



L A K E F R O N T
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161 West Wisconsin Avenue, Suite 2B Pewaukee, WI 53072
Phone 262-695-8857 www.lakefrontwellness.com

Abundant Living... Discover the Possibilities!

DEPRESSION

Depression and Bipolar Support Alliance

www.dbsalliance.org

National Alliance for the Mentally Ill (NAMI)

www.nami.org

American Association for Marriage and Family Therapy (AAMFT)

www.aamft.org

National Mental Health Association

www.nmha.org

Depression and Disconnection

Depression Disconnects People from Themselves

Even the basics--like eating, sleeping, and paying attention--move from "automatic pilot" to problems. People locked in the grip of depression struggle to meet the most minimal demands on their resources. Getting through the day tends to "use up" all of a person's energy, making it difficult to feel desire or joy. This is often worsened because a person may have trouble remembering that they actually once had those feelings or believing they might experience them in the future.

Depression Disconnects People from Their Loved Ones

Intimacy--whether it's laughing over a private joke in the living room or making love in the bedroom--is a quiet, but devastating casualty of depression. Depression sufferers don't have much energy left over for intimate relationships. A depressed person's partner has a ringside seat to observe the painful process of disconnection. Misery, in this case, does not love company, and often causes couples to withdraw from each other.

Depressed people sometimes transfer their inner pain to something or someone outside themselves. Partners may become the target of anger, blame, or dependency. They can feel abandoned, confused, frustrated, and fearful about the future. They may resent the extra burdens they have to bear as a result of their partner's illness. Sometimes the stigma of depression can both isolate partners from others and deny them the social support they need.

Depression Makes Forming to New Connections Very Difficult

How do people deal with the tremendous loneliness that depression introduces or intensifies in their lives? Finding and starting a new relationship demands many things the depressed person doesn't have--energy, initiative, and the sturdy self-esteem necessary to make new connections. Depression can make it impossible for them to put their best foot forward in meeting people and can take away the desire to meet new people at all. If people with depression do manage to summon the courage and energy for new encounters, how do they explain it to the new people in their lives?



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Developed by Martha Manning, Ph.D., clinical psychologist and program participant who has personal experience with depression, "Intimacy and Depression: The Silent Epidemic" is an awareness campaign sponsored by the American Association for Marriage and Family Therapy (AAMFT) and the Depression and Bipolar Support Alliance (DBSA). The campaign is supported by an educational grant from Glaxo Wellcome Inc.

More about Depression

The mental health profession categorizes depression as a mood disorder, but also recognizes that its symptoms can vary widely from one person to another. It is also accurate to think of depression as a complex problem that can affect many different aspects of the sufferer's life. It can affect the **body**, and generate such physical symptoms as insomnia, fatigue, appetite disturbances, diminished sex drive, and anxiety. It can affect the **mind**, interfering with the ability to think clearly, notice and remember details, and make good decisions. It can affect **emotions**, causing feelings of sadness, despair, guilt, worthlessness, and apathy. It can affect **behavior**, leading to alcohol or drug abuse, suicide attempts, and other socially or self-destructive behaviors. It can affect **interpersonal** (social and family) **relationships**, leading to aggression, withdrawal, or marital and family distress.

The main forms of depression are: **major depressive disorder**, also called "unipolar" for its affecting only one end of the mood continuum -- depression; and **bipolar disorder**, formerly called manic-depressive illness, ("bipolar" for its affecting both ends of the mood continuum -- depression and euphoria, or mania.) Depression can also present itself as **dysthymia**, a less intense and more chronic form of depression. Major depression is far more common than bipolar disorder, and has a much wider range of contributing factors.

What are depression's effects on personal and family life?

The symptoms of depression described above make it clear: To be depressed is to suffer. The hopelessness and helplessness that people experience when they are depressed is more than just a frame of mind at such times -- it is an entire way of being. People stop trying, they stop caring, they withdraw from life, and of course, this makes them feel even worse. Their lives deteriorate, and it affects others as well. Family members are not immune to the depressive's negativity -- the never-ending complaints, the steady stream of criticisms, the lack of emotional closeness, and the loss of the ability to have fun together. Spouses can feel hurt and alienated, and children may feel guilty, resentful, and as if they are to blame. In turn, family relationships can also exacerbate depressive symptoms.

