



Different Triggers of Depression and Gender Differences

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Abstract. It is of great significance to pay attention to the causes and prevention of depression. The purpose of this paper is to explore the mental and physical factors that lead to a depressed mood. The impact of gender differences on depression is explored by analyzing the etiology. The article provides a basic introduction to the available treatments for depression, followed by an analysis of the advantages and disadvantages of these approaches. Among them, the article focuses on CBT therapy. The research methodology for this article is a review of the literature. The article concludes that on the mental side, external stressors, such as parental control, and non-adaptive thinking patterns can lead to depressive episodes. Physically, hippocampal atrophy, specific genetic inheritance, and sex hormone abnormalities can lead to depression. Currently, the main treatment methods include medication, CBT, IPT, DBT, etc. CBT accurately identifies and improves patients' thinking patterns and ameliorates the high prevalence and low doctor-visiting rates of Depression in China.

Keywords: Stress · Gender Difference · Causes · Depression

1 Introduction

Depression, a well-known psychological disorder, is a state of mental illness that causes persistent feelings of sadness and loss of interest. The main clinical symptoms are insomnia, depressed mood, and anger. Many people with depression have severe symptoms to significantly interfere with daily activities such as work, school, social activities, or relationships with others. There are many different causes of depression, including family, life events, personality, alcoholism, etc. In addition, there are some gender differences in the prevalence of depression, with women being more likely to suffer from depression. Gender differences in depression may lead to individualized differences in treatment and intervention. However, the mechanisms underlying these differences are not fully understood and may be due to factors. Depression increases the risk of human physical illness: increasing levels of stress hormones such as cortisol or adrenaline. It could also affect the immune system, making it harder for individual's body to fight infection. Different kinds of therapy can be applied for depression; behavioral therapy, cognitive therapy,

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drug, and psychological counseling, etc., could be the way to cure depression. Behavioral therapy focuses on getting the patient to reengage more frequently in activities that the patient once found pleasurable. Cognitive therapy involves modifying the patient's pessimistic appraisals and unhelpful thought patterns to disrupt them and reduce their interference with their daily lives. Each patient responds to and tolerates specific medications and doses differently, so patients must tailor the drugs to the individual. Thus, the current study aims to explore the different causes of Depression, and the gender difference happening in this illness.

2 Literature Review

2.1 The Definition and Diagnostic Criteria

Definition of Major depressed disorder now is a mood disorder that causes a persistent feeling of sadness and loss of interest". It usually contains several characteristics: negative self-evaluation, avoidance; thoughts of punishing oneself; loss of interest; obvious sadness, and apathy [1]. According to the DSM-5 criteria, depressed mood or anhedonia (loss of interest or pleasure) need to be met to identify a person as having Major depressive disorder [2]. Major Depressive Disorder is becoming a highly prevalent disorder due to the accelerated pace of society, economic downturn, and other factors. According to the United Nations Health Organization, by 2018 there are currently about 264 million people worldwide who suffer from mild or severe Major depressive disorder and it is the second leading cause of death among people aged 15–29 [3].

2.2 Causes

Depression disorder usually contains several characteristics: negative self-evaluation, avoidance; thoughts of punishing oneself; loss of interest; obvious sadness, and apathy [1]. According to the DSM-5 criteria, depression disorder is mainly caused by the following aspects.

2.2.1 External Causes

Although people with a family history of depression are more likely to develop depression, research has also shown that depression is not solely determined by genes, but also by other social and psychological factors. For people with mild depression, social and psychological factors are much more important than genetic factors.

2.2.2 Individual Cause

Changes in the volume of the hippocampus are also thought to be a cause of MDD. The hippocampus is located in the lower part of the cerebral cortex and is responsible for storing and converting short-term memory. It is the only area of the brain that undergoes neural regeneration in adulthood. Excessive sugar intake, aging, etc. can lead to a decrease in the number of dendrites which will lead to the shrinkage of the hippocampus. This atrophy can cause executive dysfunction and memory problems, and eventually MDD.

Non-adaptive thought patterns may also be a psychological cause of MDD. Non-adaptive refers to a person who can accurately identify external stimuli, but who will engage in negative self-processing and feedback about the event. This feedback is often immediate, can be figurative or abstract, and is overly focused on the self. Judith S. Beck refers to this processing as automatic thinking. That is, the pessimistic “facts” that a person with this mindset comes from the person’s beliefs, evaluations, and interpretations of the dilemma encountered, not from the thing itself. Moreover, this individual is unable to reflect critically on the negative automatic thoughts that arise unconsciously, thus creating the idea that he is a failure. In conclusion, non-adaptive automatic thinking can lead individuals to have a negative view of themselves (e.g., “The teacher suddenly invited me to talk, so I must have done a bad job.”), a negative view of events (e.g., attributing their success to luck), and a negative view of the world. This long-term thinking gradually solidifies into the so-called “core belief” (ex: I am a bad person), leading to the onset of MDD. This non-adaptive automatic thinking also continues to occur during the time the individual is suffering from MDD. Thus, non-adaptive thinking patterns are not only one of the causes of the illness but also an important reason for the steady persistence of MDD.

