



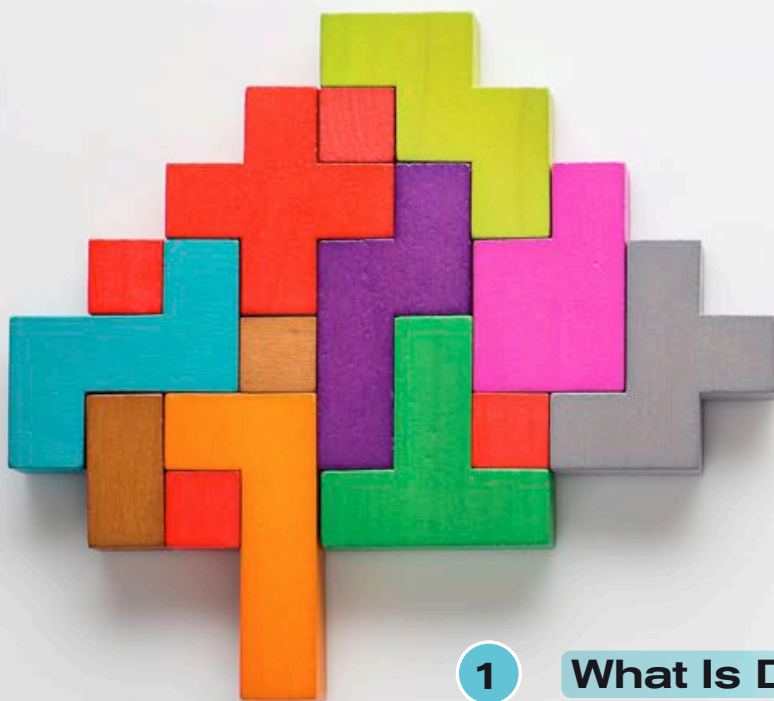
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# HealthyMind

Understanding, Preventing and Coping with Depression

# General Plan of the Work



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# What Is Depression?

Lauryn, a married woman and mother to 22-year-old children, was diagnosed with depression. There was no apparent cause for the imminent leaving of her children could have fueled the depression. Most remarkable was the effectiveness of her treatment. Her calm personality and her confidence in medicine and psychology helped Lauryn leave the pit of depression quickly.

WHAT IS DEPRESSION? 21

beyond the control of the researcher. Thus, when we compare the depression suffered by two twin brothers, we cannot know how much is due to genetic development processes and how much to personal circumstances and unique experiences of each.

With the advent of more advanced forms of research such as molecular genetic analysis, the findings are becoming more precise. This method consists in the direct observation of genetic material in participants with and without depression to establish differences at a molecular level. For example, the neurological study of E. K. Green and his team<sup>2</sup> at the University of Cardiff (United Kingdom), identified an allele that was similar in participants with depression and also with bipolar disorder. This allele was morphologically distinct in people without the disease. The increase in risk was estimated at 15% in those people carrying this type of allele.

In short, we cannot deny that genetics have a certain weight in the manifestation of depression, but it cannot be considered as a determinant. Therefore, we can claim that genetics transmits a propensity to the disease that can vary depending on other factors.

<sup>2</sup> Green, E. K. et al. "The bipolar disorder risk allele at CACNA1C also confers risk of recurrent major depression and of schizophrenia", *Molecular Psychiatry*, 15: 1016-1022 (2010).

## Neurological Mechanisms

Through neuroimaging techniques (such as magnetic resonance imaging), we know there are four brain areas that are involved in depressive processes:

- The **amygdala** is a center of emotion memory prepared to send the alarm when the person perceives threatening situations.
- The **orbitofrontal cortex** introduces a cognitive component and favors decisions as to what to do with the amygdala's signals.
- The **dorsolateral prefrontal cortex** helps in decision making but is involved in social judgment and facing reality.
- The **anterior cingulate cortex** is involved in detecting errors, anticipating consequences, and regulating emotional responses.

With such mechanisms operating in a coordinated manner, the person is able to face the eventualities that come—whether of little or great relevance. But when there is a dysfunction or defect of one or more of these areas of the brain, the person can feel overwhelmed and end up with depression.

Frequently, such errors are not isolated; they involve communication problems between different brain areas and other places of the body.



Resolving Doubts

## My Wife Has Depression

Shortly after the birth of our second child, my wife was diagnosed with depression. It has been three months and she still suffers its consequences. For me, this has been very shocking. Even today, I do not know what to do, what to say or how to act. What recommendations do you give me?

Learn everything you can. First, you must be well informed. In order to help your wife, you must understand depression and everything related to it. This will help you understand all the symptoms and you do not blame her. You will also discover that your own feelings and thoughts of guilt, frustration, and even separation ideas are normal in a spouse whose partner has depression. Read everything you can and talk to people who are educated on the subject.

**Your role in the course of the disease is crucial.** As a close member of the family, the disease can take a positive turn due to your influence. Here are some examples of supportive behaviors:

- **Participate in medical treatment.** Monitor the administration of drugs, reminding them of the importance of having the medication always available. Keep in mind that not taking the pill one day can make her symptoms worse for several days. Sometimes, certain drugs do not work and must be changed until the right combination is found. Do not let her get discouraged by this, but encourage her to be patient.

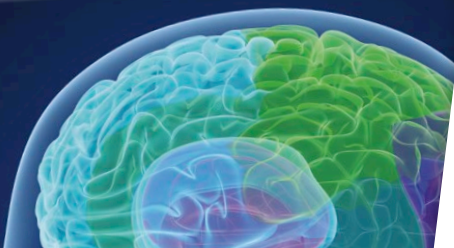
- **Support psychotherapy.** Couples and family therapy is becoming increasingly common, involving several people and not just those who suffer from depression. Attend sessions when it is part of the treatment. When you cannot go with her, work with her on the tasks assigned to her. Do not mock the psychotherapeutic treatment but quite the opposite. If things do not work, talk to the psychologist so he or she can make changes. If, despite everything, treatments do not work, you should consider changing psychotherapists. But do not conclude that psychotherapy does not work.

