

Killing Depression



Overcoming Your Worst Nightmares

© Copyright - All rights reserved.

In no way is it legal to reproduce, duplicate, or transmit any part of this document in either electronic means or in printed format. Recording of this publication is strictly prohibited and any storage of this document is not allowed unless with written permission from the publisher. All rights reserved.

The information provided herein is stated to be truthful and consistent, in that any liability, in terms of inattention or otherwise, by any usage or abuse of any policies, processes, or directions contained within is the solitary and utter responsibility of the recipient reader. Under no circumstances will any legal responsibility or blame be held against the publisher for any reparation, damages, or monetary loss due to the information herein, either directly or indirectly.

Respective authors own all copyrights not held by the publisher.

Legal Notice:

This book is copyright protected. This is only for personal use. You cannot amend, distribute, sell, use, quote or paraphrase any

part or the content within this book without the consent of the author or copyright owner. Legal action will be pursued if this is breached.

Disclaimer Notice:

Please note the information contained within this document is for educational and entertainment purposes only. Every attempt has been made to provide accurate, up to date and reliable complete information. No warranties of any kind are expressed or implied. Readers acknowledge that the author is not engaging in the rendering of legal, financial, medical or professional advice.

By reading this document, the reader agrees that under no circumstances are we responsible for any losses, direct or indirect, which are incurred as a result of the use of information contained within this document, including, but not limited to, —errors, omissions, or inaccuracies.

Table of Contents

Introduction	5
Chapter 1: Understanding Depression	9
What is Depression?.....	9
Types of Depressions:	10
1. Persistent Depressive Disorder:	10
2. Perinatal Depression	17
3. Psychotic Depression.....	21
4. Seasonal Affective Disorder:	24
How different is depression from feeling down or sad?.....	26
Chapter 2: Psychological and Physiological Effects of Depression	30
Physical effects of Depression	31
Psychological effects of Depression.....	36
Chapter 3: The Science and Statistics of Depression	43
The Science of Depression.....	44
Statistics for Depression.....	49
Chapter 4: 11 Myths About Depression	54
Chapter 5: Slay the Nightmare	62
1. Chester Bennington	63
2. Kurt Cobain.....	64

3. Robin Williams	64
Am I depressed?	65
Chapter 6: How To Battle Your Worst Depression?	70
Practice caring for yourself	71
Don't shy away from treating yourself	72
Pose a challenge to your low mood	72
Keep yourself active	72
Set goals for yourself	73
Make a connection	73
Look after yourself constantly	74
Conclusion	75

Introduction

I want to thank you for downloading this book “Killing Depression: Overcoming Your Worst Nightmares.” Congratulations, you have taken your first step toward understanding and battling one of the greatest sources of concern humanity has ever faced – depression. I hope, after reading this book, depression will be the least of your worries and you improve the control you have over your negative emotions.



“I am so depressed; you have no idea!” “I think I am going into depression,” “Why do you look so sad?” “Are you depressed?” are some of the questions and phrases that are scarily common. The word depression is used or thrown around so often to describe a mixture of almost any negative emotions. When your friend is sad or feeling low about something, how often do you hear or expect to hear one of the above phrases?

While it may be a common practice these days to refer to a negative feeling inside you as ‘being depressed,’ the repercussions and the effects of a person who is suffering from depression are often ignored, sidelined or worse, they go unnoticed! It can affect the way you feel about yourself which, in turn, will make it very difficult and ‘depressing’ to get through your day-to-day chores. It is time to take a step towards a journey that will lead you to a depression free life.

On this journey, we will be taking the detailed route to understanding the concept of depression by diving deep into its roots and strategic methodologies you can use to overcome it. We will also be clarifying and clearing up the common misconceptions and myths that circle around depression.

Together, let's kill one of the biggest sources of sorrow, woe, gloom, desolation and despair. Be prepared to overcome your worst nightmares, to enter a brighter and highly positive lifestyle and find out how you can gain mastery over your emotions instead of letting them run wild. Unravel the means to tap into the potential of your emotions in the search for the key to a successful and a happy life.

CHAPTER 1

UNDERSTANDING DEPRESSION



Chapter 1: Understanding Depression

The very first and most obvious step when it comes to overcoming depression is to understand it and accept the fact that depression is a real illness.

What is Depression?

Depression or Major Depressive Disorder or clinical depression is a serious but a prevalent medical illness that has adverse effects on the way you feel about yourself and others, the way you think and the manner in which you act. There may have been a time when going to a particular place would make you happy from the inside, irrespective of what your mood or emotional state was. The very same place might fail to cheer you up when you feel depressed.

Depression doesn't only change the way you feel about a person or a place; it has the potential to affect you physically and drastically reduce your ability to carry out the most basic functions – be it at home, school or at work. Sleeping, eating and working can

become tasks that you will not enjoy let alone get through in the usual manner.

Types of Depressions:

Like every other medical condition out there, depression too comes in various kinds that may develop under unique and varied circumstances. The most common ones are – Persistent Depressive Disorder (Dysthymia), Perinatal Depression, Psychotic Depression, Seasonal affective disorder and Bipolar Disorder. It is fundamental to remember that the types are purely subjective to the person and may vary from person to person.

1. Persistent Depressive Disorder:

Dysthymia, as it's commonly called in the medical profession, is usually diagnosed after the depressed mood has lasted for at least two years. A patient diagnosed with Persistent Depressive Disorder usually exhibits episodes of major depression, accompanied by periods of symptoms which are not as severe. However, symptoms normally last for a minimum of two years.