2.2.3 Families Causes

Previous studies have found that parental care and warmth are protective factors for adolescent depression from a family environment and functioning perspective, while over-interference, reduced intimacy, rejection, and family conflict are risk factors for adolescent depression and suicidal ideation, but have not explored the relationship between parental control factors and adolescent depression and suicidal ideation from a controlling perspective. In recent years, building good parenting relationships to help adolescents create healthy psychology has received increasing attention. In the study by Mr. Wu, Dr. Cong, the association of parenting relationships with adolescent depression and suicidal ideation was examined [4]. It was hypothesized that decreased parental care and encouragement and increased parental control would increase the risk of depression and suicidal ideation.

The study found a significant positive association between adolescents’ depressed mood and parental control, and a significant positive association between adolescents’ suicidal ideation and parental control. Controlledness is an expression of aggression that has important implications for the parenting relationship in the family. Often conflicting family relationships and parental control over children produce uncontrollable anger that adolescents cannot express, and trait anger constitutes a poor cognitive schema for adolescents’ denial of self, inability to express self, and denial of self. Warm and supportive family relationships were also found to be protective factors for adolescent depression in the study, while increased ambivalence was a risk factor for depression, and factors such as lack of encouragement, excessive control, and excessive punitive severity in the family were undesirable factors in parenting styles that increased the risk of adolescent depression. Parenting in the early years builds the foundation for intimacy and the perceived traits of the self in adulthood. The present study found that parental care was a protective factor for adolescent depression, consistent with previous research suggesting that parental care may reduce the occurrence of adolescent

depression. Parental care is a protective factor for adolescent depression, consistent with previous research suggesting that parental care may reduce the occurrence of adolescent depression [5]. There is a slight difference between the way parents perceive themselves as caring for their children and the way children perceive their parents as caring, and some studies have suggested that children who are controlled in the name of love have higher levels of depression and aggression, so it is possible that parental care can sometimes be a form of control. The present study only assessed parental care from the perspective of adolescents, and parental care is a protective factor for depression in adolescents, and further assessment of whether parental care is needed in the mind of adolescents is needed. Therefore, it is beneficial for parents to establish good communication with their children and understand the care they need to reduce the occurrence of depression in adolescents.

Parental control affects adolescents' emotional development and has an important impact on both feeding and mood. Negative parenting styles, such as indifferent and controlling parenting styles significantly increase the prevalence of depression, and the greater the degree of parental control, the greater the adolescent's depressive symptoms [6]. Parental control factors influence adolescents to construct negative self-perception patterns, and negative perceptions are mediators of parental control factors and adolescent depression. Controlling parental behavior is also a rejection of the adolescent's inner emotions and cognitions, denying the child's emotions and increasing the adolescent's depressive mood. Parenting as overindulgence or control can affect children's externalizing behaviors. Excessive parental control is a difficulty in emotional expression and an inability to invoke available emotional expression, often associated with adolescent narrative disorders, Internet addiction, and depressive disorders. Thus, controlling parenting relationships can influence adolescents' depressive moods.

2.2.4 Heredity Causes

Heredity is a phenomenon in which the characteristics of parents are expressed in the offspring. Specifically, it refers to the transmission of various attributes of both parents from generation to generation in the offspring. Humans reproduce offspring with traits similar to their own from generation to generation. The genetic component of depression has long been of concern. It is believed that depression is more closely related to genetic factors, but depression is not a genetic disorder. Genetic factors have a crucial role in the development of depression. In terms of some mechanisms of depression pathogenesis, the primary factor is genetic. Depression is a genetically related disorder, and the contribution of genetics to it is about 40% to 50%. So the first group of people we focus on is those with a family history of depression. Tracking your own paternal and maternal line within three generations, if there is a depressive person, you should be concerned if you are at risk for depression. It may not be that the causative genes are directly inherited, but those multiple genes or susceptibility qualities that are associated with depression are inherited. However, although depression is associated with physical traits and genes have been identified, there is no consensus on the mechanism of inheritance. Multiple genes may be involved, rather than a single gene. The heritability of MDD is 31%–42% [7]. Individuals with a family history of MDD, particularly a history of first-degree relatives (a person's parents, children, and close siblings), are at 2–10 times greater risk of MDD

than the general population without a family history. It has been suggested that there is a strong link between the inheritance of the gene MAO-A (monoamine oxidase-A) and MDD [5]. The gene MAO-A comes with the MAO-A enzyme that causes the degradation of monoamine transmitters (adrenaline, dopamine, etc.), which play a major role in mood changes and perception. The deficiency of monoamine transmitters leads to mood weakness, depressed mood, and a correspondingly elevated risk of MDD. The female chromosome can carry one more allele of MAO-A, while the male can carry only one allele. This means that women are more likely to have a more active MAO-A, leading to an increased prevalence of MDD.

2.3 Gender Differences

Women had higher depressive symptoms than men. According to the survey, female patients account for more than 60% of the total number of patients in China. Since estrogen is more important for women than men, the results of abnormal estrogen levels are more likely to act on a woman's mental state. Depressive symptoms decreased with age, with significant differences between the older age group and the middle age and younger age groups. The difference between the middle age group and the youngest age group was significant.

