



Psycho Treatment for Women caused by Depression in recent times

Dr Manoj Kumar Singh
Assistant professor
Sanjay Gandhi College, Ara

Abstract:

Depression is recognized as a widespread public health problem and depression is common and treatable. Psychotherapy -- or "talk therapy" -- is an effective treatment for clinical depression. On its own, it may not be enough to treat severe depression. But it can play an important role when used with other treatments, including medications. Several studies suggest, however, that the combination of an antidepressant and psychotherapy is the best approach, because of the biopsychosocial origins of most mood disorders. The theory of psychotherapy guides the psychologists through the process of understanding human behavior and their problems and finding the right solutions. It guides them through the approach of changing problematic behaviors, feelings, and thoughts. The psychotherapy focuses on finding the role in developing both normal and abnormal behaviors with emphasizing on what people think rather than what they do. Most people with depression need treatment to feel better.

Keywords: Intimate partner violence (IPV), depression; women, mood disorders, talk therapy, Psychotherapy

1. Introduction

As women, they have many life roles. Mother, wife, employee, friend, healer, caregiver, and the list go on. The complexity of all of these roles can cause ups and downs throughout life. Some of these mood changes may be due to life events (e.g., getting in an argument with a friend) or may be due to hormones (e.g., pregnancy, menstrual cycle). In general, after a few days, your emotions tend to level out and you don't feel down in the dumps anymore. But, if you are suffering from depression, your "downs" don't go away after a few days and may interfere with your daily life activities and relationships. This can be a debilitating cycle and can occur due to a number of causes. Symptoms can last weeks, months, or years and can be intermittent or a one-time occurrence. Depression is almost twice as likely to

affect women as men and tends to have different contributing causes in women than it does in men. Contributing factors include reproductive hormones, a differing female response to stress, and social pressures that are unique to a woman's life experiences. Listed below are the different forms of depression most common in women.

2. Reasons, signs and Symptoms of women's depression

Everyone occasionally feels blue or sad, but these feelings are usually fleeting and pass within a couple of days. When a woman has a depressive disorder, it interferes with daily life and normal functioning, and causes pain for both the woman with the disorder and those who care about her. Depression is a common but serious illness, and most who have it need treatment to get



better. Depression affects both men and women, but more women than men are likely to be diagnosed with depression in any given year. Efforts to explain this difference are ongoing, as researchers explore certain factors (biological, social, etc.) that are unique to women. Many women with a depressive illness never seek treatment. But the vast majority, even those with the most severe depression, can get better with treatment. Major depression is a severe form of depression where a woman loses her ability to find pleasure in activities once considered enjoyable. In addition, it affects a woman's ability to work, sleep, and eat in normal and effective manners and usually negatively impacts interpersonal and social relationships. With major depression, also known as major depressive disorder, your depressed state may persist for an extended period of time and is often accompanied with low self-esteem.

- Signs and symptoms of depression vary from woman to woman. Some of the most common signs and symptoms are listed below:
- Feelings of emptiness, hopelessness, despair, and sadness
- Irritability, anxiousness, and guilt
- Feelings of exhaustion, severe tiredness
- Loss of interest in previously pleasurable activities
- Inability to concentrate or remember details
- Suicidal thoughts or attempts of suicide
- Sleep disturbances; sleeping too much or too little, insomnia
- Changes in appetite – eating too much or too little
- Physical symptoms – aches and pains, cramps, headaches, digestive issues, breast tenderness, bloating

- Lack of energy
- Feeling out of control
- Mood swings and feelings of tearfulness
- Panic attacks
- Feelings of tension
- Disinterest in daily activities and relationships

Postpartum Depression: This is a special form of depression that occurs after the birth of a baby – often referred to as the “baby blues.” Typical symptoms of depression begin in the months following birth, while in some women, they can occur while still pregnant.

Persistent Depressive Disorder: Considered a milder form of depression, this is an extended depressed mood that lasts for two years or more. Major depressive episodes (i.e., more severe forms of depression) may still occur during persistent depressive disorder.

