

## Dimensions of Depression

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Received: May 20, 2019; Accepted: May 24, 2019; Published: May 31, 2019

### Abstract

Depression is basically seen as the "common cold" or most existing condition that counselors encounter. However, not all counselors take an in depth analysis of factors, variables and issues that contribute to the global depression. This paper examines some areas in depth that are tangential to depression and which bear examination. Counselors and clinicians need to do a significant amount of probing to ascertain any antecedent conditions or causal factors related to the depression in order to procure treatment efficacy.

*Keywords: Depression; Emotion; Sadness*

### 1. Introduction

The client is referred for depression, projects a depressive countenance, relays a history of depression, reviews their previous attempts at treatment, yet they still are grappling with their depression.

Depression has been extensively discussed and there are many different approaches to the treatment of depression. Ellis, Shaughnessy and Mahan [1] have discussed the rational emotive approach to the treatment of depression- wherein the therapist looks at Antecedent conditions, the BELIEF system of the client (rational or irrational, logical or illogical, reasonable or unreasonable, appropriate or inappropriate, sane vs. insane) and they the client and therapist look at the consequences of their attitudes, beliefs, philosophies, etc. and dispute the irrational beliefs to end up with a new Effect or perhaps Emotion. Beck and Shaughnessy [2] have reviewed the cognitive approach to the treatment of depression, while Lazarus [3] has implemented and utilized a "multimodal" approach- examining the BASIC ID (Acronym for Behavior, Affect, Sensory Realm, Imagery, Cognitions, Interpersonal relations and the Drug realm (the need for, abuse of etc.) William Glasser [4] has discussed reality therapy and its use and implementation with depression.

It may be that prior or previous counselors have not in fact taken a thorough or comprehensive evaluation as to their "depression" and examined the factors that contribute to the depression. This paper will attempt to review and comment on some of these domains and offer suggestions for in depth analysis.

**Citation:** Shaughnessy FM, Johnson A. Dimensions of Depression. J Anxiety Depress. 2019;2(1):115.

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**1) Sadness-** Sadness is a global word that can have many meanings, different meanings for males and females and young and old. Clients who employ the word sadness may need to describe the sadness- when it occurs, what they attribute the sadness to- and when this "sadness" began- if it can be specified.

**2) Pessimism-** In terms of the word pessimism, a long comprehensive examination of the client's past family history may be in order. The client may have grown up in poverty, or in a broken home- in which there were continual struggles with minimal support from extended family and friends. There may have been on going health problems, there may have been accidents and other events that occurred which have left the client with a perspective that things have been bad, things will always be bad, and it is doubtful if they will ever improve in the future. Some individuals with learning difficulties or learning disabilities have struggled with reading or writing or math for years- and have never been adequately diagnosed or assisted.

**3) Past Failure-** Unfortunately, for some individuals, those past failures haunt them and taunt them on an ongoing basis. As indicated above- the client may have had a long, long history of school failure due to an undiagnosed attention deficit disorder or some other factor (hearing or vision loss) that may have contributed to past failures for years. On another front, a person may have had their romantic advances spurned for many years and may not have had very many positive interpersonal relations or even sexual intimacy relations. We are a social people and we need to have some sense of caring from other people.

**4) Loss of pleasure-** For whatever reason, some individuals lose their ability to enjoy eating, drinking, or even sexual intercourse. This loss of pleasure may have resulted from very simply, changes and or stress. Some individuals who are under constant stress may not procure very much pleasure from their career. Or a job or career that once gave them great satisfaction no longer holds the attraction it once did. Many adults complain that the music they once enjoyed years ago seems to have vanished- and the favorite television shows have been replaced by very poor appropriately insipid copies.

**5) Guilty feelings-** While some individuals present with depression as their primary problem, it is often helpful to "dig a little deeper" into the client's past. Guilt is often carried by people for many years. A woman who has had an abortion or who has put her child up for adoption may carry around a lot of guilt, feel that she is being punished by "the Good Lord" for what she did and that perhaps "karma" is out to get her for her transgressions. Very spiritual and very religious people may have very serious concerns about sins or problems that they have caused and thus are quite concerned about "burning in hell for all eternity".

