

Grief and Depression – Can We Tell the Difference?

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DSM-IV Criteria for Major Depressive Episode

Basic Criteria

5 (or more) of the following symptoms must have been present during the same two-week period and represent a *change from previous functioning* ; at least one of the symptoms is either (1) "depressed mood" or (2) "loss of interest or pleasure" (do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations):

- (1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
- (2) Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day (as indicated either by subjective account or observation by others.)
- (3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% body weight a month), decrease in appetite, or increase in appetite, nearly every day.
- (4) Insomnia or hypersomnia, nearly every day.
- (5) Psychomotor agitation or retardation, nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- (6) Fatigue or loss of energy nearly every day.
- (7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- (8) Diminished ability to think or concentrate or indecisiveness, nearly every day (either by subjective account or as observed by others).
- (9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide.

All the following statements must be true.

- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

- The symptoms are not better accounted for by bereavement (i.e. after the loss of a loved one); the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Differences with Grief

1. Grief - There is an identifiable loss that has occurred, is occurring or will occur.

Depression - No apparent loss or the present loss is seen as punishment.

2. Grief - Mood variability. Intermittently changes from sadness and regret to relief, joy, anxiety, frustration, hope and a variety of other emotions.

Depression - anxiety and/or absence of energy. Feeling depleted. No energy or interest in communication, sex or food. And/or combined with abundance of nervous energy focused on talking, sex, food or worries about the future.

3. Grief - Responds to reassurance, love and warmth.

Depression - Unresponsive to most gestures of caring and/or only responds to repeated pressure or coercion.

4. Grief - Openly hostile and/or angry.

Depression - Inability to identify anger or directing it at or towards someone else.

5. Grief - Intermittent waves of tears, crying and/or weeping.

Depression - Constant crying and inability to stop or unable to cry or weep at all.

6. Grief - Clear dreams, fantasy & capacity for imagery; occasional difficulties in getting to sleep.

Depression - Difficulty in accessing dreams, severe insomnia, waking up early in morning and little ability to fantasize or imagine (unless punishing one's self).

7. Grief - Has regrets and/or questions about past actions, present circumstances and future decisions. Can feel empty and see world as meaningless. Beliefs and cognitive assumptions about life and living are challenged. Asks "What is it all about?" or "Why do people have to suffer?" Often feels alone, overwhelmed or that others don't understand.

Depression - Blames self for situation and sees self as "bad"; experiences the world as empty and meaningless. Focuses solely on what is NOT happening or painful events that have already occurred. Sees no future. Is detached and unconcerned with events and people in one's life and feels helpless to create any internal or external change.

8. Grief – Difficulty in allowing one's self to experience joy or pleasure or to feel pleasant emotions and memories.

Depression – Consistent inability to experience pleasure and/or joy.

Assess, Evaluate, Question and Obtain Her/His Story

Whenever possible, do a psychological, social and physiological assessment of the individual you believe may be experiencing depression.

1. Are their pre-existing or previous mental health problems, such as anxiety, depression, schizophrenia, personality disorder, suicidal ideation and/or suicide attempts? Have they ever felt this shut down (depressed), lethargic or “out of it” before? *If so, were these conditions situational and acute or chronic and non-dependent on circumstances?* Have other people in their family experienced any of these issues and if so, what support or help did or do they receive?

Jasmine's elderly mother had died about a year before she came for grief counseling. She said, "I just can't get over it. It doesn't make any sense. She was 85 years old and had a good life. I'm so tired I can hardly get up in the morning and I feel sad all of the time. Nothing seems to matter and there's no joy in life. It hasn't changed at all. I thought it would be better by now."

It would be easy to assume that her lethargy and sadness were all related to her mother's death, but on further questioning, she revealed that she had been having periodic and lengthy episodes of exhaustion and sadness prior to her mother's death. Past instances did not seem to be associated with any specific event and she said her doctor had once suggested that she may have symptoms of depression and should see a psychiatrist, but she had never done so. I encouraged her to see a physician for her possible depression. After it was determined that she was suffering from major depression, her physician recommended anti-depressants. When she returned for grief counseling a few months later, she reported that the medication was helping, that she had renewed energy and wanted to investigate alternative ways of honoring and remembering her mother's life.

