



## **Why Are We Depressed?**

**By Kalpana (Rose) M. Kumar, M.D.**

- An 80 year old woman who just lost her husband to cancer
- A 55 year old man who just lost his job
- A 22 year old who just broke up with his girlfriend
- A 70 year old woman whose dog just died
- A 42 year old in the midst of a divorce
- A 51 year old man 2 weeks after his heart attack
- A 45 year old woman whose hormones are out of balance

In all of these examples, grief or depression would be a normal and healthy result of these losses. Would any of these examples fit the criteria of mental illness, requiring medication, or would their grief and sadness be seen as a normal response to what they had just experienced?

A few days after 9/11/2001, many patients came to see me when they realized they did not feel the emotions others did upon witnessing the devastation surrounding the Twin Towers. They felt numb from being medicated with anti-depressants previously prescribed by their physicians for circumstantial grief and depression that surfaced years ago after experiencing similar life events as those described in the list above. Although the situation that catalyzed their feelings had long passed, they had not received any support or help to process their emotions at that time, nor was it suggested that they wean off their anti-depressants. Their response to the 9/11 devastation made them realize they had unknowingly been emotionally numb for years due to the anti-depressants they were still taking.

This was a powerful sign for me to evaluate how we diagnose and treat depression. I also became acutely aware of the surprising amount of complacency that is normalized in the medical system when prescribing pharmaceuticals for symptoms of depression, anxiety, grief, or sadness. In fact, grief and sadness have been so pathologized in our society that people feel the need for medication if they experience either emotion. For many, feeling numb is preferred over experiencing intense emotions, which are actually a normal part of being human.

Our mental and emotional well-being is intrinsically related to how isolated and alone we feel during times of loss and transition, and whether or not we are a part of a larger community. People who feel their lives do not matter, are more vulnerable to depression and anxiety. People who are emotionally sensitive are vulnerable as well. Never before in the history of the human race have people felt so alone and isolated as they do today. Our connection with one another has been contaminated with technology and the mechanization of our systems. Before cell phones and computers were the norm, we actually spoke with one another. This has been replaced with texting and emailing, a method of communication that lacks heart or emotion. We have sacrificed our emotional and energetic connections with one another for convenience. Feelings of isolation, loneliness, and grief are the consequence of these choices.

When feelings of isolation, loneliness, or sadness arise, neurotransmitter levels (that regulate our moods) fall. Some important ones are serotonin, gamma-amino-butyric acid, L-Dopa, acetylcholine, and norepinephrine. Neurotransmitter levels are also directly affected by diet and exercise, our perceptions, and attitudes. It has also been well established that one of the most effective anti-depressants is regular exercise, as it affects neurotransmitter levels that regulate our mood. These levels are also affected by a sense of belonging. In fact, several studies have shown that women with breast cancer who were part of a support group lived twice as long as women who were not.

A diet high in Omega-3 and antioxidants and low in sugar and grains supports our nervous system and neurotransmitter levels. A diet high in refined sugar, processed food products, carbohydrates, chemical additives, and food colorings has a negative effect on neurotransmitter levels. When people use addictive substances such as recreational drugs and alcohol to 'medicate' their feelings, these can amplify depression and cause a rollercoaster of emotions. Unfortunately, this form of self-medication is normalized and present in epidemic proportions in our society today. In fact, it is a part of how we mark 'the coming of age' in our society.

An additional cause for mood disturbances is hormonal shifts in midlife. Between their late thirties and fifties, women experience a drop in levels of the hormone, progesterone, which causes their neurotransmitter levels to decline, intensifying feelings, and amplifying depression and anxiety. Both diet and exercise support the nervous system, as previously mentioned and, along with natural hormone balancing, are extremely effective in healing these symptoms. Synthetic hormones, both prescribed and those present in non-organic food have the opposite effect, causing serotonin levels to fall, making everyone more vulnerable to depression and anxiety. A lack of sleep can also have this effect on mood and emotional health. Diet, exercise, and hormone balance are highly effective and restorative for sleep disturbance as well.

Processing our emotions and supporting each other during life's transitions and losses (in addition to a healthy lifestyle) are the most powerful antidotes for depression and anxiety. Compensating for and normalizing our mood to appear unwavering (as expected by society) results in the denial of our very human experience of joy and sorrow. Having our feelings validated can do more for our sense of wellbeing than any anti-depressant ever can. If we require an anti-depressant for a brief period of time to help move through a window of difficulty, it is important to process our pain and wean off it, under a physician's guidance, once we are stable enough to do so. When dealing with organic or familial depression or anxiety, prescription medication may be an important intervention. Normalizing the need to medicate our very human feelings is both dangerous and unfulfilling.

Traditional medical thinking is still archaic in its approach to our emotional and mental health. Physicians rarely make the correlations described above or take the time to understand why their patients feel what they do. They are quick to prescribe anti-depressants, the majority of which are unnecessary. It requires discernment to bring awareness to what is a normal emotion and what requires treatment. The medical system has still not normalized the impact that lifestyle can have on mood, despite the strong evidence showing a direct correlation. We must widen the context from which we understand mental and emotional health, and practice courage in exercising our choices for self-care that support it.

In the long run, nurturing, authentic relationships, acknowledging and accepting our emotional sensitivity, and living a lifestyle that optimally supports and optimizes our biology are some of the most effective ways to heal depression, anxiety, and other mood disorders that plague our society.

Ultimately, how we love and treat each other is the most powerful medicine of all.

*This article was written in memory of Robin Williams, who brought joy and laughter to so many. He compensated for his depression with his gift of comedy. In death, he awakened us to the importance of honest, self-awareness of our emotional world.*

*May he find peace as he returns to the Light.*

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