“DEAR DICK” - DEPRESSION

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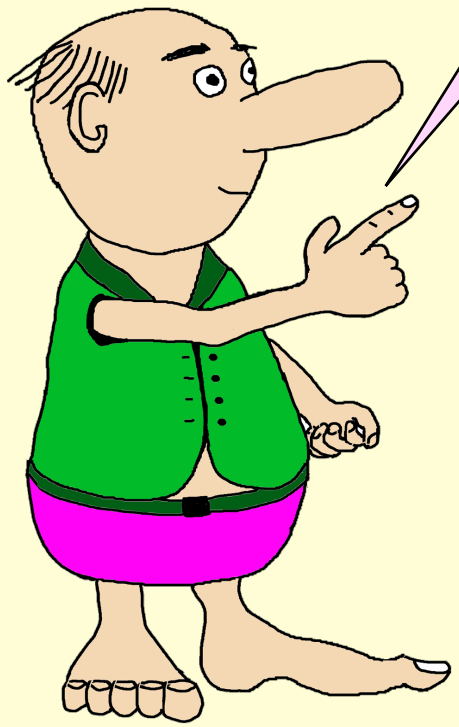
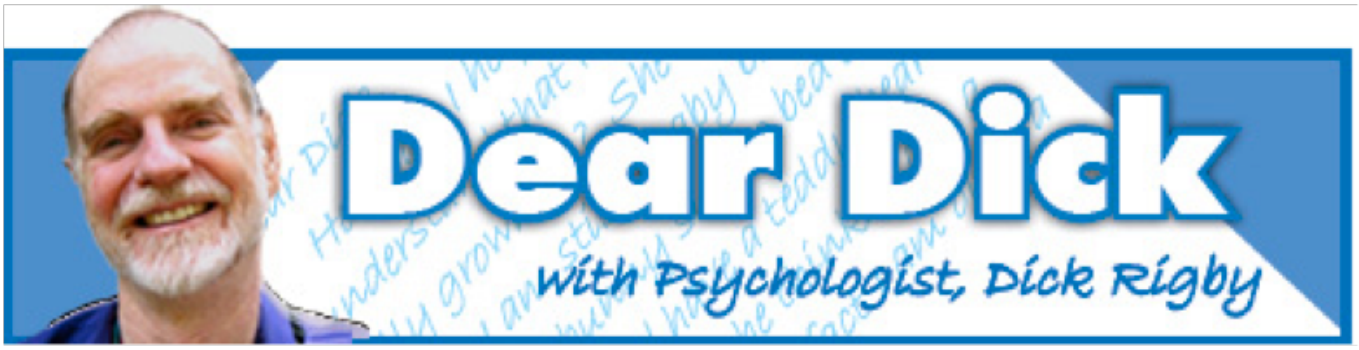
Chapter 1. Burnout





"Burnout"
October 2002

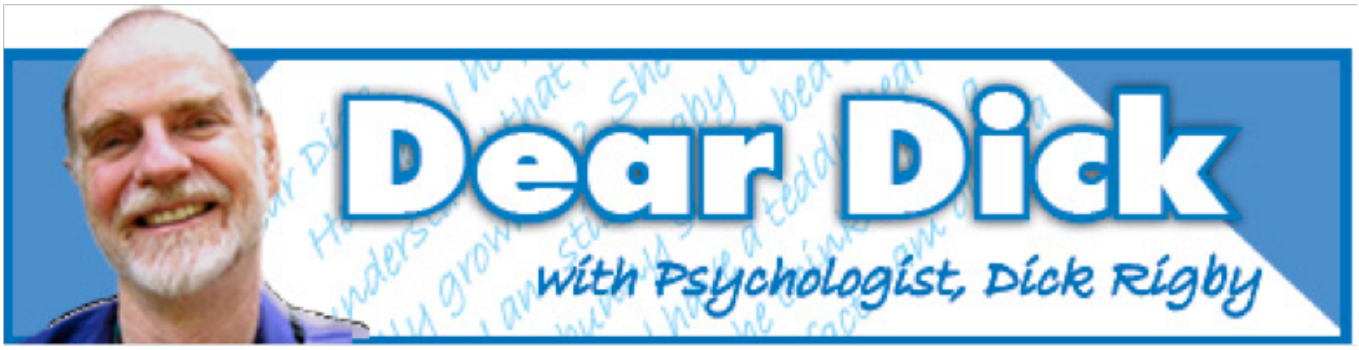
The term "burnout" is used a lot now days. But what does it mean and how can you catch it? Burnout is a state of mental exhaustion. It usually results from working too hard. You can catch it in one of two ways. Firstly it can happen when circumstances pile too much on your plate. For example, you are flat out at work and that is the time your child develops pneumonia and someone decides to sue you.

The second way that you can catch it is to have poor boundaries. You say "yes" when you should be saying "no". For instance, your boss drops another pile in your in-tray and says it has to be ready by Friday. You should say no, but you feel sorry for him and he is already under a lot of stress himself. So you take on the extra job.

How do you recognise the early warning signs? The signs are; fatigue, inability to relax, little things get you down and there is little or no joy in your life. You may be starting to make silly mistakes and forgetting things. You may even be suffering from depression. You feel exhausted, but you don't sleep well. You never feel rested. Yo may be drinking too much. Also, you may be short tempered and snappy and you don't enjoy doing things with other people.

