

Am I blue or depressed?
By Dr Ed Feraco

Have you ever wondered if you have depression or if it is simply the “blues”/sadness? Most people have experienced the “blues”/sadness sometime in their lives and perhaps many times; however, when is the blues really clinical depression? Clinical depression can actually become a serious medical condition that requires intervention either from a psychotherapist and/or a psychiatrist.

The blues / sadness is a transient feeling, perhaps with the exception of bereavement, that passes as the person adjusts to the situation that may have caused or help create the feeling of sadness. For example, a person is feeling “blue”/sad because their best friend just moved across country. Feeling sad over this is an expected adjustment reaction and is not clinical depression. Bereavement is an acceptance to the concept of feeling sad or blue for a relatively short time as many people experience difficulties with prolonged sadness after the death of a loved one. Some in the profession believe that more than two months of feeling “the blues” is a clinical indicator that a person may be experiencing clinical depression if they have been unable to resolve their grief/loss. However, many of us believe that bereavement is a life long process and that it is ok and normal if it takes one longer to resolve their sadness associated with bereavement.

According to the DSM-IV-TR, “clinical depression” lingers for days, weeks, months, and sometimes years, during which the person may feel overwhelmed, hopeless, and/or helpless. Most importantly the person becomes impaired with major role obligations at work, home, or school, has a depressed mood, and loss of interest or pleasure in things that were previously meaningful and/or pleasurable at least every day during the same two week period or longer. Other symptoms might include: a) significant weight loss or weight gain, b) insomnia / hypersomnia (sleeping more than usual or sleeping less than usual), c) psychomotor agitation / retardation (feeling restlessness or being slowed down), d) fatigue or loss of energy almost every day, e) feelings of worthlessness or excessive inappropriate guilt nearly every day, f) diminished ability to think or concentrate or indecisiveness nearly every day., and g) recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt.

Some facts that may be found on the world wide web about depression include:

- 1) Sadness is part of being human while clinical depression is a physical illness.
- 2) Depression does not always have a reason.
- 3) Children are not immune from depression.
- 4) Depression is a real illness.
- 5) Depression is treatable.

Regardless of your situation, our behavioral health clinicians can help you to determine if you are indeed clinically depressed or if you are reacting to a situation that will remedy with time. Psychotherapy will help you to gain insight into your situation and will afford you an opportunity to learn techniques to deal with your thoughts thus helping you change how you feel. In some cases, people might require psychopharmacology. If this is the case, we have a visiting psychiatrist who can prescribe the necessary medications.

However, there are also many preventative techniques you may try that our therapists can discuss with you.