

"Depressed will and depressed energy reflect loss of meaning and loss of purpose."  
Victor Frankl (concentration camp survivor)

"Depression is rage spread thin"; George Santayana

"Depression happens when people feel that nothing they do can improve their situation - when they feel helpless and ineffectual."

Barbara Kerr, Professor of Psychology,

"Smart Girls Two: A New Psychology of Girls, Women and Giftedness"

"When depression is stigmatized as illness and weakness, a double bind is created:

If we admit to depression, we will be stigmatized by others; if we feel it but do not admit it, we stigmatize ourselves, internalizing the social judgment. The only remaining choice may be truly sick behavior: to experience no emotion at all."

[Lesley Hazelton](#)

"If we admit our depression openly and freely, those around us get from it an experience of freedom rather than the depression itself."

### Dr. Rollo May

What is depression?

It is important that we not confuse transitory everyday mood swings with clinical depression. Being 'blue' is a far cry from the very disabling state of clinical depressive illness.

Clinical depression is the most common psychiatric condition seen in the general population: 20% of women and 10% of men are affected.

Amongst people with chronic illness, this percentage is somewhat higher. Whilst some medical studies suggest a figure of 15%, others rate it much higher at up to 60%.

However, not every person with chronic illness suffers from depression, and those that do may experience episodes rather than being constantly depressed.

Depressive illness may well go unrecognised and untreated until the later stages when the severity can no longer be hidden and/or until the family and physician can no longer ignore it.

Some studies suggest that up to half the cases of major depressive illness remain undiagnosed in medical settings.

Many studies also indicate, disturbingly, that major depressive illness in medically ill individuals often goes under treated, even when recognized.

The notion that the chronically ill have a reason to feel depressed on account of their physical condition may interfere with prompt and effective treatment and whilst obviously the presence of a physical illness is in part explanatory of the causes of the depression, it should not preclude a

detailed and thorough investigation of other aspects of patients' lives.

Too narrow a focus on the physical illness itself may fail to take into account the wider ramifications of the illness on the patient's interpersonal relationships, for example.

Sometimes patients to refuse to admit that they are depressed, denying any unhappiness or feeling demoralized.

This is known as 'masked depression'.

If we consider animal models of depression, we relate it to 'learned helplessness'.

When an animal perceives that there is no escape, say from a tank of water, it 'gives up' and stops swimming.

Depressed people tend to feel overwhelmed and that there is 'no way out'.

Furthermore, having learnt that behaviour is ineffective in one situation can generalize to other situations in which behaviour does actually have an effect. Hence, depression can come to colour all aspects of life.

Risk factors that predispose to depression

- Social isolation.
- Recent losses.
- A tendency to pessimism.
- Socioeconomic pressures (loss of job, financial difficulties, marital problems)
- Previous mood disturbance
- Alcohol or substance abuse.

- Previous suicide attempt(s)
- Poorly controlled pain.

(Adapted from Risk factors that predispose cancer patients to depressive disorders:

Depression Guideline Panel, 1993a.)