The Anti-Depressant Tablet



A QUARTERLY PUBLICATION VOLUME 2:2 VIETER/1991 Copyright C 1989 by Hugh Smith, Louisville, Ky 40217 *For persons depressed and for those persons who care about persons depressed+

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"And the little prince broke into a lovely peal of laughter, which irritated me very much, I like my misfortunes to be taken seriously. Antoine de St. Exupery

VHY VOMEN GET TVICE AS DEPRESSED AS MEN

"Vomen are more than twice as likely as men to suffer major depression because of factors ranging from sexual abuse to a passive way of thinking, so says a recent report of the American Psychological Association. Untreated depression is a major public health problem in the U.S. costing "about 16 Billion and leading to about 30,000 suicides per year. Warren & Issues

Biclogy plays only a minor role in the disproportionate rate of depression among women. It cited victinization, unhappy marriages and cultural traditions shaped to diminish feminine worth as more serious causes.

One of the most astonishing findings is how often this gender difference is denied in the health-care field, said Ellen KoGrath, a Yew York psychologist who headed the study. "What is usually said is that women are more ready to complain, more able to talk about their feelings than men are and that women are more comfortable utilizing mental health services. The study she said, shows "this does not hold."

"Vomen are doubly disadvantaged," said University of Texas psychiatrist Jean Hamilton, an author of the report. "Not only do we suffer twice as much depression as men, but special issues that complicate our depressions are often unappreciated, leading to undertreatment or overtreatment.

Among the findings: Menstruation, pregnancy, abortion and menopause are not major factors in depression for most women, but infertility is. 2. Abuse early in life may play a large role. The study said that 37% percent to 50% of women have had a "significant" experience of sexual abuse before the age of 21.

- 3. Poverty was a pathway to depression. 75% of the US poor are women and children.
- 4. Unhappy marriages and parenthood are important factors.

5. Some groups of women are particularly susceptible, professional women, minorities, the elderly, the chemically dependent and lespians.

I American women are saying what other leading experts in the field of depression have been saying for years - namely., that depression is neither a disease nor an illness but results from how one constructs one world. And, women usually construct their worlds from a blueprint made by men. And women can't normally build a world from that. This issue focuses on some recent research, developed by women scientists I might add, that makes it clear to me and others that a woman's depression is more due to the influence of an oppresive anti-feminine environment rather than due to any gene or biological cause. ED.1

> WOMEN AND CODEPENDENCY

"While the model for the codependency self-help groups was the consciousness raising groups of the women's movement, there is a marked difference between the ideology of these two movements. Both the codependent ACOA/recovery movement and the women's movement offer community in a society where this has become a rare commodity. Both provide a safe place for people who feel lost, lonely, subordinate, damaged or shamed, enabling them to come together and share their grief and find a path toward growth. But one movement encourages individuals to surrender to a higher power, while the other encourages people to join together to challenge and restructure power arrangements in the larger society. In one movement, community is used to empower the individual; in the other, community is used to empower the group as well. Their very names suggest the profound difference between these two movements viz, "codependency " and "adult child" on the one hand; "consciousness raising" on the other. One is based on a defecit model of human personality; the other, on a model of competency. One focuses on the personal roots of an individual's problems; the other, on the social origins of problems that transcend the experience of the individual.

I am concerned about the codependency movement's promulgation of the disease model to explain a vast array of human behaviors; the use of what is essentially a medical term - addiction - to describe activities as disparate as substance abuse, loving, gambling, shopping, sex, incest, lateness, intimacy, affairs, relationships, eating, worrying, work, and more...One of the more disturbing aspects of the disease model is that it trivializes those truly addictive behaviors associated with substance abuse by likening them to so many ordinary human behaviors whose excesses are labeled addictive. And it comes dangerously close to equating the feelings of deprivation generated by having been insufficiently nurtured as a child, to the utterly decompensating experience of having been sexually or physically abused by a family member.... Most popular books about problematic women briefly mention that the dysfunctional behaviors and patterns they describe are learned, that they have their roots in the values, power structures, history, language, and institutional practices of a patriarchical, dominantly white, middle class culture. Yet seldom is this idea reflected in their assumptions and formulations, nor in their proposed solutions. " From: THE FAMILY THERAPY METWORKER, July/August, 1990, Marianne Walters.

