



# Singapore Psychologist

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## DEPRESSION

DIFFERENTIATING DEPRESSION AND SADNESS | THE MEDICALISATION OF SADNESS |  
POSTNATAL DEPRESSION IN FATHERS | THE PORTRAYAL OF DEPRESSION IN TODAY'S  
MEDIA | FORGET ME NOT: DEPRESSION AMONGST THE ELDERLY IN SINGAPORE |  
INSTAGRAM, FACEBOOK, AND DEPRESSION | AND MANY OTHERS

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Psychological  
Society  
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# EDITORS' NOTE



A stylized, handwritten signature in black ink.

**Mok Kai Chuen**  
Editor-in-Chief  
SPS Publicity Chair

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**Annelise Lai Ke Yin**  
Deputy Editor-in-Chief  
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**T**he state of mental health awareness in Singapore has never been stronger than it is today. Singaporeans, especially youths, are more willing to open up and seek professional help. Our Singapore Government also recently introduced measures to boost mental wellness in our community, fostering a culture of inclusion and acceptance amongst Singaporeans.

We are now more equipped to educate, diagnose, and treat psychological disorders as a nation. Consequently, our day-to-day conversations have become increasingly laden with a rich vocabulary of mental health terminologies and diagnoses. This newfound confidence in labelling our every emotion and behaviour, however, runs the risk of trivialising mental health.

In this issue, we tackle the most prevalent form of mental disorders – depression. According to the *Singapore Mental Health Survey* conducted by the Institute of Mental Health (IMH), the lifetime prevalence of major depressive disorder has risen from 5.8% (2010) to 6.3% (2016). The stressful demands of the working world (see issue #1 on burnout) and the evolving nature of socialization may have contributed to this rise. It may also be indicative that the stigma surrounding depression has improved and more Singaporeans are stepping forward to seek help.

Yet, depression is at once widely known and heavily misunderstood. The word *depression* is now synonymous with sadness, especially when sadness might no longer adequately explain the yearning feeling of lasting unhappiness. All around us, we hear diagnostic labels attached loosely, oftentimes with a sense of amazement and reverence. This oversimplification can blur the line between normal sadness and a severe mental health condition that requires professional help.

Are we truly depressed, or are we merely sad? When does casual labelling become harmful? Perhaps, more urgently than ever, we must clarify the basic tenets of our emotions and dive deeper into the nuances of depression and mental health in general.

Read on and get psyched!

# PRESIDENT'S ADDRESS

In the world today, the word *depression* has been increasingly used in everyday conversation. What was once a taboo term is now used to describe all forms of feelings such as sadness, pain, and even low motivation and tiredness. Is this indicative of greater understanding or has the term become diluted?

When you hear about depression, terms such as suicide, self-harm, and stigma are not far behind. Celebrities, parents, business owners, you and me; anyone could suffer from depression.

Depression is a mental health illness. Depression is not something that you can “get over” and is not indicative of a weakness in character. Depression has one of the highest prevalence rates in Singapore and the stigma that surrounds it is, unfortunately, strong and alive.

Following on from our successful first edition of the *Singapore Psychologist* on the topic of burnout, we recognize the need to talk openly about a highly prevalent yet strongly stigmatized issue by using a platform that is readily available and accessible by both practitioners and the public. We hope to use this platform to break through the boundaries set by “stigma” and bring information about and personal experiences with depression to the forefront. We hope that this will, in turn, influence others to become agents of change for our community.

As psychologists, let us make a stand together to better understand this debilitating mental health issue and walk this journey together with those who may be suffering from depression. Let us choose to see the person within and act towards providing quality services for all in need.

May this edition of the magazine inspire and stimulate your mind as we connect as *One Psych Community*.



A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

**Dr. Cherie Chan**  
President, SPS

# Drawing the Blue Line: Differentiating Depression and Being Depressed

*Adrian Toh*

**W**e often use the word *depressed* and *sad* interchangeably. However, this can blur the line between normal human emotionality and a mental disorder that requires professional support – depression. Understanding the difference between sadness and depression is an important first step in identifying when you or someone you love is suffering from depression.

Both depression and sadness are centred on the same emotion spectrum. They involve a sense of melancholy as the core experience. They can also appear in response to a trying situation. A person who is sad often displays similar behaviours to people who experience depression, e.g., changes in appetite or sleep pattern, guilt.

