

What is depression?

Depression is a severe and prolonged state of mind in which normal sadness grows into a painful state of hopelessness, listlessness, lack of motivation, and fatigue. It can vary from mild to severe. When depression is mild, we find ourselves brooding on negative aspects of ourselves or others. We may feel resentful, irritable or angry much of the time, feeling sorry for ourselves, and feeling that we need reassurance from someone. We may suffer various physical complaints that do not seem to be caused by any physical illness.

However, as depression worsens, feelings of extreme sadness and hopelessness combine with low self-esteem, guilt, memory and concentration difficulties to bring about a severely painful state of mind. To make things worse, we may experience change in basic bodily functions. The usual daily rhythms seem to go 'out of kilter': we can't sleep, or we sleep too much. We can't eat, or eat too much. Others may notice that we are agitated or slowed down, and we find our energy for activities that we used to enjoy hit 'rock bottom'. We may even feel that life is not worth living, and begin to get thoughts that we'd be better off dead.

The most commonly used treatment for major depression is antidepressant medication. It is relatively cheap, and easy for family practitioners (who treat the majority of depressed people) to use. However, once the episode has past, and we have stopped taking the antidepressants, depression tends to return, and at least 50% of those experiencing their first episode of depression find that depression comes back, despite appearing to have made a full recovery. After a second or third episode, the risk of recurrence rises to between 80 and 90%. Also, those who first became depressed before 20 years of age are particularly likely to suffer a higher risk of relapse and recurrence.

The main method for preventing this recurrence is the continuation of the medication, but many people do not want to stay on medication for indefinite periods, and when the medication stops, the risk of becoming depressed again returns. People are turning to new ways of helping them stay well after depression. To see what it is most helpful to do, we need to understand why it is that we may remain at high risk, even when we've recovered.

Why do we remain vulnerable to depression?

New research shows that during any episode of depression, negative mood occurs alongside negative thinking (such as 'I am a failure', 'I am inadequate', 'I am worthless') and bodily sensations of sluggishness and fatigue. When the episode is past, and the mood has returned to normal, the negative thinking and fatigue tend to disappear as well. However, during the episode a connection has formed between the mood that was present at that time, and the negative thinking patterns.

This means that when negative mood happens again (for any reason) a relatively small amount of such mood can trigger or reactivate the old thinking pattern. Once again, people start to think they have failed, or are inadequate - even if it is not relevant to the current situation. People who believed they had recovered may find themselves feeling 'back to square one'. They end up inside a rumination loop that constantly asks 'what has gone wrong?', 'why is this happening to me?', 'where will it all end?' Such rumination feels as if it ought to help find an answer, but it only succeeds in prolonging and deepening the mood spiral. When this happens, the old habits of negative thinking will start up again, negative thinking gets into the same rut, and a full-blown episode of depression may be the result.

The discovery that, even when people feel well, the link between negative moods and negative thoughts remains ready to be re-activated, is of enormous importance. It means that sustaining recovery from such depression depends on learning how to keep mild states of depression from spiraling out of control.