2. What previous losses have they experienced? (Deaths: violent, anticipated, multiple, miscarriages, children, etc.) Have they experienced physical and/or sexual abuse as a child and/or adult? Ask about divorces, separations, job loss, moving, changes in environment. *Are there any triggers or current events or situations that are bringing up or reawakening these losses* and the associated mental, emotional and physical reactions?

Alex couldn't understand why the death of his father was bringing up such strong emotions. He said he had never been that close to his father, but found he was getting angry at the drop of a hat and overwhelmed with sadness over the slightest provocation or event. "I was never close to my Dad. In fact, I was somewhat relieved when he died from his heart attack last summer. I hadn't seen him or spoken with him for about a year and

the last time we did, it was awkward and distant as usual. What's going on? This doesn't make any sense."

After Alex spoke some more about his present reactions to his family and co-workers, he told me about his relationship with his father. He said that he had been a physically abusive and demeaning father and since he was the oldest, he'd taken the brunt of most of his father's actions. He'd always put it out of his mind and thought he had let it go long ago, but upon his father's death everything was rekindled. Not only was he upset about the childhood he had, but he also realized that he had unconsciously hoped that some day they could make amends or his father would apologize, but he never did and would never be able to now (in person).

On subsequent sessions, Alex revealed that he had also had multiple losses when he was a teen, which happened to occur at the same time as some of the abuse at home. His best friend Jeffrey died in a car accident (from drunk driving) and his grand-father, who was the only other close male relationship he had at the time, died from a stroke. When he needed support the most, both of the men he used to turn to were gone.

In this instance, it might have been determined that Alex was trying to deal with depression by being angry and "in control", but it became obvious that his father's death had triggered other losses and reminded him of the abuse he'd experienced as a child. With additional support, some techniques to deal with anger and his understanding how the past was affecting his life, he was able to work through and with his feelings without them turning into depression or inhabiting them for an extended time.

3. *Any past and/or present drug abuse or use of alcohol, prescription medication, opiates, amphetamines, etc.? If in recovery, what has helped keep them stay clean and sober in the past and/or present?*

Juliet's husband had died after a long illness just 4 months before she came for counseling. Upon first appearance, she seemed to be listless, easily distracted, and quite subdued at having lost her partner of over 20 years. "I'm OK," she said. "We all knew it was coming. There was nothing we could do about it. I cried all the tears I needed to then; now it's time to get on with it." When I asked why she had come for counseling, she told me that there was a pile of medical and financial bills piling up and her mother had said something was wrong and she should see someone. She figured she'd get around to things whenever she "felt like it" and didn't see what the problem was.

After missing the next appointment and further conversation, Juliet disclosed that she was an alcoholic and had been in recovery for over 20 years. In fact, she had met her husband at an AA meeting and they had supported one another's sobriety throughout their marriage. About a month after her husband died, Juliet started drinking. She didn't care about anything because she was "drinking my troubles away". She wasn't grieving because it was "too painful". Now, in addition to the loss of her husband, she was dealing with the complications of her drinking. Within a month's time, she was once again attending 12-step meetings, regularly speaking with her sponsor and staying sober. We

met more often so she could deal with the intense emotions she had been suppressing. What may have developed into a major depressive and extended alcoholic period in Juliet's life was dealt with by not making assumptions, by asking questions and by differentiating between a pre-existing issue and her grief.

4. *What is their present level of physical comfort? Is their pain being controlled? Are they experiencing nausea, bowel discomfort, etc.?* Anxiety and apprehension about physical symptoms can often be the primary cause of anxiety and/or depression.

Gwendolyn was referred by her adult daughter, who said her mother alternated between extreme anxiousness about the future and periods of depression "over the past". Her father (her mother's husband) had died the year before from a short but extremely painful illness and her mother had not been the same since.

Gwendolyn presented exactly as her daughter had described. One week she was a bundle of nerves and could hardly sit still and the next week she was half asleep and withdrawn. As it turns out, there was good reason for her to be having these reactions. She said that she had recently been having unexplained back pain which the doctor had not yet been able to diagnose. She also described her marriage and went into detail about the traumatic days preceding his death and the times his pain had not been controlled. It was soon apparent that she was worried about a similar fate and at times dealing with her anxiety by shutting down so she wouldn't be "overwhelmed with fear".

