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Hi Kumar!

You ask:

Is it normal to be in a prolonged state of depression?

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Prolonged states of depression may be more unusual than single episodes.

Generally speaking, depression is still a minority experience, so yes, it's not quite 'normal'; however, normalcy may be highly over-rated.

In fact, normalcy is more of an illusion; it's certainly not a valid, objective description of someone's psychological behavior.

'Normal' is only a shorthand version of 'seems ok, doesn't seem to be too odd'.

Normal has a very broad scope within which a group of allegedly normal people may appear to qualify as normal from an outside observer's point of view but if the entire group is interviewed then it is often discovered to be the case that many of the members of the group do not feel that they are normal.

Consequently, trying to judge yourself in context with whomever you deem to be normal can be very misleading because, when you get right down to it, few people are really all that normal, nor might we want to be any of those allegedly normal people because we imagine that they must have very bland, generic lives to qualify as normal.

We prefer oddities.

Depression is not really so odd; perhaps a third of all people have a round or two with depression; many more than a handful of people with depression experience their depression return periodically or they may have their depression for a long time.

One problem with depression is that many people label themselves depressed and then they subconsciously avoid cheerful behavior because they imagine a depressed person must never seem cheerful, or they may use their diagnosis of depression as a crutch and then avoid acting cheerful because they don't want people to think they feel better when they are really still depressed...

What few people seem to realize is that depression can actually be helpful.

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We no longer try to cure our own depression because we have transformed it into a tool for our creativity.

Our own depression is both chronic and episodic.

We have some depression all the time but we can still break into cheerful moods; we also have more acute periods of depression when it becomes more difficult to put our heart into a song.

With an acute episode we might even neglect to keep singing, listening to music, or doing other things that may often help us feel better.

Our chronic depression is routinely painful on-and-off throughout every day, but that's really not too bad; we can usually manage to work or play ok and we rarely take out our bad feelings on other people or on ourselves.

If you are experiencing prolonged depression then how you deal with it depends on how severe it gets and how much you can do between peak episodes.

We find singing helps, but we know many people are too shy to sing.

Singing is a good exercise for our lungs and heart; when we really put our heart into a song we learn things from the quality of our voice in context with the lyrics that help us gain insight into our depression...

Try singing when you are alone.

Once you get in the habit of singing it can be a quick way to gain some insight into what's bothering you and it might just help you feel better too.

Also, people who overhear a depressed person singing assume the depressed person feels better, these people then have a chance to feel better toward the depressed person; their interactions with the depressed person may become more normal. They may shun them less, for one thing.

For another thing, people too often repress their cheerful behavior around someone who is depressed, so when a depressed person behaves more cheerfully they free the people around them to behave more cheerfully; this is healthier for everyone.

You don't have to tell people how depressed you really are, let them have the kindness of hearing you sing because there is typically very little they can do of their own volition to help your depression anyway.

One reason depressed people are shunned is because other people don't know how to help; those people often feel uncomfortably helpless. Many folk do not like to feel helpless.

Feeling helpless can trigger depression.

It is really up to a person who feels depressed to help themselves independently as much as they possibly can; not necessarily alone, so much as largely upon their own initiative.

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A long state of depression can have several causes, but the chief causes of depression are often wanderlust or a traumatic experience.

It is important to rule out wanderlust before looking into other explanations.

Wanderlust is sometimes easily treated by exploration or travel.

Reading about new people or places can help.

A couple of big issues that can cause depression and which may often result in prolonged depression are unresolved anger or frustration.

Frustration can take many forms; one serious form of frustration that may lead to prolonged depression is feeling misunderstood.

If you feel misunderstood then do your best to dismiss those feelings because dwelling upon those feelings may trigger or feed an episode of depression.

While frustration is often a matter of wanderlust, it can also be about being passed over for promotion at work or about falling out of love with someone close to you.

Falling out of love is a common reason for depression, especially prolonged depression.

It's difficult to change partners. Breakups or divorces are a messy business; both parties may resist a break-up even when they know it's really going to happen.

Prolonging the pain of a soured relationship by not moving on is a common reason for transforming an episode of depression into prolonged depression.

A prolonged depression due to unresolved frustration will often end when the frustrating circumstances are resolved, but not always.

The cognitive behavior a person learns while they feel depressed may become habituated.

When depressive cognitive behaviors continue after a major life change that might have been expected to resolve the depression then there may have been more than one issue that is causing the pain, frustration, or depression.

And then, there may also be cognitive habits that help maintain a prolonged depression due to habituation of angry behavior.

Many people become addicted to the hormones their bodies naturally produce when they become angry.

A person with anger management issues becomes prone to outbursts of anger; people around them feel as if they must walk on their tippy-toes on eggshells because they become afraid they may trigger the anger-addict's wrath.

