

revised & updated edition

When Nothing Matters Anymore

a survival guide for
depressed teens



Bev Cobain, R.N., C.

Foreword by Peter S. Jensen, M.D.

Lighthouse illustration by Kurt Cobain

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“Its honest, anecdote-filled treatment of the subject . . . make [the book] a no-brainer to buy.” —*Youthworker*

“The most positive book on depression one could read . . . should be available to all teens.” —*VOYA*

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a survival guide for
depressed teens

by Bev Cobain, R.N.,C.
Edited by Elizabeth Verdick

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Note to Readers: This book contains general information and advice about depression. It should not replace professional medical and psychiatric treatment.

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Dedication

For Darren and Michael



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Most of all, I thank you wounded teens who touched and inspired me with your pain, your courage, your healing, and your willingness to let me “put it all out there” so that your wounded comrades may believe that their lives absolutely do matter.

P.S. It has been impossible to stay in touch with all of the teens who shared their original stories in the first edition of this book, as they are now out in the world living their lives. Happily, though, I have located five of them who brought me up to date on their current circumstances and were pleased to share their success stories with me.

DAVID, now twenty-eight, suffered from severe anxiety and depression as a teen, and once planned his suicide. He finds that his daily antidepressant therapy has completely eradicated the symptoms that used to torture him. He no longer sees a therapist because he has learned to better cope with his problems and to look at his life more positively.

HEIDI, now twenty-five, feels that she has come a long way since she shared her story in the original book. One of the first things she said to me was, “I hope that when I have kids they are never as brutal to me as I was to my parents. Having loving parents made a big difference in how my life has turned out.” She believes that therapy and medication helped her learn to have more patience with herself and others. She is married and having a “good” life.

HEATHER, twenty-three, is enjoying her college classes in creative writing. Because bipolar illness doesn’t just disappear, Heather must take medication every day, and if she forgets or decides not to take her meds

for a few days, she says that the mania is the first effect she notices. She admits that having to depend on medication to feel well is sometimes overwhelming, but she says that the depression and mania are worse. She occasionally visits the campus therapist when the need arises.

SHAWNELLE, who's now twenty-eight, spent much of her spare time during and after high school doing volunteer work with kids in her church, and she says this gave her positive feelings about herself. Today, she has no signs of depression or suicidal thoughts, and she doesn't take medications or see a therapist at this time. She experiences the same ups and downs as everyone else but reminds herself that she can get through anything now. "I would like to tell other depressed teens that it's nice to have friends your own age to confide in, but problems get solved faster when you talk to someone with more life experience and wisdom."

MACKENZIE remained on antidepressants and continued therapy for a long while after writing her original story for the book. Talking things over with her therapist taught her that negative thinking was a factor in her depression. She graduated from college with no further bouts of depression until she experienced a major loss, at which time she began having panic attacks; her therapist again prescribed an antidepressant. "I really utilized my parents and friends during this time," Mackenzie told me. "I was shocked to realize that even though I might feel fine one minute, the depression was always waiting in the wings to return." Now twenty-five, Mackenzie plans to start law school this year. "For me," she says, "my support system is priceless. I no longer feel alone, ignored, or unworthy of happiness. Everyone deserves to feel happy—some just have to work harder at it."

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Foreword

This survival guide, now in a well-deserved and much needed second edition, is a remarkable resource for young people with depression. Author Bev Cobain is cousin to Kurt Cobain, who was the lead singer of the rock band Nirvana when he tragically took his own life in 1994. Because popular figures like Kurt Cobain are so important and looked up to by youth, the question “Why did he do it?” is inevitably raised. Moreover, the question *should* be raised, because people with depression, young and old alike, frequently ask basic questions about the value and meaning of life—and rightly or wrongly, they often turn to people they admire to find answers. Yet sometimes, potential role models choose incorrectly, as Kurt Cobain did, with consequences that leave in their wake a continuing cycle of confusion and despair for those left behind. Thus, other role models are needed—role models with the courage to come forward and provide another end to the story. They can help depressed teens realize they aren’t alone, others have felt as they do, help is available, and trained help given in a timely fashion works.

