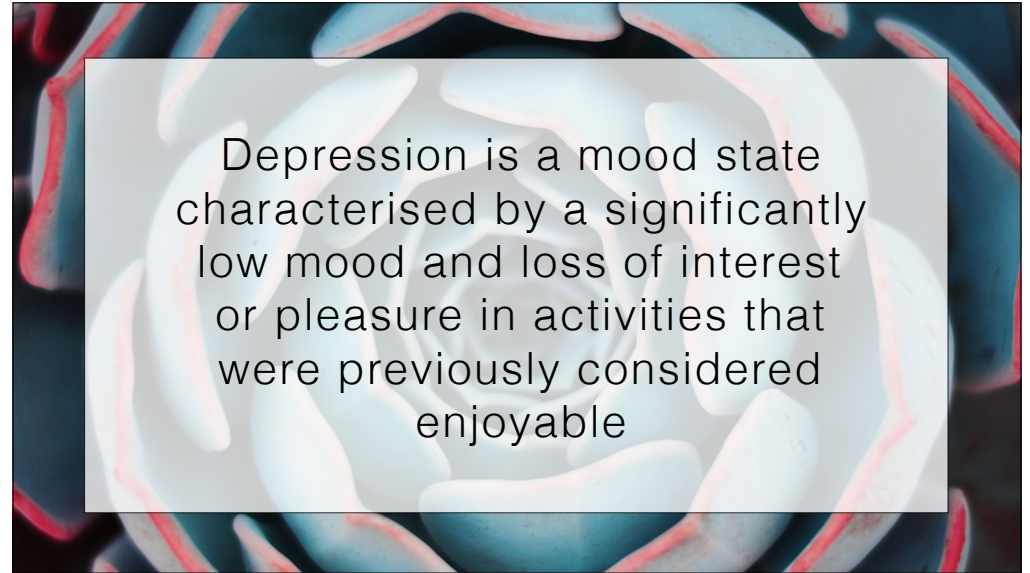
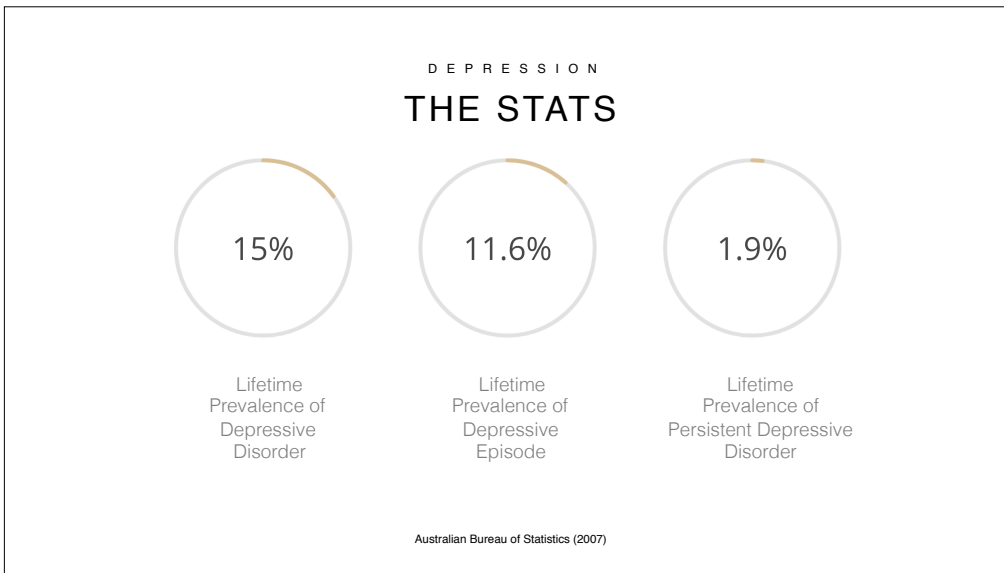