Two things took place which helped Gwendolyn proceed with the rest of her life without such intense fear and apprehension. First, she was able to see the connection between her present worry and her husband's dying days, which she had not connected previously. Secondly, her doctor soon discovered that her back pain was due to arthritis and she began taking medication that helped ease the pain.

5. *What are they afraid of? What fears and/or concerns do they have for themselves and/or their family or friends? Are there financial, job related or health concerns?*

When there has been a death in someone's family, it is often assumed that any grief or depression they are experiencing is a result of their loss; but it can often be due to "secondary" or additional fears, issues and worries with which they are dealing.

Henry's wife of 40 years had died 4 months ago. All of his children, grandchildren and friends thought he was becoming increasingly depressed and grief stricken because of the loss of his wife; but he was actually at peace with her loss and felt they had had a "wonderful and long life together". "What's got me all in a bunch," he said, "Are all the bills that are piling up. She used to take care of the monthly bills and kept saying she was going to show me what to do, but never got around to it. Now, it's like I'm back in kindergarten all over again, learning to read for the first time. It seems like everything is a mess and I have no idea where to start."

Henry's situation had nothing to do with his intelligence; it was just not his "job description". He was embarrassed to tell his kids that he didn't know what to do and that was why he was so "down in the dumps".

After a half-hour of "talking about this crap", Henry realized that there was nothing wrong with asking his oldest son (who happened to be an accountant) for a little help and that he had in fact offered to do so before. "It's hard to ask for help when you're the one who has always helped them," he said.

6. Who supports them (emotionally and physically)? Which relationships are meaningful or important? *Is there a relationship that has been or is difficult* and has been perceived to be (or is) impossible to rectify and/or understand? What gives them meaning, purpose and/or faith, if anything?

The kind of relationship someone had with the person who died and with others makes all the difference in the world. Ten people can have the exact same kind of loss (age, similar death, same cultural and social background, etc.), yet every one of them is affected differently. Don't assume anything about a relationship. Were they close to the person who died? In what ways were they or the person who died dependent on one another? Was it an ambivalent conflicted relationship or always loving, fun and respectful? What were the issues between them in the past and more recently? Who is in their life now and in what ways are they supportive and helpful? Is there any person, organization or group with whom they are presently involved that is nurturing, supportive and of help? If not, can they identify who and in what ways they could ask for and get the kind of support they need or desire?

Tory and Bonnie said they both felt at a "total loss" after their parents had both died in an airplane crash. Tory had always depended on her parents for financial support and Bonnie said "my mother was my best friend". In addition to losing their parents, they were also having to confront the other ways their lives would now be different and how they could take responsibility for some things themselves or connect with others "not to replace my Mom, but just to have someone to talk to," Bonnie said. By identifying the primary loss and all the other associated losses, Tory and Bonnie were able to grieve the sudden loss of their parents without it becoming a complicated long-term series of un-conscious reactions that may have led to depression or post traumatic stress.

7. What is the person's sense of self, their self-concept and *level of self-esteem*? What is their cognitive style, maturity, problem-solving ability and assumptive world view?

"There is no way I can live through this," Rebecca exclaimed. Her young husband had just died as a soldier in Iraq. "I've got 2 little kids and absolutely no skills. Steven (her husband) provided everything. I might as well lie down and die right here and now."

Rebecca wasn't going to actually lie down and die, but these were the most powerful and accurate words she could use at that moment to describe how she was feeling. Throughout the next 2 months, she became more aware of how much of her self she had

let go of during their marriage and how her entire sense of self and personal identity was wrapped up in her children. She had never believed she was worth much and had been surprised that Steven had wanted to marry her in the first place. With her husband in the service and a young family, she had felt she "belong to something" and had an identity. With his loss came not only intense grief and the pain of mourning but the need to re-discover who she was beyond her labels and roles.

