

DEPRESSION

Light at the End of the Tunnel

JOAN ZAWATZKY

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The characters in this book are fictional and do not refer to real people living or dead. Every effort has been made to make this book as complete and as accurate as possible. This text should be used only as a general guide and not as the ultimate source of information. The ideas, suggestions and strategies described in this book are intended to provide helpful information and are not a replacement for the care and supervision of a qualified health professional. All problems and concerns regarding your health require the supervision of a qualified medical doctor. If you have any pre-existing medical disorders consult your doctor before following any of the suggestions, techniques or strategies in this book. The author and publisher are not responsible for any negative consequences that result from reading this book.

Please note

In this book the masculine pronoun “he” is generally used when referring to the client or therapist. This is for convenience and does not reflect a preference for either sex.

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For all those battling to overcome depression.

A NOTE FROM THE AUTHOR

A revised edition

Since writing my first book on depression, *There's a Light at the End of the Tunnel* in 2002, the desperation I have seen in depressed people is even more pronounced. Doctors are writing more prescriptions for antidepressants and there is talk of a depression epidemic.

I have revised this book and added to its content to respond to these needs by including practical new strategies and information about up to date techniques to overcome depression. More healing stories and case histories have been added to inspire your fight to overcome depression.

There is no such thing as one approach suited for each person or that each person should be limited to only one approach. This book provides you with several of the most successful ways of treating depression, so that if one method doesn't suit you or help to beat your depression, another will. My hope is that you will find relief from your depression, as you work through this special mix of healing tales and strategies.

A resource for family friends and caregivers

With the increase of teenagers and even children suffering from depression, I have added chapters providing you with guidelines to help you with issues such as bullying at school, cyber bullying, drug and alcohol abuse, self-harm and suicide. Caring for an aged parent and the difficulties involved with living with a depressed partner have also been included.

This book will provide you with a solid understanding of the causes and symptoms of depression, strategies to fight it and the practical and emotional support necessary to help your depressed loved ones.

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INTRODUCTION

Most of us feel sad or miserable from time to time but if a down mood has not lifted for several weeks, then you might be experiencing depression. Assess your mood by answering the following questions:

- Are you finding your life more difficult to manage?
- Have you tried to improve your life but hit a brick wall?
- Has the pleasure gone from things you once enjoyed?
- Do you struggle to concentrate and find you are becoming forgetful?
- Are you having trouble sleeping though you feel tired a lot of the time?
- Do you feel a failure and the future seems to hold no hope?
- Have you withdrawn from your friends and social activities?
- Have you lost your appetite or are you eating more than usual?

If the answer is “yes” to all or most of these questions, you may be depressed, and it’s time to do something about it. You are not alone. More people are depressed and struggling to cope than ever. Depression is a serious condition that appears in many different forms and affects each of us differently, but it is highly treatable. Not only can you help yourself by following the recommendations in this book but there is information about medical and natural therapies to turn to for assistance.

To encourage your recovery, this book provides you with the following powerful blend of practical strategies:

1. ***Cognitive behavioural therapy (CBT)*** is a highly regarded and fast-acting technique used world-wide to improve a depressed mood by changing the way you think and feel about yourself, others and life in general. By using CBT you will learn to become more positive,

gain self-esteem and develop new and constructive ways of handling situations.

2. ***Mindfulness-based cognitive therapy (MBCT)*** uses some of the skills learned from CBT and combines them with a technique that focuses on awareness of the present moment and viewing life in an objective way. It especially targets the prevention of recurrences of depression.
3. ***Case histories*** about sufferers from various types of depression and their ways of overcoming it, are included throughout the book to make the information about depression more real and understandable.
4. ***Healing stories*** found after most chapters will provide you with an additional and inspirational approach to assist you in finding helpful answers and making positive changes.
5. ***Medical and natural treatments for depression.*** Years ago traditional medicine and alternative therapies rarely appeared at the same time, but in this book you'll find them working together holistically to help you.



This book offers self-help for sufferers of various types of depression, but if you feel that your world is collapsing around you or you have thoughts of suicide, self-help is *not* the path to follow at this time. Seek immediate professional help from your doctor, hospital, psychiatrist, psychologist or social worker.

