

Depression: The Theft Of The Human Mind

Understanding what it is, what it does, and what you can do about it.

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It doesn't matter if you are a child, an adolescent, or an adult. You could be ten years old, or you could be entering your senior years. Your gender doesn't matter, neither does your race, or any other defining characteristic you may have. Depression does not discriminate, and its symptoms, though they may be expressed differently, are the same for everyone.

The persistent feeling of sadness or loss of interest that characterizes major depression can lead to a range of behavioral and physical symptoms. These may include changes in sleep, appetite, energy level, concentration, daily behavior, and self-esteem. Depression can also be associated with thoughts of suicide. The mainstay of treatment is usually medication, and if done properly, it is prescribed in conjunction with a professional counseling program.

According to the Mayo Clinic, the signs and symptoms of clinical depression may include:

- ✓ Feelings of sadness, tearfulness, emptiness, or hopelessness
- ✓ Angry outbursts, irritability or frustration, even over small matters
- ✓ Loss of interest or pleasure in most or all normal activities, such as sex, hobbies, or sports
- ✓ Sleep disturbances, including insomnia or sleeping too much
- ✓ Tiredness and lack of energy, so even small tasks take extra effort
- ✓ Reduced appetite and weight loss, or increased cravings for food and weight gain
- ✓ Anxiety, agitation, or restlessness
- ✓ Slowed thinking, speaking, or body movements
- ✓ Feelings of worthlessness or guilt, fixating on past failures, or self-blame
- ✓ Trouble thinking, concentrating, making decisions, and memory difficulties
- ✓ Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts, or suicide
- ✓ Unexplained physical problems, such as back pain, or headaches

Clinical, And Not So Clinical

It can be easy to misinterpret depression in one's life. For many, environmental and other personal events can trigger temporary depressive experiences, but these do not always lie in the clinical range. The defining concepts are temporary versus sustained. *Temporary depressive episodes* usually follow some triggering event which causes the person to feel sad, lose interest in routine aspects of their lives, and to feel isolated and withdrawn. These are often normal reactions to a traumatic or painful event such as the loss of someone close, the breakup of a close relationship, severe financial concerns, or other isolated events. They usually run their course, and the person is able to return to normal daily functioning.

Sustained or clinical depression is long lasting, doesn't always require a triggering event, and can produce changes in brain chemistry that do not seem to subside over time. Clinical depression is defined as *a mental health disorder characterized by persistently depressed mood or loss of interest in activities, and causing significant impairment in daily life*. Possible causes include a combination of biological, psychological, and social sources of distress. Increasingly, research suggests these factors may cause changes in brain function, including altered activity of certain neural circuits in the brain.

Though clinical research does strongly suggest a correlation between family history and clinical depression, other key factors such as environment play a significant role in the onset of the condition. Neuroscientist Fadi Tayim, PhD, of the Clinical Neuroscience Institute lists the factors that can contribute to depression:

- Loss or stress due to a death, job loss, abuse, sudden change in finances or other life-changing event
- Family history of depression
- Drugs or alcohol, which can affect the brain's chemical balance
- Medicines for high blood pressure, cancer, pain, or other health problems, which can cause depression as a side effect
- Physical illness, especially prolonged or severe illness can cause changes in your brain that lead to depression
- Hormones, especially when levels change rapidly, can trigger depression. Women may experience this just before a period, after giving birth, or during menopause

Invisible Plugs; A Clinical Depression Illustration

Imagine if your brain could be connected to a sophisticated computer algorithm that could program every neurological function in your brain, maximizing your daily performance potential. Let's further assume that in all the various centers of your brain, that is, those centers charged with the responsibility of performing all the tasks your brain needs to perform for you each day, included a computer chip that was connected to this sophisticated computer, and its algorithm.

