



www.working-minds.org.uk
Depression

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What is Depression?

The term depression is used in everyday language to describe a range of experiences from a slightly noticeable and temporary mood decrease to a more prolonged and severe experience of decreased mood that can affect our ability to function with day-to-day living.

When used to describe mood, the term conveys a temporary state of low mood that may last a few moments to a few days. As such it is a normal reaction to an upsetting event; for example not getting a job you wanted or an exaggerated response to an everyday event; for example 'this weather is depressing'.

Clinical depression however is the term used to reflect not only a change in mood but associated physical, mental and behavioural experiences that define a more prolonged and impairing experience.

Depression is a set of changes at a biological level aimed at encouraging the emotional processing of actual loss. Biologically the body slows down to encourage a state where this process can most realistically be achieved.

It is related to cognitive themes of loss and a negative view of self, others and the future. Cognitive and behavioural responses in depression are consistent with these negative views and associated reduction in volition to move towards goals and social interaction. Such responses are often counterproductive as they serve to reinforce dysfunctional thinking and reduce the opportunity to receive more realistic appraisals of self and others.

In this section we will look at:

- 1. Recognising the symptoms of depression**
- 2. Presentations of depression**
- 3. What maintains depression?**
- 4. Overcoming depression**
- 5. Depression maintenance cycle**

1: Recognising the Symptoms of Depression

The symptoms of depression are considered here from a cognitive behavioural perspective using the five areas approach (*see section on the cognitive behavioural approach at the beginning of this booklet*).

Emotion

Sadness

Loss of interest and pleasure in work/hobbies/social activities

Desire to escape

Anxiety

Irritability

Anger

Behaviour

Inactivity

Reduced social contact

Pacing

Crying

Complaining

Avoidance of work/hobbies/social activities

Increased dependency

Drinking

Cognition

Slow and muddled thinking

Pessimistic outlook

Self-blame

Indecisiveness

Low self-esteem

Biology

Loss of appetite/increased appetite

Loss of libido

Disturbed sleep (early morning wakening)

Retardation/agitation

Reduced energy levels

Reduction in pleasure

Sobbing

Reduced drive and motivation for tasks/interests

Reduced higher cognitive functioning (poor concentration, poor memory, difficulty learning new information)

Environment

Recent experiences of actual loss

Current actual environment of loss

Perception of loss in the past, present or future

2: Presentations of Depression

Depression is categorised according to the level of intensity of the depressive symptoms and the associated impact on your ability to engage in your normal daily functions.

2:1 Mild Depression

Mild depression is usually experienced as a reduction in mood making it more difficult to engage in your normal routines but doesn't necessarily stop you from doing so.

2:2 Moderate Depression

Moderate depression represents a higher intensity of symptoms that can have significant impact on your daily life.

2:3 Severe Depression

Severe depression is associated with very intense biological symptoms of depression such as waking early in the morning, severe tiredness, loss pleasure and loss of appetite. It has a more profound impact on your ability to function day to day.

Other types of depression include:

2:4 Postnatal Depression

Depression in women experienced soon after childbirth.

2:5 Bipolar affective disorder

This is a type of depression in which your mood swings between high and low. This is also sometimes called manic depression.

2:6 Dysthymia

This is a mild depression that persists over time (lasting at least 2 years).

2:7 Seasonal affective disorder (SAD)

In SAD, depression is experienced at specific times of the year, usually during the winter months.

3: What Maintains Depression?

3:1 Reduction in Activity

Reduction in activity levels serves to reinforce depressed biology leading to reduced energy levels and endorphins.

3:2 Reductions in Social Activities

Reduced social contact serves to limit the potential of interaction with others and develop awareness of self and self-efficacy and provides little opportunity to disprove dysfunctional negative views of self, others and the future.

3:3 Reductions in Structure and Goal Driven Activity

Reduced structure and goal related behaviour serves to reinforce reduced motivation to engage in functional activity and further reinforces biological and cognitive elements of depression.

3:4 Avoidance

Avoidance serves to decrease confidence in former activity and associated anxiety serves to reinforce the avoidance.

3:5 Negative Information Processing

Negative biased information processing serves to perpetuate the depressive process further.

3:6 Rumination

Attending to negative or threat related thoughts on a consistent basis serves to trigger the biological processes of threat and loss and further reinforces anxiety and depression.

3:7 Avoidance of Loss Processing

Where depression is related to an actual experience of loss (for example the loss of a loved one through death, ending of relationships through break ups, children moving away etc) the processing of the loss is necessary for the person to move on. This grieving process enables the individual to face up to the elements and the impact of the loss to them personally and to begin to see ways in

which life can move on in an acceptance that the person is no longer around.

Normal Processing of loss should follow a natural course.

However because this can be a painful process sometimes we try to **avoid** this (for example, removing all reminders of the loss, drinking to escape the loss, distraction behaviours, cognitive distraction) or alternatively we **overcompensate** (developing behaviours which serve to avoid the impact of the loss, for example living life as though the loss had not occurred). These forms of coping can impact the natural processing of loss and serve to reinforce the maintenance of depression.

