

Jennifer Jackson: Hello, this is Jennifer Jackson, and this is the mind and body podcast series for a caring approach featuring Dr. Carlos Durana. Dr. Durana is a clinical psychologist and a professional counselor and the founder of Caring Approach. He has over 30 years of experience in the area of counseling and psychotherapy and has a vast array of experience in therapeutic approaches that he describes as integrative counseling therapy.

Today's topic is depression. Please welcome Dr. Durana.

Dr. Carlos Durana: Well, thank you so much. I'm so happy to be here with you sharing this time.

Jennifer Jackson: Well, we're glad to have you. Let's go ahead and jump right in. Depression. Yeah. Can you tell us a little bit about what depression actually is? Sure.

Dr. Carlos Durana: We can say that depression, generally speaking, is, is a kind of, um, uh, pessimistic and persistent, um, view of ourselves, of our future and of the world.

That's a more succinct way of saying that. Now there are different degrees of depression. Of course, uh, there's very mild depression that we will all experience at one point or another in life. Somebody said there's a loss, loss of a job, um, say a loss of someone that we love. Sometimes in addition to that grief that's there, um, we may, you know, we may be feeling down for a while.

And so. The symptoms, generally speaking, the symptoms tend to be, depending on whether it's mild or moderate or more severe types of clinical depression, the symptoms tend to be things like sadness, a sense of hopelessness or helplessness, fatigue, or loss of motivation. Guilt, a feeling of feeling worthless.

And sometimes there can be suicidal thoughts or sometimes it can be, it can be, there can be an attempt to, for suicide. But in terms of the crux of the definition is this kind of negative view. It's almost like a bias that we have in a way against ourself. And we have this faulty or distorted, sometimes we use that term distorted or faulty ways of thinking about ourselves, our future and our view of the world.

Jennifer Jackson: Absolutely. Absolutely. I know for me personally, uh, depression, uh, has been a monkey on my back for quite a while. I, um, actually lost my husband about five years ago. And, uh, shortly after I lost him, we went

straight into COVID. So I went basically from having a happy marriage, a happy life, losing my husband, and then going straight into isolation.

So I went into a deep depression. And by looking at, um, social media, the news and everything else, I was not alone. It seemed like if there were a lot of people prior to COVID, uh, having depression, it wasn't, uh, as well known. Uh, but it seems like after COVID, it seems like now everybody realizes that they have.

In some form or of another, uh, suffered from depression. Would you say that that's true?

Dr. Carlos Durana: That's totally true. Yeah. And, and that must have been an incredibly painful experience for you. Uh, I've never experienced that myself or losing a spouse that way, but I've had other losses in my life. So I can only.

Comparatively, you know, use that as an experience of losing siblings and parents and my country and so on and so on. But, uh, it must have been really very difficult for you.

Jennifer Jackson: Absolutely.

Dr. Carlos Durana: Yeah.

Jennifer Jackson: But I think what you kind of touched on earlier is that, um, uh, grief is just one, I guess, one avenue for depression.

And there are other There are other ways that people can become depressed. Uh, would you say that, um, it could be definitely a psychological thing, or?

Dr. Carlos Durana: Well, I mean, sometimes it can be generated by an illness.

Jennifer Jackson: Okay.

Dr. Carlos Durana: Uh, somebody, for example, maybe develop an illness and then they start to, uh, feel depressed.

Maybe cancer, maybe something else. Um, and so that can come from that. Um, it can come from, there could be different triggers for anyone. Um, like I said, a loss of a job and other things that can trigger. A loss of a good relationship, a divorce. Absolutely. Uh, all of that can, of course that's all challenging in itself.

But often what happens is that when there is a depression that's, um, into the moderate to, to. more severe cases, uh, there can be precursors antecedents to that in terms of our personal history. They have met, there may have been, um, uh, in our family of origin, for example, there have been some depressiveness, you know, and, and mother or father or, and so on.

