

Review of the Relationship between Depression and Life Satisfaction among University Students.

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Abstract

Depression is one of the most commonly observed medical conditions. Studies about the depression and life satisfaction is increasing day by day. Untreated depression may lead to unexpected earlier deaths and has negative impacts on the patient's general health conditions. On the other hand with the proper treatment, life quality could be enhanced. Moreover life satisfaction level is also seen as an important factor which is related with life quality and which is usually coordinated together with the depression. There are different types and explanations of depression. In this study, we tried to explain the prevalence, diagnosis criterias, risk factors, etiology and description of depression. In addition to this, relationship between depression and life satisfaction is tried to be explained. Purpose of this review study is to explain depression, it's risk factors and the importance of life satisfaction.

Key Words: Depression, Life satisfaction, Relationship, University students.

1. Introduction

2. Depression

Depression is one of the most common psychiatric disorders. Depression is a mood disorder. When the personal and social cost, due to the effects of depression is considered, it can be perceived as a serious

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public health issue (Çakıcı et al., 2017). Mood disorders can occur at any period of a person's lifetime. It can occur as a result of bodily health disease or a stressful life event. Moreover, as it can appear on childhood, puberty or old age periods, it has a large spectrum (Gündoğar et. al., 2007). Thoughts, feelings, social relationships, body and the whole life of the people who are suffering from depression is corrupted. Depression is a risk factor of heart attack, stroke, osteoporosis, diabetes and many other serious endemic diseases. It can reduce average life span if it is not treated. Depression must be distinguished from ordinary sadness and failure. Treatment of depression is possible. Nowadays there are new and comprehensive treatment methods for depression because of the last year's improvements. The level of the depression determines the treatment's insistency (Ş.E.E.A.H. Tıp Bülteni, 2011). Whether depression is not treated, life quality might decrease and suicide risk might increase. Chronic medical conditions can appear due to the non-treated depression. Also risk for mortality increases as well as economical load also increase. It has negative influence on family and colleagues. It is clear that treatments for depressive symptoms are critical for the life qualities (Dilbaz & Seber, 2015). There are two forms of depression.

Primary depression: depressive symptoms occur independent of any other mental disorder or physical diseases.

Secondary depression: depressive symptoms arise in relation to other mental disorder or physical diseases (Öztürk & Uluşahin, 2015).

3. Diagnostic Criterias for Depression

There are some specific criteria that help clinicians for the diagnosis of common mental disorder depression. Most common accepted classification system among the world is DSM (Diagnostic and Statistical Manual of Mental Disorders) which is American Psychiatry Association's classification system. According to DSM V A- Criterias are; At least five of the below symptoms must be seen for consecutive two weeks approximately every single day. At least one of the symptoms of depressed mood or loss of interest or pleasure must be seen. In addition to this, decreased energy, disturbances on sleep, loss or increase of appetite, pessimistic ideas, loss of concentration, retardation in psycho motor activities and agitation, guilty feelings, decreased self-worth and ideas of suicide are common symptoms that observed in depressive period. In addition to this, these symptoms can cause an important problem or disturbances in psychosocial functions and they must not related to physiological impacts of any other general medical condition These problems can become chronic or recurrent and may inhibit individual's ability to perform his or her everyday activities and responsibilities. Suicide thoughts and planning's are only seen at severe depression. Depressive episodes can be mild, moderate or severe (APA, 2013; Marcus et. al., 2010; Karamustafalıoğlu & Yumrukçal, 2011). Most of the patients, self-care decreases and there are observable changes in the appearance. In severe depression it is hard to make a conversation with the patient. Patient has place and time orientation and there are no disturbances in perception. On the other hand forgetting and concentration difficulties are common. Speed of thought also decreases and content of the thought is pessimistic in depressive patients (Öztürk & Uluşahin, 2015). Other observable depressive symptoms are feeling anxious at most of the time, no contact with people around themselves included the very closed ones, feeling helplessness and having no hope for the future, very strong feelings of guilt or worthlessness, not efficient at work or school, sexual problems, self-harm and physical pains (Mental Health Foundation, 2006).

4. Prevalence of Depression

In the most researches applied through the world states that experiencing depression among women is two times more than men. Differences among gender are common through the every age group whereas it is more obvious at childhood and old ages. The exact reason of this difference is not known but there are several opinions for its explanation. Endocrine system is the first view about the possible reason.

