Determination of Countermeasures for Depression through Interviews on Young Depression Patients in Anthropology

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ABSTRACT
This paper aims to understand the inner world of depression patients and propose desirable countermeasures for the disease. For this purpose, three young depression patients were interviewed to reveal their psychological state and development. The questions and answers were recorded in details, and the patient in each case was analysed from various aspects. According to the analysis, several conclusions were drawn on the psychological process of depression patients, and a number of suggestions were made for depression patients and their companions. The research findings provide new insights into the understanding and treatment of depression.

Key Words: Depression, Anthropology, Case Study
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Introduction
Depression is a psychological disorder characterized by paroxysmal or persistent state of low spirit (Yang, 2008). Clinically, the disorder features apparent and lasting emotional depression with symptoms of low energy, persistent fatigue, decreased activity, interest deprivation, and even suicidal tendency. In addition, depression patients may suffer from abnormalities in cognition, language, behavior, and sleep. All these symptoms have a negative impact on their interpersonal relationship, social ability and occupational function.

According to Chinese Classification of Mental Disorders-Edition III (CCMD-3) (Fu, 2001), a person should be diagnosed with depression if he/she has four of the following nine symptoms for two weeks that affect his/her social functions (e.g. the ability to work and learn) rather than remit spontaneously: interest and pleasure deprivation; decreased energy or fatigue; mental retardation or agitation; low self-evaluation, remorse or guilt; association difficulties or reduced ability in conscious reflection; repeated desires for suicide or self-mutilation; sleep disorders like insomnia, early-morning wakefulness or excessive sleep; significant reduction in appetite; decreased sexual motivation.

To further explore depression, three depression patients with long-term engagement with the author in daily life were interviewed to get the answers to the following questions: How do they handle depression? How do they overcome inner obstacles and seek help from others? What are the treatments and assistances they have received? Which are the most effective treatment and assistance? The in-depth interview provides a deep insight into the inner world of depression patients, helps people build a correct understanding of the disorder and enables them to offer effective assistances to depression.

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Table 1. Background information of the three subjects

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**Methods**

**Research subjects**
The three subjects for this research are acquainted with each other and the author. They have known each other for at least 5 years. The interview was held in the form of a small talk so that the subjects can express their true feelings on depression. To eliminate subjective bias, the patients’ answers were recorded in an objective manner. The background information of the patients are listed in Table 1. At the request of the subjects, their names are abbreviated and their basic information are dictated.

**Research method**
The case interview method in qualitative research was adopted for this research (Chen, 2000). In the existing studies on depression, many quantitative research methods have been employed for questionnaire survey and result analysis, with the focus on the pathogenesis, influencing factors and treatments of depression (Zhou, 2008; Ji, 1994; Wang, 2008). In general, these studies have actively promoted the medical prevention and treatment of depression (Zhou and Huang, 2009), but failed to consider the less quantifiable life state of the penitents. Nevertheless, depression is a mental disorder whose symptoms depend on the patients’ subjective feelings, value judgement and social culture. The treatment of the disorder should not only alleviate the apparent symptoms, but also compensate for the health deprivation of the patients (Robert, 2010).

In light of the above, the answers of our subjects were examined qualitatively to identify their daily depressive signs, understand their inner world, interpret their depressed mental states, and comprehend the entire treatment process. On this basis, the author elaborated how the patients deal with depression and overcome the hardships during the treatment (Javedani et al., 2017).

**Case Study**

**Case 1**
W, a student with sports talent, was a classmate of mine in senior high school. She was highly valued by teachers and well received among fellow classmates. As an optimistic girl, she went along well with classmates and made lots of good friends, of whom I was no exception. In the second grade, however, I rarely saw her in school as she often asked for leaves. Curious about her situation, some classmates and I visited her home after school, and tried to help her with the missed classes. Our kind offer was rejected by her, and we were sent away like strangers. Later, her mother told us that she was diagnosed with depression and was under treatment. Below is a brief record of the interview between she and I. Note that the letter I means the interviewer, and W means the interviewee.

I: I seldom saw you in school in Grade 2. I was worried about your condition and called you several times. Besides, you rarely talked about that period. So, what was going on then?

