



LIFE EVENTS AND DEPRESSION

Questions You have and Answers You Need.

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The Dean of Education and Chairman of this occasion, Eminent scholars, Student of the Faculty of Education, and of the University at large, Ladies and Gentlemen, I consider my being here this morning and honour to consider **“Life Events and Depression: Questions You Have and Answers You Need”**

INTRODUCTION

Depression, previously called “melancholia” has been recognised as a common problem for more than 3,000 years. It is a worldwide phenomenon that affects individuals of all ages (including infancy) appears to be increasing among teenagers and young adults and disrupts the lives of several million people in the world. Some of history’s greatest military leaders, statesmen, musicians, students, scientists, professors and theologians have been its victims, but depression is no respecter of persons.

It is known as the “common cold” of mental disorders and has been called “the most widespread serious and costly psychiatric disease afflicting human kind today”. On occasion almost all of us experience depression, sometimes when we least expect it. In its milder forms, depression may come as a passing period of sadness, that forms a personal disappointment. More severe depression may overwhelm its victims with feelings of despair, fear, exhaustion, immobilizing apathy, hopelessness and inner desperation.

Probably no two people experience this common condition in the same way. Depressive reactions are classified

in a variety of ways with terms such as reactive versus endogenous, primary versus secondary and unipolar versus bipolar.

Reactive depression (sometimes called exogenous or neurotic depression) usually comes as a reaction to some real or imagined loss or trauma, is accompanied with high levels of anxiety, is of short duration and often is self-correcting.

Endogenous depression (also called autonomous and sometimes psychotic depression) is more likely to arise spontaneously from within, involves intense despair sometimes accompanied by self-destructive tendencies, persists for a long period of time, is more resistant to treatment and has a high recurrence rate.

Primary depression occurs by itself while secondary depression comes as the side effect of some medication, the influence of one's diet or the result of an illness like cancer, diabetes or even influenza.

Unipolar depression refers to a condition where there is one or more episodes of depression as the primary disorder. Less common is bipolar depression, that involves periods of mania interspersed with the depressive behaviour.

Most professionals would distinguish all of this from discouragement which is a mild, usually temporary and almost universal mood swing that comes in response to disappointments, failures and losses.

All of this shows that depression is a common but complicated condition, difficult to define, hard to describe with accuracy and not easy to treat.

What is Depression?

Depression is a commonly used word, often used by or about people to describe a particular feeling; feeling low or unhappy. It is often used to describe a temporary feeling or feelings on a particular day or feelings about a particular situation or circumstances. Depression can therefore be defined as a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behaviour, feelings world view and physical well-being.

The use of the word in this way may make it difficult for some people to understand the concept or experience of depression when used in its clinical sense. While depression may be mild, moderate or severe, it is very different from just feeling low. It is something that is likely to interfere with daily life, with relationships, with one's ability to work, to enjoy life and to experience oneself or others in an enjoyable or fulfilling way. It can last for long periods of time, with some fluctuation in the level and intensity of depression felt.

It is important to point out that depressed mood is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions and a side effect of some medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression.

The changes brought about by depression are likely to be apparent to those close to you, particularly in moderate to severe cases. This is because of the extent of the impairment to your ability to relate to others and to participate in everyday activities. To others you may appear quiet and withdrawn, possibly rejecting of friends and family.

Some people particularly, if they have had depression over a long period of time may learn to put on a “mask” to present a lighter, brighter face to others than they actually feel inside. This may be because they, they “can’t” or “shouldn’t” show their real selves to others; that they may be rejected, if they do so. This can make it very hard for individuals to ask for help, and make it difficult for others to recognise that you need help and support.

What Does Depression Feel Like?

Vance Hanvner, once wrote that, the experience of man has three levels. First, there are “mountaintop days”, when everything is going well and the world looks bright. These experiences are temporary; they can’t go on forever. It is unrealistic to expect, as many people do, that we can spend life leaping from one mountain peak to another, as if there were no plains or valleys in between. Instead, most of life consists of “ordinary days” when we work at our usual tasks, neither elated nor depressed. Then, third, there are “dark days” when we trudge heavily through confusion, doubt, despair, and discouragement. Sometimes, these days string out into months or even years before we begin to experience a

sense of relief and victory. When they persist dark days are days of depression.