Bev Cobain understands and has felt the confusion of family and friends who are left behind after suicide. But she hasn’t allowed her own story to end there. Instead, she has gathered the stories of teens—role models for depressed teens—who courageously reached out and obtained help, showing that there is a better way. Combining the skill of a medical professional and the compassion of a family member touched by the reality of depression and the unnecessary tragedy of suicide, Bev has carefully gathered research about what depressed teens and family members can do. She has coupled this lifesaving information with the inspiring stories of teens who came forward to share their experiences of depression, despair, and eventual recovery.

This volume, just like Angey, Amber, David, Cera, Paul, Heidi, Shaneeka, Heather, MacKenzie, Shawnelle, and Tyler, who tell their stories within its pages, breaks down the walls of silence and stigma,

piercing the myth of misinformation. The medical information is top-notch and up-to-date, and the stories are touching and true.

Suicide is an unnecessary tragedy. Yet, given its frequency among youth, only such courageous and candid steps forward to share much needed medical information and alternative role models will allow us to change the end of the story for youth like Kurt Cobain. This volume is a major step forward.

Peter S. Jensen, M.D.

Ruane Professor of Child Psychiatry & Director

Center for the Advancement of Children's Mental Health

Columbia University, New York City

Introduction

“Sometimes I feel I can’t go on. My life’s not worth it; I don’t belong.” —Sydney, 14

Maybe you feel the same way sometimes—sad, discouraged, alone, and tired. These feelings may seem scary, confusing, and overwhelming, especially if you think you’re the only one feeling them. This book can help you see that many other teens—perhaps some of your friends, classmates, neighbors, or team members—might be going through the same thing you are. I want you to know that your life *is* worth it. You *can* go on.

I wrote the original edition of *When Nothing Matters Anymore* a decade ago, after losing three family members to suicide. Their lives were full of turmoil and emotional anguish at the time of their deaths. The most recent of the suicides was that of my cousin, Kurt Cobain, the lead singer of the rock band Nirvana, who shot himself on April 8, 1994. I know something about what they felt because I have dealt with my own depression since I was a teen, and I have experienced being suicidal.

After Kurt’s death, I spoke with teens, reporters, and well-wishers. Many people asked me why someone with such wealth and fame would kill himself, why Kurt was so “selfish,” and why he didn’t think about his wife and child and the pain his death would cause them. Nobody asked the most important questions: *What problems was Kurt facing that seemed too huge to solve? What could someone have done to help him?*

I read what the media had to say about his suicide. Newspapers, magazines, and TV reporters commented on Kurt’s heroin and alcohol use, his “angst,” and his inability to cope with success. These weren’t the problem—they were symptoms of the problem. Kurt suffered from bipolar disorder* (also known as manic depression), a mood disorder affecting about 2.3 million people in the United States alone. Kurt’s untreated depression was part of what caused the emotional

*For more information about bipolar disorder, see pages 24–27.

and physical pain he so desperately needed to escape. Killing himself seemed, to Kurt, like the only way to be free of the pain he could no longer bear.

I've heard some people say that suicide is a stupid, weak, and shameful act. What they don't know is that suicide is a cry for help. Few people outside of the mental health field understand depressive disorders, how they often relate to suicide and drug/alcohol problems, and how common these issues are among teens. I hope this book will continue to shed light on the terrible toll that depression takes on young people.

Since the first edition of this book was published, much has changed in what is known about depression—and yet, much has stayed the same. I believe that, as a society, we have moved a step forward in the acceptance of depression as a serious issue among teens and adults. Experts recognize that depression can start as early as childhood and, left untreated, often continues into adulthood. People are now more willing to talk about depression and to share their feelings and fears with family members, doctors, therapists, and school counselors. In addition, there is a greater awareness of medications as part of the treatment for depression, and perhaps less stigma about their use. Knowledge like this is a powerful tool—it helps us to better understand depressive disorders and what to do about them.

