

**DEPRESSION AMONG WOMEN: SYMPTOMS, CAUSES, INTERVENTION AND PREVENTIVE STRATEGIES
BY GUIDANCE COUNSELLORS...Amaka S. Obineli**

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Introduction

The lives of different categories of individuals across the globe are affected daily by depression which seems to be common among men and women. Depression can be said to be an illness that fills the media news pages on an almost daily basis; and it comes with so much outcomes and consequences which have devastated so many families and communities. Jowit (2018) curiously asked what causes depression, who is susceptible and what the best treatment is? This paper shall discuss in details this aspect of depression as it concerns nursing mothers in our society, as well as seek preventive measures and treatments for such. In addition, guidance counsellors play major significant roles in the provision of strategies and solutions to the issues of depression in our communities. Parekh (2017) explained that depression (major depressive disorder) is a common and serious medical illness that negatively affects how an individual feel, the way he or she thinks and how act. The good thing is that depression is treatable, though it causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

It is pertinent to note that depressed people don't all shuffle around with a long face, or cry at any provocation. The Mental Health (2018), a United States government website, defines it as "losing interest in important parts of life". Symptoms include eating or sleeping too much or too little; pulling away from people and usual activities; having low or no energy; feeling numb or like nothing matters; feeling unusually confused, forgetful, on edge, angry, upset, worried or scared; and thinking of harming yourself or others.

Jowit (2018) quoted a visceral description of depression by the United Kingdom campaign group *Mind*: "It starts as sadness, and then I feel myself shutting down, becoming less capable of coping. Eventually, I just feel numb and empty." Depression is also often mixed with other health problems: long-term illness, anxiety, obsessive compulsive disorder or schizophrenia, for example. The term dysthymia is also used for mild, long-term depression – usually lasting two years or more.

Depression among people

According to Health line (2018) depression is classified as a mood disorder. It may be described as feelings of sadness, loss, or anger that interfere with a person's everyday activities. Mac Gill (2017) explained that sadness, feeling down, having a loss of interest or pleasure in daily activities - these are symptoms familiar to all of us. But, if they persist and affect our life substantially, it may be depression. Depression can affect both children and adults and can have its terrible outcomes if there is no intervention once it is detected in the life of the individuals. Sometimes depression can be attributed to people or individuals who are just sad or grieved because of certain incident or negative event in their lives.

Parekh (2017) argues that depression is different from Sadness or Grief/Bereavement. The author went ahead to state that the deaths of a loved one, loss of a job or the ending of a relationship are difficult experiences for a person to endure. It is normal for feelings of sadness or grief to develop in response to such situations. Those experiencing loss often might describe themselves as being "depressed." Parekh went ahead to stress that a woman being sad is not the same as having depression because the grieving process is natural and unique to each woman or individual and shares some of the same features of depression. Both grief and

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depression in a woman's life may involve intense sadness and withdrawal from usual activities, example, in Southeast Nigeria every woman looks forward to attending/participating in the family and village women monthly meetings; playing active role during the annual August meeting of church women from different communities. They are also different in important ways:

- In grief, painful feelings come in waves, often intermixed with positive memories of the deceased. In major depression, mood and/or interest (pleasure) are decreased for most of two weeks.
- In grief, self-esteem is usually maintained. In major depression, feelings of worthlessness and self-loathing are common.
- For some people, the death of a loved one can bring on major depression. Losing a job or being a victim of a physical assault or a major disaster can lead to depression for some people. When grief and depression co-exist, the grief is more severe and lasts longer than grief without depression. Despite some overlap between grief and depression, they are different. Distinguishing between them can help people get the help, support or treatment they need (Parekh, 2017).

The numbers of people recorded by the hospitals and counsellors in developed and developing societies with depression have been very alarming. Clinical depression has surged to epidemic proportions in recent decades, from little-mentioned misery at the margins of society to a phenomenon that is rarely far from the news. It is widespread in classrooms and boardrooms, refugee camps and inner cities, farms and suburbs. According to the Centers for Disease Control and Prevention (CDC), 7.6 percent of people over the age of 12 have depression in any 2-week period. This is substantial and shows the scale of the issue.

According to the World Health Organization (WHO, 2015), depression is the most common illness worldwide and the leading cause of disability. They estimate that 350 million people are affected by depression, globally. At any one time it is estimated that more than 300 million people have depression – about 4% of the world's population when the figures were published by the World Health Organization (WHO) in 2015. Depression is the leading global disability, and unipolar (as opposed to bipolar) depression is the 10th leading cause of early death, it calculates. The link between suicide, the second leading cause of death for young people aged 15-29, and depression is clear, and around the world two people kill themselves every minute.

