
‘I have Depression and others have Anxiety’: Cognitive Representation of Depression

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ABSTRACT

Depression is the most common neurotic illness which affects roughly more than 350 million people all over the world and the prevalence of depression is more common among women than in men (WHO 2016). However, the awareness level of depressive disorders is low among the general public. Therefore persons with depression are generally not getting proper care and support from the family as well as the society. This study illuminates the challenges faced by a lady who had suffered from depression more than three decades episodically. This study follows the single instrument case study (Stake, 1995) research structure, describing the details incorporating the edited quotes from informants. After the description of the case, researcher focus on the key issues (themes) to understand the complexity of the case. The themes were described in detail as the lesson learned (Guba & Lincoln, 1981) from the case. The study reveals the strategies adopted by the study participant to overcome depression and its impact.

Keywords: *Depression, Neglect, Social Network, Rehabilitation and Self-reliant*

The current demographic and epidemiological transition imply depression will account 5.7 percent of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs) second only to heart disease by 2020 (Lopez et al., 2006). Depression has social, psychological and biological factors. Most commonly depression is caused by the adverse life events (WHO, 2016). The cause of depression is hypothesised as the dopamine irregularities in the brain. However, the social factors cannot be neglected out. The depression is characterized by, lack of interest, feeling of loneliness and worthless. The depression affected persons show a tendency to live away from the society. This peculiar feature is the main source of identification of depression in the early stage. Since depression is silent as well as crude; none can easily understand the intensity of the illness. Therefore the onset of depression becomes unnoticed. The lack of awareness of the society towards the neurotic mental illness is catalyzing this phenomenon. Therefore mental illness especially neurotic illness do not

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Received: February 6, 2017; Revision Received: February 21, 2017; Accepted: February 28, 2017

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get proper treatment from the primary health care service as it has no demand from the general public due to unawareness. This may even lead up to the most severe consequence of depression suicide. This case study depicts triumph of a lady who she fought all odds to resistor her illness.

REVIEW OF LITERATURE

The prevalence of depression is more common among women than in men (WHO, 2016). It is due to the higher risk of first onset or recurrence (Kessler, Berglund, Demler, & Jin, 2003). Depression is widely prevalent in women in India across all age groups. Depression is a serious condition that can impact every area of women's life (Bohra, Srivastava, & Bhatia, Depression in women in the Indian context, 2015). The impact of depression affects the patient's social life, family relationships, career, and one's sense of self-worth and even the purpose (Bohra, Srivastava, & Bhatia, Depression in women in the Indian context, 2015). The patients with depression have significant impairment on measures of quality of life, disability, social support, and marital adjustment. This situation is positively correlated with duration of illness and severity of depression. (Subodh, Avasthi, & Chakrabarti, 2008). The relationship of stigma to both depression and somatization in psychiatric patients of south India are distressing, perceived stigma was more for depressive symptoms as well as depressive symptoms were perceived as socially disadvantageous as compared to somatization symptoms (Raguram, Weiss, Channabasavanna, & Devins, 1996). The multiple roles played by Indian women contribute to stress, thereby making her susceptible to depression, which is often under-reported due to stigma (Bohra, Srivastava, & Bhatia, Depression in women in Indian context, 2015)

METHODOLOGY

Case study research is a qualitative approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed data collection process involving in- depth interview, and reports case description and case- based themes (Denzin & Lincoln, 2003). This study follows the single instrument case study (Stake, 1995) research structure, describing the details incorporating the edited quotes from informants. After the description of the case, researcher focuses on the key issues (themes) to understand the complexity of the case. The themes were described in detail and as the lesson learned (Guba & Lincoln 1981) from the case. The study strictly observed the ethical aspects of the research through informed consent about the research moreover the name of the study participant changed to Sukanya to keep the privacy of the study participant.

Summary of the case

Fifty-one-year-old Sukanya (Name changed) first had the signs of depression at the age of eighteen. The first phase of depression went away with the help of medication. The first relapse was at the age of thirty-five, after her divorce. In the second phase, she struggled a lot to overcome the medical condition. Rejection from the family and lack of financial support were predominant after the relapse. The second time relapse occurred at the age of forty-five followed

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by the death of her father. This incident put her one step back. However, it was the turning-point, where she got several other opportunities to get engaged outside the family and set her free. Now she is running her own small scale business in her hometown. Above all, she becomes a well-accepted personality in the local village with the active participation of social development and women empowerment initiatives. According to her, I am living with depression... it gave a lot of energy to fight against all hurdles, gives me energy to actively participate in social activities right now. Yes, I have depression and others still have anxiety on me.