As the Editor I want to offer some personal beliefs at this point when we discuss the pro's and con's of where we think depression originates and the best way to deal with this painful experience. I believe that a women who is working the 12 step program and is involved with an ACoA group is definitely acting as an individual but she is also empowering other women by her healthy living out of her new beliefs about herself. Her ACOA group is going to support her as she learns how to take care of herself. depending on her own inner resources while at the same time giving support and active encouragement to those women who are still stuck in attachments that keep them codependent and dependent. I think a women who is active in ACA or involved with a women's consciousness raising group is doing a real service to ALL WOMEN EVERYWHERE. In the overall perspective I believe that we need a movement that will raise our society's consciousness about the nature of the origins of women's depression. I believe that women, because of cultural traditions shaped to devalue the worth of women and so victimize them, we are able to take a new and fresh look at the roots of modern woman's depression and begin to see what many of us have suspected for years, namely., that woman's depression is very much linked to her minority status, her poverty, her unhappiness in marital and parenting roles - so please, let's no longer blame it on her hormonal changes, nerves, genes or those other vague biological causes.

> SEX DIFFERENCES IN DEPRESSION: BY Susan Molen-Hoeksema. Stanford University Press, Stanford, CA, 1990: I highly recommend her book. You will find it readable and without jargon.

The authoress Susan Molen-Hoeksema says that there is no conclusive evidence that a woman's depression is caused by a hormonal problem - just the contrary. Like the women's movement and the discussion on codependency I believe that we need a broader outlook like Molen-Hoeksema's to help us focus our desire to advocate change in the larger society as regarding the unequal status of women and so further our efforts to help prevent depression in women in our society.

HER RESEARCH SHOWS THAT:

-among prepubescent children, boys are somewhat more likely than girls to show depression

-the rates of depression in both boys and girls are quite low before puberty but increase substantially in adolescence

-some time during early adolescence, girls become much more likely than boys to show depression

-women are much more likely than men to be depressed in all age groups between 18 and 64 years, except among college students, the Old Order Amish, and the recently widowed

-sex differences in depression seem to diminish or disappear among people 65 or over;

-women are much more likely than men to be depressed in most countries outside the United States, except in certain developing countries. p.46
AND FURTHER.,

-the biological explanations of sex differences in depression have not been well supported. There is no evidence that women have a greater genetic

predisposition to depression than men, and the hormonol explanations have received mixed and indirect support at best.

there does not seem to be as great an increase in risk for depression

during periods of hormonol change as is commonly believed.

**Menopausal depression and long-term postpartum depression are rare -studies seem to find evidence of significant premenstrual depression only when women are made aware of the focus of the study. And the increase in rates of depression in girls in early adolescence is not associated with

-even among women who clearly do experience serious depression during periods of hormonol change, there has been no consistent evidence of particular hormonol or biochemical abnormality that distinguishes them from women who do not experience such depression.

-social and environmental factors cannot be ignored as we try to explain the variations across groups in sex differences in depression. p. 76 -depression in women may be related to the quality of ongoing relationships, but men are more prone to depression than women following the loss of a close relationship. p. 152

-there is evidence that females tend to be less physically aggresive than men, but little evidence that females are generally more nonassertive and passive or that they have a strong tendency to avoid conflict and internalize hostility. Indeed, women appear to be more likely than men to confront conflictual situations, at least within marital relationships. p. 156

AND FINALLY,

 Women tend to have a more ruminative response style than men and in turn are more likely to be depressed and to report longer periods of depression than men. But men's tendency to distract themselves from their depressed moods, when taken to extremees, may contribute to their greater vulnerability to other disorders, such as alcoholism. p. 177

HOW TO CONSTRUCT YOUR OWN BRAVE NEW WORLD

 Day by day we may feel that the world we have constructed is secure, so secure that we have lost all awareness that it is constructed and we take it for solid reality. Then something happens, something which destroys or threatens to destroy the hope, the satisfactions that we have created it may be the death or defection of a loved one, or the dashing of our hopes, our reason for living, by something which we were unaware - and suddenly our world shifts, tilts, we put out a hand to steady ourselves and there is nothing to brace against. Gone is the solid world, and we see that we rest on a fragile raft. When we peep over the edge we see emptiness, emptiness more vast and frightening than the emptiness of the universe fear clutches our hearts. Hastily we try to reconstruct our world, perhaps by denying that anything has changed and by trying to use the same materials, the same ideas, we had used in the past, or perhaps we try to find new materials, new ideas, to construct a world which will be safe against assault. But the memory of the terror remains.

Yet the cause of this terror also gives us our freedom. Because we construct our world we are free to construct it in an infinite variety of ways. We can move freely in a spacious world, or we can build ourselves a prison...

So many depressed people, when they try to discover what is happening to them, are told that they have an illness which only a doctor can understand... What one needs in this situation is someone to talk with, someone who will not give advice and produce solutions, but who will help to unravel the complexity of one's thinking and feeling and to look at possible alternatives, someone whose presence ensures that the isolation is not complete. P.25-26,263. THE CONSTRUCTION OF LIFE AND DEATH, Dorothy Rowe. Wiley, Chichester and New York, 1982.

