



**Dealing With Depression  
the lonely illness that needs more than a little sympathy**

Everyone suffers from depression at one time or another. On the surface, it tends to be a condition which can easily be fobbed off – current pressures at home and work, a recent bereavement, or just general tiredness and a feeling of being a little down. At least, this is the impression many sufferers hope to convey when asked why they seem a bit glum, convincing themselves and others that it will sort itself out soon enough. Whether they realise it or not, and the latter is frequently the case, by dismissing these early signs as insignificant, they risk them becoming worse; and if something isn't done to arrest the downward trend, they will eventually find themselves in a very dark and lonely place from which they can see no release.

Depression is a mental illness, and because of the stigma attached to this branch of medicine, the majority of today's society is loath to discuss it. Governments are no better, having the power to do something about the problem, yet merely offering some token contribution when public opinion insists. Then they just dump it back in the too-hard basket. Only those directly affected seem willing to recognise that something is wrong and needs fixing; but the sufferers don't always like to admit that they need help, men especially. As for those close to them, even when they suspect a family member or friend may be displaying symptoms of depression, diplomacy often steps in to prevent the asking of awkward questions. Should they be asked anyway and the response is a rather snappy: "I'm okay. Don't worry about it," the matter is usually dropped. Left to suffer in silence, the person at risk is likely to become increasingly withdrawn. It is almost as if they enjoy being miserable which, of course, is nonsense: they just can't find a reason to be happy, and if one did condescend to appear, they would probably reject it.

They come from all walks of life – professionals, farmers, office and factory workers, the unemployed, school students and even doctors, many of whom look at others in similar positions, see these people are coping with life, then are afraid to concede that they aren't. Patients who do seek treatment soon become dissatisfied and lose confidence in a medical fraternity which gives the impression it doesn't know what it is doing – how can it when remedies, drugs and support programs are switched and changed with little or no apparent success? Unfortunately, depression is a subtle illness that creeps up almost without notice; and it is difficult to recognise as specific because it is made up of many parts – anxiety, paranoia, personality and bi-polar disorders to name a few. Aside from being mental conditions in their own right, each can contribute to depression as well as being a result of it. No wonder it is hard to find a cure – some say there isn't one, not of the permanent kind. Maybe so, but degrees of recovery are possible, given the right care.

Prevention, of course, is better than any cure, but for this to be effective, the symptoms have to be identified when they start appearing. The prospective sufferers may not notice or choose to disregard changes to their normal selves, whereas those who come into regular contact with them will. They may not seem as cheerful, frowning more frequently as they ponder some personal problem which, in turn, makes them less receptive. They begin losing touch with their environment, failing to respond immediately when someone addresses them. In a strange way, they are meditating, withdrawing inside themselves to focus on their own mental issues to the exclusion of anything outside and beyond. At this point they are not yet a patient, just an ordinary person trying to resolve a few hassles that are dogging them. Leaving them to handle this on their own could be deemed the right thing to do, but it doesn't hurt to offer comfort and help. Even if this is refused, simply talking to them in a relaxed way about everyday events that are not particularly confronting may lighten their mood, making them more amicable. Should they react to this attempt at normal conversation in an unexpected manner, particularly a hostile one, it could indicate that their condition is more serious than at first thought.

Here comes the time when many turn their backs on the person who has just snubbed them, leaving the unfortunate to “stew in their own juice.” All too often, this self-centred attitude drives them even deeper into depression because they feel abandoned by the friend they thought could help. They did try to ask, but mood and circumstances caused the words to come out in a way that wasn’t intended. The fact that the outburst was taken the wrong way wasn’t their fault – they were confused, troubled and more than a little frightened of what seemed to be happening to them, a progressive illness that they couldn’t explain, not to themselves or anyone else. In their eyes, no-one cares, not about their state of mind, nor the problems making them feel the way they do. A singular incident like this can trigger a paranoid defensive reaction targeting all and sundry. Every friend looks increasingly like an enemy, and strangers are viewed with suspicion as co-conspirators. Although irrelevant to the rest of us, they can regard isolated events occurring on the other side of the world as personal attacks. It sounds irrational. It is, but it is understandable – the original clear-thinking person who only had a few problems has graduated to become a patient in need of psychiatric treatment; all thanks to the thoughtless act of someone who didn’t realise how serious the situation was soon to become.

It may be possible to coax them into visiting a doctor, especially if they are displaying clinical conditions such as dermatitis, digestive problems, migraine, or insomnia. In the main, these are ailments which can be treated to help alleviate some of the side-effects of anxiety and depression; but a few pills and creams won’t fix the major problem. Assuming the doctor recognises the underlying cause, a referral to a specialist is likely to be the next step. Though probably advisable, this suggestion could actually make matters worse. For the patient, the mere mention of psychiatry can have them believing they are going insane, as they suspected they were. Now is the time when the support of those around them is essential, to allay their fears and reassure them that the expert they will be going to see is their best chance of recovery. They also need convincing that everyone will continue to be there for them, through thick and thin; and this assurance has to be more than just empty words. The last thing they need to discover is that friends and family are beginning to distance themselves.