These symptoms may include apathy, anti-social behavior or even wanting to be alone. They may also include personal neglect.

Symptoms

Persistent depressive disorder (PDS) symptoms come and go over a period of years, and their intensity can vary with time. However, typical symptoms do not disappear for a little over two months at a time. In addition to the recurrent symptoms, there are chances of prominent depression incidences occurring during or before persistent depressive disorder. This illness is also called double depression.

Some common indicators of PDS can cause substantial impairment. Some of them are:

- Disinterested in getting through daily activities
- Feeling sad, empty and feeling down all the time
- Feeling futile
- Constantly tired and lacking in energy
- Immensely low self-esteem, negative self-critique increases, feeling incapable of completing tasks that you were once good at

- Concentration and decision-making abilities are hampered
- The feeling of being irritated all the time or just feeling angry without any reason
- Decrease in effectiveness and productivity
- Saying no to social activities
- Guilt and past regrets loom over you
- You either start eating too little or overeat
- Sleep deprivation

These symptoms have now become a part of the individual's day-to-day experience. These are emotions one is bound to express, particularly in the case of early onset - e.g., "I have always been this way." When it comes to children and teens, the general mood to look out for will be 'irritable' instead of feeling depressed, and it usually lasts for at least a year.

Parents often fail to notice it or pay heed to it stating, "It's a phase, it will pass." This is one of the reasons they may not have seen - let alone reported - these symptoms to a doctor. It takes a keen eye to recognize these symptoms as symptoms and not the newly accepted teen way of life. However, there may be external

influencers such as an individual who is constantly around you and notices the changes in you and probes you to receive help.

To meet the indicative criterion of dysthymic disorder, the symptoms could be a result of the direct or impending physiological effects of abuse of any substance (e.g., alcohol, drugs or medications) or even a common general medical condition (e.g., cancer or a stroke). These symptoms will also be the reason for significant distress or the impairment of social, educational or even occupational areas of day-to-day activities.

It is scary to think about how these symptoms are there right in front of us. They can be exhibited by potentially anyone; from the person you love the most to yourself. Being aware of these symptoms will help to identify the right moment to reach out for a skilled professional hand.



Talk to the doctor of your choice about your symptoms - preferably a doctor who knows your medical history or a doctor you are comfortable sharing your information with. You can also seek an appointment directly with a mental health provider; trust me, there is no shame in it. What you are doing is one of the bravest things you can do.

This fantastic decision will certainly change your life. If you are still disinclined towards seeking help directly from a mental health professional, reach out to someone else! Help can be sought out from someone who you think will be able to guide you in the right direction. The right direction, in this case, is certainly treatment; though, you could very well confide in a friend or a loved one, a teacher, a faith leader, a colleague or anyone you trust.

To identify and treat it, it's important to understand what the causes could potentially be. However, it is important to know that the reasons can vary from individual to individual. Clinically, the precise cause for PDS is still not known.

Causes

Here are some of the commonly recorded causes:

Life Events

Just like every other form of depression, Persistent Depressive Disorder is highly likely to be due to traumatic incidents that have occurred in the recent or even the distant past. Events such as

losing a loved one, continuous financial problems or even a high-stress demanding job or social environment can very easily trigger Persistent Depressive Disorder.

Inherited Traits

The concept of inheritance is an amazing phenomenon. It has its flip side too; Persistent Depressive Disorder is one of those conditions that can be genetically passed on to any offspring. However, researchers are yet to isolate the gene that might be involved in causing and passing on depression. If you have close relatives who have suffered from depression, your doctor should be made aware of this.

The Chemistry in the Brain

The human brain is a repository of neurons and neurotransmitters that are naturally occurring brain chemicals. A chemical imbalance in the brain can play a significant role in triggering depression. According to recent research, the neuro- circuits are responsible for the stability of the moods and how they work. Depression indicates changes in the function of the

neurotransmitters and it is this change that causes depression. This research was responsible for developing a way depression can be treated by targeting specific neuro-circuits.

Physical medical conditions

As much as depression is classified as a mental condition, there are physical illnesses that people suffer from that may also be the cause of the depression that is experienced. Physical brain trauma, a concussion is a good example, chronic physical illnesses like diabetes and heart disease can prove to be the causes of Persistent Depression Disorder in some cases.

2. Perinatal Depression

This type of depression is commonly seen in new mothers. Becoming a mother is considered as one of the biggest joys in the world. However, with this great joy comes a bundle of emotions, ranging from excitement to fear, to stress and even apprehension. The physical changes new mothers go through can vastly affect the mood and feelings.

Yes, it is common to experience mood swings but, in this case, Perinatal Depression is not just a 'low mood.' It is a serious condition, which doesn't just affect the person suffering from Perinatal Depression, but also the people who are close to that person. It can hamper the relationships you share and cherish and also play a huge role in disrupting the healthy development of your child.

When it comes to new mothers, it becomes essential to know the difference between 'baby blues' and Perinatal Depression. Baby blues or mood swings a new mother experiences usually begin between the third day and the tenth-day post birth. You might feel a bit tearful at the most bizarre times or even overwhelmed by the simplest of things. This usually passes within a few days and without it being treated specifically. The only care that needs to be received during this phase is the support and understanding of the ones around you.

All parents go through a period when they take their time to adjust to the drastic new changes life has presented to them. The

thing to remember here is that you are not the only parent who is trying to figure out how to calm a crying baby or just trying to get it to sleep. Every parent faces the same challenges. Certain parents take longer than others to adapt. It's a learning process for the parents as much as it is for the kid. Perinatal Depression falls into the picture only when the mood swings persist and there is a feeling of being distressed, feeling down or sad and being overwhelmed most of the time. This can sometimes stretch over to two weeks or even longer in certain cases.