As time progressed, Rebecca began to see that she was not only of value to her children, but to herself and others. She got support from a number of veteran's groups and services, volunteered at a shelter for people who were homeless and started taking para-legal classes online, which is something she'd always been interested in but had never attempted or thought she was capable of doing.

8. *How have they managed or coped* with psychosocial transitions and difficulties in the past?

Zachariah had always coped with change and loss by working twenty-four/seven and throwing himself totally into work. It gave him a sense of purpose and something to focus on. The drawback was that it also distracted him from experiencing the myriad feelings and thoughts that accompany major transitions. He thought working made it so he could avoid "distressful" or "unpleasant" feelings altogether. In fact, his immersion in work only temporarily sidetracked intense anger, frustration, sadness, resentment and fear.

When Zachariah's sister died, he thought he was doing "OK". She had been ill for many years with cancer and he had been like a rock for her. He was responsible and dependable and always helped her out financially as well as physically. When he lost his job six months after her death and couldn't find another, he began feeling overwhelmed and "like everything is caving in on me". He didn't know what to do or where to turn. He wanted to "fix it" and "get over it".

By looking at how he had dealt with stress, illness and change in the past, Zachariah was able to see both the advantages and disadvantages of his behavior. He realized that he still wanted something "to do", but also saw that it could help to take "a little time" each day to acknowledge what he was feeling and thinking; he could actually let go of some thoughts and emotions and not have them crash in on him "all at once".

9. If they could put a *name* to *how they are feeling*, what would it be?

Saying it out loud and externalizing whatever "it" is can be a great relief, as well as bring awareness to what is happening internally. Giving a "name" to the feelings, thoughts and sensations we are having makes it possible to get some perspective, honestly confront the situation and make conscious choices about how we wish to respond.

From all appearances, Monique was one depressed lady. No matter what was going on around her or what was said, she avoided eye contact, rarely replied and when she did,

she said something negative. She didn't seem to care about anything or anyone, especially herself.

Talking with Monique seemed to be like pulling teeth, but it turns out that there was actually so much going on that she was afraid to name it and say it, and she turned it all upon herself. Once she realized it was safe to convey anything, even the parts that were frightening or that she perceived as shameful, it was like opening a flood gate. Once the gates were open, there was no going back (thank goodness) and her depression and sadness began to lessen. People had presumed that Monique was born depressed, but it turns out she had good reason to be. Childhood abuse, multiple losses and fear of abandonment had taken their toll and depression was the antidote that helped her survive until she was in a place and time when it was no longer necessary.

10. What are your own perceptions, observations, insights, understanding, judgments, preconceptions and biases with this person, in this situation, at this time? What are others who know the individual noticing? Where are *you* coming from?

With both depression and grief, there are events and experiences that actually happen and cause either or both and then there are the things we tell ourselves or others tell us about what has happened that are piled on top of the experience. It is these added messages or judgments that often reinforce or cause more suffering than the primary events. We then live our lives based on these assumptions and "messages" and do so automatically, without realizing where they started or when they are taking place.

Suzie thought she was depressed and should be, because everyone said she "had a right to be" after her husband Ron was murdered. "Who wouldn't be down after something like that happened?" her sister said. "You take as long as you need to," her mother told her. "You have every right to be depressed; who wouldn't be?!"

Although Suzie had understandably been in shock soon after her husband had been killed and was afraid to go out for some time, her feelings of fear and sadness lessened as months progressed. She had an excellent support system and came to terms with the fact that Ron had been killed by "mistaken identity" and was trying to move on with her life. Two years after her husband's death she came for counseling and said, "I've met this wonderful man through church, but I don't know where to begin. He's very sweet and we have a great time together, but as soon as I notice that I'm happy, I turn it off. All of a sudden, I remember and it doesn't seem right. I'm supposed to be sad and depressed. It's not right for me to have joy in my life."

Suzie was able to identify the source of the self-defeating messages she was giving herself; but we are bombarded with them so often that it can be difficult to tell where they come from and how to avoid letting them define who we are.

What Can We Do To Help?