3:8 Use of Alcohol

Alcohol serves to reinforce the symptoms of depression by functioning as both an avoidant form of coping that can ultimately prevent loss processing, as well as a biological trigger to depression (alcohol is a known depressant).

3:9 Chronic Anxiety

The continued process of anxiety is believed to impact us in a biological way that can serve to trigger depression. It also serves to reinforce depression via the function of loss of activity and life experience. That is to say chronic anxiety is often associated with avoidant behaviour that can lead to loss of areas of functioning in our lives that can trigger the loss/depression process.

3:10 Chronic Anger

Anger is experienced via the fight/flight process as for anxiety. The prolonged and enduring experience of this system being “switched on” is believed to lead to chemical changes that can trigger depression in the same way as chronic anxiety.

3:9 Insufficient Education About Depression

Lack of understanding of the symptoms of depression and the role of natural associated responses in the maintenance of the disorder prevents potential changes in dysfunctional reinforcing responses.

4: Overcoming Depression

In order to overcome and break this cycle of depression it is necessary to identify for yourself if you are engaging in any of the above patterns of cognitive and or behavioural coping. These may seem like they are helping to reduce your symptoms in the short term but ultimately they will be serving to maintain your problems in the longer term.

Summary

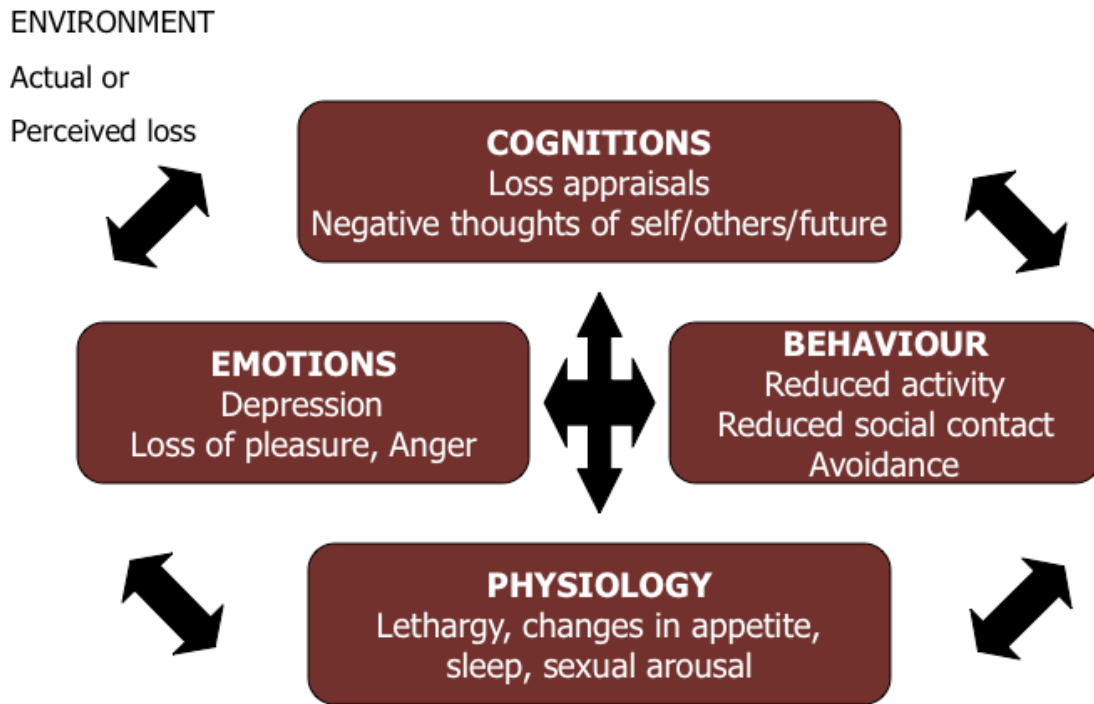
Depression is a normal emotional experience related to assisting the process of loss. Sometimes we experience depression because of an actual experience of losing someone close to us because of death or the termination of a relationship or the natural moving away of friends and family. This creates the experience of loss and this can cause the body to respond by flattening out/depressing our basic biological drives as already discussed. The function of this is to assist us in slowing down to allow us to take time to process the loss and look at ways of moving on in life.

There are many cognitive and/or behavioural coping patterns that we adopt that serve to prevent the natural processing of loss. When we can identify these and work to reduce them we can begin to break the cycle of depression.

Exercise:

Over the next few days think about what you do both cognitively and behaviourally when you feel depressed and check out any ways in which you might be unintentionally maintaining your depression. Once you have done this have a look at ways in which you can reduce these in order to begin to break the cycle of depression.

5: Depression Maintenance Cycle



The diagram highlights the cyclic nature of depression, where the role of reduced activity, social contact, goal driven behaviour, alcohol use and avoidance serve as a short term avoidance from symptoms but serve to maintain depression in the longer term.