W: In Grade 2, I was panicking about the endless homework, especially when I scored lower grades in exams. I was so panicked that I could not fall asleep every night. Then, I went to hospital. The doctor told me that I had depression and should have a good rest. My situation soon got worse. I was unable to focus and lost passion on learning. That is how I ended up quitting school.

I: Sorry to hear that. This is the first time that I learned about the true reason for your suspension. How do you feel now?

W: I feel much better now, but still get depressed sometimes: I cannot fall asleep and have no appetite. Then, I will tell myself that it is only a “cold”, and all I need to do is to take care of my health. So, I have to go outdoors for some activities, like chatting and eating with you.

I: I have rarely heard of your feelings on the illness. I just thought you were upset from time to time. How were your later days at school?

W: After taking a year off, I no longer want to go back to the stressful life in a key high school. My parents were concerned with my health, and transferred me to a general high school. They asked the teachers not to push me too hard on academic performance, but let me learn whatever I want. In such a relax environment, I was once more interested in learning, and even scored high by easy learning. The classmates knew nothing
about my depression and treated me kindly. They often asked me to explain difficult knowledge to them. Gradually, I felt as if I was back to my primary school, where I did exceptionally well academically. I restored my confidence, and passed the college entrance exam.

I: What an amazing experience! I never expected that you would choose to be a doctor. I guess you were very busy in college, for I only met you in holidays. How was your college life?

W: You know I am a home bird. In college, however, I had to lodge in the dormitory. As it was the first time for me to live in school, I was not used to campus life at the beginning. I did not know how to live along with my roommates. I even did not know how to respond to the caring words from others: I was afraid that they might find that I was a depression patient. So, I often called my mom and stayed awake all night after hanging up. I really missed my home and my parents. Then, my roommates found that I could not fall sleep at night and became absent-minded in daytime. Soon, my mom learned about my situation and asked me to go home for a rest. However, I was faced with heavy coursework and did not want to give up my program. I felt extremely painful at that period of time.

I: Did you ever talk to your classmates or teachers? You rarely contacted me at that time and I thought you were busy dating someone.

W: No way. I was busy with my study. I am glad that I chose to major in medicine. Since I always worked on illnesses and deaths, I found that my depression was not that serious. So, I talked about my disorder with roommates, and learned that each of us more or less had some health problem. It is quite common. We joked that there was simply no normal person in medical college!

I: You were so optimistic. We knew nothing about depression when we were kids. So, I thought that you were just having a bad mood.

W: So it was with me. My parents kept the truth from me. I visited hospital several times, but no doctor told me about my illness. I had no basic understanding of depression before college, and did not know that I was a depression patient.

I: Indeed, most depression patient knew nothing about their disease. Back then, there was little access to the Internet, making it hard to find information on depression. It was even harder to consult doctors about the illness. So, how did you know the truth?

W: It was in the specialized course in college that I realized I was suffering from depression. Luckily, medical students were very liberal-minded about psychological illnesses. When I confessed to my roommates about my depression, they told me not to be nervous about such a common disease. I was very much relieved by their response. From then on, I often hung out with them when I was in a bad mood. Then, everything would become fine again.

I: I am so sorry for my slow awareness of your depression. It was not until you came home to work that I realized that you seldom went out. Since then, every time I visited you, you were in a low spirit.

W: Back then, I came home to look for a job. I tried hard but to no avail. I felt guilty for letting my parents down, after they had done so much for me in the past years. I did not want to go out, because my friends and relatives may ask me about my job. Then, I might get depressed again. The bad situation lasted for a long time until I found a desirable job, and then a good husband.

I: Everyone may get stuck in negative emotions. When I was preparing for the college entrance exam, I had difficulty in falling sleep, but I was not so lucky to have someone on my side.

W: You know I do not make many friends. I met my husband on a blind date. In fact, I was not sure if we could stay together for a lifetime. When I told him about my depression, he replied that I would be fine with his company. Then, I no longer felt alone and decided to get serious with him. Now, whenever I feel depressed, I will talk to home. He is not a talkative guy, but he always patiently listens to me. After talking to him, I feel relieved and have no insomnia for a long while.