Symptoms

The persistent symptoms of perinatal depression can be broken down into categories to keep an eye out for. The symptoms to look out for include:

- Watch the mood for recurring anger, anxiety, general discontent with self and others, constant guilt, the feeling of hopelessness, loneliness despite being surrounded by loved ones, loss of interest or pleasure in day to day activities, drastic mood swings and panic attacks as well as unexplained sadness.

- Has the behavior changed to any of these? – Starts to cry more than usual, easily irritable, restlessness prevails, or has the constant need for social isolation.
- No more beauty sleep? - Insomnia has struck, waking up to constant nightmares, or being deprived of sleep entirely.
- Have the cognitive abilities become hampered? – Concentration becomes a problem; undergoes thought process disorder or negative unwanted thoughts keep looming constantly.
- Psychological health – General increase in fear; specifically – the fear of trying new things, and repeated over thinking.
- Fit body, fit mind – constant fatigue or loss of appetite, sudden weight loss or weight gain.

The exact causes of Perinatal Depression are yet to be identified. The common triggers for this type of depression can include a past history of mental illness, stressful life events – past or present, depression during the time of pregnancy, a bad or a non-existent marital relationship, few or no support systems during the time of child birth and sometimes poverty too.

There is a pattern that is at play here with the causes if you are keen enough to read between the lines. Though a medical professional's help is required during these times, it becomes a mandate to seek and offer support if you think you are exhibiting any of these symptoms or someone you know is. Catching depression early can go a long way with the health of not just the mother, but her child as well.

3. Psychotic Depression

Have you ever had those delusional thoughts when you think you are feeling down? The next thing may seem haunting. Do you hear or see upsetting things that are not heard and seen by others? Having either of these delusions and hallucinations will mean that you are potentially suffering from Psychotic Depression.

The first thing to be evident if you are suffering from this form of depression or if someone you know is, the patient will display a sense of disconnection with reality. It is considered to be one of the sub types of major depression. Psychotic depression is induced by depression when accompanied by some form of

psychosis. The psychosis could be the delusions - such as having a feeling that you have committed a sin, you start believing you are a failure and have intense feelings of worthlessness. The hallucinations in certain cases are worse and can cause more harm to the person suffering from Psychotic Depression. The hallucinations are usually accompanied by voices in the head. Psychotic Depression affects roughly one out of every four people admitted to the hospital for depression.

Symptoms:

Delusions and hallucinations are the first and the clearest signs that you might be suffering from Psychotic Depression. Close to half the patients with this form of depression experience more than one kind of delusion. Hallucination free delusions can also occur. In fact, it occurs in one-half or two-thirds of patients with psychotic depression. Some of the other symptoms include:

- Anxiety
- Hypochondria
- Agitated state of mind
- Insomnia
- Impairment of the intellect
- Physical Immobility

- Constipation

With the kinds of depressions you have read about so far, psychotic depression is considered to be the most frightening of the lot. What causes this scary depression? It has been noticed that the victims of psychotic depression are usually the ones who have had multiple episodes of depression earlier in their lives without psychosis. It is like a collective aftermath of multiple depression episodes.

Normally, when someone is undergoing recession, it is advised that they seek help and talk to people they trust. However, in this particular type, the chances of family members suffering from Psychotic Depression get exponentially high when a member of the family is already a patient. Times like these call for a trained professional who can help you walk away from this. Remember, every type of depression is curable.

4. Seasonal Affective Disorder:

This is a peculiar one. With what you have read so far, it depends on what you classify as peculiar or strange. Seasonal affective disorder is what its name suggests. It is seasonal depression, which is nothing but depression that visits you like clockwork. If you fall under the bracket most of the seasonal affective disorder patients fall under, you will notice your symptoms generally start somewhere during the fall and continue to grow until the winter. Just like the mood that surrounds these seasons, your mood falls, and your energy is sapped. However, there have been cases recorded where the depression starts early spring or summer.

Often confused with the 'winter blues,' the first reaction to these feelings is to sideline and ignore them, blaming the winter. "Oh, it's the weather that is making me gloomy." The gloomy package you receive seasonally is giving you a sign; a sign where you make sure you find things to do that are therapeutic and that make you feel better.

Symptoms:

This gloomy package is one to watch out for, especially if you are seasonally prone. Look out for these signs to understand and recognize Seasonal Affective Disorder.

- The feeling of hopelessness and worthlessness
- Suicidal thoughts
- Loss of interest in activities
- Social interaction withdrawal
- Appetite and sleep disorders
- Challenges in concentrating and making decisions
- Decreased sex drive
- Constant complaints of fatigue
- Agitation

The symptoms may be similar to those of other types of depression. The key to look out for is to notice if these symptoms occur periodically or seasonally to be specific. While this is technically the least dangerous type of depression, Seasonal Affective Disorder should not be disregarded. Seek help, no matter how small or silly the reason might seem to you. You don't have to put up with it. You may find that a simple blood test will tell your doctor what deficiencies you are suffering from and you

may be able to adjust your activities and your supplements to make things better.



How different is depression from feeling down or sad?

With the knowledge of the major kinds of depression and their symptoms, it is time to understand the difference between actual depression and a ‘sad feeling.’ You might be sipping a cup of coffee in your favorite spot and you think about something that fills the air with absolute sadness.

