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TO CELEBRATE LIFE!

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LONELINESS AND DEPRESSION

Rev. Joseph Ivel Mendanha, C.Ss.R. S.T.D.

Mental pain is less dramatic than physical pain, but it is more common and also harder to bear. The frequent attempt to conceal mental pain increases the burden. It is easier to say, "My tooth is aching" than to say "My heart is broken." This quotation which I read some time ago captures for me the struggle that so many in our society go through and almost without attention. The struggle I am referring to is loneliness.

Loneliness affects different age groups in society, from children to teenagers, from young adults to working youth. There is the loneliness of singles and sadly there is loneliness among spouses in a marriage. There is loneliness when one loses a spouse. There is loneliness as a result of having to live in a foreign land as an immigrant worker without the support of one's family. There is loneliness in the work environment, in midlife and post retirement and then there is the loneliness of the elderly living at home and those in nursing homes and caring facilities for seniors. There is the loneliness that arises from life threatening illnesses and physically debilitating ailments.

No one is spared from this very sad state of mental pain that unfortunately so many go through today silently. One common effect of loneliness is depression. The co-relation between loneliness and depression is well established through many research findings but best described with this quote: "Having anxiety and depression is like being scared and tired at the same time. It's the fear of failure, but no urge to be productive. It's wanting friends, but hating socializing. It's wanting to be alone, but not wanting to be lonely. It's feeling everything at once then feeling paralyzingly numb."

The first step for therapeutic solutions to Loneliness and Depression is awareness of the situation. Often the lack of awareness and extent of the problem, and the unwillingness to talk openly about the problem is as bad as actually causing a



problem. It is therefore opportune that **Jeevutsav** in this issue takes up the all-pervasive reality of loneliness and how it leads to depression. The relevant articles will serve to open the eyes of the reader to the reality of loneliness around us, of how it could affect one personally and how one can take remedial steps to prevent depression resulting from loneliness. The articles will also indicate the different symptoms, causes, effects and possible treatment for depression resulting from loneliness. The second step in the process of healing is acknowledgement of the pain and voicing it so as to seek healing. That itself is the beginning of the process and speaking about it to trained personnel goes a long way in the process of healing.

For a Christian, **Hope is the essence of our life**. We hope because of Jesus our Risen Lord who comes to us through the instrumentality of different people, organisations, caregivers, therapists all who are incarnations of his grace at work in our lives. "I am bent, but not broken. I am scarred, but not disfigured. I am sad, but not hopeless. I am tired, but not powerless. I am angry, but not bitter. I am depressed, but not giving up."



HAVE YOU GOT THE BLUES?

By Dr Enid Miranda Prabhu

History and literature clearly indicate that depression is not new, it is as ancient as humanity itself. The first to record and describe depression was Hippocrates, the Greek philosopher and physician in his classification of temperaments, one was "melancholia". Aristaeus in the 2nd century described it saying, "They were sad and dismayed, thin agitated and sleepless and complained of a thousand futilities and desired to die". Plutarch said, "the melancholic man looked on himself as one whom the god's hated and pursued with their anger, so he dared not employ any means to remedy the situation as he would be going against the gods." The bible, Job7:3-11 describes his own depression thus, "So I have been allotted months of futility and nights of misery have been assigned to me. When I lie down, I think, how long before I get up? My eyes will never see happiness again."

Sadness or downswings are normal reactions to life's struggles, setbacks and disappointments. However depression is much more than this, it is like living in a "black hole," feeling lifeless, empty, apathetic, restless, angry, helpless and hopeless. These symptoms affect one's day to day living and ability to work, sleep or have fun. A depressed person could also engage in reckless behaviour, substance abuse, dangerous sports, or compulsive gambling. So it's not really about feeling sad all the time. The faces of depression are many and it can affect all ages, even a child as young as 5-yrs old. In children it may manifest as sadness or angry and disruptive behaviour. In adolescents, some appear sad; others are more irritable and hostile.

