

PART II

**COMMON PROBLEMS
RELATED TO MOOD:
MAJOR DEPRESSION**

Major Depression:
MR. CONWAY'S STORY

Nancy and I had been working together for over five years and I knew her well enough to be convinced of her good character. I had been thinking of talking to Nancy about what was going on in my marriage, but I was ashamed of the situation. I had been raised in a very conservative home, and my mother had always told me that the first rule for keeping a marriage intact is not to discuss your marital problems with anyone. I have carried this burden around for over a year and could not take it anymore. I finally convinced myself that I had to talk to somebody about it before I lost my mind. I concluded that I could trust Nancy.

We were on lunch break one day at a restaurant, and I broke down in tears. Nancy was shocked because that was unlike me; I have always presented myself as a very strong person. I told Nancy that I had a very deep secret that I have been reluctant to share with anybody for the past year. She was shocked because nothing has changed in my demeanor or attitude at work to make anybody suspicious that any serious problem could be troubling me. I told her that there had not been any physical intimacy in my marriage for more than a year. Nancy was shocked and asked me if I was saying what she was thinking. Relieved to be able to express this to someone, I confirmed to her that my husband has not been willing to have sex with me for over a year now. Nancy asked me how I have been dealing with the situation emotionally, and I told her that I have focused my energy on taking care of the children.

Nancy jumped up from her seat and said, "I know exactly what is going on; it must be another woman!"

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I told Nancy that I had secretly followed him for six months with a rental car and found no evidence or trace of another woman. Nancy suggested that we hire a private investigator and have my husband professionally investigated.

To our surprise, the private investigator came back with the same result that there was no other woman. Nancy then suggested that I should create more excitement into my marriage—buy more sexy nightgowns, use enchanting fragrances, and plan more romantic dinners. I took Nancy’s advice and tried all of the above, but nothing worked. In fact, my husband found ways to avoid going to a formal dinner outside of the house, or even having a special dinner with me at home. I was determined not to have an extramarital affair, so I planned to put all I could into our marriage and to ask for a divorce only if nothing worked.

Suddenly, I realized that I was primarily preoccupied with my own emotional neglect and feelings of rejection by my husband, and was not taking into consideration the totality of the picture of what was going on with him. I started paying more attention to some of the changes in my husband that I had refused to acknowledge.

My husband has always been generally very interested in his environment; he has always been the handyman around the house and has never believed in being idle or doing nothing when at home. Lately this same man was finding it difficult to do anything around the house. Even changing a light bulb was a challenge for him. He used to be an early riser, but gradually he had started sleeping longer, and now he was having trouble getting up in the morning or arriving at work on time. Thank heaven he has a flexible schedule; otherwise he would have lost his job.

Then I began noticing that he was gradually deviating from his usual routine, like watching the evening news and calling his family members at a certain time of the evening, especially his parents. He did not want to receive or make any phone calls, unless compulsory or an emergency. He started getting out of taking the kids to their activities, like soccer, basketball, and piano lessons. He used to be a fun dad with a lot of energy. He would wrestle on the floor with the kids, play in the yard with them, and take them to the park. Eventually he completely stopped playing with the children, who could not understand why Daddy was not spending time with them. He would be ‘spaced out’ at times, like he was in a different world. Essentially he was becoming completely disengaged from those around him; I was far from an isolated exception.

It was the last straw when he decided that we had to take our laundry to the dry cleaners. (One of the qualities that attracted me to my husband was his cleanliness and the fact that he always liked to do the laundry and ironing. I like to cook, but I was not too crazy about the laundry part of the domestic chores. I

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thought it would work out perfectly if I cooked and he cleaned.) I threw the worst temper tantrum and told him that we could not afford to take huge laundry loads to the dry cleaners with our already very tight financial budget. My husband responded in a sweet, low voice that he just did not have the energy to do the laundry anymore. It finally dawned on me that something was very seriously wrong.

In a panic-stricken state, I mentally considered a range of possible maladies. Maybe he has cancer? I hurriedly scheduled a complete physical examination with our primary care physician and also went to the appointment with him. To my surprise, the doctor mentioned that he has been calling the office a lot, complaining of discomfort and pain in different parts of his body, but he never kept any of the appointments that were scheduled for him. The doctor did a thorough work-up on him and also decided to assess him for depression. The doctor said that some of his complaints fit the perfect picture of a depressed person. The doctor gave him some questionnaires to fill out to assess him for depression. The conclusion was that he was severely depressed. He was immediately started on some medications, and the doctor also referred us to a psychiatrist for counseling and follow-up care. He went to some of the counseling sessions alone, and the psychiatrist suggested that I attend some with him.

I was shocked at some of the facts that came out during our sessions together with the psychiatrist. My husband mentioned that he had considered suicide several times when he felt so down and depressed. He said he could not go through with the suicide plan because of his family. He described his battles with feelings of grief and worthlessness inside and of not wanting to live. He said he thought he could beat it, only to realize that it was getting worse daily. He was able to share about how difficult it was to perform his daily hygiene such as showering and getting dressed for work, and how hard it was to make it through every single day at work. The only thing he wanted to do was to stay in his bed and sleep. He told the psychiatrist that he found himself drained emotionally all of the time, and he finally got to the point where he did not feel like living anymore. I had not realized the magnitude of the guilt and grief he was carrying because he could not live up to his own expectations as a father and a husband. Little did I know how close I had been to becoming a widow; he had made a suicide plan to shoot himself in the head.