So that there can be an influence that comes from that. And then something occurs, um, in like a loss, let's say of some kind, um, and then that triggers the pattern. Okay. It's a sort of an aggravating, uh, experience that will trigger it. Uh, that doesn't have to be always there in terms of the history, but there can be, in terms of the history, there can also be certain ways of seeing ourselves that can, where we feel ourselves maybe being defective in some way.

You see, and that can then, uh, contribute, be triggered by an event.

Jennifer Jackson: Got it.

Dr. Carlos Durana: Yes. Yes.

Jennifer Jackson: Can you walk us through, uh, maybe, uh, what a therapy session might kind of sound like or, or where you would start with someone who is coming to you for a depression? What, what can they look forward to coming to you?

Dr. Carlos Durana: Sure.

Well, it's very important for. To create an environment where people feel cared for, they feel like I can empathize with their problem, that maybe I have had personal experiences in that, which I have had, and dealt with depressiveness very effectively. So, I want to create that environment so they feel like there's compassion, empathy, and all of that.

They feel like I am an ally, that I can, work with them together to improve it because this is a treatable problem. Absolutely because people when they come into therapy generally speaking they can feel maybe discouraged to begin with absolutely therapy. All right, and in particular with depressiveness they can feel effective or discourage and so on and as if they cannot make any difference in their own lives in one way or another and so I want to also as soon as I can help them get in touch with the strengths and weaknesses and the positive attributes that they have, let's say, and this is very important because what I do is in a way where it's called sometimes a strength based approach.

What happens with depression in particular is that we dismiss the strengths that we have and the positive aspects of our being. We dismiss them. And we pay attention to the negatives a lot more and say, so if there's a deficit there in terms of how we're viewing, we're not viewing things objectively, you know, okay, we have some positives, some negatives, and we're paying so much more attention to what seems to be negative and very little to, uh, to what's positive in us.

And so that's in a way it's kind of, we call it a distortion. You see, a faulty way of, of, of feeling and thinking in the sense that we are not paying attention to all of who we are. That particular distortion, yeah, sometimes it's called dismissing the positives or mental filter sometimes, mental emotional filter, where we filter, filter out the positives.

And we're paying attention to the negatives primarily. Yeah.

Jennifer Jackson: So if someone is coming to you for depression, you would basically figure out exactly where they would fall in this category. And is there any medication involved in this?

Dr. Carlos Durana: Well, I am not against medication. Uh, not at all. I think that there are some cases of depression that need to be medicated because of the severity of the problem, particularly if there are genetic components to that.

Of course. However, there's so much that can be done. And I can tell you from personal experience, because I've had my history from my parents, particularly from my father, Depressiveness that I dealt with successfully. And there's so much that can be done to treat this and to work with this and to improve it.

Okay. Now let me talk a little bit about my approach, uh, what I call an integrative approach. I think people change primarily by changing in three ways. Our thinking, how we look at things, our feelings, emotions, and our behaviors. And they're all very important to address in therapy. With regards to depression, there's another factor, and I'm sure you relate to this because you are very fit and you are general manager of a big health club in the area.

And you know what exercise does. Absolutely. And I know it myself. And, uh, From my own personal experience, that exercise has always been a foundational aspect of working with my own. Absolutely. In my history, because there's a certain aspect of depression that is really physiological in a sense, and we need to address that physiologically.

And exercise is wonderful, but in fact, exercise can be, and therapy can be just as good as a medication. Absolutely. But there are people who don't want to do that, you see. It all depends on what they're open to doing or not. But for me, it's a very important thing to teach, make sure that I encourage to get them into some exercise program as soon as we can.

And I know a lot about that, but I also recommend people to tweak that and to help them with that. So that's an important facet of this. As well. Now, um, another aspect that's very important is how do we deal with our thinking? What we call these faulty ways of thinking. That's cognitive behavioral therapy.

