



**Making Everything Easier!™**

# Overcoming Depression

FOR  
**DUMMIES®**

## **Learn to:**

- Recognise the symptoms of depression
- Put cognitive therapy to good use
- Choose the treatment that will work best for you
- Find the right professional help

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*Clinical Psychologists*





***Overcoming  
Depression***  
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# ***Overcoming Depression*** FOR **DUMMIES®**

**by Elaine Iljon Foreman, MSc, AFPBSs,  
Charles H. Elliott, PhD,  
and Laura L. Smith, PhD**

**Foreword by Professor Mark Williams**  
Professor of Clinical Psychology, University of Oxford



**WILEY**

A John Wiley and Sons, Ltd, Publication

## Overcoming Depression For Dummies®

Published by  
**John Wiley & Sons, Ltd**  
The Atrium  
Southern Gate  
Chichester, West Sussex  
PO19 8SQ  
England

E-mail (for orders and customer service enquires): [cs-books@wiley.co.uk](mailto:cs-books@wiley.co.uk)  
Visit our Home Page on [www.wiley.com](http://www.wiley.com)

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British Library Cataloguing in Publication Data: A catalogue record for this book is available from the British Library  
ISBN: 978-0-470-69430-5

Printed and bound in Great Britain by Bell & Bain, Ltd., Glasgow

10 9 8 7 6 5 4 3 2 1



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Further information on the Freedom to Flyä organisation can be found by visiting [www.freedomtofly.biz](http://www.freedomtofly.biz). The Service Brochure detailing the range of services including workshops and psychological therapy can be obtained by emailing [elaine@freedomtofly.biz](mailto:elaine@freedomtofly.biz).

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# Dedication

From Elaine: This book is dedicated to Helga and Nickie Iljon, and to Miriam Skelker, for always being there for me.

From Laura and Charles: We dedicate this book to our family: Alli, Brian, Nathan, Sara, and Trevor. And to our parents: William Thomas Smith (1914–1999), Edna Louise Smith, Joe Bond Elliott, and Suzanne Wieder Elliott.

# Acknowledgments

**Elaine:** So! I lied when I swore I'd never co-author another Dummies book! When the opportunity arose, I jumped at it. My most grateful thanks to the Dummies Team, in particular Simon Bell and Wejdan Ismail

Working with Depression brings to mind elements of the fight of Good against Evil, reminiscent of J.K. Rowling's view. Seeing depression as the loss of hope, she tells how its been her enemy. Depressions revealed as the underlying basis for her depiction of the Dementors, who suck all the joy and hope out of those they attack. Imagine a future in which you will never, ever be happy again. No hope. Emotionally destroyed and dead. An evil time, indeed.

Some very special people in my world have been key players in the fight of Good against Evil – Sharon, Sandy, Zhenya, Graham, Michele, Gill, Jake, Tony, Zenobia, Martin, Corinne, Diz, and Charles. With people like you in the world, Good can only triumph.

**Laura and Charles:** Okay, we broke our promise and wrote another book. We may have to join Authors Anonymous! We thank our family and friends for putting up with our moans and complaints. We send our heartfelt appreciation to the Rodriguez family, especially Melodie and Adriana, who shared their home and table on holidays so we could write until the last second.

Thanks also to our agents, Ed and Elizabeth Knappman, who have supported our writing. We applaud and appreciate the professionalism of our editors at Wiley Publishing; special thanks to Mike Baker, Norm Crampton, Greg Pearson, Jennifer Bingham, Chrissy Guthrie, Esmeralda St. Clair, and Natasha Graf. Thanks to our technical editors, Cory Newman, PhD, and Howard Berger, MD.

We also appreciate Audrey Hite for taking good care of us. And thanks to Scott Love, computer geek extraordinaire, for designing our Web site and keeping our computers up and running. In addition, we thank Diana Montoya-Boyer for keeping us organized, Tracie Antonuk for her optimistic support of our writing, and Karen Villanueva, our personal publicist.

Finally, we're especially grateful to have been invited into the lives of our many clients over the years. We have profited from what they have taught us about the problems they face. They have provided us with a greater understanding of depression as well as their brave struggle.



## **Publisher's Acknowledgments**

We're proud of this book; please send us your comments through our Dummies online registration form located at [www.dummies.com/register/](http://www.dummies.com/register/).

