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### NF05-636 Depression

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# Depression

by Myrna DuBois, Extension Educator

Feeling a little down? Discouraged? Those feelings are normal when life's challenges confront us from time to time. The feeling of discouragement usually goes away within a reasonable length of time. Depression, however, can hang around for weeks, months, even years.

## Types of Depression

There are two kinds of depression: event-related depression and clinical depression. Event-related depression is precipitated by an event such as the death of a loved one, loss of a job or business, or other major life changes. You may feel exhausted, overwhelmed and helpless and counseling or treatment may be necessary. It is normal to feel depressed at these times. Over time, however, event-related depression goes away. Time heals. Eventually you adjust to life without your loved one, difficult as it may be. You get a new job or start a new business. The situation that caused the depression becomes more manageable.

Event-related depression is difficult because it is connected to central themes of life. The person experiencing it may feel as though they'll never feel better. In fact, it may not be particularly helpful to tell them that they will eventually feel better. On their own they will begin to realize the healing power of time.

Clinical depression can start from an event-related depression or it may just develop. Clinical depression is generally thought to have a direct link to brain chemistry. Within our brains, a variety of chemicals called neurotransmitters are constantly at work. Some of these neurotransmitters emit chemicals that create positive feelings. When these get out of balance, depression can result. Instead of life affecting our feelings, our feelings color everything in our lives so that things that would otherwise seem manageable become overwhelming, negative, or unbearable.

The symptoms may vary somewhat from one individual to another, however, exhaustion is one of the most common symptoms, coupled with overwhelming sadness and feelings of hopelessness and helplessness. You cannot see the light at the end of the tunnel. You may feel isolated from others, empty, misunderstood and downtrodden. It is important to realize that there are many levels of depression, ranging from those who go about their daily tasks to those who cannot get out of bed in the morning and have a normal routine.

Our understanding and acceptance of mental health issues is much more limited than our knowledge and acceptance of physical health issues. Many people feel such a stigma related to their depression that they call it something else. They may know it is depression but label it as stress or another illness, which is more commonly accepted.

## Effects of Depression

Common ailments such as colds and flu may be easily picked up by those with depression as the body's resistance may be down. Because of the effect it has on all parts of the body, it also can lead to serious ailments. Some people who are depressed may go to the doctor frequently because they don't feel well and are frustrated when no physical ailments are diagnosed. How can they not be sick when they feel so awful? Long-term illnesses, such as diabetes, Parkinsons, or cancer, also may lead to depression.

A range of factors can affect the development of a chemical imbalance in the brain. Evidence suggests family heritage is one factor. According to Jules Asher at the National Institute of Mental Health, scientists have isolated a gene that appears to lead to a higher risk for depression. Family and social environment also can be a factor. Does growing up in a family with a particular perspective or way of thinking influence us or do we inherit the brain chemistry that leads to depression? Quite possibly, both nurture and nature are at work.

People of all ages suffer from depression. At one time we did not believe that depression was prevalent in children. We now know that it can be. Children tend to react differently than adults. They may say they don't feel good, try to avoid school, or act out. In the elderly, depression should not be considered just part of the aging process. It can be caused by changes in medications or other factors. Getting help for depressed persons of all ages can help them lead a more satisfying life, according to the National Institute of Mental Health.

There are many levels of depression. For some with lower levels of depression, sometimes referred to as dysthymia, they may simply try to avoid the greater challenges of life. Their schedule may be more difficult for them than for others with the same schedule. They respond to life's little setbacks more negatively than necessary. They don't feel joy at appropriate times.

The issues can be much greater in the life of a person with severe clinical depression. The exhaustion can be so complete that they would really like to sleep all of the time. As they learn more about their depression, they may come to realize that the need for so much sleep is only partially a physical thing. It also may be a response to the overwhelming nature of their thoughts. They may think if they could sleep through everything, they wouldn't have to deal with life.

