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ARTÍCULO DE INVESTIGACIÓN

Enfoque analítico descriptivo de la depresión de las mujeres en función de la edad /DOI: 10.5281/zenodo.7382909

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Resumen

Todas las personas sienten depresión en algún momento de sus vidas. Este sentimiento de depresión se presenta por hechos desafortunados o sentimientos negativos como: perder el trabajo, pelear con un amigo, no sacar buena nota en un examen de clase, etc., y luego de unos días o semanas, la persona vuelve a la normalidad. Un estado de ánimo deprimido es una de las reacciones humanas naturales a los acontecimientos de la vida, pero cuando este estado de ánimo deprimido continúa, conduce a la depresión. La depresión es uno de los trastornos psiquiátricos más comunes. Según un estudio nacional de enfermedades y lesiones en Irán, la depresión es el tercer problema de salud en el país. El estudio actual ha investigado la depresión en mujeres en función de la edad mediante un enfoque analítico descriptivo. En este estudio se utilizó el Inventario de Depresión de Beck (formulario de 21 preguntas). El cuestionario fue recogido sin nombre y secreto y confidencial. Esta sección describe y analiza los datos de la investigación. Los datos del presente estudio incluyeron puntajes de depresión de mujeres según su edad. Para describir los datos de la investigación, utilizamos el promedio y la varianza estándar, y se utilizó el análisis de desviación estándar para analizar los datos. Se utilizó ANOVA de una vía para comparar las puntuaciones medias de depresión de los individuos por edad. Los resultados mostraron que no había una relación estadísticamente significativa entre la puntuación de depresión y la edad.

Palabras clave: Depresión, Beck, varianza, ANOVA, puntajes de depresión.

Abstract

Descriptive analytical approach of women's depression based on age

All people feel depression at some point in their lives. This feeling of depression occurs due to unfortunate events or negative feelings such as: losing a job, fighting with a friend, not getting a good grade in a class test, etc., and after a few days or weeks, the person returns to normal life. A depressed mood is one of the natural human reactions to life events but when this depressed mood continues, it leads to depression. Depression is one of the most common psychiatric disorders. According to a national study of diseases and injuries in Iran, depression is the third health problem in the country. The current study has investigated depression in women based on age by descriptive analytical approach. Beck Depression Inventory (21 questions form) was used in this study. The questionnaire was collected without name and secret and confidential. This section describes and analyses the research data. The data of the present study included depression scores of women according to their age. In order to describe the research data, we used average and standard variance, and standard deviation analysis was used

to analyse the data. One-way ANOVA was used to compare the mean depression scores of individuals by age. The results showed that there was no statistically significant relationship between depression score and age.

Keywords: Depression, Beck, variance, ANOVA, scores of depression.

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1.- Introduction

Depression can occur only once in a person's life (Aktekin et al; 2001). However, it often occurs in repetitive attacks throughout life with periods without depression, or it can be a chronic condition requiring continuous treatment throughout life. Depression is a disorder that affects your mood, mood, emotions, behavior and your physical health (Bayati et al; 2009). Previously it was believed that "all this is in your ;head" and if you really try, you can free yourself from it (Bayram and Bilgel, 2008). Today, doctors know that depression is not a weakness, and you alone cannot cure it (Bernhard, 2007). Depression is a medical disorder with a chemical or biologic background (Bilgel and Bayram, 2010). Occasionally, a stressful life is a stimulant for depression (Bostanci et al, 2005). In other cases, it appears that depression is detected without a specific cause and occurs spontaneously (Crawford and Henry, 2003). Depression, irrespective of its cause, is more than a distressed state or a lethargic mood (David ,2010).

1. Theories of depression

The causes of depression have been the main theoretical views (Dyson and Renk ,2006).

