

Solving the Puzzle of Depression

by Zoe Sandvig

John Denver. Billy Joel. John Lennon. Dolly Parton. James Taylor. Tammy Wynette. All musicians. All victims of depression.

More than 19 million American adults suffer from severe depression. Five percent of the population suffers from less serious depression, and 1 percent from manic depression. And every year depression costs the United States \$83 billion for medical costs, work absenteeism, and lowered productivity.

The prison population is no exception. In fact, prison conditions heighten tendencies toward depression. According to Human Rights Watch, one in six U.S. prisoners is mentally ill—three times the rate of the free population.

Ramona Ager was one of these statistics. Ramona—an alcoholic, drug addict, and victim of an abusive relationship—started feeling depressed six months before going to prison, and her life began spiraling downward. “I couldn’t even get high anymore,” she said. Prison made things worse. Separation from her five-year-old daughter pushed Ramona from malaise into deep depression. She isolated herself from others as much as possible, mostly sleeping when not working her prison job.

An Unnecessary Stigma

Although depression has such a widespread and detrimental impact on our society, many of us try to ignore it. According to WebMD, about one in ten Americans who suffer from depression never receives the treatment he or she needs. Why?

“Society views depression as a weakness,” said Dr. Jay Fawver, who hosted the PBS television show “Matters of the Mind.”

Because of depression’s stigma, many people who should be receiving treatment are not, Fawver explained.

But fear is not the only hindrance to finding help. Because depression affects the reasoning part of the brain, many people can’t acknowledge that they have a problem. Some ignore the problem, thinking it’s just the blues. But depression is more than simple melancholy. The major difference between depression and simply feeling “down in the dumps” is that gloominess eventually passes; depression does not.

How Do I Know If I’m Depressed?

The confusing thing about depression is that it can look different in different people. For example, one person might suffer from insomnia while another might sleep too much. It’s important that several of the following symptoms be present before a diagnosis is made:

- Eating problems: significant weight loss or gain; can manifest as either bulimia or anorexia
- Sleeping problems: chronic insomnia or excessive tiredness
- Outbursts of anger and feelings of resentment
- Lost interest in hobbies
- Lack of sexual drive
- Feelings of worthlessness, unattractiveness, and guilt
- Difficulty concentrating and restlessness
- Dizziness
- Increased anxiety and fears
- Slow body movements and speech
- Suicidal thoughts

Why Am I Depressed?

Dr. Robert Powitzky, chief mental health officer for Oklahoma’s department

of corrections, divides most cases of depression into two camps—situational and neurological. Situational depression is triggered by trauma or a change in life circumstances, such as the death of a loved one, divorce, an illness, a legal problem, or incarceration. The risk of situational depression in prison is especially high because of overcrowding, violent and sexual predators, shattered parole expectations, and boredom. “Situational depression is part of the grieving process,” said Powitzky. “[In prison] you have a huge loss of who you are and where you’re going in life.”

In other cases, depression is a physical problem, unrelated to life situations. Medically categorized as a chemical imbalance, this kind of depression results from low levels of neurotransmitters—substances that transmit signals in the brain, like norepinephrine, serotonin, and dopamine. Without the correct balance of these chemicals, the brain can’t properly regulate these signals, and depression sets in.

For many women, a drastic change in hormone levels during puberty, PMS, or menopause can bring on depression.

Sometimes it results from genetics, like a family history of depression and/or substance abuse.

In certain cases, physical illness can trigger symptoms of depression. Dr. Herbert Wagemaker, author of *The Surprising Truth about Depression*, stresses getting a thorough physical exam to eliminate all other causes for feeling down before taking medication for depression.

The effects of substance abuse can also mimic the symptoms of depression. Cocaine, for example, encourages

manic or euphoric mental states and hyperactivity. Marijuana can bring on euphoria, depression, or psychotic behavior. Withdrawal from narcotics, such as problems, and mood swings.

Over-medication of prescription drugs, like Valium and Halcion, can create depressive symptoms as well.

The Many Faces of Depression

There are different kinds of depression. Let's take a look.

Major/Clinical Depression

Psychiatrist Andy Myerson, M.D., explains that there are visible elements to clinical depression. "I ask patients if there are cobwebs in their house," he said on WebMD. "If patients aren't bathing, if their house isn't clean, if they can't get out of bed—that is a good indication that they are depressed." Most people who suffer from clinical depression have difficulty feeling motivated to do just about anything. It's usually characterized by intense episodes lasting about two weeks, broken up by periods of normalcy.

