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Caring for Someone with Depression

It has become common today to cease thinking about the importance of caring for those who are suffering from Depression – even if that someone is a loved one. Is our society completely inept at supporting and caring for those suffering from Depression? Do people lack perception or insight to the mental and emotional state of those suffering from Depression? Are people unaware of the rising suicide rates due to Depression? Are people absolutely unaware of Depression? As technology advances and as social media slowly takes over our lives, I strongly believe that such scenarios are very unlikely. So why is it that some people are not so willing to lend a helping hand? Unfortunately, it seems that people dismiss the importance of caring for the depressed because of self-serving reasons; they only have concern for their own health, happiness, and interests than those of others. Some might contend that they do not want the burden or responsibility of helping someone get through their melancholic state of mind. Then there are some who wish not to bring the negativity into their lives. However, there are also others who simply just have difficulty in fully grasping what and how those who are suffering from Depression are feeling, or why they think in such a way. For example, in “9 Best Ways to Support Someone with Depression”, Margarita Tartakovsky, M.S. addresses that “some people assume that if a person with depression has a good day, they’re cured.” Then, there are times it is simply difficult to know what to say when speaking to someone suffering from Depression for

you might fear aggravating, insulting, or worrying them (Smith, Barston, and Segal). However, regardless of what their reason is, I dare say that things does not have to be that way, nor should it be.

Often enough, when it comes to Depression, people dismiss the matter to avoid the responsibility and the nuisance. People want to avoid being involved in others' troubles. Be that as it may, granted that while people are busy being ignorant and selfish, more lives are being taken daily by Depression. It is known that Depression, if left uncared for, can cause emotional, behavioral, and health problems. For instance, they may excessively gain weight, which can lead to heart disease and diabetes. Other examples include: alcohol or substance abuse, social isolation, and self-mutilation ("Complications"). On worst cases, it can prompt a person to resort to suicide. In fact, in recent studies, researchers found that "90 percent of people who kill themselves have depression" ("Suicide and Depression"). What is at stake here are the lives of those who are suffering from Depression of which that is not being helped. Ultimately, something must be done! Not everyone is knowledgeable of why those who are depressed are displeased with themselves, how they came to that point of their lives, and why they think in such a way. Nevertheless, instead of avoiding the problem or being egocentric, we must learn how to comprehend their ways and be of moral and physical support.

I call to mind one sunny summer Sunday morning – I was roaming around the crowded, hectic, and fast-paced streets of New York City. Ironically enough, I was taking such a leisurely walk. Then, I remember losing my focus as the gravel had grabbed my attention when it sparkled for me. Instantly, I crashed into someone. I looked up, in outrage, only to find that, that someone was one of my longtime friends, whom I had not seen in a while. After we composed ourselves from the shock and excitement, we embraced and then quickly greeted each other. Since I had

not seen my friend in a long while, I also had not been up to date with the recent occurrences in her life – of course, she had been away for boarding school. Hence, we journeyed to the nearest coffee shop and arranged to catch up with our recent trials and tribulations.

After the long wait – when the unbearable, sluggish barista finally finished preparing our coffee – we sat down and began to catch up with each other’s lives. As she was explaining how difficult and how non idyllic boarding school was, I noticed her excessively and anxiously pull down her sleeve – as if she was concealing something on her arm that crucially cannot be revealed. Immediately, a horrific and plausible hunch came to me. “Could it be?” I thought. Curious and determined to prove myself wrong, I decided to focus my attention on her arm. Finally, after quite some time, there it was! In her efforts to pull her sleeve down once again, her sleeve had ricocheted back up. There it was – the cuts and the scars – some were fresh and some were old. Alarmed and concerned, I grabbed her arm and asked her, “What is this, Bea? When did this start? Why are you doing this? What made you do this? Who made you do this? Does anyone know what is going on?” I looked up and I noticed her tearfully stammering and choking up. Little did I realize, I was attacking her question by question. Fully aware of what I had done, I let go of her arm and comforted her. Sometimes, it is best for a mouth to stay close and just listen – this was one of those moments. Momentarily, she was able to get herself together. “Sometimes it is worst,” she said, “Sometimes, whenever everything got too overwhelming, I wanted to kill myself. I wanted for things to end. I wanted to disappear. I wanted all the pain to end once and for all. I would cry in my room and turn off all the lights, and either held a knife to my throat or wrapped a rope around my neck.” I was frightened. I have not yet encountered anyone in my life who could think of such horrendous things or could do such horrendous things to themselves. “When did you start feeling so displeased with yourself?” I asked her. She told me