When the computer is running properly, and the algorithm is performing the way it should, you have clarity of thought, and your performance in all your life tasks and events would be done at optimum levels. One day, however, there's a glitch in the system, and all of a sudden, your brain has a difficult time focusing, concentrating, and performing all of those little tasks. Clarity of thought is gone, and your brain's ability to involve itself not only in your daily interests, but also to provide optimal life support for you is compromised. Welcome to clinical depression, the *short circuiting of your brain's neurological connectors, and the reduction in your ability to efficiently interact with your world.*

Though sadness is certainly a part of clinical depression, it runs far deeper than that. When clinical depression invades the human brain, it is like a thief who steals some of those computer chips. The brain is now trying to function without the resources that run a person's body, emotions, and mind. The program that controls the way the brain thinks, perceives, and feels, is no longer running efficiently. It simply does not have the resources. This explains why, so often, depression is characterized as a mental health/medical condition. The brain does not have what it needs to operate efficiently. It also explains why it's so difficult to assist people as they try to overcome this condition. Their brains simply don't have the resources to execute the plan they are trying to follow, and they become lost in a world with no direction, no clarity, and no way out. They feel hopelessly stranded on the outside, and cannot understand what life should be like on the inside.

When life events happen to a person whose "computer chips" are all working properly, and the person does not have clinical depression, the program is only temporarily affected, and in a matter of time, and sometimes with some help, the person overcomes the trauma. With clinical depression however, those computer connections may be severely compromised, and it is far more difficult to recover from triggering events. When someone is suffering from clinical

depression, painful and traumatic life events will either trigger depression, or exacerbate an already acutely depressed mind. Professional assistance may be necessary

Whether you feel you have clinical depression, or are trying to help someone who seems to have some of the aforementioned symptoms, the most important factor to understand is the *sustained* depressed mode. Those of us who do not have clinical depression can rebound from a painful life event. Those of us who do have clinical depression may not. It is that sustained feature we look for, the inability to bounce back from the triggering event. The old adage that time heals all wounds does not so efficiently apply to clinical depression. Other methods and approaches are often necessary.

What To Do About It

When someone is in the grasp of clinical depression, those neurological connectors, those little computer chips, are, all too often, not working properly. Remember, these neurological connections run the entire human organism. It is essential that the brain has the capacity to understand, and then embrace the changes we are attempting to introduce to help the person through their depression. Those little computer chips, those neurological connections, make that possible.

The reason why so many depressed people have a difficult time with treatment is that treatment professionals are trying to introduce program changes into a mind where some or many of the necessary neurological connections have either been impaired or severed. This will reduce the person's ability to receive, understand and implement the treatment plan. So, the first approach is to properly diagnose the level of depression. If you are suffering from clinical depression, or trying to help someone who is, here's where you start.

- a. Visit your primary care physician first. Sometimes, the problem may be hormonal, or there may be some physical concerns that can be addressed to either fix the problem, or at least make it more amenable to further support.
- b. Schedule an appointment with a professional counselor. This is a person who has an in-depth understanding of clinical depression, knows how to diagnose it efficiently, and can act as your "clinical quarterback". This person will help you move to the next levels of treatment, if necessary.

- c. For those suffering from severe clinical depression, an appointment with a psychiatrist can provide a more in depth diagnosis and treatment plan to address the symptoms of the depression, and their causes. Look for someone who specializes both in *medicating clinical depression, and counseling therapy*. The combination is so important.
- d. For those with serious clinical depression, the field of neuropsychology is redefining the way we deal with depression, and, if possible, an appointment with a neuropsychologist can help.

Clinical depression is a very serious neurological condition. Without those necessary neurological connections, the brain is at a severe disadvantage as it attempts to, not only, work through any pain or trauma it has received, but also to perform simple daily functions. Some of those functions are autonomic, meaning they occur without us focusing on them, while others are necessary for us to consciously program the events of our day. The long term effects of clinical depression without help can be so devastating, and on so many levels.

If you feel as though you may have clinical depression, or someone close to you may be suffering from this life altering condition, begin to take the steps necessary to diagnose, define, and treat it. Stay away from a simple antidepressive medicinal program with no counseling follow-ups. Always include a professional counselor in the plan, and if the depression is severe, be willing to consider either a psychiatrist, a neurological professional, or both. Medicine may be necessary, but it should **never** be the only part of the plan.

If you or someone you know is in crisis, and you are not sure what to do to get things started, simply pick up your cell phone and dial 988 for the mental health hotline. Depression is painful physically, emotionally, intellectually, and even spiritually. No one should have to go through this alone. There is help available, and you are worth it.

Faust Ruggiero is the award-winning author of *The Fix Yourself Empowerment Series*, and the new *The Fix Your Anxiety Handbook*.

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