

The Prevention of Depression

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Signs of Depression

Do you have the following symptoms?

Depressed mood (such as feelings of sadness or emptiness)

Reduced interest in activities that used to be enjoyed, sleep disturbances (either not being able to sleep well or sleeping too much)

Loss of energy or a significant reduction in energy level

Difficulty concentrating, holding a conversation, paying attention, or making decisions that used to be made

fairly easily

Suicidal thoughts or intentions (If you have suicidal thoughts, intentions or plans, please consult a mental health professional immediately)

Have you felt this way, more days than not, in the past two weeks?

Are these feelings and thoughts interfering with your work or your life?

If so, you may have a depressive disorder.

Depression can be successfully treated with psychotherapy and medication. Talk to a mental health professional.

The Course of Depression

The majority of individuals who have had an episode of depression will have a recurrence within five years. And those who have had more than one episode of depression in their lifetime are at increasing risk to have additional episodes.

The first episode of depression is usually triggered by a reaction to a stressful event. The response to this event, which is often sad or tragic, seems understandable to most people who hear about it.



The second depressive episode seems to come a little quicker and a little easier. The event that seems to trigger the second depression does not need to be as intense. Others have a little less sympathy for the person this time. It can seem like an overreaction to life circumstances from the perspective of someone who has never been through a depression before.

The third (and subsequent depressions) can come with no clear precipitating event.

At this point the depressive feelings seem unpredictable. Family and friends cannot understand why this continues to happen. Some will suggest that this is due to a moral failing or lack of effort on the part of the person who is depressed. Professionals may suggest that the depression is due to a “genetic predisposition” or talk about “an imbalance in the brain chemistry.” The depression feels uncontrollable, which only adds to the despair.

It is as if the experience of depression makes it easier and easier to get depressed. The threshold is lowered with each episode.

Depression is a chronic illness.

Why Does Depression Happen?

At this point, it is important to clarify some things. When you are struggling with depression, the well meaning attempts of

family and friends, or even professionals can leave you feeling helpless and hopeless about this disorder. So let’s take a close look at what some of these terms mean.

Moral Failing. It can seem as if, when you are feeling depressed, you are choosing to let yourself dwell on the negative in life. This perspective highlights the responsibility that you must assume for your own behavior.

It is true that when you become depressed, you tend to see the negative and overlook the positive dimensions in your life. You can wake up to a sunny day and find yourself dwelling on the rain forecast for later in the week.

Negative thinking about the past, the present and the future is one of the characteristics of depression. When you are not depressed, this negative thinking is not as prominent. You are used to thinking that you can control what you think (although, in reality, it is much more complicated than that) so it seems that you should be able to make a decision to think positive thoughts to counter the depression.



The problem with holding the view that this is a moral failing is that it not only describes the thoughts that you have when you are depressed, but it also casts blame on you when you are already suffering. While it is true that you must make an effort to change behavior in order to overcome patterns of depression, not

all efforts will be equally effective. Depression is a complex reaction to circumstances. It takes skillful action to change.

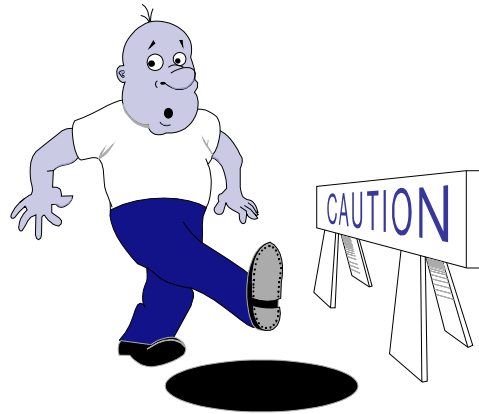
Depression is not simply a moral failing, even if it is your responsibility to work for change.

Genetic Predisposition. Modern medicine has been very successful at identifying the genetic sources of many illnesses. This effort has been helpful in guiding effective treatments and in the development of new medicines.

The term “genetic predisposition” is used to explain why you might have a particular reaction (i.e., contract a specific illness) and others will not, even in the same life circumstances. There are some individuals who more easily become depressed when encountering the difficult and tragic circumstances in life.

For others, the reaction may result in a strain on some other system in the body. Even if you are not predisposed to depression you may become depressed if the difficulties are severe or prolonged.

