

Help your friends understand depression

Statistics Canada has concluded that major depression is as common in Canadians as diabetes and heart disease. After collecting detailed information from 35,000 randomly selected Canadians in 2002, the study found that 4.9% reported extensive depressive symptoms or other related mood disorders, but fewer than one third sought professional help.

One of the symptoms of depression is a feeling of hopelessness. A false belief evolves in the mind that nothing can be done and, in any case, nothing matters. The tragedy for those incapacitated by this belief is that mental health professionals have had excellent success when treating clinical depression.

Thinking, feeling and behavior are all tightly linked - if you change one the others will be affected as well. Anti-depressant medication works on feelings by increasing serotonin levels in the body. If the change in feeling leads to changes in thinking and behavior then it should be possible to wean the patient from the medication while maintaining a balanced emotional state. Of course, if the situation outside of the individual triggered the depression and if that situation has remained the same, then a relapse is possible. An unresolved trauma in a client's past may also trigger relapse.

It is often said that people who are able to maintain a positive and balanced outlook on life despite adversity have a strong spirit. In cognitive therapy we teach the client the mental discipline to maintain this strong spirit. We examine the "stinking thinking" that has fed into and maintained the depression, and we attempt to replace those unrealistic thoughts with more balanced thinking. We also deal with the client's personal narrative about his or her situation and any unresolved trauma that may be connected to that situation. We examine the meanings the client has placed on past events. Once the client's thinking is successfully changed, the client's feelings and behavior are bound to change as well.

In behavioral therapy the client's life is structured so that he continues to do those things that once brought him joy and meaning even tho he no longer feels like doing them. That is the difficult part. The man or woman with depression may not feel like visiting close friends or even go out of their home, but if they can stick to a routine where they regularly do those things that used to make life worthwhile, then their spirits will improve.

Usually the therapies dealing with thinking and behavior are combined in what is known as cognitive-behavioral therapy. David Duzois of the University of Western Ontario has recently completed some cutting edge research comparing the results of anti-depressant medication with cognitive-behavioral therapy in treating clinical depression. His results were that both treatments were equally efficacious, in the short term, but that those clients who were given cognitive-behavioral therapy had half the relapse rate of those who relied on pharmacology. Those that were given both anti- depressants and cognitive-behavioral therapy had the same success rate and relapse rate as those who were given cognitive-behavioral therapy alone.

One of the reasons that many people suffering from depression do not seek treatment is that they do not recognize that they have it. Close friends and relatives will often notice the symptoms before the person who has them. These symptoms may include a feeling of despair and hopelessness, sleep problems, fatigue, appetite changes, poor concentration and irritability.

If you notice these symptoms in someone you care about, tell them you care and that they might need a "check up". Depression is a common and largely untreated condition, yet everyone deserves a full and enriched life.