What hasn't changed as much as it should is that many teens *aren't* getting the help they need. A survey released by the Substance Abuse and Mental Health Services Administration in 2005 showed that about 2.2 million adolescents (ages twelve to seventeen) had experienced at least one major depressive episode in the previous year. Less than half received treatment during that time. The survey also revealed that the depressed teens were more than twice as likely to use illegal drugs as their peers. According to the National Youth Violence Prevention Resource Center, more than 90 percent of teen suicide victims suffer depression or drug/alcohol abuse. It is my hope that this book will help depressed teens find a light in the darkness—perhaps it will even save lives.

When Nothing Matters Anymore is divided into two parts. Part 1, “What’s Wrong?” explores how it feels to be depressed, the causes and

types of depression, and the connections between depression, suicide, and drug and alcohol abuse. Part 2, “Getting Help and Staying Well,” discusses the benefits of professional treatment and how to help yourself stay healthy. If you think you might be depressed or suicidal, or if you’re abusing drugs and/or alcohol, the best thing you can do to help yourself is to talk to an adult you trust. It may be difficult to open up to someone, share your problems, or ask for help, so throughout Parts 1 and 2, I’ve provided suggestions for what you can say. You’ll find “You Can Say” sections on pages 30, 58, 75, 81, 115, and 116. At the end of each chapter, you’ll also find a Survival Tip that can help you right now, during treatment, and for the rest of your life—so you can live well and reduce the possibility of getting depressed again.

This book wouldn’t have been possible without the help of many courageous young people who allowed me a very personal glimpse into their lives to share what depression was like for them: what happens, what hurts, what’s hidden, what haunts, and what helps. I hope reading their stories will help you see that you aren’t alone.

Feel free to write to me with your questions, thoughts, and comments. You can send your mail to:

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part 1:
What's Wrong?

*“Most problems precisely defined
are already partially solved.”* —Harry Lorayne

“It’s like a gray cloud
descends over me from nowhere.”

—Cera, 18

Depression: The Facts

Everyone feels down in the dumps, bummed out, or sad at times. If nobody had these normal feelings, there wouldn’t be music called “the blues.” People would feel cheerful even after flunking a test, losing a ballgame, or breaking up with a girlfriend or boyfriend. Being in a bad mood for a few days is natural. Gloomy, unhappy feelings are part of life, and they usually pass.

But sometimes the mood hangs on, affecting your emotions, your body, your behavior, your thoughts. Maybe you’re unable to get out of bed and face the day. It’s like you’ve fallen into a deep, dark hole with no way to climb out. Experts call this mental state *depression*.

Did you know that:

- an A student can be depressed?
- a star athlete can be depressed?
- someone who’s handsome or beautiful can be depressed?
- a change in appetite can signal depression?
- a sudden drop in your grades or trouble in school could be a sign of depression?

- if you're often angry and irritable, you might be depressed?
- when you feel like nothing matters anymore, you're probably depressed?

Depression causes a variety of serious symptoms and can affect anyone at any time—no matter who you are or where you live. People young or old can be depressed. People of any race, gender, ethnic heritage, and religion can be depressed. Even teens who are healthy and cope pretty well with their problems can experience depression.

Famous People with Depression*

Abraham Lincoln, sixteenth U.S. president

Alanis Morissette, Canadian singer, musician

Ann-Margret, actress, entertainer

Audrey Hepburn, actress

Axl Rose, rock singer

Barbara Bush, former first lady

Ben Stiller, comedian, actor

Betty Ford, former first lady

Billy Joel, singer, musician

Boris Yeltsin, former Russian president

Brooke Shields, actress

Carrie Fisher, actress, novelist

Charles Darwin, British naturalist

Charles Dickens, English novelist

Claude Monet, French impressionist painter

Darryl Strawberry, baseball player

Delta Burke, actress

Diana, Princess of Wales (Lady Di)