In this interview, the subject personally attributed depression to heavy academic pressure and long-term mental weakness. Her depression was mainly manifested as low spirit, sleep disorder, self-blame, anxiety and irritability. In the beginning, her parents did not tell W the truth, but helped her improve the mood and change a learning environment. Their efforts paid off as W gradually got out of the bad mood. However, when W came to an unfamiliar environment, she suffered from depression again, becoming reluctant to communicate and weary of learning. Fortunately, W manged to adjust her mental state again, thanks to the tolerance and understanding of her roommates.

To sum up, W was mainly treated with psychotherapy and some supportive therapies. In
the early phase, she mainly relied on medicines like paroxetine; the amount of medication gradually decreased as she got better. Besides, the psychological counsellor listened to her description of the daily stress, recommended her a proper way to handle the stress, and encouraged her to bravely confront challenges. Her recovery also comes from the inadvertently supportive treatment like the encouragement and company of parents and friends. Of course, her depression could not be cured without the understanding from her husband.

**Case 2**

C was a good student with a Guangxi accent. Friendliness and humour earned her lots of friends. Born in a humble family, she often did part-time jobs after school. She was widely known as an optimistic girl. However, she was hospitalized after attempting suicide in senior high school. Below is a brief record of the interview between she and I. Note that the letter I means the interviewer, and C means the interviewee.

I: How are you doing in Guangzhou? If you come back, please tell me so we can get together with our classmates.

C: I am doing fine. I rarely come back home. But if I do, I will definitely tell you, because I miss you so much.

I: I still remember that I often egged you on speaking. You made so many unexpected jokes and your accent was particularly interesting.

C: Really? I thought you deliberately teased me for my awkward pronunciation.

I: Of course not! You were very interesting and seemed happy all the time. So, we were all surprised by the later incident.

C: I was too depressed at that time. In fact, I am regretful about committing suicide. Fortunately, you never gave me up.

I: Yes, we were terrified that day when we were told that you were in hospital, and we all rushed to the scene.

C: Then, you raised money for my medical bills and took care of me in turn for many nights. You even accompanied me when I went to the restroom, in case that I committed suicide again.

I: Yes, we were too scared at that time. When I was sleeping beside you, I was so afraid of annoying you that I dared not gasp all night.

C: Actually, I was already regretful when I saw that you were so worried about me. It is a silly idea to commit suicide again. I remember that we had such a long talk that night.

I: Yes, you got to the bottom of my love history that night, and even asked why I broke up with my girlfriend.

C: I wanted to figure out why I was always the unlucky one in love.

I: Actually, I had no idea about love at that time, and I just spoke thoughtlessly that night. I knew you were depressed but I did not know how to comfort you. Later, I noticed that you were not as talkative as before.

C: I believe that silence is gold. I was aware of my emotional instability as early as I was in senior high school. When I entered college, the unstable conditions worsened as I could not adapt to the climate, especially in winter. What is worse, none of my close friends went to the same college with me. I simply had no sense of belonging here. However, I was exhausted from pretending to be happy and optimistic, for I did not want others know about my mental problem. Luckily, you learned about my illness and came to take care of me. I finally felt a sense of relief: I did not have to pretend to be happy, or worry about others' feelings any more. You told me that everyone had his/her secret sorrows.

I: I heard your plan for recovery some while ago. Is it effective?

C: Not bad. I was so busy every day that I fell asleep as soon as my head hit the pillow. Whenever I felt depressed, I would do some outdoor exercises and have a good rest. Then, I could put the stress out of my mind. That is how I walked out of long-term depression in these two years.

During the interview, the author discussed the causes to the depression of C, who seems so optimistic that it is weird to associate her with depression. C talked about her inner conflict: on the one hand, she wanted to come clean to her classmates about her mental conditions; on the other hand, she was afraid of being rejected by them. In the following three years, her mental state went from bad to worse, and suicidal idea emerged due to the lack of love. Biological factors like the variation in hormone levels also contributed to her depression. The resulting disorder carries significant seasonal features. With the improvement of interpersonal relationship, C stopped wasting time on worrying, and started to look at the bright side of problems. She found the meaning of life again, owing to the care and sharing from friends and her own desire.
to ward off the darkness. Coupled with the change in living environment, the endless work tasks took attention away from depression, and gradually lifted her out of the negative emotions.

