

LEARNING MADE EASY



2nd Edition

# Depression

for  
**dummies**<sup>®</sup>  
A Wiley Brand



Identify and demystify  
the types of depression

Make lifestyle choices that  
combat depressed behavior

Explore therapy methods  
and medication options

**Laura L. Smith, PhD**

**Charles H. Elliott, PhD**

Clinical psychologists and authors of  
*Anxiety For Dummies* and *Borderline  
Personality Disorder For Dummies*



# Depression

2nd Edition

by **Laura L. Smith, PhD**  
**Charles H. Elliott, PhD**

**for**  
**dummies**  
A Wiley Brand

## **Depression For Dummies® , 2nd Edition**

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# Introduction

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Decadent luxuries, dazzling technology, and startling new knowledge flood the senses and excite the imagination. What was the domain of science fiction less than a generation ago is now commonplace in many living rooms. Today, cable companies beam recently released movies to inches-thick televisions that hang on walls. All you have to do is press a few buttons on your remote control and your home is a cinema. And, with a couple of words to your virtual assistant, you can order a pizza that arrives in time for the start of the movie.

In the field of healthcare, advancing knowledge of the immune system promises new cancer treatments that go to the source of the disease. Nanotechnology eventually will allow inconceivably small machines to clean out congested arteries like a plumber's snake. And the human genome project begins to solve the mysteries behind countless inherited diseases. Sure, the world still has plenty of problems, but solutions for many of them lie on the horizon.

Yet the World Health Organization paints a less optimistic picture. It estimates that on any given day, 264 million people worldwide suffer from depression. Over the course of a year, about 10 percent of the world's population suffer from an episode of depression. Depression rates continue to increase. And most experts believe that the increase is real — not just a result of more people seeking help.

Theories abound concerning the alarming increase in depression today. But regardless of the cause, this scourge robs its victims of happiness, joy, and the capacity to give and receive love.

The good news is that more weapons exist for defeating depression than ever before. Clinicians have devised new psychotherapies that have been verified as effective in treating depression and preventing relapse. Medications, methods of stimulating key nerve centers, and other psychotherapies continue to be refined and developed. The majority of people no longer need to suffer with long-standing, intractable depression.

## ***About This Book***

We have two primary goals in writing this book. First, we want you to understand the nature of depression.

Understanding depression makes the idea of dealing with it less frightening. Second, we present what you're probably most interested in discovering — how to overcome your depression or help someone you love who has depression.

We leave no stone unturned in our quest to bring you every possible means for battling depression. We draw strategies for defeating depression from the fields of medicine and psychotherapy. We tell you about the arsenal of medications and other strategies that can combat depression. We show you how focusing on your overall health with exercise and nutrition can pay off. Plus, we extract elements from the psychotherapeutic approaches that have stood up to the tests of rigorous research and been verified as highly effective treatments for depression. These approaches include

- » Cognitive therapy
- » Acceptance and commitment therapy (ACT)
- » Behavior therapy
- » Interpersonal and relationship therapy

Then we go one step further. We turn to the field of *positive psychology* for ideas on navigating your way from feeling *good* again to feeling *even better*. We want you to make your life more joyful and more meaningful.

*Depression For Dummies* offers you the best advice available based on scientific research. We believe that, if you practice the techniques and strategies we provide in this book, you'll very likely feel better. For some people, this book may be a complete guide for defeating mild depression. Numerous studies show that self-help often works.

However, depression frequently needs more care and attention than you can receive through self-help. If your depression significantly hinders your ability to work or play, you need to get professional help. No book can completely replace therapy. Start by seeing your family doctor. If you're seeing a therapist or counselor, you may find that *Depression For Dummies* can help augment your therapy. Be sure to discuss that possibility with your therapist. Depression can be conquered, so please don't give up.

## ***Foolish Assumptions***

Who would want to read this book? We assume, perhaps foolishly, that you or someone you love suffers from depression. We also figure that you want to banish depression from your life. Finally, we imagine that you're curious about a variety of helpful strategies that can fit your lifestyle and personality. If these descriptions strike a chord, this book is for you.

On the other hand, you may be a professional who is looking for a good, easy-to-understand resource for your patients who suffer from depression. Readers over the



years have told us that our *For Dummies* books on mental health issues have been helpful in both their recovery and their understanding of what they're dealing with in therapy.