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# Foreword

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**H**ave you ever had a tune playing over in your mind that you couldn't get rid of? No matter how hard you tried, it kept coming back? Now imagine that what's going round and round in your head is not a tune, but a thought such as: I'm no good, I'm a failure; people would be better off without me. Very soon, you'd feel under attack, exhausted by trying to fight it off. You'd find you couldn't concentrate on anything else. You'd feel guilty and totally defeated, uninterested in life, and unresponsive to your family and friends' attempts to get you to feel better.

If you have felt like this, you'll know the agony of such mental pain. You're not alone. This is depression, and it affects 5 per cent of the population at any one time. It seems to be becoming more common. Fifty years ago, people were most likely to suffer their first major episode of depression in late middle age. Now we find serious depression can strike much earlier: in late teenage and early adulthood. What is more, once a person has been depressed once, there is a risk of the depression returning in the next few months or years, even after a period when it seems to have gone away for good.

What can we do about it? Years ago, it was thought that there were only two approaches to dealing with depression: antidepressant pills, or long-term analytic psychotherapy. But over the last thirty years things have changed.

First, there is a larger range of medication available to choose from, and the pills have become kinder, with fewer side-effects.

Second, there has been a revolution in psychological treatment. Newer, briefer 'talking therapies' such as cognitive and behavioural therapies have been developed. They've been found to be as effective as medication. What's more, the effects of these new psychological treatments last; they prevent you becoming depressed again long after you have stopped coming to therapy.

This book provides a much-needed map to these new ways of approaching depression. Written by experts for everyone, it gives you an excellent guide to the most up-to-date approaches to depression and shows how you can weave your own therapy. Drawing on the latest research, the authors act as trusted guides: with gentleness and good humour, they take us by the hand and explain without preaching, guide without forcing.

This book can be read, but, more importantly, it can also be used.

It offers you a new way to think about yourself, other people and the world around you. It offers many alternatives to fighting endlessly with the thoughts that go round in the head. It offers freedom.

Mark Williams, Professor of Clinical Psychology, University of Oxford.

Author of *The Mindful Way Through Depression*



# Introduction

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**W**orld-wide research shows that the number of people suffering from depression is increasing alarmingly. Depression is now so common that one in five people suffer from it at some point in their lives. Yet depression's still stigmatised, with sufferers often afraid to tell families and friends, let alone their employer.

Everyone gets overwhelmed sometimes, but when you descend into depression, the level of misery can feel unprecedented. It can take an inordinate effort to admit to the problem and accept help. But if you choose to admit you have depression and try to combat it, we trust you'll be amazed by the level of support you receive.

Of course, the million-dollar question is 'What can I do about depression?'. Thankfully, this book shows you that the answer is . . . LOADS!

## About This Book

We have two primary goals in writing this book. First, we want you to understand the nature of depression. Understanding depression makes the idea of dealing with it less frightening. Second, we present what you're probably most interested in discovering – how to overcome your depression or help someone you care about who has depression.

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

- ✓ Behaviour therapy
- ✓ Cognitive therapy
- ✓ Interpersonal and relationship therapy

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

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

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

## *A Note to Our Depressed Readers*

We're keenly aware of the pain and profound despair you may be experiencing. Your sense of humour is probably depleted. With this book, we attempt to lighten a sombre subject with titbits of humour. Some of you may take offence with our attempts or even feel diminished or discounted by this decision. We can understand that reaction. At the same time, your long-term goals need to include rediscovering laughter. Thus, we hope you can try to take our occasional use of wit in the manner we intend it – as another way to help you lift yourself out of the fog of depression.

In addition, we realise that the title *Overcoming Depression For Dummies* may seem offensive to some, especially because when people are depressed, they're prone to make negative, personalised interpretations (see Part II for more information on this topic). However, we assure you that the content of this book is as serious and in-depth as any book on depression. The *For Dummies* format simply enables us to present important material in easily digestible segments. We leave it up to you to determine whether we succeed in doing so.

## *Conventions Used in This Book*

In this book, we avoid the use of professional jargon as much as possible. When we occasionally find it necessary to use a technical term, we pop it in *italics* so that you can easily spot it, and then we clearly define that term. In addition, recognising that there are a number of useful resources available on the Internet, we put web addresses in `monofont`.

We also include numerous stories to illustrate the information and techniques we present. The people you read about aren't real; however, they represent composites of the many wonderful people we've known and worked with over the years. We use an Anecdote icon to indicate where these stories appear in the text.

