

Handout 3.1: Common Myths About Depression

Myth 1: Depression is always a psychiatric disorder.

Depression is a state of low mood that forms a continuum from feelings of sadness to severe, life-crippling clinical depression. It may last for hours, days, or even years. The important thing to note is that depression is not necessarily a clinical issue. Some people use the term loosely to point to an underlying sense of moodiness that comes and goes, and at times might be part of someone's DNA.

Even though it may not meet the requirements for a psychiatric disorder from a clinical standpoint, depression is nonetheless a mood issue and often a reason for seeking professional help. It is also important to note that some depression is a normal reaction to life events, and again cannot be termed a disorder. Examples of inciting events include:

1. The breakup of a relationship
2. Death of a loved one
3. Loss of a job
4. Moving away from friends and family
5. Going through the holidays when loved ones are no longer able to be there due to death or distance

Sometimes depression is a side effect of drugs, postpartum blues, or coping with illness.

Myth 2: People who are depressed are weak and should be able to "snap out of it."

Depression is an illness, and thinking that people should snap out of it is like saying they should not have cancer or that they should not be hungry before mealtime.

Depression is not something to be ashamed of, and in fact, the more it is suppressed, the more it remains and grows, just like a tumor. Instead of defending against feelings of depression, it is healthy for people with depression to recognize those feelings, which will enable them to work toward getting the help they need.

Myth 3: Using medication for depression is a cop-out, and once you start, you will depend on it.

Clients often say that they want to beat depressive feelings themselves without help. Although there is nothing wrong with initially trying to use nonpharmaceutical methods, there are times that medication is desirable—and even necessary—in tackling low moods.

Medication alone is typically less effective than when it is used in conjunction with therapy. Taking medication because of a stressful life event does not mean a lifetime of dependency. It can be viewed as an aid during a time of recovery and healing.

I often use the metaphor of a microwave with clients. Medication is like using a microwave oven—you can defrost a chicken on the counter, but it will take a lot longer than if you defrost it in the microwave.

Myth 4: In most cases, depression is not curable.

Depression is generally curable, but the approach to treatment is not one-size-fits-all. Some people respond well to medication, while others respond well to a cognitive behavioral approach—without medication—to change their thoughts and their moods.

In the current psychotherapy environment, there are many treatment strategies that offer hope and healing to almost all types of depressive symptoms.

Myth 5: It's best to keep feelings of depression to yourself, because talking about it makes it worse.

Actually, depression is best helped when it is shared with others. Isolating yourself with feelings of depression often make it worse, and it festers. Many times, unhealthy depressive thoughts multiply and are exaggerated in the mind, and only by talking and sharing can they be processed.