



FOUR COMMON MYTHS ABOUT DEPRESSION

The following article appeared in the February 2006 issue of Ligourian Magazine. It was written by William Rabor, ACSW

This article will highlight a few important points about depression in order to increase both awareness and understanding of depression and its effects on people. Depression is a very serious problem. In the United States alone, nearly twenty million people suffer from some form of depressive illness, and well over thirty-five thousand of these will take their own lives this year, leaving behind broken lives and broken hearts. It does not have to be like this, however. An accurate and prompt diagnosis, greater emotional support from family and friends, and above all, the right kinds of treatment could save countless lives and bring healing and hope too many hurting people.

One way to fight the misinformation and sheer ignorance that continue to surround depression is through education. In spite of all the progress that has been made in educating people about mental illness, depression is still poorly understood and continues to be surrounded by myths both dangerous and damaging.

Myth #1

That a real man or a strong woman doesn't get depressed—at least not for long—is one such myth. Depression is not the manifestation of a character defect or a human weakness. It is a significant health disorder, a debilitating condition, a true illness. Yes, depression is a genuine illness, and a serious one. A person struggling with depression is not a wimp or an emotional weakling; he or she is sick.

Myth #2

Another myth suggests that people suffering from depression can control their moods. Everyone has bad days, but depression is more than just a bad-day experience. Depressed people are often told that they should cheer up, snap out of it, not be so moody, exercise some willpower, and take charge of their

lives. They are told that they don't have to be depressed unless they choose to be, and if they choose to be, they should not complain. This approach trivializes depression and adds to its pain. A depressed person who feels he or she is not being listened to or is being ignored or put down becomes more hopeless and is more at risk for suicide.

Myth #3

A third myth associated with depression is that it is just a normal part of aging; as we grow older we can expect to experience depression. Research has found that this is not true. The majority of older people are happy and satisfied with their lives. The elderly do get depressed, but so do young people and lots of others in between. Clinical depression at any age is never a normal state to be endured. It needs to be recognized for what it is and treated as soon as possible.

Myth #4

That a strong faith wards off depression. Enshrined in religious overtones, this myth is particularly debilitating. It is one thing to struggle with depression as a character weakness like the first myth suggests, but viewing depression as evidence of a lack of faith produces guilt, fear, and more hopelessness. The fact is that individuals of deep faith, including religious leaders, can and frequently do suffer from the illness of depression. Religious leaders may be fearful that their congregations will find out about their illness, because they may then be viewed as weak and ineffective—or as the myth puts it, deficient in faith.

The illness of depression is an equal-opportunity affliction. Saint or sinner, we can become depressed to the point of preferring death to another day of darkness. In the Bible, for example, we see even a great prophet like Elijah in such a depressed state that he actually prays to die. (See 1 Kings 19:4.) Elijah knew what it means to give up. He knew what the illness of depression feels like.

Many holy women and men in the Catholic tradition have struggled heroically against depression: Elizabeth Ann Seton, Catherine of Siena, Ignatius of Loyola, and Thérèse of Lisieux, to name just a few. As she lay dying from tuberculosis, suffering excruciating

mental and physical pain, the Little Flower came to understand how those who experience chronic suffering might want to end it all. She wrote in her journal: “When one suffers like this, it would take only an instant to lose one’s reason, and the deed would be done.”

Faith can be battered when any serious illness, including depression, strikes. In fact, depression has been characterized as a “whole-person event,” meaning that it has the ability to make every part of our life, including our relationship with God, seems flat, empty, and meaningless.

What Causes Depression?

Why do some people become seriously depressed while others seem invulnerable to it? With any illness there is always a certain mystery as to why some get it and others do not. In the past three decades researchers have discovered new things about depression, but it is sometimes difficult to say exactly what triggers the illness.

We now know, for example, that depression can be caused by an imbalance of certain chemicals in the brain. Other illnesses, including cardiovascular disease, cancer, and diabetes, make people prone to depression. Some persons also seem to be chronically afflicted with low self-esteem and a poor self-image, which can lead to depression. Certain medications can cause a depressive state, as can the misuse of alcohol and other drugs. Three other important factors that can trigger depression include genetics, stress, and grief.

Genetics: It is not uncommon for a person to be born with a genetic predisposition to depression. A veteran psychiatrist who has treated thousands of people once shared with me this observation: “I seldom see a person with major depression without discovering that someone else in the family—usually a close relative such as a parent—has also suffered from the same illness.” I myself have many relatives, living and deceased, who have suffered from depression.

If you or a relative suffer from depression and you are wondering about the influence of heredity, look at your personal history to see if patterns of depression can be identified in family members, both living and deceased. Questions like these may prove helpful: Has anyone in your family ever had a nervous breakdown? Has anyone in your family been hospitalized for depression? Has any family member attempted or actually committed suicide? Has any family member been treated by a doctor or therapist for mental or

emotional disorders? If a family member has been treated for depression, try to find out what form the treatment took. What works well for one depressed person often works equally well for another depressed person in the same family.

Where to get help: The following are excellent sources of information and support that operate on national and local levels. Some of these resources have support groups for family members of people suffering from depression.

National Alliance on Mental Illness (NAMI)
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201

Website: www.nami.org - phone 800-950-6264

National Mental Health Association (NMHA)
2001 N. Beauregard St., 12th Floor
Alexandria, VA 22311

Website: www.nmha.org - phone 800-969-6642

Symptoms of Depression

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time.

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

A Retrouvaille Weekend—Can Be A Marriage Saver

Recently I met with a young couple who had run into a *huge* problem in their marriage—one that almost

destroyed their union. I strongly suggested that they attend a *Retrouvaille* weekend—a weekend designed for couples whose marriage was in crisis. The wife wrote me the following e-mail concerning their experience.

I remember dreading that weekend. My husband and I were still uncomfortable around each other and now we were going away together to show other couples that we had problems when they can obviously tell we haven't been married that long! When we got there and peeked in the rooms, two double beds and not TV, and forty couples, the dread grew. I honestly did not know what to expect and felt disconnected from the world. This grew, as we had to give up our watches, because time no longer mattered. However, as the weekend continued I slowly felt our relationship heal. We learned how to communicate, as we never had before. We heard other personal stories that showed us that it is possible to come back from despair and a hurt relationship. I learned more about myself that weekend than I ever thought was possible. Both my husband and I felt that the breakthroughs we had that weekend would have taken YEARS of marriage counseling. I was actually sad to leave that weekend. I have gained such security and openness with my husband, I was afraid it would disappear when we returned home. Thankfully, there were twelve post sessions that reiterated what we learned and dealt with important topics. The couples who presented at both *Retrouvaille* and Post Weekends were truly inspiring couples who genuinely cared about everyone there. They would send e-mails and even call us to check on us. I can honestly say *Retrouvaille* saved our marriage.

Have a blessed Week,

A handwritten signature in black ink that reads "Le Baron". The signature is written in a cursive, slightly slanted style.