Stephanie Lockwood: Coping with depression in your relationship. This is "Stay Happily Married" episode number 274.

Welcome to "Stay Happily Married," your source for weekly updates on the latest tips and advice to build a happy and healthy marriage.

I'm Stephanie Lockwood and I'm your host today. Welcome to the show. Does your relationship have what it takes to survive depression? As a society we're becoming more and more aware of mental health issues and it's effects on our lifestyle. We now have a mental health awareness month every May to build awareness for people with mental health issues such as depression, schizophrenia, and bipolar disorder. While we're becoming more receptive and knowledgeable to the internal and external effects of mental health conditions like depression, what can be done when depression begins to affect our families and even our spouse? Can anything be done to help loved ones coping with the after affects?

Earning her doctorate in Clinical Psychology from the University of Texas Southwestern Medical Center, Dr. Anna Brandon practices at the UNC Center for Women's Mood Disorders. Dr. Brandon has an expansive background in the healthcare profession. She's worked as an attending psychologist at the first perinatal psychiatric inpatient unit in the nation. She's conducted research in North Carolina as well as in Texas with couples using partner assisted interpersonal psychotherapy and she's helped many women struggling with distress in the context of infertility, pregnancy, and chronic illness. Welcome to the show, Anna, I'm glad you could join us.

Dr. Brandon: Thank you, it's lovely to join you.

Stephanie: And so, what are you seeing when it comes to people coming in and looking for treatment for depression?

Dr. Brandon: I see an increase in young couples, number one. Number two, I guess as a clinical researcher, it's a bit startling to see the millions of dollars that get spent on research for genetics, gene sequencing, the expression of genes, millions more spent investigating various medications, electro-convulsive therapy, magnetic therapies, light therapies, dietary supplements, and yet we still have a continued growth in the incidence of depression in women, and I daresay in men too.

Stephanie: So, what are your particular thoughts on the symptoms you're seeing and treating depression there?

Dr. Brandon: I'm curious about what would happen if we started to turn our attention more to a social philosophy for caring for folks who struggle with depression for a couple of reasons. Number one, unlike cancer or heart disease, hypertension, diabetes, mental illness has so many factors involved in it's development, the etiology of it and the treatment of it. And

these factors aren't all biologic. That's why even though we see this growing increase in depression we have an equally growing increase of individuals using anti-depressant medications. So it doesn't look like these medications or the other biologic interventions are completely successful at either reducing the incidence of depression or even reducing the chronicity of it. So if we were to begin to look at the social supports that people have and think in kind of a -- just like we do with the Affordable Healthcare Act and some of the other social initiatives in this country -- if we look at taking a human approach toward it and leveraging human support I wonder if we might not see a difference in the chronicity of it at least.

Stephanie: And so what exactly does the social philosophy towards depression mean and what does it include, I guess?

Dr. Brandon: Well so, biologic philosophy of depression posits that there's something wrong in your brain. The neurotransmitters aren't firing correctly. Let's get medication on board and see if we can readjust a chemical inbalance. Which is actually being questioned to date. The genetic framework toward it would be well, it all has to do with the gene pool you're born with. Maybe we could do some rodent research and knock out genes. Maybe we can indicate who is going to be vulnerable for depression and put some type of preventive work in order. I'm not slamming any of these by any means, but what I'm wondering is: what would happen if we said, if instead of jumping to those conclusions, we said 'what's going on in your life right now, and who is there out there that you can talk to and who might be able to help you through this period of time?' And then if we embedded in people maybe a feeling of social obligation so that if they saw someone in their life become depressed or they suspected was being depressed, building a responsibility to reach out and try to help in ways besides saying 'gee man, you ought to go get some help for this.' Or 'have you talked to your doctor about how you're feeling?' In other words not sending people away for help but looking to see if there's something we can do in terms of human connection or responding to them in a way that they feel heard or pulling in a sense of community and adjusting some of the problems they might be having in life or giving them the support to get through a difficult life transition or adverse event.

Stephanie: And so what problems are you seeing couples experiencing these, either the issues themselves or kind of, I mean, the issue individually or even as a couple together?

Dr. Brandon: Oh wow, well, you can look at the statistics through the national health services of almost every nation in the world today and right alongside this peak of about, I think according to the World Health Organization, we have about three hundred and fifty million people who struggle with depression. We have about a million suicides a year...

Stephanie: Wow.

Dr. Brandon: I know. Alongside this, look at the social changes that we've seen that have completely altered the traditional roles of men and women, mothers and fathers, communities. Some of them were really needed but some of them have brought stress on their own. A recent article on women can have it all just not all at the same time or maybe women can't have it all pointed out that the roles today for women have changed so much that now the majority of moms work or try to work alongside raising their children. We don't have traditional view points towards responsibilities in the household, in fact I think statistics show that after the first child is born the division of household labor doesn't shift considerably between men and women so if that happens you can imagine what happens to a mom who has a baby and then tried to go back to work six to eight weeks later. So, and alongside this we see this real move toward, or maybe it's not a move it's the existence of this independent thinking that we have to do all of this ourselves, we can't ask for help. In my day, and my oldest is 37, my mother came and stayed with me for two weeks. When my daughter had her baby, she didn't want me to come and stay with them for two weeks [laughs].

Stephanie: [Laughs]

Dr. Brandon: I don't know if that says something about me as much as I think it said a lot about the independent viewpoint she and her husband have toward 'this is our family, this is our responsibility, we aren't going to take you away from your work, we want you to help but you don't have to help for that long.' The book "The Red Tent," I don't know if you're familiar with it, it's a novel about an Isrealite girl who comes to maturity and the red tent refers to the sense of community these women had with the family laws that were in existence at the time. We don't have a parallel red tent today for women when they have babies and they move into parenthood. The second thing that I think people experience, and particularly couples, is when one is upset or distressed or depressed, the other tends to think it's their fault. And so they come to it almost with a defensive stance about 'what did I do wrong?' rather than a 'what's going on, what can I help you with?' Another shift I've seen is the different view we have today toward what a good life means. You know when I grew up a good life really meant having food and having a family there to take care of you. My mother hung all the clothes out on the line. Then when I had my children, a good life meant having a washer and a dryer so I didn't have to hang diapers and baby clothes out on the line.

Stephanie: [Laughs]

Dr. Brandon: [Laughs] And now a good life for some people means having somebody else to come do the laundry for you. So our ideas about our necessities have caused a real shift in how much money we think we have to make to have a good life. And it's this financial stress, even in middle income families, that has increased the social burden of trying to work and

manage a family, be a good mother, be a good father, et cetera. So I guess in the end I think I maybe have a better understanding of some of the problems and fewer suggestions about what to do to fix them all but I do think it warrants our attention on what can we do to facilitate two people who decide to be married and have a family. What can we do to facilitate their being committed to each other and their raising the family and their being able to handle the stressful and adverse events that are inevitably going to come their way through life.

Stephanie: And so what is it like for couples who are dealing with depression, either one, both, alternating, what kind of environment does that create?

Dr. Brandon: Oh, it's a tough one. You can Google and find blogs where people talk about living with a depressed spouse. You can do a PubMed lit search and see the research on the association between depression and marital discord. And you can talk to people individually about what it's like. It's terrifying in that when one partner is depressed, the other has lost their playmate or their person that they do things with, the person they can talk to. For the person that's depressed it's terrifying because they feel overwhelming guilt about feeling this way in the first place. They don't know what to do to help themselves or they would be doing it already. They describe it, a lot of my patients describe this depression as like being in a black hole or floating aimlessly watching other people live happy lives or what they think are happy lives. For the partners it's frustrating. They'll come home and say 'let's go to a movie' or 'let's go visit friends' or 'let's have someone over' and the depressed person might respond 'I'm too tired' or 'I don't feel like it' or 'I just want to sit here and watch TV.' So it becomes sort of a negative feedback loop, the more the non-depressed partner pushes, the more the depressed partner withdraws and eventually both people withdraw from each other and begin to wonder whether or not the relationship is even worth it.

Stephanie: And so left unresolved, when they have these feelings when they're questioning wondering if everything's worth it, what happens, what are the negative effects of this, that depression can have on a relationship when they are left unresolved, these issues?