Unfortunately, the discussion that depression can be a “genetic predisposition” can also be



interpreted as a reason to abdicate responsibility. After all, if you are “genetically programmed” to get this disease, or to act in this way, what can you do?

For many the identification of a genetic contribution is taken to mean that there is nothing that can be done to prevent this illness from occurring.

However genes are not your destiny!

Genes are better understood as biological habits that will express themselves unless you learn to break the habit and live more consciously.

An Imbalance in Brain Chemistry. The pharmaceutical companies, in an attempt to help people understand the way that medicine alleviates the feelings of depression, use the phrase, “an imbalance in brain chemistry.” The medicine is designed to assist the brain to restore a chemical level that will prompt feelings of happiness and pleasure.

What is often not understood, and is not well explained, is that your brain chemistry is constantly changing. It is changing as you read this sentence. Changes in brain chemistry occur as the brain receives signals from both outside and inside stimuli.

To say that you have an imbalance in your brain chemistry when you are depressed is an accurate statement. Levels of the brain chemical serotonin, and perhaps others, have changed. When this occurs, the neurons themselves may

become damaged, making it difficult for the brain to restore the chemicals to a proper balance.

We do not know if the changes in brain chemistry cause depression or if it is the result of depression.

Restoring serotonin levels in the brain chemistry will decrease the symptoms of depression and promote healing of the neurons.

One way to alter that brain chemistry is with anti-depressant medication. However medication does not appear to decrease the risk of having another depressive episode unless you continue to take medication for the remainder of your life. Brain changes also occur in response to cognitive therapy, but not as quickly as with medication, although you may be more resistant to becoming depressed when future stressful situations arise.

A Broader View. Each of these contributions as to why depression happens gives you some insight into this disorder. When you feel depressed, you tend to see the negative and overlook the importance of the positive. You may be more prone to depression because of your genetics. When you are depressed, your brain chemistry has also changed. These elements are all present during an episode of depression.

Yet they do not adequately explain how depression becomes a chronic illness.

Within fifteen years of an episode of major depression, 80% of those who have been diagnosed will have had additional episodes.

The first episode almost always gets triggered by one of the difficult and tragic moments in life. Untreated, that depression will last between nine to eighteen months. With treatment, the length and intensity of the depression can be dramatically shortened.

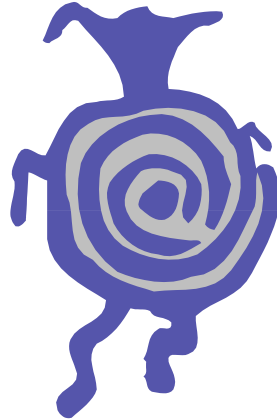
However, the second episode can usually be set in motion by an event that outside observers would think is less stressful. This may contribute to the impression that you seem particularly prone to depression. You may have been exposed to something similar before your first episode and handled it without becoming depressed.

After that first depression, though, a similar problem seems to be too much to handle. The event which triggered the depression may have been less intense, but your feelings of depression are just as painful as the first time.

The third (and subsequent) episodes of depression will seemingly arise with no external stress that precipitates it. You might wake up one morning feeling depressed. It no longer seems to be a reaction to the troubling events in life; the depression has taken on a life of its own.

When you were depressed the first time, you experienced the devastation that this disorder brings. You never wanted to feel that way again.

So when the next event occurred (distressful events happen in everyone's life) you worried that you might become depressed again. Your worries caused you to become even more distressed in this situation. This quickly became a downward spiral of worry and distress that triggered the next depression.



The second depression proved to you that you can have new episodes of depression at any time. It is a very troubling and worrisome thought. So the worry became your constant companion.

The worry becomes a constant reminder to check. Are you becoming depressed? When your mood, which is always fluctuating, becomes sad, it can start the cycle that ends in another depressive episode. This time it does not need an external event. You are so worried and watchful that depression can arise in reaction to something that is entirely internal.

While there are still many times, between periods when you feel depressed, when you are able to enjoy your life, new episodes seem to occur more easily, they become more distressing each time, and they occur more often.

You may begin to identify yourself as *being* depressed, rather than as someone who *has* a depressive disorder.

If this describes you, or you are worried that you may be

headed in this direction in your life, then the rest of this book is for you.

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