## *Icons Used in This Book*

Throughout this book, we use icons in the margins to quickly point out different types of information. Here are the icons you'll see and a few words about what they mean.



**REMEMBER** As the name of this icon implies, we don't want you to forget the information that accompanies it.



**TIP** This icon emphasizes pieces of practical information or bits of insight that you can put to work.



**WARNING** This icon appears when you need to be careful or seek professional help.



**TECHNICAL STUFF** This piece of art alerts you to information that you may find interesting, but not reading it won't put you at a disadvantage in the battle against depression.

## *Beyond the Book*

There is a free Cheat Sheet available online. Go to [www.dummies.com](http://www.dummies.com) and type “Depression For Dummies Cheat Sheet” in the Search box. The cheat sheet gives you signs that you may be depressed, some depression dos and don’ts, as well resources to get professional help.

## ***Where to Go from Here***

Most books are written so that you have to start on page one and read straight through. But we wrote *Depression For Dummies* so that you can use the detailed Table of Contents to pick and choose what you want to read based on your individual interests. Don’t worry too much about reading chapters and parts in any particular order. Read whatever chapters apply to your situation.

However, we suggest that you at least skim [Part 1](#) because it contains a variety of fascinating facts as well as important ideas for getting started.

In addition, the more severe your depression, the more we urge you to start with [Chapter 5](#) and continue with [Part 3](#). These chapters contain a variety of ways for overcoming the powerful inertia that keeps severely depressed people from taking actions. After you read those chapters, feel free to continue picking and choosing what topics you want to explore.

## **Part 1**

# **Discovering Depression and Preparing a Plan**

## **IN THIS PART ...**

Understand the costs of depression.

Find out what depression looks like.

Figure out how to cope when bad things happen.

Take a closer look at ways to get help.

# Chapter 1

## Demystifying and Defeating Depression

---

### IN THIS CHAPTER

- » **Defining depression**
  - » **Calculating the costs of depression**
  - » **Treating depression**
  - » **Going beyond depression**
- 

Like solitary confinement, depression isolates those who experience it. Alone, fearful, and feeling powerless, sufferers withdraw. Hope, faith, relationships, work, play, and creative pursuits — the very paths to recovery — seem meaningless and inconceivable. A cruel, inhuman punishment, depression incarcerates the body, mind, and soul.

Though depression feels inescapable, we have a set of keys for unlocking the jail cell of depression that confines you or someone you care about. You may find that the first key you try works, but more often than not escape requires a combination of keys. We're here to help, and we have a ring of keys for you to try out. We also tell you how to choose a great locksmith (mental health professional) if you can't find the right key.

In this chapter, we clarify the difference between sadness and depression; they're not the same. Next, we show you how depression looks among various groups of people. We calculate the costs of depression in terms of

health, productivity, and relationships. We tell you about the treatment options for depression. And finally, we offer a glimpse of life beyond depression.

## *Just Singing the Blues or Depressed?*

Life delivers death, divorce, disaster, disease, disorder, disgrace, and distress. Inescapable and inevitable. Even if nothing else goes wrong, you're eventually going to die. Expecting to live a life absent of sharp episodes of sadness, despair, or grief is unrealistic. In fact, without times of sorrow, how would you truly appreciate life's blessings?

Yet, misfortunes and loss need not lead to depression. What's the difference? Sadness and grief lessen in intensity as time passes. (See [Chapter 2](#) for more information about grief and types of depression.) Sadness and grief may seem fairly overwhelming when they occur. But time does eventually heal (unless the grief turns into depression over time).



**REMEMBER** Unlike episodes of despair, depression involves deep feeling of guilt and loss of self-esteem. People suffering from depression feel hopeless, helpless, and unforgiving of themselves. Depression disrupts the body, often impacting sleep, appetite, concentration, energy, and sex. And depression profoundly diminishes the ability to love, laugh, work, and play.

*Depression* is a mood disorder in which a person feels profoundly sad, joyless, despondent, and unable to

experience pleasure. Depression comes in various types that have somewhat different symptoms. We describe these categories of depression in [Chapter 2](#), but all involve a low mood or diminished sense of pleasure.