In the postpartum and pre-menstrual period depression risk increases whereas in the menopause period there is not such a risk. Depressive men are more tend to start using alcohol and drug than women. Differences among genders can be linked to psychosocial factors. Especially nowadays women have many economical and moral responsibilities. Women, in industrialized countries are; a mother, a wife, a businesswoman and a housewife. They have many different roles (National Institute of Mental Health Depression Booklet, 2011). Almost in every society men are perceived as more powerful and having more status than women. Because of this perception, women are experiencing events more traumatically and more vulnerable to sexual abuse. Risks of poverty, harassment and disrespect are higher among women. Moreover it is clear that in the mean of coping techniques and biological responses to stressors there are variations between men and women (Hoeksema, 2001). Prevalence of major depression for the 12 months found as %6.6, and life-time prevalence as &16.2 (Öztürk & Uluşahin, 2015). In daily life, everyone has some problems sometimes. Whereas these problems can take a form of symptoms and these symptoms may be a sign of a disease. One problem in our society is, most people do not perceive depression as a disorder and make no attempt for the treatment. Major depressive disorder is the most searched depressive disorder. Major depressive disorder's lifetime risk for men was found as %5-12 for men and %10-25 for the women. This ratio was nearly %6 for dysthymic disorder and %1 for bipolar disorder. There are some studies which investigates depression among Turkey. Kuey and Güleç made some clarifications steam from those studies. Depression prevalence at clinical level in the society is approximately %10. Somatic symptoms of depression was nearly %20 whereas for the mental symptoms such as guilty feelings have a point prevalence as %10. Secondary depression among chronic physical diseases is common. Depression turns to chronological for the 1 in 3 patients. Starting age of the depression is average 40. Majority of the patient's starting age is between 20 and 50. Most of studies claim that, probability of depression to be seen is low for the children and elderly people. For example, depression among the people more than 65 years was found as %1.7 and more than 75 was found as %3.2. Depression rates are in increasing among the elderly people due to the changes in socio-cultural structure. Moreover depression is more common for the individuals younger than age of 20. Depression reaches to the peak levels at 35-45 years for the women and 55-70 for the men (National Institute of Mental Health Depression Booklet, 2011).

According to WHO, %3-5 of the world's population have some depressive complaints. Moreover, %8-15 of the patients that visit doctors due to medical reasons have depression that needs a treatment. Western industrialized countries include the most clear data about the risks of depression. According to these data, %13 of the men and %20 of the women face with depressive complaints at least one time throughout their life (Ören and Gençdoğan, 2007). Negative perception of the body image, depressed parents, low peer popularity, ambivalence relationships, academic grades, increased cognitions and daily life stressors are the factors that make adolescents more vulnerable to depression (Peterson et. al., 1993). People who are diagnosed with cancer, stroke, diabetics or Parkinson's disease are more predisposed to depression (National Academy, 2000). Cancer is the reason for many deaths and development of many psychiatric disorders. Treatment methods such as chemotherapy and risk of death are the main stressors that make the patients more vulnerable to depression. During the treatment period psycho-social support is also needed in addition to medical treatments. Probability of developing psychiatric symptoms for the cancer patients are %30-40. Most common psychopathology is major depression. If people who are diagnosed with cancer start to experience depressive symptoms, life quality, harmony of treatment and reaction to treatment decreases (Aydoğan et. al., 2012). In addition to this, depression is the most common psychiatric disorder seen in people living with HIV/AIDS (Reis et, al., 2011). Moreover it limits the level of life satisfaction and work productivity (National Academy, 2000, 1-9). Nearly 3000 people die every day because of suicidal attempts. This means 1 million lives lost in a year in response to suicide (WHO, 2012). Parental behaviors, depression and life satisfaction are positively correlated. Parenting styles in childhood such as authoritative, authoritarian, indulgent are also accepted as a predictor for depression. Children need to receive emotional behaviors from mother. The amounts of emotional behaviors from both parents are important (Kapıkıran et. al., 2014). It is observed that, in adolescence period antisocial behavior, substance using, elimination of

socialization, lack of academic success and suicidal thought or attempts are more extensive among adolescents who are experiencing major depressive disorder (Depression Guideline Team, 2011). In elderly people depression can also be seen due to the adaptation period to the new changes in life, threats to health and economical income, not enough social support, having difficulties for recovering the loss and inability to continue the pleasurable activities (Kaya, 1999).

