal way of life. It can increase feelings of insecurity, low self-esteem, and helplessness. Left untreated, depression can cripple a person emotionally and physically.

How can you detect its symptoms? What steps can you take to overcome it? How can you encourage a friend or loved one who is depressed? What treatments are available? This book was written to answer those questions.

What Is Depression?

Depression is a feeling of gloom or sadness that is usually accompanied by a slowing down of the body. It is experienced throughout a person's whole body, not just in the mind as some people mistakenly believe.

Depression can be seen as a symptom, a disease, or a reaction. As a symptom, depression is part of the body's warning system, calling attention to something that's wrong. It tells us there has been a violation of some sort; something is missing or lost, or something is physically wrong.

But depression is also a disease in itself. It can be a serious consequence of stress in which the stress hormone cortisol is too high, or in its most severe form, the psychotic depressions, it is an illness category all its own. Known as a major depression, it has two forms: unipolar depression (one gets severely depressed) and bipolar depression (alternating manic [mentally hyperactive] and depressed moods).

Finally, depression can be a reaction to what is going on in life, or more specifi-

cally, to significant losses one experiences. This last form is known as reactive depression. It's the kind most people contend with in their daily lives. If we are emotionally healthy, we deal with those losses promptly, and the depression is short-lived. If we're not, the depression lingers and may even get worse or become chronic.

Categories of Depression

There are three major categories of depression: dysthymia, major depression, and bipolar disorder.

Dysthymia is a mild form of depression, but one that can persist for a long time. The symptoms include a loss of interest or pleasure in most if not all usual activities and pastimes. But it is typically not of sufficient severity and duration to be considered a major depression.

It has usually been around a long time (longer than two years) and while the sufferer may feel sad, blue or down in the dumps a lot of the time, there are periods when the mood feels normal. These normal periods may last a few days or a few weeks, then the sadness returns. It usually begins in early adulthood, but these days we are seeing more and more of it in children and teens. Dysthymia can easily develop into a lifelong pattern, and while it can be difficult to recognize, recent advances in diagnosis and antidepressant medications are making treatment more effective.

Major depression is often a debilitating disorder, and as the name implies, more serious. It can occur at almost any age. The sufferer typically is largely unemotional and withdrawn, is very sad, cries easily, feels unable to experience any

pleasure, feels hopeless, helpless, and unworthy, has difficulty concentrating and focusing, and may complain that he or she doesn't "care anymore." There may be social withdrawal and apathy. There is often a serious disruption of sleep patterns (either insomnia or hypersomnia), changes in eating habits (eating either too much or not enough), and bouts of severe agitation. It can even manifest psychotic behaviors (severe mental impairments in one's thinking that are often very debilitating), such as delusions and hallucinations and serious death wishes. The depression can occur as a single episode, or in repeated episodes. This form of depression used to be called "endogenous depression," implying that it was from within the brain, or biological in its origin. We now know that it is caused by serious abnormalities in the regulation of

neurotransmitters like serotonin, and can be enormously helped by appropriate antidepressant medications in conjunction with counseling.

Bipolar disorder is a form of depression in which there is an alternating mood that cycles from deep depression to a state of mania (inappropriate, and hyper-energetic activity). The cycle can be slow, changing every few months, or rapid, perhaps changing every few days. There is strong evidence that it may be genetic in origin and often starts before the age of 30. In some individuals there is considerable impairment in both social and occupational activities, and the sufferer can easily engage in inappropriate behaviors such as spending binges or sexual acting out followed by severe bouts of depression including contemplating suicide to the point where a plan

for carrying it out is seriously considered or attempted. Where the mania is bizarre and excessive, the disorder is referred to as Type I, and where the mania is not severe or merely manifests as mildly excessive activities or restlessness, it is referred to as Type II. Both forms can be treated very effectively with a combination of medications.

Common Symptoms of Depression

Because depression can mimic many illnesses, it might go undiagnosed for a long time. The many illnesses it can mimic include general health problems, central nervous system disturbances, gastric problems, muscular problems, heart problems, respiratory problems, and even skin problems. Depression can present

itself with anger, headaches, backaches, fatigue, irritability, hypersensitivity, and a whole range of disturbing sensations.

