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An Introduction to Depression and Depressive Disorders

On our Depression page, tou may also want to read our short, but comprehensive article about All About Depression in Youth - Information an Suggestions and our short article All the Depression and Bipolar Symptoms. You can also complete measures such as the PHQ-9 or Mood Disorders Questionnaire (MDQ).

Let's begin by letting you know treatment works.

✓ Treatment helps 75% of people who report depression and does so in 3-6 months.

✓ Another 10% may take up to a year. That includes people with Prolonged Grief.
✓ Only about 15% have depressive disorders that can be managed, but may not be resolved, including Bipolar Disorder and Treatment Resistant Depression.
✓ *Never assume recovery is hopeless, and do assume that, with the right help, some improvement and, usually, significant improvement is likely*.

Depression is one of the world's leading causes of disability. So, let's learn more about it. Depression is a subject that touches many lives, yet it is often misunderstood.

Depression is not a trait. We never refer to "my depression" as if it were part of a person. Depression is a state of thought, emotion, and behavior that is a result of reaction patterns. States are not traits; they can be changed and can improve.

What we cover in this article.

We hope you will take 10 minutes to read through and learn a lot about depression.

Understanding Clinical Depression

Clinical depression is different from the typical sadness or grief we all sometimes experience. It is a pervasive (most situations, most of the time) mood disorder that significantly impacts an individual's daily life. It is not just a fleeting blue mood; it's a deep, persistent feeling of despair, irritability, and/or disinterest that affects how one feels, thinks, and manages daily activities. When we talk about clinical depression, we're referring to several diagnosable conditions where depression is severe and enduring. Clinical depression requires professional intervention. Even young children can experience depression.

Distinguishing Grief, Sadness, and Depression

While grief and sadness are natural, universal experiences, they differ markedly from clinical depression. Grief following a significant loss, ebbs and flows and can coexist with moments of pleasure or happy memories. After a while, usually grief naturally improves.

In contrast, clinical depression involves near constant feelings of sadness, emptiness, and despair. Understanding this distinction helps in recognizing when to seek help. Yes, in milder cases, a person may be able to work, sometimes enjoy themselves, but a weight or dark cloud seems to be there, with feelings of guilt, questioning one’s worth, a depressive heaviness. In Major Depression, those feelings happen much of the time.

Major Symptoms of Depression

The hallmark symptoms of depression include overwhelming sadness, irritability, loss of interest in pleasurable activities, and a suite of physical and cognitive changes, such as fatigue, changes in sleep or appetite, and difficulty concentrating. These symptoms are persistent and can lead to significant impairments in an individual's life. Suicidal thinking is common in depression. For example, it may be hard to get up or get going or hard to concentrate at work. People report loss of initiative and a withdrawn feeling.

Look at our article All the Depression Symptoms.
Here is a scale commonly used to measure depression, the PHQ-9
Here is an adolescent version of the PHQ-9.

Depression is now thought of as a stress-related disorder. What that means is that it usually begins with some negative life-change event. Negative events are those which cause us some distress, for example, a death, loss of a job, a financial setback, a break-up. The therapist will want to understand what events were taking place in someone's life when the depression began. Because it's merely having negative events, but how we look at them and reavt to them, clinicians look at how the client reacts to changes and stressors. People with depression tend to react with Negative Thoughts, Negative Beliefs, and high levels of emotional distress.

Types of Depressive Disorders

Let's delve deeper into the types of depressive disorders, illustrating each with a case example.

1. Major Depressive Disorder (MDD)

Description: MDD is characterized by intense, persistent feelings of sadness, irritability, down mood, and despair that last for at least two weeks, interfering with daily functions. The impairment from one's normal function is serious. We usually will see four or more major symptoms of depression. Once MDD sets in, it may last months or years. See the link All the Depression and Bipolar Symptoms for a complete array of the potential depressive symptoms.

Example: John, a 45-year-old engineer, finds himself unable to muster the energy or interest to engage in any of his former hobbies and struggles to complete tasks at work. He feels worthless and contemplates suicide.

