

## Infantile Depression as an Effect of the School Performance Overwhelming

Camelia Nicoleta Neguț<sup>1</sup>

**Abstract:** Depression has been addressed and it will be probably addressed in many papers from now on, both in terms of its causes, manifestations as well as the science attempts to discover a “panacea” a holistic efficiency treatment on what some scientists call it affective-behavioral disorder. Depression is a condition active among both the adult population and the pediatric population. Pediatric depression is currently a field of research among specialists, but one of the triggering or favored factors that managed to intrigue the specialists is the cognitive overloading of children and adolescents in order to achieve a high school performance.

**Keywords:** depression; neurotransmitters; sub-cortical structures; stress hormones; cognitive-behavioral therapy

### Depression- Overall Theoretical Approach

From a psychiatric perspective, “*Depression is a mental illness characterized by a profound change in the affective state, mood, in the sense of sadness, moral suffering and psychomotor slowdown. Generally associated with anxiety, depression maintains a painful impression of global impotence, desperate fatality, and sometimes it drives sublimating concerns about guilt, indignity, self-deprivation, leading to suicidal thoughts, and sometimes even to its accomplishment.*” (Psychiatry Dictionary, Univers Enciclopedic Gold Publishing, 2010). From the social perspective, depression is a serious illness that affects over 300 million people worldwide, both among adults and infants. While some people feel sad sometimes, people with major depressive disorder - or clinical depression

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<sup>1</sup> Student, 2nd year, Faculty of Communication and International Relations, Specialization Psychology, Danubius University of Galati, Romania, Address: 3 Galati Blvd., 800654 Galati, Romania, Tel.: +40372361102, Fax: +40372361290, Corresponding author: cami\_nicoleta@yahoo.co.uk.

may feel depressed for weeks, months or even years. Suddenly for most people, the activities that previously made them happy are no longer the same. They can feel hopeless and exhausted, experience sleeping trouble, lose appetite, or have low libido. It may be very difficult for them to go for a whole day, or to perform their full routine. In severe cases, depression can even lead to suicide.

### **Mechanism of Depression and the Sub-Cortical Structures Affected**

Depression is a complex disease, one that can be triggered by several factors including chemical imbalances in the brain, medical conditions, traumatic life events and genetics but even so depression may even disappear within just a few weeks provided that the patient or the person affected finds the right combination of effective treatments. Brain imaging studies showed that depression is connected to changes in several parts of the brain, especially in 3 core areas; the first is the *amygdala* which regulates emotions like anger, pleasure and fear. When a person is depressed the amygdala may become overactive causing problems with sleep and behavior as well as balance of key mood hormone. The second area is the *hippocampus*, which processes memory and regulates stress hormones such as cortisol, and excess cortisol may stunt the growth of new neurons creating poor moods and memory and if someone develops depression in the hippocampus side, gray matter diminishes. Long-term exposure to high levels of cortisol slows progression of new neurons and causes weakening of neurons in the hippocampus.

The third main area is the *thalamus* that links sensory information with good and bad feelings. The malfunction of the thalamus may be associated with conditions such as bipolar disorder. Changes in this area of the brain as well as in others interfere with key hormones such as serotonin that regulates sleep and mood or norepinephrine that affects motivation. For some, a depressed mood may pass on its own, especially if triggered by a sad event, but for those with chronic clinical depression it can take a while to find an effective treatment that can consist of medications, therapies or groups of support. Also, choosing a healthy lifestyle, observing sleep times can strengthen and restore important brain connections. As I mentioned above depression may be the result of a chemical imbalance, chemical neurotransmitters that send messages to different cellular nerves in the brain. Some neurotransmitters can control mood, when we are depressed, these neurotransmitters may not work properly causing a severe change in mood. Of course, certain stressful events, certain medications, the death of loved one,

hormonal changes and, of course, the faulty mood regulation in the brain may be triggering factors of a depression. Not only can depression make us feel depressed, but also physically affects parts of the body other than the brain, so symptoms such as chronic fatigue, insomnia, overwork and general pain are just a few examples.

The pain threshold can be modified by abnormal functioning of neurotransmitters in the brain such as serotonin, which makes people with depression more sensitive to pain; another interesting psychological change that accompanies depression is sight. Recent studies show that the retinas of patients suffering from depression are less sensitive to contrast, a contrast-based vision that is based on cells that in turn rely on dopamine. People with depression often turn out to have less dopamine, which is important for both driving and attention activities. These findings are still relatively new, but very interesting. One of the unfortunate problems that come along with depression is that it can actually increase the risk of mental illness. Stress hormone levels are increased, which can cause more problems. The more stress the ability of our immune system to fight against the antigens is low, making it more difficult to fight infections. Corticosteroids, stress hormones can effectively suppress the overall efficacy of the immune system by lowering the amount of lymphocytes that are the cells that destroy the viruses in the body. There is also another form of depression that affects our state of mind, which is unrelated to any hormonal disorder and is called seasonal affective disorder. When winter is less light, the brain creates neurotransmitters (hormones) such as melatonin but in conditions when is more light, daytime for instance, brain produces more serotonin, in turn during fall, winter periods when days are shorter and noticeably less light our body can produce less serotonin and more melatonin. This imbalance may predispose the brain to a form of depression for some people who react to seasonal changes, and exposure to more daylight can help them maintain their biochemical balance.