While rates for depression and other common mental health conditions vary considerably, the US is the "most depressed" country in the world, followed closely by Colombia, Ukraine, the Netherlands and France. At the other end of the scale are Japan, Nigeria and China (MacGill, 2017). Furthermore, recent research points to myriad reasons, many overlapping: in particular less developed countries often lack the infrastructure to collect data on depression, and are less likely to recognise it as an illness. Furthermore, people in these countries are more likely to feel a social stigma against talking about how they feel, and are reluctant to ask for professional help. Statistics are also less simplistic than rich = depressed and poor = not depressed (Jowit, 2018).

Women and Depression

The World Health Organisation reported in 2015 that women are more likely to be depressed than men. This assertion WHO should not be seen as a surprise report because women are involved in so many activities at home, the farms, market, community setting and village square, and in any area of human endeavour that one can think of. Aside from the involvement in community activities to strive for daily living, these women are also faced with

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discriminations, gender bias, rape, victims of crimes, domestic violence of all sorts, and most especially poverty and illiteracy.

According to the United Nations Education, Scientific and Cultural Organization (UNESCO, 2004), the progress of a nation is affected by literacy level or rate of its adult citizens, including the women population. The overwhelming majority of the world's illiterate adults live in the less-developed regions of the world. Research published by UNESCO in 2004 illustrates the effects of girls' and women's education on children and their educational development at various stages from before birth to the school years. In the words of MacKaye as cited in Agba (2015) when you educate a woman, you educate a whole nation; and of course you reduce depression cases. There is therefore the need to discover and eliminate those factors responsible for women depression and find solutions – educational, medical, social and economic solutions.

Depression Symptoms and Causes (as it Concerns Women)

The issue of depression symptoms could affect both females and males. According to MayoClinic (2018) although depression may occur only once during your life, people typically have multiple episodes, especially women. The author reports that during these episodes, symptoms occur most of the day, nearly every day. For many women with depression, symptoms usually are severe enough to cause noticeable problems in day-to-day activities, such as work, home challenges, school, social activities or relationships with their husbands, relatives, friends and other people around them. Some women may feel generally miserable or unhappy without really knowing why.

Causes of Depression (as it concerns Women)

Gone are the days when people out of ignorance, illiteracy and poverty attribute depression to superstitious conditions, devilish situations that warrant only spiritual attention in the churches and family members end up mysteriously harm the woman rather than seeking for guidance counsellors and medical attention for a solution/treatment. The Guardian (2018) added that things have improved since people with mental illness were believed to be possessed by the devil and cast out of their communities, or hanged as witches. But there remains a widespread misunderstanding of the illness, particularly the persistent trope that people with depression should just “buck up”, or “get out more”. Pietrangelo and Legg (2018) collaboratively researched on depression and presented nine (9) types of depression and how they affect people, including women.

1. Major depression

Major depression is also known as major depressive disorder, classic depression, or unipolar depression. It's fairly common — about 16.2 million adults in the U.S. have experienced at least one major depressive episode. Unfortunately there are no appropriate data for depressed Nigerians. People with major depression experience symptoms most of the day, every day. Like many mental health conditions, it has little to do with what's happening around you. You can have a loving family, tons of friends, and a dream job. You can have the kind of life that others envy and still have depression.

Even if there's no obvious reason for your depression, that doesn't mean it's not real or that you can simply tough, it out.

It's a severe form of depression that causes symptoms such as:

- despondency, gloom, or grief
- difficulty sleeping or sleeping too much
- lack of energy and fatigue

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- loss of appetite or overeating
- unexplained aches and pains
- loss of interest in formerly pleasurable activities
- lack of concentration, memory problems, and inability to make decisions
- feelings of worthlessness or hopelessness
- constant worry and anxiety
- thoughts of death, self-harm, or suicide

These symptoms can last weeks or even months. Some people might have a single episode of major depression, while others experience it throughout their life. Regardless of how long its symptoms last, major depression can cause problems in your relationships and daily activities.

2. Persistent depression

Persistent depressive disorder is depression that lasts for two years or more. It's also called dysthymia or chronic depression. Persistent depression might not feel as intense as major depression, but it can still strain relationships and make daily tasks difficult.

Some symptoms of persistent depression include:

- deep sadness or hopelessness
- low self-esteem or feelings of inadequacy
- lack of interest in things you once enjoyed
- appetite changes
- changes to sleep patterns or low energy
- concentration and memory problems
- difficulty functioning at school or work
- inability to feel joy, even at happy occasions
- social withdrawal

Though it's a long-term type of depression, the severity of symptoms can become less intense for months at a time before worsening again. Some people also have episodes of major depression before or while they have persistent depressive disorder. This is called double depression. Persistent depression lasts for years at a time, so people with this type of depression may start to feel like their symptoms are just part of their normal outlook on life.