2. Persistent Depressive Disorder (Dysthymia)

Description: This chronic form of depression presents with less severe symptoms than MDD but lasts for two years or more (one year in adolescents), affecting the individual's ability to function optimally. The person can do most regular activities, but with difficulty.

Example: Maria, a 32-year-old teacher, has felt mildly depressed for over three years. She manages to work and maintain relationships, but she always feels the joy is missing from her life.

3. Bipolar Disorder

Description: Involves periods of severe depression alternating with episodes of extreme elation or mania. When we see the person, the symptoms will lean towards one pole, e.g., the depressive side, so we have to diagnose Bipolar from the history of previous mania. If we see the person is in a mania, not caused by medications, drugs, or some other external cause, we can diagnose Bipolar Disorder. There is a milder form we call Bipolar II in which the mania is mild and not impairing when compared to the more severe mania in Bipolar I. The mood swings in bipolar can be rapid, such as in a day or a week, or slow, occurring over months.

Example: Alex, a 29-year-old artist, experiences dramatic shifts from productive, energetic highs to crippling lows where he cannot leave his bed. When he is up, ht ethinks his work is the best of anyone and he barely needs any sleep. On a scale from +5 = joy and -5 = despair, in mania he rates himself 4 or 5, but in depression he rates himself -5. In mania, he loses jobs because he is unrestrained in what he says, blows up at criticism or stress, or quits without thinking of the future. In depression, he cannot help his partner or get any work done – he lacks the energy and concentration.

To measure the severity of Bipolar symptoms, we use the Mood Disorder Questionnaire (MDQ)

4. Seasonal Affective Disorder (SAD)

Description: This type of depression is related to changes in seasons, often worsening in winter when there is less natural sunlight. It must happen year after year to be called SAD and the seasonal lows must be low to the point of being impaired, not just feeling a lapse in energy.

Example: Every winter, Emma, a 38-year-old nurse, feels overwhelmingly depressed, losing interest in life until spring arrives. She calls in sick to work a number of times in the winter months. This happened several years in a row.

5. Postpartum Depression (PPD)

Description: A severe form of depression occurring after childbirth, characterized by profound sadness, anxiety, and exhaustion. Mother may feel inadequate to the task of mothering and may even feel harmful to the baby. Suicidal thoughts are common. In extreme forms, a postpartum psychosis is known to occur, with a loss of touch with reality. PPD tends to lift after several weeks to a few months. However, it can interfere with parenting and can be dangerous to mother, so we recommend immediate treatment.

Example: After giving birth to her son, Linda, a 27-year-old new mother, experiences intense depression, feeling detached from her baby and overwhelmed with guilt for not feeling the joy she expected.

6. Adjustment Disorder with Depressed Mood (Reactive Depression)

Description: Life presents innumerable challenges. Some of those challenges can throw us into a mildly depressed state. While the person feels down, perhaps sad, with some loss of concentration or energy, this does not become major clinical depression and the person can usually get done much of what he or she needs to do. But then, many tasks may be put off or done only with a lot of pressure. Although mostly negative events cause depressed moods – especially losses – even positive changes in life require us to adapt – a promotion at work, a new child, starting a new school – and may engage some of our lingering doubts about ourselves or may remind us of something in the past that did not go well. So, we have some negative emotion about the old event and some negative thoughts about the new situation.

Example: Bill had a mild stroke at age 54. It left no permanent physical problems. But Bill

started to think his life will be shortened. He won't get done what he wanted to. He started to think about not living to the eventual college graduation and wedding of his 15 year-old daughter. He was afraid to exercise. He lost some motivation to work and but for the need to push himself to go and earn an income, he felt a loss of motivation to excel.

7. Cyclothymia

Description: This is a milder form of bipolar. Think of waves on the ocean. If there are no waves or little ones, that's most of our mood level most of the time. If there are bigger ones, that may be cyclothymia, with highs and lows, waves and troughs. Big frothy, wild ones might be likened to bipolar disorder. The mood swings in bipolar can be rapid, such as in a day or a week, or slow, occurring over months. In cyclothymia, they can be over a couple of weeks to months and may not be noticed, like those small waves. The up moods are hypomanic – mildly up. The down moods do not reach to despair. Because this patterns is stable over the course of two or more years, we think it is a separate form of depression.

