

## **Clinical Corner – Women and Depression**

In a sense, all women are at risk for depression. Depression cuts across all class, race and social lines.

Women are at higher risk than men for major depression (although some researchers maintain that depression is under diagnosed in men.) One in four women is likely to experience severe depression. Yet of all women who suffer from depression, only about one-fifth will get the treatment they need.

### **What Are The Risk Factors For Depression?**

**Reproductive issues:** Menstruation and pregnancy generally do not lead to depression. Infertility, however, can be a source of depression for women who want children. Miscarriages and surgical menopause can also cause depressive symptoms.

**Personality styles:** Women who are more passive, dependent, pessimistic, or negative in their attitudes are more likely to become depressed, particularly if they dwell on their bad feelings.

**Sexual and Physical abuse:** At least 37% of women have had a significant experience of sexual or physical abuse by the age of 21; some experts actually believe that the rate may be closer to 50%. Violent episodes such as battering and rape may leave women with Post-Traumatic Stress Disorder (PTSD). Also, undiagnosed head trauma from battering can cause depressive symptoms.

**Marriage and children:** Marriage protects men against depression much more than it does women. Mothers of young children are very vulnerable to depression, and the more children a woman has, the more likely it is that she'll be depressed.

**Poverty and minority status:** Poverty is a pathway to depression. 75% of people living in poverty in the U.S. are women and children.

Women who are minorities experience great stress from discrimination. In addition, poor women or minority women often do not have access to basic mental health care.

**Other high-risk groups:** lesbians, adolescents, and women who are alcoholics or drug abusers are all at high risk for depression.

In short, almost all women are vulnerable to depression, regardless of their circumstances.

### **Why Are Women More Likely To Experience Depression?**

The APA's Task Force Report on Women and Depression found that women truly are more depressed than men, not primarily due to biological causes, as was once believed, but to a variety of biological, social, and psychological causes, such as those discussed above.

One reason that men may suffer less from depression has to do with different coping styles. Men are more likely to employ action and mastery strategies, that is, to involve themselves in activities (work, sports, going out with friends) that both distract them from their worries and, perhaps more importantly, give them a sense of power and control. Women, on the other hand, tend to 'brood' and dwell on their problems, often with other women. This is one reason why many therapists prescribe exercise (especially aerobic exercise) as a partial antidote for depression; it gives women an increased sense of self-discipline, control, and mastery.

This is also why women who have multiple roles (e.g., a job, children, a marriage, volunteer work, all at once) may suffer from much less depression. This is because these women have many different support sources and lots of outlets for their competence: if things aren't going well in one area, they can compensate by feeling satisfied with their successes in other areas.

## **Treatment And Therapy**

When should I seek therapy?

We all get 'the blues' now and then. This kind of mild, infrequent depressive mood often passes quickly, particularly if you employ some reliable strategies to get through them (going out with friends, settling down into a good book, whatever works for you).

Sometimes, however, depression can be severe, and stronger measures may be called for. If you are experiencing the symptoms shown on page 3 to a marked degree -- i.e. if they last more than 2-3 days or if they are interfering with you normal life and your professional help.

In its most extreme form, depression can lead to suicide. If you have any thoughts connected to suicide, you should get therapy AT ONCE.

### **How Can I Find A Therapist?**

Getting a recommendation for a therapist is not difficult, but finding a good therapist might take a little more work.

The recommendations should be from someone you trust. The following people can probably help:

- A friend or relative who has been in therapy
- Your doctor
- Your priest, rabbi or pastor
- A guidance counselor at your school or at a nearby college or university

You can also check with your state psychological association or your local community mental health clinic.

### **How Do I Know If The Therapist Is Any Good?**

The best indicator of successful therapy is your sense of comfort with the therapist. You should feel at ease with the person, at the same time understanding that therapy will often require you to talk about painful or uncomfortable subjects.

He or she should have the proper credentials (Ph.D., Psy.D., M.F.T., L.C.S.W., or M.D.) and also be state-licensed. Most insurance companies will only pay for therapy from a licensed practitioner. You have a right to ask your therapist about his or her credentials, therapeutic orientation and any other questions that come to mind.

