A Comparison of Eastern Practices and Western Approaches to a Common Mental Health Disorder

Elizabeth Mair

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Introduction and Background

Long before depression, anxiety, and other mood disorders found their diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, commonly referred to as the DSM, they began in the books of the church. Specifically, in religious text of ancient Mesopotamian and Romance cultures. Mental illnesses were shelved under the designation of spiritual sickness, a punishment meted out by God or the result of demons possessing the soul of an impenitent person (Nemade 2019). As knowledge increased and dependence upon the church waned, a new voice, Hippocrates, pioneered the belief that mental illness was a result of a person in their environment.

Opinion on mental illness changed over time, each new understanding of the brain building on research and experimental treatment. Gradually it became understood that mental illness was separate from spiritual illness. From spirituality to chemical imbalances, depression became an established diagnosis in the DSM. Advances in the medical community afforded mental health professionals with the knowledge that mental illnesses can be passed from parent to child and down through genetics, depression being among some of those illnesses transmitted.

In this literature review, the history of the modern criteria for diagnosing depression will be outlined, followed by positive and negative ways in which individuals cope, and finally ways clinical and pharmaceutical interventions are used.

Literature Review

Depression

When broken down to the bare statistics, depression is found to have no prejudice in who it affects. There is no one profile which exists which allows for easy identification of a person experiencing depressive episodes or acute mental distress. Depression is brought on by so many external and internal factors: brain chemistry, hormones, genetics, a person's environment, their parent's habits, and geographic isolation (Legg 2019). To say there is a definitive factor which signals a person may develop depression while another does not, would be ignorant as well as inaccurate.

In the United States alone there were over 17.7 million reported cases of adults experiencing a major depressive episode in 2018, however, this does not account for the cases which go unreported or individuals who remain undiagnosed (National Alliance on Mental Illness 2018). Depression is not a Western problem; it spans countries, language barriers, and even generations. Globally, 264 million people fall under depression's dark shadow; depression is also cited as the leading cause of disability (World Health Organization 2020). Despite this bleak revelation that so many people suffer with this mental illness, depression is among the most treatable mental disorders. Through medication, psychotherapy, and alternative approaches to Western medicine, individuals with this diagnosis are able to lead a fulfilling life.

In order for mental health clinicians to diagnose their client with depression, the individual in question must meet the criteria for the illness. Clinicians utilize a variety of diagnostic tools, the DSM-5 providing the most comprehensive and widely recognized criteria, which states at least 5 symptoms must be present for a duration of two weeks which are opposed to the individual's previous functioning. These symptoms include fatigue or loss of energy, diminished ability to concentrate, recurrent thoughts of death or suicidal ideation, significant diminished interest or pleasure, and feelings of worthless or excessive guilt (Bienenfeld 2018). Other diagnostic tools used to screen for depression are the following: Hamilton Depression Rating Scales (HDRS), Beck Depression Inventory (BDI), Geriatric Depression Scale (GDS), and Zung Self-Rating Depression Scale (SDS).

It is vital for mental health professionals, in conjunction with other medical professionals, to have an accurate reading on the information analyzed from clients. The criteria for depression often overlaps with markers for other mental illnesses such as anxiety disorders, schizophrenia, bipolar disorder, and phobic disorders. One of the best ways to identify the difference between depression and other illnesses is ask the client to track their symptoms over a period of time. It is important for the practitioner to maintain their own records of the client's observable moods and behaviors while in session. The practitioner may find that the client behaves in a way that aligns with a certain diagnosis, or that the client underreports or exaggerates symptoms. Taking this information into consideration, in conjunction with other professional observations, a diagnosis is able to be achieved.

One of the main differences between depression and other mental illnesses is the duration, frequency, and intensity of the sadness. Illnesses such as bipolar disorder operate on a cyclical model where an individual will go through episodes of high mood and enhanced self-esteem before rocketing to periods of reduced sleep and low energy. By keeping a record of mood swings and other behaviors, it is possible to rule out depression as the presenting mental illness (Legg 2019).

Internal Coping Strategies

Social media plays a major role in how a Western audience views mental illness and what types of coping skills a depressed individual is likely to employ. The first to be discussed is the abuse of substances such as illegal drugs, prescription medications, and alcohol. It is more likely for someone with depression to utilize alcohol to manage their lowered mood. Alcohol has the capacity to suppress a person's symptoms such as 'irritability, loss of interest in activities, anxiety, restlessness, and insomnia' (Galbicsek 2019). After prolonged use, the body grows dependent on the effects of alcohol to cope with a mood imbalance. On a chemical level, the brain's serotonin and dopamine levels will swing around the scale, giving the person the illusion that they are balancing out their emotions. In actuality, the abuse of alcohol increases risk of severe bodily harm and in some cases, suicidal behavior (Galbicsek 2019).

It is common for the media to pair the abuse of alcohol with negative emotions such as grief and anger; as observed, alcohol produces temporary outcomes which are desirable. To a casual observer the symptoms of grief seem congruent with that of depression: sadness is present in addition to the loss of interest in activities which once brought happiness. It is important to draw a line at these similarities. A grieving individual will experience their sadness in waves, whereas a depressed individual will be unable to shake feelings of loneliness and emotional distress (Parekh 2017). These periods of sustained sadness persist for weeks, often being accompanied by feelings of worthlessness and self-loathing. A grieving person is able to maintain the feelings of self-worth and self-esteem while weathering storms of sadness and loneliness.

