

DEALING WITH DEPRESSION: SHIFTS IN APPROACHES TO EMOTIONAL SELF-CARE IN MINSK

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Abstract: This article presents results of one of the parts of the empirical study carried out in 2017 by the research group. It is concentrated on the attitudes of citizens of the Belarusian capital towards antidepressant use and other forms of depressive disorder treatments. The author explores how people in Minsk tackle emotional and psychological problems. The research objectives are (1) to identify which opinions about depression are widespread among Minskians; (2) to detect the main trends in their attitudes towards the use of antidepressants; (3) to determine generational differences in perceptions of depression and its treatment. In this research, the mixed-methods approach was employed. In August and September of 2017, three FGIs on ideas about depression and ways of dealing with it were conducted in three different age groups. In the article, it is suggested that the acceptance of self-care practices among Minskians is a sign of transitional society. In particular, it deals with perspectives on antidepressants use and counselling as practices that contradict the Soviet legacy of dismissing emotional problems and mood disorders.

Keywords: antidepressants, Belarus, depression, post-communist transition, emotion regulation, mental health beliefs.



This article is based on the study carried out in 2017 by a research group¹. The study approached depression and antidepressants usage in Minsk from different perspectives: there were in-depth interviews with people taking antidepressants, expert interviews with psychotherapists, analysis of public discourse and media content analysis. In this article, I am going to present the result of one of those parts. This paper deals with attitudes of citizens of the Belarusian capital to antidepressant use and other forms of dealing with depressive disorder. As post-socialist transformation has brought new emotional challenges for Belarusians and suicide rate remains one of the highest in Europe (Apps.who.int, 2019), it is important to explore how people in Minsk tackle emotional and psychological problems. The research objectives are (1) to identify which opinions about depression are widespread among Minsk residents; (2) what are, in their opinion, the causes and consequences of depression; (3) to identify the main trends in the attitudes of Minsk residents to the use of antidepressants; (4) to identify generational differences in perceptions of depression and its treatment.

Methodology

In August and September of 2017, we conducted three FGIs in three age groups. The first ('the youngest') group was formed from informants aged 20–34 y.o., in 'the middle' group and 'the oldest' groups age varied from 35 to 50 y.o and 51–65 y.o. respectively. The respondents were recruited via social networks and a publication in a popular online city magazine. For the second and the third groups, we used the snowball method to reach the future participants. Limitations of this research were related to the specifics of the topic. Depression and antidepressants use as well as the topic of emotional culture in general are of interest to certain social groups. Thus, focus groups were mainly attended by people with higher education who are working or recently retired.

Depression in Belarus: statistical data and the Minsk residents' response

According to the official data for 2017, 5.6% of Belarusians were diagnosed with depression (Euro.who.int, 2017). However, the focus group

1 The FGIs were held in Minsk as a part of a collective research project led by Tatiana Shchytsova. The results of the project are presented in a book by T. Shchytsova, T. Artsimovich, E. Kovtiak, I. Poleshchuk "No Future. Depression and the Modern Belarusian Society" (In print). This article is written based on a fragment from the 3rd chapter of the aforementioned book. Tatiana Shchytsova and Alina Strelkovskaia participated in conducting group interviews and preparing a guide for them. I am grateful to them for their support during the study, their involvement in the organization of the FGIs and moderation.

participants assume the number can be considerably higher. They suggest that due to the ambiguity of the concept and blurring of the areas of its use, people often apply it to describe a short-term bad mood. This confusion leads to situations when a person does not take her emotional state seriously, does not stand the thought that this could be depression, and as a result does not go to the doctor. What concerns the reasons leading to depression, the participants of the 'middle' age group named the need to meet the standards of their age. Thus, in some cases, the cause of depression among the residents of Minsk becomes an inability to meet social standards. Also, in the second focus group (35–49 years old), depression was also seen as a reaction to actual changes in life such as the birth of a child (postnatal depression) or the loss of a loved one. This inclination continued and intensified in the third focus group (50–65 years old). Here, complicated life and family situations were singled out as the grounds for depression: serious illnesses of older relatives requiring care and difficulties with children.

