



Reality or nightmare

A study of three mental disorders in our modern world

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*P*rologue

Due to the stressing lifestyle that characterises our present world, mental disorders are becoming more and more common nowadays. The present project tries to deepen into mental disorders as any illness that affects people's emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or on their family lives. This topic also involves everything related to the field of mental health, the many different types of mental disorders ranging from the commonest such as depression and anxiety to more severe ones such as schizophrenia.

I have chosen this specific topic for some reasons, the first one is to raise awareness of what mental disorders exactly are, explaining the basics of this field and showing that not every person who suffers a mental disease may become a psychotic killer, they can be as normal as anyone else. The second reason of this choice was the interest to know more about this topic in which I have been interested for a long time, because it is something real, which affects more people than we can imagine and also because getting to understand more about this topic was crucial for me for personal reasons. My own background has been affected by this problem, and the experience was the most important motivation in the choice of the research project.

Maybe there are other reasons related to study interest with the psychology field and the psychiatry, also films and TV series about this topic have encouraged me to work on this project and help me not to lose the illusion of the first day.

But this project would not have been possible without the help of some people, the three people involved in the practical part, their extra help giving me lots of advices and telling me how to focus on the topic and, as I've said before, my family as an important motivation.

I expect this project to be helpful to the reader to understand such a common problem in our present society.

Finally, I would like to say that I'm extremely glad I started and finished this work and I encourage everyone to work hard to achieve the goals in their research project. This is a great experience to learn how to work in a rigorous way elaborating a significant study on some aspect of the world around us. Moreover, I have to say that it has been a wonderful way to improve my skills in English. Obviously, it has been sometimes hard, but in the end, I can assure that the effort has been worth and the feeling of success makes for all the hard moments I have faced throughout the project.

*I*ntroduction

In our modern society there is an important necessity to find a mental or emotional state of well-being characterized by positive or pleasant emotions ranging from contentment to intense joy, this feeling is what we call “happiness”. Since we are born, we all try to achieve that. The modern man has thought that if he could have high living standards, a good income, more leisure time, education and the freedom to do as he pleases, he would automatically be happy. Nowadays more people are experiencing this state of well-being than ever before, but also these conditions that our society thinks that are the key to happiness, have led to an unprecedented increase of mental diseases, and even to create new forms of mental disorders. So, something is dearly missing in modern man's pursuit of happiness because studies have shown that one in five of all adults will experience a mental health problem in their lifetime. **Chuck Palahniuk** summarises all this idea in just one phrase:

“Our Generation has had no Great War, no Great Depression. Our war is spiritual. Our depression is our lives.”

The aim of my research project is to delve into the world of mental health especially linked to the modern world, to talk about the most important aspects of the mental disorders like the causes or the effects they have or the way they are treated always with a medical point of view but also trying to be easy to understand. Furthermore, the project gives an accurate historical background which helps to contextualize the topic and know the most important improvements from the ancient Egypt till now, in the field of mental health. Besides that, the research project is strongly focused on a specific illness which is Depression, one of the most common illnesses of the modern world which is estimated to be the second leading cause of disease by the year 2020.

I started the project working on the following hypothesis:

Mild and low cases of depression can be treated without medication.

The practical part of the research project will be focused on that hypothesis in order to corroborate it or refuse it. The depression and the different natural treatments which do not involve chemicals to treat the illness will play a very important role in this specific part of the project. The different tips and advices well known to be effective to treat depression will be grouped in three different treatments characterized by their specific aspects related to the way they work. These three treatments will be tested in real life in three different people to see the real effectiveness of each treatment.

In the practical part, three people who helped me in this process of the project, will take part, they are acquaintances, friends of relatives, people in who I can rely on. All three, suffer from low stages of depression characterized by low self-esteem and losing interest in hobbies, pastimes or social activities they used to enjoy. Hence, they suffer from a very similar depression triggered by different causes, but having similar symptoms. This is useful to obtain objective results and also to make a good comparison to corroborate or refuse the hypothesis.

Each treatment involved in the practical part does not rely on medicines as something crucial to treat depression, all of them are free of this chemical substances and they use other methods which people tend to call "Alternative ones". One treatment is based on changes on the lifestyle of the person, another one is based on the physiologic help and its therapies and the last one is based on oriental remedies. They have huge differences, but in the end they all have the same purpose; to treat the depression and relieve its symptoms.

The practical part goes from June to September, during these months the three people involved in the project, will test each treatment, one per month, for later take some conclusions. The first month is just a control one to gather some information of the three patients, their routines, their ups and downs... The next months will work exactly in the same way. They will follow a strict timetable in which there are some recommendations and tips about each treatment for the best efficiency of them. At the end of the month, a few conclusions will be given and notice the changes the person will have experienced by then and know the effectiveness of the treatment in each person.

THEORETICAL PART

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What is a mental disorder?

A mental illness or a mental disorder is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. Mental illnesses cause a great deal of suffering to those experiencing them, as well as their families and friends. Furthermore, these problems appear to be increasing. According to the World Health Organization, depression will be one of the biggest health problems worldwide by the year 2020.

The causes of mental illness

“Several lines of evidence suggest that the primary mental disorders are a product of the evolution of the human brain and mind”

- Abed & Peedicayil

Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of **biological, psychological, and environmental factors**.

Biological Factors

Some mental illnesses have been linked to an abnormal balance of special chemicals in the brain called neurotransmitters. If these chemicals are out of balance or are not working properly, messages may not make it through the brain correctly, leading to symptoms of mental illness.

Other biological factors that may be involved in the development of mental illness include:

- **Genetic Factors:** Many mental illnesses run in families, suggesting that people who have a family member with a mental illness are more likely to develop one for themselves. The mental illness is passed in families through genes. Mental illness itself occurs from the interaction of multiple genes and other factors such as stress, abuse, or a traumatic event.
- **Infections:** Certain infections have been linked to brain damage and the development of mental illness. For example, *the Streptococcus bacterium* has been linked to the development of obsessive-compulsive disorder and other mental illnesses in children.
- **Brain defects and also Injuries:** Defects in or injury to certain areas of the brain has also been linked to some mental illnesses. For example, loss of oxygen into certain areas of the brain could lead to autism or other mental disorders.
- **Substance abuse:** Long-terms of substance abuse, in particular drugs like heroin or cocaine has been linked with mental disorders like anxiety, depression or paranoia. Also exposure to toxins, such as lead, may play a role in the development of mental illnesses like the one call *Ergotism* that produces paranoia and also illusions.

Psychological Factors

Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse. It is also considered a trauma anything that causes the child to feel worthless, unlovable, insecure, and even endangered. An important early loss, such as the loss of a parent as well as any traumatic experience is factors to get a mental illness. Moreover, personal feelings such as inadequacy, low self-esteem, anxiety, anger, or loneliness are the factors that are related with mental disorders for example depression or personality disorders.

Environmental Factors

Certain stressors can produce an illness in a person who is susceptible to a mental illness. These stressors include social or cultural expectations. For example, a society that associates beauty with thinness can be a factor in the development of eating disorders. In addition to this, the view and also what surrounds each person, can affect in the development of a disorder. Society is an important factor for developing that kind of illnesses, also another significant factor is the style of life. A stressed person has a higher percentage of getting a mental illness than other person without stress.

Classification of mental disorders

Mental illnesses are of different types and degrees of severity. Some of the major types are depression, anxiety, schizophrenia, bipolar mood disorder, personality disorders, and eating disorders.

The International Classification of Diseases (ICD) is an international standard diagnostic classification for a wide variety of health conditions. Chapter V focuses on "mental and behavioural disorders" and consists of 10 main groups where every mental disorder appears:

- **F0:** *Organic, including symptomatic, mental disorders.*

In this group there are mental disorders caused by a dysfunction of the brain that may be permanent or temporary. Those mental illnesses occur as the result of developing anomalies in the brain. There are many types of organic mental disorders but the common one is *Dementia*, which is a serious loss of global cognitive ability in a previously not injured physically or mentally person, beyond what might be expected from normal *aging*. It may be the result of a brain injury or a decline due to a disease in the body.

- **F1:** *Mental and behavioural disorders due to use of psychoactive substances.*

In this group there are mental disorder caused by intoxication, addiction or abusing of certain chemical substance like alcohol, cocaine or tobacco that acts with the central nervous system where the brain functions reside. The resolutions of this are alterations in perception, mood, consciousness, cognition, and behaviour. There are many types of mental disorders that start with using psychoactive substances but the common ones are Deliriums, Psychotic and Amnesia.

- **F2:** *Schizophrenia, schizotypal and delusional disorders.*

In this group there are mental disorders characterized by eccentric behaviour and anomalies of thinking. In this group people present a pattern of social and interpersonal deficits marked by a discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions.

- **F3:** *Mood [affective] disorders*

In this group there are mental disorders involving a disturbance of mood, along with either a full or partial excessively happiness (manic) or extremely sadness (depressive) syndrome not caused by any other physical or mental disorder. Mood refers to a prolonged emotion not an emotion in a certain moment. The main types of affective disorders are depression, bipolar disorder, and anxiety disorder.

- **F4:** *Neurotic, stress-related and somatoform disorders*

In this group all the mental disorders have common historical origin with the concept of neurosis, for neurosis we understand a class of functional mental disorders involving distress but neither delusions nor hallucinations, also the behaviour of the person is not outside socially acceptable norms. Anxiety and Depression are common emotions in these disorders.

- **F5:** *Behavioural syndromes associated with physiological disturbances and physical factors*

In this group we can find all the mental disorder caused by anomalies in our body or changes in our behaviour always link with physical factors. Eating disorders are the most important disorders in this group but also we can find other well-known disorders like sexual dysfunctions or sleep disorder.

- **F6:** *Disorders of personality and behaviour in adult persons*

In this group there are mental disorders characterized by long-lasting rigid patterns of thought and behavior. Because of the inflexibility of these patterns, they can cause serious problems and disability of motion for the people who suffer from these disorders. Most people with personality disorders have pretty normal lives and often only ask for psychotherapeutic treatment during times of increased stress or social demands. Personality disorders tend to be an integral part of a person, and therefore, are difficult to treat or even cure.

- **F7:** *Mental retardation*

This group is characterized by general learning disability or intellectual disability is a generalized disorder appearing before adulthood, characterized by significantly *impaired* cognitive functioning and deficits in two or more adaptive behaviors. The definition includes a component relating to mental functioning and one relating to individuals' functional skills in their environment.

- **F8:** *Disorders of psychological development*

Developmental disorders are a group of psychiatric conditions that begins in childhood and continues through life; involve serious impairment in different areas producing disorders like language disorders, learning disorders, motor disorders and autism spectrum disorders. Developmental disorders are present from early life and usually improve as the child grows older. There is a strong genetic component in these disorders, and more males have these kinds of psychological disorders than females.

- **F9:** Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

A group of disorders characterized by the combination of persistently aggressive, dissocial or defiant behaviour with overt and marked symptoms of depression, anxiety or other emotional upsets. Mood disorders in children are often expressed by a challenging behaviour or somatic symptoms.

- In addition, a group of "*unspecified mental disorders*".

Within each group there are more specific subcategories. The ICD includes personality disorders on the same domain as other mental disorders. The World Health Organization is revising their classifications in this section as part of the development of the ICD-11 for 2014 and an "International Advisory Group" has been established to guide this.

Psychology and psychiatry

The terms "psychologist" and "psychiatrist" are often used *interchangeably* to describe anyone who provides therapy services. While psychologists and psychiatrists both conduct psychotherapy and research of the mind and mental problems, there are significant differences between the two professions and the two specialties. First of all, is important to have a brief introduction about the two topics and know more about them:

<i>Psychology</i>	<i>Psychiatry</i>
<p>Psychology is an academic field that studies the human mind and behaviour. Research in psychology seeks to understand and explain how we think, act and feel. A large part of psychology is devoted to the diagnosis and treatment of mental health issues, another important part treat a huge variety of issues that impact to health and daily life like self-help, motivation and much more.</p> <p>Psychology explores concepts such as: Perception, cognition, attention, emotion, motivation, brain functioning, personality, behaviour and interpersonal relationships.</p>	<p>Psychiatry is a medical specialization concerned with the diagnosis, treatment and prevention of mental illnesses like schizophrenia, dementia or autism.</p> <p>Psychiatry explores concepts such as: Mental disorder, brain dysfunction, chemical imbalance and all refer to mental illnesses.</p>

What does a psychiatrist do?

A psychiatrist is a qualified medical doctor who has studied the specialization of psychiatry to become a specialist in the diagnosis, treatment and prevention of mental illness.

Psychiatrists learn how to:

- Give advice to people who suffer mental problems and solve their doubts about the mental illnesses.
- Diagnose and *assess* the mental disorders and their symptoms.
- Make a correct and accurate evaluation of the patient by studying their past experiences, their social and family background, their behaviour... as well as any medical features.
- Use psychological treatments correctly and suggest which ones are the best ones for every single patient.
- Monitoring the therapy and the medicaments given to the patient.
- Use medication according to the patient and his or her disorder, with the aim of a slow recovery or in the worst cases stops the progression of the illness.
- Help a person to recover from the effects of a mental disorder.

What does a psychologist do?

Psychologists are experts in human behaviour who have studied Psychology degree in university. They use scientific methods to study the factors that influence the way that people think, feel and learn, and prepare strategies and interventions to help people to overcome challenges and improve their performance.

Psychologists learn how to:

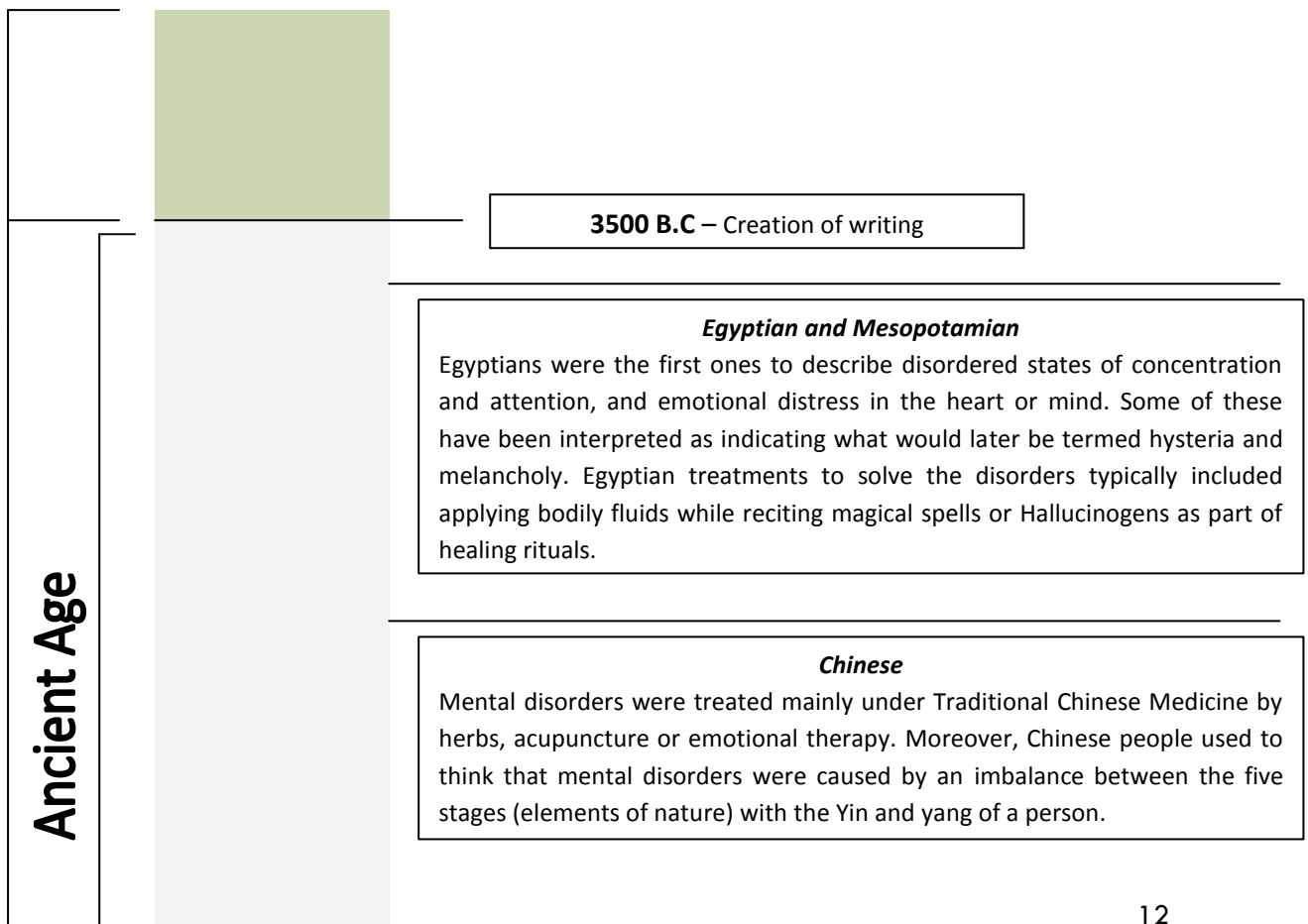
- Give advice to people who suffer basically from anxiety and depression and also try to solve their doubts about their own insecurities.
- Speak to their patients; convince them that they can overcome everything.
- Make their patients feel comfortable to not be shy and speak clearly about what is happening, their feelings and their point of view.
- Empathize with their patient to make a correct evaluation of the patient.
- Use psychological treatments correctly and suggest which ones are the best ones for every single patient.
- Give tips and advices to face the problem and encourage the person to do that.
- Offered alternatives to reduce stress, anxiety...
- Help a person to recover from the effects of a mental disorder.

<i>Comparison between Psychology and Psychiatry</i>	
Psychology	Psychiatry
Psychologists have to study the psychology degree to work as psychologist.	Psychiatrists have to study medicine and later choose psychiatry as a specialization to work as psychiatrist.
The psychological focus or point of view is based on human, their feelings and sensations.	The psychiatrically focus or point of view is more technical more related to medicine looking more for causes and symptoms than feelings.
Work with more non-medical means of treatment, like therapy and cognitive testing. Psychologists can't prescribe drugs.	Work with medical treatments, based on drugs or therapy as psychologists. Psychiatrists can prescribe drugs.
Both study the brain, emotions, feelings and thoughts.	
A psychologist is not able to write prescriptions, but may recommend a patient be seen by a fellow psychiatrist in order to receive medications.	Psychiatrists often advice patients to fellow psychologist therapy to receive counseling and help.

History of mental disorders

The history of mental illness is a good representation of the ways in which trends in psychiatry and cultural understanding of mental illness influence national policy and attitudes towards mental health.