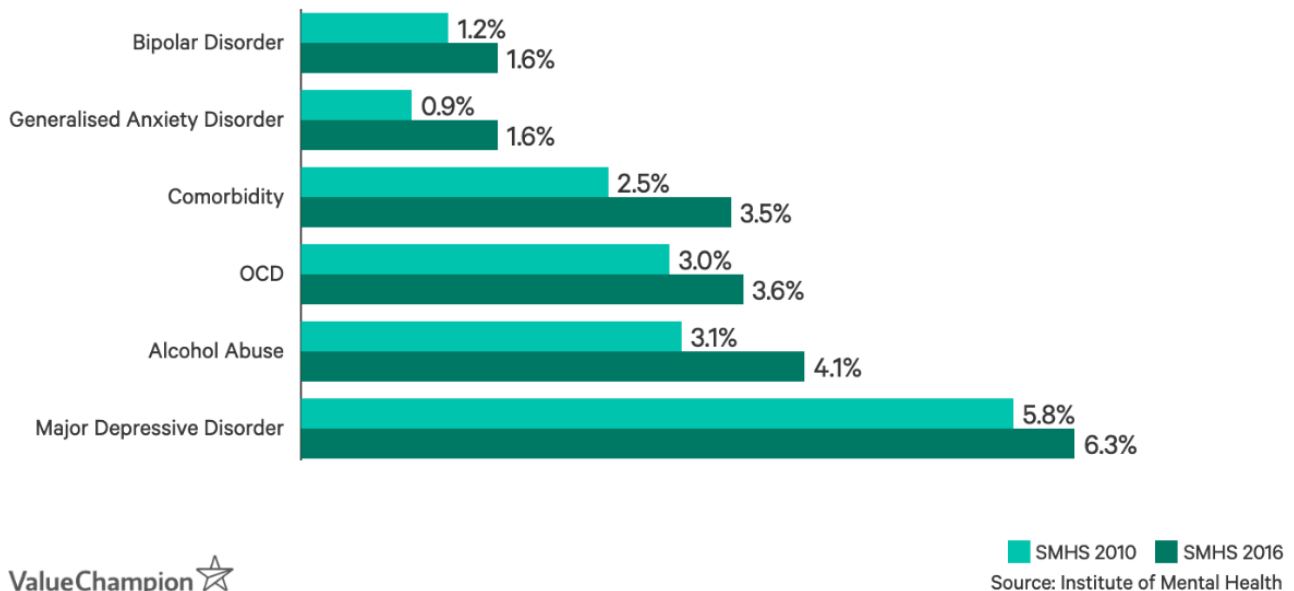
The main difference between these two experiences is the intensity and degree to which they disrupt our lives. When we are sad, we may be sad for a few days. However, we are still able to do most things that are required of us, such as going to school or work, and we usually have no problem completing tasks like cooking, cleaning, or taking a shower. Though we may struggle with our feelings of sadness for some time, we are aware that these emotions will get better with time.

With depression, the experiences tend to be more intense. They are characterized by the following specific symptoms:

- Feeling sad or irritable most days for more than two weeks
- Not being able to enjoy the things one used to enjoy
- Changes in the way one sleeps and eats (e.g., insomnia or weight loss)
- Feeling suicidal, thinking about death
- Feeling guilty or worthless
- Fatigue and difficulties concentrating

These symptoms are not all-or-nothing; some people may experience all of these symptoms, while some have only a few. When these symptoms continue for more than two weeks, or when they become so intense that they hurt an individual's ability to fulfil their responsibilities or affect their daily functioning, we are looking at a likely case of depression.

## Changes in Lifetime Mental Disorder Prevalence Rates (SMHS 2010 vs. SMHS 2016)



Everybody feels sad – this is a normal emotion. Not everybody experiences depression, however. Nonetheless, depression is one of the most common mental health disorders. According to Singapore Mental Health Study (SMHS) in 2016, the lifetime prevalence rate of depression is higher than the 2010 study and has been increasing. The study informed that 6% of the Singapore population (or 1 in 16 Singaporeans) will experience major depressive disorder in their lifetime.

### So, when should I seek help?

A good rule of thumb is to seek help when you suspect you have depression, i.e. referring to the list of symptoms above. You do not have to hit rock bottom or experience a major depressive episode before seeking help. A psychologist will be able to help you with both sadness and depression. You can avoid the risk of it escalating to a more serious problem if you seek help early. If it turns out that you do not have depression, a psychologist can still help you in many ways with coping, e.g., learning how to cope with difficulties.



A clear signal to start seeking help is when your emotional state interferes with your interpersonal relationships, your ability to go to work or school, or with any other areas of daily functioning. You definitely need help if and when you are thinking about suicide or death. For example, speak to a professional when you are repeatedly thinking about ending your life as an escape plan to the circumstances you are in. However, if you have an active plan and an accessible means to end your life, you need immediate support at the nearest A&E.

Depression may get better with professional help, but it is not a certainty. When you use medication or psychotherapy, you can get better faster and also reduce the recurrence of feeling depressed. To assist you towards recovery, you will also need other self-help techniques and support from others while you are getting professional help.

## What can you do?

- Try to get enough sleep and eat balanced meals as much as you can.
- Exercise can make a big difference in terms of your well-being.
- Practising other things that help you feel better, such as hobbies and meditation, is also important.
- You may need to turn to friends and family. Try not to isolate yourself and seek out the people who truly support you and care about you.

Do take these strategies with a big caveat. They may be helpful but oftentimes do not fix depression on their own. A psychologist can help you overcome the negative thoughts that are at the root of your depression and help you develop better skills against depression.



Perhaps when we find ourselves wanting everything, it is  
because we are dangerously close to wanting nothing.

