

UNDERSTANDING DEPRESSION

Generally speaking, when mental health professionals use the term *depression*, it is the same thing as the following terms: *clinical depression*, *major depression*, or *unipolar depression*.

People who are clinically depressed are experiencing a profound and impairing disorder. This is different from the way that some people use the word in day-to-day social talk. For example, “I was so depressed that my favourite sports team lost yesterday” most likely indicates not a clinical depression, but a sense of temporarily feeling down in mood.

Although it is classified as a mood disorder, clinical depression also affects the person in *body*, *mind*, *socially* and *spiritually*. Clinical depression is far more than just feeling sad, as you can see in the following table:

Body	Behaviours	Feelings	Thinking	Spirituality
Restlessness and fatigue	Crying	Sadness, depressed mood	Shortened attention span	Sense of hopelessness
Sleep disruption	Agitation	Increased sensitivity to rejection	Forgetfulness	Critical, cynical outlook on the world
Appetite disruption	Social withdrawal	Guilt	Difficulty in decision making	Lack of meaningful experiences
Somatic concerns	No longer doing hobbies and interests	Hopelessness	Negative, critical thoughts about self, world and others	
Weight change	Poor self-care	Helplessness	More frequent mistakes at work	
“Moving through wet concrete”	Alcohol and drug abuse	Anxiety	Thoughts about suicide	
	Self-harming, risk-taking	Anhedonia		

Depression is quite treatable but we are faced with an important challenge: for the most part, it does not easily get better on its own. This is because *depression tends to be self-perpetuating*.

Depression always affects how people see themselves, others and the world at large.