Prehistory



Ancient Age

Indian

Ancient Hindus, made some descriptions of depression and anxiety states. Mental disorders were generally thought to reflect abstract metaphysical entities, supernatural agents, sorcery or witchcraft. Also as resulting from an imbalance among this three kinds of bodily fluids or forces called (*Dosha*). Different personality types were also described, with different propensities to worries or difficulties. They suggested that the principal causes were inappropriate diet, disrespect towards the gods and mental shock due to excessive fear or joy. Their treatments included the use of herbs and *ointments*.

Ancient Greece and Rome

In ancient Greece and Rome, madness was associated with aimless wandering and violence. However, some people like **Socrates** considered positive aspects including: open mind, poetic inspiration,... **Hippocrates was the first person to classified mental disorders**, including paranoia, epilepsy, mania and melancholia.

Through long contact with Greek culture, and their eventual conquest of Greece, the Romans absorbed many Greek ideas on medicine. The Greek physician **Asclepiades**, who practiced in Rome, treat the insane people with natural therapies, such as diet and massages. Another famous physician **Galen** propose that states of sadness, excitement, confusion and memory loss are the principal cause of mental disorders and they have to be studied separately.

Famous writes and artist as **Homer**, **Sophocles** and **Euripides** described madness as something produce by the gods, imbalanced humours or circumstances that surround the person affected. Physician **Celsus** suggested that people must heal their own souls through philosophy and personal strength, also he practices some treatments like incubation in temples, exorcism, incantations and amulets, as well as "tortures" to restore rationality.

476 A.D – Fall of the western Roman Empire

Persia, Arabia and the Muslim Empire

As the Muslim world expanded, Greek concepts were integrated with religious thought and over time, new ideas and concepts were developed. Arab texts from this period talk about melancholia, mania, hallucinations, delusions, and other mental disorders. For the first time in history mental disorders were linked with the brain.

Others currents said that mental disorder could be caused by possession by a genie, which can be either good or bad. In some parts of Morocco the traditional Berber people link the concept of sorcery to the understanding of mental disorder, so Islamic people mixed the concept of genie with the concept of sorcery to understand what a mental disorder was and they supposed that the mental disorder has to be treat with the help of religion.

The first psychiatric hospital was founded in Baghdad in 705 A.D, and also insane asylums were built in Fes and in Cairo in 800. Insane patients were treated using baths, drugs, music and activities.

Middle Ages

Christian Europe

Conceptions of madness in the Middle Ages in Europe were a mixture of the figure of God, the presence of demon and magical and transcendental factors. Theories of the Greek four humours (black bile, yellow bile, phlegm, and blood) were combined with theories of evil spirits to understand the mental disorders.

Arnaldus de Villanova was the first one to combine evil spirits and the four humour theories. He promoted remedies that included *purges, bloodletting* and *whipping* as a cure. Madness and all mental disorders were often seen as a moral issue, a punishment for sins a person had made or a test of faith, never seen as a illness as it is nowadays. Other more mundane causes were also linked with mental problems bad diet and alcohol abuse, overwork, and grief.

The care of people who were affected by mental disorders were primarily the responsibility of the family. Most of those considered lunatics or mad were isolated far away because they were a sign of the evil, so no support was given to them even in specific installations.

1492 A.D – Discovery of America

Modern Age

16th to 18th centuries

Some mentally disturbed people had been victims of the witch-hunts that spread in waves in early modern Europe. However, those judged insane were increasingly admitted to local workhouses, poorhouses and jails even sometimes to the new private madhouses called Asylums. Punishment and forcible confinement were used for those thought dangerously disturbed or potentially violent to themselves or to the others.

In this period of time madness and other mental disorders commonly appeared in literary works, such as the plays of Shakespeare.

By the end of the 17th century and into the *Enlightenment*, madness was increasingly seen as an organic physical phenomenon, no longer involving the soul or moral responsibility. The people, who suffer from mental disorder, were typically viewed as wild animals. Severe treatment and the use of chains were seen as therapeutic, helping to suppress the animal passions and instincts. A strict diet, diary exercise combined with barbaric treatments were used, similar to those in medieval times was the treatment that patients receive to treat their illness.

With the rise of madhouses or asylums and the specialization of medicine, there was considerable incentive for medical doctors to become involved in psychiatry. In the 18th century, madhouses were a lucrative business, and many made a fortune from abusing people and take advantage of a illness.

Towards the end of the 18th century, a moral treatment current was developed, that current implemented more humane, psychosocial and personalized treatments and keep away the barbaric treatments.

1789 A.D – French Revolution

19th century

The 19th century, in the context of industrialization and population growth, saw a massive expansion of the number and size of insane asylums in every Western country, a process called "the great confinement" or the "asylum era". The success of moral treatment had cast doubt on the approach of medics, and many had opposed it, but by the mid-19th century many became advocates of it but argued that the mad also often had physical/organic problems, so that both approaches were necessary. This argument has been described as an important step in the profession's eventual success in securing a monopoly on the treatment of lunacy.

Numerous different classification and diagnostic terms were developed by different authorities, taking an increasingly important paper of the psychiatry as the medical specialty became more academically established.

The relative proportion of the public officially diagnosed with mental disorders was increasing, this has been linked to various factors, including possibly humanitarian concern, a lowered tolerance of communities for unusual behavior due to the existence of asylums to place them in, and the strain placed on families by industrialization.

20th century

The turn of the 20th century saw the development of psychoanalysis, which came to the fore later. Asylum improve their image and medical status of their profession, people who was in an Asylum were increasingly referred to as patients and asylums renamed as hospitals and for first time referring to people as having a mental illness.

In the United States, a "mental hygiene" movement, originally defined in the 19th century, gained momentum and aimed to "prevent the disease of insanity" through public health methods and clinics. The term mental health became more popular and this led to compulsory sterilization movements in many countries around the world for several decades.

In Nazi Germany, people who suffer from mental disorders were the first ones to be part of the euthanasia programs. Despite not being formally ordered to take part, psychiatrists and psychiatric institutions were at the center planning and carrying out atrocities for advancing in the knowledge of the psychiatric medicine. Soldiers from both sides received lots of psychiatric attention to treat their traumas during World War II. Thanks to this in the US a new psychiatric manual for categorizing mental disorders, which along with existing systems for collecting census and hospital statistics led to the first Diagnostic and Statistical Manual of Mental Disorders (DSM). The International Classification of Diseases (ICD) followed suit with a section on mental disorders.

The term stress, appears for first time and was increasingly linked to mental disorders.

Lobotomies, Insulin shock therapy, Electro convulsive therapy, and the "neuroleptic" chlorpromazine came in to use mid-century.

Other kinds of psychiatric medication gradually came into use, such as psychic energizers and lithium. Benzodiazepines gained widespread use in the 1970s for anxiety and depression, until dependency problems curtailed their popularity. Advances in neuroscience and genetics led to new research agendas. Cognitive behavioral therapy was developed. Through the 1990s, new SSRI antidepressants became some of the most widely prescribed drugs in the world.

The DSM and then ICD adopted new criteria-based classification, representing a return to a Kraepelin-like descriptive system.

21th century

Accordingly, a radical rethinking of the concept of mental disorder and the need of a radical scientific revolution in psychiatric taxonomy was proposed.

Schizophrenia

"Monsters are real, ghost are real too. They live inside us, and sometimes, they win."

- Stephen King

Schizophrenia is a group of severe brain disorders in which people interpret reality differently from us. Schizophrenia may result in some combination of *hallucinations*, *delusions*, and disordered thinking and behaviour. Contrary to some popular belief, schizophrenia is not the same as a personality disorder or multiple personality like bipolar disorder. The word "schizophrenia", it refers to a rupture of the usual balance of emotions and thinking that will be a chronic condition that will need a lifelong treatment.

Signs and symptoms of Schizophrenia

When you become unwell, you are showing important changes in your behaviour. For some people this can happen quite often, but for others these changes may occur more gradually and leading to an important disorder, in this case schizophrenia. They may become upset, anxious, confused and suspicious of other people, particularly anyone who doesn't agree with their perceptions. They are unconscious, or just unwilling to believe that they need medical help.

In making a good diagnosis for detect schizophrenia, doctors will want to rule out other physical or mental health problems with similar symptoms like bipolar disorder. They will look for various "positive" symptoms, "negative" symptoms and "cognitive" symptoms. And make a diagnosis based on the presence and duration of some or all of these symptoms.

In men, schizophrenia symptoms typically start during the puberty or in their 20s. In the other hand women typically begin in their 20s or early 30s. It's uncommon for children to be diagnosed with schizophrenia and rare for those older than 45.

The Positive symptoms

Positive symptoms are symptoms that most people do not normally experience in their ordinary life. Positive symptoms are those that appear to reflect an excess or distortion of normal functions in a person. It requires at least one-month duration of two or more positive symptoms, unless hallucinations or delusions are especially strange, in which case one alone is necessary for a diagnosis. The positive symptoms are not necessarily the most important or the characteristic ones. They are much more pervasive and persistent and have a much greater effect on a patient's quality of life. The Positive symptoms are:

<i>Delusions</i>	Delusions are erroneous beliefs due to distortions or exaggerations of reasoning and/or incomprehension of perceptions or experiences. Delusions of being followed or watched are common, as well as the belief that comments from radio or TV programs have special messages directly to them.
<i>Hallucinations</i>	Hallucinations can affect any of the senses. A person with schizophrenia might see things that others do not, smell things that others cannot or hear voices that no one hear. Voices can be familiar or strange, friendly or critical and might discuss their thoughts or behaviour. The voices they hear might tell you to do things. People who are diagnosed with schizophrenia seem to hear mostly times critical or unfriendly voices.
<i>Catatonic behaviours</i>	Catatonic behaviours are characterized by a decrease in the immediate reaction with the surrounding environment.
<i>Grossly disorganized behaviour</i>	Grossly disorganized behaviour includes difficulty in leading to difficulties in activities during daily living, unpredictable agitation or silliness, or behaviours that are bizarre with the other people. Their unusual behaviour is motivated by delusional beliefs.
<i>Other symptoms</i>	Other symptoms sometimes present in schizophrenia but not often enough to diagnose the mental illness include unusual motor behaviour, losing their own personality, <i>somatic preoccupations</i> ... It is easy to find more positive symptoms that can be involved with the diagnostic of schizophrenia because every patient is a world with their specific symptoms.

The Negative symptoms

'Negative' symptoms are a lack of some emotional responses or thought processes. They are called like this because they are an absence as much as a presence of inexpressive faces, *blank looks*, monotone and monosyllabic speech, few gestures, lack of interest in the world and other people and an inability to feel pleasure or act spontaneously. The three most common and also the most important are:

<i>Affective flattening</i>	Affective flattening is the reduction in the range and intensity of emotional expression, including facial expression, voice tone, eye contact, and body language.
<i>Alogia</i>	Alogia, or poverty of speech, is the decrease of speak fluently, slowing or blocked thoughts.
<i>Avolition</i>	Avolition is the reduction, difficulty, or inability to interact with other people or just show disinterest in everything. Good cases of avolition can be: <ul style="list-style-type: none"> ▪ No longer interested in going out and meeting with friends. ▪ No longer interested in activities that the person used to show enthusiasm for. ▪ No longer interested in much of anything, sitting in the house for many hours a day doing nothing.

What causes schizophrenia?

There's no specific answer for why some people develop symptoms of schizophrenia when others do not. And, because of different opinions about what schizophrenia is and its symptoms, it's not easy to identify what might cause it.

It is generally agreed that schizophrenia is probably caused by a combination of factors; someone's genetic structure could make them more vulnerable, but also stressful events or life experiences could lead to the onset of symptoms. It can be helpful to think about potential causes of schizophrenia in terms of how much evidence there is to support the idea that a particular trait, event or factor causes of it. The most important are:

Dopamine

Dopamine is one of the chemicals that carry messages between brain cells. There is evidence that too much dopamine may be involved in the development of schizophrenia, but it's still not clear how, or whether everyone diagnosed with that mental illness has too much dopamine.

Stressful life events

Studies and personal accounts suggest that very stressful or life-changing events in few cases may lead to schizophrenia. Social isolation has also been shown to be linked to schizophrenia and other mental health issues. Being homeless, living in poverty, having no job, losing someone close to you, or being physically or verbally abused may all also be factors. In one study, was shown that a highly percentage of people who hear negative voices were victims of sexual or physical abuse.

Drug abuse

Studies have shown that some people may develop symptoms of schizophrenia as a result of using cannabis or other drugs. Studies also indicate that, schizophrenia symptoms can get worse if people use drugs like cannabis, cocaine or amphetamines. Alcohol and nicotine may also limit how effectively medicines can treat the symptoms of schizophrenia.

Inheritance

Some families seem to be susceptible to schizophrenia, suggesting some sort of genetic components produce the development of the illness. Rather than a 'schizophrenia gene' it is thought that certain genes might make some people more vulnerable to the condition. This does not mean they will necessarily develop schizophrenia.

There is evidence to show that people who have a parent with schizophrenia are more likely to develop it themselves. However, most people with schizophrenia do not have any family member with it.

Family experiences and personality

Parents of people with schizophrenia sometimes blame themselves, unnecessarily. Early experiences may affect the development of personality, but the idea that a particular type of family contributes to the development of schizophrenia is generally dismissed.

Other causes

There is evidence that physical differences in, or injury to the brain may be linked to schizophrenia. It's unclear though, whether this is a cause or an effect. Research into other possible causes had found that viruses, hormonal activity, diet, allergic reactions or infections could be sometime an important cause of the illness.

Types of Schizophrenia

The kinds of symptoms that are utilized to make a diagnosis of schizophrenia may change from one year to the next one within the same person as the disease progresses. Different subtypes of schizophrenia are defined according to the most significant and predominant characteristics present in each person at each point in time. The result is that one person may be diagnosed with different subtypes over the course of his illness.

Just as the symptoms of schizophrenia are diverse, so are its ramifications. Different kinds of problems affect each patient's life depending on the different degrees of the illness. Some people require custodial care in state institutions, while others have a normal life with a job and can maintain an active family life. However, the majority of patients are at neither of these extremes. Most will have an increase and decrease of the symptoms marked with some hospitalizations and some assistance from outside support sources.

Paranoid type

The defining feature of the paranoid schizophrenia is the presence of auditory hallucinations or prominent delusional thoughts about persecution or conspiracy. However, people with this type of mental illness may be more functional in their ability to work and engage in relationships than people with other subtypes of schizophrenia. The reasons are not clear, but may reflect that people suffering from this type often do not exhibit symptoms until later in life and have achieved a higher level of functioning before the beginning of their illness. People with the paranoid type may appear to lead fairly normal lives with a good medical treatment.

Examples of the most common paranoid symptoms are:

- Delusions of persecution, reference, special mission in life, bodily change, or jealousy.
- Hallucinatory voices that threaten the patient or give commands, or auditory hallucinations without verbal form, such as whistling, *humming*, or laughing.
- Hallucinations of smell or taste, or of sexual or other bodily sensations; visual hallucinations may occur but are rarely predominant.

People diagnosed with the paranoid type may not appear strange or unusual and may not readily detect the symptoms of their illness. Typically, the hallucinations and delusions repeat around some characteristic theme, and this theme often remains fairly consistent over time. A person's temperaments and general behaviours often are related to the content of the disturbance of thought. **For example:**

People who believe that they are being persecuted may be easily angered and become hostile. Often, paranoid schizophrenics will come to the attention of mental health professionals only when there has been some major stress in their life that has caused an increase in their symptoms. At that point, sufferers may recognize the need of outside help.

Since there may be no observable physical features, the evaluation requires sufferers to be open to discussing their thoughts and what is happening in their minds. If there is a significant degree of suspiciousness or paranoia present, people may be very unwilling to discuss these issues with a stranger.

There is a huge spectrum and severity of symptoms that may be present at any one time. When symptoms are in a phase of worsening, there may be some disorganization of the thought processes. At this time, people may have more trouble than usual remembering recent events, speaking coherently or generally behaving in an organized, rational manner. While these features are more characteristic of other types of schizophrenia, they can be present in people with the paranoid type, depending upon the current state of their illness. Supportive friends or family members often may be needed at such times to help the symptomatic person get professional help.

Disorganized type

As the name implies, this type of schizophrenic is well known for disorganization of the thought processes. As a rule, hallucinations and delusions are less pronounced than in other types of schizophrenia, although there may be some evidence of these symptoms. These people may have significant problems in their ability to maintain the activities of daily life, even the routine tasks such as dressing, bathing or brushing their teeth.

Often, there is a disability in the emotional processes. For example, these people may appear emotionally unstable, or their emotions may not seem appropriate to the context of the situation. They may do not show ordinary emotional responses in situations that produce such responses in normal people.

People diagnosed with this subtype also may have significant impairment in their ability to communicate effectively with the others. At times, their speech can become incomprehensible, due to disorganized thinking. In such cases, speech is characterized by problems with the utilization and ordering of words in conversational sentences, rather than with difficulties of enunciation or articulation. In the past, the term hebephrenic has been used to describe this type of schizophrenia.

Catatonic type

The predominant clinical features seen in the catatonic type involve problems in movement. Affected people may exhibit a reduction in activity, till voluntary movement stops, as in catatonic *stupor*. Alternatively, activity can dramatically increase, a state known as catatonic excitement. Other disturbances of movement can be present with this type of schizophrenia. Actions that appear without purpose but are repetitively performed also known as stereotypic behaviour.

Patients may exhibit an immobility or resistance to any attempt to change how they move or appear. They may maintain a pose for extended periods of time. This symptom sometimes is referred to as *waxy flexibility*. Some patients show considerable physical strength in resistance to change attempts, even though they appear to be uncomfortable to most people.

Affected people may voluntarily assume unusual body positions, or manifest unusual facial contortions or *limb* movements. Other symptoms associated with the catatonic type include a repeating of what another person is saying; this action is called ***echolalia*** or mimicking the movements of another person; this symptom is called ***echopraxia***.

Undifferentiated type

The undifferentiated type is diagnosed when people have symptoms of schizophrenia that are not sufficiently formed or specific enough to permit classification of the illness into one of the other subtypes. The symptoms of any one can range at different points in time, resulting in uncertainty as to the correct type classification. Other people will exhibit symptoms that are remarkably stable over time but still may not fit one of the typical types. Sometimes the diagnosis of the undifferentiated subtype may best described as mixed syndrome of schizophrenia.