**Sylvia Plath**

STOP BATTLING,  
START ACCEPTING  
DEPRESSION:

# **A Letter to My Psychologist**

*Annelise Lai*





## Dear Psychologist,

In June, I came to this clinic with difficulties adjusting to the stressful situations in my life. I discovered that I suffer from depression. I was dealing with academic stress and could not fit into the environment. I did not have much social support and even when I do, people may still not understand. They often say "What is there to worry about?" or "Get yourself together. Find something to do!"

*These words never help.  
Sometimes they even kill.*

I realise people like to point fingers at others and tell them what they should do, with no understanding of the matters the victims are really going through. Many of them do not have bad intentions for doing this. They believe wholeheartedly that their ways will help those suffering from depression. But this is sometimes not the case.

What I really found out after this long journey is acceptance. When you feel depressed, do not deny it. Embrace the fact that you may be more vulnerable to depression because of your DNA, family history, or how your brain is wired. It is important to accept and embrace it before you can start the so-called 'self-redemption'. It is okay to feel distressed as we have many thoughts going through our brain every second. They might come, stay for a while, and go. We cannot decide our DNA but we can decide how to re-wire our thinking. When something bad or something you think is bad happens, you can alter your thinking to lead to a more positive outcome. Think about the positive consequences that may happen and you will usually feel differently. I want to thank the psychologist who really helped me to recover. Yet, the recovery process never ends.

Battling depression and other mental health issues is a long battle. Emotions come back, so depression will too. In the next phase of my life, I foresee new obstacles, nasty things, and challenges. However, I think I can continue to learn how best to overcome them. I may have other mental health issues too, but as long as I know how to help myself, I am confident it will be fine and I will recover.

*Sincerely,  
Your Patient*

## From the Psychologist's Desk

As clinical psychologists, we would have worked with many patients on a similar recovery journey like the one described in this letter. Even with the same diagnosis, patients often present with a different set of symptoms and life stories. With this patient's consent, we wish to share his insight to the public in hope that we can raise awareness and, ultimately, instill hope. This was a letter that was shared with me during our final session. In the beginning, he was struggling to manage academic stress and started to develop depressive symptoms and suicidal thoughts that manifested as mental images of his own death. He felt both helpless and hopeless in a rat race where he thought he could never accomplish his goals.

Nevertheless, he took a leap of faith and came for regular therapy with great compliance and motivation. In the course of 6 months, he has gained deep insight and ample coping skills to manage his depression. More importantly, he adopted an open attitude and embraced depression as it is. During our sessions, he never thought of merely battling depression but aimed to understand what it is and learn how to manage it. I will always remember the quote he shared, "There isn't always a solution to everything". Is that not a perfect depiction of true acceptance?

Thank you for teaching me and showing me both your strengths and vulnerabilities.

Thank you for showing me the beauty of true acceptance in this journey of recovery and self-discovery.



# The Medicalisation of Sadness




An estimated 6.9% of Singaporeans experience depression in their lifetime, with depression being the most common mental disorder in Singapore. Yet, the word 'depressed' is bandied around so much that it is not only used to refer to the diagnosis itself, but also to describe our everyday feelings of sadness. We are no longer just "sad"; we are "depressed". Of course, even individuals without the diagnosis of depression are capable of feeling deep sadness, but how has "depression" come to mean and replace "sadness"?

It has not always been this way. Sadness was valued as an intrinsic part of life. Buddhism tends to view suffering as an essential part of life, while classical works such as Greek or Shakespearean tragedies were an imitation of life, alluding equally to both happiness and misery. More recently, evolutionary theories have also regarded sadness as adaptive.

The mere presence of sadness signalled that something was wrong and action should be taken to rectify the problem. Yet, even as we continue to partake in Buddhism, to engage in Greek and Shakespearean tragedies, or to proclaim our agreement with these evolutionary theories, we still persist in our attempts to distance ourselves from sadness.

Perhaps the emergence of therapy culture offers one possible explanation for this phenomenon. UK sociologist Frank Furedi first coined the term 'therapy culture', claiming that today's society is one that teaches us to look at the world through our emotions. We are taught to take notice if we ever feel the slightest discomfort. Any form of discomfort then warrants the need to seek treatment, or to do something to make this inadequate feeling dissipate.



## **SADNESS, RATHER THAN BEING AN ESSENTIAL PART OF EVERYDAY LIFE, HAS NOW BECOME MEDICALISED.**

For instance, prevalent now are applications that track our mental health. These apps seem to quantify our own experiences by enabling us to plan and devise strategies to eradicate any negative emotionality. The prescription and use of antidepressants has also soared alongside a growing number of people seeking professional help.

Throughout the concept of therapy culture lies the assumption that sadness is external. When someone mentions that they are sad, we tend to ask *what* happened. By doing this, sadness is interpreted as an outcome with an antecedent outside of us - it could be failure at a given task, or the death of a loved one. The emotion of sadness is viewed merely as a symptom of some unpleasant situation that has occurred, rather than an interaction between us and our environment. As a result, any negative emotion is treated as an aberration, so much so that the absence of discomfort and sadness is now perceived as the norm. Sadness, rather than being an essential part of living, has now become medicalised.