Premenstrual Dysphoric Disorder:

Depression that is tied to a woman's menstrual cycle. In this form of depression, severe mood swings, anxiety, and negative thoughts present themselves in the week prior to the start of menstruation and dissipate once the menstrual period begins. Depressive symptoms are severe enough to negatively impact interpersonal relationships and interfere with daily activities. Some of the distinguishing factors in how depression differs between women vs. men include:

- Women feel anxious and scared; men feel guarded
- Women blame themselves for the depression; men blame others
- Women commonly feel sad, worthless, and apathetic when



depressed; men tend to feel irritable and angry

- Women are more likely to avoid conflicts when depressed; men are more likely to create conflicts
- Women turn to food and friends to self-medicate; men turn to alcohol, TV, sex, or sports to self-medicate
- Women feel lethargic and nervous; men feel agitated and restless
- Women easily talk about their feelings of self-doubt and despair; men hide feelings of self-doubt and despair-considering it a sign of weakness

There are a multitude of genetic, hormonal, psychological, and social factors that come into play when citing the cause of depression in women.

Biology and Hormones

Biologically speaking, depression runs in families – with scientific evidence that some genetic makeups are more prone to depression, whereas some genetic makeups are more resistant to it. Though, environmental factors are thought to interact with genetic predispositions. That is, just because you may be more prone to depression because of your genes, healthy family and social relationships can increase resilience.

Other biological and hormonal factors are also likely to increase your chances of suffering from depression. Issues with pregnancy, fertility, perimenopause, menopause, and menstrual cycles increase women's risk factors of developing depression. Most of these are due to hormonal imbalances and rapid fluctuations in reproductive hormones. Health problems, in general, especially those of chronic illness or disability can prompt depression in women, as can medical life changes –

such as frequent dieting and smoking cessation.

Psychological Causes

Women are more prone to psychological causes of depression than men. With a tendency to be more emotional, women are more likely to rehash negative thoughts during bouts of depression. While it is a normal response to cry, talk with friends, and rehash why it is you are in your depressive state, research has shown that ruminating about depression can cause it to last longer and even make it worse. In contrast, men tend to distract themselves from their depressive state – which has been shown to reduce the duration of symptoms. Additional psychological factors that tend to affect women over men are negative body images and stress-induced depression. Women are more prone to stress than men because their increased levels of progesterone have been shown to prevent stress hormones from leveling out. Negative body image issues usually begin in adolescence and seem to be correlated with the onset of puberty in women.

Genetics: If a woman has a family history of depression, she may be more at risk of developing the illness. However, this is not a hard and fast rule. Depression can occur in women without family histories of depression, and women from families with a history of depression may not develop depression themselves. Genetics research indicates that the risk for developing depression likely involves the combination of multiple genes with environmental or other factors.

Social Causes

Coping skills, choice of relationships, and lifestyle choices affect women differently than men. As a woman, you are more likely to develop depression from marital or relationship problems,

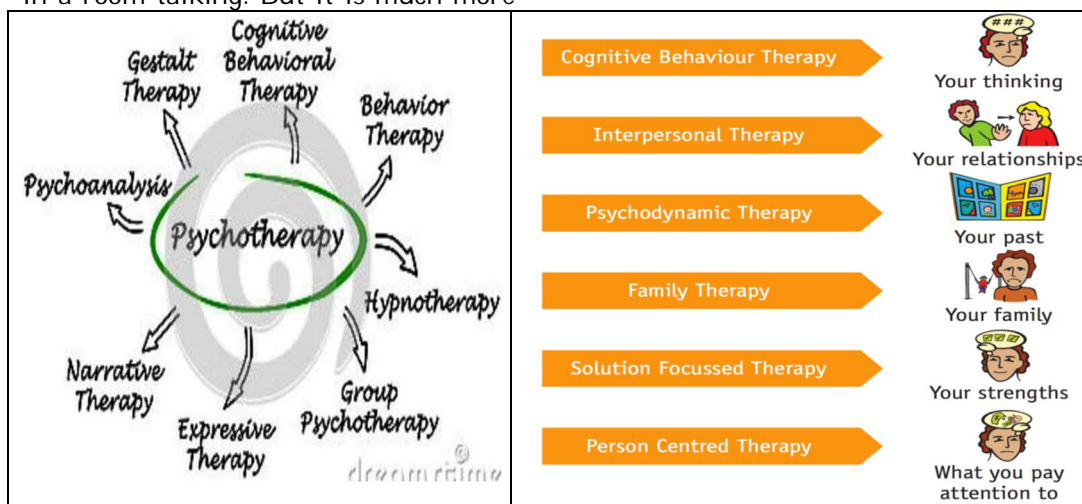
work-life balance issues, financial troubles, and stressful life events, including the loss of a loved one. In addition to the biological, psychological, and social causes of depression mentioned above, the National Institutes of Health indicate the following are also increased risk factors of depression in women:

- Death of a parent before age 10
- Job loss, relationship problems, divorce
- Physical or sexual abuse during childhood
- History of mood disorders
- Use of certain medications
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3. Psycho treatment on women caused by depression

Psychotherapy is often called "talk therapy" because it involves an individual and a psychotherapist sitting in a room talking. But it is much more

than that. Psychotherapists have training in a variety of techniques that they can employ to help people to recover from mental illness, resolve personal issues, and create desired changes in their lives. Psychotherapy can be an effective treatment for depression because it can help you delve into possible underlying reasons for depression and learn new coping skills. Many of the therapeutic modalities described below have evidence supporting their benefit in treating depression. There are many different types of therapy that can be effective in treating depression. The kind that is right for you can depend on a variety of factors, including the severity of your symptoms, your own personal preferences, and your therapy goals.



Cognitive Therapy

At the heart of cognitive therapy is the idea that our thoughts can affect our emotions. For example, if women choose to look for the silver lining in every experience, will be more

likely to feel good as opposed to if only focus on the negative. Negative thoughts can contribute to and exacerbate depression. It is hard to feel good when you are stuck in a constant loop of negative thoughts. Cognitive therapy helps people learn to identify



common patterns of negative thinking (known as cognitive distortions) and to turn those negative thought patterns into more positive ones, thus improving mood. Cognitive therapy is usually short-term and goal-focused. Therapy sessions are structured with a specific plan for each session, and there is "homework" practice to do outside of therapy. Cognitive therapy usually lasts between six to 18 weeks.

Behavioral Therapy

Where cognitive therapy is focused on the negative thoughts that contribute to depression, behavior therapy is centered on changing behaviors that affect emotions. One common focus of behavioral treatment for depression is behavioral activation. This entails helping patients engage in activities that will enhance their feelings of well-being.

Cognitive-Behavioral Therapy

Because cognitive therapy and behavioral therapy work well together to help depression and anxiety disorders, the two are often combined in an approach called cognitive-behavioral therapy (CBT). CBT focuses on addressing both the negative thought patterns and the behaviors that contribute to depression. Therapist may ask you to keep a journal to track the events of the week and any self-defeating and negative reactions to those events. Habitual negative responses to events (known as automatic negative reactions) are just one pattern of thinking you might address over the course of CBT. Other common response patterns include all-or-nothing thinking and overgeneralization. Like cognitive and behavioral therapy, CBT is usually brief

and goal-oriented. It generally involves between five to 20 structured sessions centered on addressing specific concerns. CBT sessions are often accompanied by "homework," which may include keeping a journal, practicing relaxation activities, completing readings, and using worksheets focused on specific goals. Research suggests that CBT can be effective in the treatment of depression and that it may have lasting effects that prevent future relapse of depressive symptoms

Dialectical Behavior Therapy

Dialectical behavior therapy is a type of CBT. Its main goal is to teach people with depression the skills to cope with stress, regulate emotions, and improve relationships with others. This type of psychotherapy also incorporates mindfulness practices from Buddhist traditions and the use of crisis coaching, in which an individual can call the therapist to receive guidance on how to handle difficult situations. As the person practices these new skills more and more, they will become better at handling these challenging situations on their own.

Psychodynamic Therapy

Psychodynamic therapy, also known as psychoanalytic therapy, assumes that depression can occur because of unresolved—usually unconscious—conflicts, often originating from childhood. The goals of this type of therapy are for the patient to become more aware of their full range of emotions, including contradictory and troubling ones, and to help the patient more effectively bear these feelings and put them in a more useful perspective. Unlike some of the other treatment approaches for depression,



psychodynamic therapy tends to be less focused and longer-term. This approach can be useful for finding connections in past experiences and seeing how those events might contribute to feelings of depression. This approach can also be helpful for building self-awareness and increasing certain emotional capacities.