What to do about it? If you don't take some action, you can put your health at serious risk. Your immune system will be lowered by stress and you run the risk of coming down with something serious. Sometimes, taking your holidays at this point can be helpful, but this may not be always possible. It's time to take an honest look at your life. Ask the question; Is the way that I am doing things contributing to my burn out? If the answer is yes, you may be in for making some tough decisions about change.

You may have to put limits on what you agree to do. Take a look at improving the balance in your life. Try and achieve a fairly even balance between work, recreation and sleep. Changes in life style are often difficult to make. If you are a people pleasing person, it may be very difficult to learn to be assertive and say "no" when it is necessary. If you don't make these changes, you may pay a high price with your health and relationships.



“More about burnout”
January 2003

The “Dear Dick” article on burnout in the October issue generated a lot of interest. We are now at that time of year when most of us are feeling stressed out. As I wrote last time, burnout is a state of mental exhaustion.

As you review the year that was, you may resolve to make sure you are less stressed in the year to come. Good idea, but how can you do it? If you want to succeed, you must change your pattern.

Let me tell you about two people I know. Peter is a compulsive worker and Alison procrastinates. Peter fills his life with work. He always has too much to do. His in-tray is like the “Magic Pudding”; as soon as he finishes one task, his in-tray magically fills up again.

Peter is motivated by guilt but he doesn’t know it. At a conscious level all he is aware of is that he must keep working or he feels uneasy. His feelings of guilt are run at a subconscious level. As a child, he learned that his sense of self worth was determined by how much he achieved.

Alison is just as stressed at Peter. Her in-tray in just as full but for different reasons. Alison puts difficult tasks aside and keeps herself busy doing “this that and the other”. As a result, the difficult tasks are left to the last minute and there is a mad panic to get them done. Very stressful.

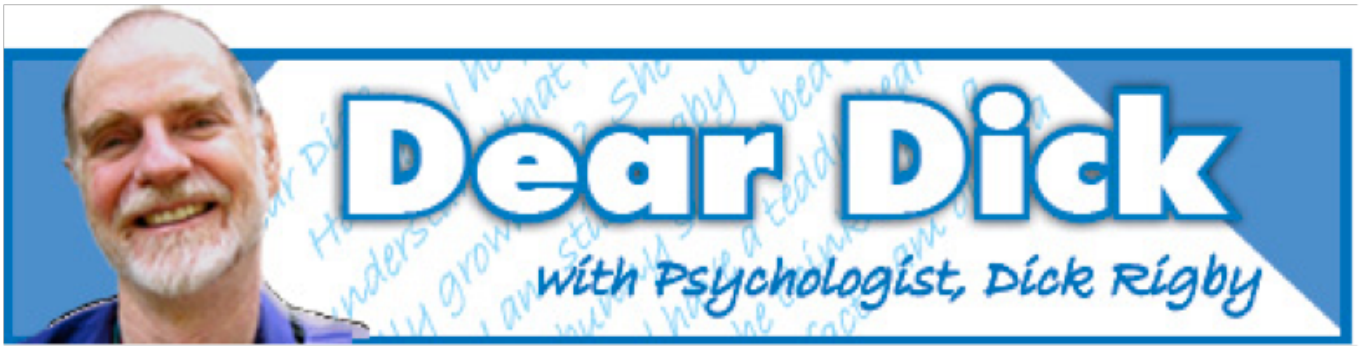
Alison is also not conscious of why she does this. All she knows is that she can’t seem to get things done on time. Her subconscious issue is that she is afraid of judgement. When she procrastinates, she doesn’t have to get a difficult task finished. Consequently she wont be judged on the result. She fears that what she does won’t be good enough.

Both Peter and Alison have made new year resolutions to make their lives less stressed. But it won’t work for either of them unless they know what is driving them. Peter will need to learn how to be more self aware to overcome his sense of guilt when he is not working. He can then feel more comfortable at the times when he is doing nothing.

Alison needs to work on her self esteem. As she becomes less afraid of negative judgment, she will be able to complete those difficult tasks on time.

Self awareness is power!

Chapter 2. Depression



"Depression"
April 2000

My husband suffers from depression. He takes Zoloft (an antidepressant) prescribed by our local GP. The drugs seem to help a bit, but he still has his periods of quite bad depression. We both don't like him being on this medication long term. I have heard that there are alternatives. Do you know about this?
Mrs K