If such is the case for sadness, then what of positivity and happiness – the other end of the emotional spectrum? Should attaining a constant state of happiness be equitable to achieving emotional perfection? The irony with happiness is that the greater the focus and value we place on happiness, the less we tend to be happy. Sadness does have its benefits too. For example, sadness helps to solicit help where required, improve teamwork, and decrease conflict and competition.

Without the ebb and flow of happiness and sadness, would we still appreciate the beauty and rarity of happiness? In a world where every instance of sadness is avoided or shunned as much as possible, the pursuit of happiness may become less valuable. This begs the question, what is the nature of happiness without sadness? As Carl Jung famously said, “Even a happy life cannot be without a measure of darkness, and the word happy would lose its meaning if it were not balanced by sadness.”

The diagnosis of depression continues to hold clinical validity and utility. Yet, excessive normalization of depression runs the risk of rendering this serious mental diagnosis trivial. If we place depression and sadness on the same plane, we fail to give depression the professional attention it requires to be combated successfully. Perhaps the only way to adequately divorce sadness from depression is to accord depression with the right level of severity - through its succinct and research-oriented symptomatology. The set of symptoms for depression in the DSM-5 must, thus, be continually refined and evaluated to ensure that we see a sharper qualitative difference between depression and sadness. If not, depression may very well become a glorified misnomer for sadness and rendered useless in its nomenclature.

*6.9% of Singaporeans experience depression in their lifetime – or do they all?*





“

The world breaks  
every one and  
afterward many  
are strong at the  
broken places.

ERNEST  
HEMINGWAY



# Depression in Single-Parent Families

*Dr Foo Koong-Hean*



Single-parent families are becoming commonplace for at least two reasons\* – incompatible and irreconcilable parents are divorcing, and unmarried individuals are exercising their right to parent alone. However, depression (with comorbid anxiety) runs high in these families, particularly stemming from problem behaviours of children, as compared with depression in two-parent families.

Depression in these families is caused mainly by adjustment difficulties like a change in economic status, loneliness, unhappiness, stress, and taking on too much responsibility by the single parent.

For example, income may come from the sole parent which means a need to curtail spending in the family. Children may not get what they want or need. The sole parent takes on the roles more typically covered by two parents, thereby becoming vulnerable to stress and displacing anger onto the children.

Caregiving single-parents are also getting inadequate amounts of personal time and activities (e.g., sleep, exercise, and leisure), which have promotive and protective values. Sufficient sleep, for example, lifts one's mood, and thereby lowering the risk for depression.

\*Other possible reasons are death or incarceration of one's spouse, and unintended pregnancy.



Depression in a sole parent can exacerbate the plight of the child(ren) in their deprived home-learning environment. Children face difficulties in behaviour (e.g., misbehaving and internalising), studies (e.g., lower levels of academic achievement), and socialisation (e.g., substance abuse and social deficits), among other afflictions.

Adolescents in single-parent families, in particular, likely suffer more stressors and rumination. For example, depressed male adolescents may act out through higher internet usage, aggression, and a poorer relationship with their absent father.

Depressed female adolescents may face early pubescence and engage in risk-taking sexual behaviour, experience victimization by peers, and may be overly concerned with body image. Even though many children raised by single parents adjust well, they may still experience poverty, neighbourhood stress, low emotional support, and augmented role responsibilities (as in the same-sex eldest child taking on the duties of the absent parent).

Marriage and parenting in today's world is a titanic test beyond perceptible knowledge and imagination. It is not a commitment to be made impulsively. The complex, interconnected world makes partnership and parenting as challenging for parents and authorities as it is for professionals like teachers, coaches, and psychologists.

# MARRIAGE AND PARENTING IN TODAY'S WORLD IS A TITANIC TEST BEYOND PERCEPTIBLE KNOWLEDGE AND IMAGINATION. IT IS NOT A COMMITMENT TO BE MADE IMPULSIVELY.

Barring circumstances that lead to single-parenthood, all is not lost. Single parenthood can benefit the only parent if having a spouse is undesirable, and can lead to well-adjusted children if the impending disadvantages are overcome with assistance from professionals and authorities.



Therapeutic interventions for managing depression and other problems in single-parent families can include the following:

1. Building strong parental attachment and connectedness (e.g., positive parenting with healthy communication every way) and resilience (e.g., boosting problem-solving strategies and reducing emotion-oriented coping);
2. Sharing parental responsibilities (e.g., living with parents or getting social assistance);
3. Scheduling more personal time for the caregiving parent (e.g., taking arranged breaks with friends and attending external activities, or getting relief from a child-minder);
4. Broadening resources for the family (e.g., seeking social assistance and joining related clubs for financial and familial support);
5. Educating older siblings to take over appropriate caregiving and familial responsibilities;
6. Eating meals together to enhance quality time and cohesion in the family; and
7. Instilling hope (e.g., attending counselling sessions).