"The value of persistent prayer is not that God will hear us, but that we will finally hear God." William McGill

LINDA K. FINDS

A WAY OUT!!!

"My name is Linda Kennedy and the first time that I read "DEPRESSED? HERE IS A WAY OUT! I did not like it, and I got angry. The first part of the book about turning over our minds and life to a HIGHER POWER sounded good. I was ready to do that! Hey, here it is God! You take it! No more depression! But then came the part about a moral inventory, short comings, and that big one, viz., that I depressed myself.

"What's he talking about" I said to myself as I read the book. I had tried to undepress myself many times. I put the book down, and went to work. But as I was walking around at work that night feeling very depressed bits and pieces of the book popped into my mind, and I started to thinking the word "STOP" just like the book suggested to do. "I depressed myself, I can undepress myself," I said to myself.

Look for SUNSPOTS, memories from the past that were happy times and ones which bring back happy feelings from years gone by. I tried, but none came to mind. But I did find that just thinking about the book, and what it said did make me feel a little bit better. Then a piece of a song popped into my mind. "Seek you first the Kingdom of God, and his righteousness, and all the others will be added unto you." Hey, a SUNSPOT!

Then I felt a warm glow and then I did feel better. I did it! I made myself feel better. I can undepress myself! So he was right! I had mixed feelings, I wanted to feel better, but admitting I depressed myself was not easy.

I went back and reread the book, but with an open mind. I have started to follow the 12 steps, and with the help of the HIGHER POWER, I can have a brighter future. And I am making and putting in my memory a lot of SUMSPOTS for those times when I am feeling depressed and which I can choose to draw upon when I feel I need them.

I put up the STOP sign, and bring out a SUNSPOT to carry me through ... "

People in the DA program know that there are many ways to carry through with these SUNSPOTS, and many can be happy memories from our past. SUNSPOTS can also be any of those quotations from the sacred writings that are inspirational in nature and which give hope and can bring healing. Our language constructs our world and the more we begin to speak a hopeful language to ourselves the more we may begin to feel hope for this world that I call self. Ed.

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> GETTING WITH THE PROGRAM: A DOCTOR COMES OUT OF THE CLOSET!!

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"While family therapists have largely avoided trading on spiritual ground, warily watching from the secular sidelines, Alcoholics Anonymous and other 12 step programs have not been so diffident about rushing in. I think that AA and its offshoots are successful because they provide a possibility for a third order, or transformative change, and because the implicit theology and actual practices of AA are consistent with a systemic view of spirituality as the realm of the between. They transform the addictive quest for oneness into a nurturing relationship with a power greater than oneself. Family therapists have the opportunity either to help deepen and broaden the theory and practice of the 12 step movement or to hold back, waiting for it to become yet another God that failed...

In all my clinical works these days, I am aware that the change is not coming from any particular intervention I formulate. Rather, my connection to a higher power catalyzes clients connection both to their own sense of higher power and to each other. A widening circle of rapport spreads through the therapeutic and family system, like a healthy contagion that heals my clients and nourishes me. Taken from THE FAMILY THERAPY METWORKER, Sept/Oct, 1990, Dr. David Berenson, MD.

(PS. I appreciate the Doctor's belief in his Higher Power and how this belief provides his therapy with a greater sense of healing in the relationship. I too find this in my work when in a session I ask the Higher Power for a direction and then something positive does happen. I also remember my clients and pray for them asking only God's will be done for them. ED.)

DEPRESSED ANONYMOUS STATEMENT OF BELIEF #5

" Remember that an oak tree once was an acorn - recovery begins by taking one step at a time as well as participating regularly at meetings."

How often do we meet people in the program who want the quick fix, the easy way out, the feeling better - NOV! But just as it might have taken years for the person to learn how to get themselves depressed it will take time and work to start to feel better. I do believe that all good growth in nature is gradual and that if we want the good growth to continue then we need to follow certain steps to make sure this growth will continue. One of the first things that we want to do is just admit, like any other thing, person or substance to which we are attached that we can not free ourselves from the attachment by will power alone. We then ask this power greater

DA group and admit that we want to change. We are dissatisfied where we are now and want to begin to feel better. Thus by our taking one step at a time we actually feel a change occurring in ourselves. Many people who have been depressed for years - they are in so much pain that they want to be feeling better as soon as possible. But it's the example of people like Linda who spoke to us in this issue that helped us to see that it is only when we want to change that we can change. The teacher appears when the student is ready. Recovery is a journey - not a desitnation.

