

When there's no light in the forest ...

By Kate Cosgrove
Features Editor

Depression is a phrase that is thrown around a lot in the nineties. A term that was once sarcastically whispered from one gossipy and disbelieving neighbor to the next, it is now the acceptable topic of cocktail parties, a valid excuse for office absenteeism, and surprisingly a not-so-uncommon occurrence among college students.

The public's increased acceptance of depression as an actual illness has been heralded by a growing number of clinical studies regarding the roots of depression. Many of these studies have been directed toward college students in particular. According to Dr. Cecil Price, director of University Student Health Services, the university has become more aware of depression in students in the past few years. "Depression is one of the most common ailments of university students," Price said.

The realization that depression afflicts students on college campuses worldwide calls for an examination of why mental illness occurs and questions how well depression is truly understood.

"The stresses of college life in addition to the fact that some students come from stressful backgrounds accounts for a lot of the depression that college students experience," Price said.

However, according to researcher Caroline Daniel, the public's willingness to recognize depression as a valid ailment, and not just a case of the blues, does not necessarily constitute an agreement on its causal properties. While a strong faction believes that depression's roots are social, accumulating evidence shows that brain chemistry may cause depression. The ambiguity surrounding depression's origins raises questions regarding how college students experienc-

ing depression are treated by their peers.

According to a study by Thomas E. Joiner, depressed students are often rejected by their roommates, particularly if they seek excessive reassurance and give negative feedback, such as anger and annoyance, in return. This finding points to the fact that although depression is becoming a more mainstream concept, the ways in which Americans are dealing with it have changed very little.

If the peers of depressives are willing to ignore warning signs of depression, those experiencing depression are even more willing to do so.

"Mental illness, and its treatment, still causes widespread embarrassment and confusion. Anti-depressants, such as Prozac, are still stigmatized, and the perception among the public is that it is shameful to take medicine for mental-health problems," Daniel said.

This embarrassment could be especially exacerbated in a college atmosphere where the primary desire is to fit in. A recent poll conducted by the Royal College of Psychiatrists shows that although most people think that depression is a medical condition, over 50 percent fear that they will be viewed as neurotic if they go to their physician with depression. As a result, half of those people experiencing depression do not see a doctor. The willingness to ignore depression may stem from a general ignorance about why it occurs.

Professor George Brown, a sociologist at the Royal Holloway College in England, has written, "I believe that the bulk of depressive disorder is at heart the failure to meet goals derived from evolutionary-based needs such as being admired, forming friendships, and having a core adult attachment. These goals are almost entirely social in nature."

Family life seems to play a role in the occurrence of depression among teens and young adults. According to Lisa Sheeber of the Oregon Research Institute,

Many college students today are finding that they are victims of depression

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unstable family environments are associated with a greater chance of depression.

Although depression can be attributed to social causes, neurological research demonstrates that it is not purely sociological in nature. The introduction of Prozac in the 1980s helped to change the therapy administered to depressive patients.

Prozac and other drugs known as selective serotonin re-uptake inhibitors (SSRIs) are administered under the assumption that people experiencing depression have low levels of serotonin. Serotonin, a neurotransmitter that carries messages between cells, plays a role in regulating sleep, temperature, pain, eating and mood. Usually, once messages are sent, serotonin is reabsorbed from the cells in which they originated. SSRIs limit the reabsorption of serotonin, thus raising the level of the neurotransmitter in the blood.

A recent theory that scientists are now advancing suggests that external events may cause biochemical malfunctioning. Thus, the brain chemistries of certain individuals may make them more prone to depression when certain life events occur. Doctors also believe that events such as sex abuse and childhood trauma may affect brain chemistry, causing a person to be more vulnerable to depression in later years.

According to Dr. Andrew E. Slaby, a researcher of depression, even the most severe forms of depression can be successfully treated when medical and counseling techniques are applied. Price said that students at the university who suffer from depression often find the help that they need through medical intervention and counseling.

One student's victory over depression

Modern medicine emerges as an effective cure for blues

By Jennifer Gough
Editorials Editor

For the last 10 years or so of my life, I have been dealing with depression. Unfortunately, I did not recognize my problem as a medical illness until two and a half years ago when my depression almost killed me.

I now know that I've suffered from dysthymic disorder (long-term, low-level depression) for years, sometimes lapsing into major depressive episodes. Most people would just tell me to "snap out of it," or to "get over it." I even thought this way myself. I looked at my life and saw a girl who had a good family (with married parents, no less), financial security, great friends, intelligence, a good education, and a promising future. So why should I be lying in bed all day crying?

But depression is not about what is going on on the outside, it's about what's going on on the inside of someone. Sometimes depression can be triggered by a stressful or traumatic event, but it doesn't have to be. Depression is a real, medical illness with biological causes. It's an illness for which many people, including myself in the past, do not seek treatment because they think it is something they should just "snap out of."

