

Understanding Depression Determinants and Coping Strategies: Implications for Counselling

¹Bitrus Patience Yankat
yankat50@gmail.com

¹Grace Onyowo Ugboha, Ph.D
mrsgraceabah@gmail.com

¹Department of Educational Foundations
Faculty of Education
University of Jos, Jos

Abstract

Depression is a pervasive mental health disorder affecting millions worldwide, causing significant distress, impairment, and economic burden. It is a complex mental health disorder influenced by a multifaceted array of determinants, including biological, psychological, social and environmental factors. Despite its prevalence, depression's complex determinants remain poorly understood, hindering the development of effective prevention and treatment strategies. This paper aims to explore the key determinant of depression, including genetic predisposition, neurotransmitter unbalance, and stressful life events; the article also explores social support and coping mechanisms for depression. Specifically, effective coping strategies and the implications of these findings for counselling practice are discussed, highlighting the importance of personalized and holistic approaches to treatment. By understanding the interplay between depression determinants and coping strategies, counsellors can develop targeted interventions that promote resilience, improve mental health outcome and enhance overall well-being. The paper recommends that individuals should adopt healthy lifestyles like regular exercise, maintain a balanced diet, and prioritize sleep. The society should provide social support systems and resources to help individuals cope with stress and depression. Counsellors should assess clients' coping styles and self-efficacy to identify depression risk and tailor interventions accordingly.

Keywords: depression, determinants, coping, strategies, counselling

Introduction

Depression is a complex and multifaceted mental health disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in activities. It can affect a person's thoughts, feelings, behaviour, and overall well-being. Depression is a complex and multifaceted mental health disorder affecting millions of individuals

worldwide, with far-reaching consequences for personal well-being, relationships, and societal productivity (World Health Organization, 2020). Despite its prevalence, depression remains poorly understood, and its determinants are often oversimplified or stigmatized (National Institute of Mental Health, 2020). Depression can be temporary or long-term. It is also known as depressive disorder. Depression is classified as a mood disorder, which may be described as feelings of sadness, loss or anger that interfere with a person's everyday activities. It is an ongoing problem which consists of episodes during which the symptoms last for at least two weeks. According to American Psychiatric Association (APA) (2013), depression is a common and serious medical illness that negatively affects how an individual feels, thinks and acts.

The word depression comes from a Latin word "depression" which means sinking. It is a mood disorder that varies from normal transient low mood in daily life to clinical symptoms with severe and significant duration with associated signs and symptoms marked differently from normalcy. Depression is also known as a disease characterized by decayed mood as its main symptomology. Other symptoms include: painful experience, bad humour, anguish, panic attacks, performance delay of various psychic and cognitive functions, tendency to isolation, demotivation, apathy, hopelessness, negative thoughts, delusions, state of dejection and unhappiness. In depression, mood and interest are decreased for up to two weeks with a feeling of worthlessness and self-loathing (APA, 2013). Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationship with family, friends and community. It can result from or lead to problems at school and at work.

Depression can affect anyone regardless of social status, age, ethnic group, socio-economic status, parental upbringing, among others. People who have lived through abuse, severe losses or other stressful events are more likely to develop depression. Everyone at some point has experienced a sad mood. This short period of sadness is not uncommon as humans struggle with different life challenges, marital pressure, raising kids, occupational difficulties, among others. However, when this sadness goes beyond two weeks, it becomes of great concern because of its significant health consequences. Depression is considered a serious medical condition that can get worse without proper treatment. It is more than feeling unhappy or fed up for few days. Sometimes it is being misunderstood as trivial or something imagined and fake. However, this is a wrong assertion because depression is real with real symptoms. It is neither a sign of weakness, as people wrongly assume, nor something one can easily snap out of on their own by putting themselves together. Depression is a common mental illness worldwide with more than 264 million people of all ages affected. It is the leading cause of disability worldwide

and a major contributor to the overall global burden of mental disorder (Global Data Base, 2018).

The following could serve as significance of depression as noted by researchers:

- i) **Commonality:** Depression is a widespread condition affecting millions worldwide, making it a significant public health concern (APA, 2013; Global Data Base, 2018).
- ii) **Impact on daily life:** Depression can interfere with daily functioning, relationships, work, and overall quality of life (WHO, 2020).
- iii) **Comorbidity:** Depression often co-occurs with other mental health conditions, like anxiety, and can increase the risk of physical health problem (Katona et al., 2005).
- iv) **Economic burden:** Depression imposes a significant economic burden on individuals, families, and society due to lost productivity, healthcare costs, and reduced economic activity.
- v) **Stigma and awareness:** Depression helps raise awareness about mental health, reducing stigma and promoting understanding and support for those affected.
- vi) **Treatment and recovery:** Depression is treatable and seeking help is essential for recovery and regaining control over one's life.

