

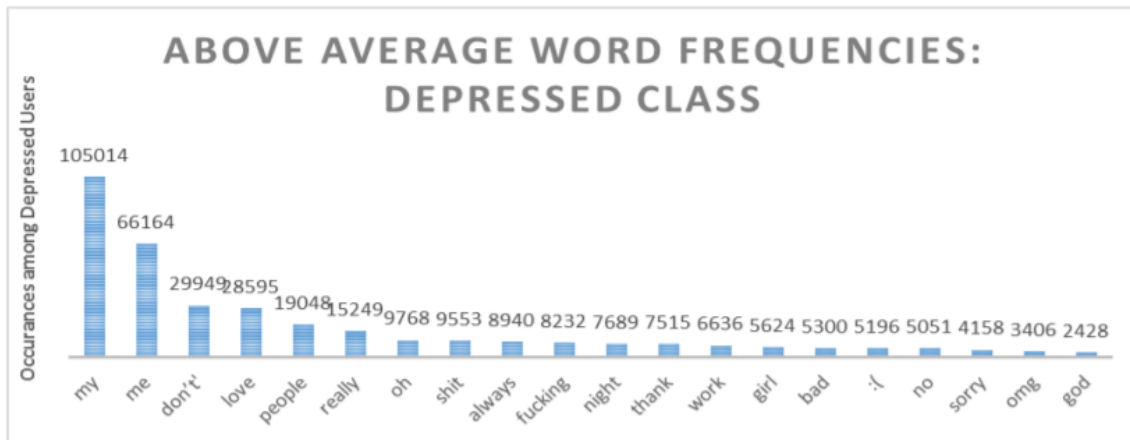
Behavioural and functional analysis of Depression

1. Depression is characterized by a wide variety of symptoms that include:
 - Persistent anxious or sad mood
 - Irritability
 - Feelings of hopelessness or pessimism
 - Feelings of guilt, helplessness, or worthlessness
 - Loss of interest or pleasure in activities and hobbies
 - Decreased energy or fatigue
 - Difficulty concentrating, remembering, or making decisions
 - Appetite or weight changes
 - Thoughts of death or suicide
2. B.F. Skinner proposed that emotions themselves are not causes of behaviour; instead, they co-occur along with related behaviours. Based on his analysis, changes in mood, emotion, and behaviour can be better understood by observing changes in both environment and in the variables that motivate people
3. Charles Ferster identified that slowing or stopping a positively reinforced activity was the “common denominator” among patients with depression.
4. In addition to finding that individuals with depression and anxiety engaged in fewer behaviours that provide pleasure or enjoyment, Ferster outlined a functional analysis of depression, finding that individuals with depression and engaged in many behaviours that served to escape or avoid stimuli they found difficult. For example, staying in bed all day or avoiding social outings.

5. Although these behaviours may temporarily alleviate discomfort, the further reduction in activities leads to continued depression and anxiety since reducing or stopping normal and healthy behaviours leads to feelings of depression-uncertainty, reduced confidence, and helplessness.
6. Depressive behaviours include:
 - Overt Behavior: Is the patient avoiding social situations, changing eating or sleeping patterns?
 - Private Events: Does the patient have feelings of worthlessness or anxiousness?
 - Affective Responses: Does the patient have outward signs of depression, such as crying episodes?
 - Verbal Behavior: Does the patient make self-critical statements?
7. To observe the actual behaviours alluded to in the clinical definition of depression, we need look to at the frequency of various classes of the depressed person's activity as compared with those of a person who is not depressed
8. The most obvious characteristic of a depressed person is a loss of certain kinds of activity coupled with an increase in avoidance and escape activity such as complaints, crying, and irritability. A depressed person may sit silently for long periods or perhaps even stay in bed all day. The latency of a reply to a question may be longer than usual, and speaking, walking, or carrying out routine tasks will also occur at a slower pace. While he may at a particular time answer questions, ask for something, or even speak freely, the overall frequency is low. Certain kinds of verbal behaviour such as telling an amusing story, writing a report or a letter or speaking freely without solicitation may seldom occur
9. A study of an Indian college employed mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, body image, work difficulties, insomnia, fatigue, appetite, weight loss, bodily preoccupation, and loss of libido as the factors for depression in the analysis of depression in students. This study showed that the prevalence of depression was 66.1% in 16 years age group,

81.4% in 17 years age group, 82.9% in 18 years age group, and 89.5% in 19 years age group. This increase in the prevalence of depression with age was found to be statistically significant.

10. Depression and anxiety are believed to stem from the same biological vulnerability, which may explain why they so often go hand-in-hand. Since anxiety makes depression worse (and vice versa), it's important to seek treatment for both conditions.
11. Bipolar disorder, also known as manic depression, involves serious shifts in moods, energy, thinking, and behaviour. Because it looks so similar to depression when in the low phase, it is often overlooked and misdiagnosed.
12. This can be a serious problem as taking antidepressants for bipolar disorder can actually make the condition worse. If you've ever gone through phases where you experienced excessive feelings of euphoria, a decreased need for sleep, racing thoughts, and impulsive behaviour consider getting evaluated for bipolar disorder.
13. Depression is a major risk factor for suicide. Deep despair and hopelessness can make suicide feel like the only way to escape the pain. The warning signs to watch out for are:
 - Talking about killing or harming one's self.
 - Expressing strong feelings of hopelessness or being trapped.
 - An unusual preoccupation with death or dying.
 - Acting recklessly, as if they have a death wish (e.g. speeding through red lights).
 - Calling or visiting people to say goodbye.
 - Getting affairs in order (giving away prized possessions, tying up loose ends).
 - Saying things like "Everyone would be better off without me," or "I want out."
 - A sudden switch from being extremely down to acting calm and happy.