He also stated that he felt like a failure in his professional life because he had not been functioning too well at work. He found it difficult to complete new assignments or to take on new projects, and he was terrified of losing his job and thus forfeiting his stable means of making a living. He worried about the financial

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and psychological damage of losing his job, especially on his family. He stated that some of the routine work he had been doing for years was easier to manage, but any new assignment was literally impossible for him to accomplish. Some of his co-workers had compensated for his deficiency because of the good working relationship they have all established over the years. The co-workers had also noticed that he had not been himself, but they hadn't known what to do.

We started the long road to therapy. The doctor suggested that if there was no improvement with medication and counseling, we should consider ECT (electroconvulsive treatment) or shock treatment. ECT usually helps to relieve the incapacitation symptoms of severe depression when all other types of treatment fail. Thank heavens for all the medical knowledge; my husband's story would have been a tragic story. He has had two major relapses since the first diagnosis, but he is functioning very well with medications and therapy. He had the shock treatment once, and it was very helpful.

My husband later revealed to me that two of his extended family members committed suicide when he was younger, but they were not formally diagnosed with depression. He said he never told me about it because he was ashamed, and the family was upset and embarrassed in their community because of such losses. In all of our years of marriage I had never been told about these events by any of his family members. With his newly gained insight, my husband now recognizes that his family members who ended their own lives were experiencing similar symptoms of severe depression, but sadly, were never diagnosed and treated.

Thankfully, we have our lives back now. We still have room for improvement, but what we have now is much better than what we had with the untreated illness, and our lifestyle is getting even better every day. He is not suicidal anymore; his ability to function daily has greatly progressed. Consequently, the intimacy in our marriage has been restored, and we have a wonderful love life again.

Having gone through this illness with my husband, I cannot but wonder how many people out there are facing a similar problem and how many lives have been lost to undiagnosed depression. I am very grateful for a second chance, especially since our family has a success story. The children are much happier now that their dad is more involved in their lives. He is at the children's school for the Father's Day breakfast, he goes on field trips with them, and he is on the sidelines cheering for them when they play sports on the weekends.

All of us tend to think of mental illness as someone else's problem; we do not want to believe it could happen to us. For my family, getting medical help was a lifeline. If our family story resembles yours, do something about it before it is too late. There are many helpful resources available to you, but help may not look for you unless you look for help.

Quotes of Encouragement...

As the wind blows harder and Mr. Conway's story sounds familiar to you, remember the following:

“Picture yourself vividly as winning, and that will contribute immeasurably to success.”

~ Harry Emerson Fosdick

If you believe you can never fail, you already maximize your chance of winning; if you indeed fail, you can always try again until you succeed because your mind is already set on success. Never, never give up! Don't lose the battle to depression; declare yourself the winner by tapping into every resource available for help until you beat the blues. Tell yourself over and over again that you can do it, seek the necessary help, and do whatever it takes to fight for your life; you deserve a life sentence with happiness and freedom, not a death sentence under six feet. (LB)

“He who does not hope to win has already lost.”

~ José Joaquin Olmedo

No matter what you are feeling or facing, don't give up; see your life as worth fighting for because you only have one chance at living. If you believe you can, you will. Believe you have won the battle against depression and you will find yourself pursuing the help you need to beat the blues. (LB)

“The first step towards getting somewhere is to decide that you are not going to stay where you are”

~ John J.B. Morgan & Ewing T. Webb

Don't give in to depression or it will never go away; you have a choice to not live with it by taking a positive step toward getting help and working toward recovery. Don't stay where you are; that place of hopelessness and helplessness is not a good place to be. Depression will deprive you of the joy of living and will keep you in a place of despair and sadness. Tap into the resources available to you and fight to beat this illness. (LB)

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Major Depression:
MRS. ANDERSON'S STORY

Mom was very active, full of energy, and always on the go. She kept the family together, cleaned the house, helped with our homework, went to all of our school events, planned family vacations, and took us to church every Sunday, just to mention a small part of Mom's routine when we were growing up. She was so much fun and had such a natural sense of humor that we never had a boring or dull moment in the house. Mom would make us laugh all the time. We all adored her, especially my dad.

We all grew up to be very successful, well-balanced adults with successful careers; and on top of that we all have wonderful families. We children always knew that Mom and Dad were proud parents. As much as they doted on us, they always stayed busy. Both of our parents worked until they reached the retirement age; Mom retired five years after Dad.

We started noticing the changes in Mom after we all left home; she was not as happy as she used to be. We would tease her about suffering from empty nest syndrome because all the children were grown and gone. When we were in college, she was devastated if we took a summer job away from home. Through the years after college, we all kept moving farther and farther away from home in pursuit of greater opportunities.

Our moving away from home had a profound effect on our parents, especially Mom. She was always her old self all over again whenever we all came home on major holidays such as Christmas, Thanksgiving, and Easter. We were all married with children, and we looked forward to getting together during the holidays. She

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would feel very sad after we left, and Dad would encourage her to take on more volunteer work in the community, especially since she no longer had a career on which to focus. Mom would complain that she was not seeing her grandchildren enough, but we could not help the situation much because we all lived very far away from home. I was the closest to home, and my house was at least a nine-hour drive away from our parents.