Effective counselling interventions require a nuanced understanding of the interplay between genetic, environmental, psychological, and social factors that contribute to depression (Hammen, 2005; Kendler et al., 2018). Moreover, recognizing the diverse coping strategies employed by individuals is crucial for developing tailored therapeutic approaches (Lazarus & Folkman, 1984).

This paper aims to provide a comprehensive examination of the determinants of depression and coping strategies exploring their implications for counselling practice. By synthesizing theoretical perspectives and empirical findings, this paper seeks to inform counsellors and mental health professionals in their efforts to support individuals navigating the complexities of depression. Determinants of depression include genetic factors which involve family history and genetic predisposition. Brain chemistry has to do with imbalance of neurotransmitters like serotonin and dopamine (Higuera, 2023). Life events, such as trauma, stress, loss and significant change can also cause depression. Another cause is one's personality, such as low self-esteem, perfectionism, and negative thought patterns. Others include environmental factors, like social isolation, lack of support and chronic stress, medical conditions, such as chronic illness, pain, and medication side effects. Furthermore, substance abuse, such as alcohol and drug abuse or dependence can be a determinant (Kessler et al., 2003).

Theoretical framework

This paper is anchored on three theories of biopsychosocial model, cognitive behavioural theory, and attachment theory.

Biopsychosocial model – This model was propounded by Engel (1977). To understand the determinants of depression and coping strategies, the biopsychosocial model posits that depression results from the interplay between biological, psychological, and social factors. Biological factors, according to the model, include genetics, such as inheritance of genetic predispositions by individuals, or neurochemistry which includes imbalances in neurotransmitters like serotonin and dopamine. The biological factors also include changes in brain regions like the hippocampus and amygdala and medical conditions such as chronic illness, pain, or sleep disorder (Sullivan et al., 2000; Belmaker & Agam, 2008).

The model further asserts that psychological factors include thoughts and beliefs of the individuals, such as negative self-talk, rumination and low self-esteem; emotions like difficulty regulating emotions and emotional reactivity. Also, personality traits such as perfectionism, neuroticism, and low resilience are identified. Coping mechanisms like ineffective coping strategies, avoidance, and substance abuse. More so, social factors include social support, like lack of supportive relationships or social isolation. Life events, such as trauma, stress, or significant life changes are in this category. There is also environment which has to do with access to resources, socioeconomic status, and cultural norms. Social factors further include interpersonal relationships, such as conflict, abuse, or neglects.

The biopsychosocial model explains the coping strategies of biological factors to include medication, exercise, or sleep hygiene; psychological factors involved cognitive-behavioural therapy (CBT), mindfulness, or relaxation techniques; while social factors include social support networks, group therapy, or support groups. By understanding the biopsychosocial model, individuals can better appreciate the complex interplay of factors contributing to depression and develop effective coping strategies to manage symptoms and improve mental health.

Cognitive Behavioural Theory

The second theory is Cognitive Behavioural Theory (CBT) which is a valuable framework for understanding depression determinants and coping strategies. The proponent of Cognitive Behavioural Theory (CBT) is Aaron Beck, who first introduced the theory in 1967. However, it was further developed and popularized by other notable psychologists such as Albert Ellis (Rational Emotive Behaviour Therapy) and Donald Meichenbaum (Cognitive Behavioural Modification). The theory postulates that thoughts (cognitions),

such as negative thought patterns, distorted beliefs, and unhelpful attitudes contribute to depression. Emotions, including feelings of sadness, hopelessness, and helplessness, arise from thoughts and beliefs, illustrating the idea that cognitive processes precede and shape emotional experiences (Beck, 1967; Beck et al., 1977). It also includes behaviours - maladaptive behaviours - such as avoidance or substance abuse; these reinforce depression. More so, environmental factors and learning experiences shape thoughts, feelings and behaviours.

Depression determinants, according to this theory, include negative thoughts patterns such as rumination, catastrophizing, and all-or-nothing. Cognitive distortions including biased thinking, such as overgeneralization or self-blame, contribute to or maintain depression. Low self-esteem, such as negative self-image and self-criticism, also contributes to depression. Also, learned helplessness including feelings of powerlessness and hopelessness developed from repeated experience of failure or trauma, also contributes to depression.