Dick Clark, entertainer

DMX, rapper, actor

Drew Barrymore, actress

Edgar Allan Poe, poet, short story writer

Edwin "Buzz" Aldrin, astronaut

Elton John, British singer, musician

Emily Dickinson, poet

Eric Clapton, British singer, musician

Ernest Hemingway, novelist, short story writer

Eugene O'Neill, playwright

Florence Nightingale, British nursing pioneer

George Stephanopoulos, political adviser

George Washington, first U.S. President

Georgia O'Keeffe, painter

Hans Christian Andersen, Danish
fairy tale writer

Howard Hughes, aviator, industrialist

Jane Pauley, broadcast journalist

Jean-Claude Van Damme, Belgian
martial artist, actor

Jim Carrey, comedian, actor

John Milton, English poet

Judy Garland, singer, actress

Kay Redfield Jamison, psychiatrist,
writer

Larry King, broadcaster, talk show
host

Leo Tolstoy, Russian novelist

Louie Anderson, comedian

Ludwig van Beethoven, German
composer

Margot Kidder, actress

Marie Osmond, singer

Marilyn Monroe, actress

Marlon Brando, actor

Mary Chapin Carpenter, country
singer, songwriter

Menachem Begin, sixth prime
minister of Israel

Michelangelo, Italian Renaissance
artist

Mike Wallace, broadcast journalist

Norman Rockwell, painter

Oksana Baiul, Ukrainian figure skater

Patricia Cornwell, crime novelist

Patty Duke, actress

Queen Elizabeth I of England

Ray Charles, R&B singer, musician

Richard Nixon, thirty-seventh U.S.
president

Robert E. Lee, U.S. general

Robin Williams, comedian, actor

Roseanne Barr, comedian, actress

Sheryl Crow, singer, musician

Sigmund Freud, Austrian “father of
psychoanalysis”

Sir Isaac Newton, English
mathematician, physicist

Stan Collymore, English footballer

Stephen Fry, English comedian

Sting, English singer, musician

Sylvia Plath, poet

Ted Turner, media mogul,
philanthropist

Tennessee Williams, playwright

Terry Bradshaw, football player

Theodore Roosevelt, twenty-sixth
U.S. president

Thomas Jefferson, third U.S.
president

Tipper Gore, wife of U.S. vice
president Al Gore

Trent Reznor, singer, musician

Vincent van Gogh, Dutch painter

Virginia Woolf, British novelist

Vivien Leigh, English actress

William Blake, British poet, painter

Winona Ryder, actress

Winston Churchill, English politician,
author

William Styron, novelist

*Some people listed here are celebrities who have spoken openly about their depression. Others, especially historical figures, are recognized as having signs and symptoms of depression.¹

According to the National Institute of Mental Health (NIMH), about 18 million Americans currently are depressed, and millions of them are teens. If you are feeling down, guilty, worthless, angry, overwhelmed, helpless, hopeless, tired, and/or anxious—and if these feelings have affected you for some time—you’re probably depressed.

Depression is a medical illness. That means it’s not “all in your head.” It isn’t a sign of weakness, a punishment for past wrongs, or a flaw in your character or personality. Depression also is a *treatable* medical illness—that means it’s possible to deal with it and heal.

On the following page is a quiz that can help you figure out if you have symptoms of major depression, the most common form of depression.* The questions will help you learn more about your feelings and behavior.

If you think you might be depressed, talk to someone. You can tell a parent, a teacher, a school counselor, or another trusted adult. If you need to know how to tell someone you’re depressed, see the suggestions on pages 30–31.

Depression Q & A

Is it my fault I’m depressed? **No**

Does being depressed mean I’m weak? **NO!**

Does being depressed mean I’m crazy?

Of course not!

Can I get well again? **Absolutely!**

*For more information about major depression, see pages 20–21.

How to Tell If You Might Be Depressed (a Quiz)

If you answer yes to four or more of these questions, and you've had symptoms almost continuously for two or more weeks, you might have major depression.

