

Caregiver Depression

Shining light on a forgotten disorder.

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Depression can be contagious and can drastically change an individual's quality of life along with the people around them. Caregivers continuously give support to the ones in need but may forget to seek support for themselves. This paper will provide you with the knowledge to protect yourself and others in a safe manner.

Caregiver Depression

What is it? Caregiver depression is a difficult term to concretely define due to the lack of its discussion in the medical field. Before we attempt to clarify what it is, let's have a common understanding of what depression is. Depression is a common mental disorder that presents itself through an individual's attitude and behaviour towards oneself, family and friends, and day-to-day activities (Marcus et al., 2012). Symptoms include loss of pleasure or interest, feelings of low self-worth or guilt towards oneself, decreased energy, a negative mood, disturbed appetite or sleep, and poor concentration; all of which can lead to irritation and cause conflict (Marcus et al., 2012).

Who does it impact? Depression comes in varying levels of severity, affecting a significant proportion of the population. It also has strong ties to an individual's lifestyle, the occurrence of tragic events, and chemical imbalance in their brain making it difficult to catch early on and diagnose (Lamis & Jahn, 2013). In addition, an individual's social, economic, cultural or religious group status does not exempt them from this illness (Malhi & Mann, 2018). Research studies show that the average age a person will experience their first **episode** is 25 while nearly 40% of individuals experience it below the age of 20 (Malhi & Mann, 2018). Caregivers are a patient's most common

Questions Explored

1. *What causes caregiver depression?*

A constant strive to give and support another while lacking to take the necessary time to heal one's own state of physical and mental health.

2. *Is depression transferrable?*

Unfortunately, yes. People often empathize with each other and take upon another's emotions. This can cultivate depressive thoughts over time.

3. *Does it ever go away?*

With a combination of medicine, treatment, healthy lifestyle choices such as proper nutrition and exercise, and a positive social group, there is a good chance to decrease the number of episodes.

4. *How can I help a caregiver?*

Ask them if there are things you can do to lighten up their to-do list. This will give them time to engage in positive, social activities.

“A semicolon is used when an author could have chosen to end their sentence, but chose not to. The author is you and the sentence is your life.” - Amy Bleuel

Popular tattoo choice to represent hope and family. (Stalder, E., 2018)

Episode: a period characterized by low mood and other depression symptoms that lasts for 2 weeks or more.

Emotional Contagion Theory: Emotional expression is contagious; people can 'catch' emotions just by observing each other's emotional expressions.

visitor in most cases and as the Emotional Contagion Theory suggests, the patient's depressed emotions due to their physical and mental state can be contagious and caught by the caregiver (Oliver et al., 2016). Furthermore, caregivers are inherently empathetic, which takes a toll on their health as they stay strong for others day in and day out. In the end, our goal is to break the mentality that an individual's behaviour showing signs of sadness and loneliness are not a choice but an illness caused by depression.



Empathy: *noun*

the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner. - Webster, 2018

History of Depression: The introduction of physical depression is attributed to Hippocrates, a Greek physician (Paykel, 2008). Prior to that, depression was thought of as a spiritual condition with the idea that demons and evil spirits caused it. Due to this, the 'cure' included starvation, beatings, and physical restraint in hopes of driving out the demons, which was administered by priests (Paykel, 2008). Over the centuries, depression and similar mental illnesses continued to be looked upon as supernatural issues, and treatments remained harsh (Paykel, 2008).

The 1950s were a crucial decade in understanding the depth of depression and developing useful medication. Along with the advancement of studies in this field, the number of caregivers nationwide increased due to World War II. During this time, doctors split the illness into two categories, endogenous and exogenous (Paykel, 2008).

Endogenous: occurs without the presence of stress or trauma. In other words, it has no apparent outside cause. Instead, it may be primarily caused by genetic and biological factors. This is why endogenous depression might also be referred to as "biologically based" depression.