5. Factors that Effect Depression

Heredity is an important factor which affects depression. People who have relatives with depressive disorder are nearly two times more vulnerable to depression (Öztürk & Uluşahin, 2015). Marital status and interpersonal relations play an important role that triggers the depression. Also depression can disrupt interpersonal relationships. Divorced people are more vulnerable to depression. There is a discussion about whether depression may be a reason for the divorces or being alone may trigger depression. Married men are the lowest risk group whereas widow and divorced men are the highest risk group. Whereas in another study it is claimed that single men and married women are the member of highest risk group. Researches in Turkey, being women and widow, being dependent on other people for daily life activities increases the risk of depression for the women more than 65 years. Socioeconomic status is another risk factor. Whereas there are no exact results, it is thought that there is a relationship between low socioeconomic status and depression. Depression rates found more in low socioeconomic status working women than higher socio economic working women. It is submitted that depression is seen more in rural areas than urban ones.

Social environmental factors play an important role as a result of epidemiological studies about both mental and physical problems. Individuals that surrounded by consistent, significant and appropriate supports can protect themselves more easily from environmental stressors. Emile Durkheim was one of the first founders of importance of social support in psychiatry. Durkheim stated that 'individuals that could not integrate with the society are under high risks of suicide'. Religious motivations found to be an influential factor on depression. It is observed that people who belongs to a religious group and hold a religious belief are less vulnerable to the depressive disorder when compared with the non-religious people such as atheist people (Genia & Shaw, 1991).

Urban environments may be more stressful than rural environments. Moreover, crime rates, divorce, and other social pathologies are higher in cities than in county areas. Finally, we examine the role of income. Higher income is associated with higher living standards and greater life satisfaction, since more resources are available with which to cope with life's stressful events and circumstances unemployment, marital conflict (Melgar & Rossi, 2010). Biological and genetic factors, gender, culture, age, stressors, marital status, socioeconomic status, personality features, physical diseases, whether working or not, pregnancy, some medications, treats for sexual identity, use of alcohol or drug and developmental periods are important determinants of depression (Savrun, 1999) Noradrenalin, serotonin and dopamine neurotransmitters are accepted to be influential on depression. Stressors such as lack of

mother or father figure in childhood or loss of one of the parents are increasing risk for the depression (Öztürk & Uluşahin, 2015).

Treatment of acute period of depression lasts approximately 6 to 8 weeks. The aim is rumination of the symptoms of patients. After the rumination period the treatment generally continues for 6 months (Savrun, 1999).

6. Life satisfaction

Definitions of life satisfaction have some variations due to different perceptions of each people. At first, Neugertan had brings out the concept of life satisfaction in 1961. It is assessed by the balance between what people have and what they expected to have (Eroğul, 2011). Neugertan described life satisfaction as wellbeing of the individual's happiness, morale and other different perspectives (Kara et. al., 2014). Life satisfaction is defined as, evaluating individual's own life as positive according to their self-defined criteria. Life satisfaction is cognitive component of the subjective well-being. Individual makes comparisons about their perception of life conditions and their imposed criterias to themselves so the valuation of their life (Eroğul & Dingiltepe, 2012). In other words, life satisfaction is a cognitive evaluation of individual's judgment of their life according to specific standards. Generally it is consist of an individual's whole life and its various dimensions such as age, gender, religion, marital status, social support, marital status and environmental conditions (Özgür et. al., 2010).

Concept of happiness is a working area especially in positive psychology. It was emphasis that only restoration of negative conditions is not enough, development of the positive aspects of the patients is also an important factor. Strengthening the potent properties will help to eliminate the pathology (Çivitçi, 2012). Wellbeing and happiness are the center element of focusing on ourselves, our lives and relationships. It also increases for the search of unexplained ways of happiness as a good life concept is different for each people because every individual is unique (Yetim, 2000, Diener & Suh, 1997). Maintaining a happy life is one of the most important purposes of the life. Throughout the centuries, philosophers and artificers searched for the happiness which is only can be found in feelings and experiences inside ourselves. The search is about how to be happy and how to sustain the happiness. Happiness is also an effective factors on life satisfaction as it comes as a result of assessment of how far they reached their goals and desired life conditions (Özkara et. al., 2012). Generally life satisfaction is categorized into three groups. First group examined life satisfaction according to wellness, holiness, virtue and other external criteria. There are comparisons with the exterior criterias. On the other hand second group is concentrated on factors that affect their self evaluation and judgments. A person that does not perceive himself as happy is never happy. Judging the self is the essential indicator in this group. Moreover the third group is about happiness, meaning of life, social relations, economical conditions, physical wellbeing and flow of the daily life. That is to say, positive feelings are dominated by negative feelings (Vara, 1999; Yetim, 1992; Tümlü & Receptoğlu, 2013; Serin & Ozbulak, 2006; Yetim 2001; Özer & Karabulut, 2003).