Left unattended this depression could lead to drug abuse, homicidal violence and suicide. Women are twice more affected than men. This is because of the hormonal changes which take place during the pre-menstrual phase, post-partum periods, after having had a baby and before going into menopause. Depression is also common

in the elderly due to loneliness, bereavement, loss of independence, health problems, no strong support system, and financial worries.

Some people experience just a single depressive episode in their life time which may last as long as 6 months. More often it is a recurring disorder with periods of normal mood, and you may think that's just the way you are. The symptoms may be mild but last a long time – 2yrs. Winston Churchill called it his little black dog who settled at his feet every evening. A mild low grade depression is called **Dysthymia**. If this is punctuated with Major Depressive episodes, it is called a **Double Depression**. A third form of depression is called **manic depression**. Here there are phases of hyperactivity, impulsive behaviour, rapid speech, little or sleep. This is also called **Bipolar disorder**. We have all heard of winter

Blues. This is actually a **seasonal affective disorder**, triggered by limited exposure to day light, and comes during fall and winter

So depression is not just a **chemical imbalance** in your brain, but is caused by a **combination of psychological, social and biological factors**. Life style choices, relationships and coping skills matter more than medications. The **genetic factor** however, only makes you more vulnerable to getting depression. If you have had a previous episode you may be prone to getting one again if there is a stress factor. **Environmental** factors too can cause depression. Life events like death in the family work stress; financial problems etc. can all cause depression. Sometimes prescription drugs like Steroids, Beta blockers, Interferon can precipitate depression.

The good news is there can be complete recovery from Depression if it is treated promptly. Different reasons cause different people to get depressed so the treatment is a combination of professional help, lifestyle changes, and emotional building skills and social support systems. It's a journey of understanding and self-discovery.



Untreated, depression is a major risk factor for suicide. Suicides occur in older men more than in women. Men associate depression as a sign of weakness and emotion, so do not seek treatment,



they hide it. So their depression worsens and leads to a sense of hopelessness and helplessness.

They talk of killing or harming themselves, are preoccupied with death and dying, act recklessly calling people and wishing them goodbye, or saying, "If I went off, people would be better off without me". He needs professional help.

Depression can be effectively and efficiently treated with a 90% recovery. The process starts with taking some action. So here are a few suggestions:

1. Cultivate a support system. Take a short walk, phone a loved one, turn to friends and family members who make you feel loved. Partake of some social activities, or join a support group.

2. Exercise is a powerful tool it can be as effective as antidepressant medications. It triggers new cell growth, enhances endorphins, and reduces stress and muscle tension

3. Challenge your negative thinking.

Socialize with positive people.

4. Do things that make you feel good Aim for 8 hours of sleep; expose yourself to a little sunlight every day, practice relaxation techniques daily, yoga, deep breathing & Meditation, and do things you enjoy.

5. Eat a healthy Diet. Don't skip meals. Boost your B Vitamins, eat foods like bananas, brown rice, spinach which contain Magnesium and vitamins and boost serotonin levels. Omega 3 fatty acids help stabilize moods, also nuts like walnuts and flax seeds are good.

6. Psychotherapy and antidepressant drugs need to be started.

In conclusion, I recall my Psychology Professor the late Rev. Fr. Berkie D'Souza S.J.

always said: "The Bible has solutions for everything." See Prov.: 27:7 – "For as a man thinks in his heart so he is." Negative



thinking and living in the past contributes to depression. St Paul in Phil:3: 13-14 "forget *what is behind you* and press on towards the goal." The Psalmist in Ps 119 says—"I have hidden your word in my heart so that I may not sin against you." Often it is our guilt and our belief that God cannot forgive us that keeps us in depression.

Remember that God has made us in His own image and likeness –'Made in love, to love, and for love.'