The theory pegged coping strategies to include cognitive restructuring, where an individual can identify and challenge negative thoughts, replacing them with balanced and constructive ones. Behavioural activation is another. Here, one needs to engage in activities that promote pleasure, mastery, and social interaction. The coping strategies also include problem-solving, where one can develop effective copings skills and strategies to manage stress and adversity (Lazarus & Folkman, 1984). Also, self-compassion is another coping strategy put forward by this theory. This demands practicing self-kindness, understanding, and patience to enhance self-esteem and resilience. There is also mindfulness, where individuals can develop present-moment, and awareness to reduce rumination and increase emotional regulation (Hofmann et al., 2010). By understanding CBT, individuals can identify and challenge negative thought patterns, and develop more adaptive coping strategies. Enhancement of self-esteem and self-compassion are also possible.

Attachment theory

Attachment theory developed by John Bowlby and Mary Ainsworth (Bowlby, 1969 & 1988), explains how early relationships with caregivers shape attachment styles, influencing depression determinants and coping strategies. According to attachment theory, healthy relationships characterized by responsiveness foster a series of safety and security, shaping attachment styles. In the anxious-preoccupied attachment style, inconsistent or overly responsive caregiving can lead to the development of anxiety and clingy behaviour. Another is dismissive, which involves avoidant, emotionally unavailable or neglectful caregiving. This leads to emotional suppression and avoidance.

Also, fearful-avoidant, where traumatic or unpredictable caregiving leads to fear, anxiety, and avoidance. The disorganized-disoriented attachment style is often a result of severe neglect or trauma, leading to challenges in regulating emotions and behaviours.

Attachment provides a framework for understanding how early relationships influence the development of depression determinants and coping mechanisms. According to the theory, insecure attachment, such as anxious, avoidant, or disorganized attachment styles increase depression risk. A Negative internal working model, shaped by insecure attachment, can foster a negative self-view, increasing the risk of depression. Also emotional dysregulation which involves difficulty managing emotions, stemming from insecure attachment, leads to depression. Avoidant or fearful attachment styles can lead to social isolation, as individuals withdraw from social connections and relationships.

According to attachment theory, coping strategies may include:

- a) Emotionally Focused Therapy (EFT), which targets attachment issues, promoting a more secure attachment styles.
- b) Attachment-Based Psychotherapy, which focuses on developing a more secure attachment style and improving emotional regulation.
- c) Mindfulness and self-compassion: This helps develop emotional awareness and self-kindness, mitigating depression.
- d) Social support: Building and maintaining supportive relationship can help compensate for insecure attachment.
- e) Cognitive-Behavioural Therapy (CBT): This helps individuals identify and challenge negative thought patterns, developed through insecure attachment.

Implications of all these can be seen in early intervention, which implies that addressing attachment issues in childhood and adolescence can prevent depression. Attachment-informed therapy offers a promising approach to addressing depression by exploring and reworking attachment patterns and internal working models. Here, therapists should consider attachment styles when developing treatment plans. To mitigate depression risk, it is essential to focus on developing effective emotional regulation strategies, enabling individuals to manage their emotions in a healthy and adaptive way. Fostering social connection and encouraging strong social support networks can help individuals develop more secure attachment styles, leading to improved emotional well-being.

By understanding attachment theory, individuals can recognize how early relationships shape attachment styles, and also identify how insecure attachment contributes to depression. Furthermore, individuals can develop more effective coping strategies, focusing on emotional regulation and social connection.

Determinants of depression

Depression is a complex condition influenced by multiple factors. The following determinants are explored in this paper:

1. Genetic factors: Research shows that genetic predisposition and family history play a significant role in depression, with heritability estimates ranging from 40% to 50% (Sullivan et al., 2000). Depression has a biological component. According to Collins (2007), depression often has physical basis. It is also believed that lack of sleep, insufficient exercise, and the side effects of drugs, physical illness, or improper rest can all create depression (Sullivan et al., 2019).

2. Environmental stressors: In most cases, loss of a loved one, divorce, remarriage, physical, emotional or sexual abuse which can cause distress or trauma, or even just a major change in lifestyle can trigger depression in a vulnerable individual. Trauma, social isolation, and chronic stress contribute to depression (Heim & Nemeroff, 2001; McEwen, 2000). These affect mood, behaviour and overall well-being.

3. Psychological factors: Negative cognitive patterns, low self-esteem and coping mechanisms influence depression (Beck, 1967; Beck et al., 1977). Individuals regularly exposed to pessimistic thinking and who have learned to feel helpless instead of how to overcome challenges, can also develop depression. To these individuals, life is a succession of burdens, obstacles and defeats in a world which is going down the drain. These individuals further have a negative view of themselves as they feel deficient, inadequate, unworthy and incapable of performing adequately. This in turn can lead to self-blame and self-pity.