**Talking about what one feels may be therapeutic.** Often, your wife will not want to talk, but when she is willing, listen to her with the utmost attention and with as much empathy as possible. In this way, the symptoms will get better.

**Take care of yourself.** Living with someone with depression puts us at risk of stress and depression. Find someone to talk to about your emotions to maintain your mental health. Beware of falling into the evil of codependence and maintain your own emotional independence at all times. There is support in social networks. You can be part of a restricted group of people who are in your same situation.

**Be patient.** Because, although the treatment works, it will take months and, if there are difficulties, it can be one or two years. Do not expect too much change in little time because it will increase your frustration.

**Faith can be a blessing.** If you are people of faith, pray with her and trust in God. Some believe that religion can cause these problems by the presence of guilt, but well-understood religion frees us from guilt because it is full of forgiveness and hope.





# Why Does Depression Happen?

A month after Robert lost his job, he already had enough symptoms associated with major depression. At the same time, Samuel was fired from the same factory, and although he experienced uncertainty and discouragement, he never developed depression. Both of them were married, had two kids and were the same age, so where do the differences lie? The answer represents the difficulty of knowing the etiology of depression.

Robert and Samuel could be endowed with different genetics that made one prone and the other not. It is also possible that both had neurological differences that protected one more than the other. Perhaps one of them learned to overcome adversity and the other never managed to do so. The life experiences of both may have been very different, preparing one (and not the other) for those moments of stress. They may have differences in the support from their social network (wife, friends, children...). Finally, the personal attitude, individual choice and determination to take one path or another could help to make the difference between both results.

In addition, there are other factors not given in this example that could influence differences in gender, age, class. In this unit we will explore the relevant elements that try to explain, in part, the origin of depression.

## Genetics

The traditional method to study the influence of genetics in depression is done by observing the symptoms in pairs of twins (monozygotic and dizygotic), in twin brothers (and sisters), or in related people. The results show that genetic resources there are a greater similarity exist in these manifestations. However, this is far from the totality of the studies, because the methodology used is not the best, because the role of the environment in the process of manifestation is not taken into account.

<sup>1</sup> Sullivan, P. F. et al., "Genetic etiology of depression: A review and meta-analysis" in *Journal of Affective Disorders*, 157(10), 1552-1562 (2000).



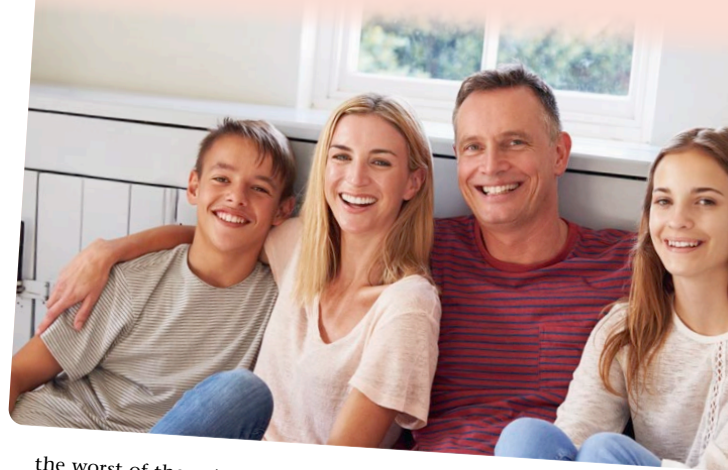
## Research Box

### Depression and Family Cohesion

The study carried out by João Guassi Moreira and Eva Telzer<sup>1</sup> shows the influence of family cohesion, especially of parents, on the manifestation of depression in their adolescent children. The study involved 338 students at the start of their first year of college, a transition period that can lead to symptoms. The average age of the participants was 18.4 years: one third were men and two thirds were women. The researchers gathered information on the level of family cohesion throughout the life of the participants, and, at the same time, monitored the level of depression among young people during the first 12 months. The results showed that the students with the lowest levels of depression were those who came from cohesive families, especially the girls from these families.

Results like these remind us that the social context plays an important role in the development of depression and that, unlike the genetic load, there are things that can be done to change it.

<sup>1</sup> Guassi Moreira, J. & Telzer, E. H. « Changes in family cohesion and links to depression during college transition » in *Adolescence*, 43: 72-80 (2015).



the worst of the extremes: "If we go on vacation to a foreign country, our money and passports will be stolen for sure"; "Torrential rains are coming, so maybe our house will be totally destroyed"; "I have a lot of pain and that means I have cancer

future ("This economic crisis is fixed"). In fact, people who take this way suffer more easily from depression than those who assume more positive attitudes.

## Environment and Experience

# 2

## How to Recognize Depression?

At 23, Margaret finished her university career and moved to a new location away from her parents and siblings to start her new life. The stress of moving and the adaptation to her new situation made her feel a deep sadness that seemed to take root in all areas of her life. She had a deep sadness that seemed to take root in all areas of her life. She had a deep sadness that seemed to take root in all areas of her life.





of motivation, will or **disinterest** in what used to give pleasure. It is easily observed in *hobbies* (playing cards, playing football or hanging out with friends), which were once favorite and now indifferent or even hateful. Another example is the interest in sex that vanishes when it was previously a strong impulse, especially in men.

### Somatic Manifestations

## Somatic Manifestations

Insomnia and fatigue are the somatic complaints by which depression is often identified when going to the doctor and discovering that there is a complete depressive picture. Both manifestations are probably the most frequent of the list.

Sleep disturbances manifest in one of these three ways:

- **Early insomnia.** Difficulty falling asleep at the beginning of the night.
- **Middle insomnia.** The person wakes up in the middle of the night and has difficulty resuming sleep.

- **Hypersomnia** Long episodes of nocturnal sleep followed by excessive sleepiness during the day.

The lack of energy without having done physical or mental activity is a major cause of work problems and is a barrier to performing a task.

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# HOW TO RECOGNIZE DEPRESSION?

