

Psychology and depression flashcard



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Depression is an illness, that strikes all ages, all races and all genders. It has no limit on how severe or how slight it will hit. Depression has been with us for as long as people have been around. In biblical times, depression was there, being noted several times in the Old Testament as “ manic-depression.

” Hippocrates, a Greek physician, was the first man to write a medical description of the disease. He called it “ melancholia”, which means “ a mental disorder”. Depression is also proven to be a family thing. Professor Myrna Weissman, from the University of Yale, has proven that if the parent’s are depressed the child has a fifty percent chance of being depressed too. She says, “ If one parent is depressed, the likelihood of their children becoming depressed increases two- to threefold.

If both parents are depressed, the chances are increased four- to sixfold.” English biographer, Samuel Johnson said, “ I inherited a vile melancholy from my father, which has made me mad all my life.”

The Cause’s of Depression:

The main cause of depression is stress. It doesn’t matter how much or how little stress you have, all of it can lead to depression. Stress doesn’t automatically mean depression. Some people can handle stress just fine, and others? It can be the littlest thing and it will just nag and nag at them, until they can’t handle it anymore.

They start to feel down, and negative about themselves. That’s when it becomes a problem. Psychological Depression: The main cause of

Psychological Depression, is loss. Children and even adults continually attach themselves to people and things, and when they lose their the object of their attachment, they feel empty and lost. They then sink in to depression, mourning the loss.

Another cause is the molestation or abuse of a child. Psychiatrists say that when a child is abused they tend to lock away their emotions and the event in the back of their head. There they replay it over and over, many times blaming themselves for the abuse.

When parents fail to listen to their teenager, or put down their idea, the teenager then feels stupid and rejected. They start feeling low, and unimportant, that's when they start to feel depressed. Genetic Depression: A recent study showed the embryo's brain is in fact highly developed, and that at six and seven months, the embryo is already learning to hear, see, and feel.

Dr. Verny, co-author of "The Secret life of the Unborn Child", believes that mother to child bonding actually begins in the womb. Dr. Verny has a theory that the embryo can in fact have emotional problems, that come from the mother. How can this be? Dr. Verny explains, since the mother and the baby share everything, if the mother becomes depressed the baby can feel it.

Since depression is a chemical off-balance in the head, the hormones that are in the blood stream are affected too. The imbalance hormones, travel to the baby through the blood, and thus the baby receives the hormones.

Now the baby's hormones are imbalanced and the baby becomes depressed too. The baby can stay depressed in the womb, and even after its born.

That's why psychiatrists, are now treating infant depression.

Environmental Depression: Depression does not result only from psychological, and genetic matters. But in fact depression can also come from an environment. If a child's sibling is depressed, or a parent, the child becomes used to this depressive life, and slowly becomes depressed too.

The child could be perfectly happy, but because he/she is continually surrounded by depression, it becomes a way of life for the child too. Risks of Depression: Their are a lot of risks when dealing with depression.

From eating disorders to suicide, depression should not be taken lightly. All depression is serious from the smallest case to the severest, depression is dangerous, because your emotions and thinking are off track. People of all ages are at risk to depression. Teens are more likely to develop a case of depression than adults, because their hormones are already off balance. People who have lost a loved one, or have had a traumatic experience are also high at risk. Problems with school, stressful family life, an unexpected romance, or relocation to a new community are all risk factors.

Eating Disorders:

This is a very common risk in teenagers, because depression makes you feel bad, you start to look at your self differently, and this is not always good. Often times teenagers look at their body and see things that aren't really there. They picture themselves heavy and feel that the cause of their

depression is their weight and that if they could lose the weight they would be happy. Many victims of eating disorders don't realize what they're doing to themselves, they don't see the bodily harm. Bulimia: This disorder, is when the victim, binges, or overeats, and then makes themselves vomit, in an attempt to get rid of the food. This disorder is very serious, and can result in hospitalization if not treated properly.

This illness most often affects teenage girls, who are already worried about their body.

Anorexia:

This is the most serious of eating disorders. The victim thinks that they are really fat, and that they have to lose weight. Most of the time the victim is already thin but can't see it. The victim then tells herself that she has to lose weight, and that starvation is the only answer. This is very serious because it can start from a healthy diet, to not eating at all.

If anorexia is not treated in the beginning, it can become deadly. Self Injury: Depression is all about feelings, and how you see yourself.

Some teenagers don't know how to express their feelings so they just keep them bottled up. That's when their emotion are dangerous.

Because they don't talk to anyone, they need another way of letting their emotions out, so they most often turn to self injury. Victims don't know how else to let their emotions out so they turn to pain as the answer. Many depressed teenagers think that they were bad, and that's why their

depressed. When they hurt themselves in anyway, they feel as though they deserve to be punished and that the pain feels good.

There are several different ways of self injury, some are burning yourself, hitting things, and the most popular is slicing your wrists. These can all be deadly if not treated.

Suicide:

Suicide is the most serious of risk of depression. Many people who are depressed look to suicide as a way out of their pain.

