

DEPRESSION AND MASSAGE

By Sarah Gerrish

DEPRESSION - WHAT IS IT?

There is no one single cause identified to explain why people suffer from depression. It is seen to manifest itself under a variety of circumstances and be due to many factors, these interact to produce a picture of depression.

Depression is primarily a psychological illness but bodily symptoms are very common in depressed persons. Very often, the symptoms may be more noticeable than the depressed mood itself, affecting virtually every organ in the body and often diagnosis is sought with no positive findings. Common complaints are headaches, general aches and pains and symptoms affecting multiple organs. Due to the persistence of these symptoms the patients move from doctor to doctor to seek a diagnosis at the cost of their time, energy and resources. They do not always admit to feeling depressed even when directly questioned and blame failures in modern medicine to detect the underlying persistent illness.

The patient may start to have feelings of inadequacy, guilt and shame. He/she may feel hopeless and that there is no possible solution to feeling better, and everything appears very black, there are no shades of grey. The logical way forward to many sufferers is suicide and the risk of this in any sufferer is substantial and should be taken seriously. The circumstances and personality of the patient, along with the severity of the depression, seems to determine if suicide is attempted or accomplished. Suicidal behaviour can be forms of death-related ideas, suicidal ideas, thoughts, plans, attempts or the completed act.

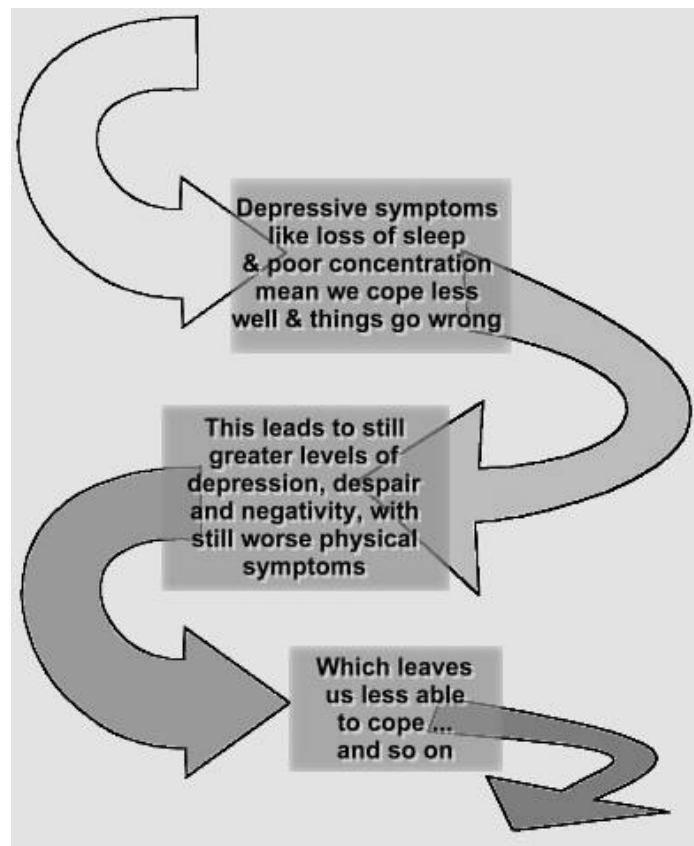
Suicide is the most disturbing consequence of depression, leading fifteen percent of its victims to die and killing them at a young age. The number of deaths from suicide does take into account the age at which death occurs. A major study by World Health Organization (WHO), the World Bank and Harvard University on the Global Burden of Diseases has found that depression was the fourth leading cause of disease burden in the 1990s worldwide, including fatal or non-fatal cases. Depression can be viewed as normal when it can be clearly associated with a certain event, for example a death, severe illness or bankruptcy. It is viewed as abnormal when nothing in particular can be attributed to it, it continues for a long time and interferes with daily life and seems disproportionately severe.

Depression can be incapacitating, often the first sign that someone is suffering from depression is impaired work performance. The sufferer experiences depression as qualitatively as opposed to grief or other understandable reactions to loss or adversity. There may be a history of other episodes in the past and a history of depression or suicide in the family.

