

# UNDERSTANDING DEPRESSION



## To start

In order to combat depression more effectively, it's helpful to have some understanding of what it is and does. To this end, I have compiled some information here. This is by no means a comprehensive document on the subject of depression, but simply a combination of facts which seem important to me and my own personal experiences.

The information is aimed at those affected, but also at those close to them. At partners, friends and relatives who have never experienced depression themselves and would like to better understand what may be going on in their loved one and how they can support him or her if they wish to do so.

## Symptome einer Depression

From a diagnostic point of view, the most important symptoms of depression are:

- Depressed mood, such as a feeling of sadness or emptiness, or constant irritability
- Decreased interest or pleasure in all - or almost all - activities
- Significant (and unintentional) weight loss, weight gain or decreased or increased hunger
- Insomnia or increased need for sleep
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- Restlessness or slowed behavior which is noticeable by others
- Exhaustion, significant loss of energy
- Feelings of worthlessness or excessive or unjustified guilt
- Difficulty thinking, concentrating or making decisions
- Recurring thoughts of death or suicide

Not all of these symptoms need to be present.

To the brain, the experience of depression is very similar to an agonizing physical pain that does not subside. Added to this is a distorted perception. Depression makes us see everything as black.

## Seasonal affective disorder (SAD)

At this point, I would like to briefly mention a particular form of depression that is often not recognized quickly enough.

Seasonal affective disorder is a form of depression which occurs during the low-light months of the year. It differs from other forms of depression in several characteristic clinical features.

- While most people with depression suffer from insomnia, people with SAD tend to sleep too much. Despite this, they usually feel extremely exhausted and lethargic. 80% have the late shift sleep pattern (late to bed, late to rise).
- People with SAD often put on weight because they crave sweets and other simple carbohydrates.
- Those affected are very sensitive to a lack of light. This means that they can develop depressive symptoms at any time of year when there is a lack of light.

### What does a depression feel like?

Well, if you are affected yourself, I don't need to explain what it feels like to you. But maybe this description will help you anyway. It's important to see that other people feel the same way. And perhaps this description will help others to understand you a little better.

People often think that depression is simply being sad all the time, but it's much more than that. People who suffer from depression are not necessarily sad - they often feel numb and experience emptiness where their feelings should be. Hopeless and helpless. Things that used to be enjoyable are suddenly no longer fun: food, friends, hobbies. The energy drops. Everything feels so difficult and it's hard to explain why - it should be different. Nothing seems worth the effort anymore. It's hard to fall asleep and sleep through the night. Pain is more noticeable. Concentration wanes and they feel anxious, ashamed and alone.

The big problem with depression is that it not only pulls the person down but also keeps him or her down. Depression is a very stable state. In a depressive phase, the brain tends to think and act in a way that maintains the depressive state. Any activity or change which could lead out of the depression seems unimaginable and difficult.

Phew, that's tough. **But it doesn't have to stay that way.**

To understand how you can get out of a depression, it helps to understand a little about how you got into it in the first place.

### What happens in a Depression?

Put simply, depression is a problem with the way the brain's circuits for thinking, feeling and acting communicate with each other and regulate each other. Two parts of the brain are particularly involved: the prefrontal cortex and the limbic system. Basically, the prefrontal cortex is the thinking part of the brain, and the limbic system is the feeling part. In depression, there is something wrong with the way these regions interact and communicate with each other. The thinking prefrontal cortex should help regulate the feeling limbic system, but it's not doing a very good job.

To understand the brain's circuitry, think of a simple feedback circuit like a microphone and a speaker. If the microphone is aimed a certain way and the volume of the speaker is set a little too high, even a soft sound can result in shrill feedback. Everything is fine with the microphone and the speaker. Both work exactly as they should. The problem lies in the system: in the communication between the individual parts and the input they receive.

The same applies to the brain of a depressed person. The brain itself is perfectly fine and is not fundamentally different from that of a non-depressed person. It is merely trapped in unhelpful patterns of activity and reaction and has developed a depressive pattern. Depression therefore often has more to do with the inner workings of the brain than with

external circumstances. Of course, there are also risk factors that can contribute to the onset of depression.

## How does depression come about? A few risk factors

There are a number of factors that can - but do not have to - contribute to the onset of depression.

Medical causes: Depression can be triggered by many common medical conditions, such as diabetes, sleep apnea, thyroid and heart disease, chronic infections and hormonal imbalances, to name a few. There are also a number of medications that can trigger depression. It is important to check these possibilities thoroughly with a doctor.

Genetics: Since genes control the development of the brain's regulatory circuits, they can equip us with a regulatory circuit system that is more susceptible to depression. However, this does not have to be our fate, as neurobiology is malleable and can be reshaped (more on this below).

Early childhood experiences: Trauma, in particular, has an impact on how different brain circuits develop and how genes are expressed. They can activate or deactivate certain genes, ramp them up or shut them down. But here too: we are not helplessly at the mercy of this.