LONELINESS AND DEPRESSION – A THREAT TO THE ELDERLY

Fr. Robin Fargose

One day I was attending a session being conducted for Senior Citizens. The guest speaker asked an important question, "What is the biggest danger today that elderly people face?" There were different responses like health, physical and mental illness, finance, anxiety, future insecurity etc. but then speaker rightly pointed out that the biggest danger the elderly people are facing today is that their children move abroad for further studies and later get settled there. The elders are then left all alone without children and grandchildren. So they feel

extremely lonely and depressed and do not know how to deal with it. Today's generation has completely disconnected with our elders and it is certainly a wakeup call for all of us to bridge this gap.

Today the elderly feel lonely and depressed due to loss of loved ones, fear of judgement,



shame, traumatic experiences, conflicts with loved ones, growing apart in relationships, unable to emotionally/psychologically strengthen their bond with family and friends. Many a time their loved ones are unavailable. They also face challenges in adapting to new environment, people or culture and because of all these varied reasons the elderly experience a lack of motivation in interacting with people, and this further leads to loneliness and depression.



Are there any solutions to the problem of loneliness and depression?

Depression and loneliness are considered to be the major problems leading to ruin of quality of life among elderly persons. But we have to accept the fact that with advancing age, it is inevitable that people lose connection with their friendship networks and this can lead to feelings of emptiness and depression, so elderly people tend to develop negative perceptions of self, find life less satisfying and often lack the motivation to change.

Seeking professional help will work wonders in such situations. At the same time, the elderly must learn to accept themselves well and change their pattern of interactions, so that they will be able to cope with life changes and stressful events. Social networks have a role in the relationship between loneliness and depression.

Increasing social interaction may be more beneficial – Making new friends, developing new interests, discovering fresh ways of service like visiting old age homes, orphanages and volunteering your time. Helping others is one of the best ways to feel better about yourself and expand your social network. Feel free to meet up with other older people to take a look at what is around in the world and what makes it so special. These experiences can be happy and enjoyable or empty and sad – depending largely on the faith and grace of the person involved.

So my personal advice to all elderly people is not to allow loneliness and depression consume you. To overcome it, feel engaged and enjoy a strong purpose in life. You must give God the first priority and spend quality time in fellowship with God, so that you can change your life for the better and give yourself the positive mind-set and attitude that you deserve to have. There are many things you can do to keep social isolation at bay and avoid loneliness and depression as you age. Anything that helps you feel a little more connected to the world around you is always worthwhile. Even the smallest social experience can make a difference.

“Cast all your anxiety on him, because he cares for you.” (1 Peter 5:7) May God always bless you and give you the energy you need to stay focused and ready for whatever may come about in your life. Stay connected. Share happiness. God bless.

HOME ALONE

Dr Jeanette Pinto

Mr. Ravi Gupta his wife Sheila and son Akshay, aged 26 years lived in Pune. Ravi had recently retired from his job and was happy to be having a lot of leisure time which he spent in reading, gardening and watching TV. Akshay an IT professional was offered a job in Australia, and not wanting to lose a good opportunity soon left his cosy home for greener pastures. The elderly Gupta couple were content and happy in their home alone living their life.

One morning Sheila complained of severe body ache and was running a high temperature.

Their family doctor attended to the initial symptoms and gave her the r e q u i r e d medication. The next day Sheila lay



limp and could barely speak. She was soon shifted to a nearby hospital but before being admitted she suffered a massive heart attack and died. This sudden episode shocked Ravi and the whole neighbourhood. Apparently Sheila was attacked by a virus that weakened her muscles including

her heart muscle, and thus caused her sudden death.

Ravi Gupta was devastated. Suddenly fate had not only snatched away his son who went far away and now his life partner was no more. Being at home alone, he was tormented by memories and often complained of ill health. Unable to bear his personal loss he became vulnerable to emotional and social isolation. He lost interest in life, stopped reading, meeting people, and his little garden patch gradually wilted away. He even refused to watch TV. He sat silent for hours with feelings of sadness and loneliness, a sure case leading to depression.

