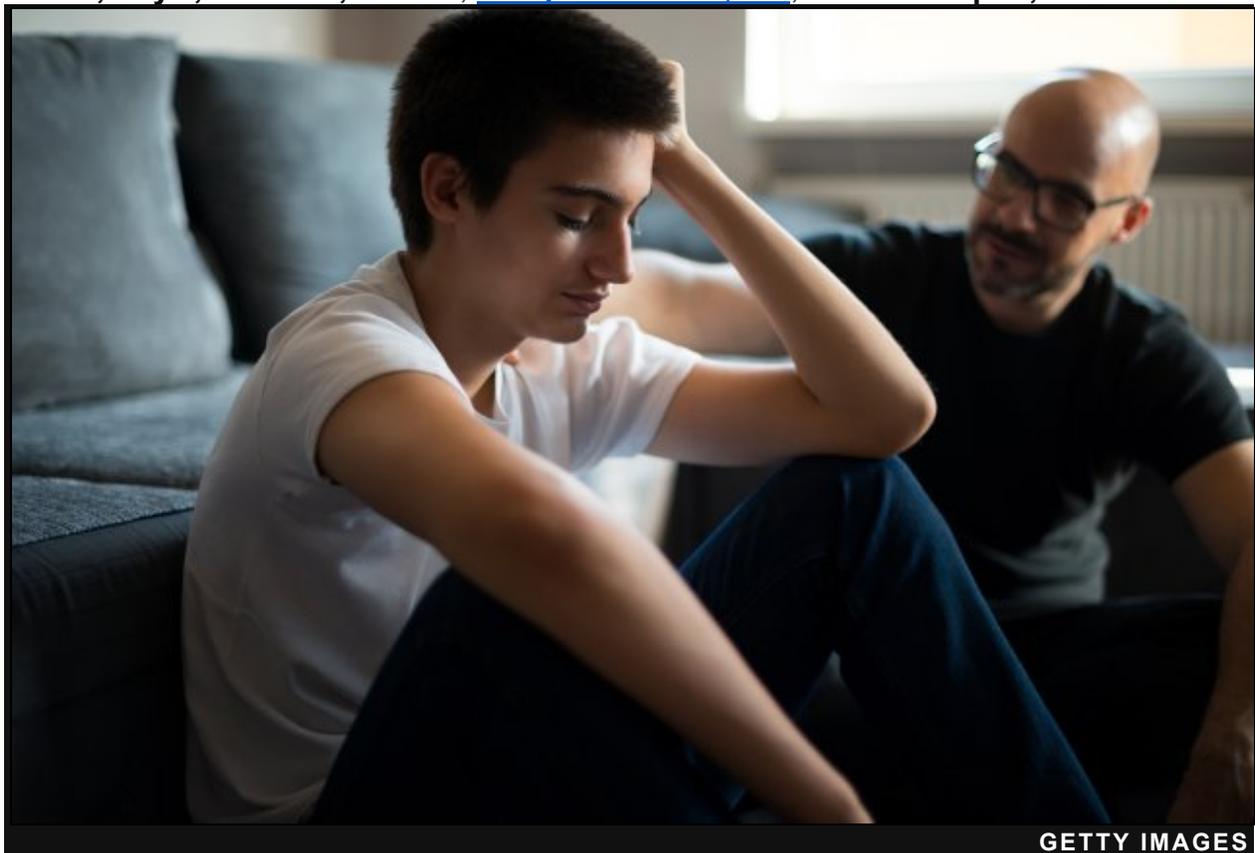


# What Not to Say to Someone With Depression

*Listen carefully and respond with empathy to truly provide support.*

By [Lisa Esposito](#) and [David Levine](#) Oct. 25, 2019, at 9:00 a.m.

This article is based on reporting that features expert sources including [Anita Gadhia-Smith, PsyD, LCSW-C, LICSW](#); [Philip R. Muskin, MD](#); [Michael Yapko, PhD](#)



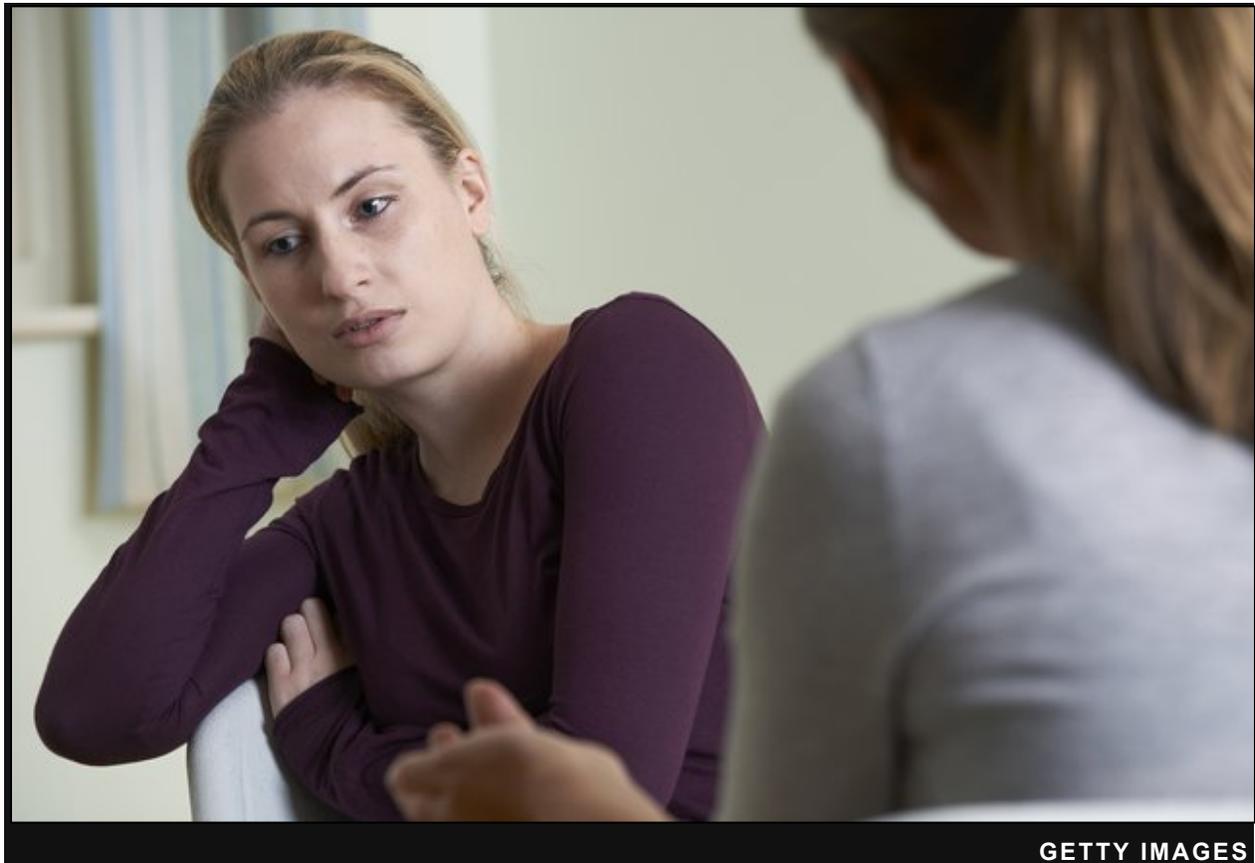
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## Words matter.