Life satisfaction is one of the most basic search topics of the life and a judicial process related to the cognitive assessment about how extent the person is satisfied with their life (Erturan et. al., 2014; Diener, 1984). Ryan and his colleagues (1996) stated that behaviors related with autonomy, relevance, qualifications and other internal needs are increasing the life satisfaction. Csikszentmihalyi (1975; 1990), found that activities proper with the abilities are related with happiness and satisfaction (Toros et. al., 2010). According to Luthans there are three aspects of life satisfaction. These aspects are; it is emotionally predominant concept, it illustrates how far expectations are met and also bring out related attitudes about the topics (Dursun & İştari, 2014). The studies show that, gender, race and economic status has no evident effect on life satisfaction whereas psychological variables such as personal tendencies, intimate relations and culture have an effect on the explanation of the life satisfaction. It is also found in many studies that self respect is a predictor of the life satisfaction (Roğul & Dingiltepe,

2012). Life satisfaction also includes whether a person has reached the aims predetermined before or not. It is found that academic life, educational opportunities and achievements are effective factors that boost life satisfaction. Life satisfaction indirectly has an effect on morale, feelings and daily relationships (Serin et al., 2010). World Health Organization defined health as not only disease or disability and added complete wellbeing of physical, mental and social ways to the definition in 1946. After this definition importance given on life quality increased. Nowadays many illnesses can be treated so life time increased gradually whereas some people are compelled to live with chronic diseases for many years. So life quality becomes more important. It is highlighted that, instead of focusing on specific life areas whole life evaluation is more important (Müezzinoğlu, 2004). The study which administered to the participants of 17 different country show that, many of the university studies give much more importance to happiness and life satisfaction than money. Some studies illustrate those students with high life quality take more responsibility, have less stress and emotional loneliness and much more satisfied with their family and work. Life satisfaction is in negative relation with constant anxiety, depression and despair. Studies applied on university students show that life satisfaction and self esteem are in positive relationship. All of these findings give us information that life satisfaction has an important role on positive psychological health (Çivitçi, 2012; Yetim, 2003). There are many studies about life satisfaction with the university students and adolescents. For example, Young and Miller (1995) found that adolescent's perception of their parent's attitude are related with life satisfaction. Another study, Moller (1996) made with South African students illustrates that economic level and ethnic properties are factors that are related with life satisfaction. In 2005, McKnight applied a study to university students and found that students which have contradictions with spirituality have lower life satisfaction. Paolini, Yanez and Kely also found that worries about material possibilities are related with anxiety and life satisfaction (Dost, 2007).

According to World Health Organization, individual's physical functions, psychological conditions, social relationships within family and with others, environmental interactions and beliefs are included in life quality. Moreover life satisfaction is one of the most important determinants of life quality and general good feeling. It is about individual's self chosen properties of life quality and judgments of wellness. In other words, individual's judgments of his or her own various standards about their lives by using cognitive assessment. Generally life quality or personal wellness includes sociological, psychological, economic and cultural agents so it is a multidimensional concept. Lately, individual's happiness topic is investigated within the frames of concepts such as psychological wellness, subjective wellness, life quality, life satisfaction and positive affect. According to Moller (1996) well being of the students determines the well being of the future nations. Especially the attention given on the students who have leadership skills are investments for the future of the countries (Dost, 2007). According to Diener and Lucas (1999), life satisfaction involves being satisfied with the current life, demand for changing the current life, satisfaction with the past, satisfaction about the future and the other people's opinions about the individual's life. Satisfaction areas are work, family, free time, health, money, self and close environment. Moreover life satisfaction is related with reaching aims and ideals of oneself (Yiğit, 2010).