That's very useful with that. Our beliefs that we have about ourselves that are faulty. And we need to change that. We need to transform these. This is essential. You know? Beliefs like that, I'm not good enough, I'm unworthy, I'm unlovable, and so on. Oh, absolutely. Yeah, those are things that need to be addressed.

Then there's on a feeling, emotional level, how do we learn to do certain things that are going to develop and allow more positive experience in our lives, and feelings and emotions in our lives.

Jennifer Jackson: Absolutely. And there's a

Dr. Carlos Durana: behavioral aspect. Um, also relationally as well, that's important, uh, in, uh, with depression because sometimes we will, we will interact with people in ways that are counterproductive, you know, because I say that we anticipate rejection and that may be because they feel unlovable or unworthy and then we anticipate rejection.

And so we may be behaving where we may be pulling away, the other person doesn't know what's going on. The other person might think that, oh. He doesn't love me, you know, what's going on. And then that person may start to pull away. And then I say, we know we're very far apart and things are not going well, and maybe there's a separation and so on.

So this is also another very important aspect relationally. How do we enhance that? Not only with a partner, but also with other people, because sometimes in depressiveness we can feel very isolated. Absolutely. And in our country today, loneliness is a big deal. Isolation is a big deal. And so how do we interact, whether it be through groups of different kinds, churches, etc.

Uh, that's a very important aspect of depressiveness and dealing with depressiveness. There's also what you might think of, um, And we'll be talking in another podcast, the MindBody podcast, I'll talk about this. Um, there are different aspects of our being and there's what some people might call spiritual or religious aspect, you know.

Of course. And one of the things that happens in, in depressiveness sometimes is that people, a person may feel like they don't have enough of a purpose. Absolutely. What's the purpose of my life? Absolutely. What meaning is there in my life? And somebody might deem that as something that's spiritual, of a spiritual nature.

Now what doesn't have to be religious or spiritual to, uh, deal with this? Mm hmm. Okay. What's important, I think, is to be involved in, and give purpose and meaning. If it's not through something spiritual or religious, for example, if you're an atheist,

Allow yourself to live your life so that you're including something larger than than you. For example, maybe humanity, maybe helping others. Right. That's something that can give you meaning. Purpose. Got it. That is my opinion. Something very important. And again, one doesn't have to be religious for that at all.

Absolutely. Okay. So there's that aspect. So you see, our thoughts and feelings, our thoughts, uh, in the way we think and interpret things, our feelings and emotions, our behavior, this larger sense of, of, of, of ourselves, you know, uh, something larger than us, you know, absolutely, uh, to acknowledge that, uh, and also to, uh, work towards that.

In whatever way we can. That's also very important. I agree. And I mentioned also the relational aspect. So these are aspects of depressiveness that I take into account in helping others. Yeah.

Jennifer Jackson: Absolutely. Uh, you kind of touched on. a little bit about, uh, about your personal experiences with depression.

Could you elaborate a little bit more on that? I, I would like to know, and I'm sure our listeners would, because I think a lot of people get confused with what exactly depression is, where, where it can stem from, and everything else. Can you give more of an example of Depression from your view?

Dr. Carlos Durana: Sure, um, if you look at some pictures of myself when I was about, say, 7, I'm never smiling in any of those pictures, okay?

It's like you might look at that and say, Wow, what's happening with that kid? You know, um, my shoulders are down. Forward a bit like that, you know, my head is a bit down. I'm not smiling, you know, even when I'm at the center of a picture there, uh, which was a picture with, um, all the kids were dressed up and I was the main one in the center.

I'm not happy at all. Wow. So it was a sense of not being happy. There was a sense of, um, unworthiness in a way. Right. And shame that was there, you know.

Jennifer Jackson: And that I would think would be odd, uh, at such a young age. I mean, whenever you think of depression, you don't think of depression as being brought on at such a young age.

But here you are. in photos as a child. And most would say, well, what would a four or five year old have to be depressed about?