Depression is a confounding condition, both for those who have it and for their friends and family. [Mental illness](#) often makes it extremely hard for the person with the disease to take action to get better. That's hard to understand for anyone who has never had to live with it, which is why people, even with the right intentions, often say the wrong things.

"Words do matter," says Dr. Philip Muskin, a professor of psychiatry at Columbia University Irving Medical Center. "By avoiding stigmatizing statements, you can help stop the shame and fear that is often associated with [mental illness](#). People living with depression fear being judged, and that's one of the biggest reasons people avoid getting treatment."

Here are 11 things not to say to someone with depression, plus suggestions for what to say instead.



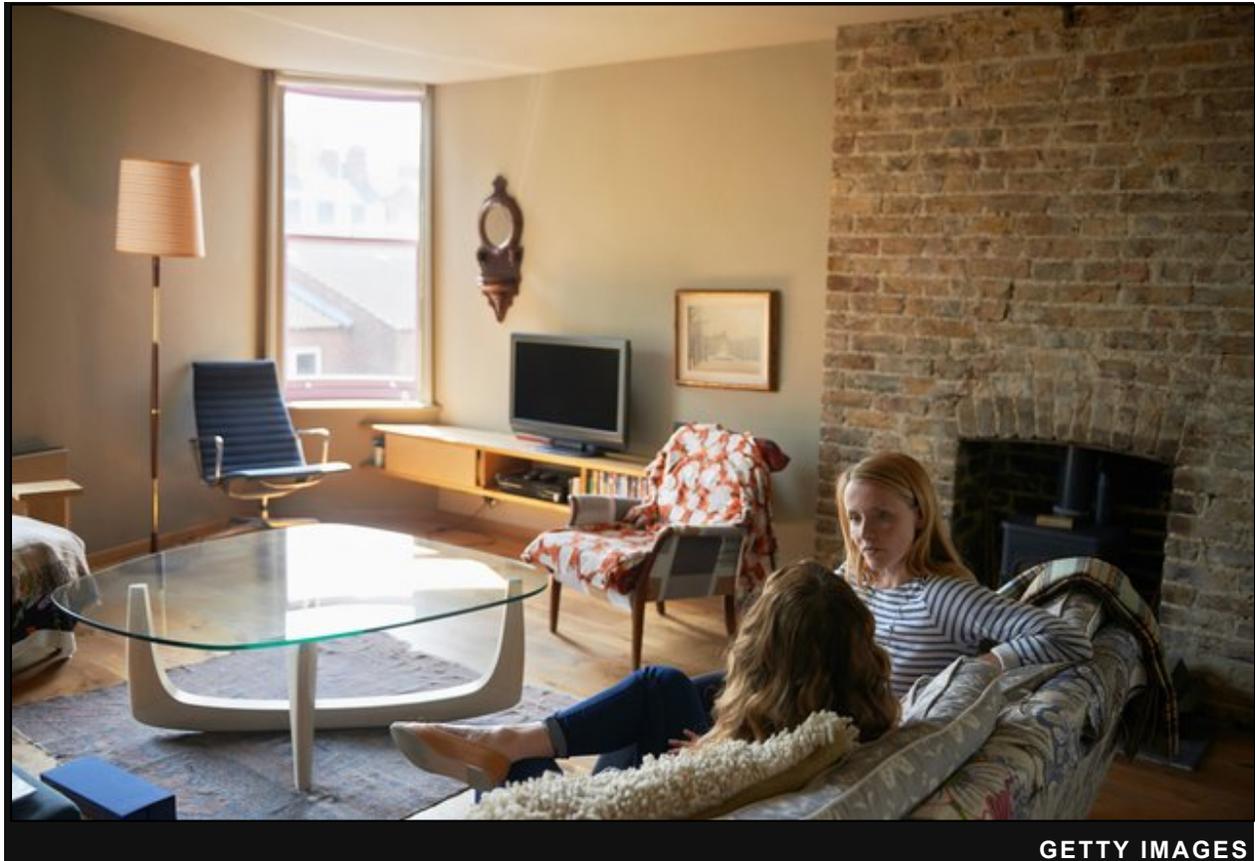
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### **'You look terrible.'**

Although you might be expressing concern, telling someone that they don't look good doesn't help. "If they're depressed, they already feel bad," says Anita Gadhia-Smith, a psychotherapist who practices in the District of Columbia and Bethesda, Maryland. "If you tell them they look bad, on top of feeling bad, they're going to think the whole world knows – and they're going to be ashamed."