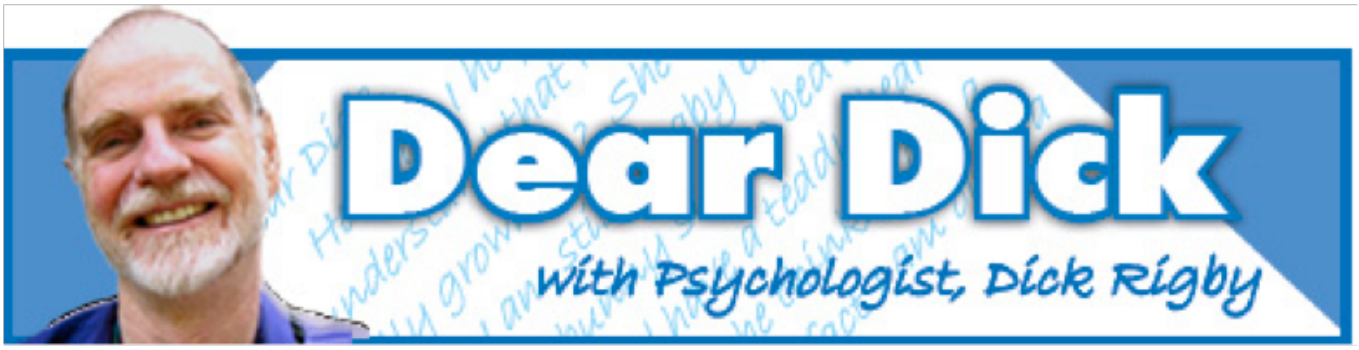
Dear Mrs K
Yes I do know about alternatives to medication for treating depression. But first a bit about antidepressants. Zoloft is one of a new group of antidepressant drugs called the SSRI's. They act on the nerve junctions (synapses) in the brain to increase the level of the chemical transmitter serotonin. In general, the more serotonin available, the less depressed a person feels. (This is a very simplified version of a complex process.)

These antidepressants have their place and can be very useful for a person who is suffering from severe depression. But they don't fix any underlying psychological issues that may be causing the depression. They just treat the symptoms. That is why it is generally recommended that antidepressants are used in association with psychotherapy. Psychological guidance can help cope with depression whether the causes are mainly psychological or physical in nature. Depression is a shutting down mechanism. I describe it as "a strong feeling with nowhere to go".

Most psychologists help depressed people by helping them to find alternative coping strategies. Since depression is often an old "tried and true" coping mechanism, some depressed people are reluctant to experiment with new ways of coping. New ways may be seen to be more risky than staying depressed. But if a sufferer is determined enough to get undepressed, then they can and they will.

I have found that clients who make progress in finding alternative ways of coping, will wean themselves off the antidepressants with no side effects. A case comes to mind. Jack was a 41 year old man working in a job that he hated. He felt that he couldn't change jobs, because he might get into something worse. His depression increased until he began to feel suicidal. The problem with his depression was that it resulted in his thinking becoming more and more distorted. He also lost the energy to do anything about his situation.

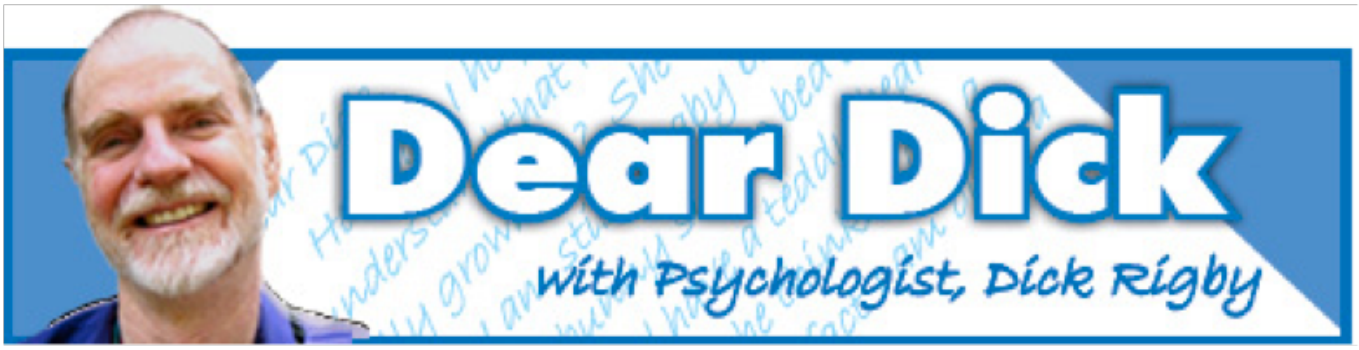
In therapy, he was able to stand back from his problems and see that there were ways through the swamp. He slowly came out of his depression enough to make the move to find a better job. Jack is now in a job that he likes and is free of depression. Yes there are better ways than just relying on antidepressants.



“Emotionally distraught mother”
April 1998

I was reading the Bulletin last month and in it I saw your column answering questions from readers. I think it's a great idea for local readers to be able to access a helpful service. I have a query that you may be able to help me with.
My mother is an elderly woman who lives alone. My father passed on several years ago, and for the first two years after his death she was fine enough. Now she has sunk into a deep depression that we cannot seem to lift her from. We all love her very much, but nothing seems to help, and now she won't leave her house. She is quite good physically, and has all her faculties, but emotionally she is distraught, and has become obsessed with things in her life. She has had "shock treatment" but even that does not work anymore. Is there anything we can do to help her?
J M

Dear J M.
This is a very distressing situation that you describe. You mentioned that your mother has received shock treatment. I presume that she is also on antidepressant medication.
Depression like this can have many causes. In an elderly person, there could be the beginnings of brain deterioration, but from how you describe her in your letter, this may not be the case.
My guess is that her depression is a delayed reaction to her husband’s death. Sometimes people (particularly the elderly) have a long period where they are unable to really accept that their loved one has gone, and when it sinks in, the person becomes quite depressed.
From a psychological point of view, depression is an emotional “shut down” reaction. In other words, your mother may be stuck in one of the stages of grieving and unable to move on. Often developing obsessions and fears (such as agoraphobia) can be symptoms accompanying depression
She would almost certainly benefit from talking to a suitably qualified psychotherapist (such as a clinical psychologist) to assist her to move through the normal grieving processes. The therapist would need to find out what is going on for her at a sub-conscious level and help her start to look at things differently. This is called “reframing”.
A rehabilitation program would need to encourage her become actively involved in a hobby or some community activity. Singing and other forms of music therapy can be very useful here.
I believe that shock therapy should only be used as and absolutely last resort after psychotherapy such as I have described has been given a really good chance.
The love and support that your family offers your mother will be very beneficial to her recovery.



