

HOW TO TELL IF IT'S CLINICAL DEPRESSION AND NOT JUST "THE BLUES"

Got the blues?

Before you start singing some sad song about who left you and how bad things are, let's talk about it. Let's talk about the blues - and the difference between "the blues" and actual clinical depression.

The reason it's important to talk about the difference between these two is that the blues, or general and typical everyday sadness, is often mistaken for clinical depression, and vice versa. Far too many people assume they have a physical or medical condition that is causing their sadness or mood disorder and take medications or try to treat a disease they don't have, while others are on the opposite end of the spectrum - ignoring a condition and disease because they dismiss it as just everyday sadness or something they should be able to control by the strength of their own will.

What is unfortunate about this is that many doctors don't take the time to really explain the condition to their patients or to listen to what the patient is saying about their symptoms. They too make the mistake of just prescribing medication for someone that isn't quite their typical perky selves, or of brushing off patients with actual clinical depression with a dismissive or even downright sarcastic attitude.

Neither of these extremes is good of course. Taking medication or going through therapy for a condition you don't have is pointless and dangerous, not to mention

expensive. And those who do have depression and don't get it treated properly are typically anxious, fearful, suffer from panic attacks, have headaches, backaches, muscle aches, may be neglectful of their family or career responsibilities and their own care and hygiene, and may even become suicidal.

Obviously getting an accurate diagnosis from a doctor is imperative when it comes to any type of disease or condition, and depression is no different. There are doctors that specialize in mood disorders as well as emotional and mental disorders, and can accurately diagnose depression. They too will be more patient and knowledgeable and can spend a lot more time with an individual in reaching that accurate diagnosis.

But before you make that appointment, let's cover some general information on the difference between the blues and true clinical depression.

TRUE CLINICAL DEPRESSION

It's important to understand that true clinical depression is a medical condition that results when the brain does not properly regulate certain chemicals it produces. These chemicals are what help to regulate your mood and make you feel calm and relaxed. Without these chemicals in proper balance, your mood becomes sour and depressed.

Of course outside influences also affect these chemicals; when we hear bad news or are under stress, the brain doesn't produce the chemicals that make us feel good because of this news or situation. But with clinical depression, this is an internal glitch and not caused by outside factors. A person who has true clinical depression can feel sad and melancholy even when outside factors should make them feel good - during a family reunion, out on a date, and just in their own home doing not much of anything.

The reason that it's important to understand this is because people often think that they can talk themselves out of being depressed or assume that a good night's rest or some recreation will do the trick. They may wonder why a vacation hasn't helped or why they're sad even when around friends and family. With true clinical depression, the pain you feel is caused by that glitch in the brain's regulation of those chemicals, not by the outside factors that make other people sad and depressed.

EVERYONE GETS THE BLUES

Yes, it's true that everyone gets depressed or anxious or sad or just feels down every now and again. Just because you're sad or feel depressed doesn't mean that you have true clinical depression.

This too is important to note because some people assume that if they are sad and depressed, this means they have depression. The two are very separate conditions, although it's easy to confuse the issue.

If you're feeling sad, ask yourself if there might be reason for it that you're overlooking. Are you upset about something that happened at your office? What about a recent argument with your spouse or children or even your parents? Are you concerned about something in particular, such as your financial situation or a health crisis? Is it a rainy, gloomy day or has it been a long cold winter?

It's true that sometimes people are sad and depressed for reasons that aren't all that obvious to them. Perhaps you had a very traumatic childhood and still harbor some resentment and anger over that. Maybe you're suspicious of your spouse's fidelity or find that your relationship is lacking respect and intimacy.

It's also important to realize that we live in very anxious times. You might have a good job today but realize in the back of your mind that it could be gone tomorrow. You might be in good health right now but know that anything could happen to you or someone you love at a moment's notice. The threat of terrorism or some other catastrophe is very real in virtually every part of the world. With all these terrible things in mind, it's not a wonder that so many people are depressed but it's amazing that so many aren't!

Why explore all of this?

If you're feeling sad and depressed, why examine all of this? You just need a treatment option, you don't need to get into your head about why things are the way they are ... right?

Thinking of all the reasons why you might be feeling depressed is absolutely vital to understanding if you have true clinical depression or just a case of the blues. It's much like arriving at the doctor with a pain in your knee - he or she will ask if you twisted it or went skiing recently or anything else along those lines. A physical exam or X-ray of your knee is much like sorting through all the reasons why you may be depressed. There may be a root cause to that knee problem rather than just assuming that you're getting old, and there may be a root cause to your depressed feelings rather than true clinical depression.

As we've said, taking medication or undergoing therapy for a condition you don't have is not only ineffective, it's downright dangerous. If you're feeling depressed because someone recently died or even if they died some time ago and you still haven't come to terms with that death, then you need to be in grief counseling and not therapy for depression. If you're upset and anxious because your marriage is falling apart, you need couple's or relationship counseling, not counseling for depression. And for any of these external factors, taking a pill or some medication is not going to teach you how to cope with them. If you're anxious about your job or financial situation, taking some antidepressants isn't going to give you the job skills you need to keep yourself employed or magically make you able to balance your checkbook.