Rather than remarking on someone's appearance, it's wiser and more effective to open a neutral conversation, she says. For example, simply let

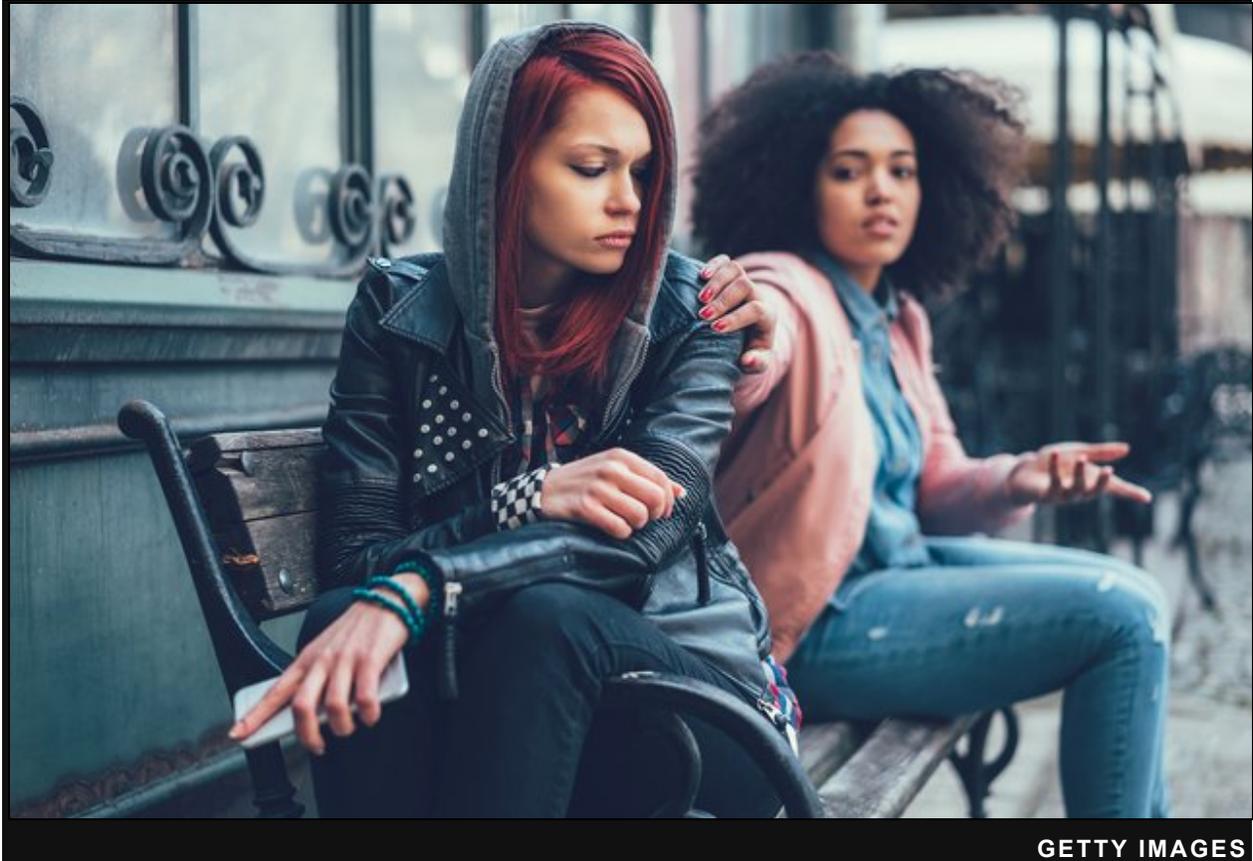
them know how you're doing and ask how they've been. Listening is key: "The first step is to give them the opportunity to share their feelings and give them empathy."



### 'Get over it.'

No one expects a friend or loved one to "get over" [diabetes](#) or [heart disease](#), yet that is often the response when someone with [depression](#) expresses their emotions. Indeed, "get over it" may be the worst thing anyone can say to someone with depression. "Clinical depression is not a choice. Nobody chooses to be depressed," Muskin says. Neither is depression a moral failing, a weakness of will or a phantom of the imagination. Depression is a medical disorder, a biological disruption of brain chemistry linked to and triggered by some combination of genetics, family history, past trauma, stress and other factors.

"What can I do for you?" is a much better response. "This is important, but it comes with a caveat," Muskin says. "If you really want to be there and help someone, then you need to do what you say you're going to do."