Abraham Lincoln suffered from depression and stated:

"I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would be not one cheerful face on earth. Whether I shall ever be better, I cannot tell. I awfully forebode I shall not. To remain as I am is impossible. I must die or be better it appears to me."

CYCLE OF DEPRESSION



DIAGNOSIS

Currently depression is diagnosed if a person suffers from symptoms of lowered spirits, self-doubt, difficulty in concentrating and sleeping, decreased appetite and libido for at least fourteen days. More detailed examination is needed to establish whether the patient is reacting to life situations or has a depressive condition and the severity and type of it.

When diagnosing depression it is necessary to take other factors into account. A detailed examination needs to be undertaken to establish the context of the depression to enable a division to be seen between a mild case of the blues and a distinct condition. Various factors need to be taken into consideration including stressors ñ psychological support, family history, physical disorders, medication, alcohol and substance abuse. It should be determined if the patient entertains suicidal ideas and how grave these are, record the levels of functioning and the presence of psychotic features such as hallucinations or delusions.

Depression can be masked by alcohol or drug problems, with thoughts that this would help to fight a sinking mood people turn to alcohol, tobacco or drugs.

Depressive episodes can be classified as mild, moderate or severe or with psychotic features, depending on the nature and severity of the symptoms. The psychotic form of depression can display symptoms that the patient is out of touch with reality, suffering from delusions and hallucinations; about fifteen percent of patients with depression suffer from this 'psychotic form'. This may cause people to believe they deserve punishment, that they are worthless and that there is no hope of recovery. They can hear voices that tell them they are bad and threaten them; if these symptoms persist they are at major risk from suicide.

WHO DOES IT AFFECT?

Depression affects five to ten percent of the population at some point in their lives, affecting about one hundred and twenty one million people worldwide, and is among the leading causes of disability in the World. Eight to twenty percent of the population carries the risk of developing depression during their lifetime. Statistically more women suffer than men, although these numbers can be seen to be higher as many women suffer from post-natal depression. It usually occurs between the ages of twenty and forty years old, meaning the illness affects them during their most productive years of life. Race, gender, age background or ethnicity does not influence the prevalence of depression.

It is an illness, which can be very debilitating and seriously affect day-to-day lives of those who suffer from it.

HOW DOES IT HAPPEN?

Neurotransmitter imbalance.

Werner in her book *A Massage Therapist's Guide to Pathology* (2005) pp 225 tells us that:

The three main neurotransmitters thought to be associated with depression are serotonin, norepinephrine and dopamine. It is believed that if these neurotransmitters are in short supply, and if medical intervention makes them more readily available that the patient will recover. Some research opposes this and believes that too much of these neurotransmitters are being produced and the brain builds up a resistance to receiving them. Whichever is the case, the drugs which are prescribed for depression change the brain chemistry by increasing the accessibility of these important neurotransmitters.

Hormonal Imbalance

If the neurotransmitters are disrupted it leads to disruption in hormonal secretions of progesterone, oestrogen and endorphins - which increase the sensation of pleasure and cortisol - the hormone related to long-term stress. It is possible that the hormone changes associated with long-term stress can disrupt neurotransmitter activity.

Pituitary - adrenal axis

This is the interlinked connection between the central nervous system and the endocrine system. The adrenal glands are controlled by the pituitary gland under the control of the hypothalamus, by secreting a particular chemical ñ corticotrophin-releasing factor (CRF). Excessive amounts of CRF tend to be secreted by depressed people, which means that they can create a stress response to minimal stimuli, and those responses tend to have a longer-lasting effect on the body.

Atrophy in the Hippocampus

The structure deep in the brain involved with learning and memory is called the hippocampus. Again in persons with a depressive disorder the hippocampus is shown to be smaller, often showing twenty percent atrophy. Hippocampus atrophy can have various effects but it is thought that it may be linked to long-term stress and the hyper secretion of cortisol.

