

PREDISPOSITION TO DEPRESSION IN MINORS

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Annotation: This thesis describes in detail the mental health problem of depression. Factors causing depression are listed. Gender differences in susceptibility to depression are studied. Aaron Beck's cognitive therapy and treatment methods for the study of depression will be considered. An analysis of the results by age periods based on the Zung-Balashcheva "Determining the Degree of Depression" methodology will also be presented.

Keywords: Depression, cognitive processes, behavior, age periods, clinical trial, magnetic stimulation, personality, gender difference.

Depression is a severe mental health problem that can affect all people, regardless of their social status or level of education. Depression is associated with changes in mood and behavior, which can lead to suicidal attempts. Treatment of depressive disorders is largely based on drugs discovered in the 1960s and early 1970s. Depression can cause severe symptoms that seriously affect a person's emotions, thinking, and ability to manage daily activities, such as sleep, nutrition, or work. Depression affects anyone regardless of age, gender, race or ethnicity, income, culture, or level of education. Studies show that genetic, biological, ecological, and psychological factors play an important role in the development of this disorder. Women are diagnosed with depression more often than men, but men can also suffer from depression. Since men are less inclined to recognize their negative emotions, talk about them, and ask for help, their symptoms of depression are more likely to be overlooked and undertreated.

Additionally, depression can be accompanied by other mental disorders or chronic diseases such as diabetes, cancer, heart disease, and chronic pain. Depression can exacerbate these illnesses, just as these illnesses can exacerbate depression. Sometimes, medications taken to treat illnesses can also cause side effects that cause symptoms of depression.[6]

There are several factors that cause depression, such as a high sense of guilt in a person, inattention to insomnia or loss of appetite, and excessive self-esteem.

The symptoms of depression differ from each other in that they cause mental and physical changes. They are highlighted separately below.

Psychic signs:

- Constant sadness and bad mood
- A feeling of despair and helplessness
- Low self-esteem
- Irritability and intolerance towards other people
- Lack of motivation or interest in typical activities
- Suicidal thoughts and actions

Physical characteristics:

- Lack of energy
- Sleep disorders (insomnia or excessive drowsiness)
- Changes in appetite[5]

The onset of depression can be observed in both adults and children. Depressive symptoms also differ depending on gender. Hormonal and psychological changes that occur during adolescence affect girls more than boys. Girls may be dissatisfied and critical of their appearance, that is, comparing themselves to other ideal images reduces their self-confidence. These conditions can cause depression in them.

Depression is one of the most widely studied topics in psychology and psychiatry, and various scientists have studied different aspects of it.

More than forty years ago, Dr. Aaron Beck's pioneering work *Depression: Causes and Treatment*[1] (*Depression: Causes and Treatment*) was the first to comprehensively describe all aspects of depression and provided cognitive therapy for health professionals and patients struggling with one of the most common and severe disorders of this modern era. Since the first publication of this classic work, the multifaceted nature of mood disorders has been understood more deeply, and the phenomenological and biological aspects of psychology are considered interconnected.

Taking these changes into account, Beck and his colleague Brad. A. Alford wrote the second edition of the book "*Depression*," which helps to understand depression as a cognitive disorder. This system is based on the analysis of negative schemes and automatic thoughts that condemn people to painful emotional states.[1]

Beck and Alford review scientific research and randomized controlled trials that have helped reinforce the cognitive approach over the years. They also include in this discussion the adopted changes in the definitions and categories of mood disorders. Depression also considers the role of revolutionary drugs such as selective serotonin reuptake inhibitors (SSRI), electroshock therapy (EST), and transcranial magnetic stimulation (TMS) in treatment associated with the cognitive approach.

The authors study the conducted research on the neurotrophic and neurogenesis theories of depression. They also provide information on the progress made in the psychosocial treatment of depression, including the importance of cognitive therapy in preventing recurrent depression[1].

Beck developed methods for treating depression in cognitive therapy. In his scientific works, he also listed methods for effective treatment of depressive states that occur in adolescence. In addition to these, to prevent depression in adolescence, one can list such methods as teaching adolescents to understand self-awareness, accepting themselves as they are, and forming problem-solving skills.

Aaron Beck conducted important scientific research in the field of understanding and treating depression in cognitive therapy. His cognitive theory led to revolutionary changes in the treatment of depression. Cognitive triad: Beck identified three main sets of negative thoughts that occur in depressive patients:

Negative attitudes towards oneself: Patients consider themselves worthless, insufficient, or unsuccessful

Negative attitudes toward the environment: They see the world or environment as hostile, unfair, or full of difficulties

Negative outlook on the future: Such patients envision the future as hopeless, without improvement, and associated with ongoing difficulties

This cognitive triad forms the basis of negative thinking in depression and is central to Beck's approach to cognitive therapy. Beck noted that individuals experiencing depression have cognitive impairments in their thoughts, such as:

Voluntary inference: Making negative conclusions without sufficient evidence.

Selective abstraction: Focusing only on the negative aspects of the situation and ignoring the positive aspects.

Backward generalization: Turning one unpleasant event into a general rule.

Greater-minor: Exaggerating negative phenomena and understating positive ones.

Personalization: Considering oneself the cause of unpleasant events, even if this does not correspond to reality. [5]

These cognitive impairments can exacerbate and prolong depression. In general, depression can arise in individuals under the influence of psychological, physiological, and social environment. Beck also mentioned this in his research. Also, the high level of depression in adolescents is directly related to a crisis in mental development during this age period. This can also be seen in the following research results.

Table 1

**Analysis of results by age periods according to the Zung-Balashova
"Determination of the Degree of Depression" method (n=38 according to the
Mann-Whitney criterion)**

Scale	Age	N	Medium color	He	p.
Degree of depression	teenager	15.	25.40	84,000	0.008**
	teenager	23.	15.65		
	total	38.			

Note: **p<0.01

According to the analysis of the research results, significant differences were observed in adolescents and adolescents on the scale of the level of depression (u=84,000; p<0.01). According to this analysis, depression was higher in adolescents than in adolescents. The reason for this is that adolescence is a crisis period, a transitional period, during which various hormonal changes, sharp changes in mental processes, disorders in mental activity, and behavioral changes in adolescents are associated with high depression.

In conclusion, several of the above-mentioned reasons, including low self-esteem during adolescence, looking for flaws in oneself, being ashamed of one's appearance, not accepting oneself correctly, being dissatisfied with oneself, pressure at school, problems between parents and relatives can also cause depression. Early detection of symptoms of depression in adolescence is considered important. In this case, the support of friends and parents, family, and, if necessary, the assistance of a specialist, plays a very important role.

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