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Features of Reflection of People Prone to Depressive States

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This article presents the results of an empirical study of the reflection features of people prone to depressive states. The cognitive-emotive test (CAT) by Yu. M. Orlova and S. N. Morozyuk was used as a method. The study involved 28 respondents—men (18 people) and women (10 people) aged 18-40 years who had experienced a depressive episode of mild to moderate severity. All patients were in remission.

Keywords: reflection, protective reflection, sanogenic reflection, depression, PSS

In modern society, depression has become one of the most common and serious diseases. According to Russian health data, about 15 million people in Russia suffer from depression.

A depressive episode is an affective disorder characterized by cognitive, emotional, and somatic impairments. This manifests itself in the form of poor health, apathy, loss of interest in life, loss of energy, fatigue, and a generally bleak mood.

In the international classification of diseases, depressive personality disorder is designated as F32.0—depressive episode.

The symptoms of this disease in humans vary depending on the severity of their condition. The following symptoms are distinguished: lack of concentration, low academic performance at school and work, decreased physical activity, irritability, aggression, anxiety, insecurity, low self-esteem, self-flagellation, self-humiliation, violation of the daily routine, insomnia at night and the inability to get up in the morning, decreased appetite, a person gets lost in time, ceases to monitor appearance, slow speech. There are three main causes of a depressive episode (Kananchuk, 2009):

- Genetic: They are associated with abnormalities in chromosome 11.
- Biochemical: When the activity of neurotransmitter exchanges is disrupted and, as a result, there is a lack of serotonin and catecholamine.
- Neuroendocrine: They are expressed in impaired functioning of the epiphysis, limbic, and hypothalamic-pituitary systems. This, in turn, worsens the release of hormones and melatonin.

The main risk group includes people aged 20 to 40 years. Other factors contributing to a depressive episode include:

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- People with low social status.
- People who have experienced the loss of a loved one.
- Those who have faced suicide in their family.
- People who tend to worry about nothing.
- Persons of non-traditional orientation.
- In women, episodes are often associated with the postpartum period.
- People who have been in a stressful situation for a long time.

Scientists have concluded that the disease has a biochemical origin due to the fact that different areas of the patients' brains have different activity. The hereditary factor is more difficult to recognize. Depression can also be associated with disorders of the circadian rhythm and biological clock.

According to the research of Russian psychologists, the primary picture of the world is formed in early childhood in a system of interpersonal relationships with adults who are important to the child. It is in early childhood that the foundations of psychological well-being are laid as a result of meeting the basic needs of the emerging personality. It is possible that the cause of a depressive episode in childhood is rather not heredity, although this cannot be ruled out, but psychological attitudes and patterns of unhealthy behavior that they acquire imprinted due to the lack of formation of their consciousness, reflection, and critical thinking. Pathology may be sluggish and not manifest itself until a certain trigger is triggered. The aggravation is a consequence of the factors that we wrote about above.

Repetitive, obsessive negative thoughts, as a result of trauma, cause secondary emotional experiences that cause chronic stress that destroys not only health, but also cognitive functions (memory deteriorates, speech slows down, concentration is impaired, critical thinking decreases, and general lethargy appears).

It is as a result of frequently repeated unjustified expectations, projections, and obsessive stereotypical patterns of responding to traumatic situations, as well as excessive demands on oneself and others, that a philosophy of everyday life is formed through thinking, on the basis of which a special picture of the world is formed, underlying the unfolding of a depressive episode. As a rule, the development of a depressive episode occurs slowly and very imperceptibly, both for the patient himself and for his relatives. At first, irritability and emotional discomfort appear. A person is trying to find an explanation for his behavior, to deal with the root cause of his suffering. Then comes the realization that he is sick, but the person does not understand what kind of illness it is. There are only two colors in the color palette of emotions in this world—"black" and "white".

