

SADNESS AND DEPRESSION

AS DIFFERENT AS NIGHT AND DARK

Everyone has experienced sadness and unhappiness. These may result from (1) the loss or absence of a valued person, object, or situation, or (2) troublesome thinking, behavior, and interaction patterns. Depression is a disturbance in the flow of neural information due to changes in brain chemistry. The body's ability to feel, think, move and even digest is literally depressed! An estimated 15% to 25% of the population will experience depression at some time in their lives. Thoughts of defeat, deprivation, and self-devaluation that accompany depression suggest it is a "mental problem." Even these may result from brain chemistry rather than life experiences.

GLOOMY CHEMICAL GREMLINS¹

Depressed people have low levels of norepinephrine and serotonin. These chemical messengers enable us to respond to and transmit incoming neural information. When serotonin is lacking, everything in the body slows down. Studies have shown that the brains of people who commit suicide have fewer "binding sites" that permit proper distribution of serotonin. There are several ways to disturb the delicate chemical balance needed for mood stability:

- Heredity can affect the body's ability to produce and use serotonin. Genes are particularly suspect when depressed people have a close relative with a mood disorder.
- Illnesses such as anemia, cancer, chronic pain, and immune deficiencies can physically influence mood. Thyroid problems are present in 10% to 15% of depressed people.
- Some medications for high blood pressure, heart problems, Parkinson's disease, hormone replacement, and birth control can trigger depression.
- Hormone levels of estrogen, progesterone, and melatonin change dramatically monthly or seasonally and may be major players in the chemistry of depression. Both serotonin and melatonin are found to be lower in some women suffering from PMS.
- Abuse of alcohol and drugs may ultimately lead to depression even though they are initially mood enhancing. Studies show that women and children are often depressed before they begin abusing alcohol or drugs.
- Traumatic experiences early in life may actually alter body chemistry. People who have lost a parent in childhood are twice as likely to have major depression as adults.
- Prolonged stress can wear down the body's reserves and lead to depression. People also acquire beliefs during trauma and high stress that influence moods. About 25% of depressed compared to 5% of nondepressed people are experiencing serious stress.

Experiments with mice show that a combination of factors is the most likely cause of depression. Some strains of mice exposed to inescapable electric shocks develop "depressed" eating, sleeping, mating, and learning habits. They continue to deteriorate even after shocks are stopped. Other strains of mice bounce back to normal when they are no longer subject to shocks. This may suggest that even prolonged stress will not result in depression unless people are genetically predisposed.

THE DIFFERENCE BETWEEN BLUE AND BLAH

Sadness can be caused by any change in familiar patterns of behavior that is experienced as loss: death, divorce, moving, retirement, graduation, and illness. Grief is far different from the

¹ See *You Mean I Don't Have to Feel This Way* by Colette Dowling (Bantam Books, 1993), p. 37, 41, 92.

inability to experience pleasure that accompanies depression. It may be barely noticeable with minor disappointments or an outpouring of feelings during major loss. When sadness is mistaken for depression, feelings can be compounded and frightening. When depression is mistaken for sadness, people may not receive proper medical attention. Therefore, it is important to make the distinction:

- Sadness is an e-motion, or energy-in-motion. Focusing on sad feelings, allowing them to build, and releasing them through crying and/or talking leads to a healing outlook. Avoiding painful feelings suppresses them and can eventually lead to depression. When properly weathered, daylight follows these “dark nights of the soul.”
- Depression is a motionless, vacant state. Struggling to release feelings that aren’t there can be exhausting and add to the problem. An energizing distraction or medication may be needed to banish the darkness.

Depression versus Sadness Checklist	
DIRECTIONS: Mark items that best describe your experience. Although sadness and depression can be mixed, the more pronounced condition needs to be addressed first.	
Depression Indicators	Grief Reactions
<p>Inability to feel:</p> <p><input type="checkbox"/> Pleasure, hope, love, or attachment</p> <p><input type="checkbox"/> Emotionally “flat”</p> <p>Thinking:</p> <p><input type="checkbox"/> Poor concentration due to difficulty pulling thoughts together, slow thinking</p> <p>Thoughts:</p> <p><input type="checkbox"/> “I’m disgusting, worthless, inadequate.”</p> <p><input type="checkbox"/> “I’ve done something wrong; I’m at fault.”</p> <p><input type="checkbox"/> “Nothing will work out.”</p> <p><input type="checkbox"/> “I cannot do anything. Nothing helps.”</p> <p><input type="checkbox"/> “Death would be a relief.”</p> <p>Motivation:</p> <p><input type="checkbox"/> Loss of will, desire, interest</p> <p><input type="checkbox"/> Avoidance of people, work, and activity</p> <p>Physical:</p> <p><input type="checkbox"/> Disrupted sleep: too much or too little</p> <p><input type="checkbox"/> Poor appetite or overeating</p> <p><input type="checkbox"/> Weight loss or gain</p> <p><input type="checkbox"/> Reduced or no ability to respond sexually</p> <p><input type="checkbox"/> Possible crying spells without knowing why</p> <p>Activity:</p> <p><input type="checkbox"/> Restless or slowed activity/speech</p> <p><input type="checkbox"/> Reduced talking, smiling, motion, energy</p>	<p>Feelings of:</p> <p><input type="checkbox"/> Sadness, missing, disappointment, or love</p> <p><input type="checkbox"/> Numbness in the first few hours</p> <p>Thinking:</p> <p><input type="checkbox"/> Poor concentration due to preoccupation</p> <p><input type="checkbox"/> Increased thinking (about loss)</p> <p>Thoughts:</p> <p><input type="checkbox"/> “I’m alone, incomplete, empty, abandoned.”</p> <p><input type="checkbox"/> “I didn’t do enough. I should have. . . .”</p> <p><input type="checkbox"/> “I cannot trust anyone.”</p> <p><input type="checkbox"/> “I have no purpose. I cannot go on.”</p> <p><input type="checkbox"/> “Death would be an escape.”</p> <p>Motivation:</p> <p><input type="checkbox"/> Avoidance of or desire to talk about loss</p> <p><input type="checkbox"/> Focus on loss interferes with other pursuits</p> <p>Physical:</p> <p><input type="checkbox"/> Disrupted sleep: too much or too little</p> <p><input type="checkbox"/> Poor appetite or over eating</p> <p><input type="checkbox"/> Weight loss or gain</p> <p><input type="checkbox"/> Sexual responsiveness varies</p> <p><input type="checkbox"/> Likely bouts of sobbing over loss</p> <p>Activity:</p> <p><input type="checkbox"/> Emotional roller coaster: up and down</p> <p><input type="checkbox"/> Drained or exhausted</p>

Information in the chart is organized around Aaron Beck’s five indicators of depression found in *Depression Causes and Treatment* (University of Pennsylvania Press, 1967).