Taking Charge of Our Lives: Recognizing and Seeking Treatment for Depression

Signs and Symptoms:

Depression is a very individual experience. Although some universal markers can be identified, any two individuals may describe almost opposite experiences, or one person may experience different symptoms at different times in life. However, if an individual generally experiences five or more of the following symptoms consistently for a two-week or longer period of time, s/he should be assessed for depression:

- fatigue, loss of energy
- withdrawal from relationships or activities
- feelings of hopelessness, helplessness, emptiness, or a sense s/he lacks control over his/her life
- thoughts about self-harm, or self-harming actions -- whether intentional, impulsive, or inadvertent
- feelings of worthlessness, guilt, shame, self-deprecation
- chronic irritability and/or repetitive angry/violent outbursts
- chronic agitation or restlessness
- indecisiveness, concentration and focus difficulties
- memory difficulties
- changes in appetite, weight, exercise, attention to grooming and appearance
- emotional lability and/or frequent tearfulness
- excessive sleeping or inability to fall or remain asleep, as well as chronic nightmares
- loss of interest in pleasurable activities (e.g. hobbies, exercise/sports, work, and sex).

When depression is experienced most intensely, an individual will be unable to get out of bed, dress, or carry on a conversation. S/he may exhibit unusual thinking and may describe perceptions of external events that surrounding individuals do not perceive. On the other hand, chronic, low-level depression – dysthymia – will lower an individual’s engagement in life, although s/he may continue to meet daily responsibilities quite admirably. The dysthymic individual will experience the “glass to be half empty” and may find it difficult to become enthusiastically involved in life. S/he may not feel accomplished or fulfilled despite the positive reactions of others.

In contrast to adults, children and some adolescents frequently manifest depression quite differently. Children sometimes demonstrate what can be termed a “masked” depression in that they exhibit disordered conduct that consists predominantly of irritability, volatility, or hyperactive behavior, instead of withdrawal and tearfulness. A young person’s depression can be overlooked and left untreated if his/her behavior is so difficult that careproviders focus exclusively on discipline to “correct” misbehavior.
Many of us have – or will – experience depression at some point in our lives. It is a frequently occurring transitional response to any of a number of losses we typically experience. Certainly, the loss of a significant relationship with an individual results in a mourning period that sometimes may be followed by depression. Loss of a pet who provided unconditional caring, a needed job, a home, or a physical image of oneself can also result in depression. Changed roles due to aging and/or a maturing family sometimes is accompanied by depression. Even positive changes that we seek, like the cessation of smoking or the additional responsibilities accompanying the birth of a child, can result in a depressive experience. In addition, depression can accompany change resulting from one event or from cumulative experience. When depression is a response to external precipitants, it is considered to be reactive.

Although discomforting, this type of reactive depression to changing situations can be a growthful portal through which we pass, develop a new outlook and direction in life, and expand ourselves.

Depression also can occur when a person’s body experiences a chemical imbalance and/or organ dysfunction. A common source of depression is an imbalance in the creation or absorption of neurotransmitters that affect the optimal functioning of the central nervous system (CNS). A persistent reactive depression eventually can result in a physiological depression of this sort. Other biochemical aetiologies of depression can occur, e.g. when the thyroid gland produces insufficient hormone, or when sexual hormones – such as estrogen, progesterone, or testosterone – fluctuate erratically or steadily decline in the body with age or pregnancy. A variety of physical illnesses are correlated with depression, although at present it is often unclear how illness and depression are related. Additionally, a number of discrete psychological syndromes are correlated with depression. Emotional changes can be either abrupt or gradual when the onset of depression is either a reaction to circumstances, a biochemical functional change, or associated to physical illness or trauma.

Emotional, psychological, and physical factors that combine to make one individual resistant to depression while another individual experiences intense depression in response to similar precipitants are not fully understood. Furthermore, it is frequently unclear why two siblings will respond in very different ways to the same depression-evoking family events. Yet the current thinking is that, if an individual’s parents or grandparents have experienced chronic depression, an individual may be predisposed to experiencing depression at some point in life.

**Treatment:**

Just as an individual would seek treatment for a broken limb or unremitting fever, depression can – and should – be treated. The source of depression dictates treatment. Talking with a psychotherapist is often the first step to identifying and acknowledging depressive symptoms.

Reactive depression to changed life circumstances can be especially responsive to psychotherapy alone. As the contributing factors to depression in a person’s life are more fully understood, various methods of coping can be explored and implemented. Psychotherapy as treatment is an evolving process that sometimes is primarily focused on the individual’s self-esteem or problem-solving skills. Other times, psychotherapy entails exploration of past and present relationships as they support or harm the individual’s development.
Sometimes, a psychotherapist may recommend an appointment with a psychiatrist based on source, duration, and severity of symptoms. When changed life circumstances do not explain the intensity of the individual’s depression, the psychotherapist may recommend that the individual meet with a physician to rule out physical causes for depression that stem from illness, trauma, or organ dysfunction. In these situations, psychotherapy can be a helpful support while an individual undergoes tests for – or must learn how to manage – disease, medical treatments, or lingering health conditions.

However, depression that has lasted a long time or is accompanied by self-harming thoughts or actions may be best treated with concurrent psychotherapy and prescription medication. In this situation, prescription medication supports the collaborative work between the individual and psychotherapist that focuses on identification of the individual’s needs to build more effective coping strategies and positive relationships. Thus, psychotherapy alone – or integrated with prescription medication or medical treatment for physical illness – can effectively treat depression, so that an individual can once again enjoy and direct his/her life.

The Roosevelt University Counseling Center (RUCC) provides assessment and treatment services if you are concerned that you are experiencing depression. If you are an actively enrolled student, simply come to the RUCC office in either AUD 854 or SCH 114 during the posted drop-in hours to speak with a psychotherapist. In addition, stop by the RUCC to pick up a brochure describing depression in more detail.