that it has been going on for more than half of her seventeen years of existence. Indeed, it was shocking. Who knew that she had been going through this melancholic horror? “It wasn’t my first intention to suppress my sorrows,” she continued to explain, “I wanted to tell people but people were being mean and judgmental. They did not understand. They did not even try to understand. They would just look at me like I am another kind of species, or something. My parents once had to bring me to the Emergency Room. That was when I happened to cut deeper than usual and they found me unconscious on the floor and bleeding nonstop.” As my concern rises higher than the moon, I asked her, “Have you tried to seek professional help or, at least, an adult, someone you can trust, or anyone at all?” She told me she was currently trying to help herself through seeing a therapist, weekly. She had also told her parents about her Depression. However, she explains that because she is surrounded by unsupportive and a not-so-understanding community, the desire to harm herself recurs.

We continued to converse about her unfortunate and unfavorable situation. Essentially, she had unfolded that, granted there are others out there like her, it should not and does not need to end up in self-harm or worse, suicide. “I needed someone to talk to. I needed someone to help me and to give me a reason to keep going... even if it was as little as a random text asking how I was, how my day was, or if I was okay. Something to tell me that I mattered... that I am not exactly worthless. I didn’t have that,” she explains, “However, what saved me from ending myself is the recent loss of a friend due to Depression. And I saw the pain and the heavy burden [he] left to his parents, friends, and other loved ones. I realized that I did not want to do that. Though it may not feel like it, I know my parents love me no matter what and I would not want to hurt them like my friend did to his parents. They have not been able to start mourning and grieving for his death... But no one should have to die for people to open their eyes and see that

people suffering from Depression – people like me – have to be helped and cared for.” She was right. Does someone have to harm his or her self in order for us to take notice? Does someone have to die in order for people to take action? We need to help and support those who are in that state of mind. We need to realize the costs it will take if we simply disregard or steer clear from the matter.

The dangers of staying silent or dawdling on helping someone are damaging and horrendous; or worse, permanent. We must freely devote our earnest and careful efforts unto those who are struggling with Depression. As stated in “How to Reach Out and Help Someone While Taking Care of Yourself”, by Melinda Smith, M.A., Suzanne Barston, and Jeanne Segal, Ph.D.,

Depression is a serious but treatable disorder that affects millions of people, from young to old and from all walks of life. It gets in the way of everyday life, causing tremendous pain, hurting not just those suffering from it, but also impacting everyone around them (Smith, Barston, and Segal).

Essentially, what the authors are trying to assert is that despite of Depression being a serious condition, it can be treated. Moreover, not only does Depression affect those who are suffering from it, it also affects the people around them and the people who are close to their lives. It starts to affect those who suffer from it in their relationship with their family and/or loved ones.

Depression is now rising and is “one of the most common mental disorders in the United States” (“Who Is At Risk”). So, what can we do? How do we help them? Take in mind my friend’s solemn spiel about her encounter with Depression. We must be of emotional, mental, and physical support. In order to avoid leaving someone to resort to suicide, we need to be there for them to be able to talk to, and to be able to help them and motivate them. It is up to all of us to

implant in their heads that despite their situation, life is not over for them – they must keep going. Take notice and take action; their lives are at stake. No one should have to harm his or her self, or even end their life, in order for us to take action.

For you to know how to help someone who is suffering from Depression, you must first know the different, several forms of depressive disorders. National Institute of Mental Health's article "What Is Depression?" provides us with the several forms of Depression. The most common type of Depression is Major Depression. The article states that those who suffer from this form of Depression have "severe symptoms that interfere with [their] ability to work, sleep, study, eat, and enjoy life." Some people who have Major Depression can have an episode that will only occur once in their lifetime, while others will have several episodes. Also, we have those who suffer from Persistent Depressive Disorder. Those who suffer from this form of Depression are often in a "depressed mood that lasts for at least 2 years." Adding on, the article also states that "a person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years." Then, we have those who suffer from Bipolar Disorder, also known as manic-depressive illness. This type of Depression is not as common as the previous ones, and is "characterized by cycling mood changes—from extreme highs (e.g., mania) to extreme lows (e.g., depression)." Next, we have Dysthymic Disorder (DD), which is a "chronic, mild form of depression that includes symptoms such as depressed mood, irritability, and two other depressive symptoms," (Swearer Napolitano). Finally, we have the Depressive Disorder Not Otherwise Specified (D-NOS) which is "diagnosed when an individual's depressive symptoms do not meet the criteria of the previous two disorders."