Anger addicts gradually turn more and more parts of their lives into triggers that cause them to reactively begin a new tirade.

Each tirade helps habituate an anger addict to feel as if their tirades are normal.

An anger addict sometimes reaches a stage where their anger responses are even triggered if they just see someone cower in fear near them, and yet, that's something many anger addicts typically want; many anger addicts crave feeling powerful by making other people afraid of them.

Many anger addicts subconsciously or sometimes deliberately compel people to fear and avoid them or risk facing their wrath.

It is a good idea to learn not to become angry in response to an anger-addict's tirades because an angry response typically rewards the angry behavior of an anger addict.

Learn to de-escalate.

You don't have to be an anger addict to benefit from anger management classes; people who need help dealing with another person's angry behavior can also be helped by attending anger management classes because de-escalation is one of the key parts of anger management.

Learning the skill of de-escalation could save someone's life, either literally or figuratively.

De-escalation is one of the most valuable life skills any person can learn.

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The numbers of reasons for depression are myriad; it may sometimes seem impossible to fix things if the cognitive behavior that triggers or maintains an episode of depression becomes habituated.

Especially with habituation, depressive cognitive behavior often becomes transferred to new triggers or reasons for feeling depressed. This may make the depression take longer

to resolve. Too often the new issues that habituated depressive behavior focuses upon are red-herrings to keep the root issues concealed.

It can be difficult for a depressed person to recognize when their depression has become a habituated cognitive behavior; this is something a therapist may be needed for because when habituated depressive cognitive behavior sets in it may sometimes be time to be evaluated for possible help with psych meds.

To cure prolonged depression it becomes necessary to retrain your cognitive behavior.

This is when a trained team of health-care providers may become useful.

Psych meds prescribed by a physician can often help quell habituated harmful thoughts and a trained counselor can help retrain faulty cognitive behavior.

These two kinds of help work best together, you really shouldn't use psych meds without a counselor if affordable counseling is available.

Some good news is that a depressed person can learn to help retrain themselves on their own.

We have used NLP (Neuro-Linguistic Programming) to help us adapt to our depression. This is why we now say -we- instead of -I-.

We couldn't identify as a single individual but we do identify with feeling as if we are many different people. The cognitive dissonance between saying -I- but feeling -we- was alienating, painful, and depressing.

This change in our speech habits helped other people recognize that we identify as a collective rather than as an individual.

We sometimes describe this as coming out of our multiple-personality closet.

Changing our habits of speech has helped us feel better which has freed us to look past the alienation we experienced when other people regarded us as a single individual.

The benefit has been to shift our awareness away from a constant source of irritation; this has made it easier to look deeper into other issues we need to resolve to help us feel better.

NLP shouldn't require you to use a change of speech as extreme as the change that we employed.

Our decision to make our unusual change came to us in an epiphany.

To use NLP you create an affirmation about who you are or what you want to accomplish and make it a part of your routine conversations with yourself or with people who understand or tolerate what you are doing to help yourself.

It is best to tie your affirmations to objective goals that you can achieve with a bit of hard work, and of course, lots of repetitions of your best affirmations.

A therapist can help with identification of areas of cognitive behavior that you may need to change; they can also help you develop effective affirmations, and they may help you learn to remind yourself to use your affirmations or other phrases or changes of speech.

In a sense, this answer to your question might be regarded as a very long affirmation

Thank you for asking this question, you've been a big help here.

The thing is, though, you still have to do all the hard work.

Your teachers and guides can't walk for you; they can only walk with you now and then, and only a little way at a time even then.

You can always get more guides and train them.

As you learn the life lessons that help you to feel better you will learn to share your lessons. We ourselves do this at nearly every appropriate opportunity.

Each time you share your lessons with someone you learn the lesson better; each time you share information about your new skills you help the people around you adjust to you or to cooperate with you.

Working together will help both of you feel better more quickly; just keep practicing your new skills until something even better comes along.

It's easy to mislead yourself if you try to become your own therapist because your habituated thoughts reassert themselves very easily at first, until you get the knack of interrupting them.

And then, you must still be honest with yourself.

Many of the habituated thoughts of a depressed person may be self-deceptions that should be acknowledged and possibly changed.

It's tough to be that honest with yourself, especially when you really need to be.

Friends or family may sometimes try to help a depressed person interrupt their unhealthy cognitive behavior but without the skill required to avoid blaming the depressed person

for their behavior the depressed person may be sabotaged by reacting with anger or feelings of being misunderstood or neglected.

People cannot be responsible for how their minds work until they learn how their minds work and then take control.

It's important for a depressed person to learn to interrupt their own thoughts when their thoughts begin to circle back in a vicious spiral of accelerating anger, frustration, or despondency.

You can always help yourself with prolonged depression, but it's often better to get some help when you can.

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Please be sure to read the following...