**6) Punishment feelings-** Related to the points above, some clients may see their current situation as a kind of punishment from above. Again, sin, mortal or venial or whatever sin or crime or thing that has been done is in the hands of the Lord- but until the client decides to perhaps confess or make amends, the depression weighs on him or her until forgiveness is sought.

**7) Self-dislike-** Some individuals do not like themselves, they do not like their physical body, they may not like their hair color or eye color, they may see themselves as too obese or too thin or even too old to exercise and lose weight. One

therapeutic intervention developed by Schuller is for the client to say "I am a very wonderful person". If the client cannot say this simple statement, the counselor needs to investigate.

**8) Self criticalness-** Perhaps seen as Perfectionism is another major construct which may be tangentially related to depression. For some individuals everything has to be perfect and when it is not, there is concern, and this deep concern can turn into deep melancholy.

**9) Suicidal thoughts or wishes-** Depressed individuals may want to "end it all" They are frustrated, want the pain to end, see no hope on the horizon and sadly perhaps no parent offers any choices or options or alternatives and thus the groundwork leads to an even deeper depression.

**10) Crying-** is more than just an old rock and roll song- but it is a behavior that is sometimes elicited by watching certain television shows, or watching certain movies- or even reflecting on negative events that have occurred in the past.

Crying can be triggered by intense emotional reactions to external events or even to certain phrases that are relevant to that person. A last comment from a dying relative maybe replayed- or a last request

**11) Agitation-** although not frequently associated with depression, there may be some reaction to other medication, there may be some reaction to illegal street drugs, or there may be some very violent response to something heard or seen on the television or on some social media site. One may hear some individual with very strange solutions to problems on television and there are certain reactions such as agitation that are somewhat understandable. For example, one may read about some unbalanced individual suggesting that atomic or nuclear warheads be used on these "caravans" that are approaching the U.S. This may evoke a very visceral reaction and result in agitation, which may be understandable.

**12) Loss of interest-** Some may call it burn out and some may refer to it as a lethargy- but on occasion a person who may have been quite enamored of certain things has suddenly become sadly, an individual with no interest at all in things that previously held their attention and interest. A musician may lose interest in performing, an athlete may no longer want to compete, and a hobby such as painting or sculpture no longer holds the interest of the person.

**13) Indecisiveness-** Often confronted with decisions, people become stuck or they feel trapped, or they are locked into a "damned if you do, damned if you don't" avoidance, avoidance scenario. This could relate to vocational concerns. If a person is in a career that does not provide much reward or acknowledgement, the individual may be torn between remaining in an unhappy situation but fear moving to another career or city for another job opportunity.

**14)Worthlessness-** In today's electronic, computerized, sophisticated society, if one does not have certain basic skills, one may encounter a great deal of difficulty and feel less than adequate compared to others who are able to surf the internet, pay bills on line, seek and find information almost instantaneously. Or there could have been some tragic accident- for which the client is responsible- while driving a car- they hit and killed a child who was riding a bicycle. Or an unemployed individual with no prospects feels worthless and alone and not part of the world.

**15) Loss of energy-** anemia and other thyroid conditions obviously have to be ruled out, and diet and exercise are other domains to be explored.

**16) Changes in Sleep-** There are individuals who have difficulty getting to sleep, staying asleep and then procuring a good 8 hours of sleep. This is a complex problem as difficulties encountered during the day- may result in difficulties at night- as some individuals DO take their problems and concerns with them to bed in the evening.

**17) Irritability-** A construct that bears examination- irritability can result from stress, from chronic pain conditions, from a toothache or even from inflammation.

Irritability can result from being asked to do too much with too little support with too many competing demands and while all of this results in stress, irritability can be a side factor.