RISK FACTORS FOR DEPRESSION WHO (2007)

Research has identified certain risk factors which increases the chance of depression. Each factor may not be significant in itself, but multiple risk factors together may lead to depression.

Biological factors

Depression is a central nervous system disorder involving a genetic predisposition, chemical changes and often involving a strong environmental trigger. The result of which is the inability of the sufferer to enjoy life.

It is not really known how depression comes about. In individuals suffering from depression several features have been noted in the brain and endocrine system, but whether these features are caused by the problem or are a symptom of it is unknown. However the more that is learnt about the chemical changes associated with depression new ways are learnt to treat it. There are many external influences, which can be seen to be attributed to depression.

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Genetic factors

It can be hereditary, if both parents suffer from depression there is a fifty to seventy percent chance that a child will also suffer, as opposed to ten to fifteen percent if depression runs in the family and one to two percent in the general population. It is also the case that some people suffer from depression where there is no family history so genetic factors do not always play a role. An illness in younger years such as glandular fever or flu can trigger depression in younger people.

Psychological Factors

It is logical, since depression is a psychological disorder to look for a cause among psychological factors. How a person thinks, their personality and pre-disposition, their view of life and their future can add to the picture of depression.

Social Stressors

Life events such as bereavement, traumatic events, injury or circumstances such as being alone with no friends can lead to depression. It is normal to feel depressed after a distressing event. Other stressors can be chronic stress and life's daily hassles. Chronic stress includes long-term situations that threaten a person's well-being, for example living in a war zone. Different stressors affect individuals in different ways, it is the perception of the event more than the event itself.

Gender, as I have already mentioned, can be a determining factor, with women being affected more than men, this could also be because men might find it harder to talk about their problems and seek help than women.

Alcohol often disguises the fact that someone is suffering from depression, it can be used as a barrier to lift the mood but this can be dangerous as alcohol is a depressant itself and can lead to erratic and sometimes dangerous behaviour. Separation and divorce, pregnancy and childbirth and retirement are all stressful life events, which are thought to be probable causes of depression.

Age can be seen as a determining factor with the average onset of depression being between twenty and forty as mentioned. Many studies have confirmed that depression can also occur in childhood

Marital status can be a contributory factor with single and married persons carrying the lowest risk of depression whilst separated and divorced persons carry the highest risks, with recently widowed persons also relatively high. However, the relationship of marriage and the onset of depression may be complex, with many associated variables such as quality of relationship, partnership, children and adequacy of support during crises determining the outcome.

Loss of a parent or parents in childhood; a deprived or disrupted home life; traumatic childhood experiences - such as neglect or abuse - can lead to a child growing up without the mechanisms to cope with life and can lead to depression in adulthood.

Lack of adequate social support can be seen to prolong the suffering caused by depression.

SIGNS & SYMPTOMS

The signs and symptoms suffered by depressed persons include losing interest in anything they do, difficulty in getting out of bed in the morning and being motivated to start the day, irritability, withdrawn from those around them, feeling unhappy most of the time, feelings of hopelessness, a disrupted sleep pattern, awaking early and not able to go back to sleep, being constantly tired, loss of appetite, loss of weight, loss of interest in sexual intercourse, feeling useless and inadequate, feelings become worse at certain times of the day, usually mornings or evenings and thoughts of suicide. They may become disinterested in their appearance, for example not bothering to shave, not brushing their hair or bothering about what they wear.

Women may complain of irregularities of the menstrual cycle. Bowel irregularity, especially constipation, may be a distressing symptom in those cultures where daily movement of the bowel is a mark of health. Slowness of thought and action is a very common disturbance manifested by paucity of spontaneous movements, slumped posture, downcast gaze, excessive fatigue, reduced speech, and taking more time to respond.

People who are depressed explain it as a progressive loss of pleasure or interest in activities they would normally find enjoyable - going for a walk, socialising with friends, playing sports. They would describe their mood as anxious, irritable, depressed or anguished.

