

Understanding Depression

Sometimes people can experience an extended period of low mood that, while it lasts, can profoundly affect their everyday lives, relationships, and sense of purpose and meaning. Everyone's experience is different, but it might include: feelings of misery and worthlessness, a sense of emptiness and numbness, feelings of shame or dread, physical and mental lethargy and exhaustion, disturbed sleep, increased or decreased appetite, loneliness, isolation and lack of connection, wanting to be on our own, isolating ourselves, changes in everyday routines and activities, finding it difficult to make everyday decisions, fear, anger, frustration, desperation and a sense of meaninglessness, feeling trapped, suicidal thoughts, feeling that there is no hope for the future.

The experience of depression is very common and the World Health Organization has described depression as the commonest of all health problems. At any one time, over 300 million people around the world are experiencing mood that is so low that they would meet formal criteria for a 'diagnosis of depression'. More than 80 per cent of these people live in low- and middle-income countries although recorded rates are generally higher in high income countries. At any one time between 4 per cent and 10 per cent of us, including children, are experiencing depression serious enough to affect our work, study or personal lives. It is hard to know how much to rely on global and national estimates given the different ways depression is described and categorized across different groups and populations. Nevertheless, it is clear that the experiences we call depression are very common.

For some people, the experience of depression, or the circumstances that led to depression, are so intolerable that they contemplate ending their lives. As many as 1 in 10 people receiving help from their GP for depression may attempt suicide over a five-year period. Even so, the official UK population suicide rate is about 1 in 10,000, which equates to around 6,000 people each year. Across the UK, the suicide rate is three times higher in men than in women while in Scotland, the general reduction in suicides seems to be driven by fewer suicides amongst women although suicide amongst young men in Scotland is increasing. Age-specific suicide rates increase with age from 10 to 14 year-olds through to 40 to 54 year-olds; rates then fall until the age group 70 to 74 year-olds before increasing again for older age groups. The same UK official figures indicate the suicide rate for middle-aged men, notably those aged 45 to 49 is particularly high. Middle-aged men are more likely to be affected by economic adversity, difficulties with alcoholism and isolation as they are less inclined to seek help. For women, the highest suicide rate ranges from the age of 50 to 54. Many factors contribute to this widely seen phenomenon around the world such as the deterioration of mental and physical health, bereavement, social isolation and poverty.

What Causes Depression?

The search for causes has often focused on genetics and on aspects of brain functioning. Psychologists have also looked at the way that people interpret information and their 'thinking styles'. However, professionals are increasingly acknowledging that the primary reasons for depression often lie in the events and circumstances of our lives. There is no 'one size fits all' explanation. Different combinations of causes are likely to be relevant for different people, and to interact with each other. People who have experienced depression hold a variety of views about the nature and causes of their difficulties. The reasons we become depressed are usually complex. Since no one professional is in a position to know for sure exactly which elements combined to cause problems for a particular person, it is crucial to respect all views.

Like other human experiences, the experience of depression involves thoughts, emotions and behaviours (things we do). We can look at depression in terms of its brain chemistry (which neurotransmitters might be involved, for instance), its psychology (for example, the effect of depressed mood on the way we think) or its social context (what has happened to make us depressed). All human experiences involve the brain, but this is just as much the case for experiences

such as happiness or love as it is for depression or any of the experiences we call ‘mental health problems’.

Many life events and circumstances can lead to depression, particularly ones involving threat or loss. It is common, natural and understandable to feel low and hopeless if faced with a situation of ongoing threat in which we have little control, for example a life-threatening illness, discrimination, financial problems, violence in a relationship, exploitation, bullying or homelessness. Experiences involving loss, for example bereavement, migration, fertility difficulties, loss of religious faith, betrayal, redundancy, retirement, divorce, enforced immobility due to illness or disability, failing at something significant to us, or losing status in our community, can also lead to depression. Other events or circumstances that may lead to depression involve the following:

Childhood Experiences: A major study conducted in America over several years demonstrated that people who have difficult experiences in childhood are more likely to experience physical and mental health problems as adults. The more of these a person experiences as a child, the more likely they are to experience depression later in life. One recent study has shown that depression due to trauma is also apparent in children. Other studies have shown that people who suffer sexual abuse as children are more likely than others to experience depression as adults and may experience it more frequently and for longer periods. This is particularly the case for those who have been abused by more than one person, or have suffered emotional or physical abuse as well. Those who have been sexually abused in childhood are also more likely to have suicidal feelings or to harm themselves later in life. Women who have survived sexual abuse in childhood are 20 times, and men 14 times more likely than others to consider suicide. The numbers are even higher for people who have also experienced other kinds of neglect or abuse as children.

Abuse and Bullying: People who were abused, neglected or bullied as children are more likely than others to experience depression as adults. We know that young people who are bullied often experience depression and that it is generally harmful to mental health. Bullying can be psychological as well as physical, and may be harder to escape nowadays as it can also occur online. The inability to escape bullying can lead to feelings of helplessness and hopelessness, and people sometimes blame themselves for supposed weakness. Of course, bullying happens to adults too and can be by our intimate partners or spouses by our friends, family, employer or work colleagues.

