

## Depression Fallout in the Family (Available for Quote)

Depression is like a huge vacuum that gropes for redemption by passively displaying enormous hunger – contained and snuffed by the utter dejection of self-worthlessness. These two elements are what make a depressed person so difficult to bear for family members. Their enormous lethargy, excessive sleeping, deteriorating self-care, and absolute disinterest in anything is a passively acted-out drama asserting that no one is able or willing to help – imprisoning them inside a terrible ‘solitary confinement’, attitudes not spoken but painfully implied.

Fortunately there’s usually one window in this otherwise impenetrable prison cell. Expressions of doom and gloom that persist in response to, and in spite of the best advice given, are unconsciously designed to get loved ones to feel the helplessness of their punishing plight, whether others like it or not – done to insure they get involved – to find someone who can help heal them who actually feels like they know how to deal with such hopeless and endless suffering, who isn’t so utterly undone by it as they are.

The depression of a family member affects everyone living together – most particularly the children who may feel a powerful urge to carry the depressive burden for this loved one, particularly if the loved one happens to be one of their primary caretakers. So serious depression in a family – like smoking – can be damaging to everyone.

Most families with a depressed member seek primarily to ‘get rid’ of the problem, of course they hope by being helpful. But they usually mean a professional helping. Yet someone in the family has to get this depressed person into a psychotherapist’s office, which in some ways is the hardest part of the process.

I strongly recommend to the family member most motivated to do something about the problem, to seek professional *consultation* about how to understand the depression of their particular relative – for specificity of understanding and response is terribly important if you want actually to get the depressed person to perceive sharing what is to them a shameful problem as fundamentally beneficial.

Best-case scenario after such a consultation is for the relative of the depressed to bring a tiny piece of what a good therapist will offer. The best response, though very hard to pull off, is clearly to assert that their depression has a right to exist, that it is expressing something important that needs much better attention, that it even has the right sometimes to inconvenience the family.

Bring that sort of emotional experience to a depressed person, and they will most likely seek professional help. By this one very supportive and encouraging intervention we’ve illustrated how great it might feel, the best motivation to do anything.