

Features of the Viability of People With a Depressive Episode

Morozyuk Svetlana Nikolaevna, Morozyuk, Yuri Vitalievich

Moscow Pedagogical State University, Moscow, Russia

Kuznetsova Elena Sergeevna

Moscow Psychological and Social University, Moscow, Russia

This article presents the results of an empirical study of the viability characteristics of individuals with a depressive episode. The “Adult Viability” test (A. V. Makhnach) was used as a method. The study involved 28 respondents—men (18 people) and women (10 people) aged 18-40 years with a depressive episode of mild to moderate severity. All patients were in remission.

Keywords: vitality, self-efficacy, spirituality, depression

A depressive episode can significantly affect a person’s vitality, which manifests itself in various aspects of their life (Bogomaz, 2009; Ivanets, Kinkulkina, & Tikhonova, 2020; Reshetnikov, 2003).

The features of the viability of men and women in depression are manifested in various aspects of their psychological and physiological state. Women are more likely to openly express emotions, which can contribute to earlier detection of depression and seeking help. However, their emotional vulnerability sometimes leads to a longer recovery period. Men, on the contrary, tend to hide their feelings, which exacerbates the condition and increases the risk of suicidal thoughts. Their vitality in depression is often maintained through active actions or going to work, which can temporarily mask the problem (Reshetnikov, 2003; NIH, 2019).

Since our respondents were people with a depressive episode, we believed that their viability had its own specific characteristics, including gender. The study was conducted in October-November 2024, which involved 28 respondents—men (18 people) and women (10 people) aged 18-40 years with a depressive episode. All patients were in remission. 37% of respondents have higher education, 23% have specialized secondary 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*-criterion (Inheritov, 2004).

Figure 1 shows the results of a study on the viability of people with a depressive episode.

Morozyuk Svetlana Nikolaevna, Doctor of Psychological Sciences, Professor, Department of Psychology, Moscow Pedagogical State University, Sukharevsky Pereulok, 6, Moscow, Russia.

Morozyuk Yuri Vitalievich, Doctor of Psychological Sciences, Professor, Department of Psychology, Moscow Pedagogical State University, Sukharevsky Pereulok, 6, Moscow, Russia.

Kuznetsova Elena Sergeevna, Candidate of Psychological Sciences, Head, Department of Psychology, Moscow Psychological and Social University, 9a 4th Roshchinsky Proezd, Moscow, Russia.