Example: A age 16, Alex reported depressed mood and skipping school, unable to get up. Two weeks later, he reported being on time for everything and excitement at his excellent report in a class. After 3 or 4 of these cycles, the therapist noted the cyclothymic pattern. The goal then became to understand and accept it, to look for experiences that triggered shifts in mood, and to maintain routines during the down cycles.

Comments – Take Note

Secondary Depression. Sometimes, we find depressed mood was secondary to a medication (e.g., interferon) or an illness (e.g., stroke). It may be secondary to receiving serious diagnosis, such as a cancer. That is normal and we would only call it depression is it lingered and was impairing.

Grief can look like depression. We distinguish Acute Grief, in which sadness and crying are normal, from Prolonged Grief, in which the person has made virtually no progress in their grieving after six or more months.'

Co-Occurring Disorders. Anyone can have two or more psychiatric diagnoses! So, people with PTSD over long period of time can develop depression at well. People with OCD limit their lives to the point they too can become depressed. People with ADHD often have so many challenges that they also get depressed.

The co-occurring disorder may be alcohol abuse or excessive use of other drugs. Then we work to understand if the depressed mood is caused by the drug use or is a separate

problem..

The co-occurring disorder may be a medical problem. This occurs commonly after a diagnosis of a major illness, after a stroke, or as a side effect of some medications.

Theories of Depression Development

Several theories attempt to explain why depression occurs.

Biological Theories suggest that depression is linked to physical changes in the brain's neurotransmitters, the chemicals in the brain that affect mood and emotions. Although several theories have been suggested, such as a shortage of serotonin, none had been found to be a conclusive reason for depression. The idea of a chemical imbalance has no basis in fact. A recent finding is a change in a stress-response area of the brain, but that is still being researched

Psychological Theories: Propose that depression results from several patterns which interact with one another. They often occur together.

1. Loss - One of the most common reasons for depression is loss. Loss may elicit hopelessness about the future, feelings of guilt, anger either at the person who has left or at one's self in the form of self-reproach.

2. Negative thinking patterns almost always appear with depression. By negative, we mean evoking negative feeling. For example, let's say there is a recession and one gets laid of from a job. A positive reaction is that this is a recession; I had lower seniority; there are jobs that may not be ideal but will cover my bills until things improve and I can get a better job; this is a good time to get some retraining; I can take in a roommate to help with expenses.

A negative reaction is this is unfair because I am a better worker than x; there are no jobs and I'll go bankrupt before I find something; I have so much to lose that I am terrified; the

situation is hopeless. You can see the depressive power in a negative reaction. The thing is sometimes people don't realize that they're having a negative reaction, and it needs to be pointed out to them by a therapist who will help them turn things around emotionally .

A. Automatic thoughts - If you heard something negative happened, your very first reaction might be to say, "nothing ever works out. Why do bad things happen to good people? I screw everything up." Those are *automatic thoughts*. They pop out rather instantly, are not necessarily accurate, and are a person's common reaction to unpleasant events. The fact that they are inaccurate allows us to experiment with shifting those thoughts, a process therapist called **cognitive restructuring**.

B. Dysfunctional beliefs - Behind this automatic thoughts are broader belief systems that we all have. We develop beliefs based upon our experiences. The beliefs allow us to operate more rapidly because it makes our world seem predictable – even if the beliefs are wrong or dysfunctional. By *dysfunctional,* we mean they're unhelpful to the way we live our lives. For example, 'if something goes wrong, that's a disaster. If something goes wrong, it must be because of me or my fault. I just don't expect things to go very well in my life. I expect them to go badly.' ;This is my second loss this year. Bad things come in threes. Now, what will happen?' None of these statements are exactly accurate, and they're all dysfunctional because they lead to depressive thinking.