**18) Changes in Appetite-** Being hungry, and thirsty is somewhat part of the human condition. However, when individuals no longer express any desire to eat, or seem to not be interested in their favorite food; this could be a sign or indicator that something is radically wrong. Some may indicate that there is no taste to the food, or it is not appealing or appetizing. Some individuals that have been avid restaurant goers may prefer to stay at home and watch television or sleep.

When one experiences depression, many physiological changes may happen. Some eat to cope with stressors that life throws at them; others lose their appetite as food may be the last thing on their mind when they are going through depression. As we all may know, depression affects not only the person experiencing it but the people that are around that individual at the time. Interestingly, when people are going through psychological distress, the body tends to mimic that of the mind. For example, when things are going well people tend to create food, try different cuisines, or have a decent eating schedule. However, when depression is input into that equation one doesn't feel that they have time to "create". The eating schedule starts to decline; what started as breakfast, lunch, dinner turned into maybe lunch to get through the day. When speaking about depression, appetite is an important factor to consider as the food we eat contribute to the way we feel, act, and behave.

Another area to look at when talking about appetite is the change in eating habits like the food one is digesting. The saying goes, "you are what you eat" and with more fast food restaurants promoting the newest burger, dessert, drink and the steady rise of depression; accessibility of those meals is convenient for someone who isn't motivated to make dinner. Which may result in only eating when convenient as well as damage financials that the person may have.

Changes in appetite and weight are important features of depression, with nearly half of patients experiencing depression-related decreases in appetite and approximately a third experiencing depression-related increases in appetite [5]. In a study researching the brain activity between individuals who are depressed and those who are not, researchers found that there were marked differences in brain activity to food cues within the patients with depression [5]. The implications for this research mean that we, now, can understand that individual's with depression have changes in appetite because of a combination of activity between endocrine, immune and metabolic system that regulates appetite when people are depressed.

**19) Concentration-** Being unable to focus, concentrate and complete tasks may reflect on the person being preoccupied with internal cognitions. While there are adults with attention deficit disorder- when one has changed from being a productive, energetic enthusiastic salesman to a “couch potato”, there is some concern.

Depression impacts a plethora of cognitive functions and one of those being attention or concentration. This can be debilitating for the individual because it affects their memory, processing speed which may suggest that learning is very difficult for someone who is depressed. This is fascinating because the act of learning involves a lot of concentration and retaining what was learned. This may be why it is difficult to curb depression because learning new coping strategies or even new ways of thinking like cognitive restructuring may take longer to incorporate more sessions than insurance allows. It is unknown what causes attention deficits in depression. However, there is evidence that there is gray brain matter shrinkage that is typically present in people with major depressive disorder [6]. Some antidepressants medication that is used to treat depression elicits concentration issues so it is important to let the doctor know if these symptoms continue to persist so that the medication can be modified.

Concentration or inability to focus could create more issues than depression alone. For example, someone who is lacking in concentration or losing attention easily may have trouble reading a book, engaging in an in-depth conversation; if the conversation was a negative experience because the person had difficulty keeping up with the other it may invite negative self-talk within the inner dialogue. Additionally, paying attention to a set of instructions or directions may limit someone from getting a job or making friends. A person with depression will have one or more of these facets affect their lives. Having difficulty following instructions, reading, or furthering a conversation may contribute to projects being half-way done. The person experiencing depression takes that as a failure which prompts more negative, cold feelings towards oneself to keep the depression flourishing. However, the incomplete projects, lack of concentration is a symptom of depression and that is the most important aspect. Many people may have depression and experience different symptoms, but it is necessary to know what areas are being affected. Instead of a person saying I’m depressed a productive way could be I have depression which may cause me to act, behave, or think a type of way.