Sufferers find it hard to admit to feeling sad particularly if they feel there is no particular reason for them to feel so, and people suffering from depression are also aware of the social stigma that the illness is associated with even today. People who do not suffer from depression find it very hard to understand what the patient is going through and especially when there appears to be no event or cause to promote it. Telling sufferers to cheer up or pull themselves together is not helpful in any way.

Others may notice a difference in someone exhibiting signs of depression, that they have negative responses to most situations, become irritable and cannot concentrate,

A person suffering from depression may not show all these signs and symptoms but the way they are feeling affects every day life and others around them. It may not be an illness that we recognise in ourselves as often sufferers blame themselves and think they are being lazy or hopeless, often it needs to be recognised by family members and sufferers should be encouraged to seek assistance and a diagnosis.

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TYPES OF DEPRESSION

Seasonal depression

Our body is regulated by circadian rhythms, which depend on the seasons and length of the day; these rhythms control functions such as sleep and temperature regulation. People suffering from Seasonal Affective Disorder (SAD) are lethargic and tend to eat and sleep excessively, as well as suffering from other symptoms of depression. This is thought to be due to light deprivation and light treatment as well as medication can be prescribed for treatment.

Postpartum depression

Just after a child is born is a time when about ten percent of women develop postpartum depression. It is distinguished from 'baby blues', which about fifty percent of women suffer from immediately after giving birth, by a history of family depression or other mood disorders. Mothers may feel particularly guilty about not being able to respond to the needs of their baby.

Childhood Depression

Depression in children was not recognized initially, but research now shows that children and young adolescents are susceptible to depression and it is quite common. The risk of occurrence of major depression is between fifteen and twenty percent among children and adolescents, which is almost similar to that of adult populations. Complicating the picture, however, is the fact that a large number of children and adolescents suffering from depression have other associated psychiatric illnesses such as anxiety, disruptive behaviour and drug abuse. The symptoms of depression among this group remain largely the same as in an adult group; however, most of the manifestations due to the illness pertain to adjustment with peers and friends, problems in school, and indifferent or deteriorating scholastic performance. Children also appear sad, cry easily, manifest loss of interest and withdrawal, complain of bodily symptoms, and express pessimistic ideas. However, suicide among children has remained infrequent, yet a disturbing rising trend has been observed in the last one decade, and suicide is reported to be the third leading cause of death among adolescents in the western world.

Depression in the elderly

Depression among the elderly frequently remains undetected, it is often attributed to the ageing process and no treatment is sought or provided. Depression occurs frequently amongst the medically ill elderly population where nearly thirty percent have associated depression. Approximately twenty percent of people over sixty have depressive symptoms and is common amongst the residents of care homes. Elderly people have a higher risk of suicide than the general population.

Depression and medical illnesses

Taken from research by the World Health Organization (2007) the rate of occurrence of depression among medically ill persons is much higher than in the general population. Nearly thirty percent of persons suffering from various illnesses simultaneously suffer from depression. Excessive utilization of medical services due to the onset of depression in medically ill persons tends to increase the cost of treatment. Depression also negatively affects the outcome of the physical disorder by increasing the suffering of the patient. The features of depression can be easily identified; however, some problem may arise at times, since many symptoms usually seen in depression, such as weight loss, sleep disturbances, lack of energy and excessive anxiety and concern over physical symptoms, are also caused by the primary medical disorder. It is not entirely clear how a medical disorder and associated depression are related. The illness may directly cause depression or it may just trigger off depression in a vulnerable individual; a person may psychologically react to a particular disease and become depressed; or some drugs being used to treat the disease may cause depression as a side effect. Some of the common medical disorders more often associated with depression are brain disorders, hormonal disorders, heart disease, chronic pain and cancer.

Many brain disorders have consistently been shown to be associated with depression during the course of the illness. Thus, stroke, Parkinson's disease, Huntington's chorea, dementia, head injury, and certain brain tumours are often associated with depression.

A variety of hormonal diseases (diabetes, thyroid disorders, adrenal gland disease) are associated with depressive symptoms or depression. Depression may be the first manifesting symptom of these disorders in a number of cases.