"More about depression"
August 2000

More and more the topic of depression seems to be in the news. I wrote about depression in last April's edition of the Local Bulletin. I want to say some more about this very important topic. As I mentioned in the other article, depression is a shutting down mechanism. It is "a strong feeling with nowhere to go". It is often a "tried and true" coping mechanism that may be out of date.

Depression can come to anyone where they see a situation to be hopeless. Depression is a natural adaptive response to shut down when there does not appear to anything productive or useful to do. Depression is usually organized at a subconscious level, and sometimes a person can be quite depressed and not know that they are.

Common symptoms of depression include a general lack of motivation and energy, reduced interest in daily activities, a change in sleep pattern (either sleeping too much or too little), significant weight loss or gain, feelings of worthlessness and inability to concentrate. It makes a pretty depressing reading, does it not? There can be other symptoms that indicate a person is depressed.

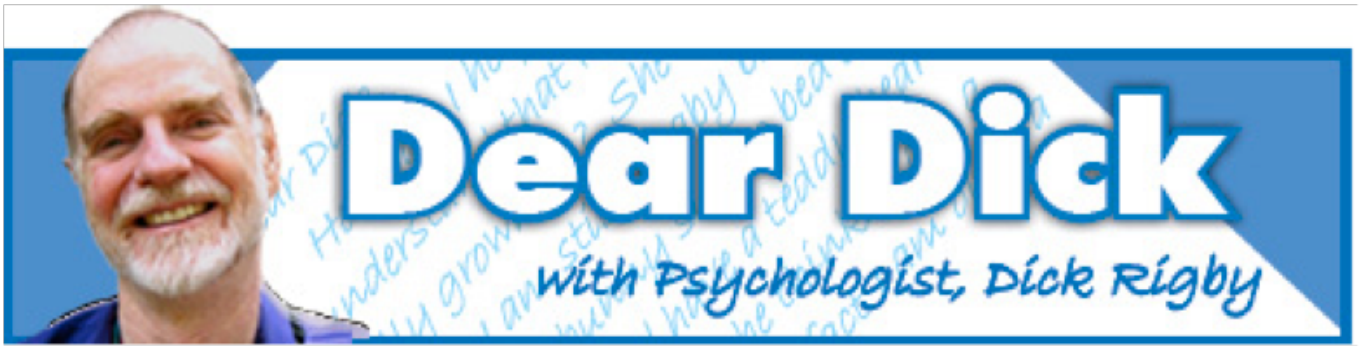
It can be a very debilitating disorder and can be costly in terms of suffering, loss of working hours, medical intervention and even loss of life. It is worth treating depression in the early stages.

When I am treating a person with depression, I try and find out what are the underlying causes. Sometimes these causes are well hidden. You cannot do much to fix the depression if you don't know what is causing it.

Some people will self medicate their depression with alcohol or other drugs. Alcohol works well on the short term, but doesn't do anything to address the underlying causes, and it usually makes the problem worse.

Depression can result from being too afraid to make a move. Take the example of John. He was a 23 year old man living at home. He was not happy living there. But he had overwhelming anxiety about moving out to live on his own. When he saw a psychologist, he learnt to overcome his fear of moving out. As soon as he made the move to share a flat with a friend, his depression lifted.

Sometimes, depression is a message telling us about the change we have to make.



"Upset caller"
March 2006

Last year I received a phone call from a lady upset about an earlier "Dear Dick" article. In the article, I talked about a person called Dianne who was a chronic pessimist. I said that pessimism is like an addiction. It is a way of avoiding looking at things the way they really are. Dianne distorted reality in order to fit her subconscious theory that it will all end in tears.

I recommended that Dianne admit that she been distorting to make things appear worse than they really were. I also recommended that Dianne tested the reality of her perceptions by bouncing her reality off trusted people and really listening to the feedback that she gets.

The caller was upset because she said that I didn't understand what it was like to be depressed. She objected to me saying that depressed people lie to themselves.

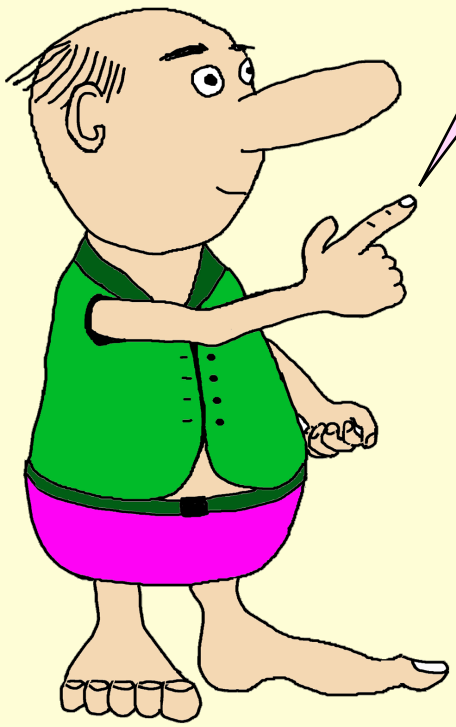
I can understand why she was upset. But the point of my article was to challenge people who are chronically pessimistic and depressed to really examine their belief systems. Depressed people do distort reality. That is the nature of the disease. A big part of the psychological treatment for depression is to learn how to be more positive.