Data Analysis

The recorded interview was transcribed into the regional language (Malayalam) thereafter into English for the data analysis purposes. The data analysis process ended up into six themes.

Theme-I: Denial

The chance of denying the symptoms of depression is high if the patients and family are not well aware of it. It leads to the patient and the family members to avoid the existence of depression as well as seeking for an apt professional help.

When the study participant was 18 years old, she was brought to a doctor and identified that the fatigue was due to discrepancies of vitamins or minerals. Therefore, she was prescribed with some tonic. Even after a week of treatment, she could not get relief from her headache. According to her perception she was in a fantasy of getting close to death. The second time she was taken to a psychiatric practitioner, the doctor declared that she has depression and advised her to take some medicine! But the word “depression” was disapproving for her parents and other family members. Within a week she became active and restored her real state of mind with the help of medication. Thereafter the curiosity to know more about depression followed her each step. According to her word “it was quite difficult to get enough information and I searched many sources to discover it more vividly and I fully understood about depression after the second entry of depression at the age of 35. This time I squeezed the doctors to obtain the maximum knowledge of depression!”

Theme: II- Dormancy

Proper treatment and active engagement in daily life activities are very important to minimise the relapse of depression.

Study participant and her family members believed that depression would vanish like a fever. Therefore the occasional blues never put her under any intrinsic feelings. The advice to discontinue further medication had been a relief for her. According to her ‘I became an active member of the family but the onset of cancer to my mother put me on nails. It transformed me from a daughter to a home nurse. The next ten years I could not have even a thought on my depression!’

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Theme: III-Triggers

Triggers are the psychosocial or environmental factors which can initiate the relapse of any mental illness. Personal, familial and social factors were the main triggers identified in this case.

The death of the mother and sudden breakage of marital relationship put her in a deep agony. The death of mother was not affected seriously to the relapse of depression but the compelled marriage and divorce invited her lot of criticism. This incident provoked her family members, relatives and some friends to withdraw their support and became the main source of pressure on her. According to her she became in a *pressure cooker!* The family member's believed that she would not come with their rule and started to avoid her presence in all occasion since they believed that the study participant was pretending to escape from her duties. These situations put me in hell, which made her alone, Yes, I have depression, and others have anxiety about my future. But my family and relatives still believe that I was pretending like a patient to get rid of from duties."

Theme-IV- Withstanding

Accepting the diseases and adhering the treatment plan have paramount importance in the recovering process of depression. It gives a road map to the patient about the steps to be taken for the speedy recovery from it.

The relapse of depression (at the age of 36) evoked the study participant to find a stress – free abode to live in. With the help of the father she brought a small home for the same. This time she became economically fragile. She did various jobs in this period, such as a home nurse, small business, office attendee, and finally, she started bakery business along with the office attendee job to survive with her father. According to her 'Anyhow I do not stop medication and consultation with the doctor. It can be cured with the help of medicine and a stress-free life. Though I have depression I made a number of friends within a short span of time. It includes petty -shop owner to bank managers for running my small business for livelihood'.

Theme-v-Phenomenon

The experience of living with depression can evoke personalized phenomenon to the patient. It is greatly influenced by the patient's approaches to the illness and their social supports

The experience of living with depression metaphorically stated by the study participants as the loss of her legs in an accident. This is exacerbated by the death of her father and the loss of social networks. It brought the condition of loneliness and extreme economic instability. According to her, no family, no friends, I was alone in my home... I could have the opportunity to do anything... but I did not! This socially withdrawn life was not agreeable to her inner mind. She took the advice of doctors to overcome this situation. The medicine again cured her physical

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illness but her social life was still stagnated for long again. The voluntary help of a professional social worker helped her to make social relationships more active again. According to her words, 'Now I don't have any hostility towards my relatives because they were ignorant about my problem. I understood mental illness, especially neurotic illness and it is quite hard for the common people to understand. It is due to their ignorance about the mental illness. Nowadays I am contented to what I am doing. The agony of others towards my predicament went off now. They understood that I have the capacity to survive. Now I am engaging in all social and familial activities as a free bird. Sometimes I even forget that once I have depression and it may revisit me at any time!'