7. Risk Factors of Life Satisfaction

Risk factors can be divided into three areas. Personal risk factors which include low intelligence level, anxious temperament, experiencing health issues, low self-esteem, no use of effective defense mechanisms, inability to express self and aggressive personality form. Familial risk factors such as familial diseases, divorce of parents, unhealthy parent relationship, rigid and inconsistent discipline, negative relations between siblings, violence and neglect. Social risk factors which involve low socio-economic status, insufficient services at home and school, lack of positive social role models, drug use, immigration and unemployment (Tümlü & Reçepoğlu, 2013). Life satisfaction consists of both other people's corrections and people's own rights and judgments. Judgments have some variations related the certainty and stability. For instance, judgments that are not stable and certain will make a sense of

ambiguity and have negative implications on life quality (Veenhoven, 1996). Life satisfaction is effective on mental health of the people and degree of the adaption to life in every developmental stage (Softa et. al., 2015). It is also found that there is a negative relationship between perceived stress and life satisfaction. Living condition and stress level are associated with the life satisfaction (Alleyne, 2010). Daily experiences such as, sleep habits and health, may also be related to life satisfaction (Pilcher, 1998). As a result of positive affect, subjective well-being and life satisfaction, increase in well-being is observed. Increases in positive well-being bring out health conclusions (Grant et. al., 2009; Diener, 1984). There are many factors that influence life satisfaction. Some of these factors are meaning of life, positive self identity, reaching goals economical support (Tümlü and Receptoğlu, 2013). Evaluation of positive and negative factors that affect the life satisfaction helps to increase the satisfaction and reduce the fatigue (Ünal et. al., 2001). There are two factors that are influential on life satisfaction. First one is the self-esteem which is related evaluation of ourselves. Other factor is loneliness which makes individuals more vulnerable. It is clear that every people could experience a period of loneliness throughout their life. Loneliness is related to decrease in social relations both in the means of quality and quantity (Bozorgpour & Salimi, 2012).

8. The Relationships between Depression and Life Satisfaction Among the University Students

Lately, it is observed that there is an increase in university students who are diagnosed or treated by the depression. Depression is the most serious emotional problem that students face with. This is because it affects the adults and young adults directly and deeply. University years involve a transition between young years to the adult world. Students start to have different point of views, explore different life styles and be aware of different roles. Students try to be independent and also improve expected developmental tasks such as establishing relations. University students maintain a balance between their own expectations and other people's (friend and family) expectations. In addition to this they try to discover themselves. During this discovery period there might be ups and downs in self respect must adapt themselves to the changing environment and condition such as living place. Because of these factors and probability of negative life conditions there might be many stress factors. At last, university students become more vulnerable to psychological symptoms such as aggressiveness, anxious and depressive moods because of the uncertainty and adaption problems (Ceyhan et. al., 2009). Life satisfaction is an important issue for every age groups and so for the university students. This can be related to living another place far away from their families. Most of the students go to a different city for their university education. They must adapt themselves to their new life and important changes. This may lead to bio-psychosocial problems. It is found that married women have lower depression while compared with the unmarried ones. On the other hand, married women have lower life satisfaction compared with the unmarried ones (Sundriyal & Koma, 2012).

9. Researches about Depression and Life Satisfaction throughout the World

Depression is a growing problem topic throughout the world. Despite it is very common, most people do not perceive and accept depression as an illness. Many people who suffer from depression do not ask for a help and do not request for treatment. Non-treated depression can reach to severe levels and severe level of depression may lead to suicidal attempts. As it is described, the importance of depression should be underlined because of its harmful consequences. In addition to this, life satisfaction level is also an important factor which influences the life quality and happiness. There is a relationship between life satisfaction level and depression. It is also found that there is no significant relationship between gender and depression among university students whereas they found that depression is more common among female students (Gündoğar, et. al., 2007). Moreover, in another study it is found that lifetime and 12-month prevalence of depression is nearly twice as high among women than men (Marcotte et. al., 1999). Wilson and Oswald (2005), stated that break-up of the relationships has a large depressive effect ($p < 0.001$). Not married or not in relationship individuals usually live alone which in turn increases the risk of depression. (Ross et al 1990). Another study indicates that Hispanics living alone report