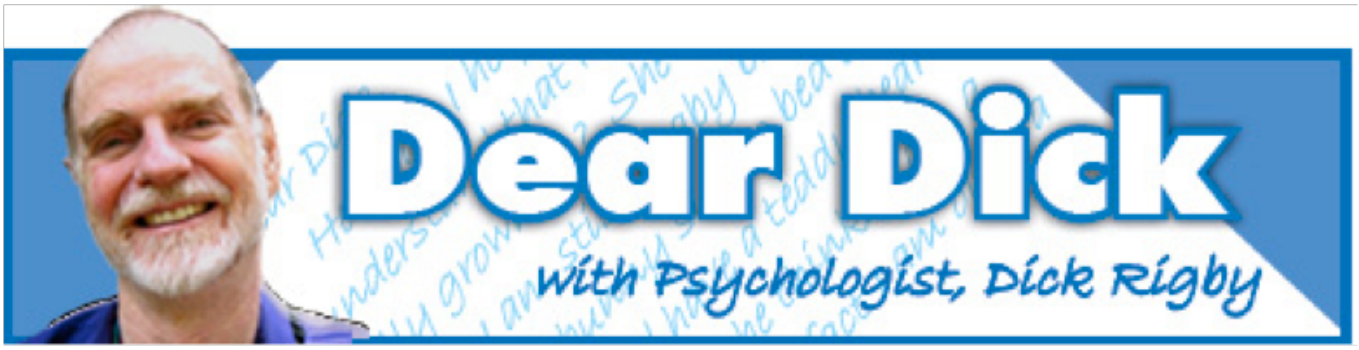
Circumstances can trigger depression. For example, Larry had been diagnosed with terminal prostate cancer. He was in pain. He had good reasons for being depressed - but he wasn't. He learned how to remain positive. He chose to make the best of his remaining time with his family and loved ones.

Depression is different from grieving. Grieving is a way of dealing with bad news. Grieving is a process we can move through. Depression is about being stuck.

The challenge for depressed people is to learn how to challenge any false belief that runs the depression. It is very hard to do this on your own.

Chapter 3. Antidepressants





"Antidepressants; blessing or curse "
June 2005

I'm going to go out on a limb here. I think that antidepressants are over used in our society. I am talking about the SSRI's (Selective Seretonin Re-uptake Inhibiters) group of drugs. There has been a lot of concern in the press lately about how these drugs are being prescribed. There is particular concern for children being put on these drugs.

My worry is about their long term use. I do not have a problem with a person who has acute depression taking a short course in the SSRI's, provided that they also receive counselling from a professional fully qualified in psychotherapy. In some circumstances the SSRI's can be a life saver. I don't want to see these drugs restricted. I just want to see them used more carefully and always in conjunction with psychotherapy.

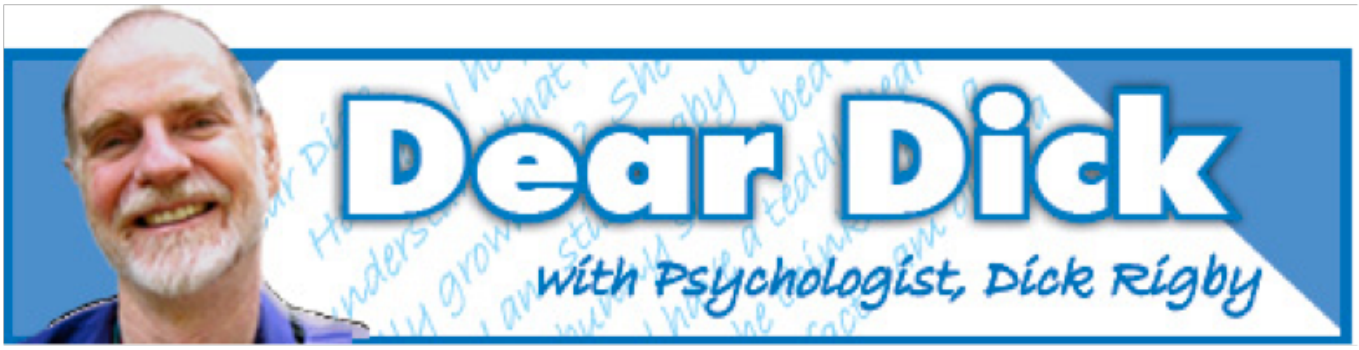
Some clients have come to me having been on these drugs for years without receiving any psychotherapy. I am most concerned abut this situation. The problem with these drugs is that they work. They work too well. They boost the serotonin in the brain which makes a person feel better.