Experiences of depression can vary from individual to individual; but it is often felt and described as blackness, a heavy weight, emptiness, as if the life source or spirit has been extinguished. You may feel removed from other people, aware that, your experience of life is different and uncertain about how or whether you can relate to others or indeed if you want to relate to or engage with them or with the world outside yourself.

When depressed, you may feel hopeless and unable to see any positives in life; this is a very difficult reality to live with, but for that time, it is your reality, indeed the only reality. It can also be difficult to realise that previously enjoyable or fulfilling activities may no longer provide any sense of pleasure or satisfaction. This may serve to isolate you from others with whom you may previously enjoyed sharing leisure activities or hobbies. In severe cases, feelings of emptiness, bleakness, helplessness and worthlessness may be such you may lose any sense of a meaning or begin to consider suicide.

What Are The Symptoms of Depression?

Most of us know what it's like to be depressed; we have all experienced negative mood states in which we ruminate about negative themes, feel the need for re-assurance, brood about unpleasant events and feel pessimistic about the future. However, for some people, these common feelings become more severe, drawing in extreme emotional responses

(hopelessness and despair), cognitive changes (low-self-esteem, guilt, memory biases and difficulty in concentrating) and behavioural (reduced motivation, loss of interest in usually pleasurable activities) and physical (inability to sleep, sexual dysfunction, energy loss) changes.

Depressions can affect people in many different ways. Some people experience primarily psychological and emotional symptoms, whilst others may experience a range of physical effects. The following is a list of possible symptoms of depression.

- ♣ Feeling in low mood for long periods of time.
- ♣ Feeling numb and empty
- ♣ Feeling hopeless and helpless
- ♣ Feeling tired and lacking energy
- ♣ Getting no pleasure from previously enjoyable activities
- ♣ Losing self-confidence and self-esteem
- ♣ Losing interest in sex
- ♣ Withdrawing from other people
- ♣ Experiencing changes in sleeping patterns (too much or not enough)
- ♣ Experiencing changes in appetite (greater or less than normal)

- ♣ Finding it hard to concentrate
- ♣ Pre-occupied by negative thoughts
- ♣ Having thoughts about harming oneself
- ♣ having thoughts about suicide

The Effect of Depression

Most people don't enjoy having problems but sometimes problems can serve a useful purpose. When we are physically sick, for example, we are excused from work, people shower us with attention or sympathy, others make decisions for us or take over our responsibilities, and sometimes we can enjoy a period of leisure and relaxation. The same thing is true when we are emotionally down or distraught. Neurotic behaviour including depression may not be pleasant but it does help an individual avoid responsibilities, save face, attract attention and have an excuse for inactivity. Eventually, however, emotionally hurting people realise that the benefits of depression are not really satisfying. Such people begin to hate what they are doing and, in time, they may end up hating themselves. This, as we have seen can create more depression. Depression leads to any or all of the following effects. In general, the deeper the depression the more intense the effects.

1. Unhappiness and Inefficiency

Depressed people frequently feel “blue” hopeless, self critical, and miserable. As a result they lack enthusiasm, are indecisive and sometimes have little energy for doing

even simple things (like getting out of bed in the morning). Life thus is characterised by inefficiency, underachievement and an increased dependence on others.

2. Physical Illness

Depression, including the sadness that comes with grief or loneliness, tends to suppress the body's immune system. As a result, the individual is more susceptible to illness and the body is less able to fight viruses and other disease. Depressed people, therefore, are more likely than others to get sick, and the reverse is true as well.

3. Low Self-Esteem and Withdrawal

When a person is discouraged, unmotivated, and bored with life, there often is low self esteem, self-pity, a lack of self-confidence, and the strong desire to get away from other people. Social contacts may be too demanding and the depressed person may not feel like communicating. Instead, the individual may day dream and escape into a world of television, novels or alcohol or drug use.

4. Suicide

There is no more complete way to escape than to take one's own life. Suicide and suicide attempts are often seen among teenagers, people who live alone, the unmarried (especially the divorced) and the persons who are depressed. Many depressed people never even consider suicide but other do, often in a sincere attempt to kill themselves and escape life. For some, suicide attempts are unconscious cry for help, an opportunity for

revenge or a manipulative gesture designed to influence some person who is close emotionally.

