

There are many taboo subjects that people prefer not to discuss. One of them is clinical depression. It is one of the most commonly untreated (or undertreated) illnesses in the Western world. In the United States 11 million people suffer from depression, of whom two-thirds go undiagnosed. For some, admitting to suffering from depression seems to be tantamount to acknowledging that they are in some

Health

way a failure. This is untrue. Depression is a treatable condition. This month "Mental Illness Awareness Week" takes place from Oct. 5 through 11, along with a National Depression Screening Day on Thursday, Oct. 9.

Last October I heard Sue, a middle-aged lesbian, talking candidly to an audience about what it is like to live with depression. She told about how it affected her working and private life. Sue, who has been in a relationship with her partner, Cindy, for 21 years, reckons that she has been suffering from a form of low-grade depression all her life. She describes her depression vividly: "I used to come home from work and go straight to bed. I gave up hobbies and didn't want to go out. I started withdrawing from life. It was like being sucked down in quicksand. I always thought I would feel better the next day, but I didn't. It was something over which I felt I had no control."

She started to see a psychiatrist at the urging of a therapist friend and, after at first being resistant to the idea, went on Zoloft. She has noticed an enormous difference. "I have a lot of energy. I have interests back in my life: reading, hospital-visiting, going places."

Robert is a 28-year-old gay man. He related to me how when he suffers one of his deep bouts of depression he finds it difficult to even get out of bed. He doesn't eat properly and sometimes goes a day or so without showering. His home can become so untidy that he dreads anyone ever dropping by unannounced. "I get into a vicious cycle. The place gets untidy. I can't face dealing with it, so it gets even worse. Then I get the feeling that my problems are insurmountable. Just the other day I couldn't get up and start functioning until after four in the afternoon. So as a result my sleeping pattern gets wrecked, and I wind up falling asleep when I should be awake and so on and so on."

Win, a gay man in his mid-60s, pulled no punches in describing how depression affects him: "You lose your self-esteem, self-confidence, you feel you don't have friends, you wish you were dead. It gets to the point where you want to be totally isolated, you don't want to be around people."

Some believe that gay men and lesbians are more prone to depression than the rest of the population. Dr. Lee Works, who is based in Vermont, believes it is because of the condemnation of our sexual expression by the institutions of society from when we are children onward: "As children, the strongest insults hurled at one another refer to our differences in a negative way. When some other child shouts 'faggot' or 'queer' at us, deep down inside we

THE BIG TABOO

Millions struggle with clinical depression, and queers may be at particular risk—but help is out there

by Paul Harris

know that they are right and fear that we will be found out. Children do not wish to be different from their peers and in trying to fit in have a great internal struggle to overcome."

newcomer." He adds: "As a defense mechanism we have developed insult to a high art, and only serve to further undermine the self-esteem of our brothers and sisters. Too often our commu-



As a result, he argues, gay men and lesbians grow up with self-loathing and low self-esteem. "These internal struggles are sometimes too difficult to overcome on our own, often resulting in teenage suicide, and/or substance abuse as a means of self-medicating."

A Chicago-based psychologist, Dr. John Carney, believes that gay rural teens are especially vulnerable to depression and suicidal thoughts due to the lack of visibility of gay adults and the lack of visible and accessible supportive services.

Works does not see an easy solution to this problem while "the codified condemnation of our kind continues. Gay and lesbian youth groups are a wonderful way to help ease young people through the pain of self-discovery, but they are not prevalent in the smaller cities and towns across America."

Even when people come to terms with their sexuality and enter the gay and lesbian community, Works points out that all too often the community "is not driven by those good and noble intentions toward the newcomer that I would like to see. Instead we find people driven by their baser urges to have their way with this

nity is not based on healthy interactions, but on who might have the sharper tongue."

A retired psychologist living in Texas compared working with gay men and lesbians to "working with elderly nursing home patients. Both groups know that they live in a world which would rather that they just go away. This lack of social support limits their sense of social value, and hence their self-esteem."

Dr. Michael McGinn, a psychologist based in New York City, described to me in very stark terms the problems that lead many of us to having to deal with depression. "Familial rejection or oppression, internalized homophobia, a heightened potential for alcohol and substance abuse, fear of death or dying, together with loss of friends and 'family' to an as yet incurable disease, AIDS, as well as a glaring emphasis on appearance and youth, create a perfect list of ingredients for a depression cocktail."

McGinn's comments were confirmed by an article published in *The Journal of Health and Social Behavior*, which found three main stressors at work: internalized homophobia, expectations of rejection and discrimination, and actual events of anti-gay violence and discrimination.