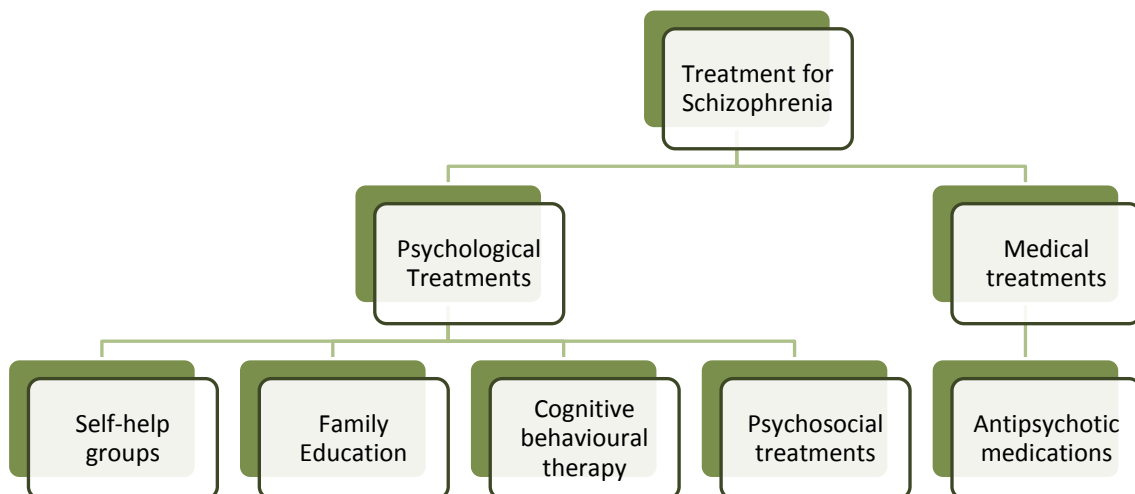
Residual type

This subtype is diagnosed when the patient no longer displays prominent symptoms. In such cases, the schizophrenic symptoms generally have lessened in severity. Hallucinations, delusions or unusual behaviours may still be present, but their manifestations are significantly diminished in comparison to the acute phase of the illness.

People having a higher level of functioning before the start of their illness typically have a better outcome. In general, better outcomes are associated with short episodes of symptoms getting worse followed by a slowly return to what we call normal life. Women have a better prognosis for higher brain functioning than men, also as patients with no apparent structural abnormalities in the brain.

In contrast, a poorer prognosis and also a worse recuperation is indicated by a gradual or insidious onset, beginning in childhood or adolescence; structural brain abnormalities and failure to return to prior levels of functioning after acute episodes of schizophrenia.

Treatment and Support



Because the causes of schizophrenia are still unknown, treatments are focus on eliminating the symptoms of the disease. Treatments include *antipsychotic* medications and various psychosocial treatments.

Medical treatments for schizophrenia

Antipsychotic medications

Antipsychotic medications have been available since the **mid-1950's**. The older types are called conventional or just typical antipsychotics. Some of the more commonly used typical medications include:

- *Chlorpromazine (Thorazine)*
- *Haloperidol (Haldol)*
- *Perphenazine (Etrafon, Trilafon)*
- *Fluphenazine (Prolixin)*

In the 1990's, new antipsychotic medications were developed. These new medications are called second generation, or atypical antipsychotics.

One of these medications, *clozapine (Clozaril)* is an effective medication that treats psychotic symptoms, hallucinations, and breaks with reality. But clozapine can sometimes cause a serious problem, a loss of the white blood cells that help a person fight infection. People who take clozapine must get their white blood cell counts checked every week or two. This problem and the cost of blood tests make treatment with clozapine difficult for many people. But clozapine is potentially helpful for people who do not respond to other antipsychotic medications.

Other atypical antipsychotics were also developed. These ones don't cause the loss of white cells of the patient. Examples include:

- *Risperidone (Risperdal)*
- *Olanzapine (Zyprexa)*
- *Quetiapine (Seroquel)*
- *Ziprasidone (Geodon)*
- *Aripiprazole (Abilify)*
- *Paliperidone (Invega)*

When a doctor says it is okay to stop taking a medication, it should be gradually *tapered off*, never stopped suddenly.

The side effects

Some people have side effects when they start taking these medications that is normal because that kind of medication is extremely aggressive to human body and difficult to assimilate the first days. But most of the side effects go away after a few days. People who are taking antipsychotics should not drive until they adjust to their new medication. Side effects of many antipsychotics include:

- *Drowsiness*
- *Dizziness* when changing positions
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin *rashes*
- Rigidity
- Persistent muscle spasms
- *Tremors*
- Anxiety

Another important side effect is the one that affects menstrual problems for women. Atypical antipsychotic medications can cause major weight gain and changes in a person's metabolism. And women are more likely to this. Also this gain may increase a person's risk of getting diabetes and high cholesterol. A person's weight, glucose levels, and lipid levels should be monitored regularly by a doctor while taking an atypical antipsychotic medication.

Psychological Treatments and others

Other options to treat schizophrenia to obtain better results than just with the medicine are:

- *Psychosocial treatments*

Psychosocial treatments can help people with schizophrenia that are already stabilized their illness by antipsychotic medication. Psychosocial treatments help these patients deal with the everyday challenges of the illness, such as difficulty with communication, self-care, work, and forming and keeping relationships. This psychological allows people with schizophrenia to socialize and attend school and work.

People with schizophrenia can take an active role in managing their own illness. Once patients learn basic facts about schizophrenia and its treatment, they can make few decisions about their care. If they know how to detect warning signs they can make a plan to respond, patients can learn to prevent and to deal with persistent symptoms.

- *Family education*

People with schizophrenia are often are care by their families rather than being in specialize centres for people with mental illness; at least it is a serious grade of the disorder. So it is important that family members know as much as possible about the disease. With the help of a therapist, family members can learn strategies and solutions to the common problems. In this way the family can help make sure their relative follow the treatment correctly.

- *Self-help groups*

Self-help groups for people with schizophrenia and their families are becoming more common and useful. Professional therapists usually are not involved, but group members support and comfort each other. People in self-help groups know that others are facing the same problems, which can help everyone feel less alone.

- *Cognitive behavioural therapy*

Cognitive behavioural therapy is a type of psychotherapy that focuses on thinking and behaviour. It helps patients with symptoms that do not go away even when they take medication. The therapist teaches people with schizophrenia how to test the reality of their thoughts and perceptions, how to "not listen" to their voices, and how to manage their symptoms overall. This can help reduce the severity of symptoms and reduce the risk of *relapse*.

Bipolar disorder

“I became insane, with long intervals of horrible sanity.”

- Edgar Allan Poe

We all have our ups and downs, but with bipolar disorder these are more severe and occur more often. The symptoms of bipolar disorder can damage your relationships or disrupt your daily life. Someone diagnosed with bipolar disorder, which is formerly known as manic depression, experiences swings in mood from periods of overactive and excited behaviour known as mania to deep depression. Between these severe highs and lows, people who suffer from that illness can be stable for periods of time. Some people also see or hear things that others around them don't or have uncommon, unshared, beliefs. This is less common than in other mental disorders like schizophrenia or mood disorders.

Signs and symptoms of bipolar disorder

Bipolar disorder can look very differently depending on the person. The symptoms vary widely in their pattern, severity, and frequency. Some people are more susceptible to either mania or depression, while others alternate equally between the two types of episodes. Some have frequent mood disruptions, while others experience only a few over a lifetime. There are four types of mood episodes in bipolar disorder: **mania**, **hypomania**, **depression**, and **mixed episodes**. Each type of bipolar disorder mood episode has a unique set of symptoms.



Maniac Episodes

During a manic phase of bipolar disorder, people may feel very happy and have lots of ambitious plans and ideas. They may do certain actions that they don't normally do, like spending large amounts of money on things that they cannot afford. Not feeling like eating or sleeping, talking quickly and becoming annoyed so easily, are also common characteristics of the manic phase of bipolar disorder.

During the manic phase, people might feel very creative and view mania as a positive experience and being less realistic with the things around them. However, during the manic phase of bipolar disorder, they could also have symptoms of psychosis but this occurred just in few occasions.

A person may be quite unconscious of these changes in their attitude or behaviour. After the manic phase is over, they may be quite shocked at what they have done. People in this phase sometimes feel like they are a genius, they feel as the only person in the world who can see it the right way in life.

Sometimes, people experience a milder form, which mean to be less severe and for shorter periods of time, of mania known as **hypomania**. During these periods people can actually become very productive and creative and so see these experiences as positive and valuable. However, hypomania, if left untreated, can become more severe.

Depression Episodes

The depression phase of bipolar disorder is often diagnosed first. People initially are being diagnosed with clinical depression before having manic episodes. Sometimes years passed till someone is diagnosed with bipolar disorder. During an episode of depression, people have devastating feelings of worthlessness, which can potentially lead to few thoughts of suicide. This phase is similar to the clinical depression it has the same symptoms and similar ways to treat.

A good summary of both phases symptoms include:

<i>Maniac Phase</i>	<i>Depression Phase</i>
Feeling <i>euphoric</i> .	A sense of hopelessness.
Anxiety.	Feeling empty emotionally.
Extreme irritability.	Feeling guilty.
Talking very fast.	Feeling <i>worthless</i> .
Lack of concentration.	Chronic fatigue.
Lack of sleep.	Difficulty to sleep or sleeping so much.
Poor judgement.	Changes in appetite.
Excessive spending.	Loss of interest in daily life.
Increased sexual drive.	Lack of concentration.
Risky behaviour.	Being forgetful.
Abuse of drugs or alcohol.	Suicidal feelings.
Aggressive behaviour.	

A **mixed episode** of bipolar disorder features symptoms of both mania or hypomania and depression. Common signs of a mixed episode include depression combined with agitation, irritability, anxiety, insomnia and *distractibility*. This combination of high energy and low mood makes for a particularly high risk of suicide.

What causes bipolar disorder?

About one to two per cent of the population is diagnosed with bipolar disorder more or less an equal number of men and women are affected by this mental illness in their lifetime, usually in their 20s or 30s, although some teenagers are affected with it. But very little is known about the causes of bipolar disorder. However, experts believe that a number of different factors act together and make a person more likely to develop the condition. These are thought to be a complex mix of physical, environmental and social factors.

Chemical imbalance in the brain

Bipolar disorder is widely believed to be the result of chemical imbalances in the brain, the same reason for other mental disorders. The chemicals responsible for controlling the functions of the brain are called neurotransmitters, examples of which include **norepinephrine**, **serotonin** and **dopamine**.

- **Norepinephrine** acts with multiple roles including as a hormone and a neurotransmitter:
 - As a *neurotransmitter*, affects the heart. When that chemical increases in the blood, there is an increment in the contractions in the heart.
 - As a *hormone*, norepinephrine affects parts of the brain, such as the *amygdala*, where attention and responses are controlled. Norepinephrine also helps *the fight-or-flight response*, increasing heart rate, activating the release of glucose from energy stores, increasing blood flow to muscles and increases the brain's oxygen supply.
- **Serotonin** is a neurotransmitter primarily found in the gastrointestinal tract and also in the central nervous system. It is popularly thought to be a contributor to feelings of well-being and happiness. It has various functions:
 - These include the regulation of mood, appetite, and sleep. Serotonin also has some cognitive functions, including memory and learning.
- **Dopamine** is a simple chemical that plays a number of important roles in the brains and also in all the body.
 - *In the brain*, dopamine functions as a neurotransmitter to send signals to other nerve cells. The brain includes several distinct dopamine systems, one of which plays a major role in reward-motivated behaviour. Every type of reward increases the level of dopamine in the brain, and a variety of addictive drugs, including stimulants such as cocaine or amphetamine act by amplifying the effects of dopamine. Other brain dopamine systems are involved in motor control and in controlling the release of several important hormones.
 - *Outside the nervous system*, dopamine functions in several parts of the body as a local chemical messenger. In the blood vessels acts as a vasodilator; in the *kidneys* it increases sodium excretion and urine output; in the pancreas it reduces insulin production and in the digestive system it reduces gastrointestinal motility and protects intestinal mucosa.

If there is an imbalance in the levels of one or more neurotransmitters, it may cause the symptoms of bipolar disorder. For example, episodes of mania may occur when levels of norepinephrine are too high, and episodes of depression may be the result of norepinephrine levels becoming too low.

Bipolar disorder is also thought to be linked to the genetic structure. Bipolar disorder seems to run in families and the family with a member that has this disorder have an increased risk of developing it themselves. However, no single gene is responsible for bipolar disorder. Instead, it is thought that a number of genetic and environmental factors act together and produce the illness.

Stressful life events

A stressful circumstance or situations often lead to the symptoms of bipolar disorder. Examples of stressful triggers include:

- Physical, sexual or emotional abuse
- The breakdown of a relationship
- The death of a close family member or loved one

Bipolar disorder may also be caused by physical illness, sleep disturbances and exhausting problems in everyday life, such as problems with money, work or relationships.

The different faces of bipolar disorder

Some people have very few bipolar disorder episodes with years of stability in between them others experience many more. Episodes can vary in both length and frequency from days to months, with varying lengths of time in between. We have to know that bipolar disorder is a lifelong illness. There are several types of bipolar disorder; all involve episodes of depression and mania to a degree. Here are the types of bipolar disorder:

Bipolar I – Bipolar I disorder is a form of mental illness characterised by manic episodes more than depressive ones. A person affected by bipolar I disorder has had at least one manic episode in his or her life. A manic episode is a period of abnormally elevated *mood*, accompanied by abnormal behaviour that disrupts life. Most people with bipolar I disorder also suffer from episodes of depression. Often, there is a *pattern* between mania and depression. This is where the term "manic depression" comes from. In between episodes of mania and depression, many people with bipolar I disorder can live normal lives.

Bipolar II – Bipolar II disorder is a form of mental illness characterised by severe depressive episodes alternating with episodes of hypomania. Bipolar II is similar to bipolar I disorder, with mood changes over time. However, in bipolar II disorder, the peaks never reach full on mania. The less intense elevated moods in bipolar II disorder are called hypomanic episodes. In between episodes of hypomania and depression, many people with bipolar II disorder live normal lives always with the correct treatment.

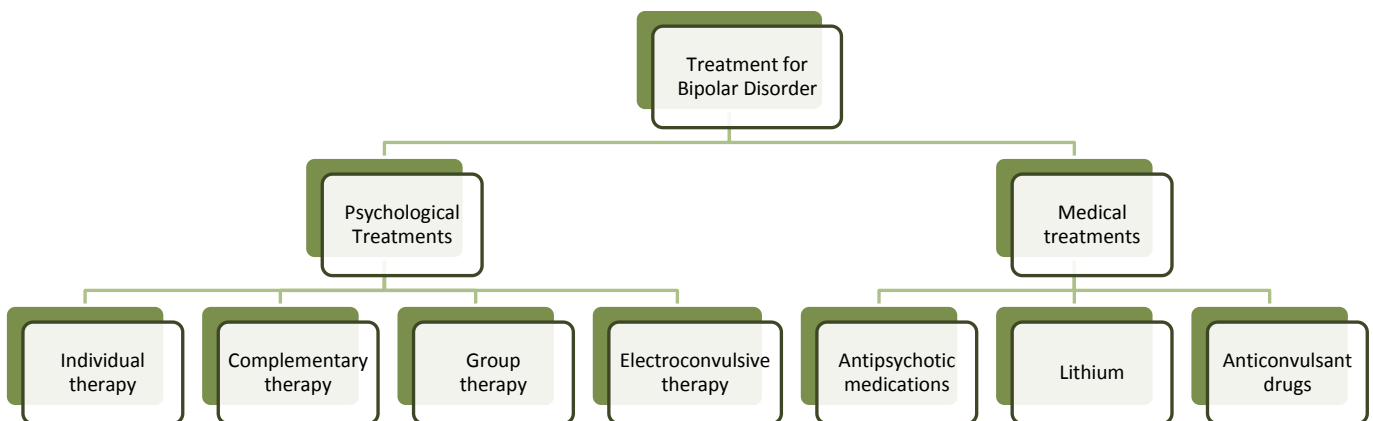
Cyclothymic disorder – Cyclothymia or cyclothymic disorder is characterised by short periods of mild depression and short periods of hypomania. It is relatively mild mood disorder. In this disorder, moods swing between short periods of mild depression and hypomania, an elevated mood. The low and high mood swings never reach the severity of major depression or mania. People with cyclothymic disorder have milder symptoms than someone with another type of bipolar disorder.

Rapid cycling – four or more episodes a year. These can be manic, hypomanic, depressive or mixed episodes. It is characterized by four or more mood episodes that occur within a twelfth month period. Episodes must last for some minimum number of days in order to be considered distinct episodes. Some people also experience changes in mood from high to low or the other way round within a single week, or even within a single day.

Rapid cycling can occur at any time in the course of bipolar disorder, although some researchers believe that it may be more common at later points in the lifetime duration of illness. Women appear more likely than men to have rapid cycling. A rapid-cycling pattern increases risk for severe depression and suicide attempts.

Mixed states – Mixed episodes in bipolar disorders are a form of mental illness characterised by periods of depression and joy at the same time. In most forms of bipolar disorder, moods alternate between manic and depressed over time. A person with mixed episodes experiences both mood mania and depression simultaneously or in rapid sequence.

Treatment and Support



People do not realize about having bipolar disorder till they go through a depressive episode of the illness and that can sometimes be wrongly diagnosed, because a depressive episode is the same as Depression another mental disorder with the same symptoms in this particular stage of the bipolar disorder. If people feel depressed, but are aware that they have experienced mania, it will help the doctor to know about this and also for doing the correct diagnosis.

Once people have a correct diagnosis they can get suitable treatment and support. The psychiatrist should explain all of the options to the person affected and also see the point of view of the patient should be taken into account before any treatment is started. If a treatment does not suit it has to be change, it is quite normal to do some changes in the treatment during the disorder always depending in the state of the illness.

The best thing to do before starting any treatment is to eliminate any potential physical causes of any symptoms you may be experiencing. For example, things like drugs cause symptoms similar to mania or any other element or problem that can cause similar effects.

The treatment for bipolar disorder is different in every stage of the disorder but there are some tricks that in every stage are necessary like the use of medication as a primordial treatment and also psychological attention with at least 16 sessions or even more depending in the person. The treatment should cover those bullet points:

- Psycho education about the illness – including information about the importance of regular daily routine and sleep, and also about any medication people have agreed to take details about this are very important.
- How to monitor your mood.
- Tricks to detect early warning signs.

Medication

Almost everyone who has been diagnosed with bipolar disorder will be offered medication to control the symptoms of the disorder. Although drugs cannot cure bipolar disorder, many people find that they help to manage the symptoms. However, it does not exist a treatment for everyone who suffers from bipolar disorder; every person has to have a personal treatment that takes account of their individual needs. The drugs used include **lithium**, **anticonvulsants** and **antipsychotics**. It is very important to monitor the physical health while people are taking any of these drugs.