Finally, if you're reading this book because you want help in defeating your own depression, we recommend that you purchase a notebook. Use that notebook to write out the exercises we present throughout the book. We call these exercises Antidepressant Tools and highlight them with an icon. Use your notebook often and reread what you've written from time to time.

## ***Foolish Assumptions***

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

## ***How This Book Is Organised***

We organise *Overcoming Depression For Dummies* into 7 parts and 22 chapters. Here's a little about each part.

### ***Part 1: Discovering Depression and Designing Defences***

Chapter 1 explores the costs of depression in economic, social, and emotional terms. We describe what depression looks like in various people. Finally, we provide an overview of the best means for treating depression. In Chapter 2, we cover the difference between the various forms of depression. Furthermore, we explain the difference between grief and depression. Chapter 3 shows you how to find the motivation for taking charge of your own depression. And Chapter 4 tells you how to find and get professional help.

## ***Part II: Seeing Things More Clearly: Cognitive Therapy***

More studies support the value of thought therapy (*cognitive therapy*) for the treatment of depression than any other psychotherapy. Part II shows you how certain habitual ways of thinking can be a major contributor to depression. The chapters in this part combine to give you a large toolbox of techniques for changing these dark, distorted thoughts into realistic appraisals of yourself, your world, and your future. You can see that this transformation isn't based on rationalisation or self-deception. Rather, you discover how to subject your thoughts to reasoned scrutiny based on logic and evidence.

## ***Part III: Actively Combating Depression: Behaviour Therapy***

When you feel overwhelmed by depression, you likely find yourself disengaging from everyday life. You start doing less and less as you put off tackling even slightly disagreeable tasks. Of greater concern, previously enjoyable activities seem dull, bland, and devoid of pleasure. Part III shows you how to short-circuit 'do-nothingism' and slowly regain confidence and joy. We give you a mental boost to get moving again through exercise and rediscovering healthy pleasures.

## ***Part IV: Adjusting to Changing Relationships***

Clinical trials of interpersonal therapy demonstrate the value of addressing the relationship side of depression. Depression has a way of disrupting relationships with friends, family, partners, and other loved ones. And relationship problems can worsen depression. Part IV extracts crucial elements from interpersonal therapy and provides additional ideas for handling relationship difficulties that can increase depression. We cover issues such as communicating in healthy ways and coping with loss and grief.

## ***Part V: Full-Bodied Assault: Biological Therapies to Fight the Physical Foe***

Pharmaceutical companies have invested billions of dollars into developing a wide range of antidepressant medications. We review these medications,

from the earliest to the most recent, and give you important information regarding their effectiveness and side effects. We also give you some tools for helping make the decision as to whether or not medications make sense for you and your depression. Finally, we explore the role of herbs, supplements, and nutrition in alleviating depression and review a few alternative treatments for depression, such as light therapy.

## ***Part VI: Life After Depression***

We have every reason to believe that the information in the first five parts, perhaps in conjunction with professional help, will lift you out of your depression. But what do you do next? Part VI tells you how to deal with possible relapses in the future. We tell you how to reduce the likelihood of such slips and how to deal with them if they do occur. Next, we discuss a new approach called *mindful acceptance* that has recently been found to be very helpful for reducing depression relapse.

We then turn to the field of positive psychology for ideas on how to further enhance your life. We want you to feel better than good again, so we lay out strategies for enhancing your sense of well-being through a sense of purpose and connectedness.

## ***Part VII: The Part of Tens***

If you want quick ideas on how to deal with a low mood, you can find them here. Then we show you ten ways to help your kids if they get depressed. We conclude with ten ways to help a friend or partner overcome depression.

## ***Icons Used in This Book***

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



Helpful stories and case-studies about people we've known and worked with over the years.



This icon alerts you to an exercise you can use to hammer away at or discover more about your depression.



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



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



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



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

## *Where to Go from Here*

Most books are written so that you have to start on page one and read straight through. But we wrote *Overcoming Depression For Dummies* so that you can use the detailed Table of Contents to pick and choose what you want to read based on your individual interests. Don't worry too much about reading chapters and parts in any particular order. Read whatever chapters apply to your situation. However, we suggest that you at least skim Part I, because it contains a variety of fascinating facts as well as important ideas for getting started.

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

# Part I

# Discovering Depression and Designing Defences



'So your name's 'Joy' — Well, we're off  
to a good start then.'

### *In this part . . .*

**D**iscover the symptoms of depression and identify whether you or someone you care about may be depressed. We tell you about depression worldwide. And we explain the different forms of depression.

