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From Humors to Psychiatry: The Evolving Story of Anxiety, Depression, and Stress

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Abstract: The complex association/ interaction between social, psychological, and biological factors leads to depression. This could happen to anyone since it is a common mental illness. People with continuous low moods, loss of enjoyment, and disinterest in activities are the symptoms of depression. Anxiety, on the other hand, is closely connected and usually comes in the form of constant worrying or fear, often without any noticeable cause. Stress is the mental pressure, and it is an individual's experience in any situation. the DASS, BDI, HAM-D, and HAM-A, other scales are also equally very popular to measure depression, anxiety, and stress. They are the Patient Health Questionnaire (PHQ-9) to test depression, the Generalized Anxiety Disorder Scale (GAD-7) to test anxiety, the Zung Self-Rating scales to test both depression and anxiety, the Hospital Anxiety and Depression Scale (HADS), and finally the State-Trait Anxiety Inventory (STAI). At present, these tools are combined to measure Depression, anxiety, and stress.

Keywords: Anxiety, Depression, Measurement, Method, Stress

Declaration: There is no conflict of Interest.

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Introduction

The most prevalent mental health issues experienced by people of all ages include depression, stress, and anxiety. **Depression** is a mood disorder that occurs with feelings of sadness, emptiness, and a sense of deprivation in things that used to be pleasant in the past. It has a significant influence on the mood, mind, and how one can handle day-to-day activities, and can often make routine chores formidable or unimportant. **Stress** can be defined as a state of mental or emotional pressure, and it is an individual's experience when they are subject to poor or difficult situations. It is a normal reaction in human beings and may have an impact on both physical and mental well-being. **Anxiety**, on the other hand, is closely connected and usually it comes in the form of constant worrying or fear, often without any noticeable cause. The reported experiences between them may vary in their manifestations. Still, they tend to intersect and thus can have broad effects on well-being unless they are identified and addressed early.

Depression has been estimated to affect 5% of adults all over the world (1). The most prevalent form of mental illness is anxiety disorders because approximately 301 million individuals had it in 2019, out of which 58 million were children and adolescents (2). Approximately 41% of adults worldwide reported feeling very worried in 2022, and 40% reported feeling highly stressed. It was also reported that almost a third of adults felt great physical pain (32%) (3). At the onset of the COVID-19 pandemic, the global prevalence of anxiety and depression increased by about 25% (4). In 2017, there were approximately 1.36 million prevalent cases of depression and 0.97 million prevalent cases of anxiety disorder in Nepal (5). Recent evidence from the Nepal Demographic and Health Survey highlights the growing mental health burden in the country. Findings from this analysis indicate that approximately 4% of the Nepalese population experiences depression, while nearly 18% are affected by anxiety disorders (5). The burden of mental disorders in low-income countries is particularly high due to limited access to care and stigma (6).

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Methodology

This viewpoint article was prepared through a structured review of literature on anxiety, depression, and stress, with emphasis on their history, prevalence, and conceptual models. Relevant sources were identified using databases such as PubMed, Science Direct, and Google Scholar**,** supplemented by reports from the World Health Organization (WHO) and other international agencies. Search terms included combinations of *"anxiety," "depression," "stress," "history," "psychological models," "prevalence," "global burden," and "Nepal."*

Results

Historical Background of Anxiety, Depression, and Stress:

The concepts of mental disorders like anxiety, depression, and stress have passed through centuries of medical traditions, cultural beliefs and scientific advances. The origin of early conceptualizations can be linked to ancient Greek medicine, in which Hippocrates (460–379 BC) explained melancholia as the consequence of the lack of balance in body fluids. When the black bile was at preeminence in relation to the other humours, he said, it produced the effects of melancholy and hopelessness (7). This humoral theory continued to dominate the Greco-Roman era and, in the long term, dictated the views on mental illness. Demonic possession was frequently used as an explanation of mental illness in medieval and early modern times in Western Europe, and many such accounts were made in that era (8). The connection between the states of emotional distress and mental disorders was already recognized in the Renaissance period when Robert Burton, in The Anatomy of Melancholy, noted fear and sorrow as major characteristics of the condition. By the 20th century, more scientific methods came to the forefront. Hans Selye first coined the term stress to describe a physical response and came up with the theory of the General Adaptation Syndrome (GAS), which emerged to be a major concept in interpreting the response of the body to long-term stress (9).

Assessment tools (Measurement models):

1. Depression Anxiety Stress Scales (DASS)

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Developed by Peter Lovibond and Sydney Lovibond**,** the DASS is a self-report questionnaire designed to measure the severity of depression, anxiety, and stress in both clinical and non-clinical populations.

2**. Beck Depression Inventory (BDI)**

Developed by Aaron T. Beck and colleagues, the BDI is a 21-item self-report tool measuring the intensity of depression symptoms. The instrument has been one of the most popular diagnostic tools for depression.

3. Hamilton Rating Scale for Depression (HAM-D)

The HAM-D is a clinician-administered scale developed by Max Hamilton to assess the severity of depressed states commonly applied in psychiatric practice and in research.

4. Hamilton Anxiety Rating Scale (HAM-A)

One of the earliest and most commonly used clinician-rated assessments of anxiety severity is the HAM-A which was also produced by Max Hamilton.

In addition to DASS, BDI, HAM-D and HAM-A, other scales are also equally very popular to measure depression, anxiety and stress. They are Patient Health Questionnaire (PHQ-9) to test depression, the Generalized Anxiety Disorder Scale (GAD-7) to test anxiety, the Zung Self-Rating scales to test both depression and anxiety, the Hospital Anxiety and Depression Scale (HADS), and finally the State-Trait Anxiety Inventory (STAI). These models, combined, present a full account of psychological distress concepts and quantification of psychological distress, whether clinical or research oriented.

Conclusion

The development of knowledge in the area of anxiety, depression, and stress reveals the changes in perspectives over the millennia, when the ancient humoral conceptions have been replaced by medieval spiritual theories, which nowadays have been substituted with more scientific and psychological theories of anxiety, depression, and stress. The diagnosis of these conditions as

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medical and social problems has resulted in the establishment of standard assessment procedures like the DASS, BDI, HAM-D, and HAM-A, which have, in turn, contributed much to diagnosis and treatment. Thus, anxiety, depression, and stress have long been a part of the human experience, not only defined by early philosophers, but also by physicians and, more recently, studied by modern psychiatry. Their changing meanings are the measure of the advance of medical knowledge as well as of the unchanging truth of human suffering. However, regardless of these attempts, the mental health burden and disorders remain and are high all over the world, and stigmatization is one of the factors experienced in low and middle-income nations, especially because of the limited resources and access to care. To overcome these difficulties, it is necessary to have an even more globally oriented attitude to the early diagnosis of the issue, culture-specific forms of intervention, and the inclusion of mental health within primary care frameworks.

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