After your initial consultation, you can decide whether or not you want to see this particular therapist on a regular basis, or whether you'd go talk to some others. You are completely entitled to do this 'shopping around' until you find someone with whom you want to work.

### **What Types Of Therapy Are Available?**

There are as many 'styles' of therapy as there are therapists. Your therapist can give you more detailed information about the type he or she is using. The basic kinds are:

- Behavior therapy: seeks to change behavior rather than underlying personality, teaches new 'coping' techniques
- Interpersonal psychotherapy: focuses on interpersonal relationships and coping with conflicts in relationships
- Feminist therapy: views symptoms as the response to cultural oppression, focuses on 'empowering the client'
- Cognitive-behavioral therapy: in addition to correcting the behavior, seeks to correct negative thinking patterns

- Psychodynamic therapy: focuses on underlying drives and desires that determine behavior

In addition, there is group therapy, led by a psychotherapist, which provides the additional support of a group that some people may find especially helpful, and there are support groups, led either by a therapist or by group members who take turns as leaders.

The best short-term therapy for depression is action-oriented. Therapy should be focused and concrete; you need to know two things - What is making you unhappy? and What can you do about it? When the therapy includes a clear action plan (for example, homework assignments such as journal writing or brief art therapy sessions, the success rate with depression can go up as much as 80-90%.

### **How Long Will Therapy Take?**

The good news is that therapy for depression can show results quickly, usually in a matter of weeks. You may opt for brief therapy, to help you get through a rough period and learn skills for coping in the future, or you may choose to stay in therapy as a means of continued personal growth.

### **What About Drug Therapy?**

Pharmacotherapy can be useful for people suffering from severe depression (it may even be necessary in some cases). Caution is needed, however, since drugs are often overprescribed for women. Women who are drug or alcohol abusers are at risk for harmful drug interactions, as are the millions of women who take diet pills. In addition, many of the psychotropic drugs can have serious side effects, particularly if the patient is taking other prescription medications. Finally, the rate of noncompliance (patients not taking their medication) is pretty high -- about 60-70%.

On the other hand, for people who are so depressed that they cannot function, or are suicidal, antidepressant drugs can literally be a lifesaver. It is extremely important that the prescribing doctor be very well trained in psychopharmacology and fully understand the proper dosages, possible side effects, and interaction with other drugs, and that he or she explain all of this very clearly to you.

### **Special Issues For Minorities**

#### **What Kind of Therapy Should Minority Women Look For?**

Therapy for women of different ethnic backgrounds must be 'culturally embedded', in other words, it must translate the concepts into a cultural context that is meaningful. For example, Asian women are taught to value an indirect approach to expressing their needs and feelings, thus traditional 'assertiveness training' will seem strange and inaccessible to them; Latino women often reveal their depression not in psychological symptoms but by developing chronic physical illnesses such as headaches, backaches, and so on.

Interpersonal therapy seems to be an effective type of treatment for minority women since, for many of them, their personal relationships are extremely important, and often the focal point of their self-definition. This tends to be true for all women, but particularly for minority women. In addition, this therapy is often brief, a factor that many women will appreciate because they may believe that others rely on them too much to allow for a lot of time away from family and other responsibilities.

You should look for a therapist whose training has made him or her culturally sensitive.

### **Medication**

It is extremely important that the prescribing physician understand biological differences in ethnic groups because people from different ethnic backgrounds metabolize drugs differently. The dosages may need to be quite different. The doctor in this case must have specialized training and/or experience in prescribing drugs for different ethnic groups.

### **Warning Signs Of Depression:**

- Depressive mood; feelings of helplessness and pessimism
- Sleep disturbances -- inability to sleep, or sleeping too much; irregular sleep patterns
- Appetite disturbance, eating far less or far more than usual
- Social withdrawal; refusal to go out, to see friends
- Blaming yourself for your problems, or feeling that you're worthless
- Inability to concentrate, even on routine tasks
- Substance abuse -- alcohol or drugs

Symptoms of Post Traumatic Stress Disorder (PTSD), which sometimes occurs after exposure to violence, are similar to those for depression and can also include:

- Nightmares or flashbacks of the terrifying past events
- Increased aggression, and feelings of uncontrollable anger
- Emotional numbing
- Avoidance of the outside world, especially of anything that reminds you of past traumas