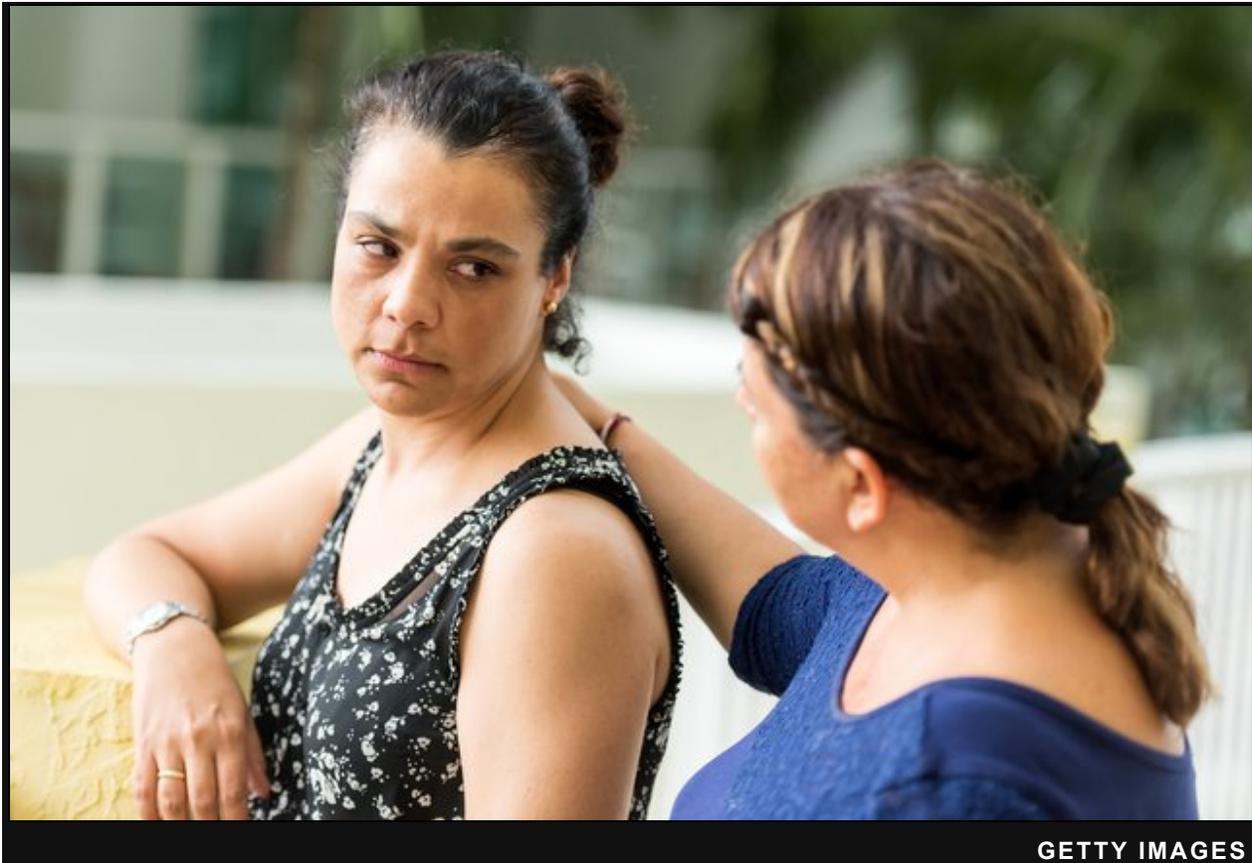


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### **'What's wrong with you?'**

This may seem like a straightforward (if somewhat blunt) question, but it can be really difficult to answer. "Sometimes it takes a while for someone to articulate exactly what they're feeling," Gadhia-Smith says. Rather than ask probing questions, provide a listening ear and respond with [empathy](#). "The best approach is to engage with them and just try to connect, and let them open up and start talking to you."

Whatever you say, be mindful of the tone you take, she adds. "You can say something in a way that makes someone feel criticized, or you can say something in a loving tone, and then they might take it very differently." Allowing someone to feel heard can go a long way.



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### **'Here's what I think the problem is.'**

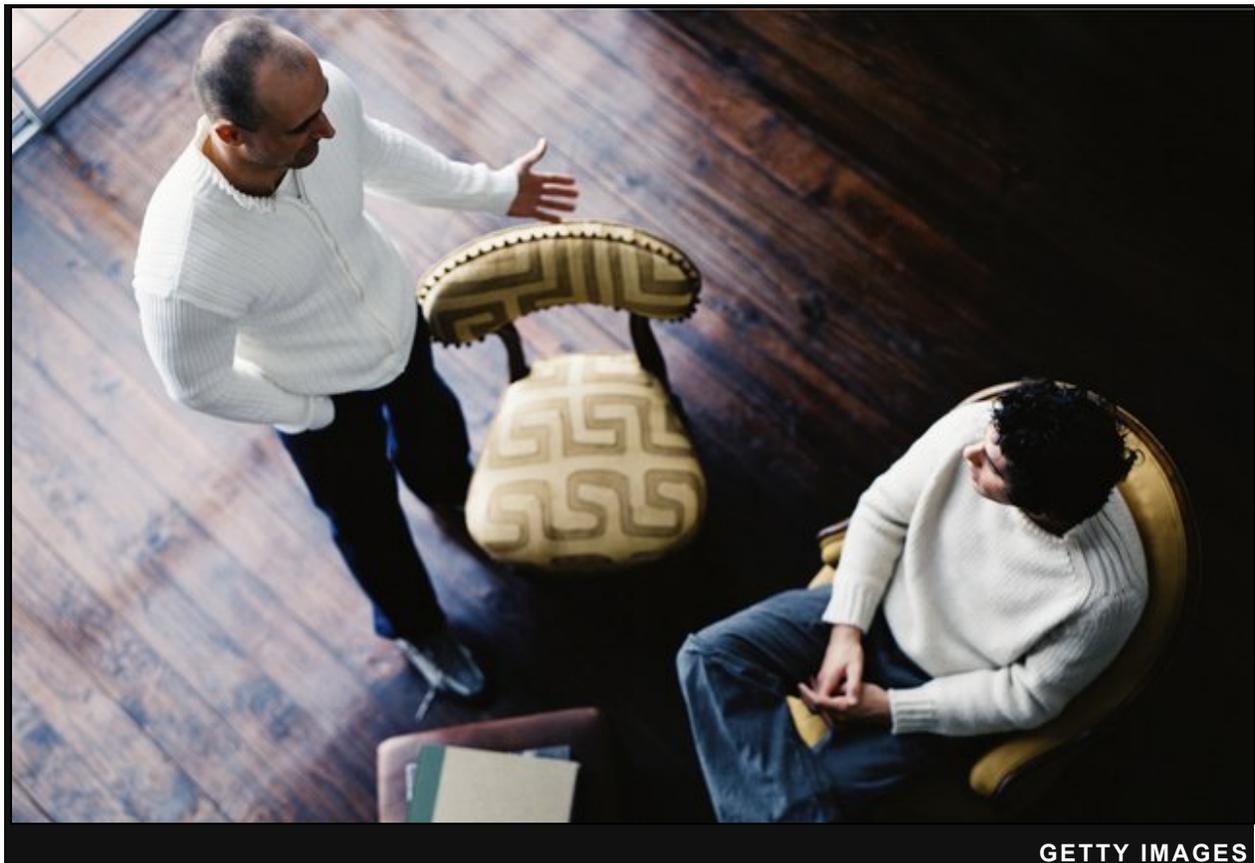
If you're not a qualified professional, avoid speculating on what someone's issues or diagnosis might be. [Depression](#) comes in different forms, Gadhia-Smith says. "Some people have a chronic, recurring depression from psychological reasons or chemical reasons or due to illness," she says. Other people have situational depression that occurs as a matter of normal life events, according to Gadhia-Smith. "These are the types of experience everyone has because we all experience losses in life. And we all experience grief."