We would encourage Mom and Dad to come for visits to spend some time with us, but unfortunately, Mom had a phobia of flying, so she would not get into a plane unless it was a life-and-death situation. Unfortunately, long-distance driving became more difficult as they grew older. We also noticed that it was getting more difficult for Mom and Dad to keep up with maintaining the house and the yard. We suggested a retirement home, but they were not receptive. We then hired a maid to clean the house, and Dad contracted out the lawn maintenance. For a while the arrangement seemed to work well for everyone.

Our father's frequent phone calls were the first red flag that something was not quite right with our mother. He always told us that he was calling us privately without letting Mom know. He expressed great concern about her because she was always sad and was not herself anymore. We suggested that she see the doctor, but she adamantly refused, telling us that nothing was wrong with her. My siblings and I decided to take turns calling the house every night and also to have the grandchildren talk to our parents. Despite all of our efforts to stay more in touch with our parents, Dad still continued to call us privately, saying that Mom was always sad and she was getting less and less interested in things that she loved to do. We all made more frequent trips home and noticed that our presence was not even making Mom feel better. We did not know how to fix the problem because Mom refused to acknowledge the existence of a problem.

I was getting ready to go to work one day when I received a frantic call from my mom. She was greatly distressed and told me that Dad had just had a heart attack. I took the next plane home to be there for them. My other siblings also came home almost immediately. The doctor said that Dad needed surgery. Fortunately, the operation was successful, and Dad was able to go back home. We were unhappy to see that Mom's sadness worsened after Dad's surgery, because she was preoccupied with the fear that Dad might die.

Unfortunately, nine months after our father's surgery, her worst fear became reality; Dad died in his sleep. The entire community rallied around Mom, especially the church family. All of us children also took turns staying with her for a few weeks. After several months, everybody moved on with their lives, and she had to face the reality of losing her beloved husband on her own. We were all very

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devastated and were quite worried about how our mother would be able to cope with such a loss, knowing how close they had always been. Mom and Dad had been married for forty-eight years, and they were each other's best friend.

As we had feared, Mom was completely lost without her husband, and her depression took a worse turn. She had a very hopeless, helpless outlook on life, and gradually she took herself away from the few activities in which she was involved. We brought up the issue of a retirement home again, but Mom bluntly refused to go. She was stuck in her ways. When any of her children (myself included) invited her to come for a visit, she would agree to come, but would call at the last minute to say that she had changed her mind.

On one occasion after a very persuasive conversation on my part, she finally agreed to come on the bus to visit me. It seemed that she would really come this time, and we were all quite excited. She told all her neighbors that she was going to be out of town for few weeks to spend time with her son and his family. As usual, she called us at the last minute to say that she was not coming. Unfortunately, all of her neighbors and her church members thought she was actually away this time, and they stopped checking on her.

Mom stopped going out of the house; she stopped eating and completely neglected her hygiene. She was living in a filthy environment. The pets were not fed, and she answered her phone less and less. Whenever we finally did reach her, she gave us different excuses as to why she had not been able to come to the phone. By the tone in her voice, we knew that even when she did answer the phone, she did not want to be bothered.

The last straw was the time when one of us tried to reach her continuously for two days, but she did not pick up her phone. We panicked and called her neighbors to go and check on her. They were shocked when they got to the house and found her there, because Mom had told them that she was traveling to see her son for few weeks. Subsequently, I received a telephone call from a kind woman, asking me to come down immediately and to see the situation with my own eyes. I was shocked to see my mom when I got home. She had lapsed into major depression. She was wasted, filthy, and unkempt. All of the food in the freezer and the refrigerator had expired. I was dumbfounded to see my mother, whom I had always thought of as a perfect homemaker, living in such squalor, but my greatest surprise was to discover that Mom had empty bottles of liquor and beer all over the house; apparently she had been self-medicating with alcohol to treat her depression. I was especially shocked by this because Mom had never seemed to care too much about alcohol in her younger years. Her drinking had been restricted to social events and special holidays.

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Mom was immediately hospitalized on a medical floor to stabilize her medically, and was later transferred to a psychiatric floor. She was formally diagnosed with major depression, and the doctor talked to us about shock treatment or ECT (electroconvulsive treatment) if she did not respond to medication management. Fortunately, she did well with medications and therapy; she did not need ECT. Finally, Mom was convinced during a family session with all of her children present that she could not go back home. It was a very painful decision for her, especially parting with her pets. We adopted the pets and promised to bring them by to see her. Arrangements were made for her to go to a retirement center.

Watching all these events unfold, it was very difficult for us to watch Mom go through such a difficult time, especially knowing how energetic and bubbly she had been in her younger years. I now know this illness called depression, when undiagnosed and untreated, is horrible. You hear about it, but you sometimes don't know the seriousness of it until it touches you personally. As educated as we were, we knew something was amiss, but it was difficult for us to accept that the mom we knew could suffer from major depression. We thought she was strong and could handle any situation, but we were wrong. It was a different mom then and a different mom now. She reluctantly adjusted to the retirement center, and although she did have an additional hospitalization while she was living in the retirement center, she is doing very well now. With medication and follow-up counseling, she is holding on well and is close to her old self, the mom we used to know.

My siblings and I count our blessings every day; we realize how close we were to losing Mom to depression, which would have meant losing both of our parents within a short period of time. Many elderly people battle with undiagnosed depression daily and the symptoms are often mistakenly attributed merely to old age.