But the underlying causes of the depression are never dealt with by these drugs alone. These causes need to be dealt with in psychotherapy. I have treated many clients who have been taking these drugs for long periods of time. They have not had good outcomes. These clients have become dependent on the antidepressant chemicals and seem to have lost some of their ability to solve the underlying problems.

In my experience, I have observed that these drugs lead to a "dulling down" of the thinking process. People seem to loose their focus in relation to problem solving. I have heard the same story many times from clients on long term SSRI's. When they report to their doctor that their medication is not working and they are feeling more depressed and/or anxious, more often than not they will be prescribed a higher dose of SSRI or have their medication changed to a different type of SSRI. I would like to see people ask the question "Is the long term use of antidepressants creating more problems than it is solving"?

I can understand the doctor's dilemma. If they recommend a person comes off the SSRI's and that person suicides or becomes severely depressed, then the doctor could be held liable. That tends to make drug withdrawal protocols very conservative.

I believe that we need to shift the emphasis away from a quick fix chemical solution towards the hard work of problem solving.



"Gratitude"
September 2005

There is one antidepressant I can strongly recommend. It's good. It's really good.
The problem is that it hasn't had a lot of publicity. The reason is that the pharmaceutical companies are not making any money out of it. Therefore these is no expensive advertising budget or subsidized conferences for doctors and phamacists.

That's the bad news. The good news is that "Gratitude" is widely available. You can get it almost anywhere. First some background. When you get depressed, everything seems bleak and hope disappears from the horizon. It seems like the world is against you. "Why me" you ask? "Why have I been singled out for such rough treatment?"

When you feel depressed, your feelings are real. No doubt about that. You are not bunging them on. Why would you? (Well some people might, but not you.)

Here's the catch. Even though the feelings are real, they are usually based on a distorted view of reality. When people are depressed, they tend to see the negative things in life and ignore the positive. Everything goes through a "black filter". Reality gets distorted. As a result of this process you end up telling yourself lies.

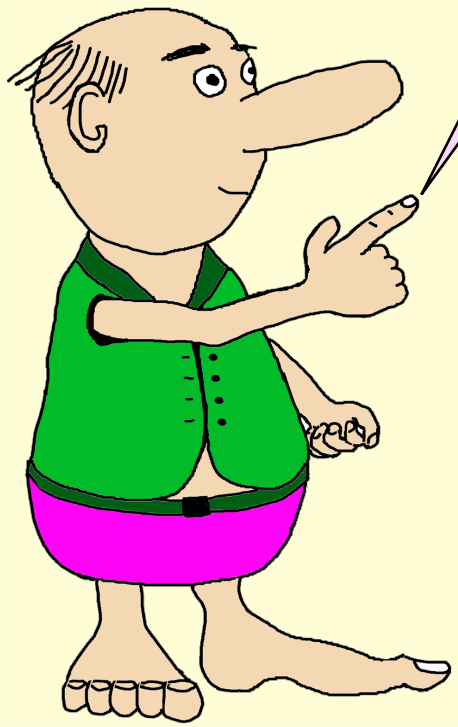
Depressed people wake up in the morning often dreading the coming day. They know it's going to be miserable and sure enough, that's the way it turns out. If you suffer from depression, I am recommending a three step recovery program. The first step is to admit that you are lying to yourself in certain areas. This is usually very difficult to do, particularly when you really are going through a rough time.

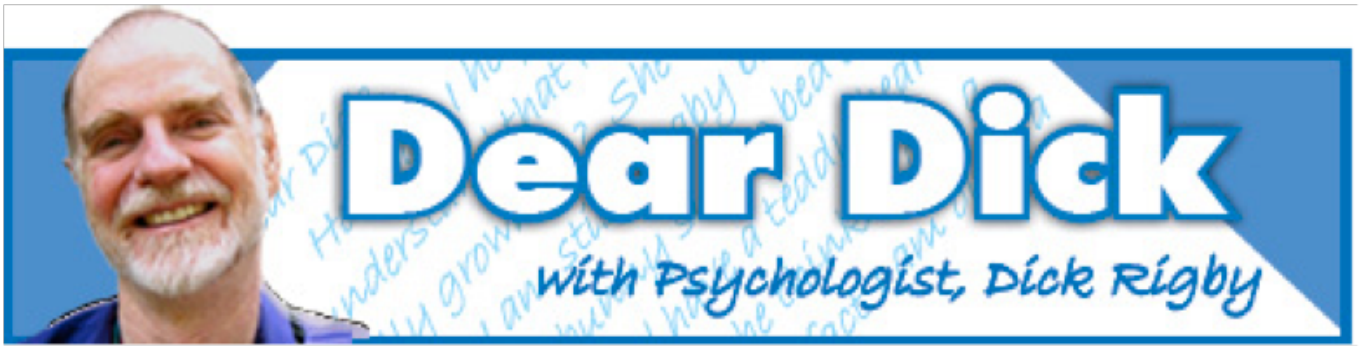
But depression is more than just a reaction to hard times. It is a dysfunctional reaction to hard times. Depression is being stuck and you filter out the positive things that are happening in your life. This nearly always involves dishonesty. When you admit to the dishonesty in the way you filter information, you can move on to the next step.