## What Is Bipolar Disorder I and Bipolar II Disorder?

“bipolar disorder” is used to designate the symptoms that alternate in the same between manic episode and the other (manic episode).

disorder I is the classic picture that was called manic-depressive psychosis. The patient has a depressive episode (one week or more) in which he has an euphoric mood and a manic episode (or in some cases hypomanic episode) in which he has a depressive mood.

**II disorder** is a little softer in the manic part. It also has major depression, but the euphoric rise in energy, followed by a complete depressive episode (or in some cases hypomanic episode), is shorter (four days or less) than the manic.

**Mild disorder** is a little shorter than moderate (**four days or less**) than severe.  
is "hypomanic," that is, shorter (four days or less) than severe.  
symptoms are very noticeable to the observer because, during the manic phase, the person  
top, sleeps little, has an inexhaustible energy and remains active constantly. His self-esteem g  
he participates in everything in an overactive way.



## Bipolar Disorder

Although this disease is not currently classified as a depressive disorder (as it has its own bipolar section), it is indeed a depressive problem, since bipolar disorder almost always includes major depression in its symptoms (see the Information Table).

## Other Forms of Depression

In addition to the types mentioned, labels are usually used that do not classify the disease by its levels of severity or ways of manifesting itself. We talk about **psychotic**, **schizophrenia**, **bipolar**, **depression**, **anxiety disorder**, **obsessive-compulsive disorder**, **post-traumatic stress disorder**, **personality disorders**, **borderline personality disorder**, **antisocial personality disorder**, **paranoid schizophrenia**, **major depressive disorder**, **generalized anxiety disorder**, **panic disorder**, **specific phobia**, **social phobia**, **agoraphobia**, **compulsive disorder**, **hypochondria**, **phobic disorder**, **neurotic disorder**, **neurosis**, **neurotic depression**, **neurotic anxiety**, **neurotic obsession**, **neurotic compulsion**, **neurotic phobia**, **neurotic paranoia**, **neurotic psychosis**, **neurotic schizophrenia**, **neurotic bipolar disorder**, **neurotic obsessive-compulsive disorder**, **neurotic post-traumatic stress disorder**, **neurotic personality disorder**, **neurotic borderline personality disorder**, **neurotic antisocial personality disorder**, **neurotic paranoid schizophrenia**, **neurotic major depressive disorder**, **neurotic generalized anxiety disorder**, **neurotic panic disorder**, **neurotic specific phobia**, **neurotic social phobia**, **neurotic agoraphobia**, **neurotic compulsive disorder**, **neurotic hypochondria**, **neurotic phobic disorder**.

# Depression

- **Severe.** High number of symptoms with unmanageable discomfort and drastic deterioration of normal life.

Finally, there is **depression with seasonal pattern** (formerly called seasonal affective disorder) with symptoms similar to major depression. It has the peculiarity of arising with the absence of light, that is, in the winter months and in areas of the world far from the equator. Phytotherapeutic treatment is usually sufficient: the patient is exposed to a light box that emits 2500-10000 lux rays (normal electric light emits 300-500 lux), thus relieving the symptoms.

# Depression and Other Diseases

There are diseases that tend to occur along with depression. Generally, the patient who lives with any of these diseases experiences sadness and hopelessness. Such a situation can lead to depression. Other times, the process is the opposite: the presence of depression causes a state of decayed mood that weakens the organism and its defenses, opening the way to the ailment. Here are the most notable diseases that likely appear along with depression:

## Substance Abuse

**Substance Abuse**  
Alcohol, drugs, or the abuse of certain medications are among the substances that attract or maintain depression. A third of people who begin formal treatment for depression have a recent history or are involved in substance

abuse. It has also been found that a  
of the subjects with depression ha  
relative with addiction problems.  
The joint pres

The joint presentation of depression and substance abuse problems. The joint presentation of depression and substance abuse is partly due to the fact that a person affected by depression turns to alcohol or other substances to relieve psychological distress. However, although alcohol and other substances may provide temporary relief of psychological discomfort, in the long run they exacerbate the depression. In addition, the physical, mental and relationship complications of substance abuse, apart from the risk of addiction, may also contribute to the development of depression.

The presence of substances and diversion can also increase the risk of suicid anxiety.

What to do when facing this problem  
being confirmed that, in people with a ge  
tendency to depression, certain substan  
trigger chemical brain changes that pre





3

# Depression in Childhood and Adolescence

Shortly after beginning the first year of schooling, Austin was diagnosed with childhood depression at 6 years of age. The adaptation period passed, but parents and teacher observed that sadness, discouragement and easy crying did not disappear even when the activities that excite all children were available. They took him to a pediatrician.

DEPRESSION IN CHILDHOOD AND ADOLESCENCE

## Depression in the School

The number of cases of depression in pre-school age (1%) **increases when we reach school age** (2-3%). It grows back in adolescence and youth. In addition, statistics show that the current incidence is greater than in two or three previous generations. It is, therefore, a pressing problem whose risk increases with age.

### Characteristics

Childhood depression carries several symptoms (see the complete list in the next Information Table). These ailments are not transient, but they last for weeks (at least, two) or even months. In addition, they seriously affect the social life and school performance of children.

During this stage, there are no gender differences; both girls and boys may experience depression equally. The double incidence for

women does not begin until puberty and remains for the rest of a person's life.

### Advice for Parents

The lowest risk of depression occurs in family environments where there is **respect** for children and where **the authoritarian style is avoided**. The atmosphere of affection and good humor where there is dialogue, where everyone listens carefully to each other, including children, is the best environment against depression. In such a context, the child can vent and express their feelings and emotions.

Apart from good communication, parents should incorporate **physical activity** (walks, bike ride, etc.), as it has become clear that physical exercise prevents and combats depression. Quality social relationship with friends, neighbors and colleagues is also a great protector of the problem.

would disappear. The diagnosis of depression was, then, reserved for adults. However, today not only is clinical depression recognized in children and adolescents, but it also applies to preschoolers (3-5 years). Only recently, proven treatments have begun to emerge and much remains to be discovered in the area of childhood depression.