Stress: The brain's stress response system is very old. It is designed to help us cope with the intense, short-term challenges that our early ancestors faced. It is not really suited to the long-term daily stress of modern life.

Social support: Scientific studies have repeatedly shown that close relationships help to protect against depression. It does not depend on the number of friendships, even a single stable and supportive person can help.

Random luck: Complex systems such as the brain are influenced by tiny fluctuations. There isn't always an explanation for every little mood swing, so don't drive yourself crazy looking for one.

Sources: Freely inserted, elaborated and modified from *The Depression Cure* by S. Ilardi and *The Upward Spiral* by A. Korb

## Why me?

The question of why I, of all people, was depressed kept me busy for many years. I wanted to know exactly what triggered it in me. I explored my history down to the smallest detail in order to find the one thing which could explain my depression and which I could work through in therapy so that I would never suffer from depression again. What I found instead were lots of little somethings that all together might be part of an explanation. Or not. Very unsatisfying.

I began to feel ashamed of “my” depression, thinking to myself that there are so many people who have experienced much worse than I have. I have no right to be depressed.

The combination of the feverish search for answers and the shame for and rejection of the depression kept me trapped for many years. Looking back, I think this was probably a necessary part of my process. But also, that the depression may have had a much stronger grip on me because of all the energy and attention I gave it with my simultaneous search and rejection.

At some point I decided that this thing is simply a part of me. It is there and will stay there, like a black cloud in my head. Sometimes bigger, sometimes smaller. I saw it as my task to

develop strategies to keep the cloud as small as possible and to establish warning signals that would warn me if the cloud started to get bigger. I accepted the depression as a part of me. And in that way finally managed to get control over it. I have now been free of depression for over ten years.

I didn't intend to write so much about myself here. I just wanted to say: you have the right to be depressed. You don't have to justify it, be ashamed or apologize for it. It's not your fault that you're depressed. It's not even your brain's fault. There is no blame - just many different contributing factors. I invite you to let go of the search for the reasons for a while. To instead invest the gained energy into small positive changes in your habits and lifestyle.

### The way out!

Just because depression is related to the way your brain works doesn't mean it's set in stone. By making small changes in your thoughts, actions, interactions and environment, it is possible to change the activity and chemistry of the key brain circuits that underlie depression.

When you're depressed, your brain tends to think and act in ways that keep you depressed, so it's not always easy to change. But often a few positive feelings at the beginning are enough to set a process in motion that in turn promotes positive changes in other areas of your life. It's like an upward spiral, the incredible effectiveness of which has been confirmed time and again in hundreds of scientific studies. Any change, no matter how small, can be just the nudge your brain needs to set the upward spiral in motion.

**The first step is the most important. And you've now already taken it.**

# THOUGHTS FOR FRIENDS & FAMILY



## To start

In addition to understanding depression in general, I would like to offer some thoughts specifically for those who are by the side of someone suffering from depression. I know from my own experience that this role is not easy either. The once lively, open-minded and adventurous person who means so much to you has faded. This likely affects you deeply. Your worries, feelings and insecurities also deserve to be taken seriously.

So here are a few of my thoughts and ideas, specifically for you.

## You're worried

It is difficult to assess how a person is really feeling. That's why people often ask: "How are you feeling today?" The answers to this question, however, are usually rather unsatisfying. This is because the person affected may not even know how he or she is feeling. And if they do, they don't have the words to explain it clearly. It can be like a feeling of numbness, combined with a leaden tiredness and an intense pain that cannot really be localized anywhere. How can anyone explain that?

When you're depressed, being asked how you're doing can become a burden. You want to answer honestly but can't find the words. You don't want others to worry, you can feel how much they hope that things are better today than they were yesterday. But pretending that this is the case would take far too much energy.

An unsatisfactory situation, both for those suffering from depression and for the people who care about them.

To make it easier for everyone involved, I suggest "scaling" the depression. More on this on the next page.

## You want to help but don't know how

As with the question of how you're feeling, well-intentioned attempts to help can also be overwhelming. So here are a few thoughts and ideas in the hopes that there's something here for you and the depressed person you care about.

### Eating habits

In a depressive phase, sugar, simple carbohydrates and fast food are very tempting. They can be bought or prepared quickly and make you feel good for a little while. However, it is well documented that this type of diet tends to increase the symptoms of depression.

Could you prepare meals for the person concerned? Preferably so that he or she can warm them up and eat them alone, should a social situation such as eating together be too much at the moment.

## Movement

You can drive a depressed person mad by telling them that they just need to get more exercise, and they'll feel much better. In all the years I've been working with depressed people, I've never seen anyone who had the energy to exercise in the middle of a severe depression. It's just not possible.

And yet: exercise is the best medicine against depression. It doesn't need to be complicated; any form of movement is better than none.

Ask the person if there is any way you could support him or her when it comes to getting moving. Could you go for a ten-minute walk together? Play ping pong for five minutes? Send a daily text message with a song that the person could dance to? But very important: please ask these questions in a way that doesn't put pressure on them.