1-1. Biological Theory

The preconditions for biological theory are that the cause of depression is either in genes that are passed on through inheritance from parents to children, or a failure of physiological action that may have an inherited or non-hereditary basis (Ghaderi et al, 2009). Findings about twins from 1930 onward indicate that hereditary factors cause a kind of depression (Karaoglu and Karaoglu, 2009). Many researchers have inherited the factors associated with what is happening in one's life (Lovibond and Lovibond, 1995). It means that the combination of hereditary readiness and environmental psychological pressures is a possible cause of depressed behavior (Ozdemir and Rezaki, 2007). People with bipolar depression have depression, and at least two generations of them often have similar behaviors (Aronson & Craighead, 2009). Also, in families with dipolar depression there is a greater chance of developing a polar depression (Barnhofer et al, 2009). The issue of how depression is transmitted through inheritance is still unknown (Beck et al, 1996).

One major area of research on the biological causes of depression is related to the role of neurotransmitters. For decades, the theory of catecholamines has dominated depression (Becker-Weidman et al.2010). This theory suggests that depression is associated with a shortage of catecholamines, especially norepinephrine, at the receptor site of the brain. Dopamine is also associated with depression (Beevers,2005). Other researchers have linked depression to another neurotransmitter, serotonin. Many of the information about the role of neurotransmitter neurotransmitters has been achieved through the observation of the effects of drug administration to patients (Dobson, 1989). For example, it has been observed that risperidone was one of the first sedative medicines used to treat high blood pressure, leading to depression in some people (Blackburn,1990). Because risperidone evacuates some of the chemicals in the catecholamine group that are needed for the transfer of nerve stimulation, some scientists believe in the relationship between neurotransmitters and depression (Elliot et al,2002).

The two groups that are currently most used to treat depression are tricyclics (three loops)(Elliot,2003). Mono-amine oxidase (MAO) agents are another biological expression for separating depressed people who are more in common (Mitchell et al,2019). Study periods the sleep of the REM is a dream that the eyes move rapidly from one side to the other, the pattern of brain waves implies the ultimate brain activity (Fava et al,1994). It seems that in some depressed people, the distance between falling asleep and starting the first REM is shorter (Ghassemzadeh et al,2005).

1-2. Psycho-dynamic theory

Psychological studies of depression by Sigmund Freud and Carl Abraham have begun (Uncu et al,2007). Two people in a separate article about depression described this disorder as a complex reaction to the loss of something. Depression was the first disorder that Freud mentioned as the cause of the cause rather than the tenderness of the emotional factor (Gloaguen, 1998). Melancholy, as Freud called it, is a sad, extreme, disturbing, long-term, often unrelated with the environment and unnecessary appearance. Freud believed that a person with depression had a punishing conscience or strong moral conscience (Hamilton,1970). He emphasized the guilty feelings of conscience. According to Freud, one reason for the conscience to be so strong is to control the feelings of anger and aggression that otherwise might manifest itself to the detriment of others (Hollon et al,1992). Psycho-dynamic theories emphasize the emotions and reactions of the unconscious to the new situations that underlie previous events of life. Most psychosocial arrangements focus on the history of the relationships between the person he has had as a child most of the time - usually mother (Wells, 2009). Thus, a historical history of depression is the disruption of early childhood relationships. This disorder may be a real lack of parents or an imaginary fear of losing one of the parents (Hofmann& Reinecke,2010).

The therapeutic endeavors according to the psycho-dynamic theory are to modify the correlations that exist among the thoughts and feelings of the references. Long-term

psychotherapy focuses on discovering the underlying causes of emotional disturbance that appears to be due to unresolved childhood conflict (Jones & Trower, 2004). Because such a complete rehabilitation of the person is not possible in most cases, short-term support therapy is often used in people with depression to give them the opportunity to refine their thoughts and feelings to be better encouraged (Kaplan & Sadock, 2003).

1-3. Learning theory

The hypothesis of learning theory is that depression and the lack of reinforcement are related. There are many reasons for this lack of strength (Karaoglu & Karaoglu, 2009). Answers may be encouraged because they did not receive any reinforcements or had an unpleasant or punitive response. Many theoreticians who believe that they were largely influenced by Ashkin's work as a conditional factor (Karwaski et al, 2006). Skinner's ideas are modified by emphasizing social interactions, in particular how other people's behavior can act as reinforcements (Wedgeworth, 2017). Evin Suhni and colleagues are from the point of view of learning depression from the point of view of learning (Kingstone et al, 2007). They typically emphasize that the low levels of sadness or unpleasant feelings that correlate with depression are related to low levels of positive reinforcement or high levels of experiences Unpleasant These scenarios may be due to one or more of the following (Messer & Wampold, 2002):

1. The environment itself may be a problem. There may be low or punishing agents in a specific environment.

2. A person may lack social skills to attract positive reinforcement or to be able to effectively deal with inconvenient inconveniences (Siegle et al, 2007).