Minor/Dysthymic Depression

Minor depression is less intense than clinical depression, but it could last longer. It feels like a continuous malaise.

Atypical Depression

This is any type of depression that does not fall into a pattern. The only norm with atypical depression is that it is characterized by excessive behavior—bulimia, anorexia, compulsive overeating, oversleeping, and impulsiveness.

Manic Depression

Those with manic depression, also known as "bipolar disorder," fluctuate between periods of severe depression and periods of manic highs, resulting in explosions of extraordinary physical and mental capacity. Famous inventors and artists with manic depression often did their best work while on a manic high. But they frequently dove into despair afterward.

Christians Shouldn't Be Depressed, Right?

A great misconception among some in the Christian community is that depression is a sign of spiritual weakness or an indicator of sin. While living in unrepentant sin, such as a lifestyle of homosexuality or promiscuity, can trigger depression, it is not necessarily the cause. If unrepentant sin is truly the cause, God will be faithful to point it out to you. If depression is due to a chemical imbalance in the brain, something more than spiritual faith may be necessary to alter a person's emotional outlook. Powitzky explains that telling someone that more faith will cure his or her depression could set a person on an uncontrollable downward spiral. "That's like telling a person that if they believe hard enough, they won't be diabetic," he said. "It immobilizes people to hear it's their fault for being depressed."

Suicide

The scariest thing about depression is that, without proper treatment and attention, it can lead to suicide. According to the National Institute of Corrections, suicide is the leading cause of death in jails, prisons, and juvenile detention centers. A British study concluded that men in prison were five times more likely to commit suicide than men in the free population.

Powitzky says that the majority of prisoners who commit suicide do so within the first weeks or months of incarceration, usually in jail before transfer to prison. The dehumanization many face when they get to jail can lead to feelings of utter hopelessness and despondency. The other group most likely to commit suicide is those who have built up expectations about an upcoming parole decision, but sink into severe depression when the parole board rejects their request. Fawver explains that there are three main predictors of suicide: loss of hope, difficulty sleeping, and panic attacks.

A misconception is that those who threaten to commit suicide won't actually follow through. If you know someone who is

talking about suicide, take it seriously. And if someone already has a history of suicide attempts, he is more likely to succeed than someone with no history.

Many facilities train their employees to notice suicidal tendencies in inmates. Once authorities identify an inmate as a suicide risk, they place the inmate on a suicide watch and provide immediate treatment.

I'm Depressed. What Now?

If you battle suicidal thoughts or have suspicions that you might be depressed, you should seek professional assistance immediately. If your facility has a mental health officer, seek that person out over a general practitioner. If they diagnose you with clinical depression, they will most likely recommend medication.

Aside from medication, therapy sessions can also help someone channel depressing thoughts more productively. A good counselor or psychiatrist can give you tactics to recognize dangerous thoughts and break their hold on you.

If you're unable to get help medically or therapeutically, you still have options. Exercise is always a plus. By exercising in the yard or lifting weights, your body will release stress-relieving hormones that will help fight depression.

In some cases, one of the best things you can do is put yourself in an environment where you can help others. As awful as you may feel, there is probably someone who feels worse.

Because Ramona's condition was situational, not chemical, she found that her depression decreased as she got to know Jesus Christ better. While still in prison, she joined a Christian fellowship group and sought counsel from leaders in the group. After getting out of prison, she joined a Christian transitional home where she was forced to consider the needs of others above her own.

From time to time, she still struggles with depressing feelings, but she now prays about

and talks to others about her feelings. “I don’t allow myself to be isolated,” she said. me? Hope in God; for I shall yet praise Him, The help of my countenance and my God.”

“You can surround yourself with the evil and the negative or you can surround yourself with the holy,” Powitzky said. “Try to be a blessing to those you have contact with.”

With this in mind, be careful about giving to others to make yourself feel valuable. In serious cases of depression, giving out of personal neediness can worsen the situation.

But clinging to the promises of God’s Word is always a comfort for the clinically to the mildly depressed. Dwell on these words from Psalm 42:11: “Why are you cast down, O my soul? And why are you disquieted within



© Copyright 2018 Prison Fellowship