There is an invisible wall that people have difficulty breaking through when they have depression or any disorder. The stigma surrounding a certain term, the symptoms that may happen, the uncertainty, loss of self. When people are crippled with the notion that they are going to be lacking in areas such as intimacy, concentration and change of appetite it scares people. How will they function? How will they continue to support people if they are caregivers? If people don’t start the conversation about depression and what might to expect from it, then people will be in a state of mystery where no one knows anything about the illness because it is only discussed in academics or kept quiet so it’s scary when someone develops depression. Like the game of tag, there are a lot of uncertainties to being “it”; everyone runs the opposite direction, there are some people who suspect someone to be it, but no one really knows until their tagged. Nevertheless, no one wants to be “it” because of the baggage that it comes along with. That’s depression, in a sense. People talk quietly about depression, only keep it on a “if you know, you know” basis, or avoid the conversation all together. Until someone close to them or themselves develop it, then it’s a frenzy to understand depression.

Nevertheless, no one wants depression, but it happens. Factors ranging from psychological, environmental, biological, socio-economic, etc. Depression happens and it is important to understand the complex dimensions the illness holds on a person.

**20) Tiredness or Fatigue-** Similar to Loss of Energy, one wonders about sleep, diet, exercise, or simply having to work long hours for many days. Nurses for example often have to work a wide variety of shifts which place them under a great deal of stress. Further, as they are moved from one place to another on the ward or in different departments without being consulted, exasperation and frustration repeatedly can lead to ennui or perhaps hatred even for the supervisors.

**21) Loss of interest in Sex-** Although males and females have different sex drives and derive pleasure from different aspects of physical sex, if there is a total loss of interest in sexual intercourse or bodily contact, there may be other factors at work .

During depression, Sex is one of the last things on someone's mind. The reason for this may be because the loss of libido or the persistent worry of duties, too stressed or simply not in the mood. However, it's important to point out some differences between males and females when this aspect of depression is expressed. Women are more likely to experience major depression if symptoms include loss of interest in sex. It is also noteworthy that one won't experience all symptoms of depression. That is why depression is such a complex state because of the vast symptomology it holds.

Depression can affect sex drive in numerous ways as well from negative self-image, to energy, inability to enjoy things you normally do, like sex. Viewing their partner through a negative lens also contributes to a deteriorating sex drive [7]. Loss of sexual drive is an interesting dimension because it supports depression affects more people than just the person experiencing it. Researcher, Jennifer Lanier Payne [7] suggests maintaining the sex drive while going through depression one should; get help for the depression itself, keep having sex even if it's the last thing anyone wants to do.

This is because if someone was to stop having sex with their partner then it will become a self-fulfilling prophecy to where they have less and less sex with each other, which can hurt a relationship. So, it is important to keep having sex so that the candle doesn't burn out. The author also recommends that there aren't any comparisons between others' sex lives. There isn't a right amount of sex; therefore, it's important to do the right amount for the relationship. It could be difficult to understand how depression decreases sex drive in a relationship. Unlike a broken bone, depression isn't visible, so some people think depression can't contribute to a low libido.

However, if the perspective is shifted from mental illness to a disease like diabetes, one would force themselves to understand that diabetes contributes to sex drive. However, with the stigma around mental illness, it's difficult to compare the two. Unfortunately, some people don't believe in depression is a serious illness, so it breeds a culture of skepticism when someone says they don't want to have sex because it. Nevertheless, it is important to know about the different types of depression and how they impact someone's sex drive. Lastly, the author says to redefine intimacy. This could mean a plethora of things and that only matters to the person redefining it. There doesn't need to be fifty shades of grey scene to show physical connectedness with someone. Laughter, holding hands, cuddling, being in the moment with another person is intimate enough if one doesn't want to go "all the way".

Fortunately, someone who is experiencing low sex drive from severe depression will not always have a low sex drive. Usually, when medication is involved with treatment people tend to start being intimate again.

## 2. Summary and Conclusions

This paper has attempted to draw attention to some heretofore neglected realms in the domain of depression. All of these areas are important and should be investigated, first for the area of depression and secondly for examination for other possible medical conditions. References are available for clinicians to compare and contrast some of the most recent approaches to the treatment of depression such as Multimodal Therapy, Cognitive Therapy, Rational Emotive Psychotherapy and Reality Therapy.

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