- Help the individual and/or family member to identify the cause or root of their depression (if situational) and encourage them to externalize and express those feelings, fears and thoughts in the form and manner that works best for them – talking, emoting, drawing, writing, praying, ritualizing, etc.
- Assist in alleviating all external factors that you or others (care team, family members, friends, lawyers, etc.) are able to influence or control – such as pain, unresolved family issues, legal/financial concerns and end-of-life planning. Acknowledge what is or is not in the person’s control and if possible help them accept the things that can not be changed or “fixed”.
- Most cases of depression are mixed with anxiety. Depression is, in fact, often a reaction to extreme anxiety and fear about the future – “How long will this pain last? Will my father ever tell me he loves me? When is this going to be over?” Whenever someone appears depressed or states that they are experiencing depressive symptoms, make sure to evaluate, assess and get his/her story about the anxiety.
- Give the physician all the information and contributing factors that *may be* influencing the patient’s present emotional state to help them rule out other physical causes so they can find the correct medication (quick acting – within a day or two, not three or four weeks . . . depending on current life expectancy). Once an anti-depressant and/or anxiety reducing medication is prescribed, monitor it closely (by observations from others and client’s subjective feedback) for its benefits, ill-effects and/or any other emotional or physical reactions.
- Show the person how to tap the areas that correspond to specific meridians for depression (Chinese Medicine). Use two fingers and tap hard enough to feel, but not to cause pain. Tap 30-50 times on the back of the hand (clenched) between the fourth and fifth knuckle, then 5 times on the collarbone. It doesn’t matter which side of the body. For anxiety have them tap 5 times under their eye, then five times under their arm, then five times on their collarbone.
- Studies have shown that deep breathing Yoga exercises can have as much benefit as some medications for depression and anxiety. One such exercise is to have the individual slowly count to five while inhaling, and then slowly count to five while exhaling. Each breath should start from the stomach up to the chest (on inhalation) and reverse from chest to stomach (on exhalation). Doing this for only five minutes every hour or two when awake has been shown to significantly lighten and lesson depressive symptoms.
- Other studies have shown that the old adage “look upon the bright side” has some significance. When people remember to look up and not look down, they tend to have less depression and anxiety.

References

- Brazier, Caroline. *Other-Centred Therapy*. O Books, 2009.
- Connolly, Suzanne M, LCSW, LMFT. *Thought Field Therapy: Clinical Applications Integrating TFT in Psychotherapy*. George Tyrrell Press, 2004.
- Doka, Kenneth J. *Disenfranchised Grief: Recognizing Hidden Sorrow*. Lexington Books, 1989.
- Edelman, Hope. *Letters From Motherless Daughters: Words of Courage, Grief, and Healing*. Addison-Wesley Publishing Company, 1995.
- Gallo, Fred P. *Energy Psychology: Explorations at the Interface of Energy, Cognition, Behavior, and Health*. CRC Press, 1998.
- Herman, Judith Lewis, M.D. *Trauma and Recovery - The aftermath of violence-from domestic abuse to political terror*. Basic Books, 1992.
- Kennedy, Alexandra. *Losing a Parent*. HarperSanFrancisco, 1991.
- Lattanzi-Light, Marcia & Doka, Kenneth J. (Ed.). *Coping With Public Tragedy*. Brunner-Routledge, 2003.
- Matsakis, Aphrodite, Ph.D. *I Can't Get Over It: A Handbook for Trauma Survivors*. New Harbinger Publications, 1992.
- Rando, Therese A. *Treatment of Complicated Mourning*. Research Press, 1993.
- Redmond, Lula Moshoures, R.N., M.S., LMFT. *Surviving When Someone You Love Was Murdered*. Psychological Consultation and Educational Services, Inc., 1990.
- Salter, Anna C. *Transforming Trauma*. Sage Publications, 1995.
- Shengold, Leonard, M.D. *Soul Murder: The Effects of Childhood Abuse and Deprivation*. Fawcett Columbine, 1989.
- Tedeschi, Richard G. & Calhoun, Lawrence G. *Trauma & Transformation: Growing in the Aftermath of Suffering*. Ballantine Books, 1995.
- Wholey, Dennis. *When The Worst That Can Happen Already Has*. Hyperion, 1992.
- Weintraub, Amy. *Yoga for Depression*. Broadway Books, 2004