How do you know when to seek help?

As a general answer, you should seek help when depression is **starting** to affect your life (your family, your job, your outlook) in negative ways, and you are not very clear about what you need to do to prevent things from getting worse. **You should seek help -- for yourself, loved ones, or both -- long before things get really bad.**



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To be more specific, take into account the following factors when deciding to seek professional treatment.

1. **Suicidal thoughts or feelings:** Suicide is a terrible and irreversible solution to specific problems. The depressed person and his or her family need to think preventively, and get help immediately if someone is suicidal.
2. **Acute depression turning chronic:** Before settling into "life as a depressed person," the depressed person, and family if possible, should do all they can to resolve it early on. Every day spent suffering is too costly.
3. **Lifestyle disruption:** The depressed person, and his or her family, can prevent bad circumstances from getting worse by acting quickly. The depressed person does not have to ignore his or her health, lose a job, or hurt or alienate family and friends.
4. **Reality testing:** If a family and their depressed member do not have someone good to talk to, someone with whom they can share their private thoughts, then how will they know whether what they are thinking makes sense? A good therapist is a valuable partner for "reality testing."

What kinds of treatments are commonly used?

Psychotherapy and antidepressant medications are the two most commonly used treatments for managing depression. Many people use a combination of the two. People's responses vary, of course, but these approaches hold good promise for providing relief.

Most people have already heard of the popular antidepressant medication, Prozac. It is only one of the many "newer generation" medications that do, in fact, help the majority of people who take them. Medication is a valuable tool for reducing symptoms and "raising the floor" on depression. Speaking to a psychiatrist about the use of medications in your particular case is the best way to explore whether medications are viable for you. A psychotherapist can also help you with this decision.

Psychotherapy is a non-drug alternative that is generally as effective as medication and in some ways is even superior (though not quite as fast-acting). For example, people who receive therapy tend to have a lower relapse (recurrence) rate, and tend to feel better as an active participant in the recovery process. Psychotherapy can help individuals and families who are dealing with depression. The most effective psychotherapies are called **cognitive** therapy (which teaches how to identify and correct distorted thinking), **behavior therapy** (which teaches how to behave more effectively), and **interpersonal therapy** (which teaches relationship skills). All of these are short-term therapies, and all focus on changing things in the present.

The fact that long-term research shows the effectiveness of medication and psychotherapy for treating depression can be wonderfully reassuring for depression sufferers and their families. Depression is highly responsive to good treatment, and good treatment is available from a variety of sources.



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Books

Feeling Good Handbook, by David D. Burns. NAL/Dutton (1990). This book includes techniques that enable readers to cope with a range of everyday problems such as depression. Presents ideas of cognitive therapy through exercises, self-tests, and forms.

Mind Over Mood. By Dennis Greenberger and Christine Padesky. Guilford (1995). This treatment manual draws on the authors' extensive experience as clinicians and teachers of cognitive therapy to help readers successfully understand and improve their moods, alter their behavior, and enhance their relationships.

The Shelter of Each Other. By Mary Pipher. Ballantine (1996). Offers thoughtful, practical strategies to reach families and help them call upon their reserves of mutual nurture and support in the face of societal, cultural, and economic pressures. Challenges readers to find the courage to nurture and revive the families they cherish.

Hand-Me-Down Blues: How to Stop Depression from Spreading in Families. By Michael Yapko. St. Martins (1999). Describes the role of the family system in developing depression for both biological and developmental reasons, and teaches specific strategies for helping families reduce and even prevent depression in their members.

Breaking the Patterns of Depression. By Michael Yapko. Random House/Doubleday (1997). A comprehensive, "user-friendly" book that recommends an active, skill-building approach to self-help. Includes nearly 100 structured activities to engage the reader in learning the skills to overcome depression.

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