

Understanding Depression

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A short information leaflet to help make sense of depression and the different paths to recovery. This leaflet is for general information only and is not a substitute for individual medical advice. If you are worried about your mood or treatment, please speak with your GP.

What Depression Feels Like

Depression is often experienced as low mood, low motivation, low energy, and a loss of interest or pleasure in things you would usually enjoy. These experiences are accompanied by very real changes in the body and brain which can make life feel incredibly hard and make normal day to day tasks a huge undertaking.

Not a “Chemical Imbalance”

There is no evidence that depression is caused by a chemical imbalance in the brain. This was an old idea that has not been supported by decades of research. Instead, multiple systems in the body and brain are affected. In most cases, these changes are best understood as responses to life situations rather than fixed causes.

As with most psychiatric diagnoses, the diagnosis of depression is descriptive, not explanatory. It is based on lists of feelings and experiences, not on objective biological markers. In most cases it is a process rather than a fixed change, deficiency or defect, and does not define a person.

Natural Course and Recurrence

In many cases, depression naturally improves over time. It can be helpful to know that on average, many episodes improve over a period of months, even without specific intervention.

Support and interventions can make recovery faster and easier.

For many people, depression is a single episode that resolves. Others may experience more than one episode over time, often during periods of stress. A smaller group develop long-standing depression. Recurrence is not inevitable and understanding your own patterns and support systems can reduce the likelihood.

External and Internal Factors

A large body of social science research shows that depression is strongly linked to environmental and social factors, including lack of safety, connection, stability, purpose and control over life circumstances.

Depression often arises as a response to difficult or overwhelming life experiences. When we look closely, the feelings and changes often make sense in the context of what someone has lived through, rather than being random or meaningless.

We have evolved natural stress and threat responses designed to keep us safe in the short term. Many of the brain and body changes seen in depression are related to these threat systems being switched on persistently rather than briefly.

In modern life, it is natural to feel distressed in response to pressures such as inequality, overwork, financial stress, and loss.

Internal Physiological Changes

Although there is no simple 'chemical imbalance', research shows a complex interplay of changes in the brain and body that explain why mood, motivation, and energy are affected, and severely in some cases. These include over- or under-activation in specific brain regions and shifts in the autonomic nervous system toward chronic stress or shutdown states.

Recovery involves shifting these physiological patterns through a variety of different pathways, rather than correcting a single imbalance. These changes are reversible - the brain and body can regain balance with time, support, and the right conditions.

One model of depression that people often find helpful relates to sleep changes that have been found to occur. Partly due to an increase in worrying or rumination, people experiencing depression often show changes in sleep structure, including entering

dream (REM) sleep earlier and having more intense REM sleep, alongside less deep slow-wave (restorative) sleep.

In this model, worry and rumination can contribute to more active and disrupted emotional processing during sleep and less fully restorative sleep. This can then feed back into fatigue, emotional sensitivity and low mood.

These sleep changes are not universal and only one part of a much bigger picture and are usually two-way and self-reinforcing, rather than a single cause of depression.

This also provides for several points of possible intervention: the understanding itself of depression as a process rather than fixed defect can itself reduce rumination, talking therapy can help with thinking styles, small actions can move towards meeting needs, and medication can change sleep patterns and emotional processing in different ways for different people.

Options for Support

For mild to moderate depression, UK NICE guidelines recommend talking therapies as a first-line approach, with medication as an option if needed later. For severe depression, medication is usually recommended first.

Medication can be very effective for some people. Finding the right approach takes time and discussion with your clinician. Antidepressants do not 'correct' a chemical imbalance - their effects vary between individuals, and there are risks and side effects to consider. I have written separate articles addressing antidepressants in detail.

Talking therapies come in many forms. On the NHS, the main options are person-centred counselling, CBT (Cognitive Behavioural Therapy, which focuses on changing unhelpful thought and behaviour patterns) and trauma-focused therapies such as EMDR (Eye Movement Desensitisation and Reprocessing). If therapy hasn't helped in the past, a different approach or therapist may be more suitable.

As well as therapy and medication, gradual changes in daily life can support recovery - for example increasing movement and exposure to daylight, taking small steps to address challenges and meet emotional needs, building social connection, and supporting regular sleep rhythms. They have a very real effect on our biology. Because of the changes in brains and body function, reducing energy and motivation, many

people require support from health professionals to begin recovery, and these are not obligations, but additional ways to support your body's natural recovery processes.

If You Need Urgent Help

If you ever feel unable to keep yourself safe, it's important to seek urgent help - for example by contacting your GP, calling NHS 111, dialling 999 in an emergency, or going to your nearest A&E. You are not alone, and support is available.

More Information

If you'd like to explore this topic in more depth, there's a longer version of this leaflet available with more detail and full references.