Cause of Depression

There is no one cause of depression. Depression therefore can have a number of causes. Often, several of these work together. The causes of depression can be grouped into two major categories, namely, the genetic-biological causes and the psychological – cognitive causes.

a. The Genetic- Biological Causes.

Depression often has a physical basis. At the simplest level, we know that lack of sleep, insufficient exercise, the side effects of drugs, physical illness or improper diet can all create depression. Thousands of women experience depression as part of a monthly premenstrual syndrome (PMS) and some are victimized by postpartum depression following childbirth. Other physical influences, like neurochemical malfunctioning, brain tumours or glandular disorders are more complicated creators of depression.

There is evidence that some depression runs in families and may have a genetic basis. This is difficult to demonstrate conclusively; research reports are sometimes contradictory. Research in the genetics and biochemistry of depression is both complex and moving at a rapid pace. Scientist still do not know if depressed thinking causes biochemical changes or if a chemical imbalance in the brain causes the depression.

b. Psychological – Cognitive Causes

Depression is a significant mental health problem for between four (4%) percent and (9%) nine percent of the general population, but these figures rise radically among some young adults. An estimated twenty five (25%) percent of students in higher institutions suffer from depression at one time and thirty-three (33%) percent of school dropouts suffer from serious depression before leaving school. Startling statistics like these have led to the conclusion that developmental, psychological, interpersonal, spiritual and other non-physical influences are at the basis of much depression.

- (i) **Background and family causes:** Some evidence suggests that childhood experiences can lead to depression in later life. Many years ago a researcher published a study of children who had been separated from their parents and raised in an institution. Deprived of continuing and warm human contact with adults, these children showed apathy, poor health, and sadness are indicative of depression that could continue into later life. Depression is more likely when parents blatantly or subtly reject their children or when status – seeking families set unrealistically high standards that children are unable to meet. When standards are too high or too rigid, failure is almost inevitable and depression often follows.

Teenagers in conflict with their parents, young adults having trouble becoming independent of

their families, people from unstable homes and those with negative opinions about their families are more inclined to be depressed.

- (ii) **Stress and Significant Losses:** It is well known that, the stresses of life stimulate depression, especially when these stresses make us feel threatened or when they involve a loss. Loss of an opportunity, a job, status, health freedom, a contest, possessions, or other valued objects can each lead to depression.
- (iii) **Learned Helplessness:** One theory suggests that depression most often comes when we encounter situations over which we have little or no control. It is easy to get depressed when we learn that our actions are futile no matter how hard we try, or that nothing can be done to relieve our suffering, reach goal or bring change. At such times we may feel helpless and give up trying. This could explain some of the depression in grieving people who can do nothing to bring back a loved one, in the student who is unable to relate to other students or succeed academically or in the older person who is powerless to turn back the clock and restore lost physical capabilities. When such people are able to control at least a portion of their environments, depression may subside or disappear.
- (iv) **Cognitive Causes:** How a person thinks often determines how he/she feels. This is a basic

assumption of the cognitive views of depression. If we think negatively for example, see only the dark side of life, maintain a pessimistic mindset and overlook the positive, then depression is inevitable.

- (v) **Anger:** An old and widely accepted view- point suggests that depression comes when anger is held within and turned against oneself. Many children are raised in homes and sometimes sent to schools where the expression of anger is not tolerated. Some attend churches where all anger is condemned as sin. Other people are convinced that they shouldn't even feel angry, so they deny hostile feelings when these do arise. A widow for example, may be angry at her husband who died leaving her to raise the children alone, but such anger seems irrational and is sure to arouse guilt. As a result, the anger is denied and kept within.

- (vi) **Sin and Guilt:** It is easy to understand why sin and guilt can lead to depression. When a person feels that he/she has failed or done something wrong, guilt arises and along with it comes self-condemnation, frustration, hopelessness, and other depressive symptoms. Guilt and depression so often occur together that it is difficult to determine which comes first. Perhaps in most cases, the guilt comes before depression, but at times depression will cause people to feel guilty. In either case, a vicious cycle is set in motion.

Guilt causes depression which causes more guilt and the cycle continues.

What Treatment are Available?

