CHAPTER II
A BRIEF DESCRIPTION OF DEPRESSION

2.1 The Meaning of Depression

Depression is usually thought of as being a disorder or disturbance in mood. Everyone, at various times in life, feels sad or blue. Sadness or grief is a normal response to death, loss, separation or difficult life events. Depressed people are potentially capable of doing very well on tests of memory and abstract thought, but their perceptions about the world and their emotional reactions are askew.

Douglas Berstain in *Psychology* (1988: 561) states that depression plays a central role in many mood disorders and can range from occasional “down” periods to episodes severe enough to require hospitalization.

The emotional problem of depression is not the same as sadness, frustration, and unhappiness we all feel occasionally as the price of being alive. It is a real mental disorder that can have a number of causes. When the older person’s depressive illness is only manifested by excessive tiredness, heart pain, or some other physical symptom, diagnosing the real problem can be very difficult.

Cognitive changes characteristic of depression include thoughts of worthlessness and uselessness, irrational guilt feelings, and ideas that the world is empty and has nothing positive to offer. In severe cases, the person’s thinking may become psychotic. He or she may have delusions (fixed irrational ideas) or hallucinations (hear imaginary voices). Depressive delusions and hallucinations
tend to be severely self-blaming. The person may be convinced that he or she has committed a horrible crime or can be tortured by voices making terrible accusations and whispering horrible warnings of doom.

Depression can also produce a range of physical changes: disturbances of appetite – either indifference to food or compulsive overeating; problems with sleep – sleeplessness, lee commonly sleeping excessively; impairments of digestion and elimination – nausea, heartburn, constipation. Fatigue, inability to concentrate, and slowed thinking and moving are also characteristic physical signs.

2.2 The Categories of Depression

Typically, depression is classified into two categories: major and minor (also called dysthymic disorder or neurotic depression). Depression in real life does not always fit neatly into these categories; many depressed people have features of both a major and a minor depression simultaneously.

A person diagnosed as having a major depression has more severe symptoms. The problem is less likely to have a clear cut external of situational cause. Specific physical changes are predominant: loss of appetite, early morning awakening (the person can get to sleep but wakes up continuously a few hours later), constipation, slowed or speeded up motor activity. Other family members may suffer from the illness. Medication may work especially well. Because this type of depression seems more hereditary, more tied to physical signs, less related to events, and can sometimes be helped dramatically by medical treatment alone,
it seems tied in part to biochemistry – the person has a genuine physiological predisposition to become depressed.

Major depression may come on suddenly or gradually. It may consist of a single episode or more commonly, an irregular, sometimes lifelong pattern of depressive periods. Here is one example of a case of major depression by Davison in *Abnormal Psychology: An Experimental Clinical Approach*.

Mr. Jay a fifty one year old industrial engineer…. Since the death of his wife five years earlier, he had been suffering from continuing episodes of depression marked by extreme social withdrawal and occasional thoughts of suicide.……..He lost all capacity for joy; …. He was referred by his physical for psychotherapy after he had spent a week closeted I his home. (1982 : 231)

In contrast, for minor depression, unhappy life events – loss, rejection, failure – often play a clear cut role. Physical symptoms are not major features; genetic correlates are not there. The major focus of treatment involves changing the depression causing situation or modifying the person’s depression – generating thoughts. While medications can also be effective, psychotherapy is the approach of choice.

The fact that major and minor depression seems so different has given rise to two types of investigations: theories and research exploring the psychological mechanisms that produce depression and studies elucidating depression’s biochemistry.
2.3 The Common Signs of Teen Depression

Teen depression may develop in teenagers who have personal, family, and social problems. It is not true that only adults suffer from this problem. Teens can also have this intense mental and emotional problem plaguing them. For parents and guardians, it is important that you know the signs that your teenaged child is suffering from depression.

1. Frequent crying, intense sadness, and tearfulness

Sadness can be manifested in many ways other than crying and showing tears. Some teens convey sadness through the way they dress. They can also use their ability to write and compose poems and stories. Some show it through the choice to music they want to hear. Always be on the lookout for these. If your teen seems to be displaying a sense of depression through their manner, there could be a problem somewhere.

2. Hopelessness

There are instances that your teenaged sons or daughters feel their life is not worth living anymore. They could be overtly pessimistic and cynical about the general things around them. They could even do it to the extent they do not care how they looked like and how people percepts them. If you think your teen is doing this, be more on the lookout. He or she may be depressed.
3. **Shows less interest in their otherwise favorite activity**

   If you teenagers suddenly drop out of their sports or club either from school or with friends, there could be something wrong. Any individual who does not want to have fun to an elevated degree could definitely be depressed.

4. **Low energy**

   If your teenage son or daughter seems to be bored all the time, no matter how enjoyable the activity is, he or she can be depressed. Low grades and lack of motivation to succeed can also be a sign of depression.

5. **Social seclusion**

   A previously bubbly teenage who unexpectedly wants to be alone more often than necessary is enough reason to be alarmed. If your teenager prefers to avoid parties and gathering with friends or families, he should be given more attention; even more so, if the teenager does not talk about his feelings or what is bothering him.

6. **Lowered confidence**

   A person who is suffering from dwindling self confidence is a person who feels negatively about failures. A person, on the other hand, who feels guilty and negative opinions about his own self, is certainly on the verge of depression.
7. Irritability

Being irritable is a common reaction of a depressed individual, teen or otherwise. Teens who usually take out on their anger on their family are showing the signs of depression. They can also be sarcastic, critical, or even abusive to the younger ones.

8. Poor school performance

If your teenagers tend to be absent from school, or are causing trouble while there, they definitely problematic. Depression may be taking its toll on them, which is why their schoolwork is slowly being affected. The sadder part of this is that the root cause may be misdiagnosed. Parents and teachers may not even realize they are dealing with a depressed teen.

Teen depression is real. Parents need to stay engaged with their children, and be aware of their children’s feelings and their physical condition. Communication is the key. Depression should not settle in to a person in his tender years. When that happens, it has to be treated right away.

2.4 The Worst Consequence of Depression

While only a tiny minority of depressed people attempt suicide, the reverse is true – most people who make serious suicide attempts are depressed. This is particularly true for older adults. It has been estimated that if we define depression broadly, almost 100% of the older people who attempts suicide have symptoms of depression.
Suicide attempts often reflect uncertainty about waiting to die. Most attempters do not actually want to die, but use the suicide attempt to communicate a desperate “cry for help”.

On myth about suicide is that people who talk about it will never try it. On the contrary, those who say they are thinking of suicide are much more likely to try suicide than the general population. However, not everyone who threatens suicide follows through. Knowing who will and who will not attempt suicide is difficult, but here are some useful guidelines (Seligman’s *Psychological Report*, 1973: 174):

- People who attempt suicide tend to be those in psychological pain, often stemming from frustration over an inability to meet need on Maslow’s hierarchy, ranging from basic physical necessities to security, love, and esteem.
- Suicide attempts are often associated with a tendency to seek instant escape from difficult problems. Suicidal people see no option to pain but death.
- Three times as many women attempt suicide as men, but three times as many men succeed.
- Males who are forty-five to sixty years old, divorced, living alone, and with few family and friends are especially likely to attempt suicide.
- Previous suicide attempts suggest that future attempts are more likely.
Suicide attempts among people prone to depression tend to occur either just after their energy returns following a bout of deep depression or while they are still depressed, but in a desperate, overactive state.

Suicide is more likely when the person has not only talked about dying but developed a plan and given away possessions.