## ***The Varying Faces of Depression***

Depression doesn't discriminate; it can affect anyone regardless of race, social class, or status. Typical symptoms of sadness, loss of energy and interests, low self-esteem, feelings of guilt, and changes in appetite and sleep appear in men, women, children, and the elderly. Such symptoms also manifest themselves across different cultures. However, a depressed preschooler may not exactly look the same as a depressed 80-year-old.

In [Chapter 2](#), we dissect the various categories of depression. In this chapter, we show you how depression looks in different people at different life stages. The cases we present in this chapter, and throughout this book, don't represent real people. However, they're loosely based on the people we've worked with in our collective careers.

### ***Young and depressed***

Depression can be found among children of any age, from preschool through young adulthood. However, preschoolers have relatively low rates of depression. Depression increases throughout childhood and is most common in adolescence.



**WARNING**

The rates of depression in children are likely underreported because parents and professionals often fail to recognize the problem. Children rarely spontaneously report depression to others. Instead, they more typically remain unaware of their feelings, which manifest themselves through changes in their behavior, appetite, and sleep.

**Mackenzie's** mom surprises her by bringing cupcakes to school on her eighth birthday. The teacher leads the class in singing "Happy Birthday," but Mackenzie barely smiles. After quickly devouring the two overloaded trays of cupcakes, the kids all race out to the playground for recess. Mackenzie trails behind.

Mackenzie's teacher approaches her mother, "I'm concerned about Mackenzie. She seems quiet and less interested in her schoolwork. I often see her alone on the playground. She doesn't raise her hand in class like she used to, either. Is something wrong?"

When children are depressed, they lose interest in activities that they previously enjoyed. If you ask them if they're sad, they may not be able to connect their feelings with words. However, they will show various signs of depression, such as low energy, sleep problems, appetite changes, irritability, and low self-esteem.

## **KIDS, DEPRESSION, AND OBESITY**

In a study reported in the journal *Pediatrics*, more than 9,000 teens participated in a study on the relationship between depression and obesity. The researchers gave the kids a questionnaire that measured depression and calculated their body mass index (BMI), a measure of obesity. They assessed the kids once again a year later. Kids who were obese and depressed at the



first assessment tended to become more obese by the second assessment. Kids who were not obese at the first assessment, but were depressed, had double the risk of becoming obese a year later. Much remains to be discovered about exactly how depression may increase this risk of obesity; however, these findings underscore the importance of addressing depression when it occurs.



TIP

Watch children at play for subtle signs of depression. Depressed children may weave themes of death or loss into their play. All children's play includes such themes on occasion, but dark topics show up more often in kids who are depressed. You may need to observe kids over a period of time because their moods change. They may not look as continuously depressed as adults with depression. Their moods may fluctuate throughout the day. Consult a professional if you have any doubts.

## ***Depression in seniors***

Some people view old age as inherently depressing. They assume that upon reaching a certain age, quality of life deteriorates. In fact, there is some truth to these assumptions: Old age brings increases in illness and disability and losses of friends, family members, and social support. Therefore, *some* sadness is to be expected.



TIP

Nevertheless, depression is absolutely *not* an inevitable consequence of old age. Most symptoms of depression in the elderly mimic those of depression in anyone. However, the elderly are a little more likely to focus on aches and pains rather than

feelings of despair. Furthermore, they commonly express regret and remorse about past events in their lives.

Depression interferes with memory. If you notice increased memory problems in grandpa or grandma, you could easily chalk the problem up to the worst-case scenario: Alzheimer's or dementia. However, such memory problems also occur as a result of depression.

And depression in the elderly increases the chances of death. Yet, if asked about depression, elders may scoff at the idea. Denying depression, the elder person may not get needed treatment.



**WARNING** Elderly men are at particularly high risk of suicide. Men older than 60 are more likely to take their own lives than any other combination of age and gender. If you have any doubts, check the possibility of depression with a doctor or mental health professional.

## ***Real men don't get depressed, or do they?***

Most studies show that men get depressed about half as frequently as women. But then again, men tend to cover up and hide their depression; they feel far more reluctant to talk about weaknesses and vulnerabilities than women do. Why?

Many men have been taught that admitting to any form of mental illness or emotional problem is unmanly. From early childhood experiences, these men learn to cover up negative feelings.

**Scott** looks forward to retirement from his job as a marketing executive. He can't wait to start traveling and pursuing long-postponed hobbies. Three months after he retires, his wife of 20 years asks for a divorce. Shocked, yet showing little emotion, Scott tells his friends and family, "Life goes on."