No one likes to sift through the things that are making them miserable, but like that unpleasant trip to the doctor's office, it's usually the first step toward making yourself feel better.

TRUE CLINICAL DEPRESSION

Maybe you can't really pinpoint any one thing that is making you feel sad, which is the first clue as to whether or not you have true clinical depression or just the blues.

Again, it's important to see a doctor or therapist for an actual diagnosis; only he or she can get a history from you of your physical condition and run the tests necessary to determine if what you have is really depression.

Here are some other identifying factors for you to consider and some things to think about if and when you do decide to visit a doctor.

How long have you felt this way?

A month? A year? A few days? As long as you can remember?

Think seriously about how long you've felt sad and depressed. If it's been a month or so, this might not actually be true clinical depression. Some people get very depressed when the weather is bad or if they're just going through a bad patch in their life. Keep in mind that people respond to different factors different ways. What this means is that when some people are under stress they get angry, while others get nervous and eat or chain smoke, and still others channel that tension into some type of activity such as exercising or a hobby. A big project at work that means a lot of stress might translate into being depressed for you. If you're a little short financially this month, you get depressed and stay that way

until your next cycle of bills. Maybe you feel guilty about something you did a few weeks ago or are just riding out a bad spot in your relationship. These things can keep you depressed for weeks or even longer, but don't translate into true clinical depression.

It's when you're depressed mood lasts at least for a few months or more that you may consider it to be clinical depression. Be honest with yourself; how long have you felt this way? If it's been months and months, a year, or even longer than that, then this may signal clinical depression. Especially if you honestly think that you've always felt this way for as long as you can remember then perhaps this too is a clue.

How bad is it?

No wonder you're depressed - the world is a very difficult place in which to feel happy! Even when you're at the movies or out to dinner or just hanging out with friends, the everyday anxieties can still be there in the back of your mind. Most people are anxious a lot of the time and this of course doesn't mean they're clinically depressed. Some even just have a very sour or pessimistic disposition; they always manage to see the dark side of anything or everything.

Clinical depression is much worse than just being anxious or generally pessimistic. The degree of your sadness or depressed mood can also clue you in as to whether or not this is an actual clinical condition.

Persons with true clinical depression have a hard time finding enjoyment in anything. A person without depression feels a little bit of anxiety while doing something enjoyable, whereas a depressed person may have a small amount of happiness while being constantly sad.

This sad feeling permeates everything they do and is present everywhere they go. A depressed person doesn't have their mood lifted by engaging in enjoyable things the way other people might. If you feel sad and then find that your mood is lifted by spending time with friends or seeing a movie, or that it gets better when you leave the office and pick up your kids, then this probably isn't true clinical depression.

The very depth of a person's mood is key when it comes to clinical depression. Feeling sad is one thing, but feeling as if there is no point to anything and that nothing makes life worth living is part of clinical depression.

And yes, suicidal thoughts and tendencies are also indicative of clinical depression. Persons with healthy thought patterns don't regularly think of ending their life and they certainly don't make attempts at it either. Anyone with true suicidal thoughts or tendencies should talk to a doctor immediately.

COMMON SYMPTOMS OF CLINICAL DEPRESSION

Every person's case of depression is different, just like that pain in the knee is going to be different for every single patient even if they injured theirs in the same way. Some people get depression and can barely drag themselves out of bed in the morning while others have it and can get up and go about their day, but have crying fits throughout.

There are however some common signs of true clinical depression that everyone who thinks they have the condition should explore.

A general lack of interest.

Keep in mind that sometimes a person has a general lack of interest in the world around them simply because they don't see the point of being interested in things they feel don't affect them, because they live very egocentric or selfish lives, or just are not the type of person to be concerned about anything outside their own circle of friends and family.

With clinical depression however the general lack of interest that a person feels is much deeper and more involved than that. This isn't just a matter of not being concerned about people in Africa who have no food or not caring about politics because you feel that it won't make any difference who gets into office; this lack of interest extends to one's own friends, family, career, and even to themselves as a person. A depressed person simply cannot muster up interest or concern for their child's report card, for what is on the mind of their spouse, for how their career is progressing, and may even mean they begin to neglect themselves and their personal care. The phrase "what's the point?" seems to be their overriding thought as they really and truly just don't care any longer about anything around them.

A lack of enjoyment.

Just because you don't enjoy your job doesn't necessarily mean you need a therapist; a career counselor might be in order for that situation. Additionally, many people have an idea in their head about what their life should be and when

faced with the reality of everyday living - work, lawn care, laundry, kid's soccer game, etc. - they feel disappointed and let down rather than a sense of enjoyment.

Clinical depression is different from all of this because someone with the condition finds no enjoyment in things that should make him or her happy, including hobbies they once participated in, spending time with favorite friends, and even things such as sexual activity. It's one thing to find no enjoyment in doing laundry, but when you no longer enjoy sexual activity, going to the movies with your best friend, working in your garden, or anything else that at one time made you very happy, then this too may be a symptom of true clinical depression.