The gastrointestinal tract (stomach and colon) is a common site for depressive symptoms to manifest themselves. Food and alcohol are common tranquilizers used to cover depression. Sometimes a symptom may appear merely as a lump in the throat or difficulty swallowing.

Other symptoms that can mask depression include loss of libido; sexual dysfunction; excessive eating; possible weight loss; frequent throat clearing; intolerance to certain foods because of their texture; or swallowing excessive air, resulting in bloating. Common symptoms of depression include:

- Persistent sadness, anxiety, or an “empty” mood

- Feelings of hopelessness and pessimism
- Feelings of guilt, worthlessness, helplessness (Depressed people may burst out crying for the slightest reason.)
- Loss of interest or pleasure in ordinary activities, including sex
- Sleep disturbances such as insomnia, early morning waking, or oversleeping
- Eating disturbances (either loss or gain in appetite and weight)
- Decreased energy, fatigue, being slowed down
- Thoughts of death or suicide and even suicide attempts
- Restlessness and irritability
- Physical symptoms such as headaches, digestive disorders, and chronic pain that does not respond to treatment

- Difficulty in concentrating, remembering, and making decisions

Spiritual symptoms of depression are just as important as the physical and psychological ones. Spiritual symptoms can take two extremes. The most common is to pull away from God—to feel He is rejecting us. This reaction is triggered by the excessive psychological guilt one experiences in depression. Since we feel guilty, we assume God is punishing us by rejecting us. That irrational idea leads to spiritual withdrawal on our part.

The opposite reaction is to become overly involved in spiritual things. In a desperate attempt to regain normality or cope with the depression, a person may become fanatical about religious things to compensate for feelings of guilt. Unfortunately, this overinvolvement is not always healthy.

Stages of Depression

Depression is a continuum of feelings, ranging from minor blues to the most severe forms of mental illness. But that doesn't mean we go from one level to another. There are big jumps between the various levels of depression. The difference between a minor reactive depression and a severe psychotic depression, for example, is enormous. There's no connection between the two.

There are identifiable stages in a reactive depression, however. In the early stage we are usually busy analyzing whatever loss we've experienced. As we start this grieving process and the implications of the loss become more apparent, we find ourselves moving much deeper into depression. Finally, however, we "bottom out" and begin to put things into perspective as we come to terms with the loss.

This is the recovery phase.

We can't really speak of stages in the severe forms of depression. They come on suddenly and can deeply intensify in a matter of days. But they also stop rather suddenly, especially if they have been effectively treated.

Progression of Depression

Symptoms of depression can progress and intensify over time. Initially we may experience a low mood or a minor or temporary loss of interest in our environment, together with some feeling of discouragement. Usually our thinking isn't disturbed and remains rational. Physically, we may experience a knot in the pit of the stomach or other physical symptoms such as headaches, muscle and joint aches, and so on. Our eating and sleeping habits typically remain fairly normal. We may engage

in some temporary spiritual withdrawal, but it's usually not significant.

As the symptoms of depression intensify, the feeling of hopelessness is much more dominant. There may be some crying, and it becomes difficult to focus and concentrate. As we become more preoccupied with ourselves, the depression seems to dominate our lives. There may be some appetite and sleep changes. Spiritually, there's a greater tendency to pull away from God.

As the depression progresses, everything already described occurs but is typically intensified. There's extreme sadness, low mood, dejection with frequent crying, extreme discouragement, and much guilt, self-blame, and self-pity. Physically, there's a disruption of appetite and sleep, with extremes of excess or privation. We

become increasingly unable to cope with our environment and begin to neglect ourselves and our appearance. We find it extremely difficult to go about our regular duties. Spiritually, we withdraw from most activities, or we become intensely preoccupied with religious matters.

The Causes of Depression

Life is full of losses, and along the way we have to learn to deal with them. If we don't, we may become depression prone. In many respects, all losses are similar. It's just a matter of degree, and even though some of our more complex losses are more abstract, they can still be significant losses for the mind to cope with.

Some level of depression typically follows a significant loss. The depression may be slight, but it is often there.

