Depression

DSM-5 categories of depression

All forms of **depression** and depressive disorders are characterised by changes to mood. The latest version of the DSM recognises the following categories of depression and depressive disorders:

- **Major depressive disorder**: severe but often short-term depression.
- **Persistent depressive disorder**: long-term or recurring depression, including sustained major depression and what used to be called dysthymia.
- **Disruptive mood dysregulation disorder**: childhood temper tantrums.
- **Premenstrual dysphoric disorder**: disruption to mood prior to and/or during menstruation.

Behavioural characteristics of depression

Behaviour changes when we suffer an episode of depression.

Activity levels

Typically sufferers of depression have reduced levels of energy, making them lethargic. This has a knock-on effect, with sufferers tending to withdraw from work, education and social life. In extreme cases this can be so severe that the sufferer cannot get out of bed.

In some cases depression can lead to the opposite effect – known as **psychomotor agitation**. Agitated individuals struggle to relax and may end up pacing up and down a room.

Disruption to sleep and eating behavior

Depression is associated with changes to sleeping behaviour. Sufferers may experience reduced sleep (*insomnia*), particularly premature waking, or an increased need for sleep (*hypersomnia*). Similarly, appetite and eating may increase or decrease, leading to weight gain or loss. The key point is that such behaviours are disrupted by depression.

Aggression and self-harm

Sufferers of depression are often irritable, and in some cases they can become verbally or physically aggressive. This can have serious knock-on effects on a number of aspects of their life. For example, someone experiencing depression might display verbal aggression by ending a relationship or quitting a job.

Depression can also lead to physical aggression directed against the self. This includes self-harm, often in the form of cutting, or suicide attempts.

Emotional characteristics of depression

Lowered mood

When we use the word 'depressed' in everyday life we are usually describing having a lowered mood, in other words feeling sad. As you can see from the rest of this spread there is more to **clinical** depression than this.

Lowered mood is still a de ning **emotional** element of depression but it is more pronounced than in the daily kind of experience of feeling lethargic and sad. Patients often describe themselves as 'worthless' and 'empty'.

Anger

Although sufferers tend to experience more negative emotions and fewer positive ones during episodes of depression, this experience of negative emotion is not limited to sadness. Sufferers of depression also frequently experience anger, sometimes extreme anger. This can be directed at the self or others. On occasion such *emotions* lead to aggressive or self-harming *behaviour*.

Lowered self-esteem

Self-esteem is the emotional experience of how much we like ourselves. Sufferers of depression tend to report reduced self-esteem, in other words they like themselves less than usual. This can be quite extreme, with some sufferers of depression describing a sense of self-loathing, i.e. hating themselves.

Cognitive characteristics of depression

The **cognitive** aspect of depression is concerned with the ways in which people process information. People suffering from depression or who have suffered depression tend to process information about several aspects of the world quite differently from the 'normal' ways that people without depression think.

Poor concentration

Depression is associated with poor levels of concentration. The sufferer may find themselves unable to stick with a task as they usually would, or they might nd it hard to make decisions that they would normally nd straightforward. Poor concentration and poor decision making are likely to interfere with the individual's work.

Attending to and dwelling on the negative

When suffering a depressive episode people are inclined to pay more attention to negative aspects of a situation and ignore the positives. In other words they tend to see a glass as half empty rather than half full.

Sufferers also have a bias towards recalling unhappy events rather than happy ones – the opposite bias that most people have when not depressed.

Absolutist thinking

Most situations are not all-good or all-bad, but when a sufferer is depressed they tend to think in these terms. They sometimes call this 'black and white thinking'. This means that when a situation is unfortunate they tend to see it as an *absolute* disaster.