Family Practice Forum

Christmas and Depression

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Annually, for approximately 30 years, the lay press and medical publications have offered various opinions on the effect of Christmas on mental health and well-being. Within the last decade 14 percent of all articles on depression in the lay and popular press have dealt with the Christmas or holiday depression syndrome.[1] The general position of these articles has been that there is an increased incidence of depression and perhaps other psychoemotional distress during the holiday season.

The professional literature provides two general types of articles dealing with holiday depression, each reaching a different conclusion.

Case reports present many examples of patients experiencing the onset or exacerbation of psychoemotional problems during the holiday season.[2] These reports stem from case examples of patients undergoing psychoanalysis or psychotherapy. Therefore, many psychodynamic explanations of this phenomenon have been offered.[3]

Statistical studies have also been done in an effort to document the seasonal incidence of psychoemotional problems. This approach has studied the holiday depression phenomenon by tracking the incidence of (1) visits and contacts with facilities and organizations providing outpatient mental health care or counseling services, (2) psychiatric hospitalizations, and (3) suicide.[2] Analysis of these data has generally shown low utilization of outpatient, community-service resources in December, and decreased psychiatric admissions and a decline in suicides from November through January. These findings seem to hold true especially on and immediately preceding major holidays.

How then can such a divergence of opinion be explained? Several possibilities as well as theoretical weaknesses exist for each method of investigation and reporting.

The percentage of the general population undergoing psychoanalysis or psychotherapy, while meaningful, probably does not provide a representative random sampling of the population, thus making the general application of conclusions from these observations somewhat difficult.

Statistical analysis of suicide incidence, psychiatric hospitalizations, and utilization of outpatient support resources may more closely aproximate a random sampling. Even then, however, there may be an unrecognized self-selection bias of patients who would enter into these settings.

Other potentially complicating variables that may have an impact on such studies include the usual changes in available personnel and changes in hospital admission criteria which often occur during holidays.

The differing opinions and conclusions most likely stem from differences in the level at which the problem has been defined and examined. Analysis of overt decompensation as in suicide or hospitalization is considerably different from the study of the subtle, perhaps subconscious, influence that Christmas has on emotions and behavior, the latter being more amenable to the introspective nature of psychoanalysis or psychotherapy.

No one is immune to or completely protected from the potential stressors of the holiday season. These have been categorized into three general areas.[1,2]

Socioeconomic stresses result from (1) unemployment or low income, (2) added financial

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THE JOURNAL OF FAMILY PRACTICE, VOL. 17, NO. 6: 1083-1086, 1983

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burdens of the holidays in addition to the basic survival needs, or (3) the physical or emotional separation from (or perhaps increased proximity to) the family.

Psychological stresses are secondary to (1) renewed grief from the loss of friends or family and their associated memories, (2) increased awareness of one's own aging, and (3) intrapsychic conflicts in such areas as childbirth, sibling rivalry, magical wish fulfillment, and unresolved grief.

Biological stresses arise as a result of (1) altered patterns of eating, drinking, and sleeping, and (2) the physiological manifestations of stress and anxiety from any source.

Although the Christmas season may be potentially stressful or depressing, the benevolent, hope-filled "Christmas spirit" may help patients cope with problems during this time. Probably the single most important element in predicting and dealing with problems that arise during the holiday season is the family.

Family physicians need to remain aware of the dynamic nature of the family system. Attentiveness to the needs and concerns of families may allow early recognition and intervention in the following potentially high-risk settings: (1) pre-existing psychopathology, (2) socioeconomic instability, (3) terminal, chronic, or significant acute health problems within the family, (4) existing or perceived loss, and (5) geriatric patients with diminished support systems. Hillard and Buckman[1] offer several suggestions to practicing physicians for dealing with "worried patients at this time of the year":

1. Help patients distinguish between normal unhappiness and a major depression for which therapy may be indicated.
2. Emphasize good health practices throughout the year, and especially during the holidays.
3. Help patients avoid unrealistic expectations of solutions to problems just because it is Christmas.
4. Help patients emphasize the truly positive aspects of the season for themselves and their families.

References

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3. Breen HJ: Christmas and depression. Ariz Med 34: 823, 1977