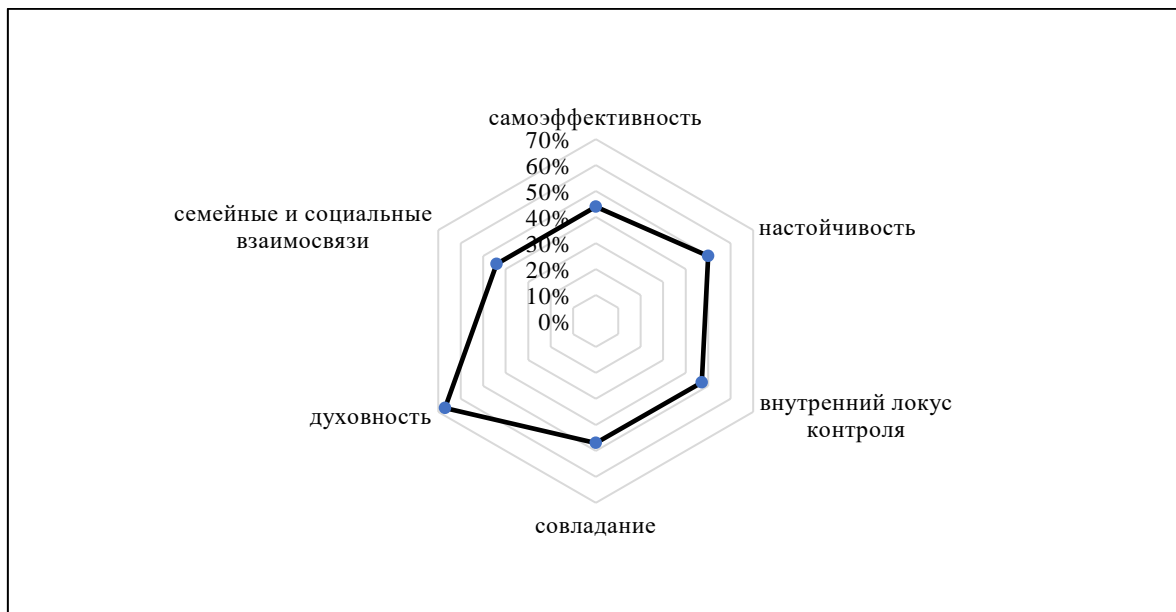


Figure 1. Viability profile of people with depressive episode.

The data presented in the diagram demonstrate a peculiar viability profile of individuals with a depressive episode. The highest indicator is “Spirituality”, reflecting the level of spiritual and moral development (67.4%). People with a depressive episode tend to find support in faith, remain morally stable, and act in accordance with their faith-based moral beliefs. They strive to turn to God or another higher power, and are also able to give a spiritual and moral assessment of everything that happens outside and inside themselves, to act in accordance with their own and social system of spiritual and moral values. On the other hand, a fairly high indicator of “Perseverance” (50%) characterizes respondents as persistent, determines the self-discipline of an individual and his desire to continue the struggle to restore balance after the impact of adverse life events. It shows their desire to cope with difficulties and to be reborn whenever circumstances exceed their capabilities. But at the same time, their individual expectations and beliefs, their belief in the ability to mobilize their motivation, cognitive resources, and actions to influence an event are somewhat inferior to other indicators. Thus, the low indicator of “Self-efficacy” (40%) does not allow people with a depressive episode to adequately assess their understanding of their abilities and confidence in their effectiveness. Set ambitious goals for yourself and strive for success, control stress and act confidently, use the experience of others, understand the causes of your own emotional reactions and predict them. The reason for their misunderstanding of the sources of their emotional reactions is pathogenic (non-constructive) reflection. However, this assumption needs to be confirmed.

It should be noted that the testing was carried out in remission of the respondents. In a state of acute illness, a survey is not possible. We have suggested that the viability of men and women with a depressive episode has its own specific characteristics. In the literature, one can find data on differences in the manifestation of vitality in men and women. Women are more likely to report depressive symptoms related to anxiety and emotional instability, whereas men may exhibit depression through aggressive behavior and alcohol abuse. This can lead to different approaches to treatment and self-help. Social roles and expectations can have a significant impact on how men and women deal with depression. Women are often more likely to seek help and receive social support, while men may avoid seeking help because of stereotypes associated with masculinity. Physiological differences

also play a role: in women, depression is more often accompanied by somatic symptoms such as fatigue or sleep disorders, while in men irritability and aggression predominate. Women are more likely to seek support in social connections, which helps them cope with emotional stress. However, their tendency to self-reflection and self-criticism can increase feelings of guilt and helplessness, slowing down the healing process. Men, on the other hand, tend to isolate themselves, which worsens their condition, but they are more likely to use strategies aimed at distraction, such as sports or hobbies, which can temporarily reduce stress levels. Social expectations also play an important role: women are more often perceived as emotionally vulnerable, which makes it easier for them to access support, while men face pressure to demonstrate strength and control. This leads to the fact that men are less likely to admit their problems and seek help, which increases the risk of chronic depression.

Let's turn to the results of a comparative analysis of the viability characteristics of men and women with a depressive episode (Figure 2).

