

**About Health TV with Jeanne Blake**  
**Dr. William Beardslee, Author**  
***Out of the Darkened Room: When a Parent is Depressed***  
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JEANNE BLAKE: Welcome to *About Health* TV. I'm Jeanne Blake. How depression impacts families and what can be done to protect and strengthen children who live with a parent who is depressed is the subject of this book. It's called *Out of the Darkened Room*, and we're joined by the book's author, Dr. William Beardslee, who is chief of psychiatry at Boston's Children's Hospital. Dr. Beardslee, thank you for coming in to talk about this important book.

DR. BEARDSLEE: It's a pleasure to be here. Thank you for having me.

JEANNE BLAKE: I say important, because I know so many families who are struggling with this and I've felt so many families who feel so burdened by depression, I can only think that this is something that will help so many people.

DR. BEARDSLEE: Well, I certainly hope so, and I think part of the reason for doing this is, so many people struggle in silence with this illness and so many families are bewildered by it.

JEANNE BLAKE: You partially answered why you wrote it, but I was interested to know that this is the first book, after all of your achievements you have not ever contributed to the literature in a book form, and I'm wondering why you decided to write this book.

DR. BEARDSLEE: Well, I think partly because the family stories were so absolutely compelling and partly because so many people wrestle with this that I thought about writing something generally as opposed to writing for my doctor colleagues. And I did this work over 20 years and I was, I think, very passionate about the fact that families can be helped and can do well despite the pressure. And everywhere I go people talk about somebody they know who's had depression, and so it seems like trying to write something that could be widely used.

JEANNE BLAKE: You write in this book about the prevention program that you use at Boston Children's Hospital, and when I call it prevention it's not preventing depression generally but preventing depression in its terrible impact on children. I guess first, before we describe what the program is, what

is the impact on a child who is growing up in a family where a parent is depressed?

DR. BEARDSLEE: Well, I think there are two sides to that. There's a very different impact if the child understands it and knows what's going on. But I think in the situation where it isn't acknowledged, what happens is the children see bewildering behaviors, they see parents crying behind closed doors or more irritable, or maybe not going to work. They don't know what's going on, they often blame themselves, they often try to cheer up the parent, sometimes they'll act up to try to get the parent connected, and I think it can be very difficult. That certainly was our experience with the families that we worked with before they got to understanding.

JEANNE BLAKE: When it's left unspoken about, because the core of this book is helping families talk about depression, but when it's not spoken about, what are the implications years later that you see in people, whom I'm sure you treat, who grew up with depression?

DR. BEARDSLEE: In the late 1970s we did a study of what happens to families, parents and kids, when there's no intervention, and I think having a parent with depression does increase the risk for kids having trouble with relationships later on. It does increase the risk somewhat for depression later on, and it also leads to a kind of weariness. People can't quite trust that their world is secure, because they go through with their parents so much of the sort of ground being moved out from under them.

JEANNE BLAKE: Developmentally, why is it that children blame themselves for everything bad that goes on in their environment?

DR. BEARDSLEE: It's probably an interesting paradox, but they do that because they start to take responsibility for their behavior. They begin to say, "I can make a difference. I can take action," on whatever it is, but then they're very prone to overact and attribute everything to their own actions. I think the situation with parental depression is one in which children very often blame themselves because they'll interact with a parent and nothing will come back or what they expect won't come back. One of the big points we make in our work is that it's important for parents to acknowledge that this is a medical illness and to be very explicit that no one's to blame.

JEANNE BLAKE: So, Doctor, tell us about the basic core of your program and how you bring families to a place where they're able to talk.