The relationship of depression and other psychological factors with heart disorders is quite complex. Many psychological factors, including stress, personality factors, substance abuse with tobacco and alcohol, and depression, may precede the occurrence of a heart disease or accompany it during the course of the illness. The number of patients of various forms of depression who have had a heart attack is estimated at above forty percent. Unfortunately, depression in these patients is seldom diagnosed or treated.

The diagnosis of cancer can be as catastrophic as the news of the death of a loved one. The initial reaction of the individual is shock and denial, which is generally followed by anxiety, depressed mood, poor concentration, and impairment of daily activities. Such an emotional reaction is normal and expected, and with social support it is usually resolved within a few weeks; however, studies on cancer patients have revealed that as much as forty percent of these patients may have mild or moderate degrees of depression. Advanced stage of cancer is associated with marked disability and discomfort and such patients are more often prone to depression. Many drugs used in the treatment of cancer have depression as their side effect. It is possible that cancer patients run an additional risk for suicide if the illness occurs in a setting of pre-existing depression, advanced age, poor social support, family history of depression and suicide, disfigurement due to disease or surgery, and severe pain.

Patients who have suffered from chronic pain, as in advanced arthritis or some forms of cancer, are at a high risk for depression.

Thus, patients suffering from a primary medical illness are more vulnerable to depression. Since most often it remains undetected, clinicians should assess the risk of depression and suicide in these high-risk patients.

Depression during pre-existing medical disorders

Depression occurs in approximately thirty percent of patients with other medical disorders. The presence of depression increases the cost of medical services. Depression increases the suffering due to primary medical disorders. Patients with long-term medical illnesses are at increased risk for concurrent depression. Depression occurring in the setting of a physical disorder remains unrecognized and untreated in a significant number of cases

TREATMENT

The World Health Organization tells us that with the advancement in pharmacological sciences and a better understanding of the biochemical basis of depression, a number of drugs have been introduced for the treatment of depression and prevention of relapses on a long-term basis. However, it is ironic that even in the affluent west, only one-third of persons with such disorders are under appropriate treatment. The situation is worse in the countries of South-East Asia, where such cases remain under diagnosed and under treated, despite the fact that these drugs are now quite affordable and easily available everywhere. The reasons usually cited for this state of affairs are:

- Patient's disbelief in medications;
- Sense of hopelessness;
- Viewing illness as untreatable;
- Physician's failure to recognize illness;
- Illness factors like marked lethargy, disinterest and death wishes;
- Poor recognition of consequences, and
- Society's negative attitude towards illness and medication.

It is usually your GP who would be the first port of call; once depression had been successfully diagnosed there are several well-established treatments available to alleviate symptoms effectively. Antidepressant drugs, psychotherapy or a combination of the two might be prescribed. Yoga, meditation, massage and naturopathy are used as supportive measures.

SELF HELP

The treatment of depression and the prevention of further recurrences require planning and require a strong commitment from the patient as well as the doctor. The patient needs to be motivated to follow a plan, which will help them recover. It is important for them to realize that depression can be as much of an illness as pneumonia or breaking your leg, it is common and treatable. It is important for the sufferer to realize that help is available. There are certain steps that the sufferer can take to help themselves in conjunction with medical attention. The following advice comes from the Royal College of Psychiatrists leaflet on Depression