Films tackling the topic of depression have never been as accessible as in today's cinema. In recent years, we see films attempting to portray the nuances of depression and advocating for its acceptance. Oscar-worthy films such as *A Star is Born*, *Birdman*, and *Silver Linings Playbook* are but a few such examples. Consequently, these media portrayals play a pivotal role in shaping public perceptions toward depression, depending on the accuracy and sensitivity with which filmmakers approach it. At its best, the media has the power to overturn deeply embedded prejudices, initiate much-needed public discussion around mental health, and spark empathy towards the mentally ill. At its worst, the media fosters and perpetuates stigma and discrimination.



## The Portrayal of Depression in Today's Media

Carrie Lee & Daniel Chan

The Netflix series *13 Reasons Why* was perhaps the show that generated the most widespread interest and controversy. Released in 2017, the show's first season revolves around a series of 13 tapes left behind by Hannah, a fictional 17-year-old girl who had committed suicide. Each tape is directed at a character "responsible" for her eventual demise. The story explores themes such as bullying, sexual assault, and troubled relationships, leading to the show's infamous suicide scene in the final episode.

The show's creators wanted *13 Reasons Why* to start a conversation about youth depression and suicide – a topic too often swept under the rug. In that, they succeeded. The series became a pop-culture

phenomenon, smashing Netflix's record for most-tweeted-about television show during its first week of streaming. Local newspapers and blogs were filled with commentaries about the show and the topics it tackled. Parents became more aware of the very real struggles faced by their children on a daily basis – the same challenges they once dismissed condescendingly as part of "growing up". All of a sudden, depression and suicide became dinner-table conversations in Singapore and all over the world.

**AT ITS BEST, THE MEDIA HAS THE POWER TO OVERTURN DEEPLY EMBEDDED PREJUDICES, INITIATE MUCH-NEEDED PUBLIC DISCUSSION AROUND MENTAL HEALTH, AND SPARK EMPATHY TOWARDS THE MENTALLY ILL.**

## AT ITS WORST, THE MEDIA FOSTERS AND PERPETUATES STIGMA AND DISCRIMINATION.

Various suicide-prevention advocacy groups and experts from the psychological community, however, criticized the show. Ms. Christine Wong, executive director of the Samaritans of Singapore, discouraged parents from allowing their children to watch the show, eluding to the show's normalization and glamorization of suicide.

Indeed, the show's depiction of a 17-year-old girl in high school makes it highly relatable to today's youths, particularly those struggling with depression and/or being bullied. "You'll be sorry when I'm gone" also appears to be the intended message of Hannah's tapes. In this way, the show plays out like the ultimate teenage suicide fantasy, reinforcing the harmful stereotype that youth suicides are selfish, revenge-filled, and attention-seeking acts. Inevitably, such a story might allow viewers to conclude that suicide is the only justifiable solution – a viable way to both end one's suffering while exacting revenge against those who have wronged them.



Another concern was that Hannah's suicide and its "successful" aftermath would trigger vulnerable viewers to engage in similar suicide behaviours themselves, also known as suicide contagion (Quinn & Ford, 2018). In the months following the show's release, many media outlets reported instances of "copycat" suicides. Studies have also shown that the release of *13 Reasons Why* was linked to an increase in internet users searching about suicide and youth suicide rates (Ayers et al., 2017). This link, however, is not indicative of an increase in suicide cases and may actually be a positive sign that more people are proactively educating themselves about youth suicide.

Perhaps the greatest flaw of the show was in its depiction of depression. Throughout the series, there was no mention of the words depression and mental illness. Depression, as with any mental disorders, is the result of an interplay of genetics, neurochemicals, and environmental factors.

However, the show's narrative strongly implies that depression and suicide are a direct, inevitable result of Hannah's life experiences without mention of any biological or neurological causes. When Hannah reached out for help, adult characters were oftentimes portrayed as out-of-touch and unhelpful. Both assumptions create a very narrow and one-dimensional interpretation of depression as unique to youths and bullying only, promoting an us-versus-them mentality in youths and hindering help-seeking behaviours.

Additionally, individuals with depression experience a variety of symptoms that can take on various physical, emotional, and cognitive forms, such as weight fluctuations, inappropriate guilt, and the inability to concentrate (American Psychiatric Association, 2013). Hannah's depressive symptoms were mostly confined to being largely emotional and replicated only the symptom of anhedonia – an inability to feel pleasure in normally pleasurable activities. This effectively reduces the nuances of depression and showcases only the most stereotypical symptom of depression.

There is no doubt that *13 Reasons Why* was a well-intentioned show that has left its mark in mainstream media. The important topics of youth depression and suicide prevention were thrust into the spotlight, and the show made massive contributions in altering the way mental health is discussed today. While this show started an important conversation surrounding mental health, this conversation must now be steered in the right direction. The right resources must be provided to ensure that the content remains relevant for its intended audience. Following the first season, the show has taken several progressive steps forward. Trigger warnings are now played before every



episode, an online webpage hosting a wide range of resources has been set up, and a special feature episode was released with the show's actors discussing how the series was made.