PART 1



UNDERSTANDING THE BASICS

ONE



UNDERSTANDING DEPRESSION

Sadness and depression are often confused

Depression and sadness are often confused. It is “normal” to be upset or even miserable about a life event that turns out badly, to feel discouraged or to grieve for a loved one. However, when the sadness lingers for long periods and feelings of despair rob the quality of your life, you are depressed. The intense pain of depression not only affects you, but your family and close friends as well. Depression is a real and debilitating disorder that is not due to a weak personality, flaws in your character or lack of willpower.

Depression can strike at any time and people of any age, sex or race can suffer from it. According to the World Health Organisation 350 million people are suffering from depression and it will become “the leading cause of the global burden of disease by 2030”. Depression does not have a single cause or show itself in exactly the same way in each person and it can exist independently or together with other illnesses.

The signs of depression

The most common signs of depression are found in the following areas of functioning:

Thinking

Depression promotes negative thoughts and causes you to focus on your guilt, inadequacies, failures and fears. Repetitive, nagging thoughts may make you question your actions and motives, and criticise yourself for

your failures. Your most dangerous thoughts may be of ending your anguish through suicide.

Emotions

You feel sad and despairing and cry frequently or complain of being numb and empty. Nothing seems pleasurable, and the feelings of love or affection you once had for those close to you seems to have disappeared. Vulnerable and confused, you are afraid of people and things that were not frightening before. The future looks bleak and overwhelming.

Energy and motivation

Some days you feel so tired that you have difficulty dragging yourself out of bed. Even the smallest task takes on daunting proportions as your energy deserts you. You have lost interest in doing things you once enjoyed and nothing seems worth the struggle.

Movement

Your body and mind feel as if they are in slow motion and you are unable to complete activities that once took you a short time. Some people feel restless and agitated, moving around aimlessly, or attempting several tasks without finishing any of them.

Concentration and memory

Concentrating on reading, writing a letter or watching television is a thing of the past. Performing intricate tasks such as sewing, home repairs or following a conversation, is difficult. Your formerly sharp memory may have deteriorated to such an extent that sometimes you can't remember what you did yesterday. Some people are so impaired that they fear the onset of dementia.

Images

When depressed you may describe the way you feel in terms of darkness, or being stuck. You might talk of being trapped or "the return of the black dog".

Physical changes

Depression interferes with your sleeping and eating patterns and you might notice that your sex drive is lower. Poor appetite and weight loss is another characteristic though occasionally depressed people sleep and eat excessively. Muscular aches and pains, headaches and gastro-intestinal problems may bother you. You even look tired and worn out, as if you are carrying the troubles of the world on your shoulders.



Depression can differ in type and intensity and strike in a variety of ways. Though each person experiences depression differently, there are some common signs. The stronger the symptoms are and the longer they have bothered you, the more attention you need to give them.

Use of labels

The use of labels and the categorising of symptoms of depression is a clinical approach to the condition, used mainly by professionals working in the field. However, it can be helpful and of value to identify the different types of depression.

TYPES OF DEPRESSION

Major (Severe) depression

Of all types of depression, major depression is the most intense and disabling. It is characterised by despair and hopelessness so devastating that suicide can be a danger. Major depression can occur suddenly or develop over many months. It may begin at any age, but the average age of onset is the mid-twenties.

Major depression is the most debilitating form of depression. Its despair and hopelessness is so profound that nothing seems of interest or gives you pleasure. Sometimes your fatigue is so overwhelming that you find it impossible to get out of bed. You have no appetite and may

hardly sleep for days. You may experience brooding, negative, guilt-laden thoughts, concerns about your health and feelings of panic. Numbness or hollowness and lack of belonging are common symptoms so devastating, that suicide is a danger.

Symptoms

To diagnose major depression, psychiatrists will expect the following symptoms to have been present for at least a period of two weeks.

- Constant depressed mood.
- Insomnia.
- Marked loss of interest and pleasure in life.
- Fatigue and energy loss.
- Recurrent thoughts of death and suicide.
- Indecisiveness.
- Feelings of worthlessness and guilt.
- Inability to concentrate.
- Restless agitation or feeling extremely slowed down.