	Yes	No
1. I often feel sad and anxious.	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel worthless and/or guilty.	<input type="checkbox"/>	<input type="checkbox"/>
3. I'm easily irritated.	<input type="checkbox"/>	<input type="checkbox"/>
4. My appetite has changed drastically.	<input type="checkbox"/>	<input type="checkbox"/>
5. I don't enjoy things I used to like to do.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have little or no energy.	<input type="checkbox"/>	<input type="checkbox"/>
7. I sleep too little or too much.	<input type="checkbox"/>	<input type="checkbox"/>
8. I have trouble concentrating/making decisions.	<input type="checkbox"/>	<input type="checkbox"/>
9. I have violent outbursts/trouble with self-control.	<input type="checkbox"/>	<input type="checkbox"/>
10. Some people think I'm loud and obnoxious.	<input type="checkbox"/>	<input type="checkbox"/>
11. I skip school or have dropped school activities.	<input type="checkbox"/>	<input type="checkbox"/>
12. I often have headaches or other aches.	<input type="checkbox"/>	<input type="checkbox"/>
13. I use alcohol or illegal drugs to help me feel better.	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel hopeless about the future.	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel helpless to change my situation.	<input type="checkbox"/>	<input type="checkbox"/>
16. I think about death, suicide, or harming myself.*	<input type="checkbox"/>	<input type="checkbox"/>

***If you answered yes to this question, please talk to someone right away. Confide in an adult you trust or call a Crisis Hotline or Suicide Hotline listed in your Yellow Pages. You may also call the Boys Town National Hotline 24 hours a day at 1-800-448-3000 (a trained professional will respond).**

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A Word About Depression in Teens

Teen depression is a confusing illness because many of its symptoms are like the normal (but uncomfortable) feelings associated with puberty and growing up. When you're a teen, your hormones—chemicals in your brain and bloodstream—increase and change your body chemistry. You may sometimes feel moody, negative, emotional, and stressed out. This is normal and usually temporary. Symptoms of clinical depression, however, last for more than two weeks.

Teens often identify their depression themselves, instead of a parent or teacher noticing it. Why? Because sometimes it's hard for parents and other adults to know whether your feelings are a normal part of being a teen or are symptoms of a more serious problem. So it's important for you to be aware of changes in your moods and behaviors. To figure out if you might be depressed, watch for extreme changes in the way you feel, think, and act—these changes are intense and painful, and they affect you for more than just a few days.

Emotional changes:

- anger
- sadness
- guilt
- hopelessness
- anxiety
- bitterness
- irritability
- feeling worthless
- indifference
- feeling numb
- loneliness
- feeling helpless

Physical changes:

- sleeping problems (too much or too little sleep)
- overeating or loss of appetite (with weight gain or loss)
- indigestion
- headaches
- nausea
- aches and pains for no known reason
- fatigue, lack of energy, or no motivation

Thinking changes:

- difficulty remembering or concentrating
- difficulty making decisions
- confusion
- a loss of interest in things you used to enjoy
- self-blame for anything that goes wrong
- pessimism (negative thinking)
- believing no one cares about you
- believing you're a burden to others
- believing you don't deserve to be happy
- thoughts racing through your head
- thoughts of harming yourself*
- thoughts about death and suicide*

Behavior changes:

- poor hygiene
- aggression
- talking or moving with much more or less energy
- acting out (skipping school, running away, driving too fast, trying risky sexual behaviors)
- extreme sensitivity to rejection or failure
- problems at school
- abusing drugs and/or alcohol
- spending most of your time alone (isolating)
- not participating in class or with family and friends (withdrawing)
- being unable to relax
- crying more than usual
- underachieving (or overachieving)
- harming your body (like cutting or burning yourself)*

*If you're thinking about suicide, please talk to an adult you trust right away. You can also call a Crisis Hotline or Suicide Hotline listed in your Yellow Pages.

Remember that you're looking for changes/symptoms that have lasted for two weeks or more. If you've had many of these symptoms for months or years, you may not even realize they were changes.