DR. BEARDSLEE: Well, that's a very good question, and help me out if I don't focus enough. I think the basic point is, we found that parents were very worried about what they might have done to their teens and didn't have anyone to turn to. So we developed the prevention program out of Children's Hospital in which we really tried to get families to understand this is a medical illness, this is every bit as biological as diabetes or heart disease. And we thought that there are a series of steps that families go there. One of the things that's very important is, lots of times people with depression are reluctant to get help, are reluctant to acknowledge the illness. So we think the first step is for someone who is depressed to get a consultation to see whether they need help, and if they do, to get effective treatments, and we have very good treatments. The second is to acquire information on what depression is, what the risks are. Many parents are concerned about whether their kids are depressed, and we teach parents how to recognize depression but also how to recognize when kids aren't depressed. And then I think one of the things that's most interesting about doing this work is, you find things that you don't expect. When we studied families, we found many kids who were resilient, who were strong, they really became our guides. We asked them how they did it and they told us, and then we incorporated that in the three characteristics of resilience that are very important. One is, these kids were active. They were outside the home, they were in church, they were in sports, and they were not passive and staying home. The second is, they were very committed to relationships. And the third is, they said, Knowing that my parent has an illness and that I'm not to blame or guilty for it, and I'm free to go on with my own life. That makes a huge statement. So we teach parents about the fact that the three things they can do to encourage resilience in their kids are to encourage their friendships, to make sure that they're able to go to school and function in the places outside of home, and to have their understanding of the illness. Now, the thing that we did in the research before I wrote the book was that we thought, why don't we compare giving this information to families and lecturers versus having a clinician with the families. The end of the work with the clinician would be that the family actually has a meeting about it. And we've had some incredibly powerful ways where people have come to grips with their own illness to teach kids. We, my wife and I, had four kids, and I'll tell you as a parent, if you're going to say something seriously to your kids you master it very carefully. So we found these family meetings were very powerful, and in the book I describe a bunch of different families over time as they struggled with depression, always around learning to talk about it. One of the things that we emphasize is, having a family meeting needs to work in the sense of families feeling safe and having it work at a time and in a place that works for everyone.

JEANNE BLAKE: It can also take a very long time to get to that place, and it takes a lot of work and preparation on the part of the depressed parent, and hopefully a sympathetic and empathetic and understanding and committed spouse or partner.

DR. BEARDSLEE: Right.

JEANNE BLAKE: But as I read this book and knowing so much about depression, I imagined the energy it took on the part of these families to get to that place where they were able to deal with it, because the very notion of what depression is, is that one, you don't care about anything, and two, you can barely push yourself to do anything. And then I found this quote by Kenneth Ludmer, and I was like, "This is it. This is exactly what I was talking about." May I read this?

DR. BEARDSLEE: Yes.

JEANNE BLAKE: "The last thing a person acutely suffering from depression wants to do is be flexible, try new things and think of new possibilities. In much the same way someone recovering from grief needs quiet, safe space and time to heal, depression causes retreat, a withdrawal, and a desire to protect oneself from pain and loss. The most reassuring thing for a person with depression is continuity, predictability, but raising children inevitably involves discontinuity and challenges that you can't anticipate and sudden plunges in this uncertainty." So you are taking people who are wanting to completely withdraw and somehow managing, through these beautiful success stories that you told, bringing them to a place where they are able to raise children with resilience.

DR. BEARDSLEE: I will say that the families were an inspiration to me. I mean, their courageous battles were incredible. The thing that we found is that the most important thing to any of us who are parents, and certainly to these parents with depression, is the help of their kids. And so, essentially, they could rally their resources and say, "If I'm going to do one thing, it's take care of my kids."

JEANNE BLAKE: And then you gave them the blueprint on how to best do that so they could be protected and strong?

DR. BEARDSLEE: That's right. We gave them the tools to think about what they could do. One of the things that's important in a family with depression is, look at what's been disrupted. We had one mother who said ... she was very well organized and took very good care of her 12-year-old, and she said, "When I get depressed, everything goes out the window. I don't help him with his homework, I just plop in front of the TV and call my husband to come home." So what the experience of that child with depression was, was his mother stopping being a mother and sort of retreating. And we worked with them to have a family meeting, and they had a very successful family meeting, but it was also

putting that routine back in place so that they were able, even when feeling depressed, to make sure that he got his homework done, to make sure that the disruption that had been there because of depression wasn't there.

JEANNE BLAKE: But how did she do that? Someone who might be listening would say, "It's just impossible. When you're depressed, you're depressed, and you can't get out of bed." How did she do that?

