

Depression and the Stress Response System, Part II

By Ruth Werner, LMP, NCTMB

Dear Readers:

Last time, I provided some basic information about depression, including some of its contributing factors, and its relationship to stress and touch deprivation (www.massagetoday.com/archives/2003/08/10.html).

This time, I will present some basic information about signs, symptoms and different types of depression.

Signs and Symptoms of Depression

The signs and symptoms of depression depend on the type from which a person suffers. Most patients suffering from depression share six leading symptoms: a persistent sad or "empty" feeling; decreased enjoyment from usual activities and hobbies, including sex; a deep sense of guilt or disappointment with oneself; a feeling of hopelessness - that things will never get better; irritability; and a change in sleeping habits, either extreme fatigue or insomnia. Other signs and symptoms can include a diminished ability to concentrate; changes in weight (either loss or gain); a lack of energy; feelings of helplessness; persistent physical pain (i.e., headaches, digestive discomfort, etc.) that remains unresponsive to treatment; and, of course, suicidal thoughts or attempts.

Types of Depression

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has officially recognized at least eight etiologically distinct types of depression. Five types are relatively common:

1. **Major depressive disorder.** This debilitating form of depression is classically referred to as "clinical depression." It involves the major symptoms listed above, in very severe forms, for periods over two weeks. Left untreated, episodes of major depression may last anywhere from six to 18 months, and on the average, recur anywhere from four to six times over a lifetime, which means that someone who

doesn't treat his or her major depressive disorder can expect to spend up to 10 years of his or her life feeling hopeless, helpless and worthless.

2. **Dysthymia.** This less extreme form of depression can last for years at a time. Someone who suffers from dysthymia can function, but won't ever feel completely normal, or at his or her "best."
3. **Bipolar disorder.** Also called manic depression, this condition is marked by mood swings from major depression to mania: a state defined by heightened energy; elation; irritability; racing thoughts; increased sex drive; decreased inhibitions; and unrealistic or grandiose notions that lead to decisions made with extremely poor judgment. Someone in a manic state might spontaneously quit his or her job, buy a car or make some other major life change without realizing the long-term implications - which will, of course, be waiting when the manic episode subsides.
4. **Seasonal affective disorder (SAD).** This depression is related to the absence of sunlight. Incidence of SAD in the general population rises according to distance from the equator. SAD is likely related to low levels of melatonin, a neurotransmitter stimulated by exposure to sunlight. SAD is prevalent from December through February.
5. **Postpartum depression.** The depression experienced by new mothers is different from other types. It is related to several factors, including sleep deprivation, vast hormonal shifts and the challenge of matching expectations of parenthood with reality. A woman with postpartum depression has all the symptoms of major depression, along with the deep-rooted fear of having harm come, or of actually doing harm, to her baby.

Complications

The most obvious and serious complication of depression is suicide. Up to 15 percent of people suffering from major depression commit suicide. In addition to the suicide risk, a history of depression has been found to have a statistical correlation to other conditions, notably heart attack and other forms of cardiovascular disease. Although the cause-and-effect relationship between depression and cardiovascular disease has not yet been established, an obvious connection can be made between depression and heart disease in terms of physical manifestations of long-term stress.

Next time I'll talk about treatment options, and the role of massage in working with depressive clients.

Until then, many thanks and many blessings.

Click [here](#) for more information about Ruth Werner, LMP, NCTMB.



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