Your perspective of the entire place has now changed. What was a nice relaxing cup of coffee has now been ruined by this dark empty sadness that has crept in. Is this depression or a sign of it? Or is it just an emotion that was triggered by something that reminded you of an event or a person that is unpleasant? If it is the latter, it is just sadness which is nothing but a normal human emotion. It will pass in a few hours or days based on how strongly you feel about it, and you will go back being your dandy self.

Depression, on the other hand, is an abnormal and caused state that affects the way you think, act and react to things and people around you. When you are sad, you are not depressed. But, when you are depressed, you are sad about everything.

There are enough triggers that can cause depression without it being a difficult event to put your finger on. A loss of someone or something and even stress can cause depression. Sadness or any other such emotion, on the other hand, needs to have a trigger to kick-start the feeling within you. If what you are feeling is truly

only sadness or a negative emotion, the fix for it is going to be relatively simple compared to fixing depression.

CHAPTER 2

PSYCHOLOGICAL AND PHYSIOLOGICAL EFFECTS OF DEPRESSION



Chapter 2: Psychological and Physiological Effects of Depression

It is clear and it has now been established that depression is a real problem and needs to be treated like one. In this chapter, let's delve into the details of the damages it causes. We now know that depression is a mental disorder. However, the side effects it has on the physique cannot be ignored. The physical symptoms may be the first ones to become evident when it comes to mental illness.

The connection of the mind and body has been explained, depicted and narrated over time through multiple modes and mediums. Each one has its theory. Irrespective of where your belief lies, the fact that there is a connection between the mind and body is irrefutable. Depression makes complete use of it and affects you both mentally and physically.

Physical effects of Depression

It is very common to exhibit physical symptoms when you are suffering from depression. Vague aches and pains are commonly exhibited symptoms. These include chronic pain in the joints, the limbs start to ache accompanied by back pain. Gastrointestinal problems and sleep deprivation, psychomotor activity changes, tiredness and fatigue, and gradual or even a sudden drop in appetite are not uncommon.

Gastrointestinal problems and loss of appetite usually go hand in hand. It is worrying to see the number of people not realizing that they are depressed. It makes it almost impossible for them to undergo treatment. It has also been noticed that a fair number of patients that suffer from depression, who do decide to seek professional medical help, fail to describe the mental attributes or symptoms and end up describing only the physical symptoms, which makes it difficult for their doctor to diagnose depression. To them, it will only seem like a physical illness and treatment will be given only for the physical illness and not the mental side of it.



Depression and physical pain have a much deeper biological link than the good old ‘cause and effect.’ The neurotransmitters that are responsible for the influence of pain and mood are called serotonin and norepinephrine. Dysregulation of serotonin and norepinephrine is directly linked to both depression and pain.

Usually, as the first line of treatment, antidepressants are prescribed. These antidepressants inhibit the reuptake of both the transmitters affecting the physical symptoms. When the acute

emotional symptoms have been abated, many physicians around the globe suggest that patients go into remission. However, the residual symptoms that include physical symptoms are immensely common and have a high chance of increasing the likelihood of a relapse. The symptoms, all of them, must be measured and accounted for if you want to achieve full remission.

There are a bunch of accurate yet short measurement tools or rating scales that are available to measure the amount of remission of the physical symptoms as well as the emotional ones. These tools should not be treated as the only mode of diagnosis. If symptoms are exhibited, then going to a medical professional is advised.

A study by the World Health Organization of the somatic symptoms in the presentation of depression shows that out of the 1146 patients that hail from 14 different countries are included in the survey that have met the criteria for depression. Out of these, 69% were reported as showcasing only somatic symptoms as the cause for their visit. Somatic symptoms are showcased when a person suffering from depression starts getting anxious with regard to their physical symptoms such as pain and fatigue.

The patient suffering from this has intense thoughts, feelings and fears causing a huge hindrance in their day-to-day life. Unfortunately enough, depression can very often go undiagnosed in such cases. The physical symptoms that are associated with depression may be interpreted as the patient only showcasing somatic illness and not signs of depression.

If you or someone you know is displaying a high number of physical symptoms, then it might be a cause of worry, and professional help is needed. However, if there are only a few physical symptoms, there is a high probability that the patient is not suffering from a mood disorder.



A study that involved a thousand adult primary care clinic patients revealed that the number of physical symptoms present is greatly predictive of the mood or mental disorders and also functional impairment. Among the patients that reported zero to one physical symptoms, a total of 2% were diagnosed with mental or mood disorders.

Although patients who reported nine or more physical symptoms showed a whopping 60% who were diagnosed with mental disorders. Thus, the link between physical and mental capacity

needs to be recognized. Overall, it became evident that the presence of any physical symptom approximately doubled the chances of the patient having a mental disorder.

Psychological effects of Depression

Yes, depression ruins everything and it starts with your mood. This, in turn, is one of the biggest factors when it comes to getting a task done. Will you be able to make that perfect morning coffee if you are not in the 'mood' for it? The mood dictates most of our actions and reactions. When you are in the most agitated of moods, the likelihood of you enjoying it is very minimal.

A lot of people don't seem to grasp the depth and intensity of the control depression has over their thought process, emotions and feelings, and their general overall wellbeing. As we discussed earlier, how people go to their primary care clinic with complaints of only physical symptoms takes us back to the point of the body and mind being more connected than we perceive it to be. Due to the effects depression has psychologically, optimum performance of day-to-day work, social interactions and educational tasks seem

intensely overwhelming. It is usually clouded with the sense of emptiness, sadness and the feeling of hopelessness.