## Social contacts

Our immune system is programmed in such a way that we instinctively want to withdraw from public life when we are ill. This makes sense in the case of a flu. It speeds up recovery and prevents others from becoming infected. But the same thing happens with depression. The body has the feeling that it urgently needs to isolate itself and stay in bed. But unfortunately, in the case of depression that doesn't help. On the contrary.

Think about how you could encourage your person to socialize, but again, please do so without pressure. For example, having a coffee together on the balcony in the sun? Holding hands while watching TV or going to the movies together? People in depression often prefer activities which don't involve talking. That's fine, because just being around other people can help. Going alone to a café or library full of strangers is also good. So is cuddling with pets.

## Seek the conversation

Seek out the conversation and ask specifically how you can help. Only, you guessed it, *without pressure*. And in the knowledge that you are under no obligation to do anything. Or only so much that you don't end up in an exhaustion yourself.

## You feel pushed away

As already mentioned, this is a symptom of depression. Try not to take it personally. And keep at it, gently but unwaveringly. Don't stop calling the person and inviting them over. Send text messages that don't expect a reply, in the style of "I just wanted to let you know I'm thinking about you. But you don't have to reply". Remain confident that the situation will eventually be over, and the old closeness will be possible again.

## You are also sad and exhausted

I can understand that very well. A person who is important to you is still there physically, but somehow no longer there for you. That makes you sad. You give and do and try, but not much comes back. This may also make you angry. That's also understandable. It's all about the feelings of the person concerned. But yours are important too.

Try to take some time out. Allow yourself to be cheerful and relaxed with other people. Pay attention to your own diet, exercise and social contacts. Consciously do things that recharge your batteries and allow you to relax. And find someone you can talk to about all of this.

**Your loved one is depressed. But you are not.**

# THE WELL-BEING SCALE

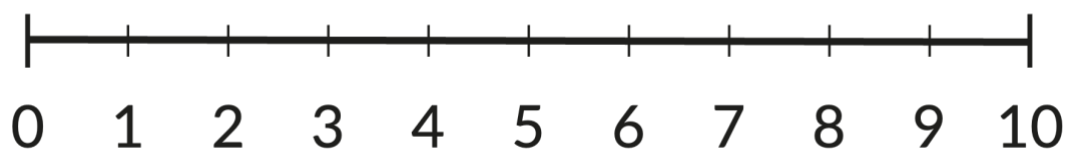


## To start

The answers to the question “How are you?” can be unsatisfactory for everyone involved. The depressed person may feel overwhelmed. They don't have the right words and the pressure to say something positive to reassure the other person increases day by day. And yes, the other person wants to be reassured, but probably wants to know above all whether their loved one is in danger and whether he or she can help in any way.

To defuse and simplify this situation a little for everyone involved, I suggest using a scale of well-being.

## “Where are you on the scale?”



The number 0 means that you are absolutely miserable, it couldn't be worse.

The number 10 means that you are doing as incredibly well as you can imagine.

## Instructions

Try it now. Ask yourself: “Where am I now on my scale?” Answer spontaneously from your gut. Once you have a number, you can question it briefly by going one number above and one number below to see if that feels more honest than your original number. Usually, however, the first number is accurate.

Ask yourself another question: at what number does someone else need to intervene? In other words, bluntly, at what number could you be in danger of harming yourself and therefore need closer supervision, perhaps in a clinic?

## Using it

I suggest that in the coming days and weeks you ask yourself regularly what number you're at. Get into the habit of doing it in different situations. It's a good way to find out if you're on your way out of depression or if it's getting worse.

Of course, there are situations in which your number is suddenly much higher or lower. For example, if you get good or bad news, your number will change accordingly. However, it

usually returns to roughly the same level as before. Over time, you can recognize something like a trend.

For example:

A person spontaneously says 4.5. Her number at which someone needs to intervene is 2.5. The next morning, she wakes up refreshed after a good night's sleep and feels she's at 5. At work she gets some bad feedback, and her number drops to 3.5. After work she manages to get herself to go to yoga and afterwards feels like 4.5 again. At home she finds a postcard from an old friend in her mailbox, which brings her to a 5. She can't sleep that night, lies awake ruminating and feels like a 4 the next morning.

These ups and downs are normal. But they allows two conclusions to be drawn: firstly, she's not doing so badly that she immediately needs more care. And secondly, she's not exactly doing wonderfully either, and it would probably be important to take a closer look at what could help her.

### Also for the people close to you?

If you like, you can also think about explaining this scale to some of your most trusted people. Then they no longer need to ask you how you are. Instead, you can tell them a number, which probably says more clearly how you're truly feeling than a few overused words can do.

It would also be good to tell these people the number at which they should support you more closely and organize increased help. That way you're on the safe side and your people can perhaps relax a little when you're higher than this number.

For me and the people close to me, the introduction of this system was a great relief during my depressions. The whole thing still leaves room for misinterpretation, of course, and it's no guarantee for anything. But sentences like "I'm ok", "yes yes, I'm fine" or "I've had better days" are even less meaningful in my view. It's definitely worth a try.