DR. BEARDSLEE: I think the way she did it was, first of all, not all at once and slowly. It's very interesting. Her story is in the book, and she had a family with lots of depression. She had a mother who died of cancer and she had been told the night before. She had a father who wrestled with depression and had come out on the other side. And for her to talk to her son, she had to deal with some of these experiences and her fear in talking. And it took some months, but then what she came to see was that one, she could be a good parent despite depression, but two, she felt better about herself and her son felt better when she took those actions. And that's why she ultimately took them. That there was something coming back to her was very important.

JEANNE BLAKE: So when you're helping a family prepare for their first meeting, and I think it's important to emphasize that you don't recommend that there be one meeting but it be an ongoing dialogue, that when a family is preparing, or when a mother or father or a couple is preparing for that, what are the kinds of things you ask them to consider and reflect upon so by the time they sit down they're ready?

DR. BEARDSLEE: I think, first of all, if it's two partners, two parents, we ask them to be sure to do it together, which means they have to talk about it. Secondly, we think it's very important that a family meeting be successful, which often needs planning and rehearsal. Thirdly, dealing with depression is a journey. You have to have gone on your own journey and begun to get treatment and feel that there's some hope. And then I think what you try to do is make sure everybody feels safe. Pick a time and a place that works. And then talk about what's more immediate in a child's experience. If someone has lost a job and the child has seen that, or if someone's been hospitalized, those are going to be things that the child has experienced and has gone through, that part, those need to be talked about, because they've been experienced together. There are lots of other things that may be of concern that the child hasn't experienced, and parents have a choice in that.

JEANNE BLAKE: How do you help children understand that depression has a biological basis? As you said earlier, it's not different than diabetes or heart disease. How, in a family meeting, do you help parents explain that to their children? Because I think that's one of the reasons it's so sound, and they still think it's something they should be able to control.

DR. BEARDSLEE: It is biological, and the best evidence is that biological functions exist. People can't sleep, they lose weight, they lose energy, they can't focus, they often have what are called cognitive distortions, and they imagine the world is against them and everything is their fault. And I think we start by simply using the medical analogy. This is an illness. And the second thing we do, and this is very important through the whole range of things, we have the parents talk about what they're doing to get help for the illness. I'm going to a doctor, I'm taking medication, I'm feeling better, I'm perhaps seeing a therapist and talking through some of the things that make this happen to me. So the children get not a static picture of a word but a dynamic picture of a parent struggling to go through things. And if the other parent is there, it's fairly helpful if that parent says, "And I'm with this too, and we're going to take care of you," and this is the kind of thing, talking about the actions. And then I think the biological illness is actually a help, because children imagine all kinds of things about this, and being told what it is is important. Sometimes we go through the symptoms and say we make a diagnosis this way.

JEANNE BLAKE: I was struck by how many of the children in your book expressed in a meeting or with you the fear that they were going to catch the depression. One child said that he didn't want to use his father's toothbrush for fear he'd get depression from using his toothbrush.

DR. BEARDSLEE: Right. And I think that's very much a fear. But fortunately many, many children grow up in these homes and never get depressed, and many children who start to get a depression, if they get help early, won't go on to a depression. We found also that not only is it important in the meeting to say you're not blame and you're not guilty, but it's also important to say that it's quite possible that you won't get depressed, it's not inevitable, and the things we'll do if you start to. And then the point about that boy with the toothbrush is – I think that was a six-year-old – and kids have very concrete fears and ask questions, and his older sister, who is 12, had a much more complicated ... you know, I was angry, this led Mom or Dad to get depressed, and so and so. So you pitch the explanation to the level of the child, and it just seems to make many things happen. Another of the couples we worked with said, "Before we talked about depression, it was like an elephant in the room. And because the elephant was in the room, we couldn't talk about anything else. And once we talked

about depression, it opened up a whole lot of other things as well.”

JEANNE BLAKE: I imagine that after this first family meeting it's a relief, I'm sure, to everybody. But also, if a family hasn't been talking, it must be a little bit weird, too. Suddenly there's this new dynamic, and it doesn't mean suddenly that everybody gets that new role. And I'm wondering how you help families take what was said and learn what was said in that original meeting and carry it out the next time there might be a bump, which could be that night or the next day or a week later.