If your story or the story of somebody you know sounds like my mom's, don't give up hope. Depression is real. It is not a sign of weakness. Situations in life can trigger it as well as a natural or genetic predisposition for it. There is treatment for depression, and it would be sad not to do anything about it. Please get help before it is too late; it is worth it to give life a second chance.

Quotes of Encouragement...

As the wind blows harder and Mrs. Anderson's story sound familiar to you, remember the following:

“This inner speech, your thoughts, can cause you to be rich or poor, loved or unloved, happy or unhappy, attractive or unattractive, powerful or weak...”

~ Ralph Charel

Depression will sneak into your mind, disguising itself as your thoughts. Recognize its tricks and get help; don't allow it to germinate in your mind from a seed to a giant tree and to become the inner speech that will eventually destroy you on the outside. (LB)

“Your living is determined not so much by what life brings to you, as by the attitude you bring to life; not so much by what happens to you, as by the way your mind looks at what happens.”

~ John Homer Miller

Let your mind search for the good in every bad situation, and you will surprisingly discover many things for which to be thankful. Your mind can dwell on all your losses or all your gains, on all the good or all the bad; what are you allowing your mind to dwell on? And what direction is your mind taking you? Make a U-turn and fight to stay in the positive lane. The negative lane will lead you into depression. (LB)

“Sooner or later comes a crisis in our affairs, and how we meet it determines our future happiness and success. Since the beginning of time, every form of life has been called upon to meet such crisis.”

~ Robert Collier

Don't allow a crisis to push you around; see it as another tide in the ocean that will eventually calm down; look for the inner strength to keep going, and the crisis will surely pass. (LB)

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Major Depression:
MOLLY'S STORY

Molly was a little overweight as a child, but not obese. She was a beautiful, happy baby. As parents, we were not concerned about her chubbiness, and we always thought she would outgrow the baby fat as she grew older. To Molly's great frustration, she retained a lot of her baby fat and continued to be chubby. By the time she was five, she was already coming home crying that other kids were making fun of her at school for being overweight. We always told her that she was beautiful and that God did not intend for everybody to be thin.

Molly was brilliant and an especially talented musician. By the time she was in middle school, she could play three musical instruments fluently. We reinforced her efforts and praised her for her academic achievements and musical talents, but unfortunately, the pressure outside of the house about her weight made it difficult for her to accept the compliments. Molly did not believe that she could be good at anything.

By the time she was ten, we noticed that she was socially withdrawn. She complained that she did not have any friends because she was overweight. She slept a lot, became irritated easily, and cried often. Molly's grades started dropping; she hated going to school and looked for every excuse to miss school. As her parents, we tried to be very supportive, thinking this was a phase she would work through.

As a family routine in the house, we talked at the dinner table about the events of the day and other issues affecting our lives inside and outside of the home. Molly constantly talked about popularity issues at her school, and described how some kids were classified as popular, and some were classified as unpopular losers.

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Molly was classified as unpopular, and she was treated very badly by her schoolmates because she was overweight. She was called terrible names, and she was teased a lot. When she was in high school, she broke down one night because somebody wrote a cruel poem entitled “Molly the Fat Mama,” and pasted it on her school locker. Several kids read it before she saw it on her locker and could remove it. Everybody was laughing and joking about it all day long in school. We suggested the possibility of transferring to another school, but Molly was reluctant to change schools.

The following school year she broke her arm and had difficulty carrying her school bag, and no one would help her because they did not want to be seen with a fat girl. Molly got more depressed and got a little paranoid and suspicious of others; she was always thinking that other people were talking about her weight. She woke up in the night with nightmares and felt hopeless, helpless, and worthless. She talked negatively about herself all the time. She saw the world as a horrible place. The bullying and the teasing continued, and we finally decided to talk to the principal and the guidance counselor of the school, against Molly’s advice. The principal was honest with us and said that such behavior was common in the school, but promised to talk to some of the students involved with the teasing and the name calling. The school principal’s conversation with these unkind students worsened the situation for Molly; she was called a ‘mama’s girl’ and ‘a whiner’ and was treated worse than before.

At the end of that school year, we decided to change Molly to another school against her wishes. As parents, when your child is hurting and unhappy, you share the pain and anguish and desperately want to fix the problem. Unfortunately, the new school was not any help either; the shadow quickly followed her from her former high school. Within a few days in the new school, she was approached by another set of unkind teens; they laughed in her face and told her they had already heard that she was the biggest loser in her old school. The problem continued, and we watched Molly get worse by the day, without knowing how to help our precious daughter.

Molly tried to use humor to cope occasionally. She would crack jokes at times that she would need her bedroom at the family house forever because no man would want a fat woman. One winter evening Molly came home and burst into inconsolable tears. Apparently another student had put a sticker on her jacket with some “fat” jokes written on it, and she had been the laughing stock of the school all day long. She had noticed that people laughed each time she had walked by, but she had not understood why they were laughing. Molly was so accustomed to being teased that she hadn’t pursued it further. When she finally took off her jacket

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at home, she saw the sticker with the jokes on the back of her jacket and was utterly devastated. We thought of pulling her out of school completely and homeschooling her, but we were worried about isolating her even further.