Additionally, there are some unusual and slightly different forms of Depression that may develop under unique circumstances, which includes: Psychotic Depression, Postpartum Depression, and Seasonal Affective Disorder (SAD). The article “What Is Depression”, by National Institute of Mental Health, explains that Psychotic Depression occurs when a person has severe Depression but is also either delusional or hallucinating. People with Psychotic Depression are not only depressed but are also in “some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).” Another form of circumstantial Depression is the Postpartum Depression. This form of Depression can only be experienced by many women after giving birth. Often, women after giving birth, have “hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming.” Researchers found that around 10 to 15 percent of women, after giving birth, have experienced postpartum depression. Lastly, we have those who suffer with Seasonal Affective Disorder (SAD). Oftentimes, there are several others who will feel extremely sad during the colder and darker, winter months. This is believed to be caused by the decrease of natural sunlight. SAD, however, predominantly lifts during the warmer and brighter, spring and summer. The article states that SAD may possibly be treated with light therapy. However it also mentions the fact that nearly half of those people who are suffering from SAD do not get better with light therapy alone. In addition to light therapy, others may need to intake an antidepressant medication or go through psychotherapy.

How can we help those who are suffering from any of the forms of Depression? First, we must be able to notice and pick up on some signs and symptoms people with Depression have. According to the article “Symptoms”, generally, signs and symptoms may include:

- Feelings of sadness, tearfulness, emptiness or hopelessness

- Angry outbursts, irritability or frustration, even over small matters
 - Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
 - Sleep disturbances, including insomnia or sleeping too much
 - Tiredness and lack of energy, so even small tasks take extra effort
 - Changes in appetite — often reduced appetite and weight loss, but increased cravings for food and weight gain in some people
 - Anxiety, agitation or restlessness
 - Slowed thinking, speaking or body movements
 - Feelings of worthlessness or guilt, fixating on past failures or blaming yourself for things that aren't your responsibility
 - Trouble thinking, concentrating, making decisions and remembering things
 - Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
 - Unexplained physical problems, such as back pain or headaches
- (“Symptoms”).

Although, the signs and symptoms for children and teens may slightly differ. Younger children may have symptoms including “sadness, irritability, clinginess, worry, aches, and pains, refusing

to go to school, or being underweight.” On the other hand, teens may have symptoms such as “sadness, irritability, feeling negative and worthless, anger, poor performance or poor attendance at school, feeling misunderstood and extremely sensitive, using drugs or alcohol, eating or sleeping too much, self-harm, loss of interest in normal activities, and avoidance of social interaction.” However, one thing to note is that there may be children with Attention-Deficit/Hyperactivity Disorder (ADHD) that might show similar symptoms as someone with Depression, such as irritability, though they may not necessarily be sad or losing interest. And contrariwise, a child with ADHD may also have Major Depression.

One of the important things in helping someone with Depression is also to try to understand what causes their Depression. In order to be able to help someone with Depression, we may try to find and trace the problem to its roots. It is known that Depression in adults often comes from stress from work, family problems, financial instability, traumatic experiences, insomnia, and more. However, in Marta Bemnowska and Jadwiga Joško-Ochojska’s “What causes depression in adults”, research has shown that it can also be rooted back to a range of factors – there is no single source of Depression – including genetic, hormonal, biological, impact of family, and other socio-cultural factor, from when they were only adolescents. In terms of genetic causes, Bemnowska and Joško-Ochojska states that “scientific research proves that the mother’s depression and her anxiety during pregnancy can be inherited and can cause anxiety and depressive disorders in the newborns.” It is estimated that people are 1.5 to 3 times more likely to develop depression if their first-degree relatives suffer from it as well. Then, when it comes to biological causes, researchers found that the reduced production of neurotransmitters such as serotonin, norepinephrine, dopamine, gamma-aminobutyric acid (GABA), and others

“can cause symptoms of depression, and may be responsible for the emergence of suicidal thoughts and actions.”