The natural result of this ends up being harmful to the patient, especially in the long run. How often do we come across a boss who understands the employee's lack of productivity and attributes it to the depression the employee is suffering from?

Personal and professional growth for the employee is halted the moment he/she has stopped being productive. In a competitive world, like we are living in today, not being productive can result in more pressure especially from those who may want to jump into your job.

It is scary, isn't it? Ironically enough, that has been cited and recorded as one of the leading causes of depression. Missing out on the daily routine also makes patients miss out on achieving the goals they had once set with aspirations to reach the very top. Remember, if you or anyone you know is going through this, then do not worry. As has been reiterated multiple times in this book, ask for help and that is the best thing you can do. Treating depression rather than ignoring it can help the patient overcome it.

Apart from the worldly factors, there are a number of internal systems that are responsible for our wellbeing. If these internal systems do not function as they are supposed to or if there is a hindrance in these systems, they cause the psychological effects of depression.

These psychological effects directly target your emotions, moods and feelings. Have you ever seen people talking about not being their “old self”? What does this mean? Do we sideline this? After all, every human being is naturally programmed to learn constantly and stay updated; we learn and experience new things.

Can this be classified as growth or change in a human? Does this qualify for not being your old self? The answer when we are talking about depression is simple. It is a big fat NO! You might be caught off-guard with these new feelings and even feel alienated, as you are unfamiliar with the changes that are happening to you.

In the case of the psychological effects of depression, unlike the blues, the symptoms are persistent, almost all day and every day at least for a minimum of two weeks.

Here is a quick way of checking the psychological symptoms and what to look out for to find out if the symptoms lead to a diagnosis of depression. Watch out for these signs and, upon noticing any of them, the ideal thing to do is talk to a medical professional about it. It is better if the professional is trained in mental health.

Symptom - Your mood seems depressing for the most of the day.

What am I looking out for? - Expressing sadness or feeling the blues, the feeling of emptiness or hopelessness or the feeling of being in the dumps.

Symptom – your interest level in almost everything that was once enjoyed by you is at an all-time low or is getting low. I am talking about the things that you used to enjoy on a day-to-day basis. For example, going for a run in the morning was the best thing you loved about your day, but now it has become a task that seems to be forced upon you.

What am I looking out for? - Abandonment of activities that you once enjoyed, avoiding social interactions with friends and family, reduction of sex drive and the reduction of enjoyment during sex, the feeling of being numb or even emotionless.

Symptom – You have recurring suicidal thoughts, or you talk about death most of the time.

What am I looking out for? – Thoughts of death concern you more than just the fear of dying, persistent thoughts and attempts to harm you.

Symptom – You feel guilty and worthless nearly every day.

What am I looking out for? – You start feeling guilty about things that you have no control over. The guilt lasts much longer than it used to. You constantly express the feeling of being unworthy of good things ever happening to you. You are so preoccupied with your past failures that you do not see the ray of hope that carries a bundle of opportunities.

CHAPTER 3

THE SCIENCE AND STATISTICS OF DEPRESSION



Chapter 3: The Science and Statistics of Depression

One of the common ways you experience depression is through a particular manner of thinking; of overthinking, or sometimes thinking too little. In fact, one of the most described symptom by patients is the feeling of “over analysis and worrying more than necessary” about everything and patients also stated that they felt like they were stuck in circles of negative thought processes.

Some people also complain about going over the same thing over and over again in their heads with multiple worst-case scenarios being thought about. Several patients have even complained about being unable to switch off their overtly active minds. This can be both mentally and physically draining and it is happening more often than you think.



The Science of Depression:

Depression, as you understand now, has an array of misguided stigmas. As much as people are unaware of the details of depression, there are always those who constantly challenge and criticize the diagnosis of depression.

Some perceive depression to be just a prolonged bad mood or even see a depressed person as someone who has a very negative outlook on life in general. Science has broken down the types of

depression and has proven to the cynics that it is much more than just a phase of bad moods or a factor of outlook and perception.

Depression was termed as a 'chemical imbalance' in the brain in the past and especially, scientists believed the lack of the neurotransmitter Serotonin was the reason for that. Serotonin is often referred to as the feel good chemical. However, the only real evidence for this was that patients came in with complaints that lead to this particular diagnosis were prescribed drugs to increase their Serotonin levels.

The results were that the symptoms were able to become controlled. Even though the drugs worked temporarily, this does not show conclusively just how complex depression is. In the recent past, scientists have discovered that the brain cell growth and the connection of cells plays a much larger role than was perceived in the early years.

When the brain of a depressed person is examined, studies show that the Hippocampus in the brain is much smaller than average when someone is depressed. Other areas of the brain are also

physically affected, but this region particularly controls the memory and emotions. The longer the person has been depressed, the smaller the Hippocampus becomes. The cells and networks, quite literally, deteriorate.



It turns out that stress can be one of the main triggers that reduces the number of neurons in this part of the brain. The good news, however, is that the studies have shown that with regeneration of the neurons in this part of the brain means that

the mood improves. Interestingly, many of the drugs prescribed that affect Serotonin levels have an indirect effect on the growth of brain cells.

Now, this is a likely reason why Serotonin based drugs tend to help some patients, rather than for the reasons that were once supposed. The exact reason, in this case, is that the spike in Serotonin levels generates other chemicals that stimulate Neurogenesis - in other words – growth of neurons. With this discovery, scientists are now working towards targeting Neurogenesis directly for better and more effective results.