In numerous studies carried out in line with the scientific school of Yu. M. Orlov and S. N. Morozyuk ("Theory and practice of sanogenic thinking"), it is proved that the psychological well-being of a personality is determined by the style of her thinking, the quality of reflection, and the everyday philosophy that has developed under their influence (Adler, 2023; Ivanets, Kinkulkina, & Tikhonova, 2020; S. N. Morozyuk, Y. V. Morozyuk, & Kuznetsova, 2023; Marchukova, 2005; Orlov, 1999; Reshetnikov, 2003; Smoleva, 2010).

The reflection features of people with a depressive episode are manifested in a deep fixation on the negative aspects of their own experience, which leads to increased feelings of hopelessness and guilt. Reflection takes on the character of self-criticism, often excessive and biased, which contributes to the consolidation of a depressive state. People with depression are prone to rumination—repetitive and obsessive analysis of past events, mistakes and failures, which prevents constructive problem solving.

The emotional coloring of reflection in such people is predominantly negative, which is associated with a distortion of perception of reality. They tend to exaggerate the significance of negative events and underestimate positive ones. This creates a vicious circle where reflection does not contribute to personal growth, but only exacerbates negative emotional states.

In addition, people with a depressive episode have a decreased ability to self-regulate and plan, which makes their reflection less productive. Instead of looking for solutions, they focus on experiencing their own inadequacy, which increases the feeling of helplessness and despair.

We assumed that the reflection of people prone to depressive states has its own specific features.

To verify our hypothesis, using the cognitive-emotive test of Y. M. Orlov and S. N. Morozyuk, we examined respondents who had experienced a depressive episode and were in remission.

The study was conducted in October-November 2024, which involved 28 respondents—men (18 people) and women (10 people) aged 18-40 years. 37% of the respondents have higher education, 23% have secondary specialized education and 40% have incomplete higher education.

The empirical base of the study is the State Budgetary Healthcare Institution of the Moscow region "Psychiatric Hospital No. 5" in Khotkovo, Moscow region.

The results of the study were processed using the STATISTIKA 7.0 program using the parametric statistical method of data processing for independent samples, the Student's *T*-test.

Figure 1 shows the results of the study.