3. Manic depression, or bipolar disorder

Manic depression consists of periods of mania or hypomania, where you feel very happy, alternating with episodes of depression. Manic depression is an outdated name for bipolar disorder.

In order to be diagnosed with bipolar I disorder, you have to experience an episode of mania that lasts for seven days, or less if hospitalization is required. You may experience a depressive episode before or following the manic episode.

Depressive episodes have the same symptoms as major depression, including:

- feelings of sadness or emptiness
- lack of energy
- fatigue
- sleep problems
- trouble concentrating
- decreased activity
- loss of interest in formerly enjoyable activities
- suicidal thoughts

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Signs of a manic phase include:

- high energy
- reduced sleep
- irritability
- racing thoughts and speech
- grandiose thinking
- increased self-esteem and confidence
- unusual, risky, and self-destructive behavior
- feeling elated, “high,” or euphoric

In severe cases, episodes can include hallucinations and delusions. Hypomania is a less severe form of mania. You can also have mixed episodes in which you have symptoms of both mania and depression.

There are several types of bipolar disorder. Read more about them and how they're diagnosed.

4. Depressive psychosis

Some people with major depression also go through periods of losing touch with reality. This is known as psychosis, which can involve hallucinations and delusions. Experiencing both of these together is known clinically as major depressive disorder with psychotic features. However, some providers still refer to this phenomenon as depressive psychosis or psychotic depression.

Hallucinations are when you see, hear, smell, taste, or feel things that aren't really there. An example of this would be hearing voices or seeing people who aren't present. A delusion is a closely held belief that's clearly false or doesn't make sense. But to someone experiencing psychosis, all of these things are very real and true. Depression with psychosis can cause physical symptoms as well, including problems sitting still or slowed physical movements.

5. Perinatal depression

Perinatal depression, which is clinically known as major depressive disorder with peripartum onset, occurs during pregnancy or within four weeks of childbirth. It's often called postpartum depression. But that term only applies to depression after giving birth. Perinatal depression can occur while you're pregnant. Hormonal changes that happen during pregnancy and childbirth can trigger changes in the brain that lead to mood swings. The lack of sleep and physical discomfort that often accompanies pregnancy and having a new-born doesn't help, either.

Symptoms of perinatal depression can be as severe as those of major depression and include:

- sadness
- anxiety
- anger or rage
- exhaustion
- extreme worry about the baby's health and safety
- difficulty caring for yourself or the new baby
- thoughts of self-harm or harming the baby

Women who lack support or have had depression before are at increased risk of developing perinatal depression, but it can happen to anyone.

6. Premenstrual dysphoric disorder

Premenstrual dysphoric disorder (PMDD) is a severe form of premenstrual syndrome (PMS). While PMS symptoms can be both physical and psychological, PMDD symptoms tend to be

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mostly psychological. These psychological symptoms are more severe than those associated with PMS. For example, some women might feel more emotional in the days leading up to their period. But someone with PMDD might experience a level of depression and sadness that gets in the way of day-to-day functions.

Other possible symptoms of PMDD include:

- cramps, bloating, and breast tenderness
- headaches
- joint and muscle pain
- sadness and despair
- irritability and anger
- extreme mood swings
- food cravings or binge eating
- panic attacks or anxiety
- lack of energy
- trouble focusing
- sleep problems

Similarly, to perinatal depression, PMDD is believed to be related to hormonal changes. Its symptoms often begin just after ovulation and start to ease up once you get your period. Some women dismiss PMDD as just a bad case of PMS, but PMDD can become very severe and include thoughts of suicide.

7. Seasonal depression

Seasonal depression, also called seasonal affective disorder and clinically known as major depressive disorder with seasonal pattern, is depression that's related to certain seasons. For most people, it tends to happen during the winter months. Symptoms often begin in the fall, as days start to get shorter, and continue through the winter. They include:

- social withdrawal
- increased need for sleep
- weight gain
- daily feelings of sadness, hopelessness, or unworthiness

Seasonal depression may get worse as the season progresses and can lead to suicidal thoughts. Once spring rolls around, symptoms tend to improve. This might be related to changes in your bodily rhythms in response to the increase in natural light.

8. Situational depression

Situational depression, clinically known as adjustment disorder with depressed mood, looks like major depression in many respects. But it's brought on by specific events or situations, such as:

- the death of a loved one
- a serious illness or other life-threatening event
- going through divorce or child custody issues
- being in emotionally or physically abusive relationships
- being unemployed or facing serious financial difficulties
- facing extensive legal troubles

Of course, it's normal to feel sad and anxious during events like these — even to withdraw from others for a bit. But situational depression happens when these feelings start to feel out of proportion with the triggering event and interfere with your daily life.