From a literary standpoint, *13 Reason Why* represents just one example of how a high school student deals with her depression. Her narrative is also oftentimes exaggerated with artistic flair and drama as it is, after all, entertainment. Yet from a psychological standpoint, it is crucial to acknowledge that every depression is unique and there are no one-size-fits-all solutions to 'fixing' depression. More importantly, with the right resources and healthcare providers, depression is a treatable condition with a wide range of treatment options.

## Here are some tips to keep in mind while viewing media portrayals of depression and suicide:

1. Television shows are often sensationalised and inaccurate for dramatic effect. Consume with a pinch of salt, knowing that they are mainly for entertainment purposes.
2. Seek out reviews and advisories issued by healthcare experts to distinguish fact from fiction.
3. Be mindful of how you feel after viewing such media content. If it causes significant distress, talk to trusted family members and friends to process such information better. If the distress continues to linger, consider avoiding similar material in the future.
4. For parents, be aware of the media your child is consuming. Engage them in positive discussions about the media content. Offer a listening ear and, if needed, challenge the show's portrayal of sensitive topics.



# Forget Me Not: Depression Among The Elderly in Singapore

*Anutra Guru*



Mr Raj lay on his side in his single cot with his wrinkled hands tucked beneath his head. His frail form curled into a fetal position as he stared blankly out of the window. The smell of dirty linen bedspreads interspersed with an undercurrent of sadness drifted through the stale air. His vacant gaze seemed to convey a multitude of emotions; the smile that once came easily was now no more than a twitch of the mouth. Unlike some of his peers, he did not have any medical conditions and was in good physical health. “He’s just aging,” one of his family members sighed in resignation, as if aging were an inevitable fact of life.



But it is not just aging. According to the Centers for Disease Control and Prevention (CDC), symptoms of depression are not a normal part of aging, although healthcare providers and laypeople alike might make that mistake (CDC, 2017). In today’s media and the stories we hear everyday, the elderly are often portrayed as irritable, pessimistic, or moody. What might be features of depression become normalised in the process. Depression in the elderly is frequently overlooked, even though there is an urgent need to tackle this problem considering Singapore’s aging population.

According to Mt. Alvernia Hospital (2018), the most common mental health condition amongst Singapore’s elderly population is depression – an estimated 1 in 5 aged over 75 exhibited depressive symptoms (Paulo, 2018). Dr. Tsoi, a consultant at the National University Hospital’s Department of Psychological Medicine, speculates that the true numbers could be even higher. Yet, only 12% of our seniors with depressive symptoms receive professional help (Yong Loo Lin School of Medicine, 2018).



This dismal number certainly warrants deeper research into this underserved population – particularly the common causes, presentation of symptoms, and protective factors that are specific to them.

## Common Causes of Depression in the Elderly

Although a range of complex factors could cause one to be prone to developing depression, few are pertinent to the elderly. With increasing age, there is a decline in one's functional abilities and the greater likelihood of experiencing chronic physical health issues such as hearing loss, cataracts, osteoarthritis, and cardiopulmonary diseases increases (WHO, 2018). Navigating these sudden dips in functioning is often challenging and adjusting to a new lifestyle might appear overwhelming and daunting.

A feeling of loss of independence might ensue as people are forced to make modifications to their comfortable ways of living. This might require them to relinquish some of their autonomy and be more dependent on others for assistance.

This loss of control might create a sense of helplessness, which can make people more vulnerable to experiencing depressive symptoms. Furthermore, experiencing long-term physical health issues can certainly take a toll on one's mental outlook as well. If an individual is struggling on a daily basis, they might start to question the purpose of their existence.

Loneliness and social isolation have been widely cited as a leading cause of depression amongst the elderly. It is a pressing concern for Singapore in particular as it is fairly common to see many elderly people living alone. In fact an estimated 83,000 of those aged 65 and above will be living alone by 2030, a twofold increase from the current number (Paulo, 2018). This increasing trend is concerning as elderly people living alone have been found to be twice as likely to develop depressive symptoms as their elderly peers who reside with others (Subramaniam et al., 2016). Elderly who live alone often have lost their spouses, a devastating loss in itself. However, this takes more of an emotional and social toll on their lives as compared to someone who is younger (Das, 2013).



Older couples have spent more time with each other and are more accustomed to a routine involving their significant other, making their loss even more debilitating. Moreover, their social circle tends to be much more compact than someone who is of a younger age, making the loss harder to cope with as they receive less social support. They also may not have many family members who visit them often and have little social contact on a daily basis. Hence, elderly people who are socially isolated often feel lonely and may develop symptoms of depression.

## Symptoms

While the elderly could display more conventional symptoms of depression listed in the DSM-5, such as feelings of worthlessness or low mood, it is also likely that they could present in less typical manners. Mental health literacy is relatively lower in the older population (Farrer et al., 2008), and hence they might lack the knowledge to recognize psychological symptoms.

**ELDERLY WHO LIVE ALONE OFTEN HAVE LOST THEIR SPOUSES, A DEVASTATING LOSS IN ITSELF.**

Furthermore, discussing depression might also be considered more taboo in an Asian context especially amongst the older generation. A less typical presentation of depression might be in the form of frequent complaints of somatic symptoms or cognitive problems such as heart palpitations, body aches and pains, fatigue, dizziness, or an inability to concentrate on or remember things (Harvard Health Publishing, 2008). While it is logical for one to conclude that this is a physical health issue, it is important to bear in mind that these may stem from underlying depressive symptoms.