C. Schemas - Schemas are more deeply held, usually unconscious or only partly conscious beliefs, beliefs that come from early in life. They shape not only how we react, but how we filter information and how we appraise and interpret everything that happens. For example, a common schema is in one's inadequacy. Another common one is an underlying belief that a person is defective. These are deeply held, often unconscious beliefs that form very early in life, anyone of which could lead to depression.

3. Unresolved emotional conflicts - Most of the reasons that we feel depressed are unconscious to us. Let's say that a. young person felt scolded and reprimanded by her parents and their style for getting her to perform better in school was through criticism. Some years later, she experiences criticism from an employer and does not understand why suddenly she feels depressed. She thought she was doing pretty well on the job What has happened is that she has unconscious, unresolved emotions from growing up under conditions of criticism. And something new in her life that had the same emotion for her made her feel defeated, as if things just never seemed to turn out.

In order to to adapt, we tend to find ways to repress those old experiences. We call these *defense mechanisms* that enabled us to move forward, to adapt. But, all-of-a-sudden, the emotions from the earlier experience spilled over into the present. Therapists can help identify them and see how they are affecting the client now.

4. Traumatic experiences - Traumas leave a trail that never seems to go away. Because of that, and because of the need to protect oneself from further injury or trauma, we perceive new situations as if they were echoes of the old ones. Most often, we are unconscious of how this is working. Because of the trauma, we have may have feelings that something terrible will happen again. Therapy can help uncover the depressing effect of the old experience and resolve both the new one and the old one.

5. Withdrawal – If you look around in your life, you'll find that every day there are some satisfactions, some recognitions, some accomplishments, something that you found enjoyable. One theory of depression is that the withdrawal symptom causes a dearth of satisfying life experiences. So imagine day after day being more isolated and failing to experience much in the way of satisfactions. Life would feel dull and dissatisfying. And then there would be more depression with more withdrawal and less and less gratification. Therapists tried to rearrange daily life so the client feels more satisfactions and more accomplishments in daily life. That tends to help lift depression.

6. Emptiness, deflation, and depletion - If you watch parents with a toddler, you'll see how many times the child does something for which the parents say 'that's great. Good job.' It's in the smiles. Emptiness and feelings of deflation and depletion are more common in children who did not have very many of those kind of experiences. They may have had a distant parent or experienced abuse growing up. Without all of that sense of positive reinforcement in early life, the person feels a sense of emptiness. We need that positivity in order to develop normally. Without it, we feel depleted.

7. Anger turned against the self - One common theme in depression is called *introjection*, which just means to turn against the self, to turn angry impulses inward. It means that we observe depressed people saying very many self-reproachful and self-critical comments, but few if any self-reinforcing, high self-worth comments. Behind the comments is anger towards the self. They may feel anger towards someone that they've lost, or towards the job that laid them off, or any number of things that may have been stressors and changes in their lives. But they see those as caused by failures in the self for which they are self-critical and self-reproachful.

8. Aloneness - Feeling lonely, we usually pick up the phone to text somebody or call a friend. Then, our loneliness is abated. We may have a higher level of loneliness, the kind

that comes from feeling a lack of daily closeness to others. So, those measures may be insufficient to resolve it. But we don't get depressed. We do what we can to mitigate it.

Aloneness is something on another plane. It means no matter how many people are in your life, you still feel you are disconnected from them. You are feeling alone in the world. This is often accompanied by schemas of inadequacy and worthlessness – with feelings of deflation and emptiness.

Social Theories: Emphasize the role of environmental stressors – such as social isolation, elderly persons being alone, or chronic adversity -- in triggering depression. You can see how such social events could interact with psychological processes to produce depressed moods.

Genetic Theories suggest genes affect depression. There is no one gene for bipolar disorder, but changes in several genes may lead to it. Certain psychiatric problems including Bipolar and Borderline Personality tend to be more frequent in some families and studies show Bipolar in a parent predicts an increased likelihood (between 16 and 33%) of Bipolar in a child. The genetics are not yet known. But genes are not likely to explain most depressions.