Interpersonal Therapy

Interpersonal conflict and poor social support can also contribute to feelings of depression. Interpersonal therapy is a type of therapy that focuses on these issues by addressing past and present social roles and interpersonal interactions. During treatment, the therapist generally chooses one or two problem areas to focus on. This type of therapy is usually brief and involves examining social relationships with important people in your life. This can include your relationships with your partner, friends, family, and co-workers. The goal is to identify the role these relationships play in your life and find ways of resolving conflicts.

4. Experts consensus guidelines on treatment of depression in women:

Even the most severe cases of depression can be treated. Depression is commonly treated with medication, psychotherapy (also called "talk therapy"), or a combination of the two.

Depression among women with childhood sexual abuse histories has a chronic and treatment-refractory course, and is accompanied by high rates of comorbid illness and adult trauma exposures. Reducing the disproportionate burden of serious mental illness among depressed, traumatized women must be a priority

in community mental health settings. Effective treatments are needed

If you are a friend or family member of a woman with depression, you can offer emotional support, understanding, patience, and encouragement. But never dismiss her feelings. Encourage her to talk to her health care provider, and remind her that, with time and treatment, she can feel better.

Sadness is only a small part of depression. Some people with depression do not feel sadness at all. A person with depression also may experience many physical symptoms, such as aches or pains, headaches, cramps, or digestive problems. Someone with depression also may have trouble with sleeping, waking up in the morning, and feeling tired. Talk to your health care provider about these symptoms. Be honest, clear, and concise—your provider needs to know how you feel. Your health care provider may ask when your symptoms started, what time of day they happen, how long they last, how often they occur, if they seem to be getting worse or better, and if they keep you from going out or doing your usual activities. It may help to take the time to make some notes about your symptoms before you visit your provider.

Depression is a common but serious mood disorder. Depression symptoms can interfere with your ability to work, sleep, study, eat, and enjoy your life. Although researchers are still studying the causes of depression, current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Most people with



depression need treatment to feel better.

Women with depressive disorders during the childbearing years sometimes find themselves taking antidepressant medications at a time when they would like to conceive. Others may unexpectedly become pregnant while taking antidepressants. Still others may conceive while not taking medications, but find that they become depressed early in their pregnancies. In each of these situations, women may seek psychiatric consultation—so that clinicians are faced with the dilemma of how to advise their patients regarding the use of antidepressants during pregnancy.

Intimate partner violence (IPV) and depression are significant public health problems, yet there are no empirically tested treatments for community-based, clinically depressed women with IPV histories. It is suggested the viability of delivering IPT for IPV in a community agency, as well as its significant potential in reducing depressive symptom severity and interpersonal dysfunction. Therefore, IPT for IPV should be explored further as an effective treatment for depressed women with IPV histories.

Depression is a highly prevalent disorder that causes much personal distress and difficulties in functioning at home and in the workplace. In the workplace, as elsewhere, depression can manifest as a variation in normal mood, as a symptom, as a disorder. Occupational health professionals are more concerned with clinical depression, a term used to signify any type of

depression that causes significant personal distress and/or problems in functioning. Proper relations with smooth dealing practices avoid such problems.

The relationship of education to the experience of anxiety and depression throughout adult life is unclear. Our knowledge of this relationship is limited and inconclusive. Depression while education can avoid with systematic timings of reading hours. Everyone should follow the universal truth that “slow and steady win the race”.

You may feel exhausted, helpless and hopeless. It may be extremely difficult to take any action to help yourself. But it is important to realize that these feelings are part of the depression and do not reflect actual circumstances.

Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social or other activities. Set realistic goals for yourself. Break up large tasks into small ones, set some priorities and do what you can as you can. Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you. Expect your mood to improve gradually, not immediately. Do not expect to suddenly “snap out of” your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts. Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your



situation. Be confident that positive thinking will replace negative thoughts as your depression responds to treatment.

5. Conclusion

Women constitute two-thirds of patients suffering from common depressive disorders, making the treatment of depression in women a substantial public health concern. Depression is a highly prevalent disorder that causes much personal distress and difficulties in functioning at home and in the workplace. In the workplace, as elsewhere, depression can manifest as a variation in normal mood, as a symptom, as a disorder. Occupational health professionals are more concerned with clinical depression, a term used to signify any type of depression that causes significant personal distress and/or problems in functioning. Clinical depression is manifest in the workplace and adversely affects the employee's work satisfaction and performance. For most types of depression, women are at a higher risk than men.

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