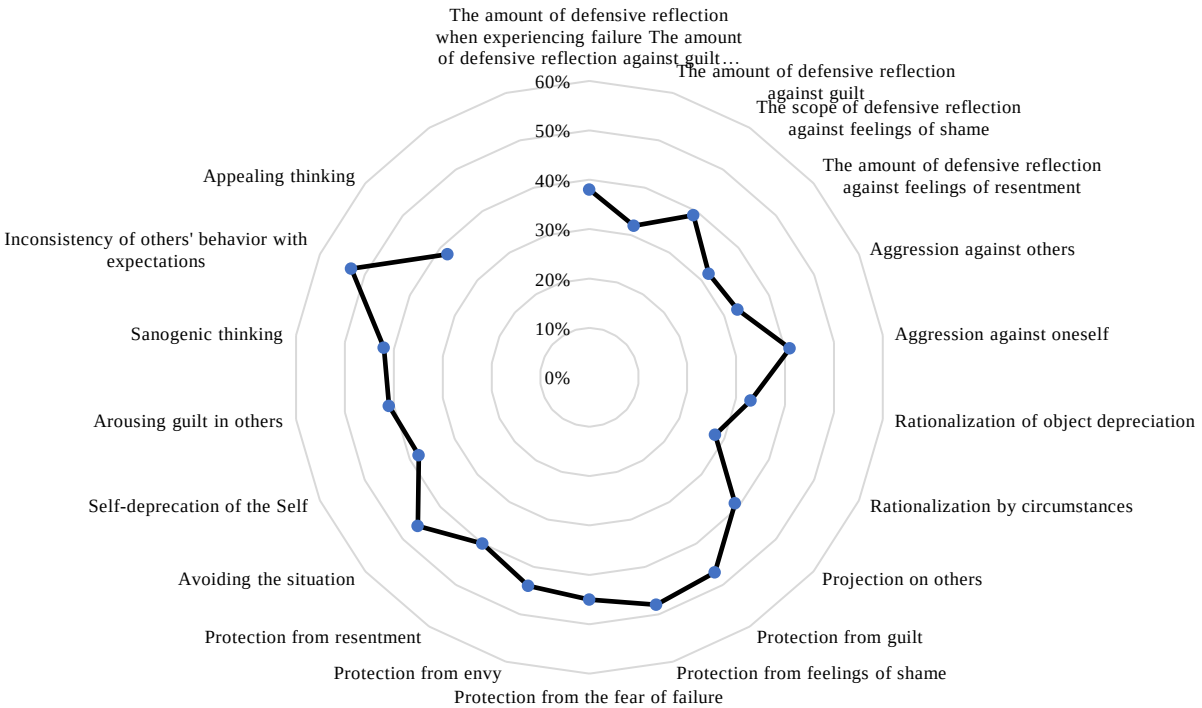

Figure 1. The profile of defensive reflection of people who have experienced a depressive episode.

The data presented in the diagram demonstrate a peculiar profile of defensive reflection in people who have experienced a depressive episode.

We found the largest amount of defensive reflection when experiencing feelings of shame (39%) and resentment (39%). The reason for experiencing these feelings is, in our opinion, unjustifiably high demands on oneself and others. This is indirectly evidenced by the indicator "The discrepancy between the behavior of others and my expectations" (53%). How does a person protect himself from negative feelings of shame, resentment, guilt, fear of failure, and envy? She mentally aggresses against herself (41%)—"It serves me right if I'm like this", "Let me feel bad for this" and walks away from psychologically traumatic situations (46%)—"I won't deal with them", "I don't want to think about it".

These data allow us to conclude that the defenses presented above are devoid of energy, the will to live, and to overcome. A person who has experienced a depressive episode is, as it were, "de-energized". It is difficult to say what is a contributing factor to a depressed personality. Why does a person refuse to fight? We assume that a person does not have enough physiological resources. And then genetic, biochemical, and neuroendocrine factors will determine depressive states. However, why then does the main risk group include people of the most physiologically resourceful age—from 20 to 40 years? Perhaps the answer should be sought in the psychological field of factors. It is difficult to disagree with Adler (2023), who argued that without a goal, a person can neither think, want, nor feel. According to Vygotsky, escape into illness is an attempt by a person to escape reality and problems that he cannot solve due to the lack of a clear understanding of his goals and desires, due to the fact that he is unable to cope with his problems and emotions. A fictitious defensive goal—"not to be, but to leave" violates the entire life plan of a person.

The fact that the testing was conducted with respondents who had experienced a depressive episode, i.e. in a state of remission, allowed us to determine the reflection profile of a person prone to depressive states. These data can be used in the preventive and correctional work of practical and clinical psychologists aimed at activating an individual's internal psychological resource through the development of their ability to manage their emotions through sanogenic reflection. If during a depressive episode a person is unable to reflect on the causes of his painful condition, then in remission the ability to reflect is not lost. It is only necessary to change its quality and focus. Sanogenic reflection will allow a person prone to depressive states to overcome the habit of rumination—repetitive and obsessive analysis of past events, mistakes, and failures. Often based on unjustifiably high demands on oneself and others, a philosophy of life formed on the basis of pathogenic thinking.

We hope that at the first signs of a depressive episode, sanogenic reflection and sanogenic thinking can help a person overcome not only the symptoms of the disorder, but also eliminate the cause that triggers this personality-destroying process. We see this as a promising way of psychological assistance aimed at preventing and solving the problem of mental disorders.

Despite the fact that counseling and therapeutic practice based on the principles of sanogenic thinking and sanogenic reflection proves the effectiveness of this approach to solving problems of overcoming psychological distress, we are aware that the application of sanogenic therapy methods to people prone to depressive disorders requires fundamental theoretical substantiation and experimental verification on representative samples.

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