Lithium

Lithium is a chemical element that helps to reduce the symptoms of bipolar disorder. Studies show that lithium can significantly reduce suicide risk and also helps to prevent future manic and depressive episodes. As a result, it may be prescribed for long periods of time as maintenance therapy. Lithium as a drug comes as two different salts:

Lithium carbonate (Camcolit, Liskonum, Priadel) and *lithium citrate* (Li-liquid, Priadel). It does not matter which of these the patients take, but they should keep to the same one, because the drugs are absorbed slightly differently.

Lithium acts on a person's central nervous system. Doctors do not know exactly how lithium works to stabilize a person's mood, but it is thought to help *strengthen* nerve cell connections in brain regions that are involved in regulating mood, thinking and behaviour.

Anticonvulsant drugs

The anticonvulsants are a diverse group of drugs used in the treatment of epileptic *seizures*. Anticonvulsants are also increasingly being used in the treatment of bipolar disorder, since medical studies have shown that anticonvulsants act as mood stabilizers. People can find the drug as *semisodium valproate* (Depakote), *carbamazepine* (Tegretol) and *lamotrigine* (Lamictal)*.

***Lamotrigine** has antidepressant effects and is licensed for depressive episodes in bipolar disorder.

Antipsychotic drugs

Antipsychotic drugs are used in those with bipolar disorder as a short-term treatment to control psychotic symptoms such as hallucinations or delusions or even mania symptoms. Some also treat bipolar depression, and several have been demonstrated long-term value to prevent future episodes of mania or depression. Antipsychotic may be taken at the same time as an anticonvulsant or lithium, for a better efficiency of the drug. Nowadays, exist two kinds of antipsychotic drugs:

- *The new antipsychotic drugs:* Some of them seem to help stabilize moods on their own. As a result, they may be used alone as long-term treatment for people who don't tolerate or respond to lithium and anticonvulsants. The newer antipsychotics usually act quickly and can help to avoid the *reckless* and impulsive behaviors associated with mania.

Examples of new antipsychotic drugs: *Abilify* (aripiprazole), *Clozaril* (clozapine), *Geodon* (ziprasidone), *Latuda* (lurasidone), *Risperdal* (risperidone), *Saphris* (asenapine), *Seroquel* (quetiapine) and *Zyprexa* (olanzapine).

- *The old antipsychotic drugs:* Nowadays, older antipsychotic drugs are generally not used to treat bipolar disorder. However, they may be helpful if a person doesn't respond to the newer drugs.

Examples of old antipsychotic drugs: *Thorazine* (chlorpromazine), *Haldol* (haloperidol), and *Trilafon* (perphenazine).

It is important to know that all of these drugs are associated with potentially serious side effects and should be used at the lowest effective dose for the shortest possible time.

The side effects associated with all of these drugs		
Lithium	Anticonvulsant drugs	Antipsychotic drugs
<ul style="list-style-type: none"> ▪ Hand tremor ▪ Increased thirst ▪ Increased urination ▪ Diarrhea ▪ Vomiting ▪ Weight gain ▪ Impaired memory ▪ Poor concentration ▪ <i>Drowsiness</i> ▪ Muscle weakness ▪ Hair loss ▪ Acne ▪ Decreased thyroid function 	<ul style="list-style-type: none"> ▪ <i>Constipation</i> ▪ Mild nausea or vomiting ▪ Mild dizziness ▪ Drowsiness ▪ <i>Lightheadedness</i> ▪ Diarrhea ▪ Sleep problems ▪ Aching joints or muscles ▪ Increased sensitivity to sunlight ▪ Increased sweating ▪ Hair loss ▪ Enlargement of facial features ▪ Excessive hair growth ▪ Muscle <i>twitching</i> ▪ <i>Breast</i> enlargement 	<ul style="list-style-type: none"> ▪ Blurred vision ▪ Dry mouth ▪ Drowsiness ▪ Muscle spasms or tremors ▪ Weight gain ▪ Involuntary movement

Individual therapy

On its own, talk therapy with a therapist isn't enough to control bipolar disorder, especially during episodes of mania or depression. But along with the medication, it can play a very important role in the recovery. A therapist give the key to play an active role, an opportunity to talk about difficult feelings and experiences while people are dealing with bipolar disorder and they help to cope better with it. It can also help to find ways of dealing with relationship difficulties and affront the problems of the disorder.

A summary of what a therapist do to help someone with bipolar disorder
<ul style="list-style-type: none">▪ Work on your relationships.▪ Reduce stress.▪ Resolve problems at school or work.▪ <i>Stick</i> to your bipolar treatment and live a healthy life.▪ See your situation from a new perspective.▪ Learn ways to talk to other people about your bipolar disorder.▪ Identify and avoid situations that may trigger a manic or depressive episode.▪ Make a plan for what to do if you become depressed or manic.

Group therapy

Bipolar disorder is a condition that can make people who suffer from it a bit *isolated*. Friends and family members just may not understand what people with bipolar disorder are going through. Sometimes they may be more critical than supportive.

That's one reason to think about joining a support group for bipolar disorder. The person who suffers from bipolar disorder can meet people who are in the same position, people with bipolar disorder with symptoms, frustrations, and fears as the person who suffer from it. That can help the person feel better or feel as he or she is at home.

Alternative Treatments

Electroconvulsive therapy

Electroconvulsive therapy or ECT involves sending an electric current through the brain to produce an epileptic fit, with the aim in most cases, of erasing the severe depression. The treatment is given under a general anesthesia and uses muscle relaxants, so the body does not convulse during the fit.

ECT is used if someone:

- Have severe depression episodes.
- Have not responded to drugs or talking treatments.
- Have found it helpful in the past and have asked to receive it again.
- Are experiencing a manic episode which is severe or is lasting a long time.

It can be an effective treatment if someone is seriously depressed, and no other treatment has worked. It is also useful when it is important to have an immediate effect.

For example, because you are so depressed that you are unable to eat or drink, and are in danger of kidney failure. But the use of this treatment is a bit dangerous because it has lots of side effects:

- Increase of the blood pressure, changes in heart rhythm, seizures that last longer than expected, headaches, muscle pain, nausea and short-term and possibly long-term memory problems.

Complementary therapy

Omega-3 fatty acids have been getting some attention as a possible complementary treatment for bipolar disorder. But more research is needed to prove the effectiveness of omega-3 fatty acids in treating this condition.

Depression

“Depression is like drowning. Except you can see everyone around you breathing”
- Unknown

Everyone occasionally feels sad, we often use the expression ‘I feel depressed’ when we’re feeling sad or miserable about life. But these feelings are usually short-lived and pass within a couple of days. But, if the feelings are interfering with life and don't go away or if that feeling of sadness come back, over and over again, for a few days at a time, it could be a sign that you're depressed or starting a depression.

<i>THEIR FEELINGS</i>	<i>THEIR BEHAVIOUR</i>
<ul style="list-style-type: none"> ✓ They are low-spirited for much of the time, every day. ✓ They feel restless and agitated. ✓ They get tearful easily. ✓ They feel numb, empty and full of despair. ✓ They feel isolated and unable to relate to other people. ✓ They are unusually irritable or impatient. ✓ They find no pleasure in life or things I usually enjoy. ✓ They feel helpless. ✓ They have lost interest in sex. ✓ They are experiencing a sense of unreality. 	<ul style="list-style-type: none"> ✓ They are not doing activities I usually enjoy. ✓ They are avoiding social events I usually enjoy. ✓ They have cut myself off from others and can't ask for help. ✓ They are self-harming. ✓ They find it difficult to speak.

<i>THEIR THOUGHTS</i>	<i>THEIR PHYSICAL SYMPTOMS</i>
<ul style="list-style-type: none"> ✓ They are having difficulty remembering things. ✓ They find it hard to concentrate or make decisions. ✓ They blame feel guilty about things. ✓ I have no self-confidence or self-esteem. ✓ They are having a lot of negative thoughts. ✓ The future seems bleak. 	<ul style="list-style-type: none"> ✓ They have difficulties in sleeping or they sleep more than usual. ✓ They feel tired and have no energy. ✓ They have changed their appetite, eating less or more than usual. ✓ They have physical aches and pains with no obvious physical cause. ✓ They are using more tobacco, alcohol or other drugs than usual or they use it for first time.

In its mildest or lowest form the depression can mean just being in low spirits or a bit upset. But it does not affect in leading a normal life, but makes everything harder to do and seem less worthwhile nothing seems important as it was. If it is more severe, are call major depression or clinical depression and this can be dangerous, because it can make feel suicidal or simply give up the *will* to live.

When you have depression, it does not matter if it is the lowest form or the several one every kind interferes with daily life and causes pain for both you and those who care about you. Depression is a common but serious illness.

Signs and symptoms of Depression

Depression varies from person to person, but there are some common signs and symptoms. It's important to remember that these symptoms can be part of life's normal lows and ups. But the more symptoms people have, the stronger they are, and the longer they have lasted the more likely it is that people are dealing with depression.

What causes depression?

Some illnesses have a specific medical cause that simplify things and help to find the perfect treatment for the illness. For example if you have diabetes, you take insulin or if you have appendicitis, you have surgery. Depression, however, is more complicated to treat because it is not known the exact cause of depression, a number of things can be associated with the development of the disorder. Generally, depression does not result from a single event or experience, but from a combination of recent events or personal factors.

Experts believe that depression is caused by a combination of **biological, psychological, and social factors**.

Biological causes

- ▶ Genetics: Although no specific genes for depression have been identified yet, it does seem that some families have a specific gen in their DNA that made some members of the family more susceptible to depression than other people. This could also be because we learn behaviour and ways of responding from our relatives, as well as inheriting our genes from them.

- ▶ ***Chemical imbalance in the brain:*** What happens in the brain to cause depression is not fully understood. Evidence suggests it may be caused by changes in the levels or activity of certain neurotransmitters – particularly serotonin, norepinephrine and dopamine – which are the three main chemicals related to mood and motivation that carry messages through the brain also these imbalance in these three chemicals are linked with other mental illnesses like bipolar disorder.

Also changes in other chemicals like stress hormone have also been found in people with depression. Research suggests that behaviour or specific actions can affect brain chemistry. For example, someone under stressful situations may cause changes in the brain that can lead to depression. Changes in brain chemistry have been more commonly associated with severe depression rather than mild or moderate depression.

Psychological causes

- ▶ ***Personal Factors:***

1. Some people may be more at risk to suffer from depression because of their personality, particularly if they have a tendency to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative. People with this **personality** are more susceptible to the disorder compare to the others.
2. **Drug and alcohol** use can both lead to depression. Many people with depression also have drug and alcohol problems.

Social causes

- ▶ ***Life events:*** In many cases, the most important reason to become depressed, it has been triggered by traumatic event, such as being *sacked*, divorced, or physically or sexually abused.

Forms of depression

There are different types of depressive disorders. Symptoms can range from one kind of depression to another one, so it is helpful to be aware of the range of disorders and their specific symptoms.

Minor depression

Minor depression is characterized by having symptoms for two weeks or longer those are not strong enough to be considered major depression. Without treatment, people with minor depression are at high risk for developing major depressive disorder. Because it starts with feeling upset and it ends with thinking in suicide. Some forms of depression are different, or they may develop under unique circumstances. The group of minor depressions include:

- *Seasonal Affective Disorder (SAD)*

Seasonal affective disorder (SAD) is a form of depression that people experience at a particular time of year or during a particular season. Most of the people are affected by the change in seasons – it is normal to feel more cheerful and energetic when the sun is shining and the days are longer, or to find that you eat more or sleep longer in winter. However, if someone experience SAD, the change in seasons will have a greater effect on their mood and energy levels, and lead to symptoms of depression that have a significant impact on their day-to-day life.

People are more likely to experience that kind of depression if they live in a country where there are significant changes to daylight, temperature and weather between seasons. Most people experience SAD during the cold season's autumn and winter. Less commonly, some people find that they experience SAD during summer.

- *Postpartum depression*

Postpartum depression is a kind of depression that some women experience after giving birth, when hormonal and physical changes and the new responsibility of caring a baby can be *overwhelming*. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.

Major depressive disorder

Major depression is characterized by a combination of symptoms that interfere with all areas of a person's life, including work and social relationships it also interfere with a person's ability to work, sleep, study, eat, and loss of interest in things. The symptoms are experienced most days and last for at least two weeks. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

Melancholia or Melancholic depression

This is the term used to describe a severe form of depression where many of the physical symptoms of depression are present. The person is also more likely to have a depressed mood that is characterized by complete loss of pleasure and interest in everything, or almost everything. Melancholic depression affects 1-2% of the population and affects the same number of males and females.

Dysthymia

Dysthymia is a type of chronic "low-grade" depression. More days than not, people feel mildly or moderately depressed; although people may have brief periods of relax without that uncomfortable feeling of sadness. The symptoms of dysthymia are not as strong as the symptoms of major depression, but they last a long time at least two years.

These chronic symptoms make it very difficult to have a normal life as every person without depression or forget things so easy. Some people also experience major depressive episodes on top of dysthymia. The problem is that many people, who suffer from dysthymia, may feel like they have always been depressed. Or they may think that their continuous low mood is “just the way they are.” However, dysthymia can be treated, even if their symptoms have gone unrecognized or untreated for years.

*Depressions linked with **Bipolar Disorder***

- **Bipolar disorder** used to be known as manic depression, because the person experiences periods of depression and periods of mania, with periods of normal mood in between. Mania is like the opposite of depression and can vary in intensity. But after mania it comes the depression a very dark stage where the person feels miserable and very sad.
- **Cyclothymic disorder** is often described as a milder form of bipolar disorder. The person experiences chronic fluctuating moods over at least two years, involving periods of hypomania (a mild to moderate level of mania) and periods of depressive symptoms, with very short periods of normality between. The duration of the symptoms are shorter, less severe and not as regular, and therefore don't fit the criteria of bipolar disorder or major depression.

Depression often looks different in men and women, and in young people and older adults. An awareness of these differences helps ensure that the problem is recognized and treated. So it is important to know the difference between edges and gender:

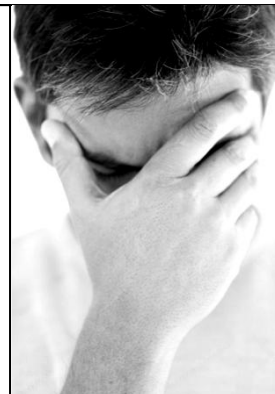


Depression in Women

Depression is not "one size fits all," particularly when it comes to the genders. Not only are women more *prone* to depression than men, but the causes of female depression and even the pattern of symptoms are often different. The principal factors of depression in women are reproductive hormones, social pressures or the female response to stress. Studies have shown that about one in every eight women will develop depression at some point during her lifetime. - **Melinda Smith and Jaelline Jaffe.**

Depression in Men

Men often believe they have to be strong and in control of their emotions at all times. When they feel hopeless, helpless, or overwhelmed by *despair* they tend to deny it or cover it up by drinking, behaving recklessly, or acting with anger and hate. But depression in men is a common condition that affects millions of men of all ages and backgrounds. - **Lawrence Robinson, Jeanne Segal and Melinda Smith.**



Differences between male and female depression

Women tend to...	Men tend to...
<ul style="list-style-type: none"> Blame themselves. Feel sad, apathetic, and worthless. Feel anxious and scared. Avoid conflicts at all costs. Feel slowed down and nervous. Have trouble setting <i>boundaries</i>. Find it easy to talk about self-doubt and despair. Use food, friends, and "love" to self-medicate. 	<ul style="list-style-type: none"> Blame others. Feel angry, irritable, and ego inflated. Feel suspicious and guarded. Create conflicts. Feel restless and agitated. Need to feel in control at all costs. Find it "weak" to admit self-doubt or despair. Use alcohol, TV, sports, and sex to self-medicate.



Depression in Old People

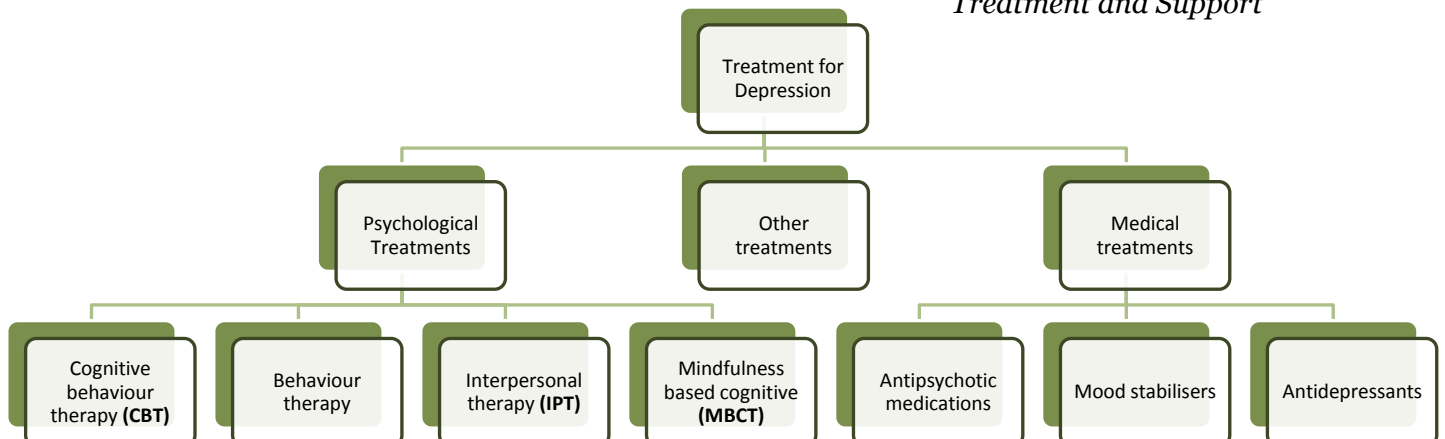
The changes that often come in later life like retirement, the death of someone very special, increased isolation, medical problems are risk factors that can lead to depression. Depression prevents old people from enjoying life like they used to when they were younger. But its effects go far beyond mood. It also impacts on their energy, sleep, appetite, and physical health. - **Melinda Smith, Lawrence Robinson and Jeanne Segal.**

Depression in Teens

Teenage depression is not just bad moods and the occasional melancholy; it is a serious problem that impacts every aspect of a teen's life. Teen depression can lead to drug and alcohol abuse, *self-loathing* and self-mutilation, pregnancy, violence, and even suicide. That's why help is so important in teen depressions. Talking about the problem and offering support can go a long way toward getting your teenager back on track. - **Melinda Smith, Suzanne Barston and Jeanne Segal.**



Treatment and Support



Medical treatments for depression

The main medical treatment for depression is **antidepressant medication**. There is a lot of *misinformation* about antidepressant medication because there is no simple explanation about how they work and what kind of side effect they have. Antidepressant medication may be prescribed, along with psychological treatments, when a person experiences a moderate to severe episode of depression. Sometimes, antidepressants are also prescribed when other treatments have not been successful or when psychological treatments are not effective due to the severity of the illness.