Social Disadvantage: There is a clear link between depression and social disadvantage: poverty, poor housing, stressful or low-status jobs, missing out on formal qualifications, living in crowded city areas, or having to move home frequently. Spending time in secure accommodation or in care or in prison also makes it more likely that someone will experience depression.

Physical Illness: People with ongoing health problems such as diabetes, cancer and heart disease often experience depression. This is probably largely because of the impact on quality of life, but it can also be related to being dependent on others or in some cases to prejudice and discrimination. As people age they can be more susceptible to various health conditions so age is a risk factor for various physical illnesses and consequently depression. It is also possible that some physical illnesses and depression have the same long-term cause, that is, stressful childhood events and circumstances.

Gender: Many more women than men receive a diagnosis of ‘depressive disorder’. There are a number of possible reasons for this. It may be in part because of the way we define depression: the criteria emphasise sadness and tearfulness. In many cultures, it is more acceptable for women to show their distress by crying, while men often express their emotions through anger or aggression and could therefore be less likely to see themselves, or be seen by others, as depressed. Women and girls also have a different experience of life from men and boys. For example, they are more likely to experience certain types of trauma such as domestic or sexual abuse. These kinds of experiences can

have a profound impact on our mental health; women who experienced abuse as children, or whose intimate partners are violent to them, are much more likely than others to experience depression. Approximately half of women referred to mental health services may have suffered sexual abuse in childhood.

In addition, women often carry more care responsibilities, are less valued than men within society, and have to contend with restrictive and oppressive expectations. Women are also more likely than men to be on low wages, and generally have less power and autonomy. All these things may contribute to higher rates of depression. That said, the apparently lower rates of depression in men could be a result of them expressing their feelings differently or being less likely to ask for help. Compared with women, men are less likely to go to their GP or seek support from family or friends and are more likely to use alcohol and drugs to attempt to manage their distress.¹⁰⁹

Marginalization: In general, being part of a group makes us less likely to experience depression. However, if the group is a marginalised one, being a member of it can also expose us to prejudice and discrimination. People from ethnic minority backgrounds have an increased likelihood of experiencing depression. So do people of diverse sexuality: that is, who are, for example, lesbian, gay, bisexual or transgender. Women from ethnic minority backgrounds may experience the double disadvantage of both gender and racial discrimination. People with physical or learning disabilities are more likely than others to experience depression, as are older people,¹¹⁶ possibly due to the potential of increasing disability and isolation as we age.

Some people, particularly if they experience severe or long-lasting depression, find antidepressant medication helpful, either on its own or used alongside other approaches. Others take a different view with many professionals working in health care feel that medication is widely overprescribed and unhelpful on balance for many people. Electro-convulsive therapy is sometimes used for people whose depression is severe or long-lasting. It involves sending electrical currents through the brain to bring on an epileptic fit. However, there is no agreed theory as to how this might reduce depression and because of this, many psychologists express concern about its use. Psychological help available usually takes one of three forms: 'low intensity intervention', psychotherapy of one or other type, and help from a clinical or counselling psychologist.

1. Psychological Wellbeing or 'Low-intensity' Interventions: For many people, relatively straightforward ('low intensity') psychological support is sufficient. Many different 'low intensity' interventions are available. These may include: individual guided self-help based on cognitive-behavioural principles and including problem-solving techniques and behavioural activation (helping people overcome vicious circles of depression and inactivity); computerised CBT (cognitive behaviour therapy); structured group physical activity programmes; group-based psychoeducation (information and explanation about depression), and peer support (support from someone who has themselves experienced depression in the past).

2. Specific one-to-one Therapies: People may be offered a specific therapy or given a choice; a variety of therapy options are available, some of which include cognitive behaviour therapy (CBT), interpersonal therapy (IPT), psychodynamic psychotherapy, and mindfulness-based cognitive therapy (MBCT). A recent study looked at many different service user experiences of psychological therapies for depression and found that common features, such as enabling sharing and talking about feelings to others was seen as helpful, rather than a particular type of therapy. The study also noted that sometimes therapy could be unhelpful for people and highlighted the need for service users to be more involved in discussions and decisions, including tailoring therapy to individual needs and taking social and cultural contexts into account.

3. Seeing a Clinical or a Counseling Psychologist: As a result of their wide training, clinical and counselling psychologists are able to offer more flexibility than therapists trained in only one particular approach. Using their knowledge of the different kinds of things that can lead people to become depressed and of what can help, a psychologist will work with you to work out an understanding or 'formulation' of your particular situation suggesting possible ways forward.

Psychological formulation is 'a process of ongoing collaborative sense-making' between the person and the psychologist or therapist. Together, they explore different aspects of the difficulties that were faced by the person: how these developed, how problems are maintained, the personal meaning of the events, relationships and circumstances of a person's life, and of their current distress. Formulations are hypotheses or ideas and not facts (though facts and events may be included). In developing a formulation, a professional brings their knowledge and experience to helping consider the following kinds of questions:

1. What are the problems as you see them?
2. How might some of the difficulties you are experiencing relate to one another?
3. How might these difficulties have developed over time, and what is maintaining them as problems now?
4. What is the personal meaning of past events or your current circumstances, and how does this understanding affect you?
5. What are your strengths, skills and resources?
6. What could help?