His next door neighbours were the Krishnans, a kindly couple with two young children. Mr. Krishnan made it a point every evening to spend some time chatting and updating Ravi with the city news, while Reena his wife often invited him to join them for meals. She would share a homemade speciality, or send her children to get him to help them in their homework. Soon Ravi felt uplifted, got involved, felt wanted and loved by the Krishnan family. They had silently adopted him, and helped him to

slowly get out of his despair. Gradually over time the feeling of emptiness, loneliness and sadness declined.

Clearly the Krishnans are an empathetic and compassionate couple. People wonder how one can help persons who live alone. We must have a Pro-life approach. Firstly visit the person as often as you can and spend some quality time with him. Perhaps a telephonic conversation from family members will keep him get into the loop of things. Encourage the person to stay active, maybe go with him for a walk together. Perhaps run errands for him, or accompany him on his monthly shopping. Involve him in some form of activity and distraction. Try and make him feel wanted.

Today four years later, Ravi wears a happy face. His closest and best friends are the Krishnans who are like family to him. He is no more home alone.



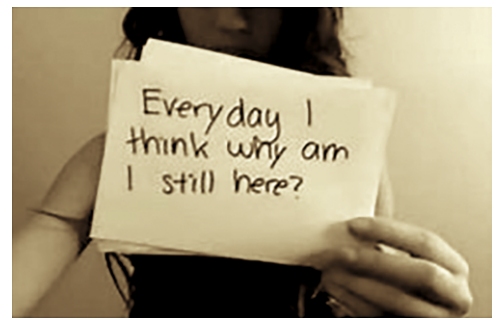
UNMASKING THE SHAME OF MENTAL ILLNESS AMONG TEENS

Ninette Lobo

Mark Andrew Charles was a second year Master's student studying to be an aspiring graphics designer at the prestigious Indian Institute of Technology (IIT) in Hyderabad. His proud parents described him as a promising student but despite their belief and high hopes for their son, Charles decided to take his life leaving behind an emotional eight page letter – the contents of which he dedicated to his friends and family. In it the 25 year old said “I don't have a job, probably won't get one... I'm a loser... Nobody hires a loser”. This is a story of just another IIT person whose perception of self belies the intellect and capabilities he possesses. And as India ascends to become an economic power, so does the competition, the unmet expectations and an uncertain future that is creating a highly depressed and highly anxious population.

The WHO in 2016 released a study on depression and described India as having the

highest rate of depression with majority of patients being between the age groups of 6-25 years. In a survey conducted by ICICI Lombard, 65% of the respondents aged 22-25 years displayed early signs of depression. But despite the statistical evidence, and a myriad of studies that exist, why are the lives and future to India's economic seismic boom left to hang from ceiling fans? According to a study commissioned by The Live Love Laugh Foundation (TLLLF) on the perceptions of mental



health in India, 47% indicated to reserving higher judgment against people suffering from mental illness.

The study also showed that while 87% showed awareness towards mental illness, 71% used terms such as 'crazy, mad, stupid and retard'



to associate those suffering from mental illnesses. It is clear therefore that the

problem is not one that stems from lack of education but rather the perceptions that we as a society have formed towards mental health. The gaps exist in how we communicate information and the care, empathy and understanding needed to address it. Broadly we know and understand that there are certain factors at play such as **environmental, biological and cultural** determinants which tend to make some members of the population more vulnerable than others but this still do not explain why the highest rates of suicide are among those below 30.

In a study published by the National Institute of Health on suicidal behavior in Indian adolescents, it was found that there were two factors that play a role in the decision of adolescents to commit suicide: primary mood disorder and/or substance abuse. The study also suggested the stigma that many Indians have towards mental health as being one of the reasons why many choose such an extreme remedial step.