There have also been scientists who have discovered that depression is transmitted through genes. The gene that transmits the depression – figuratively – is called the serotonin transporter gene. Every individual has two copies of the gene, one from each parent. This particular gene strand can either be short or long.

After tracking over 800 young adults over five years, studies revealed that 33% of individuals with one short version became depressed after being put into stressful conditions.

People who had two short genes did even worse. On the contrary, people with two long genes had a strong disposition to be depressed with a similar amount of traumatic conditioning. Many other genes have also been identified that could potentially carry depression and make it a hereditary norm in the family.

It does make sense, depression and bipolar disorders are both known to run in families. Studies on biological twins have shown that if one twin has depression or bi-polar disorder, the other twin has a 60% to 80% chance of developing it too.

While the true cause or the roots of depression are yet to be pinned down precisely, there is talk about depression sharing symptoms and similarities with various other illnesses like Amygdala, Trauma, Circadian Rhythm and a lot more. We need to understand that depression is a condition with a biological base along with psychosomatic and societal implications. It is not just a phase that you “get over” or something you have a say in.

Statistics for Depression

To certain people out there, going through numbers and facts can be depressing in itself. However, I urge you to bear with me on this one and see if you can spot your country and also see if you or anyone you know is contributing to these mind-boggling statistics.

India, China and the USA are some of the top countries that the World Health Organization classifies as “depressed countries of the world.” The trio also shares the top of the table when WHO compiled a list of countries largely affected by recorded cases of anxiety, schizophrenia and bipolar disorders.

According to National Alliance on Mental Illness, one in five adults in the US experiences some form of mental illness each year - out of which only 41% received mental health care in the year 2015. In the statistics recorded by WHO, it was shocking to learn that the 45% of the world’s population lives in a country where psychiatrist was available to serve a hundred thousand people at best.



Asia has recorded the lowest number and concentration of psychiatrists despite having one of the highest numbers of recorded mentally ill patients. On the brighter side, Europe has the highest. The list is topped by Monaco, followed by Belgium and the Netherlands. Each of these countries averages between twenty to forty psychiatrists per hundred thousand people, according to WHO.

The countries listed below, listed from highest to lowest, have the greatest burden of mental health disease and death caused by depression.

- India
- China
- USA
- Indonesia
- Brazil
- Russia
- Pakistan
- Bangladesh
- Nigeria
- Iran

Here are some interesting statistics that will certainly change your perception about how serious depression is.

- Some form of depression globally affects 350,000,000 people.
- At the age of 18, 11% of adolescents have a depressive disorder.

- According to a postpartum depression study of 2013, 14% of women were prone to depressive disorders within four to six weeks of giving birth.
- 16,000,000 is the number of adults in the US that have been victims of at least one form of depression, as per the study in 2012.
- Women are found 70% more likely to be prone to depression than men.
- The annual cost of \$80,000,000,000 has been estimated as hours lost in the US due to low productivity and improper health care.
- 50% of Americans with major depression do not realize or seek assistance for their depression.
- Depression can affect anyone at any age, although it is most common between the age 15 and 45.

Although there are a lot more numbers that can be found upon research, the ones mentioned above are the most evident ones. It only goes to show that we know at least one person in our circle that is potentially going through depression. It is always best to catch depression early. Keep a constant check on your loved ones. Do not forget to check on yourself.

CHAPTER
4

11 MYTHS
ABOUT DEPRESSION



Chapter 4: 11 Myths About Depression

The conversation about “death by suicide” takes center stage globally more frequently than it is being dealt with. Now, more than ever, the world is acknowledging the implications of an undiagnosed and untreated depression. Close to 2 out of 3 people who have committed suicide have shown or had recorded signs of major depression. If you need to battle the stigma that surrounds depression and its origins, a mass-education and multiple sessions on debunking myths and defying stereotypes needs to be put in place.



Some of the most terrifying complications of undiagnosed and untreated depression start with the inherent belief of these myths. It would not be surprising if you or your friends, family, colleagues and even role models suffer from this illness; but, that does not seem enough to ease the struggle in deciphering the facts from fiction when it comes to knowing what you or they are truly going through. The sooner we eradicate the myths behind depression, the sooner depression will be understood by the masses.

Let's debunk the top myths:

1. Depression is yet another fancy word for sadness – We have established that sadness is a part of depression while it is not depression by itself. Think of sadness as being fleeting and temporary. You will “get over” sadness sooner than you think. There is no denying sadness comes and goes. The periodic occurrence should not be mistaken with episodes of depression.

Sadness, by itself, is usually catalyzed by a life experience or powerful memories that are upsetting. A good dose of happy interactions will cure sadness. Depression, on the other hand, will make you feel that happy interactions emphasize the distance between you and others. The sadness that is caused by depression is not the type to disappear rapidly unless treatment is put in place. Make no mistake, sadness is just one of the many negative emotions that accompany depression.

2. You have depression? You must be a mentally weak person!
– More often than not, people suffering from depression tend to be branded as being mentally weak. The reasons for this misconception are the kind of symptoms and the

effects they have on patients and the people around them. This stigma is one of the main reasons that people with major depression suffer in silence.

To them, it is better to suffer alone rather than being branded as a mentally weak human being. What everyone needs to understand is that no one chooses to develop a case of depression. It is an illness, and it can very well affect you. In its twisted way, some great resistance is displayed by the person suffering this condition by making an effort to work through it despite feeling lonely and down. If anything, a person suffering from depression should be supported and encouraged to get through their treatment. It takes strength to work your way through depression and people who have done so show more compassion and are able to demonstrate a stronger ability to empathize.

