

Psyche & Soul 33: MAJOR DEPRESSION

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Hello, this is Jose Parappully, Salesian priest and clinical psychologist at Sumedha Centre for Psychospiritual Wellbeing at Jeolikote, Uttarakhand, with another edition of Psyche & Soul.

In this edition I shall explore Depression.

Major depression, commonly known as clinical depression, is the most common mental disorder in the general population.

According to data developed by the *Global Burden of Disease* study, major depression is the leading cause of DALY or the years of healthy, productive life lost to an illness, be it through early death or through disability worldwide.

Symptoms

Major depression is characterised by a pervasive sense of profound sadness, low energy, disturbances in eating and sleeping, feelings of guilt, low self-worth, hopelessness and meaninglessness, even despair, poor concentration and problems with memory. Most people suffering from it feel worst in the morning, and the mood seems to lighten a bit as the day goes on.

Although profound sadness is the salient features of depression, some individuals suffering from it emphasize somatic complaints (e.g., bodily aches and pains) rather than reporting feelings of sadness. While depressed persons are low on energy and not very active, many of them report or exhibit increased agitation, restlessness and irritability - which is a contributing factor to sleeplessness.

When persons are depressed, it is very difficult for them to be interested on anything. They would prefer to stay in bed, even if they have desire to get out and do something worthwhile. It would be too much of an effort to get out, and so they often stay on in bed. They stop watching TV, stop reading, become silent and incommunicative. Those around them may label them lazy. But they are not. They would prefer to be active, but they just can't bring themselves to do that.

Depression affects both mind and body. Depression can raise risk of heart disease. People who are depressed are three times more likely than those who do not suffer from it to experience pain, especially intense, disabling neck or back pain and headaches. One study has shown that people with major depression are three times more likely to have migraines, and people with migraines are five times more likely to get depressed. Depression can affect the stomach too -- causing nausea, indigestion, diarrhea, or constipation.

Suicide

Thoughts of suicide or actual attempts are quite common. The risk of suicide is about 20 times greater among those diagnosed with major depression in comparison to those without it. Two-thirds of those who commit suicide are found to have struggled with depression. Women are more often affected by depression than men, by a two to one ratio. However, more depressed men (7%) than women (1%) commit suicide. One reason for this is that women are more likely to seek treatment and take medication.

Bipolar Depression

One form of depression is known as *bipolar*, also known as *manic depression*. A person suffering from bipolar depression has periods of depression preceded or followed by periods of mania in a cyclic fashion. The *mania* phase is characterized by excessive elation, activity, talkativeness, inflated self-esteem or grandiosity. The person may throw himself or herself into ceaseless activity or show indiscriminate enthusiasm for interpersonal, and sometimes sexual, involvement. Almost invariably, there is a decreased need for sleep. In extreme cases, a person may go on for days without sleep and yet not feel tired. But after a while he or she sinks back into the lethargy of depression. The duration of the depressive and manic phases can be very short or long.

Roots of Depression

Depression is a complex illness with biological, personal and environmental contributors. In the biological understanding, depression is caused by imbalances in the brain chemistry.

Often, depression runs in families, giving credence to the impact of hereditary factors. In this understanding, depression is considered to be “endogenic,” that is, as arising from a constitutional (inborn) disposition that is relatively unaffected by external events.

However most often depression arises from personal experiences, especially of loss and setbacks in life. An unsupportive and unhealthy social environment exasperates the disappointments and distress as response to external factors.

There are many personal experiences that can lead to depression. Physical, sexual, or emotional abuse can increase the vulnerability to depression. Interpersonal conflicts, especially family disputes, feeling of being unwanted, prolonged grief after death of a dear one, especially when the death is unexpected or tragic, can turn into depression.

According to Roger MacKinnon and Robert Michels, authors of the classic text “*The Psychiatric Interview in Clinical Practice*,” the loss of a love object is the most common precipitant of depression. This loss is usually the death of or separation from a loved one. In other circumstances, it is an internal psychological loss resulting from unfulfilled expectations, or loss of self-esteem and self-image. For depression-prone individuals self-esteem is based upon continuing input of love, respect, and approval from significant other figures in their life. When this is missing or disrupted, depression is precipitated.

Treatment

The most common approach to treatment is biological - use of antidepressant medications. When depression is deep seated, the medical approach can help to restore some stability of mood, and provide help to return to some sense of normality and involvement in society, and is often necessary.

Depression, however, is more of a “soul sickness” – than a biological disease. The root causes of feelings of hopelessness, existential despair, and crippling lack of motivation cannot be healed by popping pills. Medication may help reduce symptoms but do not address the underlying causes of depression. This is done through psychotherapy, which is a time-consuming process, but helps one to sort out the complicated emotions and anxieties that lie at the root of depression.

The results obtained by the drugs, can be obtained by exercise as well. What medicines do is to restore the bio-chemical balance in the brain by working on molecules and hormones. Exercise does the same, but at a much slower pace. Research suggests exercise releases chemicals in the brain that make a person feel good, improves mood, and reduces sensitivity to pain. Exercise done along with others, increases human connection, and helps especially to lift oneself from the morose feelings that accompany depression.

Reaching out to others in kindness and compassion, also help to lower depression. Researchers at the University of California Riverside, and Duke University, for example, have found that engaging in these acts of kindness and compassion which they have labelled *Positive Activity Interventions (PAI)* help to reduce depression. These help persons suffering from depression to move out of their morose self-absorption, create positive feelings and help energise them, just like exercise does. They create a feeling of connectedness to others, bring meaning in their lives, increased perception of self-efficacy and competence, all of which we know alleviate depression.

Introspection and Prayer

Have you ever been depressed? If yes what was it like? What helped you to get out of it?

Have you lived with anyone who is depressed? What was that like?

Prophets and saint too have been depressed. The prophet Jeremiah was depressed and even wished to die because of the unresponsiveness of people to his message and their attacks on him. The prophet Elijah too sunk into hopelessness and despair and wished he were dead. Jesus struggled with his feelings of despondency in the Garden of Gethsemane.

We could stay with whatever is evoked in us now as we recall these experiences, yours and of others, or what is triggered in us by this podcast and spend some time in prayer.

Have pleasant weekend. Be safe. Be blessed.

Thank you for listening/reading.

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