DR. BEARDSLEE: Right. And I think a couple of things. When we work with families, we work in six stages, six steps, the ones we've been talking about. But then we say, You can reach us night or day, anytime, for crisis, and we'll come back to you every six months and see how things are going. So we have regular check-ins just as you would around a medical issue. We talk to the families, we go over what they've done before, ask them if they had any questions. And I think the fact that they knew there would be a continued reassuring contact made it much easier for them to talk about things. I think the second thing is, and this goes back because we have plenty of kids who in the family meeting said, "I'm sure I never caused it and it's nothing to do with me and I have no questions," and even a year later would then say, "I believed all along that I did cause it and I couldn't tell you guys." So it's important to keep the conversations open. I think the real reason they kept going is, people got something from them.

JEANNE BLAKE: But also children, as they grow up -- as you mentioned, a child who is 6 thinks in very concrete terms, but that child at 8 or 9 is going to think differently and depression is not going to go away, so they're just going to see it differently, right? They'll experience it differently and be able to verbalize things differently?

DR. BEARDSLEE: Right. And one of the things that's amazing about this is, we had this boy from the National Institute of Mental Health. We did a study that showed the work. We followed many families five, six, or seven years, and the thing that's amazing is that the explanation -- this is your point -- that works for a child, let's say a boy at 12, won't work for that same boy when he's 16 or 17. He's going to need a more complex, different explanation, one that lets him, for example, leave home and go to college or leave home and go into the service. He's going to demand, require, and expect a different level of understanding. We call that understanding depression anew in families. And I think the same thing for a 6-year-old. When that 6-year-old becomes 9, he or she will need a different kind of explanation.

JEANNE BLAKE: I think it's important to point out, by the way, and I don't know if anyone would be thinking this, but you don't sit in on these family meetings.

DR. BEARDSLEE: No.

JEANNE BLAKE: This is a family meeting.

DR. BEARDSLEE: This is a family meeting. When we were helping families, one of the clinicians would sit with them sometimes, but most of the family meetings went on long after that, and we were there if they wanted to talk to us, but most of the time they did it on their own. When I started out as a psychiatrist, schooled in being in the role of expert, I very much became a listener and a learner. These families were, in fact, our partners and they really taught us so much. And one of the things I'm proudest about in the book is that although I changed the names of the families, they're real families and virtually everyone we asked said, "Yes, use our story, and if our story will help other families, that's great." So it was very powerful for me to go back and get the stories and then have families be so supportive.

JEANNE BLAKE: When you were beginning your medical career, your sister committed suicide. I'm assuming she suffered from depression.

DR. BEARDSLEE: Yes, she did.

JEANNE BLAKE: How has your work with all of these families helped you reflect back on your own experience and your own life with her?

DR. BEARDSLEE: That's a very good question, and I'll make a couple of comments. One is, for those of us who are healers, doctors, we need to be very careful. And not only doctors, but nurses, therapists, social workers. We need to be very careful not to mix our personal experiences and our professional experiences. So I spent a lot of time trying to understand this and make sense of it, making sure that I didn't have it spill over into my work. My sister committed suicide when I was a resident at Children's. The second thing is that I think at the time it was horrible for me and horrible for my family. I have a lovely family with lots of good values, and this was completely inexplicable, and it took me a very long time to make sense of it. I think part of the process of writing the book was that I make sense of it, and of course I make sense of it by saying more than anything else the suffering that families go through with these illnesses is absolutely terrible. But it's unnecessary. Depression is

probably the most treatable of the major mental illnesses. Seventy, eighty percent of people will get better with the first treatment. And so I think about my sister and her suffering, and I think today we have much better treatments than we did then, and so I think I'm trying to, in my own journey, help other people with their suffering. But I'm trying to do that in a way that doesn't impose my story on them, but leaves me open to listen to their stories.

JEANNE BLAKE: Well, you've got plenty of new stories to call on to offer that healing that you wouldn't have to go back. I was just wondering how you viewed, also viewed depression as an illness any differently all these years later?