4. Neurochemical imbalance: Neurotransmitters like serotonin and dopamine are essential for brain cell communication, influencing mood and behaviour, and their imbalance can significantly contribute to depression (Belmaker & Agam, 2008).

5. Social factors: Lack of supportive relationships can contribute to depression. Social isolation, poor social connection, and lack of emotional support can exacerbate depressive symptoms. Social support networks, relationships, and socioeconomic status, impact depression (Cohen et al., 2015; Gottlieb, 1983).

6. Hormonal changes: Hormonal fluctuations, such as those experienced during pregnancy or menopause, can contribute to depression (Soares et al., 2001). Hormonal changes affect mood and ways of dealing with stresses of life.

7. Chronic illness: Chronic illnesses like diabetes and heart disease, increase the risk of depression (Katona et al., 2005).

8. Substance abuse: Drug and alcohol abuse may affect the individuals' moods and lead to depression. Individual may turn to these substances to self-medicate their emotions. In a supportive view, Kessler et al. (2003), and Merikangas and McClair (2012) established that substance abuse and addiction can contribute to depression.

Coping strategies

Individuals employ various coping strategies to manage depression. These strategies can be categorized into three main types. These are problems focused coping, emotional – focused coping, and mindfulness-based coping. Problems focused coping are active efforts to address and solve problems, such as seeking social support, re-evaluating priorities, and taking actions (Lazarus & Folkman, 1984). Emotional-focused coping are strategies aimed at managing emotions, like denial, avoidance, and emotional expression (Lazarus & Folkman, 1984). Lastly, mindfulness-based coping are approaches emphasizing present-moment awareness, acceptance, and non-judgmental attitude, such as mindfulness meditation and deep breathing (Hofmann et al., 2010).

Effective coping strategies can help alleviate depressive symptoms, while maladaptive coping can exacerbate them. Understanding an individuals' coping mechanisms is crucial for developing personalized interventions.

Implications for counselling

Understanding the determinants of depression and coping strategies has significant implications for counselling practice. By tailoring interventions to target specific determinants and coping mechanisms, counsellors can enhance treatment effectiveness and improve outcomes for their clients. Assessing clients' biological, psychological, social, and environmental factors can help counsellors identify key areas for intervention. Teaching clients adaptive coping strategies, such as problem-focused coping and mindfulness-based coping, can enhance resilience. Facilitating social support networks and addressing social determinants can help clients build a supportive environment.

Recognizing cultural differences in coping mechanisms and determinants can improve counselling effectiveness with diverse populations. Combining elements from various theoretical orientations, for examples, cognitive-behavioural, psychodynamic, humanistic, among others, can provide a comprehensive treatment approach. Empowering clients to take control of their mental health, set realistic goals, and develop self-advocacy skills can foster autonomy and self-efficacy.

Conclusion

Depression is a complex condition influenced by multiple determinants, including genetic, environmental, psychological and social factors. Understanding these determinants and coping strategies is crucial for developing effective counselling intervention. By recognizing the interplay between biological, psychological and social factors, counsellors can provide comprehensive support to clients. This paper highlights

the importance of personalized interventions, comprehensive assessment, coping skills training, social support, cultural sensitivity, integrative approaches, and empowerment.

Recommendations

Based on the findings, the following recommendations were made:

1. **Individual:** Individuals should
 - Adopt healthy lifestyles, like regular exercise, maintain a balanced diet, and prioritize sleep.
 - Adopt healthy coping strategies like active coping, planning, seeking social support, and positive reinterpretation. Avoid maladaptive strategies like denial, disengagement, and avoidance.
 - Develop a strong sense of coherence and belief in one's ability to cope with stress (coping self-efficacy) to reduce depression risk.
2. **Society:** The society has the responsibility to
 - Promote mental health awareness and reduce stigma around depression to encourage help-seeking behaviours, especially in men.
 - Provide social support systems and resources to help individuals cope with stress and depression.
3. **Counsellors:** It is the place of the counsellor to
 - Assess clients' coping styles and self-efficacy to identify depression risk and tailor interventions accordingly.
 - Teach clients adaptive coping strategies and promote self-care to prevent burnout and maintain effectiveness.
 - Incorporate coping strategy training in professional development to enhance counsellor resilience and effectiveness.
4. **Government:** The government on its part should
 - Develop policies that integrate mental health services in educational institution and communities.
 - Fund research to better understand the complex relationship between stress, coping, and depression across different populations.
5. **Students:** For the students, the key is to adopt a multifaceted approach that combines healthy lifestyle habits, social support, self-care, emotional expression, and professional help when needed. With the right coping strategies, students can manage depression and improve their overall well-being.

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