### Characteristics

Depression in the preschool stage is also called "early on-set depression" because it tends to resurface in later stages. This fact should not be considered discouraging, but rather considered as an opportunity, since any quality treatment will be much more effective at this stage when the child has more malleable structures and brain functions than at later ages.

in adults as in children, but they could manifest differently. The child with depression appears very sad

in contrast to the typical childhood behavior. He cries a lot, has no interests in favorite games and toys, shows very little joviality and feels guilty, irritable and even aggressive. He shows lack of energy, has inexpressive eyes and possible somatic symptoms such as headache, stomach ache, or weight loss. These symptoms have no apparent cause, are limited to one or two days but persistent day after day for at least weeks at a



How to treat depression successfully? A study of great importance entitled *The treatment for adolescents with depression* was carried out by a team funded by the American National Institute of Mental Health<sup>1</sup> with seventeen million dollars. The researchers studied the efficacy of various modes of intervention for 6 weeks with the participation of adolescents (2-17 years) with severe or moderate major depressive disorder.

The participants (45% boys and 55% girls) came from thirteen different communities. After a rigorous selection process, the 327 participants were randomly assigned to one of three treatment groups: a) **cognitive-behavioral therapy**, b) **fluoxetine**, and c) **combination**

The results showed that any treatment used increased its effectiveness when applied for a long time. For example, at 6 weeks the effectiveness was between 60% and 73%, depending on the treatment. At eighteen weeks effectiveness was

raised to 65%-85% and reached the level of remission.

The most effective treatment was the combined one (cognitive-behavioral therapy and fluoxetine (Prozac)). In this case, behavior appeared to improve in only 8.4% of those treated only with fluoxetine.

This and other studies show the highest efficacy is psychotherapy. When combined with fluoxetine, psychotherapy in adolescents shows some examples of success.



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Gregory Fosco<sup>1</sup> of the State University of Pennsylvania, together with his collaborators, carried out an experimental study in which 593 adolescents with their respective families participated. They were assigned randomly, either to the intervention group or to the control group.

- The intervention group was subjected to a family support regimen. Families received information on the best ways to support their teen. They participated in three interviews in which they were taught to motivate their children, manage family situations, optimize family relationships and to apply communication methods.
- The control group continued to receive the usual support from the school but without the family emphasis.

After a follow-up of five years, during the 6th to 10th grade school years (from 12 to 16 years old) the results revealed that:

- Adolescents whose families had received the treatment exhibited very low levels of depression compared to those who followed the usual treatment.
  - Families with low level of conflicts had children with a minimal incidence of depression.
- From this experience, we learn that the family environment, the knowledge that parents have about the disease, their ability to motivate adolescents, their ability to avoid family conflicts and any other method of maintaining harmony and peace in the family, are decisive in preventing and overcoming depression in their teenage children.

1. Fosco, G. M. et al. Preventing adolescent depression with the family check-up: Examining family conflict as a mechanism of change. *Journal of Family Psychology*, Advance online publication: September 28 (2015).



Besides, during these ages between genders is evident: the risk of depression for each male is lower than for each female. This difference is maintained throughout the rest of the life cycle and is due, in part, by the female hormonal cycle, in part, by the special demand that society and culture imposes on women.

### Characteristics

Depression is more likely to appear in adolescents when parents suffer or have suffered from the disease, especially the mother. Adolescents who had traumatic experiences such as abandonment,

Depression in the adolescent stage supposes a new jump in its incidence: it increases in the puberty (12-14 years) and returns to ascend in the middle of the adolescence (14-16). The estimation of cases range from 10 and 14 percent. On the other hand, there are many adolescents who escape from the statistics by suffering some depressive symptom without reaching the clinical picture.

The magnitude of the problem is such that the World Health Organization (WHO) considers depression as the **first cause of disability in adolescents**, apart from suicide by depression as the **third most frequent cause of death** in this age.



or abuse are more prone to depression. At the same time, the presence of depression in adolescence increases the risk of adult substance abuse, recurrent depression and other mental health problems in adulthood.

Why does depression arise with a particular force at this age? Apart from the hereditary mechanisms, there are three groups of factors that explain its advent:

- **Cognitive factors.** With the huge mental development that takes place during adolescence, there is a risk of errors in thinking about oneself, about the environment and the future; and it is well known that in the way of seeing things, these errors intimately linked to depression.
- **Social factors.** The world of relationships is basic and fundamental in adolescents. Family relationships change as the adolescent enters adulthood with the natural risk of parental-filial conflicts. On the other hand,

relationships between equals are more complex and come loaded with feelings and emotions that sometimes cause intense pleasure and deep pain. All these changes can cause stress and depressive symptoms.

- **School or work factors.** The adolescent, in most cultures, has to meet high academic standards. Besides, they must begin to examine possibilities for higher education or work activity. These changes are not supposed to bring problems in most of these youngsters, but they do make a dent in those who are prone to depression.

### Treatment

Very few adolescents with depression follow professional treatment. Even in countries with integral health systems, more than half of the cases go untreated and in many other parts of the world the treatment is given to only 10% or less of the cases.



overwhelmed by the activities, the adolescent transfers worry to paper and prevents your mind from finishing problems.

Napping can make you feel better and you should use it wisely. It should be short and early so as not to interfere with the day-night rhythm. The place of nocturnal sleep must be cool, silent and free of distractions. Avoid the use of products that alter the quality of sleep. Avoid projects outside the bedroom and retire to sleep when tired. Do not interfere with the natural cycles of day and night and ruin your sleep.





## Depression and Its Environment

Natalie, a medical student, lived with her parents and her brother and was diagnosed with major depression—a classic example caused by environmental circumstances since she had no family history and had never had the disease before. She then went to a clinic and received treatment for four months. The symptoms disappeared immediately but persistently began to subside. Her brother played an important role because she stayed close and gave her a lot of encouragement to follow all the guidelines of the treatment.