Dr. Carlos Durana: Yeah.

Jennifer Jackson: Well,

Dr. Carlos Durana: all kinds of stuff that were going on in the family. And when I talk about my, my parents, I don't know, they passed away. I don't, I don't blame them. And they had their own issues and all of that.

And so there was all kinds of stuff that was going, that were going on there that were not healthy, you know, just. Many ways awful in terms of their interactions and all of that, all kinds of pressures that were going on economically and so on. So it was difficult for them and for all of us in that environment.

And then what came out of that, and also you see, this is the other part of what we can model. And I think part of it for me was that I modeled after my father and I absorbed that because he had a lot of depressiveness and he smoked a lot. And that was when one of the, ways that he tried to calm himself inside the, under pressure because he didn't feel very successful.

In comparison to, for different reasons, in comparison to his brothers and so on, things that have happened with, with him and his own health and the bad

accident that he had. And so as a kid, as a boy, I model, you see some of that shame and down mood and all, but of course that wasn't all, I had moments that were fun and all of that.

Of course. I don't want to minimize that. Of course. But I modeled, I was also, there's a modeling going on there in terms of his behavior. And even his posture, wow, in terms of how sometimes he'd be with his head down. Wow. Okay. So, and, and so I developed certain beliefs about myself of being unworthy, not good, um, having a lot of shame and so on.

And all of that contributed towards that, um, moodiness sometimes. And then also at different points of my life got triggered. And I had periods, uh, that were a bit longer, you know, wanted to stay in bed for a long time and all of that. So that happened. Uh, and then as I started to work on myself, that started to change successfully.

Now Doing all of the things that I teach people, you know, all of these therapies, all of these approaches as well as mindfulness, because that's another thing that I haven't mentioned. Another way of working with people is that has to do with that larger part of ourselves. Mindfulness is very important.

Um, mindfulness is the ability to stand back from our experience and try to have compassion and witness it. Okay. And that's something that was not easy for me because of my, I had a lot of self criticism. So, and this happens a lot with people who are depressed. They're criticizing themselves a great deal.

The lack of acceptance. So you're trying to change, but Sometimes when people are trying to change something, they're also criticizing themselves for it, which is not helpful. In a certain sense, you have to accept yourself. Right. Develop over time that sense of acceptance to try to transform things, you know.

I was asking the other day, just to a client, oppressive client, and I was asking, let me ask you. If you had a friend, close friend, that had your issues right now, and she was criticizing herself about all her faults, like you're doing right now, would you be attacking her like the way you're attacking yourself?

Wow. And she said. God, no. I love my friend. Of course. Absolutely. How come you're

Jennifer Jackson: How come you don't love yourself that much? That way. That much. Absolutely. A little bit. Absolutely. Yeah. You have to

Dr. Carlos Durana: start with a little more. Absolutely. You know? It's like a double standard going on there. Absolutely. You know?

Not treating yourself, you know, with that kind of compassion. So that's that's something that That is important to develop that sense of compassion And and self acceptance as we're working on ourselves Because a lot of the problem to begin with is that lack of acceptance. Is there self rejection that's going on in many different ways If you could encapsulate that it's kind of a self rejection that's going on And and so yeah, we have to work on that to transform it

Jennifer Jackson: good stuff.

Dr. Durana Really good stuff. Well, listeners, it's about that time. Dr. Durana, do you have anything else you'd like to leave us with?

Dr. Carlos Durana: Well, really, really, uh, if you are depressed, try to get some help. Okay? There's a lot that can be done for you. There's hope about this problem and things that can be done to feel better so that you don't have to feel so bad about yourself.

Jennifer Jackson: Good

Dr. Carlos Durana: stuff. Definitely.

Jennifer Jackson: Dr. Durana, thanks again for joining us today. If you'd like any other information on this topic or anything else, please go to www.caringapproach.com. Thanks again, Dr. Durana. I'm Jennifer Jackson. Thanks for listening.