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When Someone You Love Is Depressed

By Neli A. Rogers, MS, LMFT

Handout on depression

Some common misconceptions within the LDS culture related to depression:

1. Depression is caused by sin, or people with depression lack willpower or faith.

In John 9:1-3 it says "And as Jesus passed by, he saw a man which was blind from his birth, and his disciples asked him, saying, Master, who did sin, this man, or his parents, that he was born blind? Jesus answered, Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him."

2. All that people with depression need to do to resolve their "problem" is to receive a priesthood blessing or some counseling from their bishop.

In Alma 46: 40 we read "And there were some who died with fevers, which at some seasons of the year were very frequent in the land—but not so much so with fevers, because of the excellent qualities of the many plants and roots which God had prepared to remove the cause of diseases, to which men were subject by the nature of the climate." In Doctrine and Covenants 42:43 the Lord instructed us "And whosoever among you are sick, and have not faith to be healed, but believe, shall be nourished with all tenderness, with herbs and mild food, and that not by the hand of an enemy."

The Lord wants us to both pray to be healed and get other forms of treatment when needed. However, as it is stated in Doctrine and Covenants "not by the hand of an enemy." We need to be careful when getting psychotherapy (which is one of the indicated treatments for depression), so that we receive help from someone who shares our value system.

3. People with depression are just "faking" their symptoms; they are lazy, and they can just "snap out of it" any time they choose to do so.

4. People with depression are dangerous, their disease may not be treatable, or we need to stay away from them.

Facts about depression:

According to the National Institute of Mental Health (NIMH), "In any given 1-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness."

The NIMH describes depression on their website on depression as follows:

A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.

The Mayo Clinic website on depression describes depression as follows:

Depression is a disorder that affects your thoughts, moods, feelings, behavior and even your physical health. People used to think it was "all in your head" and that if you really tried, you could "snap out of it" or just "get over it." But doctors now know that depression is not a weakness, and it's not something you can treat on your own. Depression is a medical disorder with a biological and chemical basis.

Sometimes a stressful life event triggers depression. Other times depression seems to occur spontaneously with no identifiable specific cause. Depression is much more than grieving or a bout of the blues. Depression may occur only once in a person's life. Often, however, it occurs as repeated episodes over a lifetime, with periods free of depression in between. Or it may be a chronic condition, requiring ongoing treatment over a lifetime. People of all ages and races suffer from depression. Medications are available that are generally safe and effective, even for the most severe depression. With proper treatment, most people with serious depression improve, often within weeks, and can return to normal daily activities.

According to the *Diagnostic and Statistical Manual of Mental Disorders*, mental health professionals diagnose depression when four or more of the following symptoms have been present for at least two weeks, generally nearly every day:

- Feeling sad or irritable during the course of the day
- Loss of interest or pleasure in activities once enjoyed, including sex
- Changes in weight or appetite
- Changes in normal sleep patterns, difficulty falling asleep, interrupted sleep, early morning awakening
- Fatigue or loss of energy
- Feeling worthless, hopeless, or feeling unreasonable guilt
- Inability to concentrate, remember things, or make decisions
- Restlessness or decreased activity
- Complaints of physical aches and pains for which no medical cause can be found
- Thoughts of suicide or death

There is no single known cause of depression. Experts believe that there are many factors that can trigger a depressive episode. Some of these factors include: heredity, stress, certain medications, certain illnesses, personality type, low self-esteem, pessimism, hormones, giving birth, drugs, and alcohol.

People may have just one episode of depression, which is diagnosed as Major Depressive Disorder Single Episode, or they may have recurrent episodes, which are diagnosed as Major Depressive Disorder Recurrent. Each episode can be classified as mild, moderate, severe without psychotic features, or severe with psychotic features. If a person has periods of depression and periods of mania, he or she is diagnosed with Bipolar Disorder. If a person has a prolonged, low-grade depression that lasts for over two years, he or she is diagnosed with Dysthymic Disorder.

Depression affects not only the person suffering from it but also their loved ones. Serious depression can be very detrimental to marital relationships, and a mother who is severely depressed can have a huge impact on her children's wellbeing. Because depression leads people to feel exhausted, worthless, helpless, and hopeless, they are not able to function at their normal capacity. This places a great burden on themselves, their spouses, and their children. In NIH Publication No. 00-3561, the National Institute of Mental Health gives the following advice for people with depression:

Set realistic goals in light of the depression and assume a reasonable amount of responsibility.

Break large tasks into small ones, set some priorities, and do what you can as you can.

Try to be with other people and to confide in someone; it is usually better than being alone and secretive.

Participate in activities that may make you feel better.

Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help.

Expect your mood to improve gradually, not immediately. Feeling better takes time.

It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition—change jobs, get married or divorced—discuss it with others who know you well and have a more objective view of your situation.

People rarely "snap out of" a depression. But they can feel a little better day-by-day.

Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.

Let your family and friends help you.

Here are some important things you can do if one of your loved ones has depression:

- Make sure you have the facts and do not fall victim to any of the myths and misconceptions discussed earlier. Depressed people already have enough feelings of guilt, hopelessness, and worthlessness. They need your support, acceptance, and rational thinking to help them counteract their irrational thoughts. They need your emotional support. For example, do not accuse them of faking the illness or being lazy. This only makes matters worse.
- Encourage them to get the appropriate diagnosis and treatment. This usually requires medication and psychotherapy. Make sure they take their medications. Participate in their therapy, if indicated.
- Be sure to be patient, affectionate, and encouraging. Sometimes you may need to have supportive therapy for yourself so you can understand what they are going through. You may need to develop your own coping skills to deal with the disruptions in your life brought about by the illness.
- Do not ignore remarks of suicide. If your loved one mentions suicide, or a wish to die, or has marked hopelessness, report these symptoms to the person's therapist.
- Make sure you remain hopeful and positive so you can continuously reassure the depressed person.

References:

<http://www.nimh.nih.gov/HealthInformation/depressionmenu.cfm>

<http://www.mayoclinic.com/health/depression/DS00175>

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorder*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

Helpful resources:

Feeling Good: The New Mood Therapy by David D. Burns, M.D.

Valley of Sorrow: A Layman's Guide to understanding Mental Illness by Alexander B. Morrison

National Mental Health Association (NMHA): (800) 969-6642; or, in a crisis: (800) SUICIDE (784-2433)

National Alliance for the Mentally Ill (NAMI): (800) 950-6264

Depression and Bipolar Support Alliance: (800) 826-3632