How did Natalie's depression come about? Her best friend died, and the experience was devastating. She had symptoms: strong feelings of sadness, lack of energy, irritability, and a very bleak vision of the future. She did not sleep. This way, she was suspended from two important exams at her major temporarily. Her parents did not understand the situation and were unable to help. Besides, with their own marital problems, they could not transmit stability to the family. This accumulation of stressors precipitated the depressive symptoms. In spite of everything, the support of personal effort and the support of her sister and a psychologist

### What Should Be Done to Prevent and Relieve Depressive Symptoms in the Workplace?

- **Learn to relax.** Breathe deeply, inhale for 3-5 seconds and exhale for 8-9 seconds.
- **Listen to music** if your job allows it.
- **Keep a memory that makes you feel good** such as a picture of a favorite child, pet, or vacation spot.
- **Close your eyes and think for a few moments of something funny** that makes you smile.
- **If you are a believer, memorize a biblical text** and repeat it several times when you are tense (for example: "Be anxious for nothing" [Philippians 4:6]).

## Depression and Relationships

Depression has a direct link to relationships. A sick relationship can be a precipitating cause of depression, while healthy treatment and co-existence protect from depression and relieve symptoms when present. An epidemiological study conducted at the University of Warwick<sup>1</sup> (United Kingdom) showed that, when young participants had a strong circle of friends, the probability of depression was reduced by half and the probability of recovering from depression was doubled.

### Obstacles and Opportunities

Helping a friend or family member with depression can be difficult for several reasons. The stigmatization is one of them: many consider depression and other mental illnesses as something shameful and blame the sick person ("he has gone crazy",

"that happens to him because he is not strong enough", "he is going to complicate his life so much!"). There is also a lot of fear, and, even with good intentions, people do not know what to do when they meet someone with depression. Another barrier is the weariness of those who are close to the affected person because it is very exhausting to care for someone who is suffering from depression.

However, there are multiple opportunities. If you want to help someone with depression, look for abundant information because understanding the disease can be key when providing support. Here there are some data that you should know:

- **Depression can touch anyone** regardless of age, gender, race, culture, or social status.
- **The affected are not guilty of their condition**, although their attitude and the social support they receive can influence positively to the evolution of the disease.
- **Depression reaches physical, mental, and emotional areas**, in addition to affecting the quality of relationships.
- **The patient does not usually seek help himself**; and even less if his age is between 18 to 25 years.
- **The patient can be cured in several ways**: psychotherapy, medication, group therapy, self-help, healthy social environment, lifestyle, etc., and the probability of recovery is high.

1. Hill, E. M. et al. Spreading of healthy mood in adolescent social networks. *Proceedings of the National Academy of Sciences*, Society B, 282: 20151180 (2015).

that tend to occur along with depression. Generally, the patient who has these diseases experiences a vicious cycle of sadness and isolation. Other times, the opposite: the presence of depression leads to a state of decayed mood that weakens the patient's defenses, opening the door to other ailments. Here are the most common symptoms that likely appear along with depression.

### Substance Abuse

Drugs, or the abuse of certain medications, or the abuse of substances that attract depression. A third of people who seek treatment for depression have a history of or are involved in substance

abuse. It has also been found that almost half of the subjects with depression have a close relative with addiction problems.

The joint presentation of depression and substance abuse is partly due to the fact that the person affected by depression turns to alcohol or other substances to relieve psychic pain. However, although alcohol and other drugs can provide temporary relief, in the long run they cause physical, mental and relationship complications, apart from the risk of addiction.

The presence of substances and depression can also increase the risk of suicide and anxiety.

What to do when facing this problem? It is being confirmed that, in people with a genetic tendency to depression, certain substances trigger chemical brain changes that precipitate depression.

- **Say a short prayer of thanks** to God, thank you for the energy to get ahead. Thank you for the food on the table.



# Depression in Women

Phoebe is 50 years old and always enjoyed good health and was always in good spirits. However, in recent weeks she has suffered a little appetite, weight loss, insomnia, feelings of inadequacy, uselessness and hopelessness. When she tells her experience, she does it slowly and her voice shows a very tenuous volume compared to her usual way of expressing herself. Her sadness is deep and permanent and, in her own words, it does not matter whether she lived or died.

Although she had never suffered from depression, she seemed to have enough symptoms to receive the clinical diagnosis. But why does Phoebe suffer from this condition, and why do many other women of her age and circumstances go through this stage without depressive problems? The presence of menopause is an important factor. It is not enough that Phoebe has adolescent children, parents and in-laws in advanced age and her own work to look after. Her husband is a good man, but he does not help her with domestic chores, the affairs of the children and the elderly parents. It has always been so in their corresponding families and no one has objected to the tradition, but the reality is that

## Summary

The Female Condition .....

The Biological Factors .....

The Impact of the Environment .....

Coping with Depression in Women .....



rejection. After the event, they believe that they have not been liked by others (friends, relatives, colleagues...). In many cases there is no objective evidence of disapproval, but the person is convinced that others do not accept them.

All the above-mentioned traits are related to depression, that is, they are usually present in women with depression to a greater extent than in men.

her daughter usually pleases her feeling of value. Her daughter should be the one

Katia gave birth to a healthy and pretty girl through a normal delivery with no complications. However, a week later she began to experience symptoms that she had never felt before: an inexplicable sadness, an unwillingness to do anything, easy tears without knowing why and a generalized apprehension towards the future. She slept poorly and felt nervous and irritable. It is an example of how biology can cause depressive symptoms: the placenta stops producing estrogen, progesterone and endorphins and the levels begin to return to the pre-gestational state.

Fortunately, Katia only suffered *blue postpartum* and the discomfort dissipated in a couple of days. In other cases, this is the beginning of a *postpartum depression* that may require serious treatment and which lasts for months. In this unit, we outline the biological peculiarities present in women that help us understand their greater vulnerability to depression.

## Biological Differences of Gender

Kenneth Kendler, a professor of psychiatry at the University of Virginia in the US, has carried out multiple investigations, several of them tracking hundreds of twin women with and without a family history of depression. When he observed how they reacted to stressful events that arose, he found only 6% of the total group of participants were affected with depressive symptoms while the same stressors caused depression in 14% of the participants with close depressive relatives. This points to **hereditary patterns** that affect the course of the disease, and in a very special way, in women.