Formulations can help to describe problems and help to understand more about the links between any on-going stressors, personal strengths and social resources (be they among friends or family or in the wider community).

A. Read the text and answer the following questions.

1. How does the text describe the emotional and physical experience of depression?
2. Why does the text suggest that global estimates of depression should be interpreted cautiously?
3. What statistics are given regarding suicide rates in the UK, and which groups are identified as being at higher risk?
4. According to the text, why might middle-aged men be particularly vulnerable to suicide?
5. Why does the text argue that there is no single cause of depression?
6. How can experiences involving threat or loss contribute to depression?
7. What evidence does the text provide about the long-term impact of childhood trauma on depression?
8. How does social disadvantage increase the likelihood of experiencing depression?
9. Why are women diagnosed with depression more frequently than men, according to the text?
10. What is psychological formulation, and how can it help someone experiencing depression?

B. Read the text and decide whether the following sentences are True or False.

1. Depression is described as one of the rarest health problems worldwide. F
2. More than 300 million people worldwide are estimated to experience depression at any one time.
3. Most people experiencing depression live in high-income countries. F
4. Between 4% and 10% of people at any one time experience depression serious enough to affect daily life.
5. The UK suicide rate is approximately 6,000 deaths per year.
6. Suicide rates in the UK are higher among women than men. F
7. Middle-aged men, particularly those aged 45–49, have especially high suicide rates.
8. Depression is always caused by chemical imbalances in the brain. F
9. Experiences of ongoing threat or loss can contribute to depression.
10. Childhood sexual abuse increases the likelihood of depression and suicidal feelings later in life.
11. Bullying can only be physical and not psychological. F
12. Poverty and low-status jobs are linked to higher rates of depression.
13. Women may experience higher rates of diagnosed depression partly due to social inequality and trauma exposure.
14. Electro-convulsive therapy has a clearly understood and universally agreed explanation for how it works. F
15. Psychological formulation is a collaborative process between the professional and the person experiencing depression.

C. Fill in the blanks choosing words from the list.

adversity, alcohol, behaviour, biological, bullying, childhood, formulation, illness, loss, low, marginalization, men, resources, social, support, suicide, suicidal, trauma, treatment, disadvantage

Depression is a common mental health condition that can deeply affect a person's daily life, relationships, and sense of meaning. People may experience feelings of worthlessness, emotional numbness, exhaustion, disturbed sleep, and changes in appetite. In severe cases, individuals may have thoughts of **(1)** _____. According to the World Health Organization, more than 300 million people worldwide experience depression at any one time. Although it affects people everywhere, many cases occur in low- and middle-income countries. In the UK, suicide rates are higher among **(2)** _____, particularly middle-aged individuals.

There is no single cause of depression. Instead, it results from a combination of **(3)** _____, psychological, and social factors. While some research focuses on genetics and brain chemistry, many professionals believe that life events and personal **(4)** _____ often play a major role.

Experiences involving threat or **(5)** _____, such as illness, financial problems, discrimination, or bereavement, can trigger depression. Difficult **(6)** _____ experiences, including abuse or neglect, significantly increase the risk of developing depression later in life. Social **(7)** _____, such as poverty, poor housing, and low-status employment, is strongly linked to higher rates of depression. Physical **(8)** _____ can also contribute, particularly when it affects a person's independence or quality of life. Women are more frequently diagnosed with depression than men. This may be partly due to differences in how distress is expressed, as well as greater exposure to **(9)** _____ and inequality.

Treatment for depression can include medication, though some professionals believe it may be overprescribed. Psychological support is often helpful and may involve **(10)** _____-intensity interventions, structured therapies such as CBT, or support from a clinical psychologist. A key approach used by psychologists is **(11)** _____, a collaborative process that helps individuals understand how their difficulties developed and what maintains them. This process considers thoughts, emotions, behaviours, strengths, and available **(12)** _____.

Depression affects thoughts, emotions, and **(13)** _____, and it is influenced by both individual experiences and wider **(14)** _____ conditions. People who feel isolated or lack social **(15)** _____ may be more vulnerable. Men are less likely to seek help and may use **(16)** _____ or drugs to cope with distress. Certain age groups, particularly those aged 45 to 49, show particularly high **(17)** _____ rates. Childhood sexual abuse significantly increases the risk of depression and **(18)** _____ feelings in adulthood. Bullying, whether physical or **(19)** _____, can also damage mental health.

Overall, depression is a complex condition with multiple interacting causes, and understanding each person's unique situation is essential for effective **(20)** _____.

Answer Key: suicide, men, biological, adversity, loss, childhood, disadvantage, illness, trauma, low, formulation, resources, behaviour, social, support, alcohol, suicide, suicidal, bullying, treatment