Case study

Ken sat tensely, jaw set and eyes glaring. His clothes were crumpled, his face gaunt, eyes lacklustre and his hair a scruffy mess. He looked older than his twenty-three years. Three months earlier he had attempted suicide with an overdose of sleeping tablets but fortunately friends found him in time and he was rushed to hospital, where psychiatrists diagnosed major depression. After spending two months in hospital, his depression was no longer as severe but he continued to have periods of deep gloom.

When Ken visited his general practitioner, Dr Wilson, he refused to return to the city hospital out-patient department. When Dr Wilson suggested he see a local counsellor, he reluctantly agreed. Dr Wilson referred Ken to me.

“I must have had a weak moment when I agreed to see you today. I didn’t want to see a counsellor. If you can’t help me no one can,” he said glumly.

I tried to reassure him but he looked away, speaking slowly, as he stared listlessly at the carpet. “I can’t see a way out of this. I don’t enjoy anything anymore and I must be lousy company. Even my girlfriend has left me, but who’d blame her, living with such a loser.”

He told me how he had battled to cope with his work as a computer programmer. He had become slow and had lost confidence in making the tough decisions. “Worst of all, I couldn’t keep my mind on track and I mucked up an important programme a few days before I cracked up.” He shook his head and kept his eyes averted.

“When you say you cracked up...what happened?” I asked.

He explained that he was sitting at his desk with his head in his hands. “I sobbed really loudly. The whole office heard me and came running.” He smiled cynically. “They stood around my desk, not knowing what to do. Anyway they packed up my stuff and one of the guys drove me home.”

He told me how his mother called the doctor and that he was sent to hospital where he saw a psychiatrist who put him on tablets. He hadn’t worked since.

“I think of dying a lot these days.... but don’t worry I won’t try suicide though I’d probably be better off dead.”

Depression ran in Ken’s family. His grandmother, a first cousin and his sister are all depressives and his brother Eric attempted suicide three years ago.

“I’ve been running away from the blues all my life and now it’s catching up with me. It all seems too hard...I don’t know how I’m going to make it through the rest of my life.”

Mild depression (dysthymia)

Dysthymia is sometimes referred to as mild depression and is less severe than major depression. Diagnosis of dysthymia is often difficult because of the subtle nature of the symptoms. Sufferers might manage to function marginally for about two years and sometimes longer before

the depression is diagnosed. They might even believe that depression is a part of their character and not discuss their symptoms with doctors, family members, or friends. Diagnosis of dysthymia can be difficult if it occurs at the same time as other psychological disorders, which adds a level of complexity in determining its presence. If left untreated it may develop into severe depression.

Case study

Karen buried her face in her hands and sobbed. “Justin left me last week. After seven years of marriage, he packed his things and walked out, without a word or thought for me or the kids. I haven’t had the courage to tell them yet. They adore their dad, so I don’t know what I’ll say to them.” She wiped away her tears with a crumpled tissue. “I’ve seen this coming. Things haven’t been that good between us. We’ve hardly said a word to each other lately and I’ve had a feeling that he was seeing someone else though he denied it.”

She needed to talk so I didn’t interrupt her.

“About two and a half years ago I started to feel really tired and down... an empty kind of hopelessness. I thought I had a virus, but the doctors couldn’t find anything. At work my confidence dried up and I couldn’t concentrate. I struggled to decide the simplest things, even like what clothes to wear in the morning. No wonder I lost my job.”

She ran her hands through her hair. “Look at me, I’m a total mess. Who could blame him for turning away from me? He’s had a lot to put up with.” She continued, “Now that he’s gone, it’s like a movie in my head... my mind goes over and over the hurt.”

“Are you managing to sleep?” I asked.

“I don’t sleep for more than two hours a night...and I’ve started smoking again.”

“And your appetite?”

“The sight of food makes me feel sick but I’m forcing myself to eat. I’ve got to keep going for the children.”

Endogenous and reactive depression

Endogenous depression occurs without obvious cause and is considered to be mainly of chemical or biological origin and often runs in families. The symptoms of endogenous depression are similar to those of major or severe depression and suicide can be a danger.

