

LONELY, SAD AND ANGRY

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Three year old Joshua was a happy, outgoing youngster who enjoyed a great deal of attention from a large, loving family. He became increasingly withdrawn, irritable, and unhappy following a three-week hospitalization for an acute physical illness.

Despite a history of mild learning disabilities and Attention Deficit Disorder, eight year old Lee appeared to be doing well at home and in school. When his best friend moved away he became morose and moody. He lost interest in his school work, his appetite diminished, and he spent long hours sleeping or watching television.

At age twelve, Elizabeth appeared helpless and unhappy. She seemed unable to handle the ups and downs of daily life at home or in school and, when faced with stress, often cried, "I hate my life" and "I wish I were dead."

i **What's wrong with these children?** According to recent public health studies, emotional disorders are widespread in our population. Although poets and artists often portray childhood as a happy, carefree time of life; many children -- like adults -- actually suffer from emotional disorders. Depression is one of the most common of these disorders.

ii **What is depression?** Depressive illnesses, which are also called "mood disorders," can range in severity from mild unhappiness in response to life's stresses to profound unhappiness and suicidal thoughts and actions. Typical symptoms of depression include sadness or irritability, low self-esteem, and loss of interest in previously pleasurable activities.

Depression has been aptly described as a "whole-body illness" because it involves not only changes in mood but in almost every other area of a child's life, as

well. Depressed youngsters may suffer from problems with sleep, appetite, and general health. They frequently complain of vague physical symptoms, such as headaches and stomachaches, for which no medical cause can be found. Depression affects the ability to think, concentrate, and remember; so the depressed child's school performance deteriorates and grades begin to drop. Friendships dissolve as depressed children become increasingly withdrawn or, in some cases, irritable and argumentative. The family suffers, too, from the child's moodiness, emotional outbursts, and constant whining and complaining.

We see, then, that depression affects the way a child looks, feels, thinks and behaves. Depressed children often look distinctly unhappy: bright smiles and cheerful grins give way to a glum, mask-like facial appearance. If the predominant mood symptom is irritability, an angry, sullen expression seems permanently fixed on the child's face. Self-esteem plummets and the child feels guilty, inadequate, and unloved. Loss of energy is common and depressed children often become "couch potatoes" who do little but watch TV or play video games. A previously agreeable child might become increasingly uncooperative and defiant, refusing to abide by rules at home or in school. When this happens, parents often attribute the difficult behavior to willfulness and resort to disciplinary tactics, while the child's underlying problems go undiagnosed and untreated.

In teenagers, symptoms of depression such as moodiness, poor self-esteem, and school failure are often chalked up as "typical teenage behavior." If -- as is so often the case with depressed adolescents -- the teenager also falls in with a bad crowd, abuses drugs or alcohol, and runs afoul of family and societal rules, it is even more likely that

the real source of the problem will be overlooked. The result? Problems that might otherwise be corrected with treatment may escalate out of control.

- i **Depression is a common problem.** For a condition whose existence was not even recognized until quite recently, the statistics now emerging about childhood depression are somewhat alarming. Studies suggest that, during a year's time, eight to nine percent of children between the ages of ten and thirteen suffer from an episode of depression.

As startling as these figures are, it is likely that they reflect only the tip of the iceberg, since the incidence of depression in young people appears to be on the rise in our society. When we divide the population of this country into two groups -- those under forty years of age and those over forty -- we find that those under forty are three times more likely to suffer from a depressive illness than those over forty. If we examine the under-forty group more closely, the trend is clear: as age goes down, the risk of having a depressive illness goes up. This means that the risk is greatest for those born most recently -- our children.

- i **Depression has many causes.** After years of neglect, childhood depression has become the subject of considerable research efforts. Behavioral scientists who have explored the causes of depressive illness now believe that depression results from problems with neurotransmitters, the chemical messengers within the brain which enable brain cells to communicate with each other. The roots of this malfunction appear to lie in a complex combination of genetic vulnerability and stressful life events.

Like diabetes and high blood pressure, depression has a tendency to "run in the family" and many depressed youngsters come from a long line of family members who have also suffered from mood disorders. We know, for example, that children of depressed parents are three times more likely than other children to suffer from depression at some point in their development.

The relationship is far from perfect, however: many children with a family history of depression never become ill; while others, lacking such a family history, succumb to a depressive illness. This indicates that life experiences also contribute to the development of a mood disorder. Children who have a family history of the illness and are also exposed to many negative life events are obviously at a much greater risk to develop a depressive illness.

- i **Don't be afraid to act.** If you have noticed symptoms of depression in your child or adolescent, don't ignore your concerns in the hope that the problem will simply go away with time. These symptoms often signal a serious problem which, if left untreated, can cause enormous pain and suffering to both the child and the family.

Discuss the problem with your child's pediatrician, school guidance counselor, and other professionals who know your child. Obtain a consultation with a mental health specialist, such as a social worker, child psychologist or psychiatrist, since these professionals have particular expertise in diagnosing and treating depression in young people.

Be prepared to put some time into the process of obtaining a diagnosis. Unfortunately, there are no simple laboratory tests available for the diagnosis of

depression. Instead, a professional makes the diagnosis only after careful consideration of the family history as well as the child's history and current difficulties. An interview with the child is essential, since children often report problems of which their parents know nothing, such as suicidal thoughts or plans. A thorough evaluation also includes information about family functioning, the child's interests and skills, his academic performance, social activities, and the like. A careful professional will also look for problems with attention and distractibility, as well as patterns of unusual fears and phobias, since such problems often precede or co-exist with mood disorders.

- i **What can be done?** Although treatment of childhood depression is itself an infant field, information about effective treatment methods is accumulating rapidly and there is good cause for optimism. Although the anti-depressant medications which have helped so many depressed adults have produced rather disappointing results when used with children, there is good reason to believe that some of the newer anti-depressants may prove much more beneficial in alleviating symptoms of depression.

Behavioral scientists have also developed promising treatment techniques and programs to help young people overcome depression. Although many people equate the term "psychotherapy" with a bearded analyst and a patient lying on a couch complaining about his parents, the field of psychotherapy is actually much broader in scope. It encompasses a wide array of tactics and strategies designed to help people deal effectively with anxiety, depression, and other conditions which interfere with the ability to function well and enjoy life to the fullest.

Among the strategies which have proven most beneficial to youngsters suffering from depression are those which focus on helping depressed youngsters change the way in which they think about themselves and their world. Other effective tactics involve close collaboration with parents, helping parents to encourage their children's involvement in social activities, hobbies, and school work. Professional intervention can help, too, to keep open lines of communication among family members so that parents and children work through trying times together, instead of as adversaries.

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