One of the most common roots for depression, however, is the influence of family. It could be that the relationship between parents themselves or the parents and their children is problematic and shaky. This could range from “conflicts, divorce, alcoholism in the family, including the mental health disorders and domestic violence of a sexual or moral nature” (Bembnowska and Joško-Ochojska). Evidence has suggested that typically, people who problems such as these during a person’s childhood and they develop Depression, it carries on to their adulthood. Also, in addition to conflicts at home, some adolescents may deal with stress from school, religion, social conditions, and behavioral patterns. Particularly in school, adolescents acquire stress from “education, competition among the students, and the expectations bar set too high by teachers,” and of course, bullying. According to “Bullying and Depression” written by Susan M. Swearer Napolitano,

Victims of bullying are particularly at-risk for experiencing depression. Victims have been found to do the following:

- possess typically low self-esteem view themselves in a negative manner, which can ultimately lead to depression.
- are associated with depression and unhappiness at school and low self-worth.

Additionally, bullies and bully-victims may also experience depression. Studies have found the following tendencies in bullies and bully-victims:

- had higher levels of depressive symptoms than victims and individuals who were not involved in bullying (Swearer Napolitano).

Ultimately, Napolitano is implying that those who are constantly oppressed and tormented by their peers are most likely to suffer with Depression in the long run. It affects their self-esteem and eventually affects how they view themselves. They start to lose confidence and lose their desire to go to school. The studies also found that bullies and bully-victims may also experience Depression, often on a high level than the victims themselves. And lastly, she also mentions that those who are affected by the bullying – either the victim or the bully-victims – have a higher rate of suicidal thoughts than the bullies and those who are not involved at all.

Now in order to help and care for someone who is suffering from Depression, we must create a safe environment for them, whether it be in school, at work, or at home. We also must acknowledge the fact that everyone understands and thinks differently. How we may feel, will not be the same as how others may feel. We all handle trials in life differently than others – what may be not-so-big-of-a-deal to you, may be the biggest hardship or struggle in someone else's life. Hence, the best way to help those with Depression is by supporting them morally and physically. Just like my friend, what people who are depressed need is simply some love and kind words; let them know you care and that you are there for them. In Margarita, Tartakovsky's "9 Best Ways to Support Someone with Depression," she revealed that the best way to help someone or support them is by avoiding the tough-love approach for it will only push others away. What you say and do greatly impacts them, and saying statements such as "Snap out of it," or "Why are you letting this get to you?" is not only hurtful and insensitive but will also drive them away or to new measures. Instead, we should be saying things like "I am here for you," or "I might not be able to understand how you feel completely, but I will listen and help you get through this situation." This will give them a sense of comfort, knowing that they are not alone and that there are others who care about their well-being. Along with giving them kind words,

we also but learn how to be patient and to learn as much as we can about their situation. We need to listen carefully and completely.

One effective way to help someone with Depression is by suggesting a change in their lifestyle. Though it may not completely cure someone from Depression, a lifestyle intervention can still help and can improve their health. After all, “self-help therapies are often effective in reducing mental health problems” (Straten, Cuiipers, and Smits). Some of the common lifestyle changes include: Sleeping early and resting well, exercise every day or as often as possible, eat healthy and have a balanced diet, do an activity you enjoy doing, read a book, and many more. Self-help can also be done through a self-intervention that explores your Depression, its roots, and possible solutions. One methods in particular is the web-based self-help intervention for Depression rendered by Annemieke van Straten, Pim Cuijpers, and Niels Smits, which was published in the *Journal of Medical Internet Research*. This is how the four-week course was set up:

1. Participants describe what really matters to them.
2. Participants write down their current worries and problems and categorize them into three types: (a) unimportant problems (problems unrelated to the things that matter to them), (b) problems that can be solved, and (c) problems that cannot be solved (eg, the loss of a loved one).
3. Participants make a plan for the future in which they describe how they will try to accomplish those things that matter most to them.

The second step is the most important of the intervention. For each of the three types of problem (ie, a, b, and c), a different strategy is proposed to cope with it.

For the solvable problems (ie, b), we propose the following procedure: (1) write a

clear definition of the problem, (2) generate multiple solutions to the problem, (3) select the best solution, (4) work out a systematic plan for this solution, (5) carry out the solution, and (6) evaluate as to whether the solution has resolved the problem (Straten, Cuiipers, and Smits).