**Case 3**

F was an excellent student with good interpersonal relationship before senior high school. He did well in sports, and served as class monitor all the way from primary school to junior high school. However, everything changed after he was transferred to another senior high school and ill-treated by teachers there. The following years saw the decline in grades and memory, and the attacks of headaches and panics. He began to skip classes for computer games, and frequently bickered with his parents. Later, he was diagnosed with depression. Below is a brief record of the interview between she and I. Note that the letter I means the interviewer, and F means the interviewee.

**I:** How did you feel before you were diagnosed with depression?

**F:** I knew nothing about depression, and never suspected that I might have the disorder.

**I:** Can you recall your state of mind at that time?

**F:** I was extremely annoyed and pessimistic. I had no interest in anything. I was simply helpless.

**I:** When did it all begin? Do you remember the course of the disease?

**F:** There might be a starting point, but I am not sure about the exact time point. The process was very painful. I felt as if everyone was forcing me to behave against my will. No one actually understood me.

**I:** What do you think of depression? Have you tried to get rid of it?

**F:** I did not know how I caught the disease. Since the diagnosis, I had to face up to the reality. I often fell into negative emotions, and stuck in the pessimistic state for a long while.

**I:** What do you think of depression? Have you tried to get rid of it?

**F:** I was extremely annoyed and pessimistic. I had no interest in anything. I was simply helpless.

**I:** What do you think of depression? Have you tried to get rid of it?

**F:** I did not know how I caught the disease. Since the diagnosis, I had to face up to the reality. I often fell into negative emotions, and stuck in the pessimistic state for a long while.

**I:** Did you wonder about the origins of your depression, and try to get out of the negative state?

**F:** Of course, I puzzled over the causes of the disorder. Even if I found the cause, I still knew nothing about the solution to depression. It is like the blind men trying to size up the elephant.

**I:** Are you feeling better now?

**F:** I am depressed most of the time and occasionally feel better. However, a good state is only an illusion. There is no actual improvement.

**I:** Why not receive some treatments?

**F:** I have never accepted any real treatment. I want to overcome the depressed state on my own.

**I:** Besides depressed mood, is there any other uncomfortable symptom?

**F:** I have suffered from long-time insomnia and poor sleep. Then, I took sleeping pills, and went to church several times. But neither of them has any effect.

**I:** Have you ever told your doctor about these symptoms?

**F:** I told the doctor about the insomnia, without mentioning the symptoms of depression. I do not trust them. Instead, I took sleeping pills, the sleep quality was not improved completely, and I could only fall asleep occasionally.

In Case 3, it is clear that F has no sign of recovery from depression. He does not know the start point of his various symptoms, namely, depressed mood, insomnia, weak memory and long-term pessimism. Some possible causes may include the discomfort from the changing learning environment, intensified stress within families, and ill-treatment by his teachers.

**I:** There are many different medical explanations for depression. Do you think depression is a definite illness?

**F:** I read some books on depression, but I think their explanations are too hollow. The illness always precedes definition. Otherwise, the definition is a castle on the sand.

**I:** So, depression is purely emotional?

**F:** No, depression is accompanied by other traumas, such as self-mutilation and psychological scars.

**I:** What caused your depression?

**F:** The depression does not come from nowhere. The possible causes may include long-time oppression without a channel to vent, and bad experience. The negative emotions accumulated and led to the eruption of the depression.

**I:** What is your view of depression in daily life? How does it affect your emotions?

**F:** Perhaps depression is an essential path of our spiritual growth. It leaves unspeakable dark feelings deep in my heart. One day, it will break out like the sewage water bursting out of underground pipes.

**I:** Have you tried to avoid depression?

**F:** It is impossible to avoid depression. No one can predict when it will occur.
I: How long does each depression cycle last?

F: It is hard to say. All I can remember is that I was often trapped in negative emotions. I cannot forecast its occurrence until it really occurs.

I: How are you feeling now? How does depression affect your work?