This can happen when a patient agrees to visit a psychiatrist. For their close associates, apart from feeling uncomfortable in the presence of someone who is “not quite right in the head”, there is a danger in assuming that everything will be okay now that treatment is going to be specific and customised. Some may even regard their job as done, especially those who were instrumental in steering the patient towards a mental health specialist in the first place. The reality of the situation is far from it. Anyone not admitted as an in-patient to a clinic will need even more support, in particular the continuing kind; and it won’t be easy.

Drugs of various types will be trialed to control such things as anxiety, sleep patterns and other behavioural abnormalities. Ideally, administration of these should be monitored by another party, especially if the patient is believed to have a tendency towards self-harm. Even if not, it must be remembered that they are confused and can’t be relied on to take what is necessary, when it must be taken. Unless advised by the specialist who prescribed them, there is no leeway. A patient may feel “better” and not really in need of their bedtime pill; the carer might agree; neither can make that decision. Medication must be taken exactly as directed by the doctors – otherwise they can’t know if it is having the desired effect, or if it needs changing. Should there be an unexpected adverse reaction to a particular medication, this fact should be reported immediately to the specialist before administering it again, or discontinuing it altogether.

Psychiatrists are the target of many jokes, so too people suffering from mental illness; but this is definitely no laughing matter. Friends trying to make light of the situation in the hope that humour will lift the mood of a patient are playing with fire. This is saying: “Come on, join in the fun.” Such action, albeit well-meant, is more likely to bring tears than happiness. How can sufferers of depression enjoy themselves when they can’t remember how? Seeing others clowning and laughing just reinforces the distance between the dismal place they find themselves in and the cheerful one they may never visit again. In these cases, actions and words speak very loudly indeed. Any approach should be gentle and pre-considered, tone of

voice normal, subjects mentioned neither invasive nor confrontational. A patient's response to these and other stimuli will be a guide to what is and is not appropriate; but it may only apply to a particular moment: a change of circumstances or exposure to fresh information can produce an unexpected, perhaps seemingly alien reaction. A photograph, a casual comment, glimpsing a TV show or news report, hearing a sound outside like squealing tyres, any of these can trigger an instant replay of a past incident which has contributed to their current state of mind. Quizzing them on a sudden bad reaction should be left to the professionals; the job of carers is to offer words and deeds that comfort and reassure. Patients need to know that the world they thought was lost forever is still there and is ready to welcome them back without obligation.

Depending on the severity of the case, a patient's recovery is unlikely to be quick: sometimes it takes years. For those sharing their lives it can seem interminable. There will be more downs than ups, and it is important that all are handled correctly and quietly, encouraging them out of their negative phases, helping them to enjoy the brief respite of the occasional pleasant episode. There may be times, in particular for those with a bi-polar condition, when they will appear to be deliriously happy; then, for no apparent reason, they will instantly plunge back into depression, often deeper than before. Because these displays of opposites are so extreme, they can take a carer by surprise and it will be difficult to react as if nothing is wrong; but it has to be done, otherwise the patient will read more into it than is actually there. To them, it could confirm what they believe they already know – that they are seen as unpredictable oddballs who need locking up before they do something really crazy!

Depression rarely just happens. It is extremely important for anyone dealing with a sufferer to understand that the illness has its roots in past experiences, events they may have shared, others of which they know nothing. Discovering some of these by chance is fine, and knowledge of them may be of help to the current specialist; but for an unqualified individual to push the patient for more information is to walk on thin ice. My best advice is to leave the in-depth treatment to the professionals. Despite one of my opening comments, they really do know what they are doing; but they need help on the outside. After all, they may only see a patient briefly, perhaps for a half-hour session once in a week or a month. We, on the other hand, can be with them 24/7. I say "we" because my wife and I have not only been there: we are still there and are very aware that it is far from over. Our Granddaughter is on the mend, but still has a long way to go. We intend being there with her, for her, every step of the way. Anything less is simply not on.

An article as short as this cannot even scratch the surface. It is merely a plea to take depression very seriously. To be lucky not to suffer from it is to be fortunate indeed; to pass it off as an inconvenience in our busy lives is to condemn friends and loved ones to an eternity of torment that we could never imagine, not even in our worst nightmares. These people need our understanding and the best care we can possibly give. Surely they deserve that much? And if we hope for any reward for our efforts, let it be found in the peace of a simple smile, a grateful acknowledgment that they are, at long last, returning to us.

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