One fact that is very clear is the gender difference in terms of **hormonal changes**. These affect the mood directly. Men and women are subject to these variations, but only women experience premenstrual symptoms, menstua-

tion, pregnancy, childbirth, postpartum and menopause. In addition, if the woman takes contraceptives or follows a treatment for infertility, the hormonal activity varies even more.

Depression is, in part, a product of hormonal activity. During times of stress, the adrenal glands secrete a hormone called cortisol. This chemical increases the metabolic activity and strengthens the immune system. The reaction is ideal when one is faced with moments of intense and isolated stress, but when stress is prolonged (which is normal in the current lifestyle), the level of cortisol continues to rise and the pituitary gland begins to work to reduce high levels of cortisol. As a consequence, stress is accentuated and prolonged, bringing the subject closer to depression.

According to Ellen Leibenluft, a researcher at the University of London, this process is experienced distinctly according to gender. The biology of females reacts in a more startled way





# 6

## Depression in Old Age

Arthur is now 75 years old, but he began to suffer symptoms of depression at 19. He had several family backgrounds that predisposed him to depressive illness. He went through different stages of the illness. In the best of times, he learned to live with the symptoms in the best possible way. He experienced periods of drugs with psychotherapy and periods without it. He went through stages without treatment that were worse than others that were bad.

Arthur's type of depression accounts for a small proportion of depression in general. While many suffer from depression in old age, it is not always the result of difficult times—once or twice in the life of many people. In spite of evidence that depression in old age is often a result of physical illness, it is not always the result of physical illness.

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Research Box

### Loneliness and Depression

The study of Rukuye Aylaz<sup>1</sup> represents one of the many investigations into the relationship between depression and loneliness. Inventories were administered to measure the degree of loneliness and depression in 913 participants (between 60 and 98 years of age). Forty-two variables crossed, a positive and relatively high correlation between the two variables was found, which means that the majority of the depressed participants were, in general, free of depression.

Aylaz, R. et al. Relationship between depression and loneliness in elderly and young adults. *Journal of Gerontology and Geriatrics*, 55: 548-554 (2012).



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Resolving Doubts

### Am I at Higher Risk of Having a Heart Attack?

I am a 70 year old man and I have been diagnosed with major depression. Is it true that by having depression I have a greater risk of suffering a heart attack?

Yes, it is true. The risk is four times higher than that of the general population. Now, the statistics are based on large samples of hundreds of thousands of subjects. These data are valid for the group but not necessarily for each individual. For example, among the participants, there are those who follow treatment for depression and there are those who do not. There are obese patients and there are those with normal weight. There are smokers and drinkers and there are also abstainers. There are those with family history of coronary heart disease, and there are the ones who do not. In short, while it is true that depression places you at high risk, it is equally true that you are not a passive subject at the mercy of statistics.

What can you do to prevent that kind of "prophecy" from coming true in your life? You can do a lot. For example:

- Fully immerse yourself in everything that has to do with the **treatment of depression** so that the symptoms and processes of it do not favor heart problems:
  1. Take antidepressant medications on a regular basis according to the guidelines of the doctor or psychiatrist.
  2. Attend psychotherapy to acquire the necessary skills and get rid of depressive symptoms.
  3. Practice self-help and the general recommendations of this book and similar ones.
  4. Reduce the stress of your life by maintaining a positive and hopeful attitude; learn to be happier every day.
- Put into practice all the **preventive resources of heart diseases**. In fact, these measures would be equally recommendable to you even if you do not have depression:
  1. **Diet.** The most heart-healthy food consists of vegetables, fruits and cereals and moderate amounts of nuts and legumes. Any other food that you add to this healthy diet will increase the risk of heart disease.





# Depression and Suicide

Andrew began to suffer from symptoms of depression at 19. His father was an alcoholic and died by suicide. Instead of despair, this misfortune served as a challenge for Andrew not to end up like his father. Today, at 50, he still suffers depressive episodes with thoughts of death. But despite his genetic makeup, he has known how to use all the resources at his disposal. Although he has occasional difficulties, he manages his symptoms successfully and keeps himself out of the risk of suicide.

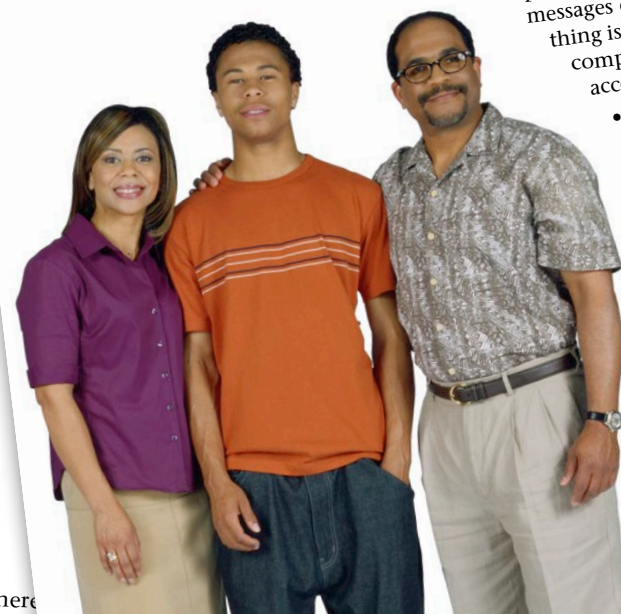
From a young age, he received psychological treatment through the university where he studied and learned to govern his thoughts and behaviors, instead of letting the symptoms govern him. He volunteered from a very young age not to try alcohol or drugs. He learned to organize his time, choose healthy friendships and have a positive and hopeful attitude. Up to the present, he follows a plan of purposeful physical exercise and intends to continue like this for many years. He admits that even with all that, his triumph would not have been possible without his wife, a religious woman with great empathy who encourages him during the most difficult moments.

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Preventive measures are always good, especially for the emotionally unstable adolescent. An important measure is the presence of good friendships and an optimal family relationship where the adolescent is safe and free to express his/her feelings and emotions. Systematic

and measures taken. The family, such as "suicide" but rather hope: "This is at your disposal you be messages of thing is comp accep



Suicide can occur at any time after 10 years of age, although it is true that its incidence is rare between 10 and 19 years of age.

products are available in rural areas where many of the suicides take place.