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Situational depression symptoms tend to start within three months of the initial event and can include:

- frequent crying
- sadness and hopelessness
- anxiety
- appetite changes
- difficulty sleeping
- aches and pains
- lack of energy and fatigue
- inability to concentrate
- social withdrawal

9. Atypical depression

Atypical depression refers to depression that temporarily goes away in response to positive events. Your doctor might refer to it as major depressive disorder with atypical features. Despite its name, atypical depression isn't unusual or rare. It also doesn't mean that it's more or less serious than other types of depression. Having atypical depression can be particularly challenging because you may not always "seem" depressed to others (or yourself). But it can also happen during an episode of major depression. It can occur with persistent depression as well.

Other symptoms of atypical depression can include:

- increased appetite and weight gain
- disordered eating
- poor body image
- sleeping much more than usual
- insomnia
- heaviness in your arms or legs that lasts an hour or more a day
- feelings of rejection and sensitivity to criticism
- assorted aches and pains

It's not known exactly what causes depression in women but according to the US-based Mayo Clinic, as with many mental disorders, a variety of factors may be involved, such as *Biological differences, Brain chemistry, Hormones and Inherited traits*. Depression is more common in women whose blood relatives also have this condition. Researchers are trying to find genes that may be involved in causing depression (Mayoclinic, 2018).

Intervention & Prevention Strategies from Guidance Counsellors

Clinical Counsellors and health workers have the responsibility to encourage, support and promote strategies and methods of finding solutions to depression among the women population. Some depression modes are activated by aggressive situations, and the use of cognitive behavioural therapy technique by counsellors irrespective of the women's age can serve as a way of reducing whatever aggression tendency that can lead to depression.

Treatments

If any woman feels depressed or having suicidal thoughts: counsellors advise such a woman to go help immediately. She should make an appointment to see your guidance counsellor, see a doctor or mental health professional as soon as you can. As counsellors, we also encourage the individual lady (where there's no professional counsellor available in the vicinity) if they are reluctant to seek treatment, to talk to a friend or loved one, any health care

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professional, a church leader (priest, pastor, reverend father/sister) or someone else the woman trusts.

Aside from the counselling services that can be provided to depressed women in our communities, it is advisable to have referrals to doctors trained in medical circles to treat and provide medical attention to depressed patients. The WHO as cited by The Guardian (2018) estimates that fewer than half of people, including women with depression are receiving treatment. Many more will be getting inadequate help, often focused on medication, with too little investment in talking/counselling therapies, which are regarded as a crucial ally.

The most common counselling therapy is cognitive behavioural therapy, which breaks down the woman's overwhelming problems into situations, thoughts, emotions, physical feelings and actions to try to break a cycle of negative thoughts. Other types are interpersonal therapy, behavioural activation, psychodynamic psychotherapy and couples therapy. All talking therapies can be used on their own, or with medication. Away from the medical approach, doctors can prescribe physical activity or arts therapy, while some patients opt for alternative or complementary therapies, most popularly St John's Wort herbal pills, mindfulness and yoga (The Guardian, 2018).

Conclusion and Recommendations

It is important that any woman with depressive signs should immediately seek help from a counsellor or doctor. Less alcohol and drug addiction but more regular *Exercise*: Aim for 30 minutes of physical activity three to five days a week. Exercise can increase your body's production of endorphins, which are hormones that improve your mood. It is vital that women *Learn how to say no*: Feeling overwhelmed can worsen anxiety and depression symptoms in any woman. So always know how and when to set boundaries in your social, professional and personal life can help you feel better, and improve your self-esteem.

Take care of yourself: You can also improve symptoms of depression by taking care of yourself. This includes getting plenty of sleep, eating a healthy diet, avoiding negative people, and participating in enjoyable activities. Sometimes depression doesn't respond to medication. Your doctor may recommend other treatment options if your symptoms don't improve. These include *electroconvulsive therapy* to stimulate the brain and treat major depression, or transcranial magnetic stimulation to stimulate nerve cells and regulate your moods (Healthline, 2018).

UNESCO has progressively laid stress on adult education and the promotion of literacy among women (Agba, 2015), which this study strongly advocated as part of a good counselling strategy to help a depressed woman to overcome her condition than locking herself indoors, sulking. Literacy activities arouses the interest of learners in the holdings of evening programmes so as to acquire basic literacy, socialise and make new friends/acquaintances which could lead to reducing ones worries and stress.

Well-articulated government policies on Women Counselling with Centres are essential for promoting the training of women on life challenges. Such policy will include making sure that only qualified counsellors who have undergone professional clinical counselling in the field of Guidance and Counselling should organize women counselling sessions in workplaces, homes, hospitals and community centres, with the position to employ only those who are capable of providing effective counselling to women and their husbands.

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