The next step is to take a mega dose of "Gratitude". Look around and see all that you do have and be grateful for it. Be careful not to block the use of gratitude with the black filter. The third step is to look and what changes need to be made in your life. If these changes seem overwhelming, get some professional help to work out strategies.

In summary, remove the "black filter", be grateful for what you have, and do something about making changes. It's not easy, so ask for help if you need to.

Chapter 4. Suicide





"Suicide attempt"
May 1998
Recently our family went through a very distressing time. Our youngest daughter is 16 and she attempted suicide (by taking pills) after her boyfriend broke off the relationship. They had been going steady for nearly a year. My daughter was admitted to a psychiatric hospital ward and kept there few a few days. She saw a psychiatrist several times and she said that this was of some help.
We want to know what is the best thing to do now. My daughter had always been such a happy child and our family has been a loving one. After the suicide attempt, we read her diary and got quite a shock about what was written in there. She wrote about her unhappiness over a couple of months. We didn't know about it. In hindsight, the only clue was that she spent a lot of time in her room. She always had a smiling face.
We want the best for her. I hope that you can help
Mrs P

Dear Mrs P.
I am really pleased to read that your daughter's attempt at suicide was unsuccessful. In the aftermath of this near disaster, there is much that can be done to help your daughter.

You said that she always had a smiling face and was a happy child. This smiling face may be a mask worn by your daughter so that people cannot see the pain behind the mask. She may be the sort of person who helps others, but never asks for help for herself. She may feel guilty about "burdening" others with her problems. She might say that other people's problems are much more serious than her own. When a crisis like her boyfriend leaving her comes up, she may have felt that she had no one that she feels able to talk to.

I believe that it is important she is able to discuss what happened at some length with a qualified therapist. She should receive ongoing counselling until such time that she has developed the coping skills to deal with a similar situation in the future. It can take from a few sessions to several months to sort matters out.

As well, it is usually a good idea that both parents and sometimes other members of the family be involved with your daughter's therapy. A family therapist can help facilitate this. One aim would be to improve communications within the family, so that there are more opportunities for family members to discuss issues in the future.

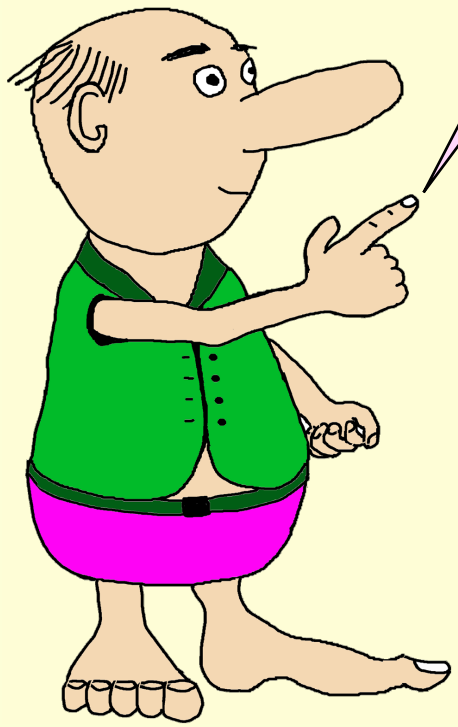
Often after the tragedy of a youth suicide, parents and family members feel traumatised with guilt about not seeing the warning signs. Nearly always there are warning signs, but they are often subtle. A suicide attempt is nearly always preceded by a period of depression.

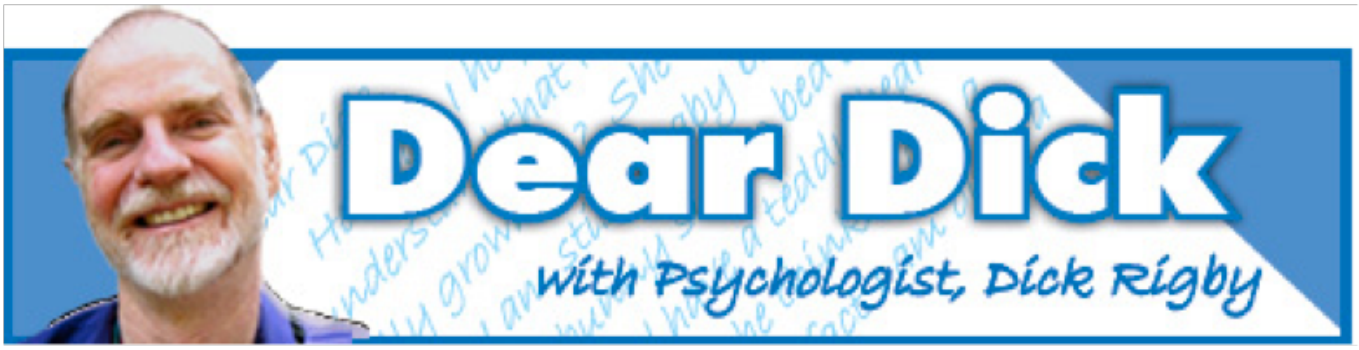
The signs of depression include changes in eating patterns, sleeping patterns, lack of energy and motivation, signs of distress such as crying, withdrawal and mood instability. You said that

your daughter was spending more time alone in the bedroom. When you see an change like this, then it is time to ask her what is going on. If you get an angry reaction and she tells you to “stop bugging” her, it is probably an indication that something is going on.