3. Due to some reasons, people who are prone to depression are less positive and punishments appear to be more negative than ordinary people. This may result in reduced behavior or retirement, resulting in fewer rewards or more punishments (Hlaváčová, et al, 2020).

Depressed people may be struggling to deal with affective behaviors. Social skills education can be an effective therapeutic approach for depressed people (Murphy & Sahakian, 2001).

1-4. Cognitive Theory

Perhaps the most influential psychological theory today is about depression is a cognitive point (Teasdale et al, 2003). The basis of this theory is the idea that a certain experience may have a very different effect on the two individuals (Shea et al, 1992). Part of this disagreement may be due to how they think about the incident and how and to what extent they are aware of it (Paykal, 2007). Beck's cognitive theory of depression has contributed to advanced therapies and has led to a lot of research (Beck et al, 1996).

1-4-1. Beck's Cognitive Theory of Depression

Aaron Beck believes depressed people are depressed because they have unobtrusive and overwhelming ways of thinking. A depressed person has a negative opinion about himself, the world and the future. According to Beck, these negative counts are the cause of depression, not other things around the person. Beck's belief is that the feeling of losing, which often results from unreasonable goals and times, is a major cause of depression. An individual prone to depression not only overestimate, but also a desire to magnify personal sentiment and minimize personal qualities (Beck et al, 1996). Beck believed that the depressed person considered the cause of any misfortune as personal defects (Beck et al, 1996). Beck believes that depressed people tend to compare themselves with others, and this lowers their self-esteem. Any confrontation with another person is an opportunity to assess negatively (Beck et al, 1996). They minimize positive cases and make negative cases to the maximum that depressed people's knowledge of progress differs from those of others. Depressed people not only evaluate their progress rigorously, failing to reinforce their performance after practice, but their level of expectations before the start of action is also low (Rodin et al, 2009).

1-5. Existential Originality Theory–Humanism

While theories of psychological analysis emphasize the loss of a favorite object as the main cause of depression (Zouei et al, 2018). Existential theories focus on losing self-esteem (Rossello & Bernal, 2007). The missing object can be real or symbolic. Power, social status or money (Rupke et al, 2006). But losing self is not as important as changing the self-assessment of a person based on that loss (Thase, et al, 1997). The common cause of depression in men is job loss. The job represents the value of the person in his or her own opinion (Wong et al, 2006). At least until the high rise in women's employment outside the home, a common cause of depression in women was the loss of a wife. This loss was not just the person of interest, but the main source of his value, because the woman's social position was traditionally based on the role of the husband (Wisco, 2009). In addition, the loss of a breadwinner may endanger livelihood. Theorists of humanism may emphasize the ideal of my person and his perception of the real state of affairs. Depending on their theory, depression probably appears when the difference between my real and me is too great an ideal. So that it cannot be tolerated. This idea is consistent with the empirical evidence collected by researchers who have reviewed the self-assessments of depressed and non-depressed people (Segal et al, 2007).

2. Materials and methods

This research is quasi-experimental. This section describes and analyzes the research data. The data of the present study included depression scores of women according to their age. In order to describe the research data, we calculated the mean

and variance, standard deviation, and graph plot and in order to analyze the data, one-way ANOVA was used to compare the mean scores of women's depression by age.