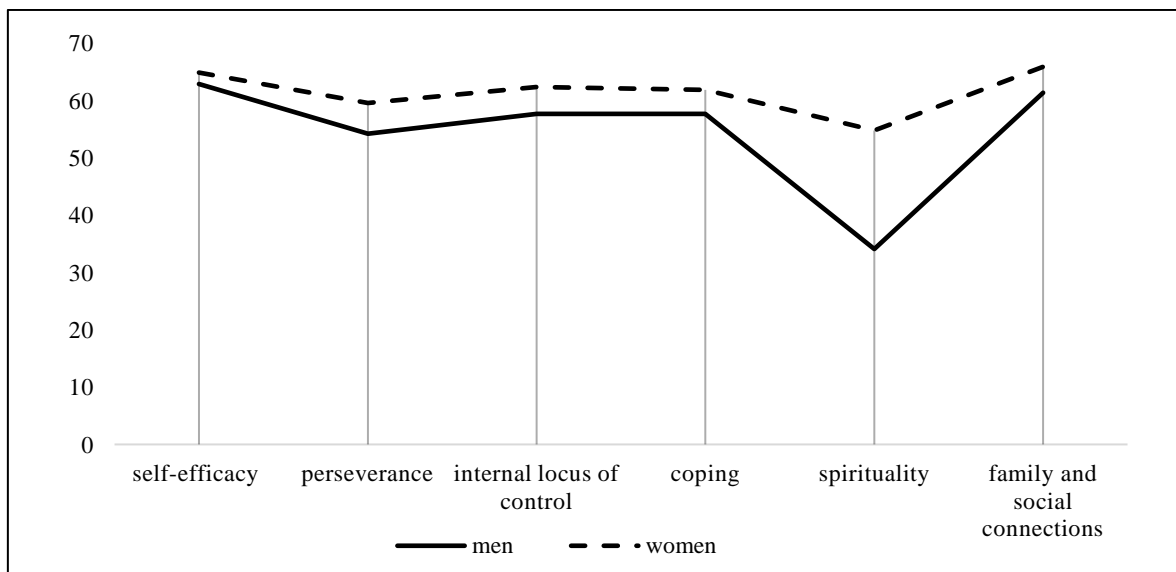


Figure 2. Viability profile of men and women with depressive episode (in % ratio).

Despite the fact that in our study we found gender-specific features of the viability of men and women prone to a depressive episode, there are data that allow us to see a peculiar profile of the viability of people prone to a depressive episode, regardless of gender (Figure 2).

We can see that all the indicators of vitality in both men and women are evenly expressed. However, the indicator of “Spirituality” in men is significantly inferior to women. That is, men are less likely to act in accordance with their moral beliefs, less likely to turn to God, relying more on themselves and their strengths. In addition, women with a depressive episode are more resilient than men. Women find positive solutions for themselves and others, control their lives and events more often, use a wide range of means to improve their health, perceive themselves and others positively, maintain emotional intimacy between family members, strive to maintain relationships with parents throughout their lives, strive to maintain positive relationships in the family, and develop family resources. However, when the viability profiles of men and women are clearly similar, significant differences also appear (Table 1).

The data presented in Table 1 indicate that there are statistically significant differences in some indicators of the viability of men and women with a depressive episode.

Table 1

Comparative Data on the Viability of Men and Women With a Depressive Episode

	Respondents	Viability indicators (A. V. Makhnach)	
1	Men	62.9	Self-efficacy
	Women	64.9	
	Difference	-2.0	
	Student's <i>t</i> -test	2.04*	
2	Men	54.2	Persistence
	Women	59.6	
	Difference	-5.4	
	Student's <i>t</i> -test		
3	Men	57.7	Internal locus of control
	Women	62.4	
	Difference	-4.7	
	Student's <i>t</i> -test	0.095	
4	Men	57.2	Coping
	Women	61.9	
	Difference	-4.7	
	Student's <i>t</i> -test	0.118	
5	Men	34.1	Spirituality
	Women	54.8	
	Difference	-20.7	
	Student's <i>t</i> -test	3.20**	
6	Men	61.4	Family and social relationships
	Women	65.9	
	Difference	-4.5	
	Student's <i>t</i> -test	0.504	

Note. Statistically significant differences: ** at the level of $p < 0.01$; * at the level of $p < 0.05$.