We also noticed that she ate a lot when she was at home in order to cope with her emotional pain. Food became a medication and a comfort for her, which, of course, became a vicious cycle because she ballooned and gained more weight.

Molly was always cautious about eating in school around other students. Some of these cruel schoolmates watched her plate at mealtime to see how much food she would eat, so that they could make fun of her. She would hide her food and sometimes go to the bathroom to eat. She was tortured daily just because she was overweight.

Molly was an enthusiastic football fan, and she tried not to miss any of her school's football games. One night she went to watch the championship game, the biggest game of the year, and Molly had been especially looking forward to it. During the game, one of the students cracked a joke that the huge football players with their enormous football pads weighed less than Molly, and everybody started laughing at her. She tried to ignore the laughter at first, but after a while Molly could no longer tolerate the teasing. Somehow this was the last straw for her.

She came home and locked herself in her room, telling us that life was not even worth living. We got really scared and talked to her, but she assured us that she was fine, that she just wanted to be alone.

My husband has a long history of clinical depression, and because he was overweight in younger years, he faced some of the same issues with teasing as Molly. My husband's depression was not as severe as Molly's; he was not picked on as much as Molly. He was able to survive both high school and college, where we met. After college my husband was diagnosed with clinical depression, and he was well managed on medication. Although my husband has a strong family history of clinical depression on both sides of his family, somehow it did not occur to us that Molly could be suffering from clinical depression, apart from the situational-induced depression she was suffering from in the hands of the school bullies. We certainly weren't ignoring her pain, but we truly thought that solving the bully problems at school would help improve Molly's mood, so we focused our efforts on the situation at school.

It finally dawned on us that Molly might also be battling clinical depression, and if so, adding situational depression to it would be a double jeopardy. We decided to seek a professional help for Molly immediately. We knew then that our parental support alone could not take care of the situation.

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We scheduled an appointment with a psychiatrist for the following week, and in the meantime we decided that Molly should take some time off from school until after her appointment with the psychiatrist. Unfortunately, Molly never made it to her appointment. My husband and I went to work one morning and left her in bed to sleep late. We called the house several times later in the afternoon to check on her, and at first there was no answer. Later on, she answered the phone and told us that she had gone for one of her usual long walks to reflect on some issues. We came home from work and knocked on the door to her room to see if she was all right, she answered and said that she just needed some time alone. When it was time for dinner, she did not come out to eat dinner, which was unlike Molly; she always looked forward to sitting down and venting her frustrations to us at dinnertime.

My husband grew suspicious and broke into her room. We found Molly cold, stiff, and with no pulse; she had overdosed on pills. We called 911 the emergency service; they did everything they could do to revive her, but it was too late—Molly was dead. Molly left a note, telling us she was sorry. She wrote that she had decided there had to be a better place other than this world. She also left a note for the schoolmates who drove her to her death, saying that she hoped she would be their last victim and that they would not drive another overweight child to her grave like they did to her. She also stated in her note that they must not come to her funeral or her ghost would haunt them.

Our daughter's story did not have a happy ending, and it really hurts. My husband and I spent time trying to figure out if Molly died from situational depression, or if she had clinical depression coupled with situational depression. Our greatest regret was that we did not seek professional help for Molly early enough. Our efforts with the school principal and guidance counselor had ended in such failure as we were trying to handle the situation on our own.

We thought about what we could have done differently, such as relocating to a new environment just to save our child. We were busy with details of our own lives, especially with our jobs, and we never thought Molly could get depressed to the point of killing herself. We felt as though we failed Molly, and we went through a lot of self-blaming. Therapy helped us to work through the difficult days, especially the days when we did not feel like waking up the next day.

We hope Molly's story will serve as a wake-up call for other parents. Whether it is situational or clinical depression, the most important point is to take any sign of depression in your child seriously. We did the best we could with our limited knowledge, but in hindsight, we know we definitely could have done more by seeking professional help for her sooner. We completely ignored Molly's

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genetic predisposition to be depressed, despite the fact that we know that depression runs very strongly in my husband's family. Perhaps because Molly was a child, we just didn't consider the possibility of such an illness at her young age. We focused on the situational factors only. A possible undiagnosed clinical depression probably made the situational depression more unbearable and probably pushed Molly to the edge.

We will never find out what made Molly's depression worse, whether it was situational, genetic, or both. Whatever the case may be, depression is depression, and there is not a good type of depression; any signs of depression must be taken seriously. We have learned that it is very common for adults to overlook the fact that a child could be depressed due to a chemical imbalance from a genetic predisposition. Now we know that the goal is not to take anything for granted; we cannot assume that children can always beat their emotional problems.

Some of the schoolmates who drove Molly to her grave wrote us letters of apology, claiming they did not understand the extent of the psychological damage they had caused Molly with their jokes. They thought they were just being "funny." To us, as Molly's parents, it will always be sad; it will never be funny because Molly will never come back home again. We will never hear our daughter laugh again on this earth.

We allowed something good to come out of Molly's death. We volunteered to talk with school children about depression and about the devastation of bullying and teasing other kids, especially when they have an attribute that can distinguish them as being "different." We also organized parent conferences to educate families on the passive signs and symptoms of depression in children that can be easily ignored. We emphasized the need for parents to educate their children to be responsible with their jokes and to be tolerant of others. Unkind comments made at the expense of someone else are not funny—they are cruel. We should never underestimate the impact that such remarks might have on someone. In Molly's case, they caused her death, and a bright, talented young girl was lost. With more parental involvement and tougher standards and consequences from the school authorities, the bullying situation could be kept under control. Our hope is that another child will not have to lose his or her life to mental torture and depression like Molly, be it clinical or situational depression. If Molly reminds you of your child or a child that you know out there, do something before it is too late.