For all parents, it is better to risk being a “nagging parent” than much worse consequences. If you have any doubts, seek the guidance of a psychologist or other suitably qualified therapist. It is better to be safe than sorry.

Chapter 5. Optimism





"I have a dream"
May 2004

"I have a dream……" (Martin Luther King). We all deserve to have a dream. We need a vision of the future to give our life meaning. How we see the future effects our quality of life.

Pessimistic people have negative dreams of the future. They tend to focus on the things that might go wrong. Their dreams are occupied with thinking of catastrophes so that they are well prepared when things go astray.

Sound good to protect yourself doesn't it? Not if it's overdone. If the dreams are too focussed on what might go wrong, we can become depressed. Arnold had been on the edge of depression most of his life. His mother and father were both pessimistic and they taught him their model. There was not a lot of laughter when Arnold was growing up.

When he started dating girls, his mum and dad would always wait up for him to get home just in case something went wrong. One night he was two hours late. By the time he got home, his parents had rung all the local hospitals and reported him missing to the police.

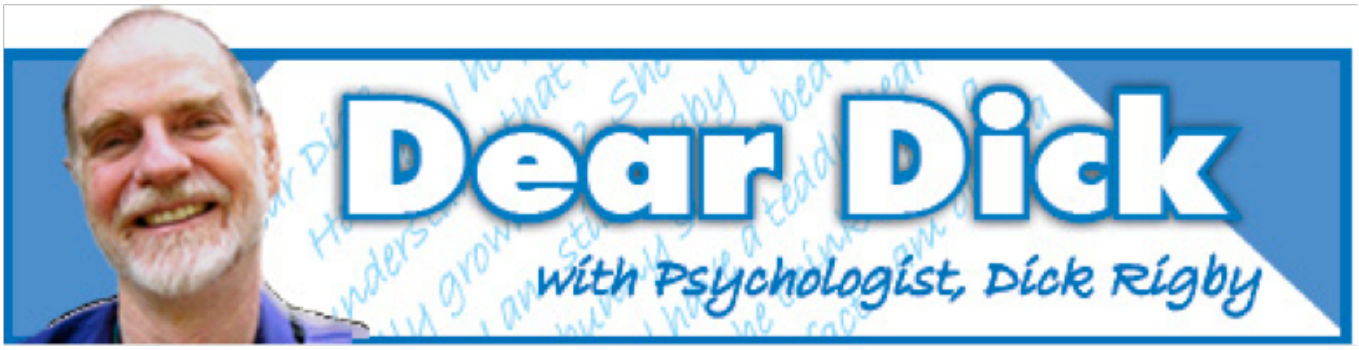
That's OK for concerned parents to act like that isn't it? Not really. They didn't enjoy life and didn't have any fun.

Arnold met Pat. Pat gave him hope. She taught him how to dream. She had wonderful dreams of the future. Most of them didn't come true, but it was fun dreaming them anyway. The dreams that did come true wouldn't have happened if Pat didn't dream them in the first place. Pat believed in her dreams.

Teaching Arnold to think this way was not easy. He had no experience with optimism. Pat taught him how to develop a vision of how he would like things to be. She taught him how to focus on the positive outcomes of his dreams and to look forward to them. She taught him how to protect himself if the dream didn't turn out the way he pictured it.

She taught him how to make changes as things developed. When things didn't work out, Arnold usually said "That's just my rotten luck. I always miss out". Pat taught him to take the positives from the situation and fit them into a new dream.

It worked. Arnold doesn't get depressed any longer and he looks forward to his dreams. We all need a little help some times.



"Pessimism the silent killer"
December 2004

Dianne believes that everything in her life will turn out badly. She has been a client of mine for quite some time now. She is afraid of life. Over the years she has had many friendships. She believes that they have all ended in betrayal or in some other form of disaster.

Maybe you are like Dianne, or you know someone who is like her. It is an awful way to run a life. For Dianne, when things work out O.K., she explains this as an accident or a temporary state before the inevitable disaster. She selectively gathers evidence that fits her theory that "It will all end in tears". She ignores evidence that contradicts this theory.

Studies have shown that pessimists live a shorter life than optimists and the quality of their life is poorer. Pessimism is often associated with debilitating depression and substance abuse.

I ask three questions about Dianne: If pessimism is such a lousy system, why is it so resistant to change? How did Dianne get to be this way in the first place? What can we do about it?

It is so resistant to change because it is run by a subconscious part and it is based on fear. The fear of change is really strong. The subconscious part believes that to adopt an optimistic view of life would expose Dianne to disappointment and hurt.

How did it start? Dianne's parents were both pessimists. They believed that there was a social catastrophe just around the corner. They lived on a farm where they tried to be self sufficient and kept isolated from other people. The psychological environment that Dianne grew up in was that of imminent disaster. Lots of fear.

What to do? Pessimism is like an addiction. It is a way of avoiding looking at things the way they really are. Just like any form of addiction, the person has to admit to the problem. Dianne has to admit honestly that she distorts reality in order to fit her subconscious theory that all will end in tears.

She has to say "I have been lying to myself for years, and I will not get better until I stop lying". The question Dianne then asks is "How do I know if I am lying or not"? The answer is to bounce her reality off trusted people and really listen to the feedback that she gets.

I am optimistic about Dianne's recovery.