Defeating depression's no walkover. Many obstacles block the path. We identify these blocks and show how you can get past them. In this part, we also provide an overview of the various treatments for depression, and reveal how to obtain the best possible help.



## Chapter 1

# Understanding and Overcoming Depression

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### *In This Chapter*

- ▶ Looking at depression
  - ▶ Understanding what causes depression
  - ▶ Figuring out the price
  - ▶ Treating depression
  - ▶ Life after depression
- 

**D**epression can feel like being locked away in a prison. Feeling frightened, alone, miserable, and powerless, you can find yourself withdrawing into a shell. Hope, faith, relationships, work, play, and creative pursuits – the very paths to recovery all seem meaningless and impossible. Like a cruel punishment, depression imprisons the body, mind, and soul.

Though depression may feel isolating and inescapable, we have a set of keys for unlocking the prison door. You may find that the first key you try works, but usually the door is double locked, and opening it needs a combination of keys. We're here to help, and have a pretty impressive bunch of keys for you to try out, taking you from darkness into the light.

In this chapter, we explain the difference between sadness and depression. Next, we show you how to recognise depression across a range of different people. We work out the costs of depression in terms of health, productivity, and relationships and tell you about the treatment options for depression. And finally, we offer you a glimpse of your new life, beyond depression.

# Understanding Your Level of Well-Being

But if there was a magic cure for depression, would that be the whole answer? Surprisingly not. Increasingly, we are becoming aware that people who all score zero on a traditional depression rating scale, (i.e. no depression) can nonetheless be in hugely differing emotional states, from just ticking over, to achieving real fulfilment, satisfaction, and happiness. If we see happiness and depression as opposite ends of one continuum, then moods can go beyond depression. We can use just one questionnaire not only to rate presence or absence of depression, but also life satisfaction/well-being. Professor Stephen Joseph and his colleagues developed a very useful self-report questionnaire which builds on this idea to assess the spectrum of well-being, which is shown below. Take a few minutes to complete the questionnaire if you wish to understand your level of well-being.

A number of statements that people have made to describe how they feel are given in Table 1-1. Please read each one and tick the box which best describes how frequently you felt that way in the past seven days, including today. Some statements describe positive feelings and some describe negative feelings. You may have experienced both positive and negative feelings at different times during the past seven days.

Table 1-1	Level of Well-being			
	Never	Rarely	Sometimes	Often
1. I felt dissatisfied with my life.				
2. I felt happy.				
3. I felt cheerless.				
4. I felt pleased with the way I am.				

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
5. I felt that life was enjoyable.				
6. I felt that life was meaningless.				

To work out your score, use the following scoring key to turn your answers into numbers.

✓ **For items 2, 4, and 5:** Never = 0, rarely = 1, sometimes = 2, often = 3.

✓ **For items 1, 3, and 6:** Never = 3, rarely = 2, sometimes = 1, often = 0.

Now, using the scoring key above, add scores on all 6 items to give a total score, with a possible range of 0 to 18. Most people score between 11 and 13. Higher scores indicate greater happiness. As scores decrease, however, happiness fades into unhappiness, which fades into depression. Research estimates that scores below nine are increasingly indicative of depressive states. If you scored very low on the questionnaire, it is possible that you are suffering from what psychologists call clinical depression. Of course, one short questionnaire can't give us all the answers – that would take a full assessment from a psychologist – but it may be useful in giving you a sense of where you lie on the spectrum of well-being.

Importantly, what this questionnaire shows is that it's not just helping people manage their depression that's important, but also finding ways to increase their happiness.

A key theme throughout this book is that we all can be overwhelmed, and experience depression, if sufficient powerful events occur simultaneously, testing coping skills to the limit – and then beyond. The level of misery, can feel unprecedented. It can take an inordinate effort to admit to the problem and accept help. But if you choose to self-disclose, we trust you'll be amazed by the level of support, and reciprocal revelations.

## Feeling Blue, or Depressed?

‘For better, for worse; for richer, for poorer; in sickness and in health, ‘til death do us part . . .’ You may recognise these words from a certain ceremony, dating way back in time. They sum up the inevitability of life’s ups and downs, and it’s ultimately inescapable end. Even if nothing goes seriously wrong, everyone, sooner or later, is going to die. Expecting to live a life without times of sadness, despair, or grief is unrealistic. But experiencing sorrow makes you truly appreciate life’s blessings.