3. You have not had a traumatic incident in your life. You can't be depressed! – The key thing to remember here is, what is traumatic to you might not be traumatic to someone else. There is no denying that trauma is one of the most prominent and common triggers of depression. The difference is the biological elements that accompany the

trauma. Something as simple as failing a test and moving away from your comfort zone can bring about depression. There are proven cases where there is no external trigger at all.

4. It is just depression; it is not a real illness – This is one of the most dangerous myths of all. Yes, the symptoms make it difficult to categorize depression as a serious mental condition. According to the Mayo clinic, depression is always accompanied by a physical difference in the brain area.

It depends on the neurotransmitters we have touched upon, and also hormonal imbalance plays a significant role in causing and deciding the severity of the illness. The bottom line is plain and simple, and it is one that every individual needs to be aware of – Depression is a real illness, and it requires special and trained treatment.

5. Oh, it is all in your head! – Yes it is, just not in the way people perceive it to be. While the biological roots start with the brain, emotional trauma is not the only

repercussion. The effects spread to all over the body and affect different people differently.

6. Real men do not get depressed! – Yes, statistically, women are twice as prone to depression when compared to men. However, that does not mean men can't or shouldn't get depressed. There is no case of “shouldn't” here. It is very common to hear the phrase “Be a man!” being used to denote a lack of physical or mental strength.

Depression is beyond physical and mental strength, so much so that the effects of depression are both physical and mental. This myth makes it difficult for men to open up about their depression, which in turn leads to complications with diagnosis. This is also a common reason for substance abuse and developing unhealthy addictions and can even cause suicide attempts.

7. Talking about it only makes it worse – Depression has been treated with kid gloves for such a long time that the first instinct of anyone who undergoes the illness is not to talk about it. This is not something that can be willed away or something that will heal over time. If this stigma

surrounding this disorder is abandoned, this leaves room for people to discuss their problems. More than anything, it will prevent others from adding fuel to the fire by reinforcing those negative and destructive feelings.

8. All you need is an anti-depressant! – Partially true! It is the untrue half that causes problems. The manifestation of depression is not the same in every person. Antidepressants are prescribed by doctors as they deem fit. This does not imply that an antidepressant can cure your sadness. Doctors often prescribe therapy along with medications and the medications don't always have to be anti-depressants.
9. You are now stuck with medications for life! – There are very few illnesses that require medication for life. Depression is certainly not one of them. Medication is always very closely monitored and is usually phased out with a plan to stop the medications at one point. As has been mentioned already, medications are not the only form of treatment for depression. They are accompanied by therapy too.
10. You will be perpetually unhappy if you are depressed! – It is not true that people suffering from depression are

depressed 100% of the time. Even a depressed person has good days and bad ones. The key lies in increasing the number of good days through effective and conscious treatment. You can't simply rule out depression, because you see social media pictures of people laughing and having a good time. Some people are really good at hiding their feelings and battling through their problems. Remember the silver lining we talked about?

11. Depression is a life sentence to misery! – Now that is a bit harsh, isn't it? Overcoming depression is possible. There are no two ways around that fact. It boils down to recognizing it, treating it and making an effort to keep it at bay. The more educated and open we are about depression, the better off we will all be.

CHAPTER
5

**SLAY THE
NIGHTMARE**



Chapter 5: Slay the Nightmare

The best of us fall too!

There is one more myth that we had not previously covered that was intentionally left out for this section. “If you are poor, you are always depressed, and if you are rich and famous, you are famous with a heavy bank balance, what problems could you have?” As much as people would like to buy into this myth, history, literature and show-business have proved them wrong over and over again. Let’s touch upon a few examples.

1. Chester Bennington

This is one of the most recent and tragic examples of highly successful celebrities taking their lives due to depression. Chester, the lead singer of the record-breaking rock band, Linkin Park, recently took his own life. The incident became well publicized on and off social media. Millions of people were paying their respects and tributes to their fallen rock idol. What most of the world failed to see or understand was the backstory of the rock star.

Chester fought depression and constant drug abuse that lead up to his demise.

2. Kurt Cobain

Sticking to the theme of rock, here is yet another revolutionary from the rock world that tragically took his own life. The reason – he lost the battle with his inner demons and depression. Many would claim that they saw this coming with the kind of music his band, Nirvana, was producing. The lyrics and the music of the songs Kurt wrote mostly revolved around the battle with demons, both inner and external, like society, politics etc. Imagine what the world of rock and roll would be like if Kurt had only reached out for help.

3. Robin Williams

He is the legend who filled our hearts with joy in his lifetime and left the same audience with disbelief and tears. The Oscar winning actor and comedian's suicide was a shock to many people who knew little about his private life. It was not generally known that he suffered from manic depression all through his life and it was

believed to have stemmed from bi-polar disorder. Who would have guessed it?

While there are a lot more people who are famous and who have suffered from depression, here are a few more names that left a mark during their lifetimes and also a warning on what depression can do to you, irrespective of who you are! - Alexander McQueen, Ernest Hemingway, Hunter S. Thompson, Heath Ledger, Chris Benoit, etc.

As you can clearly see, depression isn't about where you come from or what kind of background you have. It's not about being rich or poor. It's about becoming victim to a disease that is serious and that needs treatment.

Am I depressed?

Depression is a sneaky illness that can hit you without you having a clue until it's already too late. Fortunately, there are multiple ways to cure depression through medication, therapy and lifestyle

changes. There are various types of anti-depressants that the doctor can choose to prescribe. Be sure you talk to your doctor or pharmacist about the possible side effects if you are concerned about them.