We are all designed to experience emotion, including depression resulting from loss. If we can learn to cooperate with it, the grieving process can be a healthy response, even a healing emotion. The positive side of depression can be seen in two of its functions: It alerts us to a loss, and it helps us to detach from the lost object in a process of “letting go.” Appropriate grieving is normal and necessary for healing.

Perhaps the best example I can give of this is in the experience of bereavement. A lot of evidence shows that the emotion of grief following bereavement must be allowed full expression for healing to occur. The more freedom we give ourselves to grieve, the more rapid is our recovery from the grief.

Depression can also be a positive factor in the physical realm. It is a symptom

of many illnesses, including the flu. The depression aids in healing by detaching us from activity. If we didn't detach and slow down, the illness would further harm us. So our sadness and loss of interest in normal activities may aid the healing process.

Categories of Loss

It's helpful to put our losses in one of four categories: concrete, abstract, imagined, and threatened.

Concrete losses involve the loss of tangible objects. Examples include being in an automobile accident, dropping and breaking a camera, or losing a pet.

Abstract losses can be just as real as the first category of losses, but they're made up of intangibles such as the loss of love, ambition, self-respect, or control.

Imagined losses come from our active

imaginings. We can imagine both concrete and abstract losses. We imagine a friend has snubbed us or that someone dislikes us. These imaginings set us up for loss and depression just as if the actual loss has occurred.

Threatened losses have not actually taken place yet, so the grieving process cannot be completed. An example is the impending death of a loved one. You start feeling depressed, and the grieving process begins, but until the actual death takes place, you can't complete it. You will continue to feel depressed as long as the threat of loss exists.

The intensity of a depression is determined by the significance or meaning of the loss. The more meaningful the object lost, the greater the grief and the ensuing depression may be, and the greater the adjustment required to accept the loss.

This is why perhaps one of the deepest forms of depression follows the loss of a loved one in death.

Frequently, losses can accumulate. For example, if a child's parents divorce, it will provoke some anger and depression in the child. But suppose he then has to move to another state with one parent. Now he suffers additional losses, including his home, school, friends, the close proximity of the other parent, and any number of smaller losses. With one loss coming on top of another, his young mind will not be able to separate them and he will become very sensitive to loss and depression.

You can see how this accumulation of losses begins to create a significant cascade of emotions. One of the key principles we need to learn, therefore, is to minimize the accumulation of our losses

and deal with them individually. The tendency to allow smaller losses to accumulate into bigger ones is often the result of having experienced many losses before. The more losses we've had earlier in life, particularly during childhood, the more likely we are to react to later losses with an exaggerated response.

To understand this type of depression, we must grasp the concept of loss and recognize how we're created to respond through the grieving process. We also need to understand the idea of "attachment." The greater our attachment to someone or something—and the more tightly we hold on—the greater will be the experience of depression.

Resolving depression, therefore, is a matter of "disconnecting" from the object to which we have become attached. The

healing of depression ultimately comes when we allow the thing or person to which we're clinging to go free. That applies to everything from a person's reputation to disappointments to even one's need to be in control.

Physiological Causes of Depression

Hormonal and metabolic imbalances, fatigue caused by stress, and many illnesses, including cancer and influenza, can cause depression in both men and women. Many medications cause depression as well. In women, the menstrual cycle can be a very important cause. Some physiological causes are mysterious; we haven't yet discovered what they are, though we can see their effects.

In northern climates where sunlight is

Conclusion

Having read through this material on depression, you have seen two major themes: First, depression is often an appropriate emotion following a loss or as a result of a physiological imbalance. Second, communicating understanding and acceptance is the key to the effective support of a depressed person. The second theme clearly rests on the first, for if you won't accept depression as an inevitable experience of life, you can't give the empathetic support that will help to resolve the depression.

I would encourage you, as a concerned helper, to persist in developing an understanding of depression. But more importantly, I urge you to work at communicating

understanding and acceptance of a depressed friend or relative in the context of love. That is your moral responsibility. But it's also a responsibility that God wants to help you meet. Don't forget to ask for His guidance and strength.