Misfortune and loss can cause sadness and grief, but they don’t have to lead to depression. The difference is that sadness and grief lessen in intensity as time passes, while depression often does not (see Chapter 2 for more information about grief and types of depression). Misfortune and loss may feel pretty overwhelming at the time they occur. But time does eventually heal.



Unlike periods of sadness, depression involves deep despair, misery, guilt, and loss of self-esteem. People suffering from depression feel hopeless, helpless, and blame themselves not only for this, but also for just about everything else that goes wrong. Depression disrupts the body’s rhythms, often disturbing sleep, appetite, concentration, energy, sexual activity, and enjoyment. The net result is that depression seriously reduces your ability to love, laugh, work, and play.

*Depression* is a mood disorder making you feel profoundly sad, without joy, despondent, and unable to experience pleasure. Depression appears in a variety of forms, with varying symptoms. We describe these types of depression in Chapter 2, but all of them involve a very low mood or diminished sense of pleasure.

## The Many Faces of Depression

Depression can affect anyone regardless of race, social class, or status. Symptoms include deep sadness, loss of energy, loss of interests, low self-esteem, feelings of guilt, and changes in appetite and sleep. These symptoms are experienced by both men and women, young and old. However, the symptoms of a depressed toddler may be different to those of a depressed 80-year-old.

In Chapter 2, we explore the various types of depression. Here, we show you how to identify depression in different people at different life stages.

## *Young and depressed*

Depression can affect children of any age, from preschool through to young adulthood. Experts agree that the rates of depression in young people have gone up enormously. The rates are probably underreported because children aren't usually able to identify that they're suffering from depression, and parents and professionals often fail to recognise the problem. Parents are sometimes reluctant to accept that their children are depressed. Children can often be unaware of their feelings, or not have the words to describe what they are experiencing. They rarely spontaneously tell others what is happening to them. Instead, they may show changes in their behaviour, appetite, and sleep.



Marilyn's mother brings several big bags of fun-sized party treats into school on the morning of her daughter's eighth birthday, and asks the teacher to give them out to the children. The teacher promises to do this and to lead the class in singing 'Happy Birthday' just before break.

At the end of the day, Marilyn's teacher approaches her mother and says, 'I'm worried about Marilyn. We all sang 'Happy Birthday' to her just before break, and all the other children were so excited when I gave out all those lovely chocolate bars. But Marilyn hardly even smiled, and she spent break and lunchtime on her own in the quiet area. In fact, I often see her alone in the playground. She's become much quieter this term and seems less and less interested in the lessons, too. And she doesn't take part the way she used to. Is something the matter?'

When children are depressed, they lose interest in activities that they previously enjoyed. If you ask them if they're sad, they may not be able to put their feelings into words. However, children may show signs of depression, such as low energy or motivation, sleep problems, appetite changes, irritability, low self-esteem, and self-criticism. They may feel unloved, pessimistic, or even hopeless about the future. In fact, depressed children experience more anxiety and physical symptoms than do depressed adults.



Watch children at play for subtle signs of depression. Depressed children may frequently include themes of death or loss into their play. All children's play includes such themes on occasion, but these subjects show up more often in young people who are depressed. You may need to observe children over a period of time because their moods change. They may not seem depressed all the time, (unlike adults with depression). Their moods may go up or down throughout the day. Consult a professional if you have any doubts.

## Children, depression, and obesity

The BBC reported in 2008 that one in ten 6-year-olds is obese, and that the total number of obese children has doubled since 1982. On present trends half of all children in England by 2020 are going to be obese. But is this just harmless puppy fat or something more serious? Obese children are more at risk than their thinner counterparts in experiencing depression, low self-esteem, and other mental health

conditions. What researchers don't yet know is how the two conditions connect: does depression in children cause obesity, or does obesity cause the depression? Whatever the answer to this question, the findings that depressed children can develop obesity highlights the importance of addressing depression when it occurs. See Chapter 11 for more information on the relationship between food and mood.

## Grandparents: Grumpy or depressed?

Some people view old age as inevitably depressing. They assume that the older you get, the greater the deterioration in quality of life. Of course it's true that the longer you live, the more opportunity you have of experiencing negative as well as positive events. And certain illnesses, aches, pains, and disabilities do become more likely with increasing age, as do losses of family, friends, and social support. Therefore, *some* sadness is to be expected.



Nonetheless, depression is absolutely *not* an inevitable consequence of old age. Most symptoms of depression in the elderly are identical to those in people of all ages. However, the elderly are more likely to focus on the physical, and talk about their aches and pains rather than their feelings of despair. Furthermore, elderly people commonly express regret and remorse about past events in their lives.