Some of the popular medications include;

Selective serotonin reuptake inhibitors (SSRI) – Doctors usually begin medication with a prescription for a SSRI. These are

considered comparatively safe, and they are prone to cause fewer side effects when compared to other medications.

Serotonin-norepinephrine reuptake inhibitor (SNRI) – SNRIs are used to treat major depression. These are also used to treat anxiety, OCD, ADHD and also chronic neuropathic pain.

Atypical antidepressants – These are also used to treat smoking cessation. These are commonly used with patients who have little or inadequate response to the ‘first line treatment.’

Tricyclic antidepressants – One of the most effective kinds of medication there is in this day and age. However, the intensity and frequency of this medication causing side effects are exponentially high when compared to the other medications. These are not prescribed until other antidepressants have been tried and have not shown any improvement.

Monoamine oxidase inhibitors (MAOI) – The usage of MAOIs demands a very strict and controlled diet. If patients come in contact with food like wine, cheese and pickles the side effects can be fatal as well. Due to its nature of reacting with other substances and medication in our body, doctors never prescribe a SSRI and a MAOI together.

Depression is best treated when there are multiple modes of regulated treatments available. Your doctor might prescribe you to some brain stimulation therapies. The most common ones are ECT and TMS.

ECT or Electroconvulsive therapy – To impact the function of the neurotransmitters, mild electrical currents are passed through the brain. ECT is prescribed to those who do not react well with medications and those who are a potential suicidal risk.

TMS or Transcranial magnetic stimulation – Unlike ECT, TMS uses magnetic waves. These waves are passed through a treatment coil that is placed pressed against the scalp. Magnetic pulses stimulate the nerve cells that are responsible for mood regulation and depression.

Some of the kinds of therapy that can be suggested by your doctor are – Acupuncture, Music therapy, Art therapy, Guided imagery, Yoga and aerobic exercises.

CHAPTER 6

HOW TO BATTLE YOUR WORST DEPRESSION?



Chapter 6: How To Battle Your Worst Depression?

Understandably, when you or your loved ones go through depression, it becomes hard to muster that extra bit of energy to look after yourself. Taking an active role in your improvement and taking steps to help you cope with the battle of depression goes a long way in slaying depression. Here are a few things you can try along with the advice of the medical professionals.

- Practice caring for yourself
- Keep yourself active
- Look after the way you look
- Pose a challenge to your low mood
- Connect with people



Practice caring for yourself

Figure out what works for you. Make a list of activities, places and people that spark the feel good emotion in you. Make another list of your day-to-day activities. It is going to be difficult to include all the things that make you happy in the list, but find ways to incorporate the happy things, people and places in your day-to-day activities. For example, you might enjoy playing the guitar or watching a movie. Try to take some time out and ensure you play your guitar at least once a day.

Don't shy away from treating yourself

This could mean taking long baths, spending quality time with your pet or your family. A lot of people write letters to themselves assuring themselves that the storm will pass and there will be brighter days. Feel good things like this will benefit you largely. Do not forget to be kind to yourself. If you need your “me time,” let nothing stop you from taking it.

Pose a challenge to your low mood

Maintaining a mood diary has proved to help in keeping track of your mood changes. You will sense a pattern you can work on and also tell your doctor about it. Don't let your mood dictate the outcome of your day.

Keep yourself active

Go ahead and join a group. The group can be a sports team, a community project or even a hobby group. The important thing here is to keep yourself occupied with positivity so that you leave little room for your mood swings to happen.

If you think you are not excited by any of the old things you used to enjoy, take a leap of faith and try new things like starting a new hobby or volunteering. This will assist you in breaking unhelpful mood patterns and boosting your happy side.

Set goals for yourself

Make sure they are realistic though. Setting unrealistic goals will mean disappointment when they are not met. The last thing you need to harbor is a negative feeling.

Make a connection

Connect with people more than you used to. Keep in touch and keep talking. If you think meeting people in person is too difficult at this time, at least phone someone. Send people you like a text, an email and even a letter.

It might be hard to bring up a conversation about how you are truly feeling inside. It is proven that many people have found comfort in sharing their experiences. If you think your friend or family member will not understand, try them. If you're still

apprehensive, consider joining a peer support group. Being with people who face similar challenges and who are on the same journey of self-recovery will benefit you largely, especially from their experiences and learnings. You will find joy in knowing that your experiences have helped a fellow human being.

Look after yourself constantly

Try and get some good quality sleep. Yes, one of the side effects of depression is the lack of sleep. Making a conscious effort to get good quality sleep has shown drastic improvements in people battling depression.

Do not forget to eat well. A healthy and nutritious diet adds physical and mental strength which, in turn, helps in the recovery process by helping you think clearly, improve your mood and increase your energy. Along with eating well, it is essential to ensure your hygiene is dealt with. The little things like taking a shower before you leave or dressing up well can act as a huge catalyst in recovery and also in also keeping bad mood at bay! You may even find that wearing bright colors has a positive effect upon your state of mind.

Conclusion

The next time you hear the phrase, “I am so depressed, you have no idea!” you now know what it means, and you also are equipped enough to identify if the person using this phrase is truly a victim of depression or is yet another person who needs to read this book.



Depression has been and will always be one of the biggest concerns of human kind. There are a few studies out there that set out to prove depression does not start and end with humans. Animals are prone to it too. With so much possibility and danger of depression looming, it is always best to be self-aware and also aware of the people around you. Who knows, you might be the one who saves a life!