In other cases, she adds, depression can be a manifestation or sign of underlying [PTSD](#): "On the surface, emotional trauma can look like depression."

Try these types of "I" responses to validate someone's feelings and let them know you care:

- "I understand."
- "What can I do to make this better?"

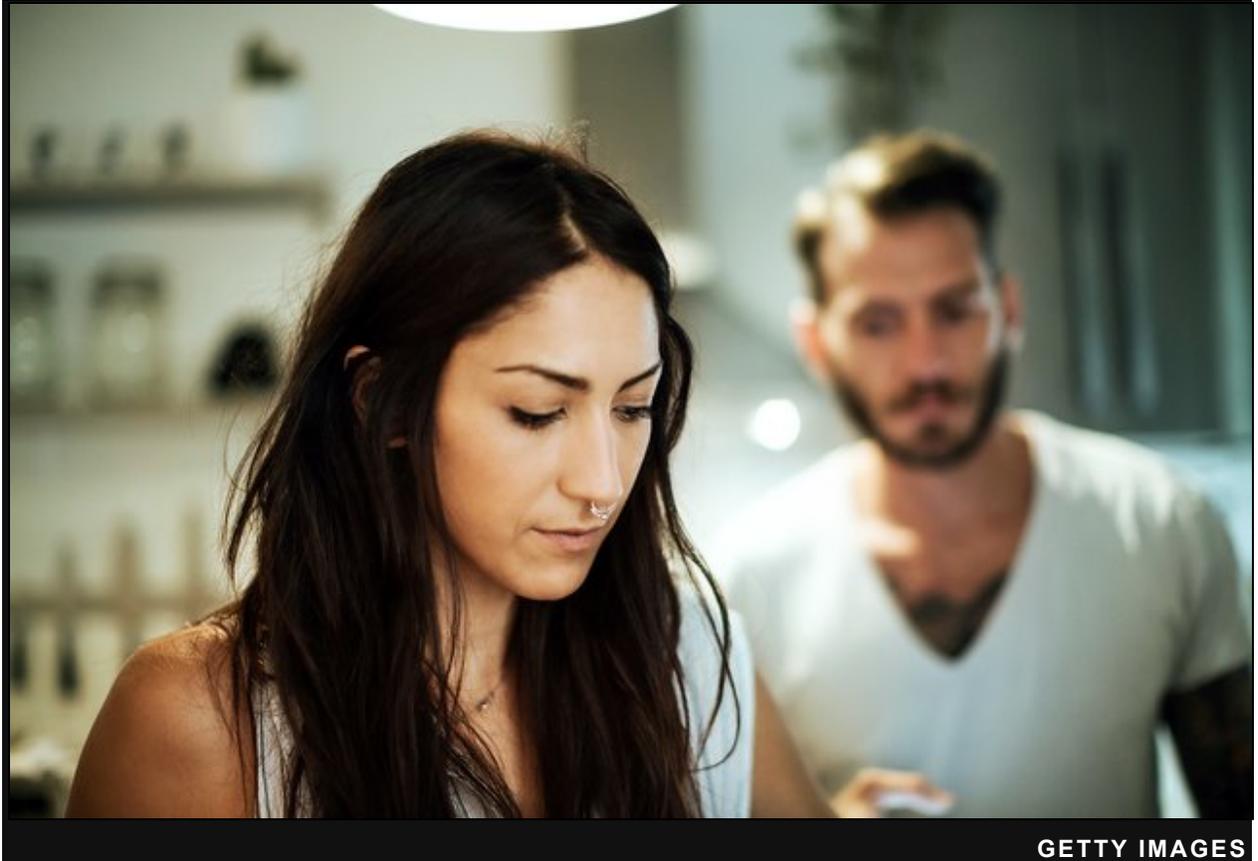
The point is that you don't necessarily want to be the main source of help, she says. You want to be the conduit that helps them get help.



### 'Suck it up.'

This "advice" is obviously insensitive and particularly inappropriate for someone with depression. Even less-harsh suggestions – such as "ignore them" to someone who is living with a narcissist or "don't pay any attention" for a person who is demoralized and [anxious](#) about workplace criticism – miss the mark.

"These are dismissive comments that make a person feel worse," Gadhia-Smith says. "Because if they could just ignore it or not pay attention to it, they would do just that. But many people are stuck in situations where something or somebody is traumatizing them and they can't ignore it." When someone confides their troubles to you, you want them to feel safe, not disregarded.



### **'You're crazy.'**

Clearly, you shouldn't say this. The American Psychiatric Association stresses the importance of [avoiding derogatory language](#). Words such as "psycho" and "crazy" are not helpful. Neither are words like "suffering" or "victim." Someone "has" depression; he or she doesn't "suffer" from it.

In addition, the APA says, it's preferable to say someone has depression rather than he or she is depressed. "The basic concept is that the mental health condition (or physical or other condition) is only one aspect of a person's life, not the defining characteristic," the APA states.



