

What does being depressed feel like?



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Hi Anonymous!

You ask:

What does being depressed feel like?

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There are many feelings associated with depression, but chief among these feelings is sadness.

The sadness can be incapacitating.

Sometimes the sadness is called melancholia.

The sadness can be about specific problems such as relationships broken by alienation or the sadness may feel like a general malaise that does not seem to focus upon any specific reason for feeling sad.

Alienation is a common issue that can lead to depression and which may persist throughout the depression until the reasons for feeling alienated can be resolved or cease to matter.

Alienation is often a root cause of sadness.

When sadness sets in it is easy to imagine reasons for the sadness, but by doing that a depressed person can create new focuses for their sadness that maintain the sadness or make it worse; consequently it's sometimes a good idea not to go looking for reasons for the sad feelings except with the guidance of a counselor or a good friend.

It can be a good idea to have things to do that cheer you up, but the sadness can become so crushing that sometimes those things won't work.

If you notice that activities which usually cheer you up aren't working then change activities because the sadness can become associated with cheerful activities in a manner that spoils them so that they are no longer enjoyed even after the depression is resolved and goes away.

Depression is often accompanied by lethargy, a feeling that seems to drain all of the depressed person's energy.

Lethargy resembles apathy, another feeling that is common with depression.

Apathy makes a person feel less interested in everything they might do that might help them feel better.

With apathy there is often a lot of ambivalence.

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Ambivalence is a feeling of not caring about the outcomes of events one way or another. The depressed person will simply be indifferent to issues they might ordinarily have strong opinions about.

However, apathy and ambivalence have their uses.

When a person is locked into a painful relationship they often lack the courage to end the relationship. Apathy can help free them from their attachment to their partner and relationship; this helps enable them to move on. Ambivalence helps them feel less concerned about the pain that always accompanies the ending of a relationship.

Apathy and ambivalence may sometimes be misinterpreted by other people who may instead see the depressed person as being careless or cold-hearted.

The decisions and changes a depressed person may be required to make to recover from their depression may sometimes seem cruel or heartless to their partners, friends, or families, but these changes are often necessary when a toxic relationship becomes a trap where both parties hurt each other with no control of their harmful behavior possible either because the partners do not understand their harmful behavior or because they enjoy causing their partner harm.

Apathy and ambivalence can help enable a person to move on in order to escape a toxic relationship, to change their job, or to make other vital changes.

Depression may really be a set of emergency repair tools to help a person resolve painful circumstances in their life by helping them to dissociate from the elements of their life that are hurting them so that each part can be evaluated individually for its value, conflicts, or potential harm.

It's never easy to make important changes in life, even when those changes are desperately needed; depression interrupts everything, putting life on hold until the painful parts can be understood, weeded out, or addressed and healed.

Healing pain may often take a long time, especially if the pain has been with someone a long time to begin with.

The pain felt in depression risks contaminating other parts of life until it seems as if nearly everything causes pain or distress.

Anxiety can set in because everything in life becomes anticipated by dread or fear that may not always seem rational.

One issue is that cognitive behavior is highly adaptive; people's minds 'test-fit' the cognitive behavior that maintains depression with circumstances that are sometimes unrelated to the initial problems that triggered the depression.

When successful fittings transfer depressive cognitive behavior to previously unrelated circumstances the depression may continue longer than necessary.

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In these circumstances many things may become triggers that maintain the depression even though some of those things never caused any distress before the depressive cognitive behavior became associated with those things.

For this reason it helps to have plans to deal with problems in advance.

Developing clear choices about how to end a toxic relationship or how to change a problem at work enables a person entering depression to start making the changes they need to resolve their depression before it can spread to other parts of their life.

Apathy and ambivalence can help separate a depressed person from things that cause them pain, but apathy and ambivalence can also disable a person's ability to plan or execute plans. This is why it can be important to have emergency plans for resolving stressful, painful issues in advance.

Healing depression does not always require major life changes.

Many times, just changing behavior can help; plans to fix things may not need to be dramatic, they just need to be functional ways to alter behavior that may have been avoided in the past but which may now help in the present circumstances.

Getting into counseling early can make a big difference.

Waiting until depression sets in to begin counseling can be a mistake because counseling can help a person retrain their cognitive behavior before it can trigger depression.

The feelings associated with depression may seem painful and stressful but they are feelings that need to be felt to help the depressed person identify what needs to change in their life and then get on with life by making the necessary changes.

Most settled people fear change at least a little, but many people dread any change at all. Being afraid of change can lock a person into circumstances that may gradually grow depressing over time.

Making contingency plans to change things that cause stress, pain, or sadness helps prepare for events that may be inevitable so that when a needed change can no longer be denied it can be executed safely in a manner that remains consistent with the depressed person's goals and values.

Please don't fear depression.

A person's fear regarding their depression is another incapacitating feeling that can make it difficult for the depressed person to take advantage of their depression to successfully improve their life.

Depression may be a subconsciously reasoned response to bad situations that need to be changed. Depression provides cognitive tools that help a person escape from circumstances that harm them.

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Treat depression with compassion, understanding, and love; help enable a person with depression to help themselves make the changes they need by nurturing them and respecting their need for privacy with their thoughts.

Most of all, give the depressed person the respect to make their own choices, just like you would want for yourself.

Whether you are depressed or you live with a depressed person, when depression cannot be resolved it can at least be well managed; learn the skills that help you deal with depression so that you can better manage living with depression until you can feel better again.

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Enjoy!

love, the grigs...

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PS:

If you found this answer helpful you may like to read any of the following:

Gharveyn's Articles...

- [A Healing Spiral for Personal Wellbeing](#)
 - [A Healing Spiral for Psychological Wellbeing](#)
- our articles are signed with our pen-name, Greg Gourdian...*

Gharveyn's Quora Answers to...

- [Why do people suffer?](#)
- [Why do I get very depressed?](#)
- [Is it normal to be in a prolonged state of depression?](#)
- [Can someone be depressed for a decade or longer? A lifetime?](#)
- [Can depression go from manageable to horrible from one day to the next?](#)

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ciao!

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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.