Depression is a common disorder in all Scandinavian countries (Olsen, 2004). Depression may be clinically subdivided into unipolar and bipolar disorders; the latter being less frequent. Major depression is normally characterized by low mood, low self-esteem, lack of will and interest. Various depressive disorders have been demonstrated to have almost no prevalence as to the gender of patients (Olsen, 2004; Kessing, 2005), though the opposite has also been observed in other studies showing women to men ratio up to 2x1 in bipolar and major depression disorders (Christensen, 2001; Christensen, 2003). These differences may be a factor of condition or stage of disorder, as well as of presence or absence of comorbid medical diseases. On average, women were shown to have longer rehabilitation (hospitalization) time than men (Kessing, 2004).

Lack of light, sun and relatively long winter (which can also be extremely cold in Finland) have been shown to negatively affect mood, and lead to depression. Alcohol consumption is quite high in Scandinavia (especially in Finland), and regular alcohol intake has been demonstrated to positively correlate with depression (Tozun, 2011). Moreover, due to Scandinavian social structure, wealth is well-distributed but it is very hard to get income over certain average level due to a very high level of taxation. Furthermore, due to social norms and local mentality, Scandinavian people (even though free in their nature, self-expression and self-realization), may be quite under pressure due to social constraints. Additionally, Scandinavian people seem to be aware of the impact of one individual onto their environment, and that realization often creates over-cautious or conflict-avoiding behaviour, and this moderation of one's feelings and emotions also may significantly lower mood. Due to developed gender equality and feminist ideas in the modern Scandinavia, young men may also have low mood due to their inability to adequately cope with quite strong female population. Rather high level of neuroticism in Scandic region also increases the risk of depression (Dennhardt, 2011; Uliaszek, 2010). Consequently, all these factors (lack of light, bad or difficult weather, rather high level of alcohol consumption as well as social and individual pressures) create a psychosocial and psychophysiological framework predisposing mood fluctuations and development of depressive states and disorders.

Due to such diversity of reasons (including climatic, social, stress- and substance abuse-related) creating high risk for depression in Scandinavia, there may be no uniform way of its treatment. My personal opinion would be inclined to a combination of pharmacological and psychotherapeutic interventions, the latter being either psychodynamic or cognitive-behavioural therapy (Leichsenring, 2006) depending on the root of concrete problem, patient's history and their current state. Whereas medications may improve mood and physical sensation, one still has to work on increasing internal motivation, life interest and will, which have been shown to be most effectively dealt with by talking therapies (Leichsenring, 2006). Coping with stressful life events in a framework of some kind of survival course or even such methods as yoga may also be considered as additional tools.

References:


