

Stress Bytes Newsletter

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"WHEN STRESS BITES, BITE BACK!"

THE NEWSLETTER OF ANNETTE VAILLANCOURT, PH.D.
LICENSED CLINICAL PROFESSIONAL COUNSELOR.

Woman = Depressed? I think NOT!

ALERT! ALERT! ALERT! Depression is NOT a normal part of being a woman. Contrary to common beliefs, it is not normal to be depressed after giving birth, during PMS, while going through menopause, or as part of aging. Although women experience or report clinical depression more than men, we're often too embarrassed or ashamed to seek help though it's readily available and effective. What's up with that?

What causes depression in women and why are we more prone to it than men? That's not a simple answer, but it appears to have to do with a mixture of our biology, family genetic history, stress from multiple roles and responsibilities, low self-esteem, pessimism, sexual discrimination, a history of sexual and/or physical abuse, lack of social support, and poverty. Women also seek help and report classic symptoms of depression more often than men who often "don't want to talk about it" or mask their depression with

addictions to substances or activities, such as work, gambling, or sex.

How do you know if you're suffering a biological depression and need medication? When I am meeting with a woman (or a man) who's main complaint is depression, I look to see if their symptoms are more likely to be a result of brain chemistry or if the depression is a result of past or present life situations, loss, or trauma. I take a history that asks if anyone in the immediate family has ever suffered from or been treated for depression (or alcoholism). I also ask if you've suffered depression earlier in life and review the circumstances of your life at the time. If you have taken medication for depression before and found it to be helpful, that also suggests your depression might be because of brain chemistry gone awry. People who are suffering depression as a result of life circumstances tend to say that they couldn't tell if an anti-depressant was helping. People whose

depression is biological say, "Hallelujah! Where have you been all my life?" to their medication. Finally, if the circumstances of your life are good and you continue to have a "good cry" in my office week after week and you don't feel any better, I would suggest you talk to your physician or a specialist to discuss whether an anti-depressant would help you.

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**"I now pronounce you husband and wife.
Side effects may include headaches, weight gain,
irritability, mild depression, tantrums...."**

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Women=Depressed?....continued

In cases of clinical depression, the most effective treatment is a combination of counseling and either temporary or permanent use of medication, depending on the type of depression you have.

On the other hand, mild to moderate depression or intermittent depressive symptoms can be a result of life problems, loss, and stress. Taking a pill won't change your life circumstances, bring back a loved one, or reduce your stress. This type of depression is best treated in counseling, which will provide you with support to deal with loss or trauma or help you develop the skills needed to make changes in your life.

So, if effective treatment is available, what keeps women from getting the help they need? Other than feeling embarrassed to admit we need help, we'll deny that there's a problem or minimize it. What I hear from women that breaks my heart is, "my problems aren't as bad as someone else's. I don't want to waste your time." To those women, I gently respond, "if it's a problem for you and I can help you fix it or feel better it's worth my time. Believe me." Second, we might not recognize the signs of depression or know that help is available. Finally, women who don't have health insurance coverage or may not think they have the financial resources to seek help need to know that counselors and community mental health centers can see people a few people at a reduced fee or no fee. Don't suffer

DEPRESSION FACTS—WHY IS IT THAT.....

- 12 MILLION WOMEN EACH YEAR EXPERIENCE CLINICAL DEPRESSION?
- ABOUT ONE IN 8 WOMEN CAN EXPECT TO DEVELOP CLINICAL DEPRESSION IN THEIR LIFETIME?
- DEPRESSION OCCURS MOST FREQUENTLY IN WOMEN AGE 25-44?
- WOMEN EXPERIENCE DEPRESSION AT ROUGHTLY TWICE THE RATE AS MEN?
- UNHAPPILY MARRIED PEOPLE HAVE THE HIGHEST RATE OF DEPRESSION?
- DEPRESSION IN WOMEN IS MISDIAGNOSED BETWEEN 30—50% OF THE TIME?
- FEWER THAN HALF OF THE WOMEN EXPERIENCING DEPRESSION WILL EVER SEEK HELP?

SOURCE: NATIONAL INSTITUTE OF MENTAL HEALTH



"Each 8-ounce serving contains the minimum daily requirement of vitamins, minerals and antidepressants."

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FEEL FREE TO COPY AND FORWARD THIS NEWSLETTER IN ITS ENTIRETY TO ANYONE YOU KNOW WHO MAY BENEFIT FROM IT.

The Burns Depression Checklist

Circle the response indicates how much this type of feelings has bothered you in the last several days.

Sadness: Do you feel sad or down in the dumps?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Discouragement: Does the future look hopeless?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Low Self-Esteem: Do you feel worthless?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Inferiority: Do you feel inadequate or inferior to others?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Guilt: Do you get self-critical and blame yourself?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Indecisiveness: Is it hard to make decisions?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Irritability: Do you frequently feel angry or resentful?

Loss of interest in life: Have you lost interest in your career, hobbies, family or friends?

Loss of motivation: Do you have to push yourself hard to do things?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Poor Self Image: Do you feel old and unattractive?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Appetite Changes: Have you lost your appetite? Do you overeat or binge compulsively?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Sleep Changes: Is it hard to get a good night's sleep? Are you excessively tired and sleeping too much?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Loss of Sex Drive: Have you lost your interest in sex?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Concerns about Health: Do you worry excessively about your health?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Suicidal Impulses: Do you have thoughts that life is not worth living or think you'd be better off dead?

0—Not at all 1—Somewhat 2—Moderately 3—A lot

Go to Page 4 for scoring results.....

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The Stress Doctor is IN!!!

FOOD FOR THOUGHT
RESEARCH SHOWS A
STRONG RELATIONSHIP
BETWEEN EATING
DISORDERS (ANOREXIA AND
BULIMIA) AND DEPRESSION
IN WOMEN.

RESEARCH ALSO SHOWS
THAT ONE OUT OF THREE
DEPRESSED PEOPLE SUFFER
FROM SOME FORM OF
SUBSTANCE ABUSE OR
DEPENDENCE.



"I have a family history of mental illness. My sister had a case of Beatlemania and my brother was cuckoo for Cocoa Puffs."

ANNETTE VAILLANCOURT, PH.D.

LICENSED CLINICAL PROFESSIONAL COUNSELOR

- 14 years experience gently helping individuals, couples and groups resolve personal problems, manage stress, and reach their full potential.
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Scoring Burns Depression Checklist

Add your total score on all items. Then refer to the chart below.

0-4 You are generally happy and no depression is evident. No treatment is needed.

5-10 You are within the normal range, but unhappy. No treatment is indicated.

11-20 You are experiencing borderline to mild depression. Treatment is usually recommended.

21-30 You are moderately depressed and need further assessment and treatment by a mental health professional.

31-45 You are severely depressed and need further assessment and treatment by a mental health professional.