Exogenous: occurs after a stressful or traumatic event takes place. This type of depression is more commonly called "reactive" depression.

Andrus et al., 2010

Types of Depression: There are quite a few different types of depressive disorders. Major depressive disorder: severe interruption of daily activities with high chance of recurrence. Dys-

thymic disorder: long-term mild depression lasting over two years — less severe. Minor depression: symptoms of the two disorders above with chance of leading to major depressive disorder if left untreated. Less common forms exist such as psychotic depression (severe depression alongside hallucinations) and seasonal affective disorder (based on the weather and season) (Gopalan et al., 2010). Caregivers understand the Fundamental Attribution Theory, which states that a person's behaviour should be reflected based upon internal, controllable causes rather than external uncontrollable causes. On many occasions as parents and coworkers, this theory is forgotten when we may see someone showing lack of interest or energy, tiredness, and other symptoms. It's easy to generalize and state that the person is lazy or weak; however, it is important to understand that what you see may not be under their control. That is why showing empathy is crucial in reducing conflict and guiding one out of a depressed state.

The Mask



*She smiles, I cry.
She is outgoing, I am shy.
She loves, I am alone.
She is amazing, I am unknown.
She is beautiful, I am a mess.
She is happy, I am depressed.
My mask is perfect:
She hides me.
— Val, K. (n.d.)*

Many times, our friends and family members may be depressed but we will not find out till it becomes a critical condition. The mask is put on in order to seem strong in this fast-paced world and it succeeds in its mission, but at the cost of the wearers health.

Causes of Depression: As there are multiple types of depression, there are many reasons as to why a caregiver may be depressed. The most common situation is the loss of a loved one or one that was being taken care of (Oliver, 2013). With their expected or sudden absence, it can bring feelings of loneliness, guilt, and sadness. Another situation involves having conflicts with the one in need. A patient may use guilt and anger to manipulate the caregiver, receive more support than required, or disagree on treatment methods (Young et al., 2009). These conflicts can be resolved by accommodating the patients requests, compromising with them, or avoiding them to follow medical guidelines. A caregiver's methods of conflict resolution usually depend on two factors: if they are part of a professional caregiving service and their relationship with the patient. Let's have a look at intervention strategies for these scenarios.



Intervention Strategies

In this section, we are going to analyze and propose a few intervention strategies to help dissolve conflicts between a caregiver and their patient(s). Conflicts are one of the leading causes of depression due to the amount of stress an individual takes on when arguing or fighting with their family member, coworker, or stranger.

UTILIZING A MEDIATOR

Utilizing a mediator is a great strategy to keep the conversation between parties on point and practical. The mediator can help in stopping personal attacks (creating a safe environment for discussion), directing the conversation towards a solution, and is tremendously useful in making sure all parties think before they speak (establishing ground rules) (Anstiss & Davies, 2015). Caregivers may have a personal relationship with the patient that hinders best judgement and decision making skills. Ideally, the mediator would not be related to either parties making it easier for them to jump in and provide an outsider's view or begin the uncomfortable discussion.

SELF-HELP / COPING

There are many methods, excluding medication and their side-effects, that can be used to overcome depression. To start the list, exercise and a proper nutritional diet has shown to reduce stress and depression. Building these habits may take more than one or two months with many skipped days, however, consistent attempt to get back on track are key. Secondly, a few ways to declutter life and find clarity is through a reduction in alcohol intake, saying no to negative people and unnecessary activities, and meditation. Kind-hearted people, not only caregivers, dislike saying no to friends, family, and coworkers in order to avoid hurting them. However, as we'll see the first point in the Caregiver's Bill of Rights, it is not an act of selfishness to take care of oneself. Caregivers should not have to sacrifice their self-worth or dignity either.

On the note of medication, it is important that the caregiver be patient. Some drugs may have side-effects such as drowsiness and headaches and may take weeks to show improvements but it is important to be hopeful and follow the doctor's recommendations.