- Don't bottle things up - if you've had a major upset in your life, try to tell someone how you feel about it.
- Keep active - get out of doors and take some exercise, even if it's only a walk. This will help to keep you physically fit and you will sleep better. It can also help you not to dwell on painful thoughts and feelings.
- Eat properly - you may not feel very hungry, but you should eat a balanced diet, with lots of fruit and vegetables. It's easy to lose weight and run low on vitamins when you are depressed.
- Avoid alcohol and drugs; alcohol may make you feel better for a couple of hours, but it will make you more depressed in the long run. The same goes for street drugs, particularly amphetamines, cocaine and ecstasy.
- Don't get upset if you can't sleep - do something restful that you enjoy, like listening to the radio or watching television. Use relaxation techniques; if you feel tense all the time, try exercise, yoga, massage, aromatherapy etc.
- Do something you enjoy - set some time aside regularly each week to do something you really enjoy: exercise, reading, a hobby.
- Check out your lifestyle - a lot of people who have depression are perfectionists and tend to drive themselves too hard. You may need to set yourself more realistic targets and reduce your workload.
- Take a break though this may be easier said than done. It can be really helpful to get away and out of your normal routine for a few days. Even a few hours can be helpful.
- Read about depression. There are now many books and websites about depression. Not only can they help you to cope, but they may also help friends and relatives to understand what you are going through.
- Remember, in the long run, depression can be helpful. Some people come out of depression stronger and coping better than before. You may see situations and relationships more clearly, and may now have the strength and wisdom to make important decisions and changes that you were avoiding before.

OTHER SUPPORT

The family plays a very important role in helping a depressed person overcome their illness and can help in the following ways:

- By recognition of the onset of depression
- Ensuring that help is sought initially from your GP
- Provide support and supervision to reduce the risk of suicide
- Helping the patient to resume their daily activities
- Being aware of the guidance and help that is available to prevent a further occurrence.

Depressed persons should never be accused of laziness or of faking illness, or be expected to just shrug off the symptoms. Eventually, with treatment most people get better. The depressed persons should be reassured that, with time and help, they will get better. The depressed family member must be reassured that he/she is cared for.

Living with a person who has depression can be a great strain on the caregiver or family member. The illness may give the impression that the patient is being uncooperative or hostile. If possible, family members should take turns to look after the patient's needs so that one family member does not feel overburdened. Family members should alleviate their own stress by remaining focused on events and activities requiring their attention.

In spite of its common occurrence in the community, depression remains unrecognized and poorly treated even by doctors. It is thus imperative that the medical community is better informed about the manifestations of illness, process of diagnosis and proper management of depression. Many myths and misconceptions associated with depression are also shared by medical personnel. Their role is significant in fighting the stigma caused by these disorders.

MASSAGE

Massage can help persons suffering from depression in several different ways.

Massage generally moves the body from a sympathetic to parasympathetic state which, with the help of the endocrine system, brings about chemical changes in the body and hence psychological changes to relieve the symptoms of long-term stress, increasing serotonin and decreasing cortisol. Receiving massage is an important way for people to keep a healthy stress response.

Research carried out on thirty two depressed adolescent mothers who received ten, thirty minute sessions of massage therapy or relaxation therapy over a five-week period, where subjects were randomly assigned to each group, that although both groups reported lower anxiety following their first and last therapy sessions, only the massage therapy group showed behavioural and stress hormone changes including a decrease in anxious behavior, pulse, and salivary cortisol levels. A decrease in urine cortisol levels suggested lower stress following the five-week period for the massage therapy group.

Research into how massage affects moods shows that there is a shift in electroencephalogram EEG activation from the right frontal lobe, usually associated with sad effect to the left frontal lobe, usually associated with happy effect, or a least to a symmetric reading.

Further research with a group of fifty two hospitalized depressed and adjustment disorder children and adolescents, who were given a thirty minute back massage daily for a five day period, shows that compared with a control group who viewed relaxing videotapes, the massaged subjects were less depressed and anxious and had lower saliva cortisol levels after the massage. In addition, nurses rated the subjects as being less anxious and more cooperative on the last day of the study, and nighttime sleep increased over this period. Finally, urinary cortisol and norepinephrine levels decreased, but only for the depressed subjects. Depression is inextricably linked with complex emotional issues and the Massage Therapist needs to be aware of this and ensure the boundaries of the client-therapist relationship do not become distorted. Therapists have an obligation to refer clients for other kinds of help to prevent the client-therapist relationship becoming more central to the client's life than it should be.

Massage Therapy is a good choice for depressed persons as it is very pleasurable for them and can be seen to be beneficial. In a scenario where the patient might need drug therapy to help them with their illness, it is a treatment which has very little risk of any adverse reactions and is a positive step depressed clients can take in aiding their recovery.

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