Knowing the warning signs is therefore crucial; as it is in some cases quite literally the difference between life and death. World Health Organization (WHO) in its 2015 publication – 'Preventing Suicide', debunked a longstanding myth about suicide: most suicides happen without any warning, taking place almost suddenly. This statement is nothing but fallacious as most suicides are always preceded by either verbal or behavioral signs. Signs can range from a sense of hopelessness, extreme lethargy and unwillingness to do anything, a yearning for death, feeling like a burden on others etc. Paying attention to the warning signs is therefore incredibly critical in seeking the necessary treatment. The WHO also

pointed out that while most mental health disorders such as depression and anxiety usually creep into later childhood and early adolescence, 67% of students appear to be ignorant about these common mental health issues.

According to the National Mental Health Survey of India 2015-16, the biggest cause of death among teens is suicide, followed by road injuries. It is therefore imperative that the school curriculum include topics on mental health to allow for an open and frank discussion to remove the stigma associated with it.

Another way to reduce the malady of teenage suicide is by restricting the use of social media. While it is true that social media does not push the young into isolation, it does however reduce empathetic



discussions and conversations which mask the underlying problems that teenagers face. The increasing rise of social media platforms such as Facebook, Twitter, and Instagram have replaced interpersonal relationships and communication and turned them virtual. It is incredibly important for young people to spend time with their families and friends as this provides the necessary emotional and social support needed to form proper behavioral patterns. While the internet has brought the world closer, it is also responsible for pulling it apart; causing people to retract from others and seek information from search engines and social media that more often than not provide incorrect and unverified content. This in turn causes teenagers to refrain from discussing their anxieties, fears and concerns with those around them.

Schools as well as the family therefore, play a pivotal role in not only curbing teenage suicide but removing the shame and humiliation of those afflicted with mental illnesses. While there clearly is no one-fit-all solution for teenage suicide, it is clear from the evidence that families along with encouragement from schools can work towards creating comfortable, acceptable and loving ways to deal with the uncomfortable, often unacceptable ailments of the mind.

CASE STUDIES

Suzie Titus a member of the Archdiocesan Human Life Committee interviewed a couple of people who underwent depression. Here is her report.

Case 1 : Bhargavi Davar, founder of Bapu Trust for Research on Mind and Discourse, Pune, is a childhood survivor of psychiatric institutions. Her life experience inspired her to take the challenge of creating another way of helping people with mental health issues.

She shared in her interview that - Depression is not a disease; it is caused by many social conditions, especially in women. Problems like marital conflict, anger, violence at home, poor nutrition and many such conditions can create depression. It is important to address the root problem. Antidepressants won't help unless the marital conflict or domestic violence etc. is resolved.

The most effective way to correct depression is through good **nutrition**. We have so much advertising about the heart; we sometimes forget that the brain is also a biological organ which needs enough nutrition which is very important. We sometimes eat wrong food, excess baked items, cakes, pastries, and white sugar. We need to increase our protein content, cut carbohydrates, eat more vegetables, consume essential oils like omega 3, fish oil, mustard oil, olive oil, til oil, which are good for the brain and mental health. At least 40 mins of vigorous exercise, dancing, cycling, gym, moving the body is very important. Depression starts mainly with inadequate nutrition and a sedentary lifestyle. Hobbies, gardening, long distance walking, exercise, doing anything you like, and staying fit, helps in correcting depression.

Avoid antidepressants & sleeping tablets, which have a lot of side effects, a person gains weight. Some drugs are not to be prescribed for children and young adults because of their side effects like early onset of diabetes, blood pressure

it also lead to suicidal tendencies.

ECTs are to be given under anaesthesia, but few private clinics administer direct ECTs which have side effects like memory loss, jaw bone fracture, shorter life span, and brain damage all proved by scientists. She refers to Dr Peter Roger Breggin, an American psychiatrist and critic of shock treatment and psychiatric medication.