Gharvey's Quora answer to: [Why do I get very depressed?](#)

The answer linked above contains links to our answers on Quora regarding depression, and also a couple of our articles about healing.

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Good luck and be well!

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Enjoy!

love, the grigs...

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PS:

Prolonged or episodic depression may also become a learned cognitive behavior when the depressed person successfully solves a problem with help from their initial depression and then returns to being depressed in order to help themselves solve another problem.

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Case in point? Ourselves. How did you think we learned all of this?

We've been in and out of therapy since we were about 8 years old, now we're pushing 61... It's been a long road, but we found good company along the way, many of whom were ourselves...

Oh and lots and lots of trials with psych meds for depression and psychoses that all failed to help; we now believe our psych meds were worth trying, but we didn't always think so. We now they were worth trying because we got to know some of the feelings or changed states of mind these meds can induce; we sometimes learned how the meds might really work.

For instance, an induced dissociative state helps relieve pain so long as you don't think about your pain or try to feel it.

The dissociative state makes it easier not to think about it, hence you feel it less.

Induced dissociative states can treat depression by helping the depressed person interrupt self-harming cognitive behavior.

It helps if you try not to consciously think about any of these things too hard; this gives the non-conscious parts of your mind time to help you internalize new ideas and transform them into your own personal inspirations.

We got lucky, therapy and too many meds that failed still managed to inspire us to change our minds for ourselves... Of course, it took us a really long time to get here; we are trying to show you some short-cuts...

And then, not everyone likes the results we have achieved or the methods we have tried, but we are definitely feeling better; we feel we are now more capable of managing matters that have hurt us in the past and also better at managing new matters that might trouble us today, such as how to answer a question like this responsibly and reliably.

So we feel better now, in spite of pain, loss or other feelings that troubled us deeply in the past. We have made our dangerous depressing feelings more accessible; by doing so we gain a more comfortable familiarity with them that lessens their impact on our feelings thereby lightening our depression.

It's a skill you can learn with a little patience and introspection.

Depression makes it easier to be introspective.

Introspection helps you learn to make depression less painful.

We still hurt but we also feel better.

We hope you may now feel better too.

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PPS:

With chronic depression it may sometimes help to watch much fewer television commercials.

Muting commercials helps.

We prefer to sit behind our tv so that we can't see the commercials or programs.

Watching television programs can induce trance states. Trance states make you much more susceptible to advertising and the psychological damages many commercials can cause.

Watching commercials can be harmful because advertisers use psychological tricks to motivate you to buy their products. Every time they imply that you will feel better about your life if you purchase their product they are also implying that you should feel worse about your life if you don't buy their product.

Those trance states make you more susceptible to feeling badly about yourself as a consequence of watching or listening to advertising.

Few people can afford the rampant consumer behavior that results from purchasing too many of the products commercials offer; some people end up purchasing more than they can afford and that makes matters much worse, especially if they become addicted to shopping as a result of consuming too many commercial messages.

It's important to avoid advertising that undermines your self-confidence or tricks you into relying on commercial products to feel better about yourself.

Commercials can be very damaging psychologically; the accumulated damage can help feed depression.

Be careful how you consume television programming; the health and liberty of your own mind may be at stake.

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ADVISORY:

Beware of auto-hypnosis. We might be suggesting you get well. <wink>

Updated Sunday, Jul 29, 2018

If you are using psych meds please do not stop taking your meds without a doctor's supervision.

Many people only learn to thrive once they discover which meds work best for them.

If you are someone who does well enough without meds or who has some other good reason not to use meds then please do not encourage other people to stop using their meds; please do not criticize them for seeking help from a doctor in order to try new meds in search of something that will help them.

Meds save lives, even if they can't help everyone.

We caution people using meds to never abruptly stop taking their meds because the side-effects of quitting may be very dangerous.

Yes, we said that right; for many people on psych meds the side-effects of quitting meds can be dangerous.

Abruptly quitting psych meds may make depression much worse; psychotic episodes may even be triggered.

Only withdraw very slowly under medical supervision.

Let people know what you are doing; if someone is afraid for you then bring them to your next appointment with your doctor so that your doctor can reassure them you are following their advice.

We know medications can work but we also know how often many people only want to quit their meds.

With regard to using meds, please don't argue the merits of one life choice over another, instead allow others the courtesy to make their own choices just as you do, and just as you would want them to allow you to do.

Please support each other, please stop hurting each other over the issues of whether or not to medicate or how to medicate safely.

Anyone self-medicating should educate themselves about their meds of choice and also find more help from people they trust.

FURTHER ADVISORY:

Gharveyn, by any and all aliases, is not a licensed medical practitioner, nor any other sort of professional care-provider. His opinions, however well-formulated they may sometimes appear to be, are not the products of a formal education; Gharveyn holds no degrees of any sort.

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ciao!