## Protective Factors

“It’s not about how old you are, it’s how you are old,” French author Jules B nard once remarked. It is possible to age gracefully and remain happy throughout the later parts of our lives. The Japanese island of Okinawa would be the prime example, with the highest proportion of centenarians and longest life expectancies on earth (Robson, 2019). In *Ikigai: The Japanese Secret to a Long and Happy Life*, Garcia & Liebermann discuss some of the key ingredients to living a happier life as shared by the elderly Okinawans. The common thread in all their answers is *Ikigai* – which in their words is something that gives them a sense of purpose, a reason to get up every day.



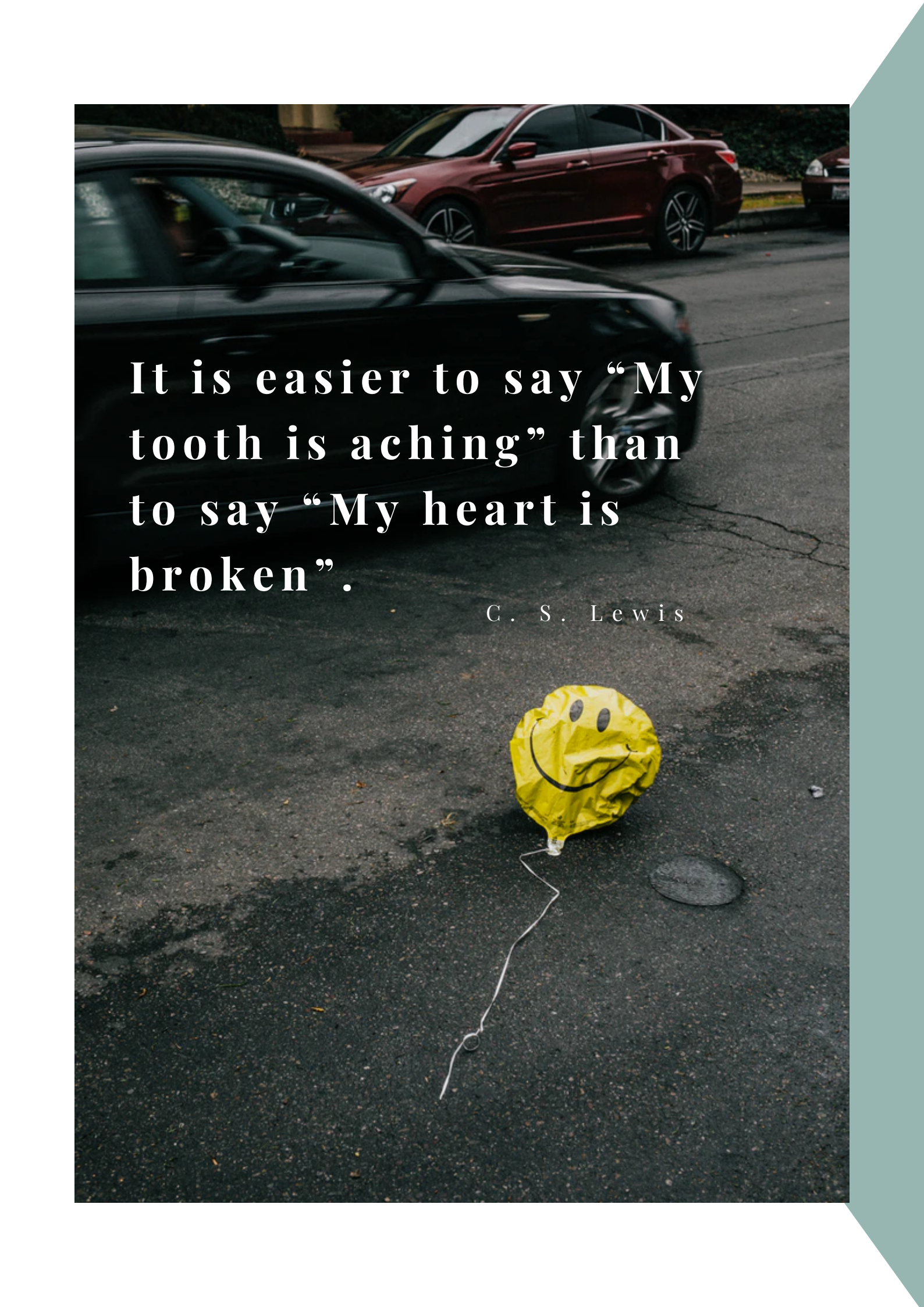
Participating in activities that they found meaningful contributed towards this feeling of fulfilment, such as volunteering for a cause they believe in or looking after and nurturing their grandchildren.