In particular, women have a high level of social activity and emotional well-being compared to men. This may be due to women's greater tendency to introspect. In addition, men are more likely to experience a decrease in physical activity, which may be due to their tendency to avoid social contact and withdraw into themselves. The analysis of the data also revealed that women demonstrate a higher level of adaptability, which allows them to search for and solve problems, assess the significance of the situation and their potential threats. They are more likely than men to turn to social support, they are able to establish the optimal alignment of their interests and the environment. Men, on the other hand, tend to be more apathetic and less motivated, which may be due to their lower willingness to seek help and acknowledge emotional difficulties. These differences highlight the need to take gender perspectives into account when developing therapeutic strategies. Women are more likely to experience pressure related to the need to meet the expectations of society, which increases their emotional burden. Men, in turn, may face limitations in expressing emotions due to stereotypes about "masculinity", which contributes to the development of apathy, isolation, and, as a result, leads to a decrease in self-efficacy and self-control.

Thus, our hypothesis about significant differences in viability in men and women with a depressive episode was confirmed. In connection with the above, we can draw the following conclusions:

1. In the course of the study, a peculiar profile of vitality was revealed in people with a depressive episode: the highest indicator is “Spirituality”, reflecting the level of spiritual and moral development. People with a depressive episode tend to find support in faith, remain morally stable, and act in accordance with their faith-based moral beliefs. They strive to cope with difficulties and be reborn whenever circumstances exceed their capabilities.

2. Our hypothesis has been confirmed that the viability of men and women with a depressive episode has its own specific features: Firstly, all indicators of viability in both men and women are evenly expressed. Secondly, men are less likely to behave in accordance with their moral beliefs, less likely to turn to God, relying more on themselves and their strengths. Thirdly, women with a depressive episode are more resilient than men. They find positive solutions for themselves and others, and they are more likely to control their lives and events.

3. The presence of a low indicator of “Self-efficacy” does not allow for an adequate assessment of the understanding of their abilities and the causes of their own emotional reactions by people with a depressive episode. The reason for their misunderstanding of the sources of their emotional reactions is pathogenic (non-constructive) reflection. However, this assumption needs to be confirmed.

4. Despite the fact that counseling and therapeutic practice based on the principles of sanogenic thinking and sanogenic reflection shows the effectiveness of this approach to solving problems of overcoming psychological distress, we are aware that the application of sanogenic therapy methods to people with a depressive episode requires fundamental theoretical justification and experimental verification with representative samples. Sanogenic thinking therapy based on awareness and transformation of internal conflicts can become a promising tool in dealing with depression.

References

- Bogomaz, S. A. (2009). Human resilience as a personal resource for coping with stress and achieving a high level of health. *Proceedings of Materials of the scientific and practical congresses of the third all-Russian Forum. National Health—The Basis of Russia's Prosperity*, 3, 23-25.
- Inheritov, A. D. (2004). Mathematical methods of psychological research. Data analysis and interpretation. In *Orlov Yu.M. Sanogenic (healing) thinking*. St. Petersburg: Yu. M. Orlov.
- Ivanets, N. N., Kinkulkina, M. A., & Tikhonova, Y. G. (2020). *Depressive disorders of the monopolar course: Clinic, differentiated approaches to therapy*. Moscow: RAS.
- Makhnach, A. B. (2006). International conference on the viability of children and adolescents. *Psychology Journal*, 27(2), 131-132.
- Makhnach, A. V., & Laktionova, A. I. (2007). Viability of a teenager: Concept and notion. In L. G. Dikaya & A. L. Zhuravlev (Eds.), *Adaptation psychology and social environment: Modern approaches, problems, prospects* (pp. 290-312). Moscow: Institute of Psychology RAS.
- NIH. (2019). *Federal clinical guidelines for the diagnosis and treatment of recurrent depressive disorder*. Moscow: NIH.
- Posokhova, S. T. (2001). Psychology of an adapting personality: A subjective approach (Ph.D. thesis, Saint Petersburg State University, 2001).
- Reshetnikov, M. (2003). *Psychodynamics and psychotherapy of depression*. St. Petersburg: VEIP.