Reactive depression occurs when sadness due to disappointment, emotional distress or loss becomes prolonged and intense, as in bereavement, extensive financial loss, the ending of a relationship or a ruined career. Reactive depression can result in hopelessness, anxiety, irritability, anger and a preoccupation with upsetting thoughts, but with time and support these symptoms usually disappear.

These two labels to describe depression are often used for convenience.

A daily mood chart

Recording your mood is an excellent way of monitoring your progress. It is so easy to forget small changes in mood from week to week. Making a mark once or twice a day on a sheet you've printed out, allows you to monitor not only your mood but your hours of sleep, any events that triggered a change in the way you feel and your current medication. You can add in anything relevant that may have affected your mood such as alcohol, illicit drugs, pain or anxiety. This record allows you to monitor your own moods correctly and it also a helpful document to show your doctor or therapist.

Keeping a mood chart until you feel entirely well, allows you to not only to appreciate your progress but to understand many factors like triggers to your depression, how your depression manifested itself and the medications you took and their effect.

How to fill in the mood chart

The top line reflects the days in a two week period (14). Down the left side is a 1 to 10 rating that will denote your mood for the day. If you wish you can add in a second set of ratings to measure your mood twice that day. Once the two week period has been completed you can connect the dots marked on the page and you will have a mood graph.

The line between anxiety and depression

Over recent years, researchers have come to the conclusion that people who are vulnerable to anxiety can be equally vulnerable to depression and that symptoms of anxiety and depression often overlap. Though depression is usually a state of minimal energy and anxiety is an elevated energy state, the two can exist simultaneously.

Anxiety and depression are in essence, very different. Depression makes you feel despairing and you may struggle to cope with your daily life. Anxiety or even fear in the face of danger is a normal reaction that prepares you to fight or to run.

With the “fight or flight response” adrenalin surges through your system. It is accompanied by fast breathing and heart rate increasing the oxygen levels in your bloodstream. Blood shifts to the muscles to enable you to act.

If you're anxious you may feel a constant nagging uncertainty or apprehension. Similar feelings may develop in a state of panic without you being aware of a recognisable trigger. The intense form of anxiety suffered by many people is far greater than the usual range of anxiety or stress we all know; such as the anxiety felt before an exam or when tackling a difficult task. This anxiety is intense and debilitating.

Just imagine being depressed but at the same time, feeling wound up and wringing your hands. You can't concentrate or do anything worthwhile to resolve whatever is worrying you. Feeling powerless to help yourself makes you more anxious. It follows, that your inability to do anything to help yourself also increases your depression.

Fortunately new medications prescribed by doctors can often relieve both symptoms. However, psychological help in addition to medication can usually be of further assistance.

This book is for you if you feel:

- your life is out of control.
- defeated and hopeless about the future.
- things that once gave you pleasure are no longer of interest.
- tired all the time.
- unable to motivate yourself.

You *can* find light at the end of the tunnel and beat depression. Joan Zawatzky shares the knowledge she has gained from many years of counselling depressed people. She provides you with the help you have been searching for in this unique combination of practical, tried and tested therapeutic solutions.

There are four approaches to help you:

- *Cognitive Behavioural Therapy (CBT)* that breaks down your negative, self-destructive thinking and helps you to rebuild your life.
- *Mindfulness Based Cognitive Therapy (MBCT)* that continues the good work of CBT with meditation, awareness and acceptance of your thoughts.
- *Healing tales* that will inspire you and bring hope and motivation into your life.
- *Case histories* and explanations of the forms of depression, its causes, symptoms as well as the most current treatments available – both medical and natural.

If one method doesn't help you, another will.

In addition, Joan Zawatzky offers you methods of understanding and supporting a depressed teenager, assistance with a partner or an older family member who is depressed. She deals with the important areas of turning aggression into assertiveness, improving low self-esteem, encouraging low motivation and keeping your body in tune. The important topics of bullying, preventing suicide in teenagers and adults, substance abuse and seeking professional advice are also covered in the book.

Joan Zawatzky brings her many years of experience in counselling depressed clients to this revised edition. Her special interest is research into advances in the understanding of depression. She writes directly and compassionately, offering practical support to sufferers of depression and their loved ones. Her approach is broad and balanced and aims to help the total person. She is also the author of *The Scent of Oranges*, *The Elephant's Footprint* and *The Third Generation*.