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## Psychological Treatment of Depression

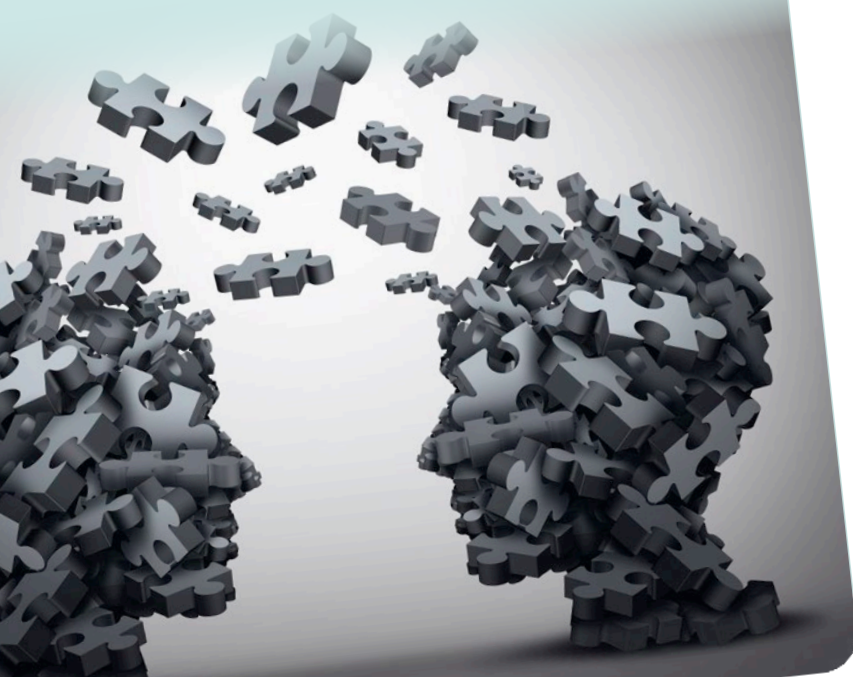
Depression invaded Debbie shortly before the birth of her first daughter. She always enjoyed mental health, but her mood reached the point of losing the energy in taking care of her daughter. She could not sleep, eat, or focus on anything. She was apathetic and tearful. The doctor sent her to a psychiatrist, and he/she sent her to a psychologist. The psychologist...

PSYCHOLOGICAL TREATMENT OF DEPRESSION

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### Difficulty of Cognitive Restructuring

cognitive restructuring in the form of self-help. As a general rule, it is necessary for help the patient identify those illogical, partial, distorted, absolute or emotion-laden since the subject alone does not usually perceive them as such. The presence of psychologist in this technique makes an objective analysis possible which leads to a very element of the symptoms.



that people have their peculiar way of themselves and the world around them. beliefs are sometimes illogical and lead mental imbalances; beliefs such as "I have control over my happiness." The therapy the subject identify and discard those and replace them with more healthy from the mental point of view. To do this, posed the ABCDE model which we will later.

Beck proposed a similar mode of which has finally become more frequent in clinical settings than Ellis'. Beck believes that negative and catastrophic can precipitate depressive symptoms. of action of this therapeutic approach is what Beck calls the cognitive triad: (a) thoughts towards oneself, (b) thoughts towards the world and (c) thoughts towards the future uses techniques from which we offer at the end of this unit.

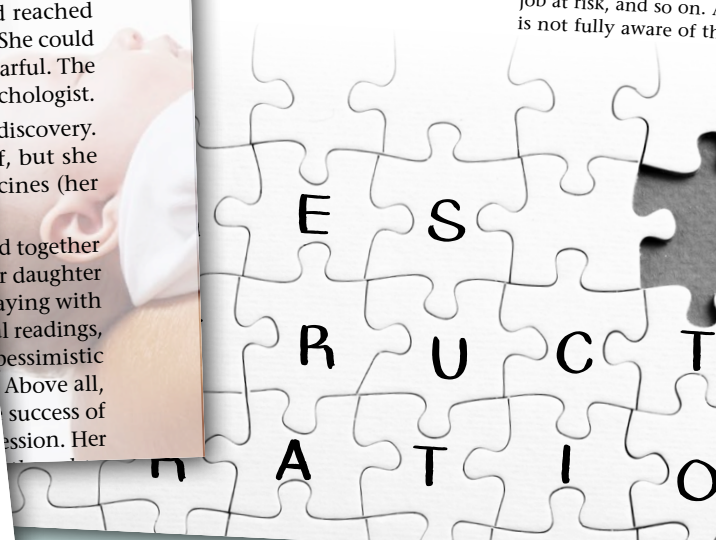
### How This Therapy Works

The basic principle is that thoughts and feelings can affect behaviours. By repeating negative thoughts, feelings and behaviours can take root and affect the way one thinks and feels. The example of a specific case is presented in the clinical case table.

### Cognitive Restructuring

This technique, designed by Aaron Beck, aims to identify the thoughts that lead to stress and depression. It involves a more precise, less rigid approach. To achieve this goal, we use the English acronym ABCDE, which amounts to the following:

- **Identify the activating events (A).** These are the immediate root causes of the problem. Activating agents can be a person, a memory, a place, an activity... Knowing the activating agents makes it easier to identify the problem.
- **Identify the Beliefs (B) that lead to discouragement (C).** For example: "So and so has been able to use that computer, I will never be able to use it." "Life" or "Everything goes wrong, it does not help it".
- **Observe the consequences (D) of the discouragement (C).** For example: discouragement and mood are a barrier in my life, they prevent me from getting a job at risk, and so on. The person is not fully aware of the consequences.





# Self-Help Methods

Mary had a friend from school who was a psychologist. In a formal meeting, she instructed her on some self-help measures.