The challenges described in the 'senior' focus group (50–65 years old) coincide with the characteristics of the so-called sandwich syndrome. Sandwich syndrome is a period of life when a person (most often a woman) has to take care of elderly relatives who have lost their autonomy, and of their minor children. The name is metaphorical, indicating that an individual, just like a sandwich filling, is placed between two family obligations: caring for parents and children. At the same time, a person often continues to work full-time. The syndrome often leads to depression as the combination of caring for children and/or grandchildren and elderly family members is emotionally and physically exhausting (Zdravomyslova, 2016; Miller, 1981). Even the age of the sandwich generation and the third focus group is almost identical.

New emotional challenges of the transitional society

The emotional challenges named by the 'older' generation include an increasing information flow, and a job involving plenty of "really absurd" and "unfair things". As mentioned by the participants of the third focus group, even the political regime in the country affects their emotional balance as it spreads from the political sphere to the everyday life. Explaining the high level of depression by the political regime in the country may seem an exaggeration but this is an important factor. The emotional state of a person, including depression, is formed in interaction with the lifeworld. The reasons for development of depression stem not only from internal domain but also from environment that surrounds a person, including socio-political dimensions of this environment.

For the older generation, the state is not only the “culprit” of emotional problems. In their opinion, the state should be responsible for psychological well-being of its citizens. In the “senior” focus group, the participants said that psychological state of the population is the concern of the state. Participants expressed their disappointment with the fact that the state does not intervene in the field of mental health: “No one will solve this problem at the state level. We can forget about it!”, said one of the informants. The expectation that this problem should be solved by the government can be explained by the fact that members of the ‘senior’ group spent most of their lives in the Soviet Union and were used to the fact that private sphere is controlled by the state. Therefore, this indifference of the government causes indignation and bewilderment among the respondents as it contrasts with its intervention in other areas of life.

Another aspect that may be a source of depressive condition is related to social transformation: the transition from the Soviet socio-political system to the system of state capitalism. This transformation is traumatic for people who are used to living according to the rules established by the state. “We can say that the state bailed on people and did not explain how to live. And in this situation [*of psychological crises*], in general, everyone has to invent something on their own”, noticed one of the respondents. After almost three decades since obtaining independence, new life strategies could have been developed. However, the situation is complicated by the fact that two systems are mixed in Belarus: the requirements for work and self-realization are acquired from the Western society, while the restrictions and control are preserved from the Soviet times. Thus, the residents of Minsk find themselves in a frustrating state of responsibility without freedom.

Minsk’s perspectives on effective and ineffective ways to deal with depression

Approaches to dealing with depression can be divided into two groups: “progressive” and “traditional”. To “progressive,” as part of this discussion, I include pharmacotherapy for depressive states and psychotherapy. The “traditional” methods include non-medical ways of mood improvement which vary from media content consumption to “drinking vodka in sauna with friends”. Ideas regarding the treatment of depression differed in three FGIs. Participants of the first – the youngest – group interview unanimously responded that at the first signs of depression, one should consult a psychologist, neurologist or psychotherapist. Non-medical ways to “unwind” in this FGI included: cleaning an apartment, taking a bath, watching funny TV shows, travelling, chatting with friends or reading a book, having sex. The situation was similar in the second group, however, it differed as they also found acceptable to consult a general doctor in a state polyclinic. Whereas in

the first group, participants expressed scepticism regarding the effectiveness of the options offered by the state medical institutions.

In the middle generation FGI (35–49 years old), “progressive” approaches interspersed with “traditional”:

R1: I have a friend who said: “sports and sex” [are the most effective] ...

R2: Doctors usually say: medication, plus a therapist, plus physical exercises.

R3: Then the older generation was: “Depression is from idleness! Shovels in hands and go to work in the garden!”

R4: No, really. Both of my grandmothers were not happy. Even close. They were rather depressed.

In the third group, confidence in the efficacy of “traditional” approaches was higher. Here’s how the participants responded to this statement:

R1: Yes, vodka is the main socially acceptable antidepressant. And also, it is easily accessible.

R2: Not only it is affordable...Just everyone believes in its efficiency...

R3: Many doctors support it as well, you know ...

R1: Doctors are also people; they are not gods.

R3: ... But there is such a saying that no better cure for depression than alcohol and sex has been invented yet. This is the opinion of many doctors.

R1: This is an enduring myth.

In this passage of a group interview, the key is not even a discussion of prevalence of the myth about the effectiveness of these “traditional” ways, but an indication of their social acceptability. Thus, we can assume that what separates “progressive” methods from “traditional” methods is ongoing avoidance of the former because of the fear of stigma.