People with more severe forms of depression like people who suffer from bipolar disorder or psychosis do generally need to be treated with medication. This may include one or a combination of **mood stabilisers**, **anti-psychotic** drugs and **antidepressants**.

Mood stabilisers

Mood stabilisers are the main medicines used in the long-term management of bipolar disorder and severe depression. They are used to maintain a person's mood at a reasonable level and help prevent future episodes of low or high mood.

Anti-psychotic drugs

Antipsychotics are a class of psychiatric medication used to manage psychosis, particularly in schizophrenia and bipolar disorder, and is increasingly being used in the management of depression.

Antidepressants

Antidepressants are drugs used for the treatment of clinical depression and other conditions like anxiety disorders, obsessive compulsive disorders, migraines or sleep disorders. They can be used alone or in combination with other medications for a better effectiveness.

There is a wide range of antidepressant medication available in Spain and also in Europe. Below there are few of them:

Selective Serotonin Reuptake Inhibitors (SSRIs)

- Often *Selective Serotonin Reuptake Inhibitors* are doctors' first choice to treat the most types of depression. So *SSRIs* are the most commonly prescribed antidepressants in Europe.
- Generally are well tolerated by a high percentage of people.
- They do not cause sedative side effects like drowsiness.

Examples of SSRIs: Sertraline, Citalopram, Escitalopram, Paroxetine, Fluoxetine or Fluvoxamine.

Serotonin and Noradrenalin Reuptake Inhibitors (SNRIs)

- Have fewer side effects compared to the older antidepressants mainly used years ago.
- They are usually prescribed for severe depression.
- In case of overdose, this drug is safer than the others.

Examples of SNRIs: Venlafaxine, Mirtazapine or Duloxetine.

TriCyclic Antidepressants (TCAs)

- They are an effective drug for the treatment of depression, but they have more harmful side effects than newer drugs like SSRIs.
- They are more likely to cause low blood.

Examples of TCAs: Nortriptyline, Maprotiline, Trazodone, Mianserin, Clomipramine, Dothiepin, Imipramine or Amitriptyline.

Noradrenalin Reuptake Inhibitors (NARIs)

- These kind of drug has been designed to act selectively on one type of brain chemical – noradrenalin.
- They are less likely to cause sleepiness or drowsiness than some other antidepressants like TCAs. But they have other important side effects:
 - Difficulty for people to sleep.
 - Excessive sweating after the initial doses.
 - Sexual difficulties after the initial doses.
 - Difficulties for urinating after the initial doses
 - Increased heart rate.

Examples of NARIs: Reboxetine.

All of these drugs have been shown to be effective as antidepressants so they are effective when symptoms are directly due to depression. **People are likely to begin to improve after 4-6 weeks of effective therapy.**

Like any other medication, the length of time that people need to take antidepressants for depends on how severe the illness is and how they respond to treatment. Some people only need to take them for a short time (usually from 6 to 12 months), while others may need to take them for a long period of time, just like someone with diabetes might use insulin all of his or her life. Stopping antidepressant medication should only be done gradually and always under medical supervision.

Everyone needs to find the right treatment. Just because a treatment has been shown to work scientifically, does not mean it will work equally well for everyone who suffer the illness. Some people will have complications like new side effects or they can realize that the treatment does not fit in with their lifestyle. It can take time, strength and patience to find a treatment that works, so it is important to never lose the hope.

Psychological treatments for depression

Psychological treatments also known as talking therapies help people with depression to change negative patterns of thinking and improve their coping skills so they are better equipped to deal with life's stresses and conflicts. Psychological therapies can help a person to recover and also to prevent upcoming episodes of severe depression. There are several types of psychological treatments shown to be effective in the treatment of depression:

Cognitive behaviour therapy (CBT)

Cognitive behaviour therapy is a psychological treatment which recognizes that a person's way of thinking and acting and how it affects the way they feel them. CBT is one of the most effective treatments for depression, and has been found to be useful for a wide range of people, including children, adolescents, adults and older people.

In CBT, a person who suffers from depression works with a professional therapist to identify the patterns of thought and behaviour that are making the person more likely to become depressed, or stopping the person from getting worse and more depressed.

CBT has an emphasis on changing thoughts and behaviour by teaching people how to think rationally about common difficulties of everyday, helping them to change their negative or unhelpful thought patterns and reactions to a more realistic and positive pattern.

Interpersonal therapy (IPT)

Interpersonal therapy is another kind of psychological therapy that focuses on problems with personal relationships. IPT idea is that relationship problems can have a significant impact on a person experiencing depression, and can even contribute to the cause. IPT is thought to work by helping people to recognize patterns in their relationships that make them more vulnerable to depression. Identifying these patterns means they can focus on improving relationships, coping with grief and finding new ways to get along with others.

Behaviour therapy

Behaviour therapy is a psychological therapy similar to the cognitive behaviour therapy (CBT), but behaviour therapy focuses exclusively on increasing level of activity and pleasure in people's life and also in beliefs and attitudes, things that CBT does not focus on. Behaviour therapy focuses on encouraging people to undertake activities that are rewarding, pleasant or give a sense of satisfaction, in an effort to reverse the patterns of isolation, *withdrawal* and inactivity that make depression worse.

Mindfulness based cognitive therapy (MBCT)

Mindfulness based cognitive therapy is generally done in groups and involves learning a type of meditation. This meditation teaches people to focus on the very present moment, just helping to notice whatever they are experiencing, without trying to change it. At first, this approach is used to focus on physical sensations, but later it is used to focus on feelings and thoughts.

MBCT helps people to stop their mind going to the future or the past, or trying to avoid unpleasant thoughts and feelings and accept the reality as something good. This is thought to be helpful in preventing depression in people who are more likely to have depression, because it allows people to notice feelings of sadness and negative thinking patterns early on, before they have become worse an origin the depression.

Other treatments for depression

Whatever treatments are used, Depression can go on for months, even years, but there are some methods or alternative treatments combined with the ones said before that help in the recovery.

- ***Family and friends***

Family members and friends play an important role in a person's recovery. They can offer support, understanding and help. People with depression often don't like to socialize, they prefer spending time alone and that can make a person feel cut off from the world, which makes it harder to recover. That's why it's important for them to take part in activities with family members and close friends, and to accept social invitations, even though it's the last thing they may want to do. Socializing is most way for recover from depression, because it helps to increase levels of *wellbeing*, self-confidence and the chance to participate in activities with others.

- ***Exercise***

A number of studies have found that exercise is a good way to help prevent or manage mild to moderate depression. Research shows that keeping active can help lift mood, improve sleep, increase energy levels, help to block negative thoughts and also distract people from daily worries, increase opportunities to socialize, and generally increase wellbeing. Exercise may also change levels of chemicals in the brain, such as serotonin, endorphins – well known for being the chemical of happiness – and stress hormones.

- ***Diet***

Food can play a vital role in maintaining mental health as well as physical health. In general, eating a varied diet gives people a sense of wellbeing. There are also some specific nutritional strategies that can help improve mood, maintain healthy brain functioning and help people with depression.

- ***Support groups and online forums***

Support groups for people with depression are conducted by people who have experienced similar problems. These groups can provide an opportunity to connect with others, share experiences, find new ways to deal with difficulties and meet other people that feel the same. Some other people with problems to socialize or with difficulties to express what they feel, sometimes they prefer to share their stories and information or *seek* for support via online forums or other online webs.

- ***Relaxation training***

Relaxation training is used as a treatment for anxiety a important risk factor that can lead to depression, also relaxation may reduce depression and its effects. People with depression are thought to have tense muscles. As relaxation training helps to relax muscles, it may also help to reduce the depressive thoughts and behaviours. Relaxation training may also help people feel as if they have more control of their feelings.

There are several different types of relaxation training. The most common one is progressive muscle relaxation. This teaches a person to relax voluntarily by tensing and relaxing specific groups of muscles. Another type of relaxation training involves thinking of relaxing scenes or places. Relaxation training can be learned from a professional or done as self-help.

- ***E-therapies***

E-therapies, also known as online therapies, can be just as effective as face-to-face services for people with mild to moderate depression. The structured of these treatments are similar to cognitive behaviour therapies the main difference is that E-therapies are delivered electronically.

Most e-therapies teach people to identify and change patterns of thinking and behaviour that might be keeping them from overcoming their depression. The therapy can be done via phone, email, text or instant messaging, and will help the person to successfully apply their skills to overcome everyday life and face the depression. This online mode of delivery has several advantages:

- It is easy to access, with a phone or with the computer. And it can be done from house without the need of going out for a face-to-face therapy.
- It can have particular benefits for those people who live in remote areas or for some other reasons are unable to go out of home.
- It can be provided in many cases without having to visit a doctor, and also it is more confidential.

PRACTICAL PART

Reality or nightmare. A study of three mental disorders in our modern world



I

Age: 27 / **Gender:** Female / **Job:** Waitress

Main cause of Depression: Stress

12. Do you feel the same energy you have ever had?

YES NO

13. Have you experienced a loss of appetite?

YES NO

14. Have you lost interest in aspect of life that used to be important to you?

YES NO

15. Are you agitated and upset?

YES NO

16. Have you noticed a lack of effort in doing simple things like cleaning or cooking?

YES NO

17. Have you slept less than usual?

YES

18. Do you have hope about the future?

YES NO

1. Are you satisfied with yourself?

YES NO

2. Do your emotions change depending on the weather or the season?

YES NO

3. Is your mood different than it was?

YES NO

4. Do you think people do not understand you?

YES NO

5. Do you have less social life than you used to have?

YES NO

6. Have you won or lost weight?

YES NO

7. Are you more irritable than normal?

YES NO

8. Do you believe in nature therapies like meditation?

YES NO

9. Have you ever tried or receive any psychological help?

YES NO

11. Which is the most recurrent feeling you have?

“These days I am feeling apathetic and overcome by life itself.”

*E*valuation

Amy is a 27-year-old woman who suffers from anxiety episodes, irritability, low self-esteem and also a feeling of failure as a person but mostly as a worker. Amy suffers from a low depression caused by stress and problems in her job as a waitress. Long hours of working, problems with sleeping and discussion with her boss were the main problems for RBM, these problems last more than three months and that lead to the first stages of depression.

First of all, she started to lose interest in working and in every action that she used to think that was fun or important for her. Later, she started to feel more irritable and losing contact with their relatives and acquaintances. She began to be alone rather than surrounded by people.

Amy was getting worse in her depression and everything seemed to be in black and white for her, no colour in her life no emotion to live for. She was starting to lose the hope she had always had, her future was hopeless. But the biggest problem was that she did not realize of what was happening inside her, when somebody told her about the truth of how she was ruining her life, for not waking up she always replied with rudeness.

Her routine is so simple just based in three actions: sleep, eat and watch television. Always at home, never going outside or meeting her friends. As she says "Loneliness is my best friend".

*F*irst hypothesis

Amy is quite vulnerable to depression and all symptoms related to this. Her problem is caused by a long period of time exposed to stress situations all combined with poor sleep patterns, unbalanced diet and lack of exercise.



II

Age: 30 / Gender: Male / Job: Bank teller

Main cause of Depression: Failed relationship.

1. Do you feel the same energy you have ever had?
 YES NO
2. Have you experienced a loss of appetite?
 YES NO
3. Have you lost interest in aspect of life that used to be important to you?
 YES NO
4. Are you agitated and upset?
 YES NO
5. Have you noticed a lack of effort in doing simple things like cleaning or cooking?
 YES NO
6. Have you slept less than usual?
 YES NO
7. Do you have hope about the future?
 YES NO

8. Are you satisfied with yourself?
 YES NO
9. Do your emotions change depending on the weather or the season?
 YES NO
10. Is your mood different than it was?
 YES NO
11. Do you think people do not understand you?
 YES NO
12. Do you have less social life than you used to have?
 YES NO
13. Have you won or lost weight?
 YES NO
14. Are you more irritable than normal?
 YES NO
15. Do you believe in nature therapies like meditation?
 YES NO
16. Have you ever tried or receive any psychological help?
 YES NO
17. Which is the most recurrent feeling you have?
 YES NO
18. Which is the most recurrent feeling you have?

“A strange feeling of losing the self confidence mixed with sadness.”

Evaluation

John is a 30-year-old man who suffers from sadness, loneliness and high sensitivity also feeling of defeat in life, losing every challenge in his life. John suffers from a low depression caused by a dramatic and also problematic rupture with his girlfriend. The difficult relationship with his girlfriend which ended when John discovered his girlfriend infidelity was a depressive focus for him.

First of all, he started to believe that he was a failure that he would never find love again and would be forever alone. Later, he recognizes that all this was affecting his job and his personal life, he no longer practices hobbies that he used to such as reading and studying or going for walks. He was starting to lose contact with the outside world; he just wants to be at home alone.

John a person who has always been shy and with a very close circle of friends. He realises that the relationships with the others was getting worse for not forgetting his girlfriend and also for not accepting the end of their relationship. So he was starting to realise that a change was needed in his life.

As a typical routine he wakes up tired and goes to work and later comes home and spends the rest of the day in front of television or the computer with nothing specific to do.

First hypothesis

John is quite vulnerable to strong emotions in life like depression. His problem is caused by a rupture with the relationship with a girl. This fact is the main cause of everything that happens to RLS, but also problems with his own self-esteem are important causes of his depression.



III

Age: 23 / **Gender:** Female / **Job:** University student

Main cause of Depression: Homesickness

1. Do you feel the same energy you have ever had?
 YES NO
2. Have you experienced a loss of appetite?
 YES NO
3. Have you lost interest in aspect of life that used to be important to you?
 YES NO
4. Are you agitated and upset?
 YES NO
5. Have you noticed a lack of effort in doing simple things like cleaning or cooking?
 YES NO
6. Have you slept less than usual?
 YES NO
7. Do you have hope about the future?
 YES NO

8. Are you satisfied with yourself?
 YES NO
9. Do your emotions change depending on the weather or the season?
 YES NO
10. Is your mood different than it was?
 YES NO
11. Do you think people do not understand you?
 YES NO
12. Do you have less social life than you used to have?
 YES NO
13. Have you won or lost weight?
 YES NO
14. Are you more irritable than normal?
 YES NO
15. Do you believe in nature therapies like meditation?
 YES NO
16. Have you ever tried or receive any psychological help?
 YES NO
18. Which is the most recurrent feeling you have?

"I usually feel sad, homesick and upset."

*E*valuation

Rose is a 23-year-old woman who suffers from homesickness and also a feeling of failure as a student but mostly as a person in general. Rose suffers from a low depression caused by homesickness and problems being away from home. Long hours of loneliness, problems with sleeping routines and problems at university were the main problems for Rose, these problems last more than two months and that lead to the first stages of depression.

Rose is a girl with a low self-esteem and other kind of problems that cause her first symptoms of depression and being away from home increases that facility to have a depression. She wants to change but something inside does not let her do that.

*F*irst hypothesis

Rose is quite vulnerable to depression and all symptoms related to this. Her problem is caused by a long period of time exposed to stress situations all combined with poor sleep patterns, unbalanced diet and lack of exercise.

June was the first month of the practical part of my research project, the perfect month to gather some information about every person that helped me with the project, I studied their routines, their diet and the most important thing I took some notes about their ups and downs during that month. And later with all that information and the accurate study of each person I prepared the following steps of the project to be carried out during the following months.

JUNE 2013						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Experience of **Amy** during June

<i>Routines</i>	<ul style="list-style-type: none"> • <u>Daily routine:</u> Amy working as a waitress in a local café has to wake up too early everyday of the week more or less at half past seven, she wakes up and go to work. At work, she starts at eight o'clock and finishes at six o'clock with a short break in the morning for breakfast and another break a bit longer for lunch. Her task in the café is so simple; she prepares what the clients want, if they want a coffee or any other thing she prepares for them. Sometimes, she also helps in the oven to prepare some biscuits or cakes. • <u>After work:</u> After her labour hours Amy goes to her rented flat and rests alone there with her dog "Kira". She may be watching TV or using the laptop but in both cases doing nothing really productive. Her problems to fall asleep affect her capacity to concentrate and this has an impact in her routine.
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<i>Diet</i>	Amy has a very poor diet based on precooked food so it is also a very imbalanced diet, with high percentage of salt and fats and almost no fiber and vitamins in it. That imbalanced combined with her lack of sleep affect her health so she is more vulnerable to some kind of illness and also to depression.
<i>Ups and Downs</i>	<p>All her dark moments of the month are related to work, something that affects her so much. Stress, disagreements with her boss and personal problems also help her being depressed and other physical cause like lack of sleep or tiredness.</p> <p>Even she appreciates the little things like the love that her dog brings her or the flavour of a good cup of coffee, she is surrounded by a sad atmosphere that makes her lose the good things that life brings to her and also she forgets every day as she used to do.</p>
<i>Conclusions</i>	<p>After studying the routine during June, all the information above and checking the result of the initial test, it is obvious that the main cause of her depression is the stress and the bad relationship she has with her boss. Maybe another point of view more optimistic and less pessimistic will help her or even talk with her boss about what is happening at work.</p> <p>Before any specific treatment I think the ones that will work better will be the second one, which involve psychological help to treat depression, and also the first one, which involve a healthy lifestyle to treat depression. Both based on relaxing and taking things with calm and with an optimistic point of view.</p>

Experience of <i>John</i> during June

<i>Routines</i>	<ul style="list-style-type: none"> • Daily routine: John working as a bank teller, works from Monday to Saturday, working all mornings from eight o'clock to three o'clock and the rest of day free to do anything he wants. So after work he does not have anything special to do, like going somewhere or visit someone. When he arrives home and has to prepare his lunch he usually eat something quickly like a chicken breast on the grill or some other kind of meat also made on the grill only few days of the months he eats something different like fish or vegetables – thing that he only eat two times during June –. The rest of the day is based on watching TV programmes and thinking about the past or if he was inspired enough he meet with few of his friends, but this just happened five days during all June. • After work: RLS is someone that used to meet with his friends but he no longer does this. He prefers the comfortable sofa in his home than anything else. But some certain days, he met with some of his friends but it was not the same as it used to, the relations were getting cold and the people he used to know now are more likely to be strangers. The afternoons are the longest time of the day for him.
<i>Diet</i>	His good knowledge of cooking helps him have a quite healthy diet, but eating a lot of meat and less vegetables make his diet a bit imbalanced more healthier than other diets like Amy or Rose, but this little imbalanced mainly produced by not taken vitamins and other nutrients.