To live means to participate in life. We all know that the one thing you want to do when you are depressed is withdraw and isolate yourself from familiar activites and persons. Fear is the overriding response to living life and this fear is what blocks our attempts to feel joy and serenity.

In THE CONSTRUCTION OF LIFE AND DEATH, Dorothy Rowe illustrates her book with stories of how the emotion of fear rules the lives of the depressed: "Throughout the accounts of the people here runs the theme of fear, fear of being angry, fear of making others angry, fear of being rejected, fear of losing control, fear of death, fear of ordinary places, things, activities. They fear the future, their memories are of being frightened, their images are those of fear. They are like the people described by George Eliot, "men who have always been pressed by primitive want...to them pain and mishap present a far wider range of possibilities than gladness and enjoyment; their imagination is almost barren of the images that feed desire and hope, but all is overgrown by recollections that are a perpetual posture for fear." p. 268

Recovery means to gradually reinforce our weekly (DA meetings) images of hope that we hear and see and which are feelingly expressed by members of the DA group. Our images now present us with hope and a potentially safe future free from crippling fear and filled with some hope today. We don't see it clearly yet, today, but we hear from other members of the group that it is ours if we so choose to reach out and believe in what we see. But in our recovery from our images of sadness these can be replaced with the SUMSPOTS, the positive and upbeat stories of how others are experiencing infreedom from sadness and how they are now more assertive, independent, and less influenced by negative events outside of themselves and now believe in their own strength to choose to feel better. We would like you to begin to image a positive and hopeful world constructed for yourself. Your negative recollections and predictions for yourself and your future will gradually be reduced and replaced by hopeful images of a happier and a more serene you. DA is one of the best places to help prevent you from depressing yourself. The program works if you work it!

"It is a great mistake to think that God is chiefly interested in religion." William Temple

ACCEPTANCE

"...when I stopped living in the problem and began living in the answer, the problem went away. From that moment on, I have not had a single compulsion to drink.

The people of AA had something that looked much better than what I had, but I was afraid to let go of what I had in order to try something

new; there was a certain sense of security in the familiar. And acceptance is the answer to ALL my problems today. When I am disturbed, it is because I find some person, place, thing, or situation - some fact of my life, unacceptable to me, and I can find no serenity until I accept that person, place, thing or situation as being exactly the way it is suppossed to be at this moment. Nothing, absolutely nothing happens in God's world by mistake. Until I could accept my alcoholism (sadness), I could not stay sober; unless I accept life completely on life's terms, I cannot be happy. I need to concentrate not so much on what needs to be changed in the world as on what needs to be changed in me and in my attitudes... AA [DA] and acceptance have taught me that there is a bit of good in the worst of us and a bit of bad in th best of us; that we are all children of God and we each have a right to be here.... When I focus on what's good today, I have a good day, and when I focus on a problem, the problem increases; if I focus on the answer, the answer increases... When we deal in feelings, we tend to come to know ourselves and each other much better." Alcoholics Anonymous, pp. 449, 451.

ADOLESCENT DEPRESSION MIRRORS A TROUBLED ENVIRONMENT

Two research articles containing studies of depression in teens and raises issues about future directions for reasearch. AFFECTIVE DISORDERS AND ANXIETY IN THE CHILD AND ADOLESCENT. PSYCHIATRIC CLINICS OF NORTH AMERICA, VOL. 12, NO. 4, Dec., 1989,

1. Children of Parents with Major Affective Disroders: A review of the past five years (1983-1985).

2. Parameters of Adolescent Depression: A review, S. P. Kutcher, MD and P. Warton, PhD, (This article lists 182 references)

"..A large scale North American survey of high school students (ages 14-18 years) reported the prevalence of depressed mood to be about 25 percent...In the Ontario Child Health Study, symptoms of depression were reported by a large number of boys (36.9%) and girls (55.7%) between the ages of 12 and 16. In a community sample of 14-16 year olds 22 % reported depressive symptoms without meeting the DSM -III diagnostic criteria of depression in the study. Thus, symptoms of depression are commonly reported by adolescents. One fifth to one half of the adolescent population experience some symptoms of depression at any given point in time."

HOW TO HELP TERMS HELP ESTERN THENSELVES, by Hugh Smith MS
So how do we help our young people? First of all, let them know that
they are important to someone and let them know that they are valued for
what they are and not what they acheive, win or possess. We love youth just
the way they are.

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Secondly let them know that it's ok not to be perfect and that others in their peer group are not to be feared, envied or made fun of. They are all together in this thing called adolescence. Let them know how everyone deep down wants to be part of a group.