Most people diagnosed with depression are treated by their family doctor, although a small minority of people may be referred to a psychiatrist for more specialised help. Depending on the symptoms, the severity of the depression, and the circumstances, the doctor may suggest anti-depressant medication, counselling which is a talking treatment or a combination of both.

Anti-depressant medication acts on chemicals in the brain that lift up the mood. They treat the symptoms, but cannot treat the root cause of depression. This is why counselling is often prescribed in conjunction with antidepressants, so that one can be helped to address the reasons why he/she became depressed in the first place.

Counselling alone can be effective in combating depression for some people. For others a combination of counselling and anti-depressant medication may be most effective. Counselling aims to help people recognise contributing factors in their lives, and work out coping strategies to deal with these.

Can Depression be Prevented?

The answer is “not completely”. There is no evidence that we can prevent many of biologically produced attacks of depression, and at times the pressures of life

are certain to plunge each of us into deep sadness, if not depression. Disappointments, losses rejections and failures come to everyone and these lead to periods of unhappiness and discouragement. Even so, there are some ways by which we can prevent or soften the blows of depression.

1. **Trust in God.** Writing from prison, the Apostle Paul once stated that he had learned to be content in all circumstances. Knowing that God gives strength to His children and is able to supply all our needs. Paul had learned how to live joyfully, both in poverty and in prosperity. Through his experiences, and undoubtedly through a study of the scriptures; Paul had learned to trust in God and this helped to prevent depression.

The same can be true today. A conviction that God is alive and in control can give hope and encouragement, even when we are inclined to be discouraged and without hope.

2. **Expect Discouragement.** Jesus warned that we would have problems and the Apostle James wrote that trials and temptation would come to test our faith and teach us patience. It is unrealistic to smile and laugh in such circumstances, pretending that we are never going to be discouraged. When we are realistic enough to expect pain and informed enough to know that God is always in control then we can handle discouragement better and often keep from slipping into deep depression.

3. **Be Alert to Depression** - Prone situations. Everyone expects the recent widow to be depressed and in need of special support during the months following her husband's death. By anticipating these sad times, each of us can prevent predictable depressions from being worse. Most of us are now aware that holidays can be depression-producing times for some people. Christmas, for example, may not be a time of joy and happiness for people who are separated from loved ones, without friends or the money to buy presents, worried about relatives who drink too much at the holiday celebrations, pressured by the demands of the season or reminded of deaths or other traumatic experiences that took place in a previous December. People who are prone to the holiday blues may need special understanding and encouragement, if they are to keep from slipping into deeper depression at times when most other people are celebrating joyfully,
4. **Learn to Handle Anger and Guilt.** Some people slide into depression because their minds dwell on past injustices or past failures. When people dwell on past events and wallow in anger, guilt, and misery of discouragement, it would seem that such thinking has some purpose. Is it an excuse for avoiding responsibility or seeking forgiveness? If individuals can learn to handle anger and guilt, much depression can be prevented.
5. **Challenge Thinking.** If it is true, as some have suggested, that we each talk silently to ourselves all

day, then each of us should notice what we are saying to ourselves. This self-talk often is like cassette tape that plays over and over, convincing ourselves of ideas that may be harmful and wrong. If, for example, I keep telling myself that I am incompetent, this can undermine my self-confidence and make me depressed. To challenge this thinking I need to ask, “What is the evidence for the view that I am incompetent?” “In what areas am I incompetent and where am I more competent?” “Is it OK to be incompetent in some things?” When people learn to challenge their own thinking and that of others, this can also prevent or reduce the severity of depression.

6. **Learn Coping Techniques.** Several years ago, a report compared those who resist depression with those who succumb. The resisters, it was concluded, are people who have learned to master and cope with the stresses of life. When they feel they have some control over their circumstances, individuals are less likely to feel the helplessness that leads to depression.
7. **Encourage Physical Fitness.** Since poor diet and lack of exercise can make people depression prone; individuals can be encouraged by word and by example to take care of their bodies. It would be simplistic to assume that this could completely prevent more serious physically based depression, but it is well known that a healthy body is less susceptible to mental as well as physical illness.

Ladies and Gentlemen, before resting my case finally,
I must thank you all for listening to this my
submission on **“Life Events and Depression”**.

God bless you all.