<i>Ups and Downs</i>	<p>All his downs or sad moments of the month were related to the same thing, a failed relationship in which he spent lot of his time and even he was thinking that her girlfriend was the girl of her life, that rupture apparently without no specific reason and all that is what he thinks one time and another.</p> <p>He is living in the past and forgetting the present, losing the sense of life. The good thing in all this is that he has realized about this so he is looking for some solutions. But unfortunately, no important change has come to in his life.</p>
<i>Conclusions</i>	<p>Problems with past events in your life that affect the present is a famous cause of depression, many people have a sensation of missing something in past or living in a moment of glory that has gone by. The most important thing in these cases is wake up of that dream and live the real life.</p> <p>In John's case a change inside him will make a big change outside himself. So it looks more easily to work with treatment two, which involve psychological help, which will help him in forgetting the traumatic events of the past.</p>

Experience of Rose during June

<i>Routines</i>	<ul style="list-style-type: none"> • <i>University routine:</i> Rose as an exchange college student has a very strict timetable, with classes and long hours spend in study affairs like searching. Her days are based always in this even the days she did not have to go to University. • <i>After university:</i> Rose does not have a big social circle or an important social life so as she has the opportunity to go away from college she goes to her little room in the college residence, and there she just read books to escape from reality or drew to disconnect from the world outside her room. The little communication she had is only done by computer or by phone if she needs to talk to her family.
<i>Diet</i>	<p>No breakfast, poor lunch based on fast food and a simple dinner also based on unhealthy food with lot of calories is the principal intake of Rose's diet, a very imbalance intake that affects her physical appearance, increasing her weight and even affecting her mental health losing her concentration and being exhausted than ever before.</p>
<i>Ups and Downs</i>	<p>Her sadness and her isolation have a common origin, her feeling of being far away from home, from her parents and the place where she had spent all her life and the place where all her acquaintances are. That feeling, which people know as homesickness, is the main cause of her depressive feeling and her low self-esteem.</p> <p>Being in another country something that for some people will be just amazing for her is like a little nightmare, even knowing it is for a short period of time. She knows that she is learning a lot in that foreign country but missing her relatives is strong enough to make her a bit depressed and very pessimistic about the future.</p>

<i>Conclusions</i>	<p>Homesickness is an important cause of depression that sometimes people forget and do not take seriously, for Rose, it is the most important cause of her depression in the first stages. The best option to improve all this is easier than people can think if she makes some friendships with two or three will be enough, she will slowly focus on other thing rather than melancholy, and that will have an impact in her mood and in her habits just with this her life will improve a lot.</p> <p>Before any specific treatment I think the ones that will work better will be the first one and also the second one.</p>
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After collecting some information about every single people who helped me with my practical part of the research project, I have made a timetable with all the treatments and when they will be applied. And also how they will work exactly.

Month	Patient	Treatment
June	All	

Month	Patient	Treatment
July	Amy	Treatment I: "Healthy style of life"
	John	Treatment II: "Words and self-esteem"
	Rose	Treatment III: "Power of nature"

Month	Patient	Treatment
August	Amy	Treatment II: "Words and self-esteem"
	John	Treatment III: "Power of nature"
	Rose	Treatment I: "Healthy style of life"

Month	Patient	Treatment
September	Amy	Treatment III: "Power of nature"
	John	Treatment I: "Healthy style of life"
	Rose	Treatment II: "Words and self-esteem"



Treatment I: “Healthy style of life”

Exercise, good nutrition and friends

This treatment is based in the balance between mind and body and also tries to increase the self-confidence by doing certain routines such as doing some outdoor sport or going to relaxation classes, it is also important to follow a very strict diet for the success of this treatment. This diet must cut out refined sugar, reduce the salt intake and increase the proportion of omega 3 and antioxidants to help the immune system. The important points of the treatment are:

- Take five meals, three main meals (Breakfast, lunch and dinner) and two snacks (Between breakfast and lunch and between lunch and dinner). The thing is not skip one of these meals, it is important to follow a timetable and take enough time to eat without stress.
- Practice exercise with regularity, so it is important to choose the best option for each person. For some people is better to do some running but for another one would be better do some walking.
- Take some time for yourself, being alone for a couple of minutes for connect with our body and with our emotions.



Treatment II: “Words and self-esteem”

Talks, willpower and self-esteem

Psychological therapy also known as talking therapies help people with depression to change negative patterns of thinking and improve their *coping* skills so they are better equipped to deal with life's stresses and conflicts. Psychological therapies may not only help a person to recover also help to deal with it. The important points are:

- Sleep has a strong effect on mood. When people don't get enough sleep, their depression symptoms will be worse. Sleep reduces irritability, moodiness, sadness, and fatigue. Very few people sleep well, many people sleep less than 7 hours a night affecting this to their mood, that's why it is important to sleep between 7 and 9 hours.
- Strong social relations reduce isolation – risk factor of depression –. Keep in regular contact with friends and family, or consider joining a class or any activity that involves contact with other people.
- Make changes in your life to help manage and reduce stress. Take the aspects of your life that stress you out, such as work overload or unsupportive relationships, and find ways to minimize their impact.
- Go to a psychologist to talk about what happens every day and assume the problems always with his or her help.



Treatment III: "Power of nature"

Freedom, relax and nature

Some people prefer natural therapies than drugs or psychological therapy; they might be searching for home remedies for depression or natural alternatives. There is no conclusive evidence that any complementary and alternative treatment or home remedy is effective for moderate to severe depression but for the lowest cases sometimes do some help in treat the depression. The important points are:

- Meditation can help to promote relaxation, which has been found to be helpful for depression.
- There is a wide variety of herbal infusions that people use to relax and treat the anxiety or stress. This is a good way for treat the risk factors of depression.
- Massage uses touch to help provide relaxation. Most touch therapies are based on the premises that the mind and body are interconnected and that physical health and emotional well-being are closely linked. The belief is that, when the body is relaxed, the mind contributes to better health, less depression, and overall well-being.
- Guided imagery is a method of communication between body and mind that uses perception – vision, smell, taste, touch – along with position and movement to produce a relaxation response. Guided imagery involves mentally seeing pictures of relaxing situations, such as a sunset on the beach, a flowing mountain waterfall, or a brilliant mountain sunrise. Guided imagery can be used during massage or another touch therapy to increase relaxation and feelings of serenity and peacefulness.

July is officially the month when every treatment starts and the practical part takes more sense. During this month the different people will do the different treatments related before, and while they are doing it take some notes about it and later take some conclusions and the most important thing see if it has a real impact or if it is effective or it just work in theory.

JULY 2013						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Experience of **Amy** during July with **treatment I**

The first treatment to be tested in Amy was “**Healthy lifestyle**”. The most important point of this treatment relies on the fact that little changes in the Amy’s lifestyle can make a huge difference in the attitude and behaviour of Amy. So, the aim of this treatment is to motivate Amy to change some crucial aspects of her lifestyle and see if this really works on her or does not make any difference at all. It is important to know that in just one month it is difficult to observe a drastic change in the person, but small changes may appear at the end of the month easily if the treatment really works on the person.

Specific diet

After studying her diet and realizing that a change is needed, I prepared an orientative diet that helped Amy to reduce her fats intake (basically cutting off with precooked food and fast food and replace it with fresh food with lots of nutrients like vegetables and fruit and all the other products try to be nonfat or at least with a low portion of fats) and increase the Omega 3 intake (introducing blue fish in her diet) but the most important thing is that her new diet is more healthy and equilibrate with a huge variety of products, following a Mediterranean diet is also a good option.

Breakfast	Option A: - A glass of milk (semi-skimmed or skimmed) with coffee. - Two toast with ham and cheese or jam. - A juice of peach or pineapple.	Option B: - An infusion or a tea (better green or blue). - A sandwich with integral bread and salad ham or turkey. - A juice of apple.	Option C: - A bowl of cereals (Integrals or with a high portion of fiber). - 3 or 4 biscuits. - A juice of orange.
Snack	Option A: - A bar of cereals.	Option B: - Biscuits.	Option C: - A piece of fruit (e.g. Apple, banana...)
Lunch	Option A: - A Caesar salad (lettuce, oil, vinegar, chicken, lemon or lime juice, cheese and the personal touch). - Grilled beef steak. - A piece of fruit (e.g. Apple, banana...).	Option B: - Chicken soap (the prepared one that you can buy in every supermarket). - Grilled chicken or turkey breast. - Greek yogurt.	Option C: - 100 gr. of pasta (macaroni, spaghetti...) with olive oil and oregano. - Grilled fish (e.g. Salmon, tuna, hake...). - A piece of fruit (e.g. Apple, banana...).
Snack	Option A: - A little sandwich with integral bread and ham.	Option B: - A piece of fruit (e.g. Apple, banana...).	Option C: - Two toast with jam.
Dinner	Option A: - Vegetables soap with rice. - Grilled fish. - Natural yogurt.	Option B: - Fresh cheese and one egg omelette. - Grilled fish (e.g. Salmon, tuna, hake...). - A piece of fruit (e.g. Apple)	Option C: - Rustic Salad (tomato, lettuce, onion, oil and tuna) - Non-fat yogurt.

Specific Exercise routine

Even the fact that Amy has a very active work as a waitress, she has developed a very sedentary lifestyle outside work, things like watching television or lying on the sofa are too common in her daily routine, moreover, being at home and rest there nearly all day is not good for her depression, it makes it more difficult for her to improve and one day get better. So, an important change has been made in her lifestyle adding simple activities like walking or just doing some swimming are important to disconnect from work and take some fresh air, other kind of exercise has been added to make her head to stop thinking with work and also to reduce stress levels.

Monday	<p>- Aerobic training: Aerobic exercise, also known as cardio helps to breathe faster and more deeply, which maximizes the amount of oxygen in blood. The practice of aerobic fitness, make your body work more efficiently and make easier to complete physical routines or tasks and confront unexpected challenges.</p> <p>- Kind of activities that involve aerobic training: Aerobic exercise includes any physical activity that uses large muscle groups and increases the heart rate. So activities like walking, jogging, biking, swimming, dancing or water aerobics are good options for practice aerobic training.</p> <p>- Walking: To improve the production of the “happiness hormones” is good to walk at least half an hour every day. In Amy case it is easy, because she has a dog. So she may walk around the park or the city and at the same time her dog does her necessities.</p>
Tuesday	<p>- Relaxation techniques for stress relief: Amy has a very stressful life, and she does very little to reduce the damaging effects of stress. To effectively combat stress, she needs to active the body’s natural relaxation response. She can do this by practicing relaxation techniques such as deep breathing, meditation, rhythmic exercise... Fitting these activities into her life can help her reduce everyday stress and <i>boost</i> her energy and mood.</p>
Wednesday	Free Day
Thursday	<p>- Aerobic training: Exercise needs time an effort to have an effect in the person and make a difference. Activities which need aerobic training require to be practised at least twice a week.</p>
Friday	<p>- Flexibility and stretching: Flexibility is an important part of physical fitness. Flexibility and stretching also improve the range of motion of your joints and promotes better posture. Regular stretching can even help relieve stress. For this reason, stretching and flexibility activities are an appropriate part of a physical activity program.</p> <p>- Walking: To improve the production of the “happiness hormones” is good to walk at least half an hour every day. In Amy’s case is easy, because she has a dog. So she may walk around the park or the city and at the same time her dog does her necessities.</p>

Saturday	- Jogging: A good way to not think in life affairs and disconnect from work, is running. While you are running your attention is fixed in other things and you forget all worries and problems, so for RBM make the effort to run will make a big change.
Sunday	- Outdoors activities: Enjoying being outdoors is a good thing to relax and feel freedom, even simple activities such as gardening, throwing a ball around with her dog or just drink a cup of tea on the balcony with the breeze on the face. That's important because a healthy dose of sunlight has been shown to boost mood, likely due to the fact that sunshine stimulates our serotonin levels.

Other activities routine

Not all in this treatment is exercise or food there are other important factors that are also significant, mostly of them related to relationships and our relation with the world that surrounds us. Friends, who are the family we choose for ourselves, and our real family, are the most important moral support that we have. We can tell them our worries, our secrets and our desires without the fear of being judged, we trust them and they help us in any way they can.

Social life

In the path to a slow recovery an extra help which may not be available in ourselves, is important to push ourselves to find little help in the people who surrounds us and also really cares about us. In this case Amy was offered with a lot of extra help by her family and friends but she used to refuse it with excuses, but during this month things has changed. The aim of this month was to recover the relationships with relatives and acquaintances, making her feel comfortable with them again and find new confidants to tell them things related to day affairs or just speak with them to forget the horrible day at work. Little things like meeting in a café may work better than a perfect diet or a strict timetable of exercise.

Time for oneself

The external help is useful but if the person does not make and effort all help comes to nothing. We choose what we want and what we deserve, no one can force us to make a change or a choice we are free to do. Moreover, we are the ones who rule our own future, friends helps us but never force us to choice what they want. So, all of us need time to think about changes and in the near future, time to think and to meditate everything. Looking for the pros and cons, understanding why things happen or just trying to wake up of this. In Amy's case is the same, she has to make the first step to change others cannot make that for her. Others can help her to make the journey more comfortable, but it is Amy who has to create her own path to recovery.

Conclusions of the month

My conclusion:

Amy has experienced a difference between the beginning of the month and the end of the month. The active lifestyle with a perfectly balanced diet has helped her to sleep better at night and be less tired when she wakes up also this change have helped her to reduce stress focusing her attention in activities such as jogging and walking and forget work affairs during the afternoon. Even her relations with friends are different. They meet more often and spend more time together. But she still has depressive thoughts when she is alone at home so even that she feels better than one month ago her journey to recovery have just started. **I can conclude that healthy style of life has worked properly in Amy.**

Amy's conclusion:

"I was really disappointed with everything at the beginning, I doubt of all treatments and I was not expecting anything. The first week I had lots of doubts about the effectiveness of the treatment and I was thinking that doing all that had no sense. Till I realise that little changes like meeting more usually with a few friends were happening. When I finished the treatment I was surprised about the improvement but at the same time I was disappointed because the feeling of sadness was there and stress had not disappeared at all."

Experience of *Rose* during July with **treatment III**

The first treatment to be tested in Rose was “**Power of nature**”. The most important point of this treatment relies on the fact that alternatives methods based on Asian culture like tai chi, yoga, acupuncture... and natural remedies, help to improve our mood. So, the aim of this treatment is to motivate Rose to change some crucial aspects of her lifestyle and see if this really works on her or does not make any difference at all. It is important to know that in just one month it is difficult to observe a drastic change in the person, but small changes may appear at the end of the month easily if the treatment really works on the person.

Alternative Methods

The key of this treatment is to test different eastern methods which have been useful for many years to treat depression and their symptoms, alternative methods that may help Rose to fight her depressive thoughts and her homesickness. In this case the methods will be centred in herbal remedies, massages, tai chi, yoga and other practices that help to calm and disconnect from this world.

Asian Culture

A wide variety of societies, religions and ethnicities shape the culture of Asia. The Asian culture is an aggregation of diverse customs, traditions and social values that form the core of the Asian society. The continent of Asia comprises the geographic and cultural sub-regions of central, southern, western and eastern Asia. The Asian continent boasts of a rich cultural heritage that has given the region, an identity of its own.

Chinese Herbology

Chinese herbology is the theory of traditional Chinese herbal therapy, which most commonly uses plants. But animal, human, and mineral products are also utilized.

Curcuma: Curcuma is a helpful herb for depression because it unblocks energy and makes the person feel more active.

Mimosa tree bark and flower: Mimosa is an herb which is traditionally used to calm the spirit and relieve emotional problems like bad temper, depression or irritability.

Ginger: Ginger is high in magnesium, phosphorus and calcium, which make it good candidate for treating depression. Magnesium deficiency, in particular, may lead to neuronal damage that manifests as depression.

<p>Rose hips: Rose hips are the red to orange bulb-shaped fruits that are left on a rose bush after the flowers die. They are known to be very high in vitamins A, C and E, and they are also good sources of calcium, potassium and magnesium. When you brew a cup of rose-hip tea, these nutrients are extracted from the fruit. When ingested along with the essential oils of the rose hips, they have a calming effect on the nervous system and reduce anxiety and stress.</p>	<p style="text-align: center;"><i>Tea & herbal infusions</i></p> <p>People think of tea as a delicious hot beverage to be sipped alongside breakfast or after dinner. However, herbal teas have so much more to offer than just warmth and flavour. Many teas are able to boost your mood and relieve mild symptoms of depression.</p>
<p>Ginseng: People have known about the calming effects of ginseng for years, and it remains one of the best teas for depression. Drinking three cups per day can help reduce the blood pressure and stimulate the production of serotonin, a neurotransmitter that is often deficient in depressed patients.</p>	
<p>Chamomile tea: Chamomile tea not only relieves depression and anxiety, it can also prevent panic attacks, promote healthy sleep and relieve headaches. The combination of these effects results in a much happier, less anxious feeling. Drinking a cup before bedtime can go a long way toward curing mild depression.</p>	
<p>Lemon balm: Lemon-balm tea, which you can make from dried lemon-balm leaves, works to relieve depression in two ways. First, the aromatic scent serves as an aromatherapy and has a calming effect on your mind. Second, the citrus oils in the tea promote peaceful sleep and clear thinking while warding off anxiety attacks and depressed feelings.</p>	
<p style="text-align: center;"><i>Exercise & Others</i></p> <p>Some traditional practices of the eastern countries are well known for treating depression.</p>	<p>Tai chi: Tai Chi is a Chinese martial art characterized by its slow and gentle movements, tai chi are another Eastern tradition that might help to break with mild depression. The researchers theorized that the social aspects of tai chi, which is done in group settings, may have also played a role in its effectiveness.</p>
	<p>Yoga: Yoga is the physical, mental and spiritual practice which was originated in ancient India. Yoga has a wonderful antidepressant effect and it is useful to improve flexibility, strength, balance and contain a meditative component.</p>
	<p>Acupuncture: Acupuncture is a collection of procedures involving penetration of the skin with needles to stimulate certain points on the body. This traditional Chinese medicine is well known to treat depression and all related with it.</p>

	<p>Massages: People naturally go to certain place to get a massage and bring down their levels of stress and also to increase the feeling of being of peace with oneself. There are cheaper ways which does not cost a fortune, for example simple things like place a tennis ball under the foot and rub or place the ball behind your shoulder blades against.</p>
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Specific Exercise routine

All the treatments said before are just words, things that may work in theory. The important thing is to see if these methods really work in real life, in fact the aim of the research project is to see if there are useful treatments without using drugs to fight against depression. So I have made an orientative timetable for Rose to give a try to some of these alternative methods and see how they work.