### **Infantile Depression**

Depression is not a condition that only affects the spectrum of the adult population; unfortunately children may also be affected, sometimes even very deeply.

As with adults, children can distinguish between several types or forms of depression. A useful dichotomy is that between *major depression*, a form of increase intensity that lasts only a few months, and a chronic, lower-intensity form that can stretch over several years, perhaps even decades, this being called in psychiatric terms *dysthymia* or depressive neurosis (Petot, 1999).

**Cognitive overloading of children in order to achieve school performance****“The price paid”**

School performance becomes an obsessive target at some point for some parents who end up exhausting their children mentally by gaining much targeted school prizes and maintaining the top social status. A too expensive price paid by some children, whose psychic mechanism is affected in a negative manner in the context of the psychic-intellectual tiredness.

**Depression Influence on Motivation**

In addition to many other changes to the behavioral cognitive structure of the child, respectively the student, depression can also affect his/her motivation. The child, under the influence of depression and surfeit, becomes more and more unmotivated, losing his points of interest, almost even on the verge of dropping out the school in some cases. In the context of mental-intellectual surfeit under the influence of school objectives imposed from outside, usually parents being those to impose the upper limits of school performance and most of the times based on reasoning that is strictly based on personal pride and their position in society, the child feels the decrease of school achievements that awaken a feeling of inferiority, self-esteem being also affected, so that eventually the objective clarity of the rational filter decreases and the child comes to believe or in serious cases is even accused of being good for nothing, or that everything that he does is not good and worse, compared to other colleagues who, to his unhappiness, have better results than him. Against this distorted reality, depression is being established, naturally fueled by the child's physical-psychical survivability that reaches a symptomatic, multi-level symptom beach:

**Affective level**

- Deep sense of sadness, often inexplicable;
- State of apathy.

**Behavioral level**

- Irritability and anger;
- Social retirement and introverted behavior;
- Sleep disorder, manifested by either insomnia or excessive sleep;
- Violent verbal expressions and crying crisis;
- Fatigue and low energy level;

- Low ability to socialize with other children, especially at special events.

**Cognitive level**

- Difficulties in concentration;
- Incoherent thinking.

**Motivational level**

- Decrease in self esteem;
- Loss of interest in school related activities;
- Deep sense of being used;
- Tendency to reject any kind of activity;
- Sense of worthlessness and guilt;
- Less of interest in playing with friends.

**Methods of intervention and prophylactic approach to childhood depression**

Naturally, the question rising from this context is what is to be done? What types of therapies are suitable to be addressed? Or how could we prevent depression later?

**Behavioural therapy**

It is a model of therapy proposed by Peter Lewinsohn in 1974, which considered depression to occur to the child as a result of the disregard and lack of rewards offered to him. Starting from this principle, Peter Lewinsohn and his collaborators have developed a model of cognitive-behavioral family therapy to solve problems, control negative thoughts and other behavioral issues. Parents are encouraged to reduce or as much as possible eliminate the number of aversive-negative reinforcements such as: You're stupid! You are good for nothing! Others are better than you! What a great thing you did! And increase the number of positive reinforcements as much as possible "Good job!", "You can do it!"

Other types of rewards, such as gifts, quality time spent together, affective gestures, etc. are also recommended.

**Cognitive therapy**

It is a therapy model by which the therapist teaches the child how to identify the negative way of thinking and feeling while explaining to them (children) that what they feel is related to what they think. Thus, the therapist tries to make the child think positive, so that his subsequent actions are still positive. This is primarily accomplished by recognizing emotions over the course of a day, and the child is

encouraged to record emotions or feelings experienced in an attractive form to encourage and determine him to follow a positive affective pattern. When the child understands the connection between his or her emotions, whether positive or negative, and his behavior, he will be tempted to correct his attempts at negative thinking, of course with affectionate support from parents.

### Conclusions

Overcoming depression may become easier in the future, scientists are increasingly discovering how factors such as genetics influence depression, which not only can help create new drugs for treatments but also make targeted treatment possible.

Pediatric depression has begun to take various forms depending on its causes, but regardless of the triggering factor or the type of therapy followed, the affective support of the parents is considered a first positive factor in the treatment and prophylaxis of the pediatric depression. Leisure time spent by parents together with children, observance of each child's cognitive-intellectual potential, and respect for the individuality of each child contributes to the significant reduction of depression among children.

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