The study, conducted by Dr. Ilan Meyer, an assistant professor at Columbia School of Public Health, went on to show that a sense of community cohesiveness served to reduce mental health problems. "Men who felt connected to the gay community were better able to cope and had lower levels of stress."

All this begs the question of what you should do if you realize that you are suffering from depression. Dr. Christopher Mahon, a psychiatrist in practice in Fort Lauderdale, suggests that you start by getting a physical examination from your regular physician to rule out problems with either your thyroid gland or anemia. Once these have been ruled out, you should seek to see either (or both) a psychologist or psychiatrist.

What is the difference, you may ask. Well, a psychiatrist is an M.D. or D.O. who specializes in psychiatry and can prescribe medications, while a psychologist has a Ph.D. or Psy.D. and cannot prescribe. They represent differing approaches to mental illness, although it is not unusual to find a psychiatrist and a psychologist working together to help a patient. The psychiatrist will emphasize the medical aspects of illnesses like depression, while the psychologist will pursue a behavioral model of treatment and will seek to make a psychological assessment.

Mahon points out that most mood disorders are treatable. Many people feel a combination of medications and "talking therapy" is best. Obviously it is important to see a "gay affirmative" professional, as the worlds of psychiatry and psychology are not without their bigots. There are several ways to find the right person to help you. A recommendation from a friend is one way to start. Alternatively, psychologists and psychiatrists who advertise in the lesbian and gay press are very likely to be supportive. Mahon suggests that you "shop around"; just because a therapist or psychiatrist gets on well with one of your friends doesn't necessarily mean he or she will get on well with you! His other suggestion is to ask questions: What is the person's philosophy of treatment? What is his or her specialty? What approach will be used? Are various treatment options available, including biochemical ones?

Some people in recovery from alcohol or drug addiction struggle when it comes to seeking medical help to deal with their depression. This is a mistake, as Alcoholics Anonymous' famous "Big Book" makes clear. Mahon points out that none of the anti-depressants are addictive, while nearly all of the anti-anxiety drugs are. He also pointed out that all sleeping pills are addicting.

Depression knows no boundaries, and one can have a genetic predisposition to the illness. Women are twice as likely to suffer from it as men. It can be absolute hell to live with. Robert described it to me as "like seeing everything in shades of gray." Very often it is not possible to simply pull yourself together.

But with all the professionals in the health care field who are supportive of our lifestyles, know that help is at hand. As McGinn says, "Do yourself a favor and don't waste your life being semi-satisfied and marginally fulfilled. Life is not a dress rehearsal. Check around and find a person who can help you define where you want to go, and how to get there from here."

National Depression Screening Day sites in Oregon

National Depression Screening Day is a mental health outreach program designed to destigmatize depression and educate people about its signs, symptoms and treatment. The program provides individuals with the opportunity to take a written test for depression, discuss the results with a mental health professional and be referred for follow-up if necessary. National Depression Screening Day provides sites with materials to conduct the screenings, which will be held Thursday, Oct. 9, around the state.

Astoria: Clatsop Behavioral Healthcare, (503) 325-5722, ext. 10
Enterprise: Community Connections, (541) 426-4524
Eugene: Ramada Inn, (541) 342-5181
Forest Grove: Tuality Center for Geriatric Psychiatry, (503) 359-6968

Grants Pass: Josephine County Mental Health, (541) 474-5365, ext. 2071; New Hope Center, Donald M. Steinert, M.A., (541) 479-8394

Gresham: Mt. Hood Community College, (503) 667-6422
Klamath Falls: Klamath Mental Health Center, (541) 882-7291
La Grande: Grande Ronde Hospital/Blue Mountain Behavioral Healthcare, (541) 963-1480

Lake Oswego: Abilities Center, (503) 636-0111
Marylhurst: Cornelia Connelly Pastoral Counseling Center, (503) 636-1157

Medford: Jackson County Mental Health, (541) 776-7355, ext. 341

Newburg: BHC Pacific Counseling Center, (503) 537-0721
North Bend: Pony Village Mall, (541) 269-8076

Oregon City: Clackamas Community College, (503) 657-6958, ext. 2518

Portland: BHC Pacific Gateway Hospital, 1-800-234-4545; Providence Health System, (503) 215-2686; Portland Medical Center; Providence St. Vincent Hospital

Roseburg: Mercy Medical Center Community Education, (541) 677-2102

Salem: Salem Clinic, (503) 315-4622

Note: These providers are authorized by the National Depression Screening Day program; Just Out cannot attest to whether or not they are queer-positive.