Monday	<p>Morning:</p> <ul style="list-style-type: none"> ▶ A good way to start the week with energy is drinking a good cup of Ginseng tea to fill out the body with extra energy. With a supplementary apport of curcuma or pollen (very energetic product from bees).
	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ After a difficult university day a tai chi or yoga lesson fits perfectly, in the afternoon is the moment of the day when Rose is more anxious and sad.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ The best way to end a stressful day is a relaxing cup of Lemon Balm useful to fight against the insomnia which Rose suffers. This cup of tea must be accompanied with some relaxing exercises mostly deep breaths and meditation work.
Tuesday	<p>Morning:</p> <ul style="list-style-type: none"> ▶ If there is something that fits perfectly with a good breakfast is a warm tea but this time a Rose hips tea. Rose has the persistent idea that all the days of the week would be the same, if she started the day with optimism she would change the idea and may see the world differently. Rose hips may calm her anxiety and help her to think different.
	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ A relaxing walk with the headphones or spend some time in a park watching the scene and try to imagine that life is like that a perfect scene and not a combination of sadness and disillusion.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ Problems in sleeping routines produce an impact on daily life, an infusion of mimosa flower that has a calming effect, is useful for sleeping better. A cup of this infusion combined with other herbs like valerian increase the relaxing effect.

Wednesday	<p>Morning:</p> <ul style="list-style-type: none"> ▶ The middle of the week is near, so extra help to end the week is needed too. A cup of energetic black tea with a few drops of milk or lemon juice to make the tea more flavourful.
	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ Maybe the next therapy is quite difficult to do, somewhere to have acupuncture may be impossible to find, so other possibilities like a massage is available and easier to find.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ An infusion of Mimosa tree bark is useful to treat insomnia and also helps in being happier. A cup of it will be enough for one day.
Thursday	<p>Morning:</p> <ul style="list-style-type: none"> ▶ A Bath with essential oils may help in starting the day with more optimism than just get up and going to the university.
	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ If it is possible the best way to end this day, is having a massage a relaxing one with chill out music in the background. The aim of this massage is living a peaceful experience.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ Breath exercise combined with a cup of Lemon Balm with lemon grass. May help in fight the homesickness that affects every night when she is alone at the room.
Friday	<p>Morning:</p> <ul style="list-style-type: none"> ▶ Rose has to end the week with a cup of ice tea with ginger and a perfect breakfast this will help her to bear with the last day of the educational week.
	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ After a difficult week of university a tai chi or yoga lesson fits perfectly, and lessons are available on Monday and Friday.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ Meditation exercise before going to sleep will help Rose to disconnect from a very stressful week and start a new weekend with optimism.
Saturday	<p>Morning:</p> <ul style="list-style-type: none"> ▶ It is said that light helps to improve our mood. Some studies have shown that people in north countries like Norway or Sweden are less happy than the ones near the Mediterranean Sea, in which countries sun shines a lot compare to Norway for example. So, maybe sun light really has an anti-depressive effect. Outdoor activities are the best way to enjoy the sun light in a healthy way for Rose and also are something easy to do that not requires a big effort.

	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ After a very intensive morning for Rose a price will be given things like being in bed watching a film or chatting with a friend via Skype are perfect gift for Rose.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ A cup of Rose hips to end the day and rest in the bed reading is the perfect night to end Saturday.
<i>Sunday</i>	<p>Morning:</p> <ul style="list-style-type: none"> ▶ The perfect day for a tai chi or yoga lesson outdoors maybe by oneself or even better with a little group.
	<p>Afternoon:</p> <ul style="list-style-type: none"> ▶ Time to relaxing with a good book and a cup of chamomile that helps to fight the depressive thought and the stomach problems produced by her bad dietary.
	<p>Night:</p> <ul style="list-style-type: none"> ▶ Last night of the week, a night for a special bat with lot of soap and bubbles to relax even if Rose want with candles and music on the background, make the bath a little oasis of peace.

Conclusions of the month

My conclusion:
 Rose has experienced very little differences between the beginning and the end of the month. The eastern methods and natural remedies have helped her to sleep better at night and also helped her to distract from her problems, focusing her attention in activities such as walking in the afternoons. Her relations with friends are the same as always she speaks with some friends but not in full confidence. The treatment has helped in short time period in the moment she has a massage or a drinks a tea but at long time she still has depressive thoughts her journey to recovery have just started very slowly, that treatment has done some changes but they are too little to notice a change in Rose’s mood. **I can conclude that alternative methods and natural power have not worked properly at all in Rose.**

Rose’s conclusion:
 “I have learned by experience that you can never expect anything good to happen, I am so negative I accept it and my shyness and my negativity are the main causes for the failure of the treatment. I have never believed that teas or herbal treatments really work on someone, and the same happens with yoga and tai chi and the other methods. It is true that my problems to sleep are less frequent now but other things like sadness or homesickness are still here and my feelings are hardly the same as the they were in June.”

Experience of *John* during July with **treatment II**

The first treatment to be tested in John was “**Words and self-esteem**”. The most important point of this treatment relies on the fact that psychological help is the most effective method to treat mild and low cases of depression. So, the aim of this treatment is to motivate John to change some crucial aspects of his lifestyle and see if this really works on him or does not make any difference at all. It is important to know that in just one month it is difficult to observe a drastic change in the person, but small changes may appear at the end of the month easily if the treatment really works on the person.

Psychological treatment

The important point of the second treatment is the psychological help, with therapies of different kind and looking for the one that better works with John. The aim of this help is to treat the main causes of the mild depression that John has. The therapies that will work better with John are:

<p>Psychoanalysis</p> <p>The therapy centres on the dynamic between patient and psychologist. This therapy brings unconscious impulses and behaviour patterns to the surface.</p>	<p>Cognitive Therapy</p> <p>Negative thought patterns can cause or at least contribute to depression, and cognitive therapy aims to return that thinking around. The therapy tries to show how to recognize harmful or irrational thoughts and replace them with more constructive.</p>
<p>Experimental therapy</p> <p>In this type of therapy, people learn to distinguish healthy emotional responses from those that are misguided or harmful. But unlike some types of therapy in which the patient-therapist relationship is strictly neutral, experimental therapy is characterized by supportive, empathetic relationship that the therapist cultivates with the patient.</p>	

John has a private medical service in which psychological treatment is available. So he has been contacted by a psychologist to receive treatment at least twice a week.

Personal Changes

Psychological therapy will help to increase his self-esteem and fight the depressive thought. But he has to change a few things to make the psychologist words more effective, he has to start over and forget the failed relationship. A new beginning from zero in which new opportunities will be found, but he has to change his point of view. He needs more optimism and leave apart all sadness and regrets for something of the past, live the present is the key for the slowly recover of John.

<p>Chance the point of view about changes</p> <p>The truth is that we are all afraid of changes because it is something unknown that we are not able to control. But changes happen every day, the problem appears when fear does not let us go forward. In order to solve that, it is important to control fear accepting that changes are risks we need to take to better ourselves and our lives.</p>	<p>Last time to think about the past</p> <p>Before pulling ahead in life, it is important to think about the mistakes in the past, learn from the experience, get rid of the bad memories and keep the good ones. After all this mental discussion, it is time to close the past and get ready to start again.</p>
<p>Friends and family are there</p> <p>Think about the people that have an important role in your life and make sure that you can define any relation you have. Do not keep any bad relation in your life, just keep the supportive ones. It is important to be emotionally, mentally, and physically clear and ready but not alone, friends and family are there for giving extra help.</p>	<p>Know exactly where you stand in life</p> <p>When things become so complicated, we could simplify them and understand it better when we start by ourselves. Be clear about who we are and where we stand. Be clear about what we really want and then and only then, things will be clear.</p>
<p>Take some time to plan</p> <p>It is time to visualize the future. Make a list of what we want to change and start making steps for achieve these goals. The first steps have to be easier and funnier. This should be something that we would enjoy doing things that we always wanted to do. Things that would make feel happy.</p>	<p>The final step</p> <p>Go out there and make it right this time. It is a new chance in life. So, be ready for it. Trust in oneself. Just wait and see.</p>

It is important to throw away everything related to the failed relation, things like photos or objects that may remind us of this relationship.

Social life

Keep in regular contact with friends and family, or consider joining a class or any activity that involves contact with other people also helps in reducing isolation – an important cause of John depression –. Recover the relationships with his relatives and acquaintances, would make him feel comfortable with them again and get back to the lost confidants to tell them things related to day affairs or just speak with them to forget the feeling of being a failure. Little things like that may work better than a perfect session of psychological therapy.

Conclusions of the month

My conclusion:

John has experienced a difference between the beginning of the month and the end of the month, now he looks great compared to the John I met for the first time, the psychological therapy has helped John to face the past and his failure relationship with the help of the therapist he has made few steps to his recovery. Now, he is more linked to his friends even the fact that the relation is not the same it has improved a lot in the last month. **I can conclude that psychological help has worked really well in John.**

John's conclusion:

"I was afraid about having to tell someone my past and remember everything about failure relationship again. I was looking for some psychological help but I have never dared to go to it, so this time I have an excuse to go to a psychologist. I do not regret about it, the therapy was really helpful because in therapy I was able to express myself and the psychologist was friendly and open-minded and also gave me a lot of tips to forget the past and face the future. I feel that something is changing inside, also at the same time I think that more sessions are needed, there is a long way to improve but this is the beginning."

August is the second month of the practical part in which the patients will change the treatments for other ones very different but with the same objective. The system is the same as it was during July, same tips and the same way of taking notes. The aim of this month is see if there are differences between the treatments experienced during July.

AUGUST 2013						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Experience of **Amy** during August with **treatment III**

The second treatment to be tested in Amy was “**Power of nature**”. The most important point of this treatment as we have seen before relies on the fact that alternatives methods based on Asian culture like tai chi, yoga, acupuncture... and natural remedies, help to improve our mood. So, the aim of this treatment is to motivate Amy to change some crucial aspects of her lifestyle and see if this really works on her or does not make any difference at all. It is important to know that in just one month it is difficult to observe a drastic change in the person, but small changes may appear at the end of the month easily if the treatment really works on the person. Amy has been following pre-established routines similar to the ones Rose had followed in July.

Alternative Methods

The key of this treatment as we have seen during July is to test different eastern methods which have been useful for many years to treat depression and their symptoms such as yoga or china herbology, but this time the treatments will be tested in Amy to fight her depressive thoughts and give her some tips to cope with stress and control the situations that trigger her depression. In this case as in the Rose's case, the methods will be the same ones centred in herbal remedies, massages, tai chi and yoga. The information of these methods has already given in Rose's case in which also it have been said all the effects and benefits of each method.

Specific Exercise routine

To follow the steps of Rose in this treatment, Amy has been followed a similar timetable of activities and methods to the one Rose had followed on July. But little changes to adapt to Amy's lifestyle have been made. For example Amy every night have been drunk a valerian infusion, she also has been trying everyday some relaxation exercise to forget her problems of the day and be less stress, she has been doing yoga lessons twice a week on Thursday and Thursday and one lesson of Tai Chi on Saturdays. The rest was as I said mostly the same as it was in Rose's case.

Conclusions of the month

My conclusion:

Amy has experienced a few differences between the beginning and the end of the month, basically in her way to cope stress. The eastern methods and the natural power of them have helped her to sleep better at night thanks to the valerian and camomile infusion, she has reduce her stress levels thank to the yoga and tai chi lessons which distract her from the problems focusing her attention in doing this activities. She really enjoy practising both activities even her problems to concentrate. Her relations with friends are the same as it was month ago she still met her friends for a coffee at least twice a week. The treatment as Rose has said before not last for so long. For example, it is helpful while she is drinking a tea but after that the effects disappear. Even the short time effects, stress levels of Amy are lower than month ago. **So, I can conclude that alternatives methods have worked properly in Amy.**

Amy's conclusion:

"I was sceptical about yoga or massages as alternative methods to treat depression. If I compare with the other treatments this one for me was the less effective. But surprisingly, in the end I experienced some changes which were helpful to reduce stress and be more quiet and calm. This new feeling of internal peace combined with the increasing of sleeping hours has been the best part of the treatment. But not all is good in this treatment, I still sad in some moments of the day mostly when I am alone at home. Maybe this treatment needs a few changes to be more effective."

Experience of *John* during August with **treatment I**

The second treatment to be tested in John was “**Healthy lifestyle**”. As we have seen in Amy’s case, the most important point of this treatment relies on the fact that little changes in the lifestyle of a person can make a huge difference in the attitude and behaviour of that person. So, the aim of this treatment is to motivate John to change some crucial aspects of his lifestyle and see if this really works on him or does not make any difference at all. It is important to know as I said before, that in just one month it is hardly impossible to observe a drastic change in the person I have to be realistic and just little changes may appear at the end of the month in case the treatment really works on John. He has been following more or less the same steps as Amy, similar balanced diet and the same exercise routine.

Specific diet

The same as in Amy’s case, I have been studying his diet and realizing that little changes were needed in order to improve a healthy lifestyle for John. I prepared an orientative diet that helped John to reduce his huge protein intake (basically reducing the amount of meat and replace for vegetable proteins and introduce fresh food with lots of nutrients like vegetables or fruit and all the other products try to be not so fat to maintain the balanced diet) and other important thing is to increase the Omega 3 intake of John (introducing blue fish like salmon in her diet). The thing is that his new diet is healthier than before and with a huge variety of products. His diet is just the same as the one Amy has followed during her experience, just with one little difference more fresh fruit is added in John’s diet than in Amy’s one. Also as in Amy’s case, the Mediterranean diet is also a good option as an orientative diet for a healthy diet.

Specific Exercise routine

John has developed a very sedentary lifestyle due to the fact that he works on a chair in front of a computer all his workday, also at home he does no special effort, he just do things like watching television or staying on the sofa, moreover, being at home and rest there nearly all day is not the best way for beat his depression, it makes more difficult to improve and maybe one day get better and forget all related with the failed relationship. So, an important change has been made in his lifestyle adding simple activities like walking or jogging to help him to change from a sedentary lifestyle to another one more active to take some fresh air and disconnect from his past problems. During the week he has been following a strict exercise routine in which jogging, swimming and walking are activities that play an important paper on this specific exercise timetable. His timetable is exactly the same one that I had prepared for Amy before, just changing the days and adding more vigorous exercise in the routine.

Other activities routine

If I have learned anything from this experience is that the success of a treatment not only relies on exercise or food, there are other important factors that also are significant to beat depression. Mostly of them related to relationships and our relation with the world that surrounds us. Friends and family, which are our most important moral support that we have, play one of the most important roles to the recovery of Depression. We can tell them our worries, our secrets and our desires without the fear of being judged, we trust them and they help us in any way they can. Also it is important for John to take some time for himself, considering the pros and cons of the things, see what he wants, understanding why all this “nightmare” is happening to him and finally, make an effort to not ruin the external help people gave to him to one day get better and start the long path of the recovery.

Conclusions of the month

My conclusion:

John has experienced a difference between the beginning of the project and now. The active lifestyle with a perfectly balanced diet has helped him in focusing his attention in activities such as swimming and forgetting past affairs. He misses the psychological help and effectiveness of that treatment is less productive as it was the first treatment, he accepts that the treatments works but something is missing. Now his relations with friends are different he met them more regularity than month ago, but he still has some problems with being open as he was. **I can conclude that healthy of life has worked in John but he misses the psychological help that really have an effect on john’s life.**

John’s conclusion:

“The best thing of this treatment is that it makes me focus in other affairs and helps me not to think about the past all the time. I have to say that I miss the effectiveness of the first treatment I tested during July, but this one was also good. Maybe a combination of both would be the perfect treatment for fight against mild depression.”

Experience of *Rose* during August with **treatment II**

The second treatment to be tested in Rose was “**Words and self-esteem**”. As we have seen in John’s case, the most important point of this treatment relies on the fact that psychological help is the most effective method to treat mild and low cases of depression. So, the aim of this treatment is the same as it was in John’s case, motivate Rose to change some crucial aspects of her lifestyle but mostly motivate her to change her mood and point of view, and see if this change really works on her or does not make any difference at all. It is important to know that in just one month it is quite difficult to observe a huge difference in Rose, but small changes may appear at the end of the month easily on her if the treatment really works on Rose.

Psychological treatment

The key of the second treatment is the psychological help, with therapies of different kind and looking for the one that better works with Rose. The aim of this help is to treat the main causes of the mild depression that Rose has. Treat the cause to make a little improvement in Rose depression. The therapies that will work better with her are:

Dialectical behaviour therapy

A form of treatment specifically for people with problems with their emotions. This treatment is based on handling emotions, and the distress associated with this. The treatment helps people learn to handle their emotions better and re-learn the way they typically respond to situations and other people.

Cognitive Therapy

Negative thought patterns can cause or at least contributes to depression, and cognitive therapy aims to return that thinking around. The therapy tries to show how to recognize harmful or irrational thoughts and replace them with more constructive.

Experimental therapy

In this type of therapy, people learn to distinguish healthy emotional responses from those that are misguided or harmful. But unlike some types of therapy in which the patient-therapist relationship is strictly neutral, experimental therapy is characterized by supportive, empathetic relationship that the therapist cultivates with the patient.

Rose has some difficulties to contact with a psychologist so she has been doing online psychological therapies twice a week.

Personal Changes

Psychological therapy will help to increase her self-esteem and fight the depressive thought triggered by her difficult situation in which homesickness is intimately linked. But she has to change a few things to make the psychologist words more effective, she has to start over and accept the reality that surround her and not trying to achieve impossible goals. A new beginning from zero in which new opportunities will be found, but she has to find new ways to cope the situation. She needs more optimism in life and leave apart all sadness and regrets for being far away from home, live the present and establish new relationships with people is the key for her recovery.

Social life

The loneliness and shyness that surrounds Rose make hard to create new friendships, also does not let her to keep in regular contact with friends she already has. A simple thing like joining a class or any activity she wants but in which contact with other people is involve, will help her in reducing isolation – an important cause of her depression – and also be more open losing that uncomfortable shyness. Improve the relationships with her relatives and acquaintances, would make her feel comfortable with herself again and find new confidants to tell them things related to day affairs or just speak with them to forget a hard day at university. Little things sometimes work better than huge changes.

Conclusions of the month

My conclusion:

Rose has experienced a low difference between the beginning of the month and the end of the month, she accepts that this treatment was better than the one tested before thanks to the psychological therapy that have helped Rose to face her problems with her low self-esteem and her homesickness. Now she is has improve her relation with two girls in which now she trust more than month ago and she has started to considered as friends. **I can conclude that psychological was useful but not as it was for John or Amy, maybe she needs more help and one month was not enough to see important the improvement and the potential effect of the treatment.**

Rose's conclusion:

"I think this treatment was the one that really worked well, I really experienced changes inside for example I think now I am more optimist, well just a bit more optimistic not so much but is grateful to experience that little change. The psychologist encourages me to face the universities affairs and to establish new links with people and trust more the few friends I have. I think that the tips she gave me where so useful, I still feel sad sometimes but I see the light at the end of the road."