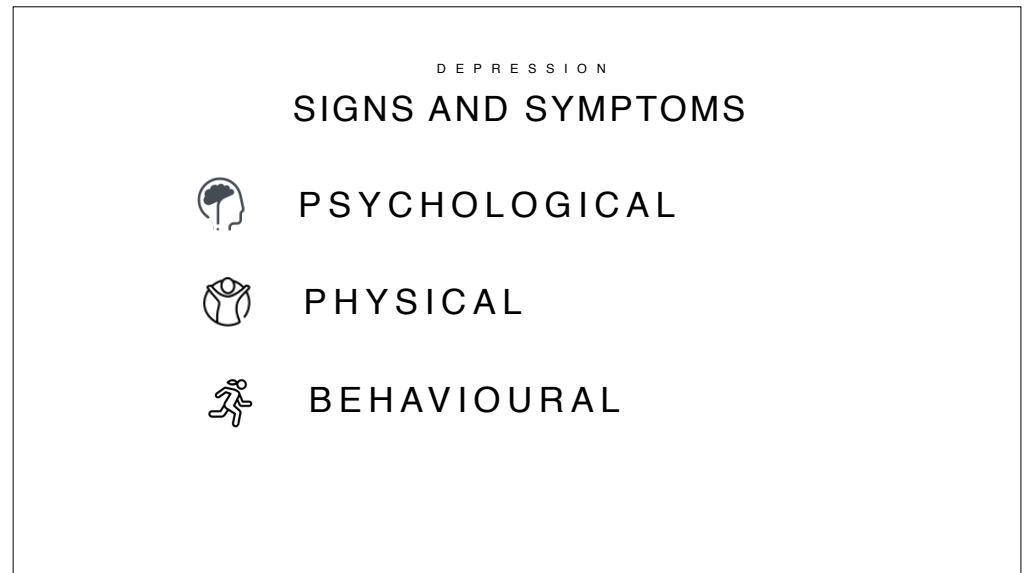
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2



3



4

DEPRESSION
SIGNS AND SYMPTOMS



PSYCHOLOGICAL

- ▶ Sadness
- ▶ Feeling worthless
- ▶ Feeling helpless
- ▶ Feeling hopeless
- ▶ Guilt
- ▶ Thoughts of death'
- ▶ 'Negative' thoughts

5

DEPRESSION
SIGNS AND SYMPTOMS



PHYSICAL

- ▶ Difficulty sleeping
- ▶ Feeling tired
- ▶ Weight loss
- ▶ Weight gain
- ▶ Change in appetite

6

DEPRESSION
SIGNS AND SYMPTOMS



BEHAVIOURAL

- ▶ Lacking motivation
- ▶ Not wanting to go out
- ▶ Not wanting to engage in activities anymore
- ▶ Frequent crying
- ▶ Difficulty concentrating

7

DEPRESSION
SARAH
SILVERMAN ON
BATTLING
DEPRESSION

8



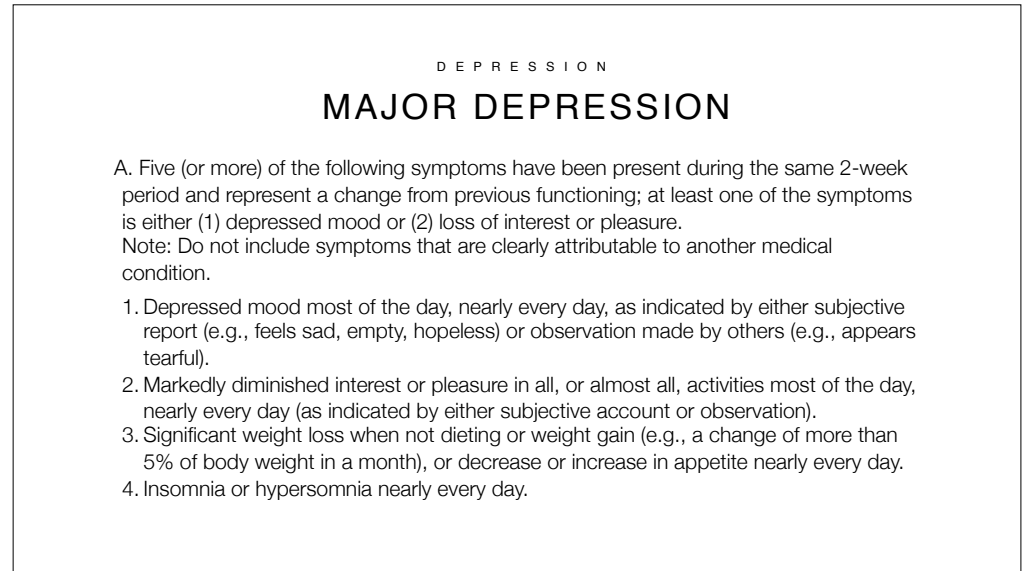
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11



12

D E P R E S S I O N

MAJOR DEPRESSION

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

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D E P R E S S I O N

MAJOR DEPRESSION

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

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D E P R E S S I O N

MAJOR DEPRESSION

D. The occurrence of the major depressive episode is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

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D E P R E S S I O N

PERSISTENT DEPRESSIVE DISORDER

A. Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years.