Self-harm is another poor coping skill put on display in the media. Clinically speaking, there are two types of self harm: self injury with suicidal intent and non-suicidal self-injury, also known as NSSI. For the purpose of this literature review, only NSSI will be covered.

Not all individuals coping with depression will fall into patterns of substance abuse or NSSI. Positive coping strategies include making peer-to-peer interactions a priority, caring for a pet, and prioritizing people who listen well and are able to elicit feelings of emotional security in the depressed individual (Smith, Robinson, Segal 2019). It is important to note that depression is a mental illness which should be monitored and treated under the care of a mental health professional. However, there are minor shifts in daily life that help offset the darkest of days. Having a full night of sleep, eating a diet low in sugar and high in B vitamins, and exercising can assist in improving one's mental health (Smith, Robinson, Segal 2019).

External Coping Strategies

As nuanced and personal as an individual's experience is in dealing with depression, there are external interventions which have proven to be effective in reducing depression. Before exploring these coping strategies, a distinction must be made between 'complementary' and 'alternative' methods. A *complementary* intervention is in conjunction with other treatments offered by a mental health clinician or physician. An *alternative* intervention is one which is designed to replace the treatments offered by the mental health clinician or physician (Mind 2018).

A patient who expresses a desire to try complementary interventions is more likely to utilize antidepressant medications, therapy, or Traditional Chinese Medicine (TCM) while they are traversing an evidence-based path of intervention. Traditional Chinese Medicine is the intentional use of body and mind practices as well as the use of herbal products to address health problems (Hopp & Shurtleff 2019). Tai chi is one such use of TCM which integrates the mind and body into one exercise. Individuals are able to control the movements of their body as they participate in guided meditation and group exercise; this promotes peace and togetherness. One such popular practice of TCM is the use of yoga, a meditation technique which combines physical poses, controlled breathing, and a period of deep relaxation

Though individuals with depression and other related illnesses are willing to try alternative methods, data has yet to conclusively state the safety of practicing alternative treatments without engaging in evidence-based interventions. Current data shows that it is not enough to treat depression or anxiety with exercise, good diet, and mindfulness alone. A mental health professional will always be recommended for their knowledge in brain chemistry, mood fluctuations, and understanding the person in their environment.

Clinical Interventions and Pharmaceutical Solutions

Interventions which have proven time and again to alleviate symptoms of depression are Cognitive Behavioral Therapy (CBT) and antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs) or selective serotonin noradrenaline reuptake inhibitors (SSNRI). CBT is highly effective because the client is actively engaged in the recovery process. Client input is needed to challenge automatic thoughts, regain control of emotions, and employ tools which promote better mental health (Anxiety and Depression 2019). The benefits of CBT can typically be seen in 12-16 weeks, depending on the motivation of the client and the client's ability to complete 'homework assignments' given by the therapist (Anxiety and Depression 2019).

SSRIs and SSNRIs are not responsible for curing an individual of depression, and they should not be treated as such. A person who takes antidepressants is utilizing a resource which lessens the symptoms of depression, such as the feeling of excessive sadness or emotional exhaustion (Informed Health 2017). Antidepressants such as SSRI and SSNRI have proven their effectiveness in managing depression and other mood related disorders, however, factors such as the severity of the depression and the patient's commitment to take the medication regularly are determining factors behind a successful outcome.

21st Century Applications

A modern approach to managing depression can be found in blending meditation practices with antidepressant medication and therapy. Using the model of cognitive behavioral therapy, a client is taught to evaluate their thoughts which influence feelings and actions. The

client takes steps to modify their thoughts, which in turn modifies the rest of their response to negative thinking patterns. A meditation practice which has proven to assist in the management of depression and anxiety is yoga. This type of full body exercise requires a person to focus on breathing as they move their body in a controlled manner, thus triggering the relaxation response (Star 2020). The way yoga helps with the body respond to depression is by changing the time between heartbeats, otherwise known as increasing heart rate variability. By slowing down the heart, the body and brain are in a better position to respond to stress and negative thoughts (Pletcher 2016). When combined with antidepressant medication, meditation practices are able to help the body increase the production of serotonin. One such style of yoga commonly used is *Hatha,* which incorporates gentler and slower paced movements to achieve a more restful state. (Pletcher 2016). For beginners, this is the best method.

Conclusion

Since its formal addition to the Diagnostic Manual of Mental Disorders, depression has come far in terms of understanding how it affects individuals, the manner in which it is treated by mental health professionals, and possible medicinal interventions can be utilized. As new information is added to the DSM and disseminated among the lay population, effective interventions are implemented and new approaches are explored. Where there was once only religious intervention to mental illnesses, there are now interventions which include medication, physical exercise, mindfulness, therapy, and other alternative methods. It would be remiss of mental health service providers to assert the notion that as a profession they have explored all methods of coping with depression and other mood disorders; there is still much to learn.

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