CAREGIVER BILL OF RIGHTS

Caregivers have rights. They should never be treated as puppets of their patients, running like hamsters getting chores done. Caregivers can suffer from depression without fully comprehending it. In 1985, Jo Horne defined the caregiver's bill of rights that is meant to be used as a reminder for caregivers that bad days may occur, but they do not have to attempt providing caregiving services upon themselves; others are available to listen and provide aid.

I have the right . . .

- To take care of myself. This is not an act of selfishness. It will give me the capacity to take better care of my relative.
- To seek help from others even though my relative may object. I recognize the limits of my own endurance and strength.
- To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself.
- To get angry, be depressed, and express other difficult feelings occasionally.
- To reject any attempt by my relative (either conscious or unconscious) to manipulate me through guilt, anger, or depression.
- To receive consideration, affection, forgiveness, and acceptance for what I do for my loved one for as long as I offer these qualities in return.
- To take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.
- To protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.
- To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.
- To _____. (Add your own statement of rights to this list. Read the list to yourself every day.)

Caregiver Workshop

The following workshop will be offered on Monday, Wednesday, and Friday, every three months. Each day mentioned earlier will be focused towards a certain group of individuals: nurses and hospital employees, old-age home caregivers, and household caregivers. As Malcolm Knowles suggests, organizing specific days for each discipline will help adults learn better.

5:00	Begin with warmup exercise: 10 minute meditation to loosen up the mind and muscles. The goal of this is to relax all participants and make them feel comfortable within their surroundings. We want them to understand that positive change is possible.	5:50	At this point, all participants are collected back into one large group, where the facilitator will give an interactive presentation for an hour. The goal of this talk is to help participants understand: 1) why the participants may be feeling depressed, 2) that they are not alone, 3) the importance of self-care, and 4) steps to reduce stress in their day-to-day activities.
5:10	All participants will be given lined paper and a pen to write down thoughts or questions they have. These will later be collected by the facilitators to be addressed at the front. We want to answer as many questions as possible. With anonymity, everyone can have the opportunity of having their concerns addressed.	6:50	A 10 minute break to grab a few snacks and drinks, and to reflect with fellow members on the presentation.
5:20	For the first 30 minutes, the participants will be split up into small groups of five where they can share their stories and relate to one another on their successes and difficulties. This will help build a sense of belonging, reduce thoughts of loneliness, and get the participants talking about their issues. In addition, they may meet someone and form a helpful bond that promotes communication.	7:00	For the last hour of the night, the participants will be given various tools on how they can: 1) practice communicating with family members about tough topics, 2) practice mindfulness and meditation in short periods of time, 3) Noticing signs of depression and gathering help (removing any shame or fear about asking for help).

By the end, the participants should have a strong understanding of the consequences of bottling up emotions and thoughts. They should be aware that yes, smiling and staying positive for their ones in need is important, but their health is just as important. With collaboration and guidance, this workshop can be used as a general practice for any form of group.

In addition to an in-person workshop, we will set up e-mail subscriptions where participants can get healthy tips on new methods and resources to reduce daily stress and depression. Last but not least, we will partner up with organizations such as Crisis Text Line where people in rush or ones who prefer typing can also receive support through text messages.

Crisis Text Line Mission Statement

Every texter is connected with a Crisis Responder, a real-life human being trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem-solving. All of our Crisis Responders are volunteers, donating their time to helping people in crisis.

Crisis Text Line

At the end of the day, following the suggestions and being mindful of your words and actions will help reduce stress, depression and the conflict caused by it. To all caregivers in all fields, you are not alone. There exist many people in this world that want to help you achieve your dreams and help you live an amazing, joyous life. There is absolutely no shame attached with asking for help — it is courageous and a step towards a happier life.

— *So with that, be kind, share love, and seek positivity.*

Depression Statistics

300+

million people globally
suffer from depression

49%

Economic costs linked
with absence from work &
decreased productivity
linked to depression

37%

of adults with depression
receive no treatment

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