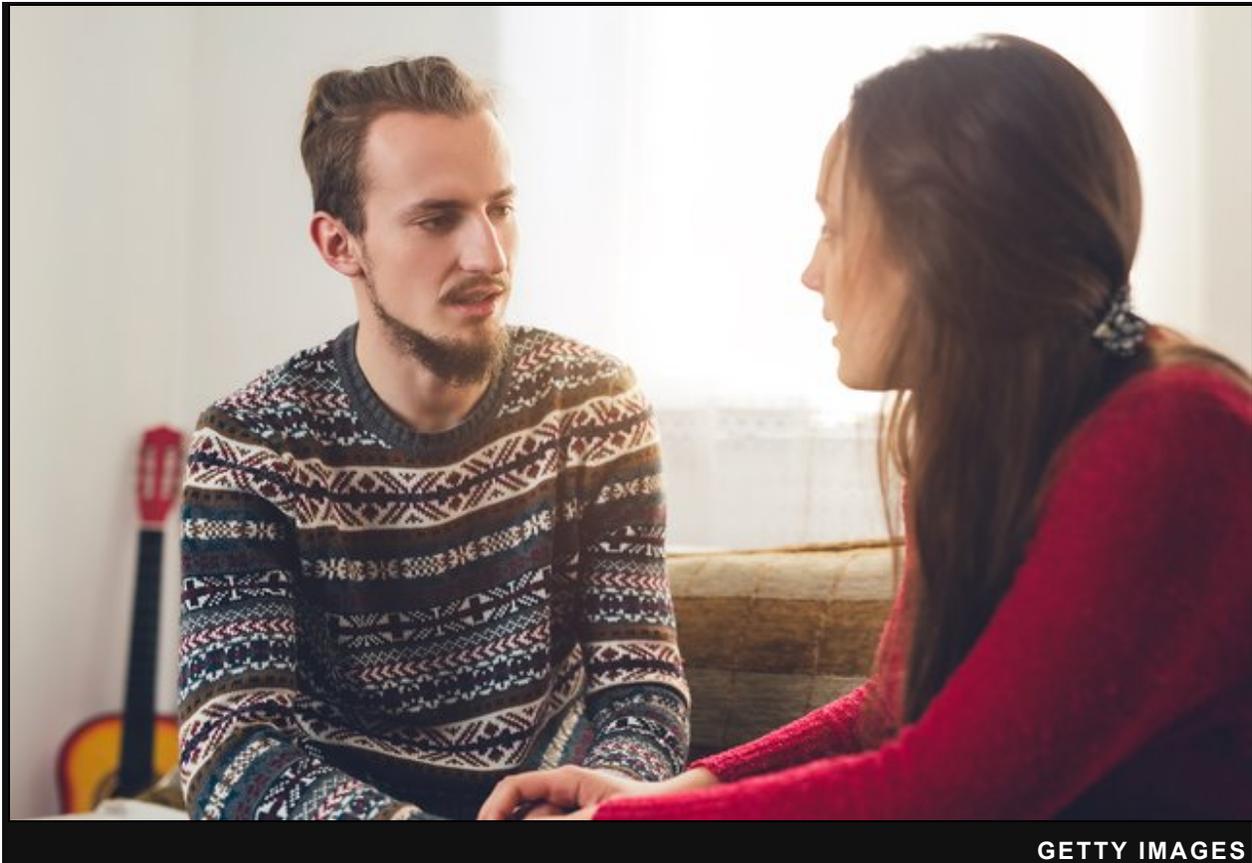
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## 'Stop it.'

You can't scold someone into healthy behavior. "People know they shouldn't be eating another half-gallon of ice cream. The problem with depression is each person who has it knows the right thing to do but can't find a way to bring themselves to do it," says Michael Yapko, a clinical psychologist, author and lecturer on depression. "Telling someone how they should feel or act doesn't tell them how to do it."

A better solution, he says, is to help the person "develop a realistic pathway to get there." Suggest "let's exercise together" or "let me help you find someone to talk to about this."

"The reason to go to therapy is the hope that the [therapist](#) will provide a pathway to make (improvement) possible," Yapko says. "Don't encourage results without suggesting a means for producing it."