Finding out that depression was a biological illness, something I didn't have to just get over without help, revolutionized my life. For years, my parents suspected that I was suffering from depression, but I would never admit it. They were always trying to get me to get help, and my mother was always trying to explain to me that depression could be treated with medication. But I did not want to hear it, and, quite frankly, I did not believe it. I insisted that medication was only for things like headaches or strep throat, not anything mental or emotional. I had this image in my mind that the only people who took medication for anything emotional or mental were in insane asylums. So I hid my depression and denied that anything was wrong, even to myself.

Then, when I was a sophomore here, I couldn't

"I felt guilty all the time, mostly because I felt that I had no right to be so miserable all the time. There was an eerie emptiness inside me all day, every day. I felt so dead inside that to walk across the room, or even to sit up in bed, seemed to take too much effort. I cared about nothing, least of all whether I lived or died."

hide it anymore. For months I had felt my depression mounting, and I shut out everything and everyone around me except for my boyfriend. Then in September my boyfriend ended the relationship, and that was it. I felt like the last thing I had left was gone.

For months, I never left my room except to go to class, and I didn't even do that very often. I stopped eating and lost about 15 pounds. I did nothing but lie in bed all day and cry. Sometimes I didn't even have the energy to cry anymore. I avoided people at all costs. Nothing gave me the least bit of pleasure or enjoyment.

I felt guilty all the time, mostly because I felt that I had no right to be so miserable all the time. There was an eerie emptiness inside me all day, every day. I felt so dead inside that to walk across the room, or even to sit up in bed, seemed to take too much effort. I cared about nothing, least of all whether I lived or died.

Nights were even worse. I would lie awake for hours, crying. It was like the emptiness from the day was filled at night with a horrible anxiety and fear. Nights absolutely terrified me. I could never even lie still; I was restless with intense internal pain, wishing that I could do anything in the world to get rid of it, to get rid of myself. Self-destruction occupied my every thought.

I had finally reached rock bottom. I could not hide it anymore, and I didn't have the energy or the capacity to fight my parents anymore. I agreed to do something about it. I went to my family doctor and he put me on antidepressant medication. Even then, I was still skeptical and didn't understand how my feelings could be biologically-rooted, let alone biologically treated.

At first, it didn't work. The first medication I tried made me extremely anxious — I felt like I had been injected with 500 cc's of caffeine — and I felt very cloudy-headed. So my doctor tried another antidepressant. It took several weeks to start working, which is normal for antidepressants, but when it finally kicked in, my whole world began to change.

I had been suffering from this particular, severe, major depressive episode for about five months, but by mid-January, I felt like a normal person for the first time in my life - the first time in many years, anyway.

It was just like when I got my eyeglasses for the first time. I had been seeing the whole world as a big fuzzy blur for at least a year before I finally got glasses. When I put the glasses on for the first time when I was in fourth grade, I was amazed that I could actually see. I was fascinated on the ride home from the optical shop that I could actually make out each individual leaf on the trees and that I could distinguish faces from a distance. I never knew it was supposed to be like that, that other people could see things like this, crisp and clear, with color and texture.

Once I recovered from my depression, I began to see the world as other people did. I could finally experience pleasure, instead of feeling like fun and enjoyment just always deflected off of me. My thoughts were readjusted; I no longer viewed everything in a skewed, depressed way. I had energy and initiative. I never knew life was supposed to be like that, that I didn't have to spend my life walking around in a dull, painful blur.

Not that my life had suddenly become a bowl of cherries. Antidepressants do not make a person high

or artificially happy in any way. I still experienced sadness when things weren't going my way, and I still cried when circumstances got really bad. The difference now was that I appropriately experienced sadness and happiness, instead of just sadness. I no longer saw suicide as an appealing, as well as logical, idea.

Antidepressants are mood stabilizers, not mood enhancers. The particular kind I was taking, a selective-serotonin reuptake inhibitor, works by blocking the re-uptake of the neurotransmitter serotonin in the brain's neurons, so that the amount of serotonin in the synapses of these neurons increases. It is unclear why this treats depression, but it does for many people.

Some other antidepressants work to increase the levels of other neurotransmitters besides serotonin, but serotonin has become the leading target for the most effective antidepressants on the market today.

In addition to taking the medication, I also saw a therapist for a while. Combined psychotherapy and antidepressant therapy seems to be the most effective treatment for depression. Fortunately, the options for both medications and types of therapy are continually evolving and expanding. The over-the-counter natural herb St. John's Wort has been studied as a possible alternative to traditional synthetic antidepressant medication.

Today I still struggle with depression. It has recurred since I first discovered treatment a couple of years ago. I have to keep a close eye on my emotions so that I don't hit the low that I once did. But now I know my options. Not that it's easy — the medication that worked for me a few years ago has not worked for me since then. But I'm lucky that I have had people around me, particularly my parents, who have understood the nature of my illness and who have supported my recovery without judgment. Without them, I know I would not be alive today. Even though it took me about ten years, I'm glad that I finally discovered that depression is not my fault and that there are treatment options available.