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# DEPRESSION: THE INVISIBLE PAIN

**D**espite the profound sociocultural changes we have experienced since the beginning of the New Millennium, mental illness continues to be stigmatised. In our society it's equated with labels such as failure and defective. There's also a lack of social awareness within all communities. As a result, when a patient suffers with a mental illness like depression they often face scepticism. Others can accuse them

of being moody or attention seeking, and in need of cheering up, going out more, calming down or a host of other glib conclusions. Depression is often not seen as a real illness by the public at large. As a result, patients suffering from depression often blame themselves for how they feel. Consequently, life with depression can be isolating.

Depression can have many possible causes and can be brought on by a range of factors.

For example, at one end of the continuum, a young woman came to see me extremely perplexed. She had achieved all her life goals – she was newly married, had been promoted at work, moved into a new house, and had had a baby – and yet she was desperately unfulfilled and unhappy. At the other end of the continuum, a middle aged man in my care had a family history of depression and, as a result felt powerless and overwhelmed. In his

words, he was “genetically doomed to suffer a lifetime of depression”. Added to these factors, we’re living through an unprecedented time in our history – each and every one of us is living with the threat of annihilation from a global pandemic. COVID-19 threatens us with the loss of our hopes, dreams, livelihoods, as well as our lives. To protect and safeguard ourselves, our loved ones, and communities we’ve been asked to stay home, avoid physical contact with one another, and wear masks. Unfortunately, as social beings, these safeguards also have the effect of preventing us from accessing our traditional cultural and spiritual support networks.

Usefully, the global pandemic has spurred on the development of social media. While we’re grateful for the virtual social and educative benefits these platforms have provided, the popularity of social media has undermined the key idiom: “Never judge a book by its cover”. Social media has limited our senses from five to two – sight and sound. As depression doesn’t require bandages, crutches, casts, stitches, or splints, its initial effects and treatment can’t be seen. It’s often hard for others to know what it’s like to live with the pain and distress of depression. Unlike having an ailment that is observable, with depression often family, friends and co-workers don’t know what to do. For example, how does a person support their partner when they appear to have everything their heart desires, and yet is profoundly unhappy? To complicate matters, like many long-lasting ailments, depression can ebb and flow in severity - some days, weeks, and even months can go really well, while during others it may be difficult to work, socialise, and function. This can be very confusing to family members who can’t ‘see’ why their loved one appeared to be doing well one day, and yet found the next day a challenge. As a result family members often get frustrated and say, “What’s changed? You were fine yesterday!” They don’t realise that mental health can fluctuate.

So, while the invisibility and unpredictability of depression makes explaining what the patient is going through difficult, it’s often useful for us to encourage our patients to disclose the pain



and distress they’re experiencing to gain assistance at work or home. However, it can often feel difficult for the patient to know when to disclose specific information about their personal life, particularly experiences that may feel raw or painful to talk about.

As we live in a postmodern world, where appearance is often mistaken for reality, a shortcut to help loved ones understand the pain of depression is for us to encourage our patients to compare it to a visible physical illness. This *first* step will help loved ones who lack an understanding of mental illness make the connection. For example, if our patient broke his or her arm their loved ones and co-workers could ‘see’ that they need assistance to cook, clean, dress, and wash, and a host of other daily activities. However, for a patient living with depression there are many things they also may not be able to effectively engage with, yet others expect them to be able to do anyway. Therefore, it may help our patients if they draw on the analogy of an observable ailment. However, this may only be a beginning of the process.

For people who are important in the patient’s life, a *second* step might be to explain depression on a more personal level. When our patient feels it’s safe and appropriate to do so, we can encourage them to open up about their experiences. This will be especially important for loved ones who don’t have any first-hand

knowledge of mental health. Having a personal connection with the patient’s experience can help loved ones become more empathetic to the patient’s needs. By proactively engaging with their experiences of depression, and educating others about it, the patient can transform themselves from a helpless victim to a feisty survivor. This important ideological shift as a growth mind set is important for self-esteem and resilience.

In terms of a *third* step, patients can also consider providing additional literature for family, friends and co-workers. Loved ones can then become familiar with the symptoms and treatment processes. It’s also helpful for both the patient and their loved ones to understand that depression is a condition affecting millions of people around the world. For example, celebrities who have spoken out about suffering with depression include Dwayne Johnson, Princess Diana, Katy Perry, Angelina Jolie, Lady Gaga, Janet Jackson, Marilyn Monroe and J.K. Rowling.

Some of the invisible symptoms of depression our patients might like to chat about with loved ones can include:

- Sadness, guilt, pessimism, worthlessness, and helplessness
- Negative feelings towards themselves and sometimes others
- Reduced motivation
- Loss of enjoyment in life



- Irritability
- Social withdrawal
- Suicidal thoughts
- Self-harm
- Disrupted sleep patterns
- Appetite changes
- Fatigue
- Poor concentration
- Poor coordination
- Loss of libido

A fourth step our patients can take is to point their loved ones in the direction of more intimate and personal stories about depression in the form of poems, biographies, fiction, movies, and plays that can

help illustrate their experience. This is especially helpful if sharing their mental health journey feels too overwhelming. Explaining the patient's very personal invisible pain on a deeper level can be a challenge. It's not always easy and it takes a certain amount of courage.

By talking and sharing their invisible pain, patients can allow others to better understand what they're going through. By being courageous and undertaking these four steps to sharing their stories patients can help overcome some of the stigma that exists in society.

By expressing what the reality of life is like with a mental illness, people will be able to see beyond the stereotype. Sharing will help others feel safe enough to speak out and seek help for themselves.

If everyone – doctor, patient, family, friends, and co-workers - can band together to talk about their experience of depression, this pain will be heard and taken seriously, and, at long last, we'll be able to make the invisible visible.

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**References are available on request.**

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| SADAG Office                         | 011 234 4837  |
| Suicide Crisis Helpline              | 0800 567 567  |
| Dr Reddy's Mental Health Helpline    | 0800 21 22 23 |
| 24 Hour Cipla Mental Health Helpline | 0800 456 789  |
| Pharmadynamics Trauma Helpline       | 0800 20 50 26 |
| Adcock Depression & Anxiety Helpline | 0800 70 80 90 |
| ADHD Helpline                        | 0800 55 44 33 |
| 24 Hour Substance Abuse Helpline     | 0800 12 13 14 |



Website: [www.sadag.org](http://www.sadag.org)



The South African Depression and Anxiety Group



TheSADAG