September is the third month of the practical part and also the final month of this specific part of the research project in which the patients will test one last time the treatments they have not already tested. The system is the same as it was during July and August, same tips and the same way of taking notes. The aim of this month is see if there are differences between the treatments.

SEPTEMBER 2013						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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23	24	25	26	27	28	29
30						

Experience of *John* during September with **treatment III**

The third treatment to be tested in John was “**Power of nature**”. The most important point of this treatment as we have seen before in the other cases, relies on the fact that alternatives methods based on the eastern culture like tai chi, yoga, acupuncture... and natural remedies, help to improve John’s mood. So, the aim of this treatment is to motivate John to change some crucial aspects of his lifestyle by experimenting with new methods he has never tried before and see if this really works on him or does not make any difference at all. It is important to know that in just one month it is so difficult to observe important changes in John, but small changes may appear at the end of the month easily if the treatment really works on him. John has been following the same methods that Rose and Amy had followed during their experience with this treatment.

Alternative Methods

The key of this treatment as we have seen during July is to test different eastern methods which have been useful for many years to treat depression and their symptoms such as yoga or china herbology, but this time the treatments will be tested in Amy to fight her depressive thoughts and give her some tips to cope with stress and control the situations that trigger her depression. In this case as in the Rose's case, the methods will be the same ones centred in herbal remedies, massages, tai chi and yoga. The information of these methods has already given in Rose's case in which also it have been said all the effects and benefits of each method.

Specific Exercise routine

To follow the steps of Rose and Amy in this treatment, John has been followed a similar timetable of activities and methods to the one Rose had followed on July. But little changes to adapt to Amy's lifestyle have been made. For example Amy every night have been drunk a valerian infusion, she also has been trying everyday some relaxation exercise to forget her problems of the day and be less stress, she has been doing yoga lessons twice a week on Thursday and Thursday and one lesson of Tai Chi on Saturdays. The rest was as I said mostly the same as it was in Rose's case.

Conclusions of the month

My conclusion:

John has experienced remarkable changes during September, basically after acupuncture and massages like Amy he has enjoyed a lot yoga and tai chi lessons. The eastern methods and the natural power have helped him distract from the real problems he has, focusing his attention in doing different yoga and tai chi lessons. That kind of exercises, really helps him to stop thinking in the same thing as always and start thinking in the future. His relations with friends are better but this is due to the other treatments and the desire maintaining the habit. The treatment is not so useful on its own, but combined with the others has an important role in fighting depression. **I can conclude that alternative methods have worked quite well in John.**

John's conclusion:

"I like everything exotic. Si I was very interested in that treatment maybe the best part was the tai chi lessons in which I think I really experience a peaceful aura around me. The most difficult part was acupuncture because I was really afraid of this therapy but in the end I did not feel any pain. It is a good treatment but compared to the others I think that it is the one that has the less power to fight against depression."

Experience of **Amy** during September with **treatment II**

The third treatment to be tested in Amy was “**Words and self-esteem**”. As we have seen in John’s case and also in Rose’s case, the key of this treatment relies on the fact that psychological help is the most effective method to treat mild and low cases of depression. So, the aim of this treatment is the same as it was in the other two cases, motivates Amy to change some important aspects of her lifestyle but mostly help her to cope and reduce stress, and see if these changes really work on her or does not make any difference at all. It is important to know that in just one month it is extremely hard to observe a huge difference in Amy in just one month with this treatment, but small changes may appear at the end of the month easily on her if the treatment really works on her.

Psychological treatment

The important point of the second treatment is the psychological help, with therapies of different kind and looking for the one that better works with Amy. The aim of this help is to treat the main causes of the mild depression that Amy has. Treat the problem from the origin to observe changes on her mood. The therapies that will work better with her are:

<p>Cognitive Therapy Negative thought patterns can cause or at least contributes to depression, and cognitive therapy aims to return that thinking around. The therapy tries to show how to recognize harmful or irrational thoughts and replace them with more constructive.</p>	<p>Insight therapy The treatment involves complex conversations between therapists and the person affect by depression. The aim is to help the person to understand the nature of his or her problems and the meaning of his or her behaviours, thoughts, and feelings.</p>
<p>Experimental therapy In this type of therapy, people learn to distinguish healthy emotional responses from those that are misguided or harmful. But unlike some types of therapy in which the patient-therapist relationship is strictly neutral, experimental therapy is characterized by supportive, empathetic relationship that the therapist cultivates with the patient.</p>	

Amy as John has a private medical service in which psychological treatment is available. So she has been contacted with a psychologist to start the treatment twice a week.

Personal Changes

Psychological therapy will help her to fight against stress and anxiety, which are important causes of her depressive episodes, tips will be given to her to fight that. But she has to change a few things to make the psychologist words more effective, she has to calm herself and accept the problems she has at work and find the ways to solve them and find tricks to relax her. She needs more optimism in life and leaves apart all her pessimism and regrets for focusing on what is really important, think twice and think in the pros and the cons of each actions she takes will help her and take life with calm in her problem to cope with stress.

Social life

The problems she had at work have a direct repercussion to her relations with the people who cares about her, affecting to the regularity they meet or the quality of the relationship. Amy needs external help to cope with the situation, relying on her relatives and acquaintances, she may find an important way to escape from work problems. Because friends and family do not mind to stay there few minutes listen us and later give their opinion and this is the useful thing for Amy.

Conclusions of the month

My conclusion:

Has experienced a difference between the beginning of the month and the end of the month now she cope better the stress and the bad relation with her boss, the psychological therapy have helped Amy to face the work problems and cope the stress. Thanks to the help of the therapist she has make few steps to his recovery. Now he is more linked to her friends and she is less sedentary than month ago she walks every day as a habit from the first treatment. **I can conclude that psychological help has worked properly in Amy given her some steps to the recovery.**

Amy's conclusion:

"I have to say that the psychological help was the best thing it is expensive but I think that it worth the money. I still feel sad and stressed but much less than I used to be few months ago. I think this treatment is the one that has the best results, but I miss the active lifestyle of the first treatment that I have tried. Maybe exercise and therapy is the secret of a good recover from a mild depression"

Experience of *Rose* during September with **treatment I**

The third treatment to be tested in Rose was “**Healthy lifestyle**” also the last one to be tested on her. As we have seen in Amy’s and John’s cases the most important point of this treatment relies on the fact that little changes in the lifestyle of a person can make a significant difference in the attitude and behaviour of this person. So, the aim of this treatment is to motivate Rose to change some crucial aspects of his lifestyle that produce the depression and see if this really works on her or does not make any difference at all. It is important to know as I said before in all the treatments, that in just one month it is hardly impossible to observe a drastic or a significant change on the person I have to be realistic and just little changes may appear at the end of the month in case the treatment really works on Rose. He has been following more or less the same steps as Amy and John, similar balanced diet and nearly the same exercise routine.

Specific diet

After studying her diet and noticing that a changes was needed in order to introduce a healthy diet in Rose lifestyle. I prepared an orientative diet, which is similar to the ones I have already prepared for Amy and John, that helped Rose to reduce her fats intake (basically cutting off with fast food and products with high percentages of fats and replace them with fresh food which contains lots of nutrients like vegetables or fruit and all the other products try to be non-fat to maintain the balanced diet) and other important thing is to increase the Omega 3 intake of Rose (introducing blue fish like salmon in her diet, which is well known for being good to treat depression). The thing is that her new diet is healthier than before and with a huge variety of natural and fresh products. Her diet is similar to one Amy has followed during her experience. Also as in Amy’s and John’s cases, the Mediterranean diet is also a good option as an orientative diet for a healthy diet.

Specific Exercise routine

Rose as a university student who has an active lifestyle, but outside the campus she stays in bed with her computer, moreover, being in her room nearly all afternoon and night is not good for her depression, just help her to increase her depressive thoughts. Also her problems to stay outdoors, it makes more difficult to improve and one day get better and one day get less isolated and be more friendly. To improve her lifestyle an important change has been made, the first week just adding walking sessions and later start a strict exercise timetable similar to the one Amy has followed at the beginning of the project. Also to help her to disconnect from her worries is good to take some fresh air and take advantage of her free time to take part in clubs or whatever in which people is involve.

Other activities routine

Not all in this treatment is a very strict exercise routine or a perfectly balanced diet, there are other important factors which also play an important role to the recovery of the depression. These factors are related to the relationship and our relations with the other people who surround us. Friends and family are the most important moral support that we have, in Rose's case her moral support is basically her family. She tells them her worries and her problems wishing a piece of advice or their opinion of something. But the problem, is that she forgot to take care of her friends and the relations is getting cold as days pass. She needs to use all her free time to meet them again to start from zero and try to recover the old friendship.

Conclusions of the month

My conclusion:

Rose has experienced a difference between the beginning of the treatment and now. The active lifestyles with a perfectly balanced diet have helped her to sleep better at night and be less isolated. The treatment has helped her to reduce homesickness focusing her attention in activities such as jogging and walking. Her relations with friends are the same as one month ago. She started to trust two of her friends and she meets with them more than two days per week to talk about university affairs. But she still feels homesickness and sadness even the three months of the projects she has made very poor progress. **I can conclude that healthy lifestyle has nearly worked in Rose.**

John's conclusion:

"Well this treatment was ok. It was funny to make some exercise I even lost some weight. I think the treatment it really works but something is missing. I think that psychological help is something that this treatment can offer and it is important. However, I prefer this treatment to the first one I tried "

*C*onclusions

Once carried out the research project and after giving a last look to all the essential aspects of the entire project, it is time to extract some conclusions about the hypothesis on which the research was based to corroborate it or refuse it. The project started with a brief tour to the world of Mental health, talking about three of the most popular diseases of this area of the psychology and psychiatry, which are Schizophrenia, Bipolar disorder and Depression, and later passing through the practical part focused on the alternative treatments of Depression.

The theoretical part was useful to give details and also a good knowledge of that huge world which is Mental Health, delimiting the project in some specific aspects like the treatment of the mental illnesses or the symptoms and signs of these illnesses. Also that part of the research project gave some historical contextualization for a better understanding of these mental disorders and its therapies which have changed a lot since the medieval times where treatments as purges, bloodletting and whipping were considered a cure for this kind of illnesses till now where medicine improvements in drugs and therapies are the cure of the disorders. Topics like the stigma which people who has mental disorders suffer from the society that surround them, the demystification of myths related to the mental health world or the objective point of view, which prevail through all the project and not only in the theoretical part, trying to tell the things as they are with an accessible vocabulary with some technique words.

Moreover, the theoretical part was not just words. It was more than just that. This part of the project gave the foundations to what it comes after, the practical part. The importance of the theoretical part relies on the fact that it gives a good knowledge of the topic to understand the treatments which are tested in the practical part and it make easier to understand the symptoms experienced by the people involved in the project to work with the initial hypothesis.

As we already know, the practical part in which three different treatments, all of them natural without chemical influence, have been tested in three different people more or less from the same age and at the same grade of Depression to see evidence to corroborate or refuse the hypothesis:

Mild and low cases of depression can be treated without medication.

After three months of the practical part, testing the three treatments to see if people get better or they stay the same, without any change in their mood, their routines... Every treatment was different with their particularities and treated different aspects of the person for example the second treatment helps to increase the self-esteem and incentivize the person to change his or her thoughts and point of view, changing their depressed patters for a more optimistic ones. I have relied on different aspects in order to affirm the effectiveness of different treatments, these aspects are:

- A remarkable improvement is observed on each person.
- The person is comfortable with the treatment, which means that he or she is doing it because she or he wants and it is not an obligation.
- A change and also an improvement in the social relations.

The treatments have worked differently in each person, but their effectiveness remains the same that is the reason why my conclusions are possible, otherwise these would not have been possible. With the help of these concrete aspects, it was easier to do an objective evaluation of the person who was experiencing the treatment and the effectiveness of the treatment. To make more understandable the results obtained with this experience, I have made a table in which appear the different treatments with a little explanation of their effectiveness through the experience of each person turn up.

So, I can conclude the following statements:

- I have noticed that a few changes in the patients' mood and the grade of their illness. Although three months is a very short period of time to take an official conclusion, but I have been able to see little improvements in them with the different treatments they have been tested. So I can conclude than in the first stages of depression with the correct alternative treatment there is no need to involve chemicals than can produce some side effects.
- The first improvement starts with oneself, if the person does not want to change the treatments do not work on the person. The patient has to accept the problem to overcome the illness, accepting that all the external help will be useful. Otherwise, all the effort made by others will come to nothing.
- Thanks to the research I can say that in our modern world the main cause of depression is stress. Stress triggered by the current economic background is the first cause that leads in low and mild cases of depression more than traumatic events or problems with oneself. Nowadays in our globalize world, people are getting depressed more often and also their depressions last longer than before.
- Relatives and acquaintances have an important paper to overcome depression. The effect people have is much greater than we can imagine the influence of their advices and opinions can help us or destroy us that are why they help is so important. Keep in contact with friends and rely with the family is simple actions that help the person who suffers from depression to disconnect and they are our confidants in which the person who suffer depression has to rely on and tell them all their feelings, thoughts...
- The effectiveness of eastern and natural remedies depends on believing them or not. The different eastern methods like acupuncture or tai chi and natural remedies such as valerian infusion are effective if the person who is trying them believe in their effectiveness. For example in the practical part we have seen that the natural remedies fail in Rose because she was really disappointed with this remedies even before trying them but in John or Amy who were a bit more open to changes and what involve these kind of practices, it works better seen some benefits on them.

A

- ▶ **Aging** - The process of growing old or maturing.
- ▶ **Antipsychotic drugs** - Drugs that help to diminishing the symptoms of psychotic disorders, such as schizophrenia, paranoia, and bipolar disorder.
- ▶ **Amygdala** - An almond-shaped mass of gray matter in the anterior portion of the temporal lobe.

B

- ▶ **Breast** - Either of two milk-secreting, glandular organs on the chest of a woman; the human mammary gland.
- ▶ **Boundaries** - Something that indicates a border or limit.
- ▶ **Bloodletting** - The surgical removal of some of a patient's blood for therapeutic purposes.
- ▶ **Boost** - To raise or lift by pushing up from behind or below.

C

- ▶ **Constipation** - Difficult, incomplete, or infrequent evacuation of dry hardened feces from the bowels.

D

- ▶ **Delusions** - A false belief strongly held in spite of invalidating evidence, especially as a symptom of mental illness.
- ▶ **Drowsiness** - Inducing sleepiness; soporific.
- ▶ **Dizziness** - Having a whirling sensation and a tendency to fall.
- ▶ **Distractibility** - To cause to turn away from the original focus of attention or interest.
- ▶ **Despair** - To lose all hope.

E

- ▶ **Euphoric** - A feeling of great happiness or well-being.
- ▶ **Enlightenment** - A European intellectual movement of the late 17th and 18th centuries emphasizing reason and individualism rather than tradition. It was heavily influenced by 17th-century philosophers such as Descartes, Locke, and Newton.

F

G

- ▶ **Give someone a blank look** - to look back at someone with a neutral look on one's face.

H

- ▶ **Hallucinations** - Perception of visual, auditory, tactile, olfactory, or gustatory experiences without an external stimulus and with a compelling sense of their reality, usually resulting from a mental disorder or as a response to a drug.
- ▶ **Humming** - To be in a state of busy activity.

I

- ▶ **Impaired** - Diminished, damaged, or weakened.
- ▶ **Inheritance** - The process of genetic transmission of characteristics from parents to offspring.
- ▶ **Isolated** - Separated from others; solitary or singular.
- ▶ **Interchangeably** - That can be interchanged.

J

K

- ▶ **Kidneys** - Either one of a pair of organs in the dorsal region of the vertebrate abdominal cavity, functioning to maintain proper water and electrolyte balance, regulate acid-base concentration, and filter the blood of metabolic wastes, which are then excreted as urine.

L

- ▶ **Lightheadedness** - Faint, giddy, or delirious.
- ▶ **Limb** - an arm or leg, or the analogous part on an animal, such as a wing.
- ▶ **Lobotomy** - A surgical operation involving incision into the prefrontal lobe of the brain, formerly used to treat mental illness.
- ▶ **Lean** - To depend or rely.

M

- ▶ **Mood** - A state of mind or emotion.
- ▶ **Mindfulness** - Paying close attention to the responsibilities.
- ▶ **Misinformation** - Misinformation is false or inaccurate information that is spread unintentionally.

N

O

- ▶ **Overwhelming** - Overpowering in effect or strength.
- ▶ **Ointments** - a smooth oily substance that is rubbed on the skin for medicinal purposes or as a cosmetic.

P

- ▶ **Pattern** - A model or original used as an archetype.
- ▶ **Prone** - Having a tendency.
- ▶ **Purge** - rid (someone) of an unwanted feeling, memory, or condition.

Q

R

- ▶ **Rashes** - A skin eruption.
- ▶ **Relapse** - To regress after partial recovery from illness.
- ▶ **Reuptake** - The reabsorption of a neurotransmitter, such as serotonin or norepinephrine, by a neuron following impulse transmission across a synapse.
- ▶ **Reckless** - Indifferent to or disregarding of consequences.

S

- ▶ **Somatic** - Of, relating to, or affecting the body, especially as distinguished from a body part, the mind, or the environment; corporeal or physical.
- ▶ **Stupor** - A state of unconsciousness.
- ▶ **Seizures** - A sudden attack, spasm, or convulsion, as in epilepsy or another disorder.
- ▶ **Strengthen** - To make strong or increase the strength of.
- ▶ **Sacked** - Dismissal from employment.
- ▶ **Self-loathing** - Hatred, disregard, and denigration of oneself.
- ▶ **Squeeze** - To press hard on or together; compress.
- ▶ **Soothe** - To calm or placate.

T

- ▶ **Tapered off** - Become smaller or less active.
- ▶ **Tremors** - An involuntary trembling or quivering, as from nervous agitation or weakness.
- ▶ **The fight-or-flight response** - Is a physiological reaction that occurs in response to a perceived harmful event, attack, or threat to survival.
- ▶ **Twitching** - A sudden involuntary or spasmodic muscular movement.

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W

- ▶ **Waxy flexibility** - A condition characterized by lack of response to external stimuli and by muscular rigidity, so that the limbs remain in whatever position they are placed. It is known to occur in a variety of physical and psychological disorders, such as epilepsy and schizophrenia, and can be induced by hypnosis.
- ▶ **Wellbeing** - The condition of being contented, healthy, or successful.
- ▶ **Worthless** - Lacking worth; of no use or value.
- ▶ **Withdrawal** - A retreat or retirement.
- ▶ **Will** - The mental faculty by which one deliberately chooses or decides upon a course of action.
- ▶ **Whipping** - Thrashing or beating with a whip or similar implement.

X

Y

Z

Webgraphy

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