Theme- VI-Identity

Identity lose is the crucial aftermath of mental- illness. Even after the complete cure of the disease the stain of mental- illness still remains.

According to the study participants she had nothing to lose as an individual, but she had a lot to lose in terms relationships and friends. During the time of severe depression, she lost herself in the hell. She felt that her time was going to end in few days. And she was singled out from all familial affairs. Then she got courage from one of my close friend who helped her to sort out the problem of identity. Meanwhile, she got a loving elder relative she gave shelter for her for six months. Through these, she developed her confidence. She reinvented her from the depression patient depression- a survivor. She started avoiding the stress evoking situations and started searching for the stress- free situation where she can open up herself as what she is. Now she has everything even her family and relatives. And now she is the much well-accepted person in the society. She is being invited to all kinds of social programs as the key organizer. In her words- I established myself from fragile lady to strong lady. I thank all these to my villagers, doctors, relatives, and the social worker for this unimaginable recovery of myself."

DISCUSSION

The emerged themes point out the psychosocial factors which made a significant influence on the study participant during and after the course of depression. The theme denial indicates general tendency of the respondent and the family members to deny the existence of depression due to unawareness. This attitude reduces the chance of getting proper treatment at the right time. Moreover, it has the potential to initiate conflict between the patient and their family even after the revelation of the existence of depression. It is due to the strong preoccupied mental status of the patient and the family that all mental illness has schizophrenia-like characteristics. Therefore, neurotic disorders do not get needed attention much. It leads to denying the occurrence of depression as if a common headache.

The occurrence of depressive disorders is connected with the psychosocial aspects of the patients. If the patient gets a good psychosocial environment the chance of occurrence of

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depression to be minimized. The theme of dormancy indicates this phenomenon of the disease in which engaging environment reduced the chance relapse of depression the study participant. In this case, the patient got enough opportunity to engage themselves in her family affairs after the onset of depression as an important member of the family after the recovery of the onset of depression. The triggers are the critical factors which can cause the relapse. The factors such as familial denial, misunderstandings, loss of friends, the death of loved ones, loss of income compulsion, marriage, divorce and loneliness are the main triggering factor acted on the study participants. The According to the nature of the patient's strengths the influence of this trigger varies. The triggers have positive and negative impacts. The positive impacts include the motivation to overcome the influence of depression through proper medication and personal efforts. The tendency to withdraw from the social activities, loneliness, death ideation and loss of identity are some of the negative impacts of triggers.

Depressive disorders lead the patient to the situation of powerlessness. To withstand to this condition patient has to get proper treatment and psycho-social supports. Otherwise due to the overwhelming psychosocial stresses could create an existential- threat on the patients which invites the condition of identity loss. The whole course of living with depression evoke personalized phenomenon of depression on the patient. Disruption in familial and social relationships during after the course of the depressive episode constructs the magnitude of the phenomenon of being with depression. Therefore the phenomenon of depression is the resultant of the whole effort made by the patients to cope with the stressful events during the sick time and aftermath of depression. Coping strategies and its impacts validate the phenomenon as positive or negative and lead to the development of new identity after the recovery from the depression.

CONCLUSION

This study reveals the impact of depression on women in a rural village in Kerala, India. Depression can reduce the quality of social life, family relationships, career, and sense of self-worth and purpose of life. In the case of women, the impacts of depression are high due to the gender roles acting upon the illness. Therefore the depression among women have not been reaching to the proper medical care, Indian general public as of now in India. Indian general public needs proper awareness and medical support to familiarize with the mental illness especially neurotic since it has not been recognized as the major social health issue as having the same importance as major physical illness. In order to prevent the magnitude of the depressive illness and for its effective treatment social awareness creation is crucial. Besides this, family education programs on neurotic illness also could be effective since family has very important role in treating depression and other related mental illnesses. In order to curb the morbidity of mental illness Government has to initiate comprehensive mental health prevention programs. Community mental health programs can play a critical role in this regards. For this empowering Primary Health Centers (PHC) to address the mental health issues also to be considered. Besides,

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partnership with private and voluntary organisations are also a good options for the government to embark mental health promotions programs in rural and urban India.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Vishal M (2017), 'I have Depression and others have Anxiety': Cognitive Representation of Depression, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 92, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.116/20170402, ISBN:978-1-365-78192-6