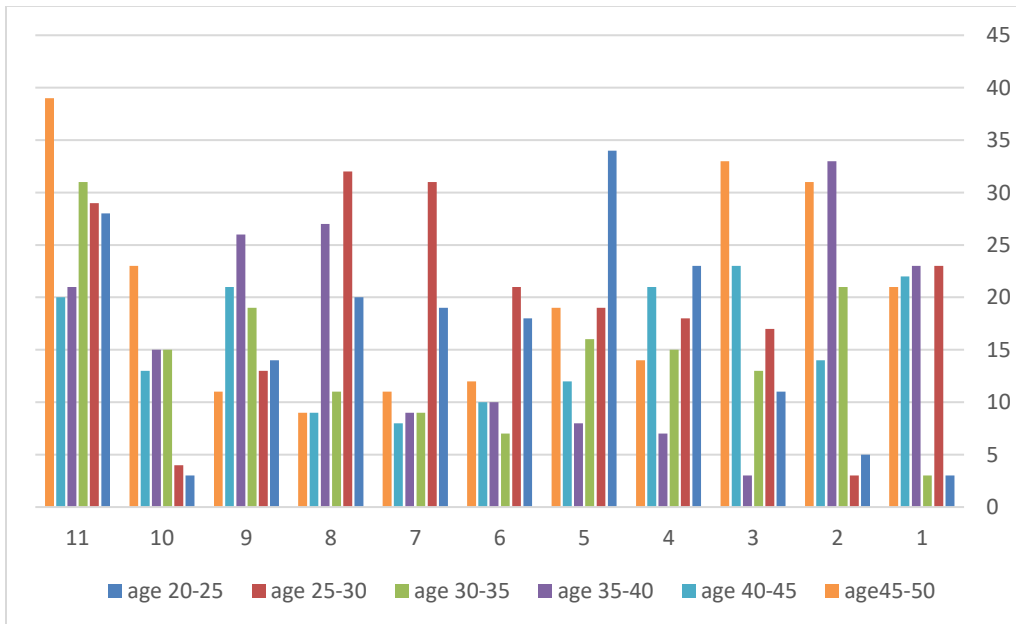
1. Measuring Instruments Variables

Beck Depression Inventory (21 questions form) was used in this study. The Beck Depression Test was invented by Prof. Beck in 1961. Which has become one of the most reliable and commonly used tests to assess the severity of depression in mental patients and the discovery of depression in the normal population. In general, the scores of all questions are approximately 0 - 10 normal, 11 - 16 symptoms of depression with mild mental anxiety, score 17-20, signs of moderate depression, 21 - 30 points, severe depression symptoms, 31-40 points, severe depression, and A score of more than 41 symptoms of extreme depression is severe.

3. Results and discussion

Raw scores of females are presented in Figure 1.

Figure 1
Raw scores of females



Source: Authors development

Mean, variance and standard deviation of women's depression scores by the age groups are presented in table 1.

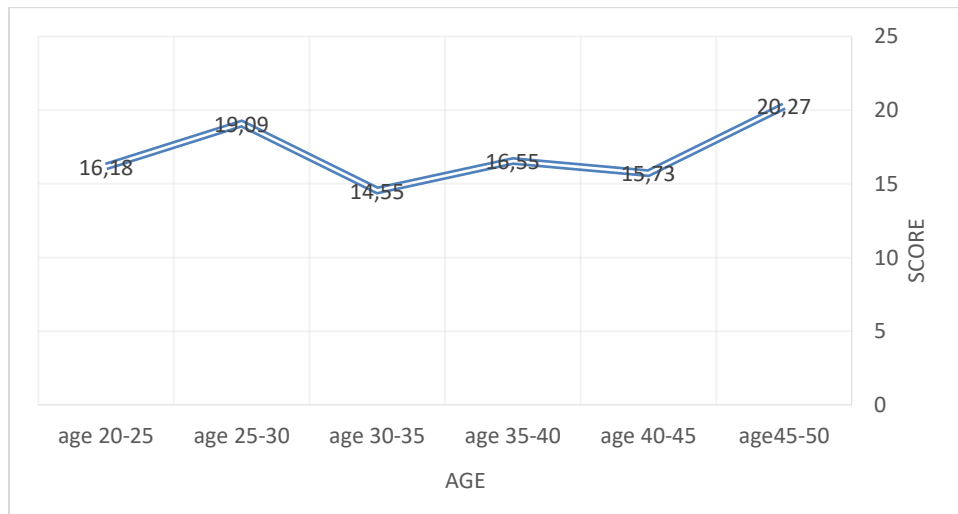
Table 1
Calculation of statistical indices including mean, variance and standard deviation of women's depression scores by age group