Scott starts drinking more heavily than usual. He pursues extreme sports. He pushes his abilities to the limit in rock climbing, hang gliding, and skiing in remote areas. Scott distances himself from family and friends. His normal, even temperament turns sour. Yet Scott denies the depression so evident to those who know him well.



**REMEMBER** Rather than own up to disturbing feelings, men commonly turn to drugs or alcohol in an attempt to cope. Some depressed men express anger and irritation rather than sadness. Others report the physical signs of depression, such as lack of energy, poor sleep, altered appetite, and body aches, but adamantly deny feeling depressed. The cost of not expressing feelings and not getting help may account for the fourfold greater rate of suicide among depressed men than women.

## ***Women and depression***

Why do women around the world appear to suffer from depression about twice as often as men? Biological and reproductive factors may play a role. The rate of depression during pregnancy, after childbirth, and prior to menopause is higher than at any other time in women's lives.

However, cultural or social factors likely contribute to women's depression as well. For example, women who have been sexually or physically abused outnumber men with similar experiences, and such abuse increases the likelihood of depression. Furthermore, risk factors, such as low income, stress, and multiple responsibilities like juggling housework, childcare, and a career, occur more frequently among women than men.

**Janine** gently lays her baby down in the crib. Finally, the baby has fallen asleep. Exhausted after a challenging day at work, she desperately longs to go to bed herself. But, laundry waits, the bills need to be paid, and the house is a disaster. Six months ago, her husband was called to active duty in the Army Reserves and life hasn't been the same since. Janine realizes her overwhelming fatigue and loss of appetite are due to depression setting in.

## ***Depression and diversity***

Everyone experiences depression in unique ways. Attempting to generalize about depression based merely on ethnicity or membership in a certain group can lead to misperceptions. But risk factors for depression include discrimination, social ostracism, poverty, and major losses (like loss of a job or loved one). And unfortunately all these risk factors occur more frequently among minorities. Being different may take the form of race, culture, physical challenge, or sexual orientation.

In addition to these risk factors, many groups face special obstacles when dealing with depression. For example, some ethnic populations have limited access to mental health care because of language differences, embarrassment, economic difficulties, and lack of nearby

facilities. More resources designed at helping these groups access care are clearly needed.

## ***Adversity and depression***

People who undergo traumatic events (especially repeatedly) have an increased risk of depression. For example, the social isolation that came during the pandemic increased rates of depression and anxiety. Those who experience chronic financial difficulties can easily succumb to a sense of hopelessness and depression. Those who live in high-risk areas such as forests in western states and coastal areas vulnerable to extreme weather events such as hurricanes may also be susceptible to higher risks of depression.

# ***Adding Up the Costs of Depression***

Depression has existed since the beginning of humankind. But today depression is a worldwide epidemic. No one knows why for sure, but the risk of depression for those born after World War II has mushroomed.

Estimates vary considerably, but today depression appears to hover around 20 percent of all people over the course of a lifetime. Furthermore, in any given 12-month period, about 10 percent of the population experiences an episode of significant depression. And at this very moment, the World Health Organization estimates that 264 million people are suffering from depression throughout the world. That's an awful lot of people.



TIP

Guess what? Estimates on depression are only rough approximations. Because most people with depression fail to seek treatment and many folks with depression don't even realize they're depressed, reliable statistics are few and far between. Whatever the real figures are, huge numbers of people suffer from depression at some point in their lives. And depression has all kinds of costs associated with it.

### ***Financial costs of depression***

The World Health Organization (WHO) has created a statistic called the Global Burden of Disease (GBD) that puts a number on the worldwide economic cost of various diseases. Depression is now one of the top-five largest contributors to the GBD.

The financial cost of depression is staggering. In the United States alone, the American Psychiatric Association pegs the price tag of depression at \$210.5 billion per year.

Where do these costs come from? Depressed people miss work more often and get less done when they do work. Parents of depressed kids may have to miss work to get their children to treatment appointments. Treatment also represents part of the total tab, but remember that alleviation of depression increases productivity, reduces absenteeism, and reduces medical costs.

### ***Previewing personal costs of depression***

Economic facts and figures do little to describe the human costs of depression. The profound suffering