“For some reason, people don’t realize that boys have hurt feelings, too. I have had sadness since I was a small boy. What helped me were my friends, my music, and finally my parents talking me into seeing a counselor. It has made a really big difference to have someone I trust to talk to when my feelings start to bother me.” —James, 14

Try recording your feelings, thoughts, and behaviors in a journal for a few days or a week or two—whatever you can handle. Having a written record may help you see a pattern. Share your writings with a trusted adult who can help you find out if you're depressed. Here are some ideas to help you get started:



Feelings Journal

Emotionally, I feel . . .

Physically, I feel . . .

Some things that are hard to deal with are . . .

Sometimes I worry about . . .

I feel better when . . .

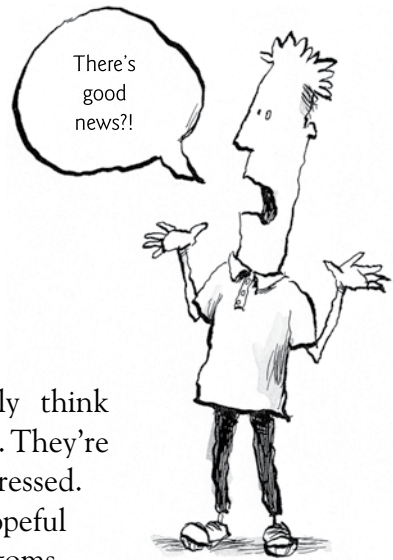
I think I could talk to . . .

The Good News

If knowing you're depressed makes you even *more* depressed, take heart because:

1. Depression is common.
2. It's treatable.
3. You don't have to face this alone.

Many depressed people mistakenly think they're crazy or dying of a terminal illness. They're actually relieved to know they're depressed. You may feel less scared and more hopeful once you know the reason for your symptoms. With help, you can stop suffering; life doesn't have to be so full of pain. Isn't it somewhat of a relief to know that you don't have to feel this way any longer?



Survival Tip #1:

Get Some Exercise

When you're depressed, you might feel sluggish, achy, tired, and run-down. You may not want to leave the house, get out of bed, or get off the couch. One way to help yourself while you're recovering from depression is to exercise. Even if it seems impossible, do something physical. Exercise helps defeat depression.

Experts have found that exercise affects chemicals in your brain (and brain chemicals have a lot to do with depression). Exercise releases chemicals called *endorphins*, giving you a natural high. Endorphins lift your mood, energize you, and may help you sleep more soundly at night. The more often you exercise, the better you'll feel.

Even moderate exercise can have positive effects. In fact, researchers at the University of Texas at Austin conducted a study in 2006, proving that 30 minutes of brisk walking could temporarily boost the mood of depressed people.² The researchers pointed out that many depressed people self-medicate with alcohol, illegal drugs, or nicotine to temporarily change the way they feel or to get through their day. However, walking—an activity with no lasting negative health consequences—can be a mood-lifter that actually works. You don't need any special gear for walking, and it can be done just about anywhere. Try to keep going for half an hour—you will probably see a difference.

If you feel too tired to exercise, tell yourself that you can do something for just five minutes; after that, you may have the energy to keep going for a few more minutes. Try some jumping jacks, hop on your bike, or put on a CD and dance. Eventually, work your way up to doing 20 to 30 minutes of continuous exercise several times per week, which will help keep your level of endorphins more constant. Be sure to vary your workout routine so you don't get bored, and don't try to push yourself too hard.

Yoga is another option—a gentle, noncompetitive form of exercise that can help strengthen your body and soothe your mind. The word “yoga” means union (referring to the joining of the physical, emotional, and spiritual elements of life). The slow, rhythmic stretching movements lead to greater balance, reduced stress, and an improved ability to concentrate or relax fully—all of which can help you feel better both physically and emotionally. You might find a class at your community center or YMCA/YWCA, or borrow a DVD from the library to learn the poses. Once you've learned the basic poses, you can create your own routine to a piece of music that moves you. You can do yoga with a friend or on your own.

If you have trouble getting motivated to do any type of physical activity, ask a friend or family member to be your exercise partner. Make plans to work out together a few times a week, even for a short time. Go on walks together and take along your dog (or a neighbor's dog). It's been proven that spending time with a pet can reduce stress and anxiety, and lift people's moods.