Treatment Modalities for Depression:
Effective Treatments Are Multi-Faceted and Personalized

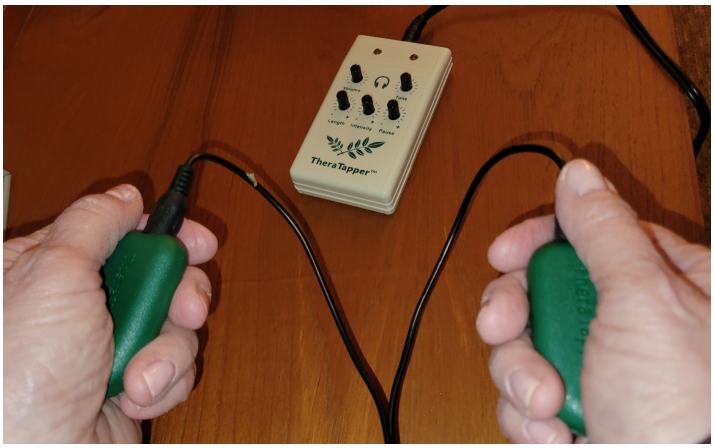
Cognitive-Behavioral Therapy (CBT)

Focuses on identifying and changing negative thought patterns and behaviors. For instance, a therapist might work with John to challenge his feelings of worthlessness, question hs evidence, look not only at his beliefs but also at illogical processes behind his beliefs, such as catastrophizing, personalizing, selective attention to negative events. The clinician will help him develop healthier ways to view himself and his world.

Interpersonal Therapy (IPT)
Aims to improve relationship skills, addressing issues like unresolved grief, role transitions, and relationship conflicts. Maria might benefit from IPT by learning to communicate her needs more effectively and building stronger, more supportive relationships.

Psychodynamic Therapy (Psychoanalytic, Insight-Oriented)
Explores unconscious processes and unresolved past conflicts as sources of current symptoms. This therapy is known to be equally effective as others, but to have longer-lasting results. Alex could gain insight into how past experiences influence his present mood swings through this therapy.

Behavioral Activation
Several behavioral interventions are useful in helping people overcome depression. Behavioral activation begins with the smallest steps the person could get themselves to do to re-engage with life. Simple steps such as attending to hygiene, calling a friend, or going to a park begin a process of moving out of the depressive state. The person starts to see the self as more effective. Then, positive emotions emerge. In a series of steps, the person more and more engages in a healthy lifestyle. Experiencing oneself accomplishing more and more in the world, one begins to feel more positively towards itself.



EMDR uses bilateral (back and forth) stimulation with eye movements or tapping to reshape the way painful memories are stored in the brain. Pictured are tappers that vibrate in the hands in an alternating pattern.

Exposure and Desensitization
EMDR (eye-movement desensitization and reprocessing), Brainspotting, and other therapies that work on overcoming the effect of painful past experiences are important to overcoming depressed mood that is associated with trauma, anxiety, and identifiable, unpleasant, life experiences. Because depression usually begins with specific stressful life

events, we can use these therapies to desensitize the client to the continued influence of those events.

Medications

Antidepressants can be crucial for alleviating symptoms. An older class of anti-depressants, the tri-cyclics, were all we had in the 1960s through around 1990. They are now used less frequently except for limited symptoms, such as insomnia and OCD. More recent classes of medications target the efficiency of the brain's use of serotonin and epinephrine. This group includes fluoxetine, paroxetine, venlafaxine, citalapram, escitalapram, sertraline, and numerous others. For someone like Emma, medication might be key to managing her SAD effectively.

Lifestyle Adjustments and Support Groups

Regular exercise, Yoga, a healthy diet, adequate sleep, and social support can complement medical treatments, offering holistic benefits. Some evidence suggests these lifestyle and social changes, particularly as part of a behavioral activation regime, can be very effective.

Conclusion

Thank you for joining us in this in-depth exploration of depression. Remember, seeking help is a sign of strength, not weakness. If you or someone you know is struggling, reach out – support and treatment are available.

Call 414-540-2170.