Commonplace opinions about antidepressants

The antidepressants use is stigmatized. However, some people have less prejudice towards the progressive approach treatment. Thus, people who themselves could potentially take antidepressants have friends who have a similar attitude to antidepressants or even personal experience with pharmacotherapy of mood disorders. Secondly, this may be linked to awareness that this practice exists and is common in the close circle of a person normalizes the practice of taking antidepressants, making it more acceptable, partially reducing stigma. This aspect is crucial for two reasons.

Firstly, according to focus group participants, the residents of Minsk receive information about depression and how to deal with it from their friends. Moreover, not only from personal communication but also from posts on social networks in which some of them share their experiences. In this case, the personal experience of one of the acquaintances shows an acceptable pattern for solving problems with unstable emotional state. Secondly, for a long time, antidepressants remained an attribute of the Western culture. Thus, the knowledge about them was obtained mostly from American movies and TV shows. Being aware that their friends adopt practices associated with the Western way of life promotes integration of these practices into local context. Moreover, people in Minsk can observe the effect of antidepressants on the example of their friends. In addition, the experience of acquaintances helps to dispel the dread of rumours that have surrounded this topic for many years.

The participants of the 'middle' FGI paid sufficient attention to the biochemical origin of depression. They tended to see it not just as a mood disorder that derives from personal crises but as a biphasic problem in which physiological aspect of depression could be easily fixed, while there is no trust in the efficiency of any sort of therapy when it comes to existential issues:

There's a biochemical reason that can be detected with a blood test... You check your hormones – take some pills. (...) It can be cured easily. Then, if you have a problem of a psychological matter ... if this problem is obvious, you can work with a psychologist, art therapist or use pharmacological methods to get on the right way, the positive parallel. But if we talk about personal reasons or stress... or if one is dealing with a loss it is much more complicated, as the formula 'to dig to the reason' leads to a depressive mass... a person may know the reason but it cannot be removed, it stays with a person. Then, one has to go to a psychiatrist and, God help, things will get better or a person would be in the fight with depression for the whole life.

In this quotation, there is an indirect manifestation of lack of trust to psychotherapy of existential questions. However, among the middle aged Minskians there is still a belief in the efficacy of pharmacological treatment of depressive disorders if the reasons are biochemical.

The respondents shared an idea that as the reasons for depression can be divided into two types: biochemical (physiological) and personal, the treatment also should be provided on both of the levels. Moreover, the personal level is unique and cannot be reduced to a mere array of symptoms. It is not only the doctors that recommend personal psychotherapy supplemented by a course of antidepressants, but also the people that are raising awareness of its importance in solving psychological problems and emotional challenges.

Fears regarding antidepressants

As our study shows, the expectations from antidepressants are not limited to normalisation of emotions. A further discussion in the FGIs has shown that many people in Minsk believe that antidepressants influence the whole spectrum of emotions.

In the research, we dealt with people most of whom never took antidepressants. Thus, those people described how they *imagine* the effect: “I associate antidepressants with apathy... some sort of a jolly prostration”; “I imagine it as a sort of sedative pill... You just don’t think of anything, don’t worry...”. Hence, they described not a return to a normal condition but rather an indifferent state of mind. The idea that antidepressants make people apathetic can be disturbing for people. The respondents expressed their fears of losing individuality and the depth of emotions since they directly associate the ability to feel with their personality.

Initially, those FGI respondents that were older than 35 y.o. have found out about antidepressants and psychoanalytic from American movies: “Perhaps, I knew about it from the movies but never considered it to be close to me before I was diagnosed with depression in 1999”; “I found out about antidepressants exclusively from the American movies... where, in each episode they say something like ‘he had antidepressants prescribed’ or ‘she is on antidepressants’”. Even today people associate antidepressants and psychotherapy with the American lifestyle and emotional culture. However, this stereotype is not preserved in the ‘youngest’ age group. It can be explained with the fact that when they were growing up this topic was already quite spread in the society. Thus, they have not linked the phenomenon to a medium that introduced it into their lives. For the ‘middle’ focus group, the associative bond of antidepressants with the Western culture is quite strong although ambivalent.