DR. BEARDSLEE: Well I think there's two things about depression. One is, it's a rapidly evolving understanding that we have. We have science techniques, so we understand it much better. The other thing about depression, and one of the reasons I was interested in it, is it's almost exquisitely sensitive to social disadvantage. People get depressed when they are victimized in abusive situations. They get depressed when they lose their jobs. They get depressed when they live in poverty. And so it opens not only into the kind of newer, non-science explanations, but it also opens into the fact of social disadvantage, and I'm very concerned about that. I started a mental health advocacy center at Children's to try to get better care for kids and families, and I think our understanding of depression is more and more that it's preventable, but it's only going to be preventable if we have good care for all, early in the course of the illness. And that certainly would lead me to take the position that we need to advocate for adequate mental health and physical health coverage for every child in the country and for every parent.

JEANNE BLAKE: Who could disagree with that? But also, you can only treat depression if it's brought out of the darkness, as you write in your book. I know plenty of families of tremendous means who are living with depression who don't talk about it, therefore they can't get help. And that's heartbreaking to me, because I read this book and so much of it was so familiar to me. I had the feeling that you verbalized just a bit that it's so unnecessary, and I felt this sort of ... I want everyone I know to read this book. I can say that because it seems so basic, and yet we all know that honest and open and ongoing family communication really is so difficult, because so many didn't grow up with that, a model to them. So it's really difficult. But to be able to learn to do that with the help of people who care and to have it be so healing, it's so incredible that it can happen.

DR. BEARDSLEE: Well, it was incredible to us to see it happen. I really appreciate your careful reading of the book, and I really want to come back to two things. One is, the suffering is much greater

in silence, and it's much greater if there isn't good treatment. It's unnecessary in that sense. And secondly, I think the basic point of the book is that there really is a lot of hope for kids and there's a lot of hope for their parents. That's what we need to work on. That's what I'm trying to talk about in *Out of the Dark*, it's what I'm trying to talk about in the work we do at Children's. And more than anything else, one of the women we worked with said, "Depression attacks the soul," and another said, "It circles within circles the sadness out of control." The agony that people go through with this illness is terrible, but it's not necessary, and we really can do a great deal to help families.

JEANNE BLAKE: Why do you think the silence around depression is so persistent?

DR. BEARDSLEE: Part of it is that we tend to think of depression as something on the psychological side, people always snap out of it. They ought not to let something get in the way. Part of it is we don't understand very well how to recognize it, so every one of us has a bad day, every one of us has a couple of bad days, and every one of us has had the experience of bereavement, of losing someone we loved. And so those things are on the continuum of depression, but depression is persistent, over weeks and months, it's many symptoms together, and it sort of steals over people. I think we have a great deal more work to do in public education. And finally, there is a stigma associated with mental illness in this country.

JEANNE BLAKE: There's so much shame.

DR. BEARDSLEE: Yes. And we need to work to overcome that, because we have so much possibility to offer.

JEANNE BLAKE: I think that you just gave the symptoms, but I want to wrap up this program, Dr. Beardslee, by your highlighting what people can look for, because we've all heard that someone lived with depression for years and they didn't know that's what it was.

DR. BEARDSLEE: And many people I write about had that experience also. We in the medical profession would call depression a diagnosable illness, meaning that there's one major symptom and five associated symptoms present for two weeks or more with significant impairment at work and home. The major symptom is feeling down and blue, crying all the time, not being able to shake it. And the associated symptoms – some are in the biological area – trouble sleeping or sleeping too much, trouble eating or eating too much, having no energy and being unable to focus. And some are in the psychological area, feeling helpless, feeling hopeless, and of course the thing all of us who work with

depressed people worry most about is suicide. People with depression often feel life isn't worth living, or suicidal. We believe, by the way, that anyone who is suicidal should be evaluated; it's a psychiatric emergency. But in terms of recognizing depression in oneself, one would be looking to see, are there several symptoms there that are persistent? The other experience that people who are depressed have is, they can't take pleasure in anything. So if you notice you're not enjoying things, things you should, like the successes of your kid, or something in the family or in work, that's another thing. I recommend that people who have questions should go get an evaluation.

JEANNE BLAKE: Absolutely. That's a good note to end on, and I hope that people will heed that and I hope that people will read your beautiful book, because it will help families.

DR. BEARDSLEE: Thank you so much.

JEANNE BLAKE: Dr. Beardslee, thank you for coming in and thank you for writing this book. And thank you for joining us. I'm Jeanne Blake and I'll see you next time.

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