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Quotes of Encouragement...

As the wind blows harder, and Molly's story sounds familiar, remember the following:

“The greatest power that a person possesses is the power to choose.”

~ J. Martin Kohe

Remember to make wise choices. Do not allow the situation or circumstance to choose for you; choose life instead of death; you must not give anybody enough power to drive you to your grave. You have only one chance to live; hold on to your life; whatever situation you are facing, you can change it only when you are alive. (LB)

“These then, are my last words to you, be not afraid of life, believe that life is worth living, and your belief will help create the fact.”

~ William James

You cannot afford to trade your life for death; it is a one-way transaction; once dead, the transaction is completed and irreversible. Choose life. (LB)

“No one can make you feel inferior without your consent.”

~ Eleanor Roosevelt

Love yourself for who you are; you are not a mistake of God's creation. You are the apple of His eye; you are uniquely created, wonderfully put together; He made you exactly the way He wants you to be. God is the greatest artist; His creativity and love of variety can be seen everywhere around us. Celebrate your uniqueness with pride; if what you look like bothers anybody, let it be their problem, not yours. (LB)

Major Depression:
BASIC FACTS &
UNDERSTANDING

Mr. Conway, Mrs. Anderson, and Molly all suffered from major depression. *Depression* is a mental illness that affects our mood. A depressed mood may manifest in the form of prolonged sadness, with the individual giving up on life. Victims of depression may feel totally discouraged about everything, wearing a sad facial expression called a *flat affect*. They may lack the ability to derive pleasure in things that were formerly pleasurable to them. This is referred to as *anhedonia*. Such activities may include sports, family functions, eating out, going to the movies, going to church or work, gardening, cooking, sex, working around the house, watching television, and many other enjoyable pursuits.

Anxiety is also very common in depression. Victims may be fearful, full of dread, sweat, have palpitations (racing heartbeat), anticipate danger, have a rapid pulse, complain of chest pain and of having butterflies in their stomach. Changes in appetite could manifest as eating too much (overeating) or eating too little (anorexia). Changes in bowel habits are also very common; they could complain of feeling constipated or having frequent diarrhea.

Sleeping disturbance is one of the major symptoms of depression; the victims may report having difficulty falling asleep and then struggling with turning and tossing all night long. Others may report waking up frequently in the night, having horrible nightmares and feeling very tired in the morning. As a result of the sleeplessness, they may have difficulty in getting out of bed in the morning.

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Depressed people usually feel tired (*anergia*), despite the fact that they have not engaged in any strenuous or difficult activity. They may state that they feel “beaten up” or “run down,” and they have a tendency to believe that these feelings are caused by a serious illness or something terminal that would eventually kill them. They may be perceived as very lazy by the people around them who have no knowledge or understanding of what major depression is. Feelings of fatigue or tiredness can make small tasks difficult, such as brushing the teeth, showering, and other general grooming or daily hygiene.

Problem solving skills may diminish. Judgment may be very poor, and a lot of indecisiveness may be observed—they may not be able to make up their minds on what to do in any situation. They may feel like their mind is slowing down on them (called *slow thought process*), and speech may be slow. Their gaze may be fixed—you may see them staring at the same point for hours. Their action and reaction time could be slow, and the body movement could be very slow as well. This feeling of everything slowing down in the body is referred to as *psychomotor retardation*. On the other hand, a depressed person may experience what is called *psychomotor agitation*, which is manifested as a sense of restlessness, feeling fidgety or tense. The person just cannot relax. Psychomotor agitation is very common in the elderly people experiencing major depression, causing them to be very combative and physically aggressive at times.

A depressed person may feel inadequate in everything; she may blow every mistake she makes out of proportion and be extremely self-critical. She may need constant reassurance and continuous reinforcement to feel good about her achievements. Some depressed people experience serious difficulty concentrating. Watching television, sitting through a movie, reading a book, or sitting through a lecture in a classroom may become very difficult. They may not be able to follow a general conversation; they may have difficulty remembering things and may find it difficult to pay attention to their environment. Feelings of worthlessness and low self-esteem are common in depressed people; these feelings and traits can pose a big problem at school or at work.

Feelings of hopelessness and helplessness are also very common with depressed people. The future may seem doomed; their cup is always seen as half-empty and never seen as half-full. They can never see the light at the end of the tunnel. As a result, they may turn to drugs and alcohol to self-medicate in an effort to try to get rid of the feelings of doom and severe sadness that they are experiencing.

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Suicidal thoughts or strong desires to kill themselves are very common in severely depressed people, and some may eventually carry out the suicide plan if there is no quick or adequate intervention. Some people are at a higher risk for suicide when their depression is lifted; this may be because the depressed person's outlook to life is still very negative, and gaining enough energy provides just enough of a lift to carry out the suicidal plan.

