

Kort's Korner



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Post Holiday Depression

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Joe's practice specializes in sexual addiction, childhood sexual, physical and emotional abuse, depression and anxiety.

He offers workshops for couples and singles. He runs a gay men's group therapy and a men's sexuality group therapy for straight, bi and gay men who are struggling with specific sexual issues.

His therapy services are for gays and lesbians as well as heterosexuals.

After the holiday season is over, many people suffer from depression. The fast pace to get presents, visit with family, send our cards and get school and work business done keeps the depression at bay. However, returning to work and school, dealing with the family issues which surfaced over the holidays and facing the winter blues can be very depressing. The following article, while written for Lesbians and Gays, can in fact be helpful to any of those suffering from depression.

Many factors can contribute to depression. Situational depression is related to an event in our lives and can involve job loss, relationship problems, breakups, medical problems, and other stressful situations. Chemical depression involves hereditary familial depression, continuing low-grade depression and ongoing situational stress or trauma that change one's body chemistry.

In "*Queer Blues: The Lesbian and Gay Guide to Overcoming Depression*," Kimeron Hardin and Marny Hall write about a compounding problem for gays and lesbians:

"We are very likely to oppress ourselves and to internalize negative feelings directed at us." They go on to say that we internalize the guilt thrown our way from religious institutions who declare homosexuality as "immoral" or "sinful", the disapproval and rejection of growing up as a sissy or tomboy. And of course, AIDS continues to factor in, whether we are HIV positive or love someone who is.

How do you know when you're depressed? For some, it's obvious—a sudden shift, in which you feel sad, most or all of the time. But this is not always obvious, particularly if you've been living with depression a long time.

Clients tell me they're not depressed. It's just that they're "in a negative situation," or breaking up with a partner, or having a work related problem, or just coming out and grieving the loss of heterosexual privileges.

But once the event or situation clears up, they continue to report symptoms of depression.

Warning signs to be aware of: Are you more irritable or easily agitated than usual? More sad than usual? Do you feel more hopeless or helpless than usual in a given situation? Is your self-esteem low? You feel badly about your looks or physical self for no apparent reason, especially

if nothing's changed. How's your ability to concentrate on things and make decisions? Are you losing interest in what you normally find interesting?

Our bodies talk to us every day. If you—your body—is experiencing multiple health issues and chronic illness, unusual weight gain or loss, severe energy fatigue, then you need to pay attention. Do you find yourself listless and more tired than usual? Are you weeping more than usual, or having crying jags that force you to pull over to the side of the road,

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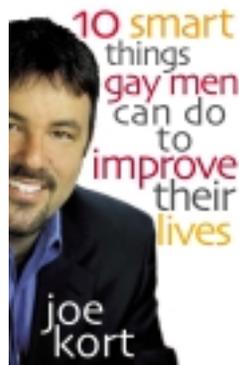
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or go to the restroom at work, because they're out of your control? Do you dwell on thoughts about death and dying, and what it would be like not to be here on Earth? Do you wake in the middle of the night, without being able to fall asleep again? Are you sleeping too much, or not enough?

How about your appetite? Are you eating too much or too little, with a change of more than 5 percent body weight in a month, either up or down, without dieting? These last few symptoms—suicidal thoughts, sleep and eating disturbances—are very serious and need immediate attention by a mental health professional.

We all have days (and weeks!) like this. But those with a clinical diagnosis of depression, if left untreated, can last two years or more—or an entire lifetime.

Many clients want me to treat their symptoms of depression only, but not their source. Men and women deal with depression differently, as do gay men and lesbians. One gay man complained of excessive weight gain and blamed his worry about his weight on the gay culture and its overemphasis on weight. A lesbian came to me to deal with various health concerns. Various medical exams proved there was nothing inherently wrong with her medically. She was unable to access her anger, which she took out on herself. These are just two examples of clients not dealing with depression.



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The problem is often apparent. Some people aren't out to their friends or families. So when a conflict or breakup occurs—or a friend or partner dies—they've no one to go to. Isolated, they begin to suffer depression.

Not being out to the people most important to you in your life can prolong, if not worsen depression—if you can't approach them for support and help.

For others, there are actual health problems that are from being depressed and not caring for one's self. And still for others there are unresolved childhood and family problems which have not been dealt with and show up in adulthood through depression.

I recommend a psychotherapist who works closely with a psychiatrist. They can assess if your depression needs "talk" therapy, "medicinal" therapy or both. Meanwhile, you should also consult your physician, to rule out medical problems—but I don't recommend prescribed medications for depression by any other than psychiatrists. They're up to date on the current psychotropic medications, since that's their specialty.

Few if any, in our heterosexist society will take notice of our depression or even want to help us as Lesbians and Gays. We have to help ourselves. In these times, when we're fighting and making headway into marriage, parenting, and equal rights—all of which we're entitled to—we have to stay strong.

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