F: I am in a general state, an ordinary state. I am trying to distract myself from depression with busy work, but I fail to immerse myself in daily work. Whenever I am faced with setbacks, I will be stuck in pessimistic emotions. It is similar to autism. Both the autistic and the depressed need the affirmation of others. Otherwise, they will be distracted from their work to pessimistic emotions.

I: Have your efforts to mitigate depression pay off?

F: The depression could be greatly mitigated through mental hints. Of course, the mental hints only work among those with strong self-control and self-restraint.

From the above answers, it can be seen that F holds a pessimistic attitude towards the treatment of depression, as he knows there is no agreement on the exact pathogenic factors of the illness. His depression could recur whenever he meets setbacks. So far, F has made several futile attempts of depression relief, such as distraction and suppression of negative emotions.

I: Is it possible to mitigate depression?

F: I do not think it can be fundamentally cured. Thus, I try to calm down and return to normal life. Depression can be mitigated, but cannot be fully cured. The symptoms may be relieved by the care from relatives and friends, the recognition of others, and self-affirmation.

I: Have you told your families or friends about your condition? How can they help you?

F: I wish they could respect my choices and try to understand me. I never told my parents about my situation. So, I became increasingly depressed in the face of difficulties. I wanted to tell them the truth several times, but each time I hesitated. Instead, I carefully shifted the topic to the difficulties in my daily life. However, they do not understand how come I am feeling bad over these odds and ends. Neither did I tell my friends directly about my depression. I do not want to spread negative energy to them, and I do not think they could offer me any substantial assistance. I only vaguely spoke about my depression with my friends when I was extremely depressed, without expecting for any real solution.

I: Do you know anyone else around you that also suffers from depression? Have you talked to them or helped them to recover?

F: Yes, but we did not help with each other. We are unable to fend for ourselves. The best we can do is to avoid exerting negative effect on each other.

F held that depression could be alleviated by the sense of accomplishment in work and daily life, and the care from relatives and friends. He tried to come clean to his families, yet they did not accept the fact due to the lack of knowledge on depression. Their negative response exacerbated his low-spirit state. Although his friends expressed sympathy about the situation, they offered no concrete assistance. Even those having similar symptoms could not provide any real help.

I: Have you ever been in love? Do you think love is helpful to depression relief?

F: My girlfriend is very confident. She rarely takes my feelings into consideration.

I: Have you asked your girlfriend and other people be quiet when you were in a bad mood?

F: People are self-centred nowadays. Very few people think about others’ mood before taking an action. They are just indifferent. For example, your neighbours upstairs never lower their voices because you are a depression patient.

I: Will your girlfriend be anxious if she learns about your depression? If so, what will you do?

F: I told her before that I often sleep poorly because of insomnia. Sometimes, I admitted that I had suffered from depressed emotions when we recalled the past together. I have a mixed feeling about her awareness of my disease. For one thing, I am not that worried about letting her know about my depression; if she breaks up with me because of the disease, it only means she does not love me that much. For another, I am simply afraid if she is well informed about my illness.

Wang P., Determination of Countermeasures for Depression through Interviews on Young Depression Patients in Anthropology


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I: So, you want to hide your depression from her?
F: No. I decided to be honest to her from the start of our relationship.
I: Do you worry about the effect of depression on your life?
F: Half and half. On the one hand, I believe my girlfriend will support me and encourage me to overcome depression; on the other hand, I do not want her to be hurt by my depressed emotions.

According to the above answers, F attaches great importance to love. He cared about his girlfriend's feelings even when he was utterly depressed, yet he is the one that in desperate need of understanding. Hence, lover's support and encouragement can alleviate the symptoms of depression to some extent. Then, the author interviewed F's girlfriend. It is learned that she knew little about F's depression, and thought his negative mood was the result of long-term insomnia. Thus, she cared much about him without thinking too much on the symptoms of depression.