They feel as if their at the end of their rope and have to where to turn except suicide. Suicide victims are not trying to end their life- they are trying to end.

Warning Signs:

It is very important to always be looking for signs that can lead to suicide.

Here are some warning signs to look for. 1.

Abrupt changes in personality: if your friend is usually a laid back easy going kind of person, and then all the sudden becomes very irritable and angry. 2. Giving away possessions: if the victim just up and gives away a very personal possession. 3.

Previous suicide attempt: this can be the most obvious, if a person already tries to take their life and fails, they are most likely going to try again. This can also be a surprise because people think that if they try to take their life once and fail, then they get treatment, that they aren't going to try again.

When in reality suicidal people will try and try until they think they find an answer. 4. Use of drugs and/or alcohol. 5.

Change in eating pattern. 6. Extreme or extended boredom.

7. Depression.

If you see any of these signs in a friend make sure you tell the appropriate person so that help can be provided.

Statistics:

The statistics for suicide are very startling. Statistics show that lesbian, gay bisexual, and transgender youth are three times more likely to commit suicide than their straight peers. One positive statistic is that suicide attempts are 40 to 100 times more common than completed suicides. Every six hours another lesbian, gay, bisexual, or transgender young person takes their own life. Why is that? It is very hard for many teens to deal with the way the world and society portrays lesbians, gays, bisexuals and transgenders.

Gays hear people making fun of gays from the media, from their neighbors, from their parents, from their teachers, and from their peers. It is hard enough to fit in the “cool” group, without being different. Many gays feel very lonely and depressed. Each year 250,000 teens attempt suicide, and 2,000 complete it.

Since 1960, teen suicides have doubled. Girls are more likely to attempt suicide, but boys kill themselves four times more often, usually with guns.

Symptoms of Depression: Depression can be hard to see, or it can be very obvious.

The major things to look for when trying to spot depression are:

1. Down Mood- if he/she are always talking negatively, and never seem to be happy.
2. Argumentativeness: if one little harmless sentence can lead the person to become highly irritable.
3. Lack of Interest in Most Activities: if they suddenly don't seem to take pleasure in the things they do, and if they never want to do anything.
4. Change in Appetite: this could mean either an increase in the appetite or a major decrease.
5. Hyperactivity: sometimes the person just keeps going and going, because they feel they can't stop or their problems will overwhelm them.
6. Thoughts of Death or Suicide: this is the most dangerous one, and usually not the easiest one to spot.

If your friend drops casually remarks about 'not being here for much longer' or if they seem to have a great interest with death.

7. Upset Stomach/Nausea: most everybody, when thinking of depression thinks of a mental and emotional disease. When in fact it can cause physical pain, such as pain in the stomach and nausea.

These are all symptoms you need to look for in either yourself or a friend.

Depression is a very serious matter and you need to be looking for it.

Types of Depressive Illnesses:

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It is important to keep in mind that depression comes in many different faces. There are a lot of illnesses from depression. Most people think that 'depression' is the only illness, when in fact there are other illnesses.

Reactive Depression: This depression results from a reaction to something that happens. The cause of this could be a death in the family, or a divorce. This depression usually affects teenagers and children the most. **Endogenous Depression:** This type of depression is usually passed through the genes, meaning if one of the parents have it or had it, the child has a good chance of having it. This depression arises from outside sources, such as drug, alcohol, physical or sexual abuse.

Psychotic Depression:

This depression affects the mind and not the body.

Patients begin to get very disorganized in their train of thought, and they become confused very easily. They then shut out everything, and slip into a coma-like depression. **Manic Depression:** This depression is believed to be genetic, what happens is the victim's moods change very easily. They become very upset for no apparent reason, or they can become very excited. In some cases when the patient becomes angry, because they can't control their emotions, they turn violent, and hit things.

Often victims don't even know that they are suffering from anything.

Medication/Treatments: There are a variety of ways to treat depression, some go down the chemical way. Using prescribed drugs to try to "lift" their spirits. Another way of treatment is with therapy.

A psychologist's first choice of treatment is usually therapy, and if that isn't working they turn to antidepressants. Psychotherapy: Therapy is another common treatment for depression.

Often people use both the antidepressants and the therapy. Patients will visit a couple days a week for a one on one session. In which the psychologist will try to find out the root of the depression. In therapy it takes both the psychologist, and the patient to see improvement.

While the psychologist plays a major role in the recovery, the patient must decide for himself to get better. Psychologists say that when the patient decides he wants to get better half the battle is already one. Therapy is also more effective when the family and friends pitch in. Depressed people suffer from a feeling of worthlessness, and often they are ready to give up. Family and friends must help by continuing to support the patient, and letting them know that they are loved.

Type's of Therapy:

There is not one specific type of therapy that all depressed patients must use.

Just like we do not have one type of doctor to fix our broken bones, and to deliver our children. Instead there are a variety of treatments, just as there are a several different types of depression. Here are some treatments.

Cognitive-behavioral Therapy: This therapy usually lasts a couple months.