In her own depression state, she was 150 kgs, now she is half that weight, because she could address depression in a natural way & rectified her bad food habits & sedentary lifestyle. Exercise, walking, staying active with housework and keeping fit helped Bhargavi recover from depression.

Case 2: Josephine Fernandes is an Aerobics and Fitness trainer from Mulund. She has been empowering many women although she has gone through many difficulties in life. She shared her views on depression when interviewed.

"I live in a colony where there are many senior women living alone, either by choice, or being widowed. Most of them go through depression and melancholia...having lost their partner, or with age everyone begins to feel lonely and alone, including men. Not to mention even the younger generation.



The biggest culprit of this modern situation of people of all ages going through depression is the "mobile phone". Everyone is engrossed in the small little device through which they communicate, and do everything possible, so much so that they have lost the **human touch**!

I can understand the older generation being lonely, but the younger generation, who have so much to look forward to, only gaze at their

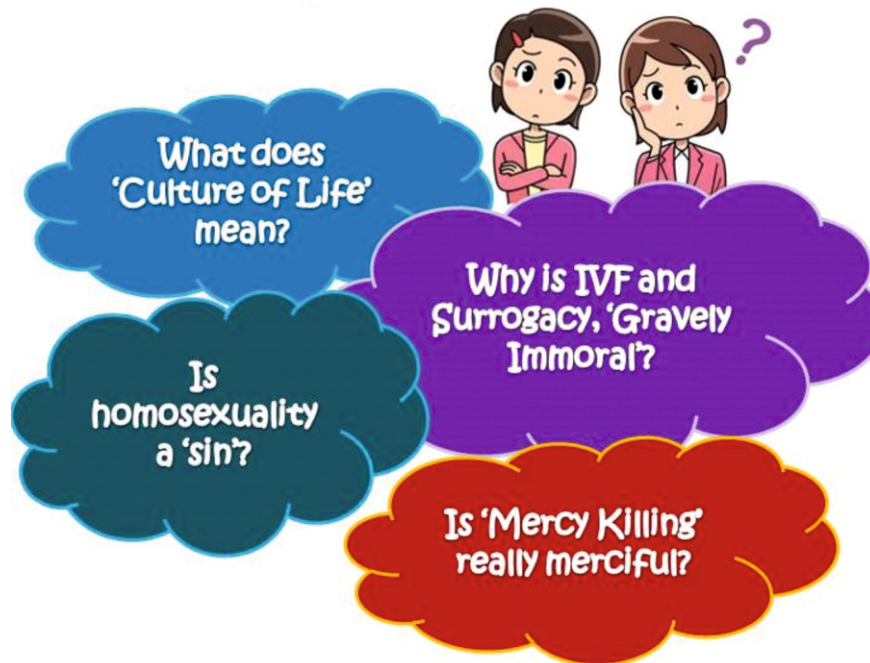
cell phones. They have forgotten what it means to hold the hand of another person, or to smile at someone, (smiley will do) or laugh, joke and jump with joy, go out with friends, like people of my generation did?

Besides, the present generation have it all, including their own rooms, sometimes these small spaces become their cocoons, in which they hide their true selves and live like zombies. When situations get out of hand, the only option they have is to commit suicide. Josephine sadly mentioned she has seen so many such cases of young people, just ending their lives...even before they have lived it, and they use the most painful of options to commit suicide - hanging.

Depression seems to have become another serious ailment that the old and young are going through only because of their isolation from main stream society and getting into the WhatsApp cell phone mode.

Depression like any other illness can be cured by the person herself/himself either by getting involved with group activities like, exercising in a gym. Exercising is one of the best forms of healing a person, you become mentally and physically alert you meet other people; you make friends and share with each other. Yoga also helps, where meditation and breathing techniques are involved....opt for these get out of the cell phone syndrome and live your life.

Are these questions on your mind?



Don't let loose talk cloud your thinking!

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