

Back from the Bluez

Module 1

Overview of Depression

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What is Depression?

Many people experiencing the symptoms of depression might begin to wonder if there is something really wrong with them. One typical fear is that they might be going crazy. Unfortunately, the reactions and comments from other people such as, “Just get yourself together!” are not very helpful.

Although you might feel alone in your struggle against depressive moods, the reality is that many people experience these moods from time to time, or even regularly. In fact, it is estimated that 1 in every 4 persons experience significantly depressed mood at some time in their life.

Depression can affect any kind of person at any stage of their life. You may be an introvert or an extrovert, socially active or shy, youthful or elderly, male or female, wealthy or poor. Whatever your distinction, you can become depressed. That means that any person you know is fair game. So remember, you are not alone.

Depression is a word used in everyday language to describe a number of feelings, including sadness, frustration, disappointment and sometimes lethargy. However, in clinical practice, the term "Depression" or "Major Depression" differs from these everyday 'down' periods in three main ways:

- Major Depression is more intense
- Major Depression lasts longer (two weeks or more)
- Major Depression significantly interferes with effective day-to-day functioning



In this information package, the word **depression** is referring to Major Depression or clinical depression.

Depression as a Syndrome

A syndrome is a collection of events, behaviours, or feelings that often, but not always, go together. The depression syndrome is a collection of feelings and behaviours that have been found to characterise depressed people as a group. You may find that you experience all or some of these feelings and behaviours. There are many individual differences to the number of symptoms and the extent to which different symptoms are experienced. These symptoms are described in this next section.

Mood

Depression is considered to be a disorder of mood. Individuals who are depressed, describe low mood that has persisted for longer than two weeks. In mild forms of depression, individuals may not feel bad all day but still describe a dismal outlook and a sense of gloom. Their mood may lift with a positive experience, but fall again with even a minor disappointment. In severe depression, a low mood could persist throughout the day, failing to lift even when pleasant things occur. The low mood may fluctuate during the day - it may be worse in the morning and relatively better in the afternoon. This is called „diurnal variation,“ which often accompanies a more severe type of depression.

In addition to sadness, other moods common to depression are:

- anxiety
- guilt
- worthlessness and inadequacy

Thinking

Individuals who are depressed think in certain ways. They tend to see themselves in a negative light. Often their self-esteem and self-confidence become very low. They dwell on how bad they feel, how the world is terrible, and on how hopeless everything is.

Physical

Some people experience physical symptoms of depression.

- Sleep patterns could change. Some people may experience difficulty falling asleep. Some may wake during the night and find it difficult to go back to sleep, or wake up early in the morning. Others may find themselves sleeping more and have difficulty staying awake
- Appetite may decline and weight loss occur, or some people may find themselves eating more than usual and thus gain weight
- Sexual interest may decline
- Energy levels may fall, as does motivation to carry out everyday activities. Depressed individuals may stop doing the things they used to enjoy because they feel unmotivated or lethargic



Interacting with Other People

Many depressed people express concern about their personal relationships. They may become unhappy and dissatisfied with their family, and other close, relationships. They may feel shy and anxious when they are with other people, especially in a group. They may feel lonely and isolated, yet at the same time, are unwilling or unable to reach out to others, even when they have the opportunities for doing so.

What about you?

What symptoms of depression do you experience?

Turn to the next page for the Depression Symptoms Worksheet and write them down. To help you identify your symptoms of depression, ask yourself:

“How does my life change when I’m depressed?”

“What have I noticed about what I do or don’t do when I’m depressed?” “How does my view of myself, others, and the future change when I’m depressed?”

“What do other people notice about me when I’m depressed?”

Depressive Symptoms Worksheet

Depressive symptoms can be grouped into 3 possible categories. Some symptoms are of the physiological type, which are those that affect something to do with physical sensations or your physical body, for example: insomnia, poor appetite, or low energy levels. Some symptoms are of the cognitive (thoughts) and affective (emotions) type, such as: thoughts of suicide, hopelessness, feeling sad, and crying. The third category of symptoms is to do with how you act and behave, for example: staying in bed, not going out, avoiding people.

What do **YOU** experience, when you are depressed?

Somatic/Physiological

Cognitive/Affective

Behavioural

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What causes Depression?

It is important to understand that depression is not caused by one thing, but probably by a combination of factors interacting with one another. These factors can be grouped into two broad categories - *biology* and *psychology*. Many biological and psychological factors interact in depression, although precisely which specific factors interact may differ from person to person.

Biological Factors

The biological factors that might have some effect on depression include: genes, hormones, and brain chemicals.

Genetic Factors

Depression often runs in families, which suggests that individuals may inherit genes that make them vulnerable to developing depression. However, one may inherit an increased vulnerability to the illness, but not necessarily the illness itself. Although many people may inherit the vulnerability, a great many of them may never suffer a depressive illness.

Hormones

Research has found that there are some hormonal changes that occur in depression. The brain goes through some changes before and during a depressive episode, and certain parts of the brain are affected. This might result in an over- or under-production of some hormones, which may account for some of the symptoms of depression. Medication treatment can be effective in treating these conditions.



Brain Chemicals (Neurotransmitters)

Nerve cells in the brain communicate to each other by specific chemical substances called neurotransmitters. It is believed that during depression, there is reduced activity of one or more of these neurotransmitter systems, and this disturbs certain areas of the brain that regulate functions such as sleep, appetite, sexual drive, and perhaps mood. The reduced level of neurotransmitters results in reduced communication between the nerve cells and accounts for the typical symptoms of depression. Many antidepressant drugs increase the neurotransmitters in the brain.