Somatic complaints (which are frequent complaints of not feeling well with no documentation of a verifiable medical problem by a physician or a clinician), may be a sign that a person is depressed. The victim may confuse the depressed feelings with physical problems. Frequent visits to the doctor's office with complaints such as headaches, chest pain, constipation, back ache, muscle pain, stomach ache, heartburn, and shortness of breath are very common. All medical examinations, laboratory studies, X-rays, and diagnostic tests always come back negative, showing that there is nothing wrong with the client medically. Lack of organic or medical reasons for the illness is usually a red flag for primary care physicians or other health care providers to evaluate the comprehensive history more thoroughly and to rule out other factors that may cause frequent somatic complaints of pain everywhere. Once it is confirmed that there is no medical basis for these somatic complaints, the physician or the clinician can then look into the possibility that the client may be experiencing major depression.

A depressed person may be *psychotic* (sense of losing one's mind or losing touch with reality). He may experience *auditory hallucination* (hearing voices that are not there), or *visual hallucination* (seeing things that are not there). *Paranoia* is also common, which is a strong belief or feeling that somebody is trying to hurt him or come after him. He may be *delusional*, which is usually manifested in irrational beliefs, and it may be difficult to convince him that his belief is not rational. For example he may have the irrational thought that he is being punished by God for something he has done in the past, and this is why he has to suffer from depression.

A person experiencing major depression may not necessarily experience all of the symptoms already discussed, but may experience the majority of the symptoms for an extended period of time. Some people also suffer from a milder to a moderate form of depression. They may be able to function and still experience some of the symptoms discussed above but to a milder degree. Some may also suffer from *dysthymia*, which is a very low grade of depressed feeling extending over a long period of time. Some people may experience seasonal depression,

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which may come on in the colder time of the year such as the winter time, and their depression may lift in the warmer time of the year such as the summer time. Major depression affects people in most societies; it is believed that more people are affected in colder climates. Major depression also affects both males and females, irrespective of their ethnicity, race, income, and education.

Depression is believed to be more common in women, and this is partly attributed to their monthly cyclic changes or menstruation. Another form of depression that is gaining more attention lately among women is called *postpartum depression*, which usually happens shortly after the birth of a baby. It has a similar classic picture with major depression. The victim could be *psychotic* (sense of losing one's mind or losing touch with reality) or *delusional* (a fixed false belief that is held to be true by an individual experiencing the belief despite evidence to the contrary; the belief is not shared by the rest of the culture or the community). If postpartum depression is not quickly recognized and carefully treated, the consequences could be fatal. In very severe cases, the victims may have a nervous breakdown. They may be extremely suicidal. The psychosis and the delusions may also lead them to commit suicide and even to kill their children. Women experiencing postpartum depression may require immediate hospitalization.

One of the most important causes of major depression is the biological theory called the *neurotransmitter theory*. The brain is made of up many tiny cells called *neurons*. These cells are in continuous communication with one another. The communication between the cells or the neurons is like the big network of a complex wiring system, working around the clock whether we are awake or asleep. Messages are sent between the cells by some chemicals that are naturally produced in the brain called *neurotransmitters*. The messages are sent by what is called *electrical impulse*. When these chemicals are found in abnormal level, either too much or too little, or there is a dysfunction or a problem in any of the communication pathways between the cells, or a malfunction within the cell itself, people may show signs of mental illness. With major depression, some of the neurotransmitters are believed to be at an abnormally low level in the brain. When the neurotransmitters occur in the right amount and the communication system of the brain is working together in harmony, a person would appear stable, and the mind will function normally.

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Major depression could also be *hereditary* (meaning passed down from one generation to the next, or from a parent to a child through the gene). Twin studies support the view that both identical twins are likely to have major depression as compared to fraternal twins. One of the fraternal twins may have major depression, and the other twin may not. Generally, identical twins are expected to have the same genetic code or be a mirror image of each other as opposed to fraternal twins who may not even look alike. Hereditary factors could also be strong in fraternal twins; it is just believed to be stronger in identical twins because of the mirror image and same gene similarities. People with major depression always have a strong family history with family members suffering from, or having suffered from, major depression in the past.

Life events may also trigger major depression; this may be particularly worse for a person with a *genetic predisposition* (that is, depression runs in the family and has been passed down from one generation to the next) to be depressed. Depression triggered by an unfortunate life event is called *situational depression* (that is, the depression was brought about by an unfortunate life event that happened to the person at that particular time in his or her life). A good example would be the death of a spouse or a child. A stressful life situation or personal stress can trigger changes in the composition of some of the naturally occurring chemicals in the brain called *neurotransmitters*. This may in turn affect the victim's feelings, causing him or her to be depressed. If a depression is strictly triggered by a life stressor, when the trigger or the stressor is removed or resolved, the person may return to normal functioning level. For example, losing a job of thirty-five years may trigger depression; finding a better job with more pay, better working conditions, and more benefits may resolve the depression.

Environmental factors may also contribute to major depression. Being surrounded with negativity all of one's life can affect the person's outlook on life, producing feelings of hopelessness, worthlessness, and doom.

Diagnosis and treatment of major depression must be made by a licensed clinician with sufficient medical knowledge, training, and certification in the area of psychiatry, medicine, psychology, or nursing, or any other properly licensed clinician who is qualified to make such a diagnosis in the sufferer's community. A lot of factors are considered in making the diagnosis; these may include but are not limited to the client's health history, family history, psychological and social history, duration or length of the problem, and environmental history.