B. Presence, while depressed, of two (or more) of the following:

1. Poor appetite or overeating.
2. Insomnia or hypersomnia.
3. Low energy or fatigue.
4. Low self-esteem.
5. Poor concentration or difficulty making decisions.
6. Feelings of hopelessness.

C. During the 2-year period of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.

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D E P R E S S I O N

PERSISTENT DEPRESSIVE DISORDER

- D. Criteria for a Major Depressive Disorder may be continuously present for 2 years.
- E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for Cyclothymic Disorder.
- F. The disturbance is not better explained by a Persistent Schizoaffective Disorder, Schizophrenia, Delusional Disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
- G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. Hypothyroidism).
- H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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D E P R E S S I O N

PREMENSTRUAL DYSPHORIC DISORDER

- A. In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses.
- B. One (or more) of the following symptoms must be present:
1. Marked affective lability (e.g., mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection).
 2. Marked irritability or anger or increased interpersonal conflicts.
 3. Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts.
 4. Marked anxiety, tension, and/or feelings of being keyed up or on edge.

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D E P R E S S I O N

PREMENSTRUAL DYSPHORIC DISORDER

- C. One (or more) of the following symptoms must additionally be present, to reach a total of five symptoms when combined with symptoms from Criterion B above.
1. Decreased interest in usual activities (e.g., work, school, friends, hobbies).
 2. Subjective difficulty in concentration.
 3. Lethargy, easy fatigability, or marked lack of energy.
 4. Marked change in appetite; overeating; or specific food cravings.
 5. Hypersomnia or insomnia.
 6. A sense of being overwhelmed or out of control.
 7. Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," or weight gain.

Note: The symptoms in Criteria A-C must have been met for most menstrual cycles that occurred in the preceding year.

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D E P R E S S I O N

PREMENSTRUAL DYSPHORIC DISORDER

- D. The symptoms are associated with clinically significant distress or interference with work, school, usual social activities, or relationships with others (e.g., avoidance of social activities; decreased productivity and efficiency at work, school, or home).
- E. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as Major Depressive Disorder, Panic Disorder, Persistent Depressive Disorder (Dysthymia), or a personality disorder (although it may co-occur with any of these disorders).
- F. Criterion A should be confirmed by prospective daily ratings during at least two symptomatic cycles. (Note: The diagnosis may be made provisionally prior to this confirmation.)
- G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition (e.g., Hyperthyroidism).

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DEPRESSION

OTHER DSM DEPRESSIVE DIAGNOSIS

- ▶ Disruptive Mood Dysregulation Disorder
- ▶ Substance/Medication-Induced Depressive Disorder
- ▶ Depressive Disorder Due to Another Medical Condition
- ▶ Other Specified Depressive Disorder

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DEPRESSION

HOW TO TELL IF YOUR YOGA STUDENT IS DEPRESSED

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DEPRESSION

DEPRESSION IN CLASS

- ▶ A sad, or tamasic energy
- ▶ Suddenly stop coming to class, or come to one class and do not return
- ▶ Hunched over body language, with stooped shoulders and a collapsed chest
- ▶ Sighing heavily
- ▶ It may look like they're barely breathing
- ▶ Being drawn to savasana or other restorative postures

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DEPRESSION

DEPRESSION IN CLASS

- ▶ Feeling that they're not good enough, and communicate this through their body language or the way they speak to themselves or others
- ▶ Lacking motivation
- ▶ Giving up easily in challenging poses
- ▶ Crying
- ▶ Feeling exhausted
- ▶ Feeling overwhelmed

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DEPRESSION

DEPRESSION IN CLASS

- ▶ Not interacting with other students
- ▶ Feeling disheartened and hopeless if they don't get the poses 'right'
- ▶ Not following your instructions or easily confused
- ▶ Poor body image
- ▶ Moving and speaking slowly
- ▶ Running late
- ▶ Hiding at the back of class

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