As they go through their daily routine, small things that most of us do almost automatically can seem more than they can handle. Simple tasks such as refilling salt and pepper shakers can seem almost too difficult. They may lose interest in hobbies or activities that once were enjoyable. Getting together with friends may not appeal to them.

The person's personal appearance may suffer. A once well-groomed person with tidy hair and appropriately selected garments may lose interest, preferring to ignore their hair and dress sloppily. Irritability is very common in those who are experiencing clinical depression, and as a result, their relationships may suffer.

Clinical depression affects the personal perception of events around the person. Everyday remarks by family, friends, or coworkers can be perceived as extremely negative, critical, even nasty. Because of these perceptions, the depressed person may enter a downward spiral. Things in their lives appear to go from bad to worse. They feel helpless to do anything about it and hopeless that anything will ever be better.

Relationships are likely to suffer with all of these things going on in a person's life. Well-meaning relatives may suggest to the person that they just "snap out of it." This suggestion is about as helpful as telling someone to "snap out of" cancer or a broken leg. They simply cannot do it. It requires much more than that.

### Resolution and Treatment

Solutions for clinical depression are available. The same solution may not work for each person, so having a variety of options is important. One recommendation is that you move your muscles. For the person who is overcome by depression, this may seem impossible; however, moving about can be extremely helpful. First move around the room, if necessary, then go for walks. Exercise releases body chemicals known as endorphines, which produce positive thoughts in the brain. This simple solution in itself can be powerful.

Another option is to talk it out. Find someone you trust, and tell them about your thoughts and feelings. Talk is healing. It helps to release pent up and complex thoughts and can be like a weight off your chest. If talking to a friend or relative doesn't help, or is not an option, a clergyman may be helpful. Don't hesitate to go to a professional counselor. Seeing a counselor for depression is not something to be ashamed of any more than seeing a physician for a physical ailment.

Some persons who are depressed need medication to help them over the worst part of the depression. Once they start feeling better, especially if they follow guidelines designed to help them get better, they may no longer need the medication. Your doctor will tell you how long to continue taking it.

Leon Rottmann, retired University of Nebraska extension specialist, tells about a bear who lived in a cage for most of its life. It had a daily routine of pacing in its cage, taking four steps one way and four steps the other. When it was purchased by a different zoo, it was to be placed in a natural environment where it could roam more freely. When the bear was released, however, it continued its habit of walking four steps in one direction and four steps in the other. Depressed persons need to take care that the routines they develop while depressed do not become a habit. They will be much harder to shake if they do.

Dr. Rottmann describes coming out of a depression as a "reawakening". This may involve finding out that you can do something that you had forgotten you could do or developing a new skill. Keeping your hands busy with enjoyable activity can be very helpful in overcoming the depression. Small successes lead to more small successes until the depression becomes a thing of the past.

If the depression developed due to body chemistry, relapses may occur from time to time. Some people, however, have one depressive episode and never experience it again. If you have a relapse, next time you will better understand how to deal with it.

Family and friends can help best by being calm, caring and kind. The depressed person did not choose to be depressed. It is not a sign of weakness or being bad. It is very unlikely that they would choose to be depressed if they had a choice. At the same time, family and friends need to be careful that they don't enable the depression by giving in to the depressed person all the time.

Instead, family and friends can help by being encouraging, not critical. You could help them move around more and get into an exercise routine or you could listen to their concerns. You may help them see that they need a counselor and drive them to the counselor. Remind them of the good times when they were not depressed and encourage them to make a list of all the good things in their lives. Encourage them to try things they once enjoyed.

Depression is not something to be taken lightly. It is a serious condition that could lead to more complications, but it can be managed and overcome.

**Note:** This NebFact is not meant to cover bipolar or manic depressive episodes.

### References

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## **Reviewers**

Reviewers included University of Nebraska–Lincoln Extension faculty: Kathy Bosch, Extension Family Life Specialist; John DeFrain, Extension Family Life Specialist; Anita Hall, Extension Educator; and Lynne Osborn, Extension Educator

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