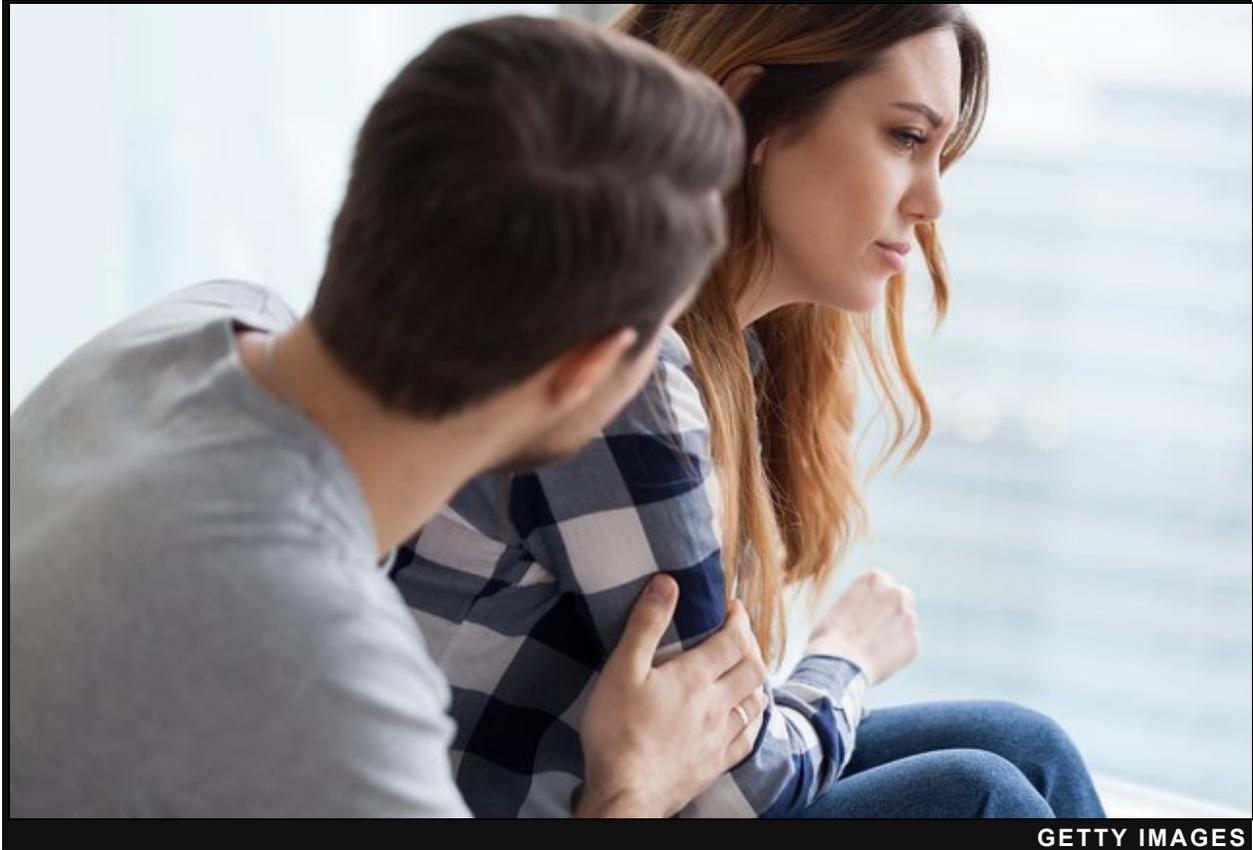


### 'Just do X.'

Similarly, suggested solutions like "Just do something about it" or "Just get out of bed and leave the house" are easier said than done. [Depression is so insidious](#) because it makes it very hard to do anything about it.

"Depressed people make depressed decisions," Yapko says. "When you use your feelings as an indicator of what to do, you make bad decisions. They are responding to feelings instead of the larger goal," he says.

Instead, say, "If you don't know what to do, [let's talk to somebody who does](#)," he advises. Go after the goal, not the feelings: "Offer to help them through it. Don't get mad at them. Understand that helplessness is part of depression." Having patience is important – they're already overwhelmed, so try not to add to it.



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### **'You can pull through this without medication.'**

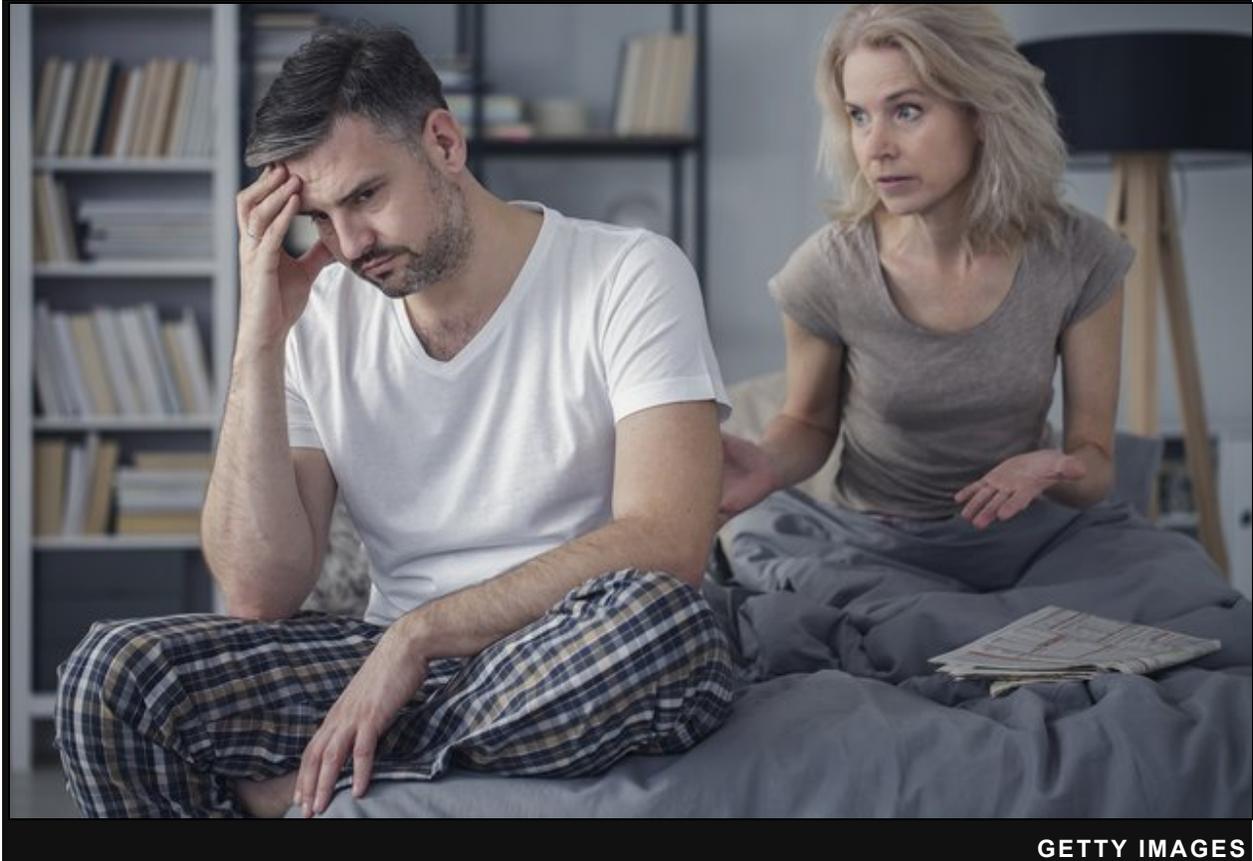
That's for a mental health professional to decide, not you. And dismissing a need for medication may only add to the stigma surrounding [antidepressants](#). While it is true that many cases of depression do respond to [treatments other than antidepressants](#), such as psychotherapy and exercise, some people do need medication, Muskin says. And those who are already on [antidepressants](#) should [not stop taking their medication](#) without speaking to their doctor first, he says.