Neglect.

Not being concerned about things or people around you and not finding enjoyment in things isn't always clinical depression; sometimes people just experience burnout or have spent so much of their time and energy taking care of others or toward their career without the rewards they imagined that it's no wonder they feel a sense of malaise.

But when this lack of interest and regard turns into actual neglect, then the alarm bells should be going off. You may not always be thrilled to hear about your child's day in school, but those with clinical depression often neglect some aspects of care for that child. You may not feel especially fulfilled in your career, but depressed persons stay at home as much as possible and avoid taking care of their projects and other responsibilities, even to the point of losing their jobs.

This neglect can even extend to one's own self. A depressed person may not shower or bathe as often as they should, may not style their hair or be concerned with their makeup and clothes they wear. Often those with clinical depression can be seen padding around in their pajamas or sweatpants, and may change clothes only when they need to go out - and even then they put little thought into their appearance.

This shouldn't be confused with someone that just likes to be comfortable in their own home or that doesn't see the point in fussing with hair and makeup. Depressed persons really don't understand that their appearance is important as is their personal hygiene and upkeep.

This neglect also usually extends to one's family and home. Depressed persons may completely neglect the upkeep of their house, their laundry, their car, and so on. Children and spouses often do not get the attention they deserve when it comes to their daily care.

Erratic behavior.

Depression can be a very overwhelming condition and the patient or sufferer may not really understand what is happening to him or her and the feelings and moods they're experiencing. They may try to cope with this condition and their fear in strange and unusual ways which might lead to erratic behavior. As an example, since their joy in everyday things is nonexistent they may find one thing that makes them feel better and overindulge in that, such as eating, smoking, sexual activity, watching television, drinking alcohol, or taking drugs. If this one thing makes them feel good they want to engage in it all the time to avoid the depressed feelings they normally have.

Because depression often means being neglectful or unconcerned with those around them, a depressed person may try to overcompensate for this lack of feeling by getting too involved with another's life. They may suddenly volunteer all their time at their child's school or become aggressive when coaching a sports team. They may find a volunteer organization to become involved with and spend every free moment participating in activities for it.

Many who are depressed also feel as if they have no control over their life and their circumstances so they suddenly become very controlling in other ways. They may demand that the closets be kept in a certain way or become obsessed with a flower garden.

Erratic behavior can be a sign of many conditions or circumstances for a person. The loss of someone in death might trigger some strange behavior, or someone can just be tired of having messy closets and decide it's time to turn over a new leaf.

But when erratic behavior is illogical, harms someone, or results in further neglect of other aspects of one's life, it's time to consider if this doesn't point to clinical depression.

Family history.

True clinical depression is caused by a glitch in the brain's control of certain chemicals. This glitch is something that can run in families. If someone has family members that suffer from depression, especially parents, then they have a greater risk for having the condition themselves.

Family history does not necessarily make one prone to depression however. It's shortsighted to assume that if your mother or father or an aunt or uncle has depression then it's just automatic that you will too. The chances are greater but it's not automatic either.

TO GET AN ACCURATE DIAGNOSIS

Just going to a doctor and asking if you're depressed is not an effective way to get an accurate diagnosis of depression. A good doctor or therapist will need to get a lot of information from you about your mood, your outlook, your habits, and things such as these in order to accurately diagnose you with true clinical depression.

It can help to keep a history of your feelings for a good three months or more before you even see a doctor (the exception to this is if you have suicidal or self-destructive thoughts or tendencies or harmful thoughts or tendencies toward others around you, such as your children; in cases such as these, see a doctor immediately).

Note the things we've mentioned in this report. Do you no longer have an interest in hobbies or things you previously enjoyed? Do you seem to have a general lack of interest in anything and everything around you, including good friends and family?

Are you neglectful of your appearance or personal care? Did you once enjoy fixing yourself up but now you no longer see the point? Are you often in slovenly clothes even when you shouldn't be, such as when shopping or visiting family?

Are you aware of any erratic behavior on your part, or have friends and family noticed any that they've brought to your attention? Do you find yourself overindulging in some particular activity or feel that you've become obsessed with some activity or area of the home? Are you overly involved in some aspect of your family or volunteer activity, or religious or civic activity?

The depths of your feelings are also going to be important, and it pays to be honest here. Some are ashamed of how bad they feel whereas others exaggerate their condition hoping to be medicated or because they're looking for sympathy. A doctor is there to help you but can't do that effectively if you aren't honest with him or her.

It's also important to realize that there are other conditions that mimic depression, such as post-traumatic stress disorder or grief, and trying to treat any

of these conditions as if they are clinical depression is not going to make you feel better.

It's important for anyone that suspects that they have true clinical depression, and not just a bad case of the blues or career burnout or the "seven year itch" to get an accurate diagnosis from a doctor. There are treatment options, including but not limited to medications, that can help tremendously. So don't wait any longer; there is help available if you're willing to reach out and ask for it.