



Campus Women



CHASING AWAY THE BLUES

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Everyone feels a little sluggish in the first couple of weeks of school, but have you found yourself "out of touch" more than usual? Sleep patterns disrupted? A little more irritable? You may be suffering from the effects of depression, the leading psychological problem affecting women today.

The National Institute of Mental Health (NIMH) estimates that eight million North American women will experience some form of depressive disorder in their life-times. Women under the age of 45 are most

at risk and unfortunately, the majority will go untreated.

There are various therapies available today. Studies show that both psychotherapy and antidepressants are very effective ways to treat most depression. New medications have recently emerged, giving patients even more options. Psychotherapy is available from psychologists, social workers and clinical nurse specialists, but only psychiatrists can prescribe medication.

In addition to these classical treatments, some therapists have found new ways of dealing with the gloomy moods associated with depression. For those afflicted with seasonal

depression, therapists have begun using artificial sunlight. Therapists may also encourage their clients to take dance classes. It is vital to break the patterns of living and thinking which support a depressed person's melancholy way of life.

What causes depression? No one really knows. Researchers are hunting for markers that would indicate a physical cause for some depression, but they have yet to find them. Many patients with depression have hormonal abnormalities, however these irregularities haven't been connected to central nervous system disorders. Equipment that measures brain waves shows atypical sleep, which confirms the sleep disturbances reported by many depressed patients. Moods can also be affected dramatically by life stressors, such as a heavy exams, essays or assignments. Women are thought to be especially prone to depression due to the emotional drain of caring for children and/or elderly parents.

Right now there are 12 million people in North America struggling with feelings of depression. Many are refusing help because they believe in the "bootstrap theory" of handling emotional distress. This is particularly troublesome because some new, important research coming out of the National Institute indicates that early episodes of depression may leave a kind of imprint on the brain which makes it easier to have later episodes. Early treatment may not only ease the emotional burden of the moment, it may prevent depression's return. Chasing away the blues today may not insure that all of your tomorrows will be sunny, but it could help stop a pattern from developing to the point where rainy days are all that are left.

A WOMAN'S HEALTH BILL OF RIGHTS

1. I have a right to be treated as an equal human being.
2. I have a right to be listened to and have my problems taken seriously.
3. I have a right to an explanation that I can understand in my native language (using a translator if necessary) on any questions concerning my health care.
4. I have a right to know the choices I face in getting treated for any health problem, and to have the possible side effects of any drugs or surgical treatments clearly explained.
5. I have a right to choose the types of treatment I prefer from among the options offered to me by my doctor.
6. I have a right for normal events in my life, such as pregnancy and menopause, not to be treated as diseases requiring treatment.
7. I have a right to choose natural therapies and not be ridiculed for doing so.
8. I have a right to request a second opinion on any major surgery or health decision.
9. I have a right to refuse any drug or surgical treatment.
10. I have a responsibility to become knowledgeable about my body and how it works.
11. I have a responsibility to learn as much as possible about my health problems so I can make informed choices.
12. I have a responsibility to look after my diet, reduce stress, exercise and relax on a regular basis.
13. I have the responsibility to avoid pressuring my doctor into giving me drugs when I don't need them.
14. I have a responsibility to prepare my questions for my doctor beforehand and schedule adequate appointment time to discuss them.
15. I am ultimately responsible for my own healthcare, using my doctor as a resource rather than an authority.