Some empirical studies have asked whether the gender difference in depression changes across development stages from adolescence and young adulthood into late life. In Mr. Grigus, Ms. Yang, and Ms. Ferri's study, it was found that although gender differences in depression were still evident, the differences were smaller in older adults compared to younger and middle-aged adults. In their study, participants came from 18 different countries, and a total of 10 studies were conducted. Participants were divided into subgroups based on age, with three studies indicating that gender differences in depression were smaller in older adults, three other studies reporting that the size of the gender difference in depression increased with age, and the final four studies finding that gender differences in depression remained constant across age groups. Overall, studies exploring the potential for sex differences in depression to change across the lifespan have used a cross-sectional approach with different participants at different ages. Therefore, cohort effects cannot be excluded. Large-scale epidemiological studies suggest a cohort effect for depression, with more recent cohorts reporting higher rates of depression compared to earlier cohorts. However, it is unclear whether higher rates of depression in more recent cohorts necessarily affect the magnitude of sex differences in depression. Previous found an increase in gender differences in depression with age 76; one of these studies found a decrease in gender differences in depression with age 74, and a third study found no change in the size of gender differences in depression with age 80. The specific age groups analyzed in these three studies differed significantly, so the length of time and age included may not be sufficient to test whether there is a change in gender differences in depression as people enter and pass through old age [8, 9].

3 Limitations and Future Implications

Although the typical symptoms listed above have been tested over centuries, there is no clear conclusion on the doctrine of whether these symptoms are only external manifestations of some unknown symptoms. Moreover, in terms of pathology, it is not sure whether the main causative factor of MDD is biological or psychological issues. No further study talks about the common ground between depression and other mental disorders.

CBT focuses on important automatic thoughts uttered by the patient linked to the patient's mood changes and pursuing them. Thus, changing the negative core beliefs (ex I am bad-I am a deserving person with positive and negative characteristics) that depressed patients have developed over time. CBT usually uses the mean of Socratic questioning because it can help find the source of the patient's automatic thinking, get them to reflect on their automatic thinking, and find a better way to think. CBT is helpful for the future, especially in China. It has a rigorous process to obtain feedback from patients quickly and intuitively and to provide timely feedback to patients. Patients no longer worry about whether the counseling is effective. Therefore, CBT can dispel domestic doubts about psychological counseling and increase patient attendance. Also, CBT has wide application beyond Major Depressive Disorder and anxiety. It is also noteworthy in the treatment of personality disorders. It is important to note that although CBT therapy can directly treat depression caused by cognition, it also has some drawbacks. Cognitive therapy is eager to emphasize the role of cognition and behavior while ignoring the patient's past experiences, which is not conducive to building a trusting relationship with the patient (especially in the treatment of Major Depression Disorder). Concerning this, I suggest that at the first meeting, the therapist needs to conduct a talk to have a comprehensive understanding of the patient's experience. Therapists then need to analyze the crucial experiences that affect the patient's mood and address them in the subsequent treatment. The other drawback is that patients' past experiences can lead to highly complex cognitive, emotional, and behavioral relationships, which is the weakness of cognitive therapy. Cognitive therapy tends to have a more significant effect on patients with apparent symptoms. For this reason, it is recommended that therapists using CBT get in touch with a professional hospital. Have the hospital conduct a more comprehensive assessment of the patient and then the therapist can prepare a consultation based on the results. There are flaws in any of the above treatments. Therefore, researchers need to work harder to find the underlying causes of depression. Targeted treatments that know the fundamental causes will be able to help patients in a truly safe and effective way [10].

4 Conclusion

In this article, we found that many factors contribute to depression, including personal, physical, environmental, family, and even genetic factors. It also varies by age and gender. Individuals who have experienced adverse life events (job loss, bereavement, traumatic events) are more likely to suffer from depression. Depression in turn can lead to greater stress and dysfunction, affecting the person's life and exacerbating depressive symptoms. When there is an imbalance of neurotransmitters in the body or a lack

of normal function, it can lead to depression. For example, hormonal imbalances that occur during childbirth may lead to postpartum depression. People who have experienced depression have smaller hippocampal tissue than normal. The hippocampus is a brain tissue that is responsible for a person's memory. When hippocampal tissue is reduced, the corresponding excitatory neurotransmitter 5-hydroxytryptamine receptors are also reduced, which can lead to depression. The stress of fulfilling specific images, especially in children and adolescents, the specific expectations to do well in school, to be an all-rounder, to be a perfect person, can also generate stress, and sometimes the lack of corresponding abilities can also lead to depression. There was a significant positive association between adolescent depression and parental control, as well as a significant positive association between adolescent suicidal ideation and parental control. Immediate family members of individuals with a major depressive disorder are more likely to suffer from depression compared to the general population. It is believed that there is no single "depression" gene, and that depression may result from the interaction of multiple genes and environmental factors. Studies have shown that women are more likely to be depressed than men. Women are more likely to think about things that are not good for them, which eventually leads to hopelessness and despair. On the biological side, pregnancy, childbirth, premenstrual syndrome, and menopause are all triggers for depression.

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