## SELF-HELP METHODS

HEALTHYMIND

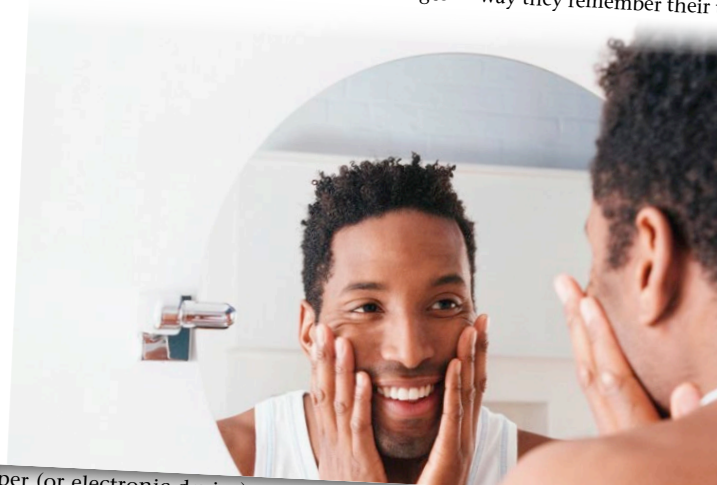
## Self-Esteem

We dedicate this unit to describe ways of action to prevent and remedy the impoverished self-esteem that, in turn, will affect the improvement of depression.

There is a lot of emphasis in this book on the importance of thought. Well, this plays a key role in self-esteem. If you have this problem, try to identify those negative messages

In moments of calm, when you have no adverse thoughts and are not in a state of true or partially deliriousness, ask yourself: I need to correct something in myself. What is it? This analysis transforms your thoughts into something useful, directs the patient towards solutions and not towards the problem.

If you find this analysis should seek help from someone. Together with that person, includes your strengths and weaknesses. Many people with weak areas by carrying a list of strengths. Others place it on the refrigerator. They use it in the way they remember their strengths.



aper (or electronic device) your thoughts and emphasize the things you are grateful: health, loved ones, environment... Inspire yourself in the attached.

Do something with your hands and give someone. In general, if you can do something for someone in need, it will be very useful for your self-esteem and will provide you with an antidepressant mood.

### Help Box

## What Is Good in Me?

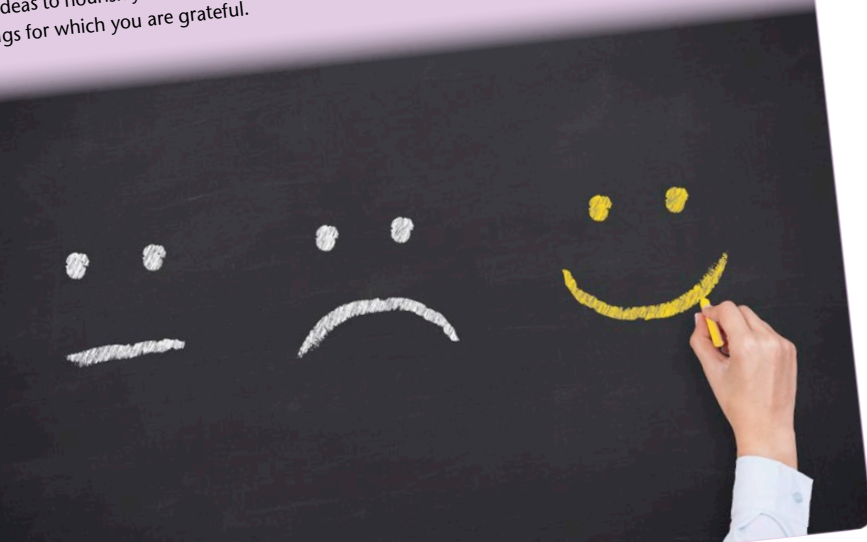
e attributtes

ve patience  
 g well  
 ite creatively  
 n sensitive to the needs of others  
 m good at decorating

**I feel grateful for:**

- I have good health
- Two exceptional friends
- My closeness to my mother
- My job
- My dog/cat

ideas to nourish your self-esteem. This list may include attributes or personal qualities, as well as things for which you are grateful.





# The Spiritual Factor and Depression

Rhoda, a successful graphic designer and member of a church, suffered a depressive condition at 30 years of age and used the resources of her church community to recover.

At first, she did not want to go to church because she felt ashamed and had a negative attitude toward the church.

THE SPIRITUAL FACTOR AND DEPRESSION

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Warning Box

## Community Support

In religious communities, depression is considered the lack of an optimal relationship with God, leading to messages such as: "You suffer depression because you are not truly converted"; "What you need is to pray more to get out of depression"; or "You do not trust God and that's why you still have depression." These statements do not help; instead, they complicate the depressive process. The person who hears these statements self-incriminates, isolates and ends up being disappointed. It is much more helpful to pray for them and offer to accompany them in activities that are meaningful to them.



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HEALTHY MIND



Warning Box

## Is God Righteous or Merciful?

There is a balance between what the Scriptures present as the image of God. On one hand, we observe a God of justice who immediately applies consequences when principles and values are violated. On the other hand, we observe an infinitely merciful and compassionate being who is willing to forgive when there is repentance. The secret is to adopt a balanced posture that remains in the middle zone between that just and merciful God.





# Our mind is the engine that pushes us to live a full and happy life.

By managing our emotions, our mind can make us live the best moments in life. On the other hand, it can drain all our energy. Thus, it is crucial to have a **HEALTHY MIND**.

One of the most common health problems that affect our mind is depression. According to WHO, depression affects more than 300 million people. We usually say or hear the phrase "I am depressed," but on many occasions we are not provided with the proper tools to deal with this situation.

In **HEALTHY MIND**, Dr. Julián Melgosa explains what depression is and how to prevent it in a simple, pleasant and practical way. Furthermore, Dr. Melgosa presents different prevention strategies which are the result of many studies and experiments around the world.

It is equally important to know what to do when symptoms of depression have already occurred. Therefore, you will discover various treatments and ways of overcoming depression.

Throughout the entire work, you will find different tables with a wide range of helpful information on the subject. Thus, you would deeply understand them, and you could implement the strategies in more efficient ways. We invite you to take control of your mind and become happier!

