

Is it true that depression comes from inheritance?



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Hi Michel Ahwach!

You ask:

Is it true that depression comes from inheritance?

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Much of the behavior of depression may be due more to learned traits than to genetic predisposition.

It is commonly believed that depression may have a genetic component, however depression is at least partly a learned behavior; children raised by a depressive parent would have more opportunity to learn to be depressed.

Psychological and sociological components of human behavior may follow a parallel evolution with human genes. This parallel evolution may be regarded as entirely social and cognitive, pending conclusive proof of genetic components.

There are strong reasons to prefer a genetic explanation, one of which is parental guilt. A parent might be considered less responsible for passing down a bad gene than for teaching an unpleasant behavior.

Also, a genetic factor would support a chemical theory for depression which benefits the psychopharmaceutical industry.

And then, people like mechanistic answers to problems; this makes a genetic factor more appealing than social or psychological causes.

Consequently, regardless of whether seeking genetic factors for depression will be successful, there will be strong motivation to pursue them.

The NIH (National Institutes of Health) published a manuscript which states:

Despite intensive research during the past several decades, the neurobiological basis and pathophysiology of depressive disorders remain unknown.

[Overview of the Genetics of Major Depressive Disorder](#)

The best guesses of geneticists studying a possible link between genetics and depression are vague. They currently suggest that many small genetic factors must be combined to develop a genetic predisposition for depression.

If this is true, then it may be the case that everyone carries these genetic factors, but that the genes remained 'turned off' until needed.

While depression may sometimes become a debilitating condition, it doesn't have to be.

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Please read the following for more information:

Gharveyn's Quora Answers to...

- [Why do I get very depressed?](#)
- [Is it normal to be in a prolonged state of depression?](#)
- [Can depression go from manageable to horrible from one day to the next?](#)

You may also like to read:

Gharveyn's Articles...

- [A Healing Spiral for Personal Wellbeing](#)
- [A Healing Spiral for Psychological Wellbeing](#)

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Enjoy!

love, the grigs...

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ADVISORY:

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; have them verify your plan with your doctor if they are afraid for you.

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

Please don't argue the merits of one life choice over the other, 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 and 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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GRIGORY RHO GHARVEYN, BIO:

We identify as a 'multiple personality'. To ourselves we appear to be a collective with many members or associates, some of whom may be avatars of other people we have known, and some of whom are avatars of ourselves at different ages in this incarnation.

Some of our members are avatars of some of our past or future incarnations.

Some of us appear to be machines or cyborgs; many of ourselves appear to come from alternate realities or from different eras of time.

Some of our group's associates appear to be avatars of some of our favorite authors, or the avatars of some of their fictional characters. Some of our associates appear to be mythical beings from ancient Rome, Greece, or Egypt.

It's complicated, but it seems to work well enough for us...

We have no degrees or titles, nor are we an authority of any sort.

We have been partially or acutely disabled by chronic pain for more than 35 years.

We have lived with depression for more than 50 of our 60+ years in this incarnation.

We need physical therapy and exercise but we can scarcely walk or afford transportation.

We wish we could go swimming every day, like we used to do at Ocean Beach in San Francisco.

We currently reside with our girlfriend Tina, roommate Sid, houseguest Jenny, 2 dogs and 2 cats in a small apartment in Gaskill, a small neighborhood in Oakland CA.

We have been almost desperately poor; keeping well fed and keeping the lights on is sometimes a challenge. It's been about 12 years since the last time we were homeless.

To learn more about us or some of our work please visit gharveyn.com

Cheerio!

Keywords:

alienation, loneliness, apathy, depression, suicide, healing, cognit, mental illness, psychology, psychiatry, psych meds, hope, help, hotline, marginaliz, ostraciz, conditioning, shunning, defense mechanism, inner voice, conflicted, repressed memor, self medicating, kill myself, Deepak Choprah, ptsd

Some keywords have been 'short-spelled' to match multiple forms of a word.

For instance: cognit == cognitive, cognition

Theory: searches for either of these longer words will be matched by the short-spelled form.