Depression interferes with memory. If you notice increased memory problems in Grandpa or Grandma, you likely suspect the worst-case scenario – Alzheimer's disease, otherwise known as dementia. However, these memory problems can often be the result of depression.

And depression in the elderly increases the chances of death. Yet, if you ask elderly people whether they are feeling depressed, they may not recognise their feelings, or may even ridicule the idea. But by denying depression, the older person may not receive the treatment he or she needs.



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

## *Men don't do depression, or do they?*

Most studies show that men are half as likely as women to report that they get depressed. Men tend to cover up and hide their depression; they feel far more reluctant to talk about what they see as weaknesses and vulnerabilities than women do. Why?

Many men have been taught that admitting to any form of psychological or emotional problem is unmanly. From early childhood experiences, men get to know how to hide such feelings.



Francis looks forward to retirement from his job as a marketing executive. He can't wait to start travelling and having time for all those hobbies he's wanted to take up for ages. Three months into retirement, his wife of 20 years asks for a divorce. Shocked, yet showing little emotion, Francis makes light of his situation to friends and family, saying, 'Oh well! Life goes on.'

But gradually Francis starts drinking more heavily than usual. He becomes interested in extreme sports. He pushes his abilities to the limit in rock climbing, hang-gliding, and skiing in remote areas. Francis distances himself from family and friends. His normally even temperament turns sour. Yet Francis denies the depression, so obvious to those who know him well.



Rather than admit to disturbing feelings, men commonly turn to drugs or alcohol in an attempt to cope. Some depressed men express anger and irritation rather than sadness. Others report the physical signs of depression, such as lack of energy, body aches, changes in sleep and in appetite, but strongly deny feeling depressed. The cost of not expressing feelings and not getting help may account for the four-fold rate of suicide among depressed men compared to women.

## **Treating depression in old age**

Doctors frequently fail to diagnose depression in the elderly. A report in 2007 concluded that the majority of depressed elderly patients who only see their G.P., and not specialist mental health professionals are likely to go undiagnosed and untreated, with negative mental and physical health consequences. Why? Because the signs of depression are often attributed to the process of normal aging. That's unfortunate, because depression is common – and treatable – in the elderly.

Sometimes antidepressant medications don't work for older people. However, researchers found that interpersonal therapy (see Chapter 4) significantly decreases depression in patients over 60 who previously failed to respond sufficiently to antidepressant medication. There is increasing support for the idea that dealing with personal issues, such as grief, loss, and transitions, may be particularly useful for people in this age group.

## *Women and depression*

Why are women around twice as likely as men to report depression? Biological factors, including those related to reproduction, may play a role. The rates of depression during pregnancy, after childbirth, and before the menopause are higher than at any other times in women's lives. Research on women in 2002 found that women who had given birth had a 27 per cent higher rate of depression or anxiety compared to men. For women who had not given birth, 19 per cent were more likely than men to suffer from anxiety and depression.

Cultural and social factors are likely contribute to women's depression. For example, women are more likely than men to have been sexually or physically abused, and such abuse increases the likelihood of depression. Likewise, risk factors such as low income, stress, and multiple responsibilities like juggling housework, childcare, and a career, occur more frequently in women than men.



Janine gently lays her baby down in the cot. Finally, the little one falls asleep. Exhausted after a tough day at work, Janine desperately longs to go to bed herself. But the washing's piling up, she's got to pay those red bills, and the house is a total tip. Six months ago, her husband changed jobs and became a long-distance lorry driver, and life hasn't been the same since his lengthy absences started. Janine realises her overwhelming fatigue and loss of appetite are quite possibly because she's starting to suffer from depression.

## *Depression and diversity*

Almost everyone has a different experience of depression. Attempting to generalise about depression based on, for example, ethnicity or a cultural group can lead to misperceptions. But risk factors for depression include discrimination, obesity (see the sidebar 'Children, depression, and obesity'), social ostracism, poverty, and major losses such as loss of a job or loved one. And unfortunately, many of these risk factors occur more frequently among minority groups. Being different may take the form of race, culture, physical challenge, or sexual orientation.

As well as these risk factors, many groups face particular obstacles when dealing with depression. For example, some ethnic populations still have limited access to mental health care because of language differences, embarrassment, cultural pressures to deny such problems, and economic pressures. However, the UK government is trying to improve access to resources for minority groups.