significantly higher levels of depression compared to Hispanics living with their spouse/partner. The finding of that study suggests that living alone is an independent risk factor for psychological distress among older Hispanic adults. The results of the study, related to living alone and living with other people are found to be significant (Russel & Taylor, 2009). Another study which investigates the association between depression and living status (whether living alone or with others) in the elderly people illustrates that living alone was significantly associated with depression. Moreover the absence of family living together is significantly related to depression (Fukunaga et al., 2012). It is also found that when statistical analysis applied students whose family have high socio-economic status are at lower depression level whereas student whose family have low socio-economic status are at higher level of depression (Sümer, 2008). In another study it is found that there are negative directional significant difference between risk of postpartum depression risk and perceived multidimensional social support which includes family support (Yıldırım et al., 2011). Knowledge that you are not alone and you will not give a fight with economic standards has a curative effect. Good relations serve social needs of the people. In another study of Alves et. al. (2014), it is found that lower depression scores are correlated with higher scores on perceived family support. In other words they found a negative correlation between variables. The findings are confirming the literature results which support the family relations importance. As Beck's triad of depression theory explains there is a constant relationship between perception of self, object and environment. The most important and first object in life is parents. If there is a negative perception of object, person will start to perceive the self negatively and thus the environment. This loop will continue as a triad. The findings of another study of a large community sample of young adolescents, suggest that perceived academic performance is related to self-esteem, locus of control and depressive symptoms (Richardson et. al., 2005, 163-76). On the other hand, the study of Hysenbegasi et. al. (2005), suggests that diagnosed depression was associated with a decrease in university students GPA point. So this study is an another perspective that shows the relationship with academic performance and depression. In this view, depression leads to lower academic grades as the concentration and motivation to study decrease, GPA point also decreases. Results can be interpreted as perceived academic performance and social skills are related to positive self- image which in turn related to depression. As the person perceive self-positive, she or he will perceive the environment also positive.

A study found that, males are significantly less happy than females in Japan. The findings show that female participants are not only happier but also more satisfied with their live (Tiefenbach & Kohlbacher, 2013). In another study done in UK, illustrates similar average levels of life satisfaction for both men and women. In addition to this, the variations among life satisfaction for women found as more observable (Guista et. al., 2011). In another study, not in relationship participants found to be less satisfied and happier compared with the married participants. Being married is largely associated with happiness and happiness affect the satisfaction level (Tiefenbach & Kohlbacher, 2013). In addition to this, there is another study which supports the same results. According to the findings, for both genders married men and women are more satisfied with their lives when compared with the single men and women. All similar findings can be interpreted as being in relationship or married, serves affection needs of the individuals and this may lead to happiness which in turn associated with satisfaction. In another study, it is found that class is not a determinant of life satisfaction whereas it is also found that hopelessness is decreased in the first class whereas it is increased at the fourth class. Moreover, other studies claims that as the age and class increases, life satisfaction decreases. There is a negative correlation between class and life satisfaction. On the other hand, our study found a positive correlation without any statistical meaning. This could be commented as, most of the participants are from Turkey and they are in Cyprus for education. At the fourth class they are more close to turn back to their country. This may lead to more happiness and more happiness is associated with increased life satisfaction. On the other hand, other results might be related to as the class increases, future anxiety and responsibilities increase so perception of the world is also change which can be related with life satisfaction (Ergin et. al., 2011). A study which includes Turkish and American university students also found that there is a positive relationship between life satisfaction and economical independence (Matheny et. al., 2002). In another study, according to the

student's perception as the economic condition increases, life satisfaction also increases whereas depression, despair and anxiety level decreases (Gündoğar et. al., 2007). In another study, it is found that there is a negative correlation between loneliness and life satisfaction. In addition to this, a study demonstrates that people who live alone found to be having less belonging needs and less satisfaction level especially with the satisfaction of personal relations when compared with the people who live not alone (Mellor et. al., 2008). In another study, it is also found that there is a significant difference between perceived academic performance and life satisfaction level. Study illustrates that as the perceived academic performance level increases; life satisfaction also increases whereas as the perceived academic performance decrease, life satisfaction level also falls (Dost, 2007). According to another study, it is stated that there is a positive relationship between perceived school performance and life satisfaction as similar with our findings (Shek & Li, 2015).

10. Conclusion

According to the changes through the social construct, risk for depression is increasing day by day. It is found that one of the basic reasons for the suicide is depression. Moreover depression may lead or increase the rate of many medical illnesses. The importance given on the treatment of the depression is not widespread because it is not perceived as an illness. Due to the harmful consequences of the disorder, it should be transferred to many people as possible. If the depressive symptoms left untreated, it may turn into a serious condition as its severity increases. Impacts of the depression are not only about mind. It also influences the body. In addition to this life satisfaction level determines the life quality of the individuals. It is about the harmony of the intended goals and the reality. It is obvious that there is a relationship between life satisfaction and depression. For the avoidance of depressive symptoms and decreased levels of life satisfaction having a peaceful home environment, good social relations and optimal levels of self-esteem are the effective factors. Moreover, preventing the contact with inner and outer stressors is also a way for decreasing the vulnerability to depression. With proper prevention programs depression risk and suicide rates could be decreased. In conclusion, there are many different perspectives while understanding, examining and interpreting the depression. Our review work, presents opinions about the etiology, risk factors of depression, importance of early prevention and treatment and its relationship with the life satisfaction level.

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