14. Depression often varies according to age and gender, with symptoms differing between men and women or young people and older adults. Thus it is important to know the target audience before mass analysis of depressive symptoms.

1. Men: Depressed men are less likely to acknowledge feelings of self-loathing and hopelessness. Instead, they complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies. They're also more likely to experience symptoms such as anger, aggression, reckless behaviour, and substance abuse.
2. Women: Women are more likely to experience pronounced feelings of guilt, excessive sleeping, overeating, and weight gain. Hormonal factors also impact depression in women during menstruation, pregnancy, and menopause. In fact, postpartum depression affects up to 1 in 7 women following childbirth.
3. Teens: Irritability, anger, and agitation are often the most noticeable symptoms in depressed teens—not sadness. They may also complain of headaches, stomachaches, or other physical pains.
4. Older adults: Older adults tend to complain more about the physical rather than the emotional signs and symptoms like fatigue, unexplained aches and pains, and memory problems. They may also neglect their personal appearance and stop taking critical medications for their health.
5. Children may not yet have the language skills and emotional awareness to express exactly what they are feeling. An adult who is depressed may feel

profound sadness, whereas a depressed child may appear angry, frustrated, and irritable.

6. Symptoms of depression in school-aged children and teens may interfere with school work, social activities, or friendships. For example, a child who is depressed may begin to make poor grades in school, lose interest in after school activities like sports, or no longer want to hang out with friends.
 7. As with teens and adults, children experiencing depression may also have trouble sleeping, losing their appetite, or having unexplained physical symptoms such as headaches and stomachaches.
15. Dysthymia is a type of chronic “low-grade” depression. It is also called a persistent depressive disorder. More days than not, you feel mildly or moderately depressed, although you may have brief periods of normal mood. This is commonly seen in students and teenagers across the country due to stress, peer pressure and familial issues. Dysthymia is also not unusual after any big change in life occurring after a stressful phase, and it is important to diagnose and treat it early.
- The symptoms of dysthymia are not as strong as the symptoms of major depression, but they last a long time (at least two years).
 - Some people also experience major depressive episodes on top of dysthymia, a condition known as “double depression.”
 - If you suffer from dysthymia, you may feel like you’ve always been depressed. Or you may think that your continuous low mood is “just the way you are.”
 - Some other general symptoms of PDD are feelings of sadness, loss of interest and pleasure, anger and irritability, feelings of guilt, low self-esteem, difficulty falling or staying asleep, sleeping too much, feelings of hopelessness, fatigue and lack of energy, changes appetite and Trouble concentrating.
16. There are other types of depression such as Major clinical depression(MDD), Persistent depressive disorder, Bipolar depression, Premenstrual dysphoric

disorder, Atypical depression, Seasonal affective disorder and postpartum depression.

17. Among the above, MDD is also called clinical depression and is the type of depression that causes the most damage.

18. DSM-IV criteria for Major Depressive Episode.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g. appears tearful) Note: in children and adolescents, can be irritable mood.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
Note: In children, consider failure to make expected weight gains
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day (observable by others, not the merely subjective feeling of restlessness or being slowed down)
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

19. Atypical depression is a type of depression that doesn't follow what was thought to be the "typical" presentation of the disorder. Atypical depression is

characterized by a specific set of symptoms related to:

1. Excessive eating or weight gain
2. Excessive sleep
3. Fatigue, weakness, and feeling "weighed down."
4. Intense sensitivity to rejection
5. Strongly reactive moods

Atypical depression is actually more common than the name might imply.

20. Another type of depression is Psychotic depression and is considered part of the unipolar depression spectrum at its most severe and not a separate form of depression.

- People who have mental health conditions that cause them to experience hallucinations or delusions may also have depression.
- Psychotic depression can manifest with hallucinations that are focused on death or being gravely ill.
- Delusions also might be related to other major life stressors, such as losing a job or being poverty-stricken.

21. Clinical depression can also be a feature of another mental health condition called bipolar disorder.

1. People with bipolar disorder tend to alternate between periods of depression and periods of greatly elevated mood called mania.
2. In the depressive phase, symptoms can be very similar to major depression. During the manic phase, symptoms at the opposite end of the spectrum are more likely.
3. Some of those mania symptoms include Increased energy, Sleeplessness, Irritability, Rapid speech, Hypersexual behaviour, Racing thoughts, Grandiose ideas, Greatly increased activity, Impulsivity and Poor judgment.

22. Situational depression:

1. Many people will experience a period of depression in their lifetime in response to a specific event.
 2. Losing a job, caring for a parent or child who is ill, getting divorced, or experiencing a trauma such as a robbery, car accident, or a house fire are just a few examples of stressors that could lead to situational depression.
 3. Unlike more persistent forms of depression, situational depression can usually be treated when diagnosed at an early stage and improves in response to positive change in a person's situation, such as getting a new job and having social support, counselling, and some cases, medication.
23. In a comprehensive study on depression done on university students in India, the results indicate that.
- Though the majority of the students are doing well, a proportion of them is severely depressed.
 - In their earlier phase of education and Social Science and Humanities, those performing poorly academically, from low socioeconomic class, reported more depression than the others.
 - Further, those who felt unsupported by families also experienced a higher level of depression.
 - On the flip side, students who have been in the university for a longer period, Science and Management students, scoring high academically, from higher socioeconomic class, supported by family and use positive coping strategies like regular exercise and sharing problems with others were psychologically healthy.