

**Topic:** Depression

**Course:** Clinical psychology PSX\_002

**Student:** Eray Duz 440632

**Teacher:** PhDr. Pavel Humpolíček

9 April, 2015

### **What is Depression?**

- A depressive disorder: is an illness that involves the body, mood, and thoughts
- Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.
- Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life
- Medications, psychotherapies, and other methods can effectively treat people with depression.

### **History of Depression**

- During Ancient Greek Period depression was initially called “melancholia”
- Melancholia means extreme, persistent sadness or hopelessness in old Greek language.
- Ancient Greeks and Romans were divided in their thinking about the causes of melancholia. Literature of the time was filled with references to mental illness caused by spirits or demons. In the 5th century B.C., the Greek historian Herodotus wrote about a king who was driven mad by evil spirits. In contrast, early Roman and Greek doctors thought that depression was both a biological and psychological disease. Gymnastics, massage, special diets, music, and baths, as well as a concoction of poppy extract and donkey's milk were used to alleviate depressive symptoms.

- After the fall of the Roman empire in the 5th century, scientific thinking about the causes of mental illness and depression again regressed. During the Middle Ages, religious beliefs, specifically Christianity, dominated popular European explanations of mental illness. Most people thought that mentally ill people were possessed by the devil, demons, or witches and were capable of infecting others with their madness. Treatments of choice included exorcisms, and other more barbaric strategies such as drowning and burning.
- Robert Burton (1599-1640): “The Anatomy of Melancholy”. “This Melancholy of which we are to treat, is a habit, a serious ailment, a settled humour...not errant, but fixed: and as it was long increasing..., it will hardly be removed”.
- Emil Krapelin (1856-1926): origin of psychiatric disease to be biological and genetic malfunction. —
- Charles Darwin (1809-1882): “The expression of the emotions in man and animals”. Genetically determined aspects of behavior.
- Henry Maudsley (1835-1918): Influenced Darwin proposed the term affective disorder.
- Sigmund Freud (1856-1939): Founder of psychoanalysis. Melancholia could result from mourning for an objective loss and of a subjective one when the individual’s ego is compromised.
- Currently: Depression is either endogenous (melancholic) considering a biological condition, or reactive (neurotic) a reaction to a stressful events, and/or – depression is caused by a chemical imbalance in neurotransmitters in the brain.

### **Forms Of Depressive Disorders**

- **Major depression:**severe symptoms that interfere with your ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person’s lifetime, but more often, a person has several episodes.
- **Persistent depressive disorder:**depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.
- **Psychotic depression**, which occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with

reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).

- **Postpartum depression** which is much more serious than the "baby blues" that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.
- **Seasonal affective disorder (SAD):** which is characterized by the onset of depression during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not get better with light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy.
- **Bipolar Depression:** also called manic-depressive illness, is not as common as major depression or persistent depressive disorder. Bipolar disorder is characterized by cycling mood changes—from extreme highs (e.g., mania) to extreme lows (e.g., depression).

### **Epidemiology**

- An estimated 121 million people around the world currently suffer from some form of depression
- Over 80% of the people that have symptoms of clinical depression are not receiving any specific treatment for their depression.
- 60-80% of all depression cases can be effectively treated with brief structured forms of psychotherapy and antidepressant medications.
- Overall women have higher rates of depression than men ∪ Women are twice as likely to have depression and symptoms of depression as men of the same age
- 1 in 10 women experiences symptoms of depression in the weeks after having a baby

### **Signs and symptoms include**

People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness.

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts

### **Causes**

- Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors.
- Some types of depression tend to run in families. However, depression can occur in people without family histories of depression too. Scientists are studying certain genes that may make some people more prone to depression. Some genetics research indicates that risk for depression results from the influence of several genes acting together with environmental or other factors. In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Other depressive episodes may occur with or without an obvious trigger.
- Depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain involved in mood, thinking, sleep, appetite, and behavior appear different. But these images do not reveal why the depression has occurred. They also cannot be used to diagnose depression.

### **Treatments**

Once diagnosed, a person with depression can be treated in several ways.

- Psychotherapy
- Medication

- Light Therapy
- Electric Shock Treatment
- Counselling
- Social Training

### **Used literature**

- Nemade, R., Reiss, N. S., & Dombeck, M. (2007, September 19). Historical Understandings Of Depression. Retrieved March 30, 2015, from <https://www.mentalhelp.net/articles/historical-understandings-of-depression>
- Bartha C, Parker C, Thomson C, Kitchen K for the Centre for Addiction and Mental Health. Depressive Illness: A Guide for People with Depression and Their Families. 1999. Available at [www.camh.net](http://www.camh.net).
- MayoClinic.com. Depression (major depression): Definition. Accessed June 18, 2010. Available at [www.mayoclinic.com/health/depression/DS00175](http://www.mayoclinic.com/health/depression/DS00175)
- Pine, D. S., Cohen, E., Cohen, P., & Brook, J. (2014). Adolescent depressive symptoms as predictors of adult depression: moodiness or mood disorder?.