On the one hand, the spread and relative openness on this topic is an indicator of taking care about one’s own psychological condition. They see it as a status attribute that could make one proud of oneself. However, the stigma remains: “In [American] movies and TV shows it is demonstrated that in their society, at least what comes to the middle class, they are all like ‘my therapist, my antidepressants’... It even sounds proud and prestigious to some extent, as you are developing your mindfulness. But here, you wouldn’t share it with friends just like that...”. There is a peculiar clash between realizing the need for psychotherapy and being ashamed of it. Psychotherapy is a self-care technique and people in Minsk start to raise awareness of their need for the latter. Shame emerges because of the inability to provide help for themselves on their own. The capitalistic demands from a person that prevail in Minsk clash with the lack of efficient and acceptable self-care techniques. It is assumed that those are concerns for individuals and their families to figure out in private. However, it starts

to change rapidly. As this research shows, psychotherapy and antidepressants become a more acceptable practice as the public discussion of the topic grows.

On the other hand, the Western approach to antidepressants is terrifying for the inhabitants of Minsk. Answering the question on the influence of antidepressants on the society one of the respondents said: "Of course, the influence is positive. The main thing is to make sure it wouldn't be like in the USA, where even 14-years-olds are addicted to antidepressants". Most of our respondents believe that antidepressants should be taken only in extreme cases, whilst lighter forms of depression and personal crises are to be overcome with the help of self-reflection. The concern is about 'non-safety' of antidepressants. Development of addiction is perhaps the biggest concern for those who are over 50 y.o.: "There is a major fear in society. Maybe there's no addiction as from sleeping pills or valerian drops but there's an image that you would have to take it for life". These concerns are also the result of unawareness about the production of meds and its testing before they get to the pharmacies. "No one tests them... or maybe like a day or two... But no one knows what the consequences in 10-15 years would be", as mentioned by one of the respondents in the senior FGI when the side effects and the fears were discussed. Those concerns as well as the ideas on how antidepressants are perceived in the USA and other Western countries are based on selective images presented in popular culture. This cannot be called a trustable source of information, but this is what forms the ideas on this topic and determines the norm regarding what is acceptable for Minskians and what is not.

Conclusion

Based on the responses of our informants, the causes of depression among Minskians can be divided into personal and social. The former is connected with intimate relationships. The latter are linked with frustration due to the discrepancy of internal capabilities and desires to the requirements determined by society and state. To sum up, one can say that the younger generation, that is people under the age of 35, associate depression with personal emotional problems and pressure associated with work and fatigue. The "middle" generation paid even more attention to the need to meet the standards of society, and from personal factors, postpartum depression and the loss of loved ones. The older generation was concerned about the "absurdity" of the state regime and its manifestations as well as the state's lack of involvement in caring for citizens and their psychological state. The personal causes of depression were associated with the so-called "sandwich syndrome".

Approaches to dealing with depressive condition can be divided into two groups: 'progressive' and 'traditional'. 'Progressive' includes

pharmacotherapy of depressive states and psychotherapy. ‘Traditional’ ways include sports, alcohol, companionship and other ways to get distracted. Senior Minskites avoid going to a psychotherapist, neurologist or psychologist, as they fear stigma and restrictions on rights that may be a consequence of their diagnosis. However, younger people consider individual psychotherapy as a normal, socially acceptable, and even an encouraged self-care practice. This difference may be due to the fact that the younger generation grew up in a society where psychological discourse and self-help practices were part of their life world, and they are more willing to take responsibility for their emotional state than representatives of the older generation.

However, the residents of Minsk do not see antidepressants as panacea and even experience some concerns about their intake. Most tend to believe that antidepressants can eliminate the symptoms of depression and its biochemical causes but one should consult a specialist to solve the problems that led to the depressive state. In addition, among the older generation, fear of addiction to drugs is widespread. The fear is also caused by a change in the emotional background when taking antidepressants – respondents expressed concern that not only negative emotions would “subside”, but the depth of feelings would be lost.

Today, people in Minsk are becoming more interested in the topic of depression, psycho- and pharmacotherapy. However, there are generational differences in attitudes towards the topic: the younger people are more aware of depression and more prone to contact psychotherapists or use antidepressants. In general, the residents of Minsk begin to talk about the need for psychotherapy and self-care, but at the same time they are ashamed of their inability to cope with emotional challenges on their own. This state of affairs can be a clash between the Western and the Soviet life strategies. However, the process of immersion in the topic of psychotherapy is becoming more intense. In the two years that have passed from the field stage and the publication of this monograph, the number of media publications on the topic of depression and ways to cope with it has significantly increased.

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