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A combination of treatments is used in the management of major depression. These include medication management, individual therapy, group therapy, and rehabilitation. There are several medications used for the treatment of major depression; the type of medication that is appropriate for each person must be strictly determined by a licensed clinician based on the person's history.

It is very important to assess a depressed person for suicide. Appropriate action must be taken to prevent suicidal clients from killing themselves. A suicidal person's thinking is usually irrational; the individual may be too sick or too depressed to make a sensible decision and the only solution or relief they can see to solving the problem is death. People in these circumstances have convinced themselves that death would put an end to their pain, suffering, and feelings of doom. It must be taken very seriously if a suicidal person has a plan to carry out a suicidal act, such as having a loaded gun. A suicidal person may require hospitalization. *Psychosis* (sense of losing one's mind or losing touch with reality) must be taken seriously in a depressed person who is suicidal. As mentioned earlier, extra caution must be taken with a person suffering from postpartum depression and also suicidal as well. A depressed person may respond to an *auditory hallucination* (hearing a voice or voices that are not there), telling the person to take his own life or the lives of others.

Electroconvulsive treatment (ECT) or shock treatment is used as a last resort when a person does not respond to medication treatment. It could also be used in addition to medication to produce a better result in severely depressed people. People who are allergic to medications may also receive only shock treatment or ECT for the treatment of their depression. In administering ECT, a very mild electric shock is passed to the brain through a special electrode to induce a mild, artificial seizure in the person. The seizure activity in the brain in turn helps to normalize or correct the imbalance in the quantity of some of the neurotransmitters (the naturally occurring chemicals in the brain serving as messengers between the cells or the neurons) that have been produced in abnormal proportion (too low or too much), causing the person to be depressed. Clients may suffer from mild, temporary forgetfulness called *amnesia* after ECT, but they usually have their memory back in a very reasonable and short period of time. ECT does not require hospitalization; it can be done as an outpatient treatment. It is not recommended that one drive immediately after ECT, especially because of the mild forgetfulness. ECT is relatively safe; many people are scared and discouraged about ECT because of what they have seen in the media, especially on

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TV and movies. ECT has gone through years of scientific, technological modification and reform, and it is not the scary procedure as is sometimes portrayed by the media. A clinician will thoroughly explain and educate clients and their families before recommending ECT or shock treatment. ECT is strictly done by a licensed physician who is trained to administer ECT.

Individual therapy is also helpful in the treatment of depression. This is a one-on-one therapy with a clinician. It can be a short or long-term treatment. The therapist usually helps the clients identify, examine, and resolve the conflicts affecting their lives and their thinking during the depressed period. The therapist also helps the client to explore positive ways to look at life, cope with unpleasant situations, and make wise decisions.

The importance of group therapy cannot be overemphasized in the treatment of major depression. Group therapy provides a great deal of support for the clients. Clients are able to realize that they are not alone and that other people in the world are suffering from depression just as they are. There is mutual understanding of a common struggle in the group. Members of the group openly discuss their problems and describe their individual styles of dealing with their depression. People are able to learn new social skills, improve their self-esteem, form positive bonds, and have a sense of community in the group setting.

A family support group may also be beneficial for the family members of depressed people. Listening to other people living with someone with this illness will provide better insight into the problems. Families can also rely on one another for support and understanding. As mentioned earlier, people suffering from depression can be perceived as lazy and not motivated. The family members may not understand why the person is feeling this way and why they cannot just “beat it” or “shake it off.” Attending a family support group can help the family in learning how to support the depressed person and one another without becoming enmeshed and feeling sorry for the depressed person and one another to the point of having an unhealthy family relationship or family dynamics. Such an unhealthy family dynamic is called *codependency*.

Other types of treatment for major depression include light therapy, which is used mainly for people with seasonal depression. People with seasonal depression are usually depressed in seasons of shorter days and longer nights, which occur more in the colder time of the year in the very cold climates. The goal is to expose them

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to several hours of bright artificial lights during the days of shortened sunlight. Light therapy has produced good results with seasonal depression.

Exercise is recommended in the treatment of major depression because of its profound effects in reducing stress. Healthy eating habits are also recommended in the treatment of major depression. Balanced, healthy nutrition will help the body to function better. As mentioned earlier, depressed people may consume excessive alcohol to self-medicate, use illicit drugs, or eat excessively to ease their pain. Some may just quit eating. As a result, the body will be deprived of the appropriate nutrients or the body will be provided with excessive nutrients in case of overeating. Unhealthy eating habits are self-destructive and are obviously not helpful to depressed people. This is why a very healthy, balanced nutrition plan must be incorporated into the treatment plan.

Having major depression is not a sign of weakness or something to be ashamed of. Not doing something about depression is the sign of weakness. Depression is one of the most common and one of the most undertreated mental illnesses. A lot of people do not seek help for major depression, especially males in certain societies where men are expected to be strong and never show any sign of weakness or emotion. Some people experiencing depression are also clueless about what is going on within their minds. They know something is not right, but they cannot figure out exactly what is wrong with them. They cannot put a name to what is causing this unusual feeling. Some people also believe that depression is something they can overcome on their own, and they struggle daily to make it go away. With appropriate intervention, prescribed medication, therapy, support group, and all of the suggested treatment approaches discussed, a person diagnosed with major depression can have a normal life. If reading about depression is telling you something about yourself, or others that you know, do not ignore it, get help and help others as well.