	age 20-25	age 25-30	age 30-35	age 35-40	age 40-45	age45-50
Mean	16.18	19.09	14.55	16.55	15.73	20.27
N	11	11	11	11	11	11
Std. Deviation	10.167	9.772	7.555	9.903	5.729	10.219
Sum	178	210	160	182	173	223
Std. Error of Mean	3.065	2.946	2.278	2.986	1.727	3.081
Minimum	3	3	3	3	8	9
Maximum	34	32	31	33	23	39
Range	31	29	28	30	15	30
Variance	103.364	95.491	57.073	98.073	32.818	104.418

Source: Authors development

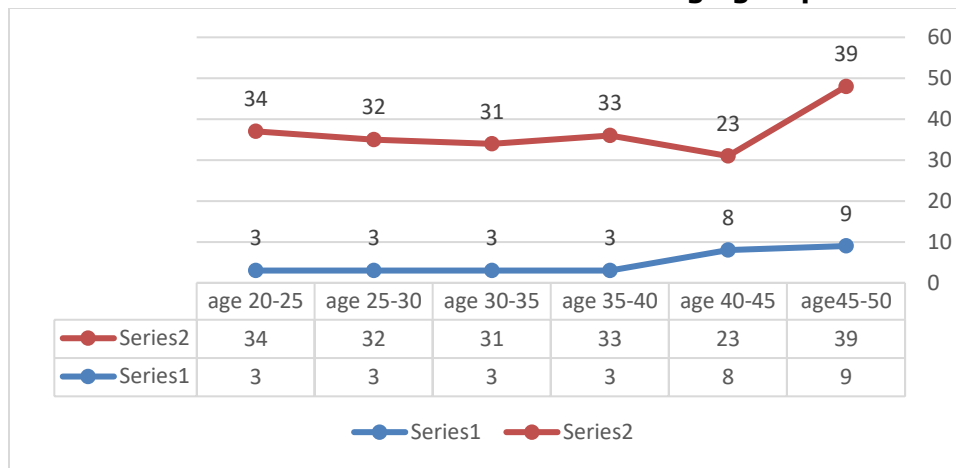
The average scores based on age are shown in Figure 2 and in Figure 3, you can see the minimum and maximum scores of the age groups.

Figure 2
Average scores based on age



Source: Authors development

Figure 3
Minimum and maximum scores for age groups



Source: Authors development

One-Way Variance Analysis to compare the mean scores of women's depression based on their age are presented in table 2.

Table 2
One-Way Variance Analysis to compare the mean scores of women's depression based on their age

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2138.656	28	76.381	1.082	.406
Within Groups	2611.117	37	70.571		
Total	4749.773	65			

Source: Authors development

The results showed that there was no statistically significant relationship between depression score and age. However, the highest depression score was in the age group of 45 to 50. Also, the average score of depression in the age group of 45 to 50 was 20.27, which was higher than the other groups. Also, the age group of 30 to 35 had the lowest average score with a score of 14.55.

4. Conclusion

Depression is the most commonly diagnosed psychiatric disorder that has recently been heightened. Depression is also called the common cold of mental illness. Almost all

feel at least mildly depressed. Feeling sedentary, jubilant, sad, disappointed, discouraged, and discontented are all commonplace with depression. This condition is called normal depression. Depression is a physical-psychological illness that can be manifest in people's psyche, but in each case the size and extent of these symptoms varies from one another. Depression is a disorder that affects the mindset, mood, emotions, and physical activity. Depression is the natural response of a person to the pressures of life, and only once is considered unconventional, which continues either with an incident that does not fit or beyond the point that most people begin to recover, and the essential feature of depression is disappointment and discomfort. In this research, we describe and analyze the research data. The data of the present study included depression scores of women according to their age. In order to describe the research data, average and standard deviation were used to calculate the mean and variance. To analyze the data, one-way ANOVA was used to compare the mean scores of depression by age. Results showed that F calculated in order to compare the mean scores of women's depression based on their age, they are equal (1.082) and not significant.

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