Oversimplifying the problem doesn't address depression's multiple facets. "The whole biopsychosocial picture is complex," Gadhia-Smith says. "The person really needs to be assessed clinically and very thoroughly to get the proper help they need to get through it."



### **'Everything will be OK.'**

Someone with depression can't see that far into the future, and reassurances like this may feel empty. It's important to stay positive and encouraging, but it takes action to feel better. Offer suggestions, such as "Let's do something together," Muskin says. "Depression can keep a person from participating in everyday activities. But you can show your support by offering to go to a movie or even a quick walk." Finally, sometimes the best thing to say is nothing. "Just listen," he says. "But make it clear you are listening." When you do respond, stay calm and empathetic.

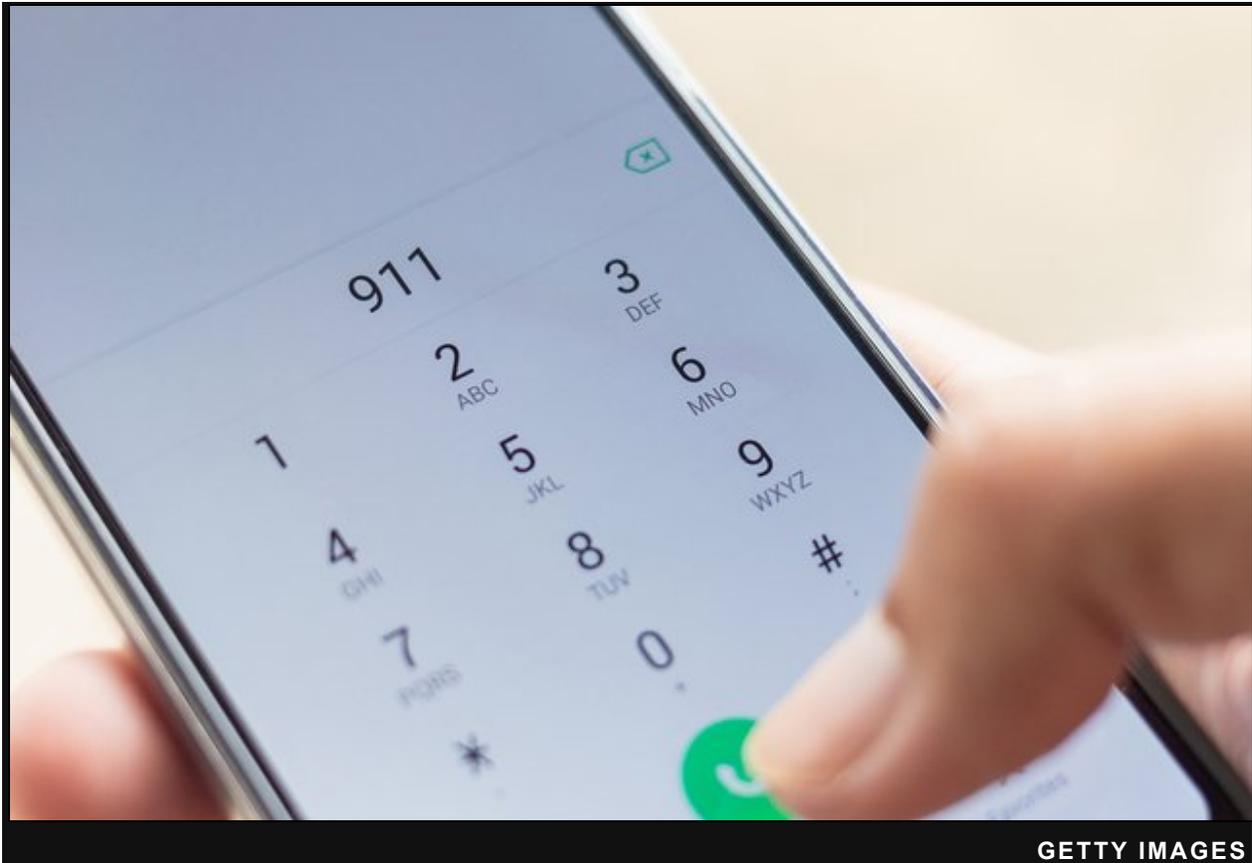


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### **'A lot of people have it worse than you.'**

People with depression often know this too and feel [guilty](#) about their condition. They don't need more guilt piled on. "It might be worth saying it bluntly – 'If you feel this is overwhelming for you, please tell me. I care about you,'" Muskin says.

This is especially true if the person might feel like [life is not worth living](#). Say something like, "I want to get you the care you deserve," he suggests. "There is nothing shameful about feeling that way, and no one has ever become [suicidal](#) from a friend asking about those thoughts. The reverse is true. It is immensely emotionally relieving to be able to tell someone about such frightening thoughts."



### **Suicide concern: Speak up.**

Depression increases the risk of [suicide](#). When someone with depression is suicidal, you might need to speak up and take a more active role. That could mean accompanying them to the nearest emergency room if the threat of self-harm is immediate. "If there's any question of suicide, do not hesitate to call 911," Gadhia-Smith says.

In some cases, you can steer the person to resources like the National Suicide Prevention Lifeline at 800-273-8255, or you can make a call to discuss your concerns. The line is open 24/7 and you can also connect through a [Lifeline chat](#).



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## What Not to Say to Someone With Depression

Unhelpful comments like these might only make matters worse:

- 'You look terrible.'
- 'Get over it.'
- 'What's wrong with you?'
- 'Here's what I think the problem is.'
- 'Suck it up.'
- 'You're crazy.'
- 'Stop it.'
- 'Just do X.'
- 'You don't need medication to pull through.'
- 'Everything will be OK.'
- 'A lot of people have it worse than you.'