Remaining socially active within a tight-knit community was also found to be important to many of them. Indeed, having greater social support has been found to be a protective factor against depression (Subramaniam et al., 2016). Joining a senior citizens' group or participating in organised senior activities could be a platform to allow one to engage in activities that might interest them while forging social connections at the same time. After experiencing bouts of depression, Mr Seah, a Singaporean senior citizen, decided to join in on Carrom board sessions at a senior centre. Taking part in an activity he enjoyed brought him greater feelings of satisfaction and the loneliness he felt was also alleviated as he interacted with other seniors. It is also vital that the elderly keep themselves physically active, as it can play a huge part in combating depression (Cheong, 2016).

Engaging in activities that provide gentle physical exercise such as walking, yoga, or tai chi prevents one's functional abilities from declining. There are several group physical fitness activities organised by community clubs that are targeted towards senior citizens, providing them an opportunity to meet more of their peers and form new friendships. Furthermore, physical activity also stimulates the brain to release endorphins which greatly improve mood and reduce stress. This keeps depression at bay.

## Stepping Up

Depression in the elderly is often overlooked due to common myths and misperceptions about aging, and the more subtle presentation of depressive symptoms. When it comes to the conversation around depression, there is a need to turn our attention towards this frequently glossed-over population. Being more proactive in identifying symptoms of depression in the elderly we encounter and guiding them towards the appropriate resources in a timely fashion could go a long way. The next time your grandparent launches into a series of complaints, be sure to listen closely and give it much-needed introspection.

A photograph of a street scene. In the foreground, a black car is partially visible on the left. In the background, a red car is parked. On the asphalt ground in the lower right, there is a deflated yellow balloon with a smiley face drawn on it. The text is overlaid on the left side of the image.

It is easier to say “My  
tooth is aching” than  
to say “My heart is  
broken”.

C . S . Lewis

A person in a dark jacket is seen from behind, looking out over a body of water at dusk. The sky is a mix of dark blue and purple, with a hint of pink near the horizon. The water is calm and reflects the colors of the sky. The person is standing on a dark, rocky shore.

# Postnatal Depression in Fathers: An Interview

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*By Dr Adrian Low*

As paternal involvement in childcare is increasing in Singapore, fathers are increasingly affected by postnatal depression (PND). There is no specific name for PND in fathers yet as this phenomenon has only recently been brought to light. What follows is an interview with a father from Hong Kong who suffered from PND (36 years old at the time) in 2016.

**1. Before your diagnosis, did you know what PND was and did you think it could affect new fathers too? Did your wife suffer from PND?**

No. I thought it was just the new way of life with a newborn. Every parent would say that dealing with the first newborn is stressful and hard work. I thought that was common and didn't really pay attention to my mental health. My wife always had a bad temper and was not easy to deal with. Being severely sleep-deprived, it made the situation worse for everyone.

**2. What symptoms led you to seek professional help? Please describe in detail what you went through after your baby was born (e.g., from new-dad pressures to having to deal with work and other responsibilities).**

I haven't been able to mentally be at peace and was stressed all the time, especially with the nature of my work at a big accounting/consulting firm. Even during my extended paternal leave (an additional month of annual leave) when I tried my best to help my wife go through the newborn journey, everything was still new to us and very overwhelming. During my annual leave, I still have to deal with urgent matters and problems for work. I was so stretched that friends and family told me I was more emotional than usual. That was when I decided to seek help.





**3. Did your wife know what you were going through? Did she help you or give you advice? How did your symptoms affect your marriage and relationship with other family members? Did it affect your role as a father and the way you see your child?**

My wife was under tremendous stress at that time too so she was not aware (or did not have the time to care) that I was under that much pressure. I would not go to her for advice as conversation with my wife would be difficult and would worsen the whole situation. I think there are some fundamental problems and value differences in our marriage and family. For example, there is always a financial burden to living in Hong Kong as the price of living is high. Our home is small and packed. My wife refused to work and has demanded for an in-house maid (when such arrangement has been so common that it is considered a "norm" in Hong Kong). These are all factors that add to the overwhelming stress of having a newborn. Despite all the stress, I still love my son very much and treat him as the first priority in life.

Dr Adrian: The wife may know that the husband is going through a tough time but may not understand why. It is important for the husband to not try and bottle everything up so that the wife can empathise. Although it may be difficult at first, the husband may eventually feel that his loved ones can play an important part in helping him to recover by listening and understanding how he feels.

This also calls for heightened awareness of PND in men among the Hong Kong population, and may also be generalisable to the Singapore population. There may be existing gender stereotypes that propel notions of taboo that obstruct men from receiving the help and support needed.

**4. Did you ever reach a tipping point, e.g. suicidal thoughts, wanting to leave your wife, etc.? How did you deal with these feelings? Was your work affected?**

There were minimal thoughts of suicide but there was definitely a tipping point when I seriously considered divorce. The only thing that prevented the divorce was knowing how much I love my son and how I want him to grow up in a normal and complete family. My work was definitely affected because of my overall mood and an uncertain future.

Dr Adrian: Yes. If PND remains unaffected, it will spiral down like a ball of negative energy, not unlike depression. Not only will motivation levels greatly decrease, work productivity will also plummet. One may eventually start to have suicidal thoughts if issues remain unaddressed.