Here patients are taught to view themselves and the world in a different way, and to learn how to stay away from depression. Psychoanalysis: In this

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therapy, treatment can last for several years, the counselor helps the patients understand themselves better, and to look inside to overcome their problems.

Family Therapy:

In family therapy, it teaches the whole family how to deal with living with a depressed person. It teaches them how to make the patient's life as stress free and comfortable as possible.

This therapy can last anywhere from a couple of months to a couple of years.

Group Therapy: This therapy is where a group of teenagers, get together and talk about the problems they have, and the things they're going through.

This kind of therapy is good, because it lets the teenagers know that they are not alone, and that other people are going through the same thing.

Type of Therapists:

Just like there isn't one type of therapy there isn't one type of therapists.

Some therapists don't have as much training or schooling as other therapists, but be assured that they are all professionals.

Psychiatrists: These are licensed doctors who have completed medical school. They treat diseases of the mind and can prescribe drugs. Child psychiatrists are specially trained to treat children and young adults.

Psychologists: These are mental-health professionals who have gone through many years of training, but are not licensed doctors. They cannot prescribe drugs.

Like child psychiatrists, child psychologists specialize in treating children and teenagers.

Social Workers:

These trained professionals work with groups or families. They deal with a wide range of problems, from family violence to drug and alcohol abuse. IN choosing a social worker for depression therapy, be sure he or she has experience in treating mental illness. Antidepressants: Around 1956, doctors started to notice that the medication they were giving to their patients for tuberculosis, made them upbeat and happy. After observing this, they decided that if this medicine made their patients happy, that it would do the same for depressed patients.

Scientists then started to study the brain and what chemicals in it control your emotions and your mood. They found that there were two major chemicals that controlled your mood, they were serotonin and morepinephrine.

Scientists then experimented on these chemicals, to try to be able to control the amount of chemicals sent out by the brain, in turn making sure that the patients emotions were in balance. Thus was born the first antidepressant medication called “ imipamine”. Antidepressants are not all good, they have a negative side too.

Antidepressants do not only affect the mind but also the whole body. They can cause upset stomachs, dizziness, dry eyes, and a “ drugged feeling”. In

some case's it can effect the patient to the point of causing the patient to lose partial or total eye sight.

Types of Antidepressants:

Sometimes therapy just isn't enough, that's when psychiatrists prescribe antidepressants. There are different types of antidepressants, that are all different strengths, since some depression is stronger than other depression.

Tricyclics: These drugs change the chemical balance in the pathways along which messages travel from the brain to the rest of the body.

Tricyclic drugs are the ones most often prescribed for children and young adults. MAO Inhibitors: One type of depression is caused when the body produces too much of a chemical called monoamine oxidase. This makes the brain unable to process information correctly and turn it into actions. MAO Inhibitor drugs bring the body's levels of MAO back in balance. Lithium Salts: These were some of the first antidepressant drugs. Today, they are used mainly for controlling the mood swings of manic-depressive people.

Electroconvulsive Therapy:

This is a newer type of therapy, but it is proven to cure depression faster than drugs. What happens is the patient is put to sleep using drugs, and an electric shock is sent to the brain. This type of therapy is usually only used for severe depression, after the other types of therapy have failed. Living with a Depressed Person: Have you ever thought of depression as a contagious disease? Most people don't know, but the fact is if you live with or are around a depressed person, chances are that you too will become

depressed. When your living with a depressed person, you play a major role in their recovery. The things you say and the way you act take an important toll on the patient.

Here are the things not to say.

1. Do not pretend that the depression is only a “ phase” and that the child will grow out of it. There is nothing childish about depression and its most certainly not just a phase. 2. Do not make the child feel guilty about being depressed.

The child already has a lot of negative thoughts going through his head, and by you making him feel guilty, its only adding another thing for him to be depressed about, and its certainly not helping with his recovery. 3. Do not set goals for the child that are way out of reach. By doing that when the child does not reach the goal it makes them feel like a failure. 4. Do not “ tell” the child, instead listen and then talk.

5. Never underestimate the extent of depression. Do not tell the child that their problem is not that bad, it will only make the child feel worse.

The Family:

Most people when living with a depressed person, feel as if their problems no longer matter. That’s when more problems occur. When you live with a depressed person you experience many feelings and emotions.

Here are a few, and how to deal with them.

1. Hatred: you might hate the depressed person for causing more problems in your life. You should know that hatred isn't bad, it's how you deal with it.

Make sure you don't take it out on somebody but instead find someone to talk about it with. 2. Fear: you might get scared that the person won't get better. This is okay, just make sure you fear doesn't get out of control, talking to a counselor about your feelings would help. 3.

Guilt: psychologist's find that some people blame themselves for their loved one's depression. This isn't good, because a major cause of depression is guilty.

Depression:

Most people wonder if you can cure depression. Well the answer is yes. With the right therapy depression can be very curable.

In a recent study, psychologists showed that with the right therapy, eight out of ten patients are cured. It usually takes approximately a month to six weeks before the patient will start seeing results.

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