Psychological Factors

Thinking

Many thinking patterns are associated with depression. These thinking patterns include:

- overstressing the negative
- taking the responsibility for bad events but not for good events
- having inflexible rules about how one should behave
- thinking that you know what others are thinking and that they are thinking badly of you

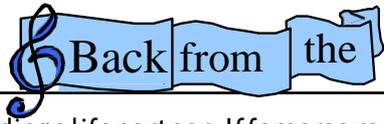
Loss

Sometimes people experience events where loss occurs, and this can bring on depression. The experience of loss may include the loss of a loved one through bereavement or separation, loss of a job, loss of a friendship or relationship, loss of a promotion, loss of face, loss of support, etc.

Sense of Failure

Some people may stake their happiness on achieving particular goals, such as getting „As“ on their exams, getting a particular job, earning a certain amount of profit from a business venture, or





finding a life partner. If for some reason they are not able to achieve those goals, they might believe that they have failed somehow, and it is this sense of failure that can sometimes bring on, or increase, depression.

Stress

An accumulation of stressful life events can also bring on depression. Stressful events include situations such as unemployment, financial worries, serious difficulties with spouses, parents or children, physical illness, and major changes in life circumstances.

Conclusion

While we cannot do much about the genes we have inherited, there are a number of things we can do to overcome depression, or to prevent us from becoming depressed. Your doctor may have suggested medication, especially in a severe depression. While taking medication can be of assistance in overcoming depression, there are other things you can do that will help overcome and prevent depression. The next few pages present information about some options for the psychological treatment of depression.

Psychotherapy for Depression

Depression can be treated with medical treatments such as antidepressant medication or electroconvulsive therapy, and psychotherapy. Please see your medical doctor or psychiatrist for more information about medical treatments as this will not be discussed in this information package.

We're now going to talk briefly about two psychological therapies that have been proven to be effective most of the time. You might have come across words such as "best practice" "evidence-based practice," "evidence-based treatment" or "evidence-supported therapy." These words refer to a particular type of treatment or therapy that has been evaluated and has proven to be effective. For the treatment of depression, the evidence-supported therapies include cognitive therapy and behaviour therapy.

Cognitive Therapy

The aim of cognitive therapy is to help individuals realise that they can influence their mood by identifying and changing their thoughts and beliefs. When people are depressed, they often think very negative thoughts about themselves, their lives, and their future. This further worsens their mood. Cognitive therapy focuses on discovering and challenging unhelpful assumptions and beliefs, and developing helpful and balanced thoughts. Cognitive therapy is also structured, time-limited, and focused on the „here-and-now.„ This form of treatment for depression has been proven to be effective when individuals are able to acquire the skills that are being taught in therapy.

Behaviour Therapy

Depressed people tend to feel lethargic and unmotivated. They often stay at home and avoid going out and interacting with people. As such, they may miss out on opportunities that help lift their mood. Behaviour therapy aims to identify and change aspects of behaviour that may perpetuate or worsen the depression. Some behavioural strategies include: goal setting, activity scheduling, social skills training, and structured problem solving.

In Summary ...

These two therapies have been shown to be effective most of the time. Often, a combination of these therapies are offered for people who experience depression. This information package focuses on providing information on the cognitive and behavioural aspects of depression, which includes suggested strategies for how you could better manage your mood.

Module Summary

- About 20% of the population experience major depression, which is a disorder of mood
- The symptoms of depression include low mood, a tendency to think very negative thoughts, low energy, lack of motivation, a tendency to sleep more, and an avoidance of social activities
- Depression is not caused by one thing, but the interaction of biological and psychological factors
- Biological factors include genes (family history), hormones, and neurotransmitters, and psychological factors include thinking styles, issues concerning loss, and stressful life events
- There are a number of treatments for depression - medical treatments and psychological treatments
- The more common and effective psychological treatments include cognitive therapy and behaviour therapy, or a combination of both

Stay Tuned...

In the next module, we will discuss the behavioural aspects of depression that might maintain or perpetuate low mood. We will also discuss strategies and ways of overcoming these difficulties.

About The Modules

BACKGROUND

This module was created in the early 2000s by Clinical Psychologists at the Centre for Clinical Interventions, under the supervision of the Centre's Founding Director, Paula Nathan.

The concepts and strategies in these modules have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for depression and anxiety is based on the approach that depression and anxiety are the result of problematic cognitions (thoughts) and behaviours.

REFERENCES

These are some of the professional references used to create the modules in this information package.

Beck, A. T., Rush, A. J., Shaw, B. F., Emery, G. (1979). Cognitive Therapy of Depression. New York: The Guilford Press.

Beck, J.S. (1995) Cognitive therapy: Basics and beyond. New York: The Guilford Press

Barlow, D.H. (2001). Clinical handbook of psychological disorders: A step-by-step treatment manual (3rd ed.) New York: The Guilford Press

Clark, M.D. & Fairburn, C.C. (1997) Science and practice of cognitive behaviour therapy. Oxford: Oxford University Press

Dobson, K.S., & Craig, K.A. (1998) Empirically supported therapies: Best practice in professional psychology. Thousand Oaks: Sage

Hawton, K., Salkovskis, P.M., Kirk, J., & Clark, D.M. (1989) Cognitive behaviour therapy for psychiatric problems: A practical guide. Oxford: Oxford University Press

Nathan, P.E. & Gorman, J.M. (2002) (Eds.) A guide to treatments that work (2nd ed.) New York: Oxford University Press.

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