Dr. Brandon: Well I guess the cumulative effect is that individuals separate and divorce. They don't see depression or distress as being the problem, they see the relationship as being the problem. It's really not depression that destroys a relationship it's actually the consequences of depression. So when you stop and think about the basic symptoms of depression are, first of all you have to have sadness and loss of interest. So you picture a person who, if it's a girl maybe being tearful a lot, loss of interest, not wanting to do the things they used to do. Alongside that you have fatigue, poor sleep, or sleeping all the time. Lack of appetite or eating too much. Feelings of guilt or worthlessness. Low sexual libido. Thoughts of self harm or suicide. Poor focus, low concentration, feeling overwhelmed. So you can see how if one person is doing fairly well in life and yet they're coming

home to a person that has these types of symptoms it's difficult on a day in and day out basis. The immediate effects of depression are people miss a lot of work or they lose their jobs or they stop working all together. They withdraw from the people in their life. They may feel like it's the relationship so this might lead to an extramarital affair. Or the non-depressed partner might get tired or not having anyone that listens to them and that individual has an extramarital affair. So it's hard for both people to deal with these consequences and when they do, when they do say well I'm going to hang in here because I committed and it's till death do us apart, then that leads to a joyless life that also has negative consequences on the children and even on their own personal health.

Stephanie: So at what point in time do you see couples becoming aware that they're suffering from depression or that depression is hurting their relationship?

Dr. Brandon: I find that often somebody has to point it out to them. Now I have to qualify this by pointing out that my specialty is working with women and the majority of women I see are either women that are pregnant or postpartum or dealing with distress surrounding assisted reproduction or perinatal loss so my sample is weighted with those observations. Often it's the obstetrician who notes that the woman is tearful or showing some signs of depression or maybe she's taken a screening measure in an office visit that shows she might have depression. So I think often somebody has to point it out. Depression is so insidious. It doesn't just -- I've met maybe one person in my life who has said 'everything was fine then I just woke up depressed one morning.' That just doesn't happen. It's very slow. You just start getting a little more tired, and particularly if you're pregnant or you have a chronic illness even that's not a great giveaway because if you think about those symptoms of depression I mentioned earlier a lot of the symptoms are actually characteristic of pregnancy. Women are tired when they're eight months pregnant and appetite and sleep are different. So it does sometime take somebody outside to say 'you know you aren't yourself anymore and I'm wondering what's going on.

' Partners may feel that something is going on. They may think that something's wrong, but once again I find that lots of them think it's them or they'll think that 'she's just gotten so sensitive -- I come home and anything I say she cried so I come home and I don't say anything and she cried and it's like it doesn't matter what I do.' The fact that maybe there's an illness that has set in insidiously is the last thing on their mind. Now, in terms of chronology in marriage, when does this happen, well I think the literature seems to suggest that this transition to parenthood is really difficult for couples. And so I see an uptick then. How come? Well number one, it just is a stressful event. Even happy things and even things you've planned for can be stressful. Look what happens at weddings. I don't know the bride that doesn't break down and cry because something is not going the way it should.

Stephanie: Yeah. [Laughs]

Dr. Brandon: And I promise you that when you get pregnant and have a baby something is not going to go as it should. And the moment a baby is born I think you realize how out of control you really are. This is another little human and this little human is programmed by biology to cry when it's uncomfortable. After all, babyhood is full of discomfort so this is a big transition for men and women to go through. And if somebody isn't there to say 'yeah this is a really hard time but I wonder if you might need a little bit more support right now.' People try to muddle through this all by themselves. And that tends to bring on distress. So I think the point of parenthood is definitely a time for couples to recognize and maybe cut themselves some slack that some expectations might be met, some may not be met, check in with each other -- 'what's going on here?' -- notice is the tearfulness trenchant and directly tied to disappointment or is it sort of pervasive and all the time for a few weeks in a row?

Stephanie: So what is your solution to helping couples cope with depression in their relationship?

Dr. Brandon: So I don't want to sound all grandiose and say I have all these solutions but I do have a few ideas. I think the first thing is partners and women themselves need to have more information about depression and about other forms of mental illness. How it develops, which is not necessarily out of a weakness in character or laziness. And then what the treatment alternatives are. It's amazing to me as I work with people, not only the stigma that still comes with depression, but the misinformation about 'if you have to take medication it's going to hurt the baby if you're pregnant.' 'If you're depressed and pregnant or breastfeeding, you can't take medication.' Or even that medication is the only treatment. There are lots of treatments that don't involve medication that I don't know that people all know about. Light therapy is excellent for women and men who have mood worsening around seasonal changes around winter. Omega fatty acids may have some impact on depressed mood, particularly with vitamin D. Psychotherapy has been helpful for decades and now we have targeted psychotherapies that are brief and really help individuals isolate the problems in their lives and strategize new ways to thinking about the problems and new ways of addressing them.

I think also people can learn about basic psychotherapy techniques that can be used by anybody, you don't have to be a psychotherapist to use these. For example, one of the first techniques young therapists learn, or early career therapists learn, is the art of reflective or active listening. And this means when I listen to somebody you're not listening with the view of 'what am I going to say next?' but you're listening with the view to really understanding what this person is telling you, and you're going to double check that you got it right. So if he comes home from work and says 'wow you look like you're having a hard day' and she says 'oh, you wouldn't believe what's happened, the baby hasn't quit crying, I can't get dinner ready, this has gone wrong, that has gone wrong,' he doesn't say

'oh, give me the baby and just go do what you need to do.' He instead says 'oh man, that sounds awful. I don't know what I would have done either. Here, let's sit down and talk about it and figure out where we need to go next.' Or he spits back 'wow, so the baby's been crying all day? What do you think is going on?' Or 'your friend said what?' It's the actual checking in and seeing what's happening and that elicits more explanation. 'Yeah, first I fed her and that didn't work and then I changed her diaper and that didn't work...' It keeps the conversation going between people instead of shutting it down and making the depressed person feel like they're an idiot because they didn't think to do what's being suggested or the other person's an idiot because of course you tried that first. It really just keeps conversation going.

The second thing that young therapists learn is that an attitude of curiosity and non-judgemental regard to problems is always more helpful than a 'let's fix it' attitude that comes right off the cuff. It's no coincidence that guilt is one of the symptoms of depression because people who are depressed are not functioning as well as they normally do and they know the difference themselves and so they start to feel guilty about what's going on and so this stance of not keeping on more guilt but instead just being curious about 'well what on earth makes you think you're not a good father?' Or 'how come you don't think you're a good mom,' or 'where did this come from?' allows somebody to open up instead of feel more shut down.

The third element that is part of good psychotherapy is a attitude of empathy. And empathy is different from sympathy. You can feel sorry for somebody and you can express that, it's not always helpful because sometimes, particularly with depression, it almost has a one up, one down feeling to it. Like 'I feel so sorry for you, you aren't handling things well.' As opposed to a more empathic one which allows you may have no idea why this person is depressed. You may never have been in that situation. But you see the distress on their face and you can feel the distress without understanding it. You don't have to understand it, you don't have to know why they feel that way. You just get it. And so these things are so helpful in psychotherapy and I think people could use these every day with their friends and loved ones.

Another solution I think is for couples to have a safe space to talk about the hard things. And a good therapist could provide this, so could a good minister, so could a good Dad or Mom who could be objective but having a place where you feel like you can really talk about what you need without feeling silly or seeming dependent but you can really be direct about it, you don't have to hope for somebody to read your mind, is a seminal piece to helping a couple cope with depression when it is in their midst.

And then finally my perspective and the one that I advocate when I teach is, if we do bring a partner in to help with a depressed individual, it's

really viewing the partner as part of the cure, not part of the problem. Partners sometimes if someone says 'well I think you should come with me to therapy' I often get the first response is 'what's wrong with me? What did I do wrong?' It's not about that at all. It's more about where can we really leverage your help at home? So that we can get quick relief to the symptoms so your loved one can get back into the life he or she wants.

Stephanie: And so is there anything else you think our listeners should know about our topic of depression and it's effects on a relationship before we leave today?

Dr. Brandon: I guess I've talked a lot about women because I see women but the other thing that's important is to know that men can get depressed too and we should pay attention to that. Often when a male is depressed it may seem more like irritability and sadness. And individuals are all unique, I sure don't want to seem like I've contributed to stereotypes here, I've used what we think are generalizations that are often true but women might present as being more irritable and sad also but it's commonly what I see with men.

I guess my parting comment would just be if you see someone around you or know of someone around you, even if it's not your wife or husband or life partner, being open and curious about what you could do to help and how you could be there to be supportive could be the cure and it would be nice for you to be part of the cure.

Stephanie: Anna, thank you so much for joining us today and we appreciate having you on the show. To find out more about Dr. Anna Brandon and her practice, UNC Center for Women's Mood Disorders, you can visit their website at med.unc.edu/psych/wmd or call 919-966-5217 for an appointment. Thanks so much for joining us today and I hope you'll join us again next week. For more information about this show or any of our previous episodes you can always visit us as stayhappilymarried.com. I'm Stephanie Lockwood, until next time, stay happily married.

Stephanie: Thank you for joining us today on Stay Happily Married. If you've like more information, please visit us on the web at stayhappilymarried.com. We would love to hear your feedback or comments. Please email us at comments@stayhappilymarried.com or call us at 919-256-3083. Until next time, best wishes.