

## Major Depressive Disorder and The Characteristics of Those Who Seem Relatively Happy

Symptoms of a major depression disorder (MDD) can develop without any explanation or they can develop after a major loss or disappointment. According to the American Psychiatric Association<sup>1</sup> when five or more of the following symptoms (including either the first or second on the list) are evident during the same two-week period it is likely that the person has developed MDD:

- Feeling really sad, hopeless, and/or empty inside most of the day and nearly every day
- An obvious loss of interest or pleasure in activities or friends or family most of the day
- Significant weight loss when not dieting or weight gain, or a noticeable change in appetite
- Difficulty sleeping or staying asleep nearly every day
- A series of unintentional and purposeless motions, or a visible slowing of physical and emotional reactions, including speech and affect.
- Concentration problems, greater difficulties in making decisions
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive guilt nearly every day
- Frequent thoughts of death or suicide

Researchers report that a small percent of individuals that have MDD can come out of their depressed state naturally and without any help. However, their path back to emotional health and happiness can be longer and more difficult if they do not take any concerted action to help themselves. Furthermore, MDD is not something people can just snap out of with a certain attitude or overcome with will-power. Some who have MDD, especially those who have a depressed family member may be genetically prone to it and may benefit greatly from the temporary use of anti-depressant medication if their depression is severe. The sooner in life a person with severe depression gets on medication the less likely they are to have more episodes of depression as they get older. But the medical treatment of depression (using anti-depressant medication) is not the answer to all forms or levels of depression. There are also several non-medical ways to generally minimize depression.

Researchers have discovered the people who exercise on a regular basis have fewer episodes and lower levels of depression compared to those who do not regularly exercise.

Researchers have also noted a similar trend among those who get enough sleep every night. Deep sleep allows for dreaming and dreaming allows for the psychological digestion of positive and negative or upsetting thoughts that occur during the day. There are two regions of the brain that process these emotions and thoughts from the day. Studies show that in sleep-deprived people the positive memory region of the brain is compromised while the negative memory region is not. This causes a failure of the brain to recall pleasant memories in the following days, weeks and months, yet recall gloomy memories just fine; and this can lead to clinical depression.

In addition to getting regular exercise and a healthy amount of sleep each day, there are positive attitudes and coping behaviors that may help to minimize the chances of depression from developing. According to a group of researchers, the level of happiness a person experiences in life is dependent on their **genetic make up** 50% of the time, by the **circumstances** in their life 10% of the time, and influenced by **intentional activity** 40% of the time.<sup>2</sup>

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<sup>1</sup> Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). American Psychiatric Association.

<sup>2</sup> Lyubomirsky S, Sheldon KM, Schkade D. Pursuing happiness: The architecture of sustainable change. Review of General Psychology. 2005; 9:111–131.

The following are some examples of **intentional activities** expressed (to Martin Seligman and other researchers in the field of Positive Psychology) by those who say they are happy with their life:

Happy people typically say to themselves and others:

- “I try to make and keep good quality friends”
- “I try to think of and do fun activities”
- “I manage stress fairly well, I take corrective action to correct a correctable situation”
- “I am optimistic about the future”

Happy people have certain automatic thoughts when things happen to them. For example:

- Their default explanation for a bad event is that it is “temporary” and “solvable”
- They regularly seek evidence to support a certain thought and if there is no evidence to support a negative thought they dismiss the negative thought

Other thought processes of happy people. They:

- are able to effectively discern or verify the contexts, truths, and realities behind what they observe in the positive and negative social media postings of their peers
- look upon bad events as words for the journal of their life; containing many turns
- imagine themselves in the future vividly doing something as well as possible
- actively choose to remember times of success

Other actions that happy people do. They:

- engage in enjoyable physical activities
- use relaxation techniques well
- get deep and restful sleep on a daily basis
- communicate gratitude to their friends and love to family members
- pay attention to and count the good things that happen to them
- take pleasure in or notice things that others tend to take for granted
- set meaningful goals for themselves that give them a sense of purpose
- spend a fair amount of free time with people who share the same goals
- pay attention to and build on things that are positive or work
- continuously seek greater wisdom and knowledge
- think about endings, knowing that there is a limited amount of time to enjoy the experience they try to make the most of it before it ends; thinking “its now or never”
- practice forgiveness to let go of grievances
- think of ways to help, or offer help to other people
- find “Flow” by being absorbed in a challenging activity that requires some skill
- choose to spend their money on experiences over material things
- have a sense of humor and seek opportunities to laugh

These intentional activities may help to reduce the chance of depression from developing. However, once a person develops MDD, especially recurring episodes of MDD, they should seek concerted help for themselves as soon as possible. This help involves meeting with a mental health professional such as a clinical social worker or clinical psychologist. For more severe and persistent MDD, or random episodes of MDD, it may be necessary to also meet with a physician who specializes in the psychiatric treatment of MDD.