I: How did depression discriminate you from others?
F: The depression made me highly sensitive and vulnerable whenever it occurs.
I: How do you feel when you are depressed?
F: I lose interest in anything. I feel resentful and useless. It feels like I am an outcast of the society.
I: Is there any moment that you feel enlightened?
F: The first ray of sunshine in the morning can dispel the darkness in my heart.
I: What would you do to cheer yourself up under depression?
F: I just want to be alone, listening to soft music and recall beautiful memories.
I: Do you agree that depression is partially caused by the environment?
F: I do not think so. Based on my experience, psychology is the dominant factor of depression, while the environment is only an objective setting.
I: Do you want the company of a friend or lover when you are depressed?
F: It is a hard choice. I want to be left alone, but fear loneliness; I want to be accompanied by others, but may frighten them away.

I: Did depression reshape your state of mind?
F: Yes, I have many creative inspirations because of depression. I often write poems with an active mind. However, it is impossible to keep the creative state of mind, because too many ideas and concepts keep popping up in my mind. Of course, inspirations cannot cure my depression.
I: How does this state of mind affect you?
F: It allows me to return to myself in a pompous and bustling environment.
I: Can depression patients escape from negative emotions by recalling happy memories?
F: No. When people are in a low spirit, they prefer to get immersed in sad mood. For example, I would listen to some melancholy songs, and sit still in the silent and dark night. Only such emotion and environment can echo with my inner world. How could you expect a happy story from a sad person?
I: As we know, many celebrities and artists also suffer from depression. Is there any correlation between depression and talent?
F: I would say yes, judging by my own experience. I often turn the depressed emotion into a piece of work. For instance, I would write a poem to describe the mood, and translate the negative state of mind into artistic words. Then, I can feel a moment of satisfaction, and appreciate the beauty of sadness in the poem.
I: What do most people in your living environment think of depression patients?
F: They show little tolerance and concern to us. They neither understand us nor try to forge the understanding. Most people regard depression as an imaginary disease. They never truly understand the sufferings of depression patients.
I: Do you think there is a turning point to dispel your depression?
F: I just hope that I could go back in time, to correct every mistake, and to enjoy the simple and carefree days in childhood.

The interview with F shows that the subject has a very different state of mind from other depression patients. Unlike most patients, F has attempted to regulate the psychological state, and built an objective understanding of the disease. After years of depression, he knows how to tackle the disease calmly, and even treats the illness as a source of inspirations. The interview also reveals the lack of understanding of depression and sympathy for depression patients.
in our society, which are conducive to the recovery of these patients.

Conclusions

Psychological process of depression patients

Through the interviews on three depression patients, it is found that the key inducements of depression are heavy academic pressure, poor interpersonal relationship, and failed love experience; the main symptoms include sleep disorder, low spirit, guilt, anxiety, irritability and even suicidal attempt. All the three interviewees have tried psychological treatment, but they relied on drugs to alleviate symptoms like insomnia.

Cases 1 and 3 fully manifest the importance of supports from families and friends. In each case, the patient endured different levels of sufferings, such as confusion, low spirit and pain, but both of them fought back bravely and returned to the normal life. Due to the poor understanding of depression, our society fails to help the patients out of depression, leaving them in a lonely and hard journey of recovery. If the patients could receive the care and support from people nearby, they will face depression in a more relaxed manner, overcome tough issues in daily life, and, more importantly, enjoy love and friendship in the hard journey.

Suggestions for depression patients

Once diagnosed with depression, a patient should never give up on himself/herself. Instead, he/she should keep an optimistic mind, receive medical treatment, and distract himself/herself by working and learning. For example, the patient could adjust his/her working or learning environment, and maintain close interpersonal relationship, a key to the later-stage treatment. Rather than be disheartened by others’ misconceptions, the patient should actively communicate with relatives and friends about the disease, and solicit their supports and encouragements. He/she must understand that horrible and painful emotion problems are bound to occur in the short term, but these problems will soon fade away.

Suggestions for the companions of depression patients

The companions of a depression patient must fully understand his/her loneliness and pains under depression. There are three main suggestions for the companions. First, do not blame the patient and help him/her to rebuild confidence through tolerance and encouragement. Second, keep a positive mind about the arduous and painful companionship, and avoid being infected by the negative emotions of the patient. Third, maintain greater confidence than the patient, so that the latter could have hope for new life even if he/she is in the valley of despair.

References