

## The Reality of Depression

Can you imagine having flu like symptoms of body aches and low energy almost everyday? To make matters worse you are expected to act as if you feel completely normal, smile, contribute in conversations, and be productive. Nobody, not even your family, can see your symptoms so you must be making them up. Sometimes you feel like you can not go on in this life.

There seems to be a black cloud filtering most of your thoughts. You find yourself being forgetful. Even the simplest tasks such as basic self care are difficult. The neighbors think that you just want to be a lazy bum and to make matters worse your Sunday school erroneously teaches that no good Christian can suffer from depression.

Sadly these symptoms merely begin to describe the struggles 19 million depression sufferers face. All depressions are not exactly the same, but most usually respond to treatment. Research is constantly being done in the area of depression. Technology now allows for brain scans of those with depression. There has been research focused on chemical imbalances within the body. Other research is looking at genetics and environmental factors such as stress and trauma. Depression sometimes “co-occurs” with other diseases such as heart disease, cancer, diabetes, strokes, Parkinson’s, Alzheimer’s, etc.  
([www.allaboutdepression.com](http://www.allaboutdepression.com))

I’ve also found some newer research linking depression to inflammation to be particularly interesting. This may be helpful in assisting the depressed person look at food choices linked to inflammation and also key in the development of new medications. Obviously the causes of depression are complex and interconnected.

Cognitive behavioral therapy and medication combined with new healthy habits are the recommended treatment for depression. A therapist can isolate thought patterns that may be contributing to the depression and help a client to work through the maze of hopelessness. Therapy can also help an individual to find support in the community, new interests, and a sense of purpose. Sometimes therapists need to encourage what was learned as a child: meditating on scripture, eating right (limiting sugar and white flour), exercising, going outside and enjoying the gift of fresh air and sunshine, getting plenty of rest, having fun, and thinking about good things. Unfortunately, without medication clients are often too sick to pursue these avenues to health.

It is imperative that a patient works closely with their treatment team. Not every medication is for everyone. It is critical that you have professionals who listen to your symptoms and also listen for possible drug side effects. Your doctor should educate you on your medication since some take a while to be effective.

Remember, being sick does not mean that you know nothing about how your body is responding. You and your family must keep your case management team informed. Sometimes medications work for a while and may need to be adjusted later.

I encourage clients and their families to join depression support groups. These groups can help patients and your loved ones better understand the illness and keep abreast of current treatments and resources. Everyone is impacted when a family member suffers from depression. Support groups offer valuable coping strategies and hope. Depression and Bipolar Support Alliance meetings, [www.dbsalliance.org](http://www.dbsalliance.org), are held on the 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> Wednesdays from 7-9 p.m. at Wheeling Jesuit University, Whelan Hall. You may also wish to become a part of NAMI, National Alliance of the Mentally Ill which meets monthly in Wheeling at the Ohio Valley Medical Center. Visit [www.nami.org](http://www.nami.org) for contact details.

Facing depression is not as easy as just pulling up your boot straps and going on. Our loved ones need our support. I encourage you and your church to learn how to help those suffering from mental illness.