The intervention's aim was to study the effectiveness of reducing depression and stress through a web-based self-help intervention. The results then seemed promising as it was seen that there were significant improvements to those struggling with Depression. Through writing and thinking, people were able to reevaluate and bring light into their situations.

However, if you believe that someone – a loved one, a friend, or simply someone you know – is in danger of attempting suicide or has made an attempt due to Depression, do not hesitate to get emergency help, and call 911 or your local emergency number immediately. You may also make sure that someone stays with that person or take the person to the nearest hospital emergency room. If even in your best efforts you cannot help someone who is depressed, and they are having suicidal thoughts, consider having them seek medical help, seek treatment, seek help from a minister or a spiritual leader in your community, reach out to a close friend or a loved one that they completely trust. If not, you may be able to have them call a suicide hotline number such as the National Suicide Prevention Lifeline (in the U.S.), at 1-800-273-TALK (1-800-273-8255), to talk to a mental health specialist (“Symptoms”). Always make your best judgment out of the situation.

Although we may be hesitant at times, or simply feel scared, it is always better to be safe than to be sorry. Research shows that “untreated depression is the number one risk for suicide among youth.” (“Depression Statistics”) Also, it shows that “Suicide is the third leading cause of death in 15 to 24 year olds and the fourth leading cause of death in 10 to 14 year olds. Young

males age 15 to 24 are at highest risk for suicide, with a ratio of males to females at 7:1.” When we hesitate or when we do not take any action against Depression, suicide rates may increase – the lives of those suffering from Depression are at stake. Moreover, those who seek help or treatment for Depression show an improvement in their symptoms generally within four to six weeks of beginning medication, psychotherapy, attending support groups or a combination of these treatments.

We cannot cease to think about caring for those who are suffering from Depression. Many are not living their lives to the fullest because of their state of minds and feeling like they are at their lowest point. On a grander scale, many lives are lost and continue to be taken away each day because of the lack of support and help they receive. During these times, most people are unaware and when they do finally notice and take action, it is too late. Do not isolate them or push them away just because they do not comprehend things or act the same way as we do. Not everyone will handle challenges the same way as we do. Moreover, everyone has had different experiences and challenges. We cannot see what someone is going through in their personal lives by looking at their outward appearance. Someone who is smiling on the outside, may be dying inside. We need to realize that they are only human. To err is human, but to be able to understand, listen, and help is divine. Most importantly, their lives are at stake. We must help save and preserve their lives. Technology nowadays aids us with information on how to support and care for those who are suffering from Depression, whenever we want to. We must take that to our advantage and learn more about Depression as much as we can. As my friend states, some of these people may only need someone to listen to them – nothing more and nothing less. That was something that was not easily given to her. Hence, we must always be willing to lend a helping hand, and break out of selfish mentalities such as fearing burden or close-mindedness.

While people are busy being ignoring, problems tend to rise because of Depression. People start having emotional, behavioral, and health problems. People start to excessively gain weight, leading to heart diseases, diabetes, and many more. People start to turn to alcohol or drugs. People start to isolate themselves and cut themselves – or worse, kill themselves. Do not wait until someone is on alcohol or substance abuse. Do not wait until someone isolates themselves from everyone – even their family, friends, and loved ones. Do not wait until someone harms themselves. There are several ways to stop such horrendous actions that are being caused by Depression, and I believe that it can possibly be done. Thus, something must be done! If however, you have tried your all but simply could not help, do not keep the problem to yourself and certainly, do not leave them alone. Consult for help from a medical professional, an adult, or simply someone else that you and the person trusts. Also, do not hesitate to ask for professional help when someone you know is attempting or contemplating on committing suicide. Of course, it is better to be made a fool than to be the reason of someone's life coming to an end. We must learn how to care for them and how to handle them in their worst situations. We must try to comprehend their feelings and thoughts before we take action. We must try to evaluate and understand the roots of their problems and sorrows – it can either be stress from work, school, home, relationship, religion, or others. We must try to create a safe and loving environment for them – after all, we must treat others the way we want others to treat us. If we do not want for others to belittle, oppress, or torment us, do not do it to others for they do not want to be treated in such ways as well. Instead, we must be always willing to offer them advice or other types of help. We must learn how to support others, be kind to others, and be patient of others. We must educate ourselves about their situation, how they feel, and why they feel in such a way. We must care for someone with Depression.

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