Thirdly, learn how to be of help and service to others. This is definitely going to raise your self-esteem. IT WORKS!!

Fourth, learn how to set small goals - even for the day if that seems to help and so after each goal is accomplished know that you are worth something and that you can accomplish something worthwhile for yourself.

Fifth, learn how to be good at something that makes you feel good about yourself. Be a teen that you can be proud of. FOLLOW A FIELD OF STUDY THAT FASCINATES YOU!

Sixth, learn the secret of imaging yourself as to who you want to be someday and possibly someday you will be that person. Play this scenario of loving you every moment you have a chance on your mental screen. Like seeing yourself as you want to be at the movies. You have the lead role.

Seven, have a I LIKE ME notebook. Everyday write down one or two things that you felt that you did good that day! Share it with a parent or a friend. Please, learn how to brag about yourself!

Eight, go to the Principal of your school and ask that you might be a big brother or big sister to a younger person who is feeling down and low about themselves. Believe in yourself that you will make a difference in that child's life. YOU WILL BE THE DIFFERENCE!

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Nine, pray and stay in touch with God or your Higher Power everyday and let this Power guide you. REMEMBER, God is on your side.

Ten, learn that feelings are neither bad no good - just unpleasant or pleasant. Track one pleasant feeling that you chose to feel today and put it in your I LIKE ME notebook. Describe how you started to feel good about you.

STEP F C) U R OF DEPRESSED ANONYMOUS
"Made a searching and fearless moral inventory of ourselves"



Like others who work a 12 step program I believe that it is in the cleaning our house that the real serenity of the program comes into reality. We have to face those character defects which have kept us in the prison of depression these long years and incapacitated us from being who we want to become. When we begin to surrender our life and ask the God as we understand him care for us - this is the beginning of the healing that we desire. This inventory doesn't make us feel more shamed of ourselves or more guilty but it does help us begin to stare the demon of fear in the face while refusing to flinch. We list and reflect on the times, people, places or events which sink us back into the despair of our sadness. We choose to feel the numbness of the joylessness of life because for a long time we have felt it just too comforting to think that if we changed our way of feeling that to feel something different would be worse - we preferred to stay with what we knew - pain. How many times have people come up to me after a workshop on depression to tell me that they would like to believe what I tell them about depression but that they can't think of trying to live differently. The desire to stay where it is very predictable

is too comfortable for them. At this point they haven't the courage to change and live with the unpredictability that is life itself.

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We also need to realize that this step four is only for ourselves; it would be comfortable to sit back and blame others for the way our lives have turned out — but we can inventory only ourselves, take responsibility for our own decisions and admit that we are the cause of how we feel. It's at this point that we claim responsibility for self and honestly say that our inventory is a searching and fearless one...it is only when we can get past the blaming others, the denying of our own ability to choose a healthier way to live and think that our depression will wither away for a lack of attention...the self-help group of Depressed Anonymous makes it possible, if you choose, to find men and women whom you need not apologize to for your depression. You will not be judged for it. From — DEPRESSED? HERE IS A WAY OUT!, pp. 36-37, Hugh Smith, 1990.

GLOBAL CHANGES

Life expectancy is increasing in most countries, the number and percentages of people running a higher risk of developing depression are accordingly also increasing. The rapidly changing psychosocial environment of man caused by uprooting, family disintegration and social isolation — often gives rise to situations of acute and/or prolonged environmental stress, which may lead to depressive reactions. The increase in morbidity from chronic diseases will bring with it an increase of depression. Certain widely used drugs have been shown to cause depression; the ever higher emphasis on the quality of life, the waning influence of religions that put a premium on suffering, and changes in sickness behavior which makes people who until recently would have considered their feelings of depression, misery, and unhappiness as being normal seek medical advice will also contribute to higher rates.

There are estimates that there are at least one hundred million people in the world who suffer from depressed disorders and the numbers are growing but they can get help. Social damage caused by depression has assumed enormous proportions: depression is a major public health problem. CROSS-CULTURAL RESEARCH ON DEPRESSION. Norman Sartorius, PSYCHOPATHOLOGY 19: Supple. 2., pp. 6-11. 1986

"VE DO NOT SEE THINGS AS THEY ARE. WE SEE THEN AS WE ARE." TALMUD

If we construe what is wrong with us, our badness, our evilor whether we see it as Adam's curse, or the devil, or the legacy of our genes - as immutable, then we are powerless to change ourselves. The first step to change is to see it as possible in our scheme of things. The next step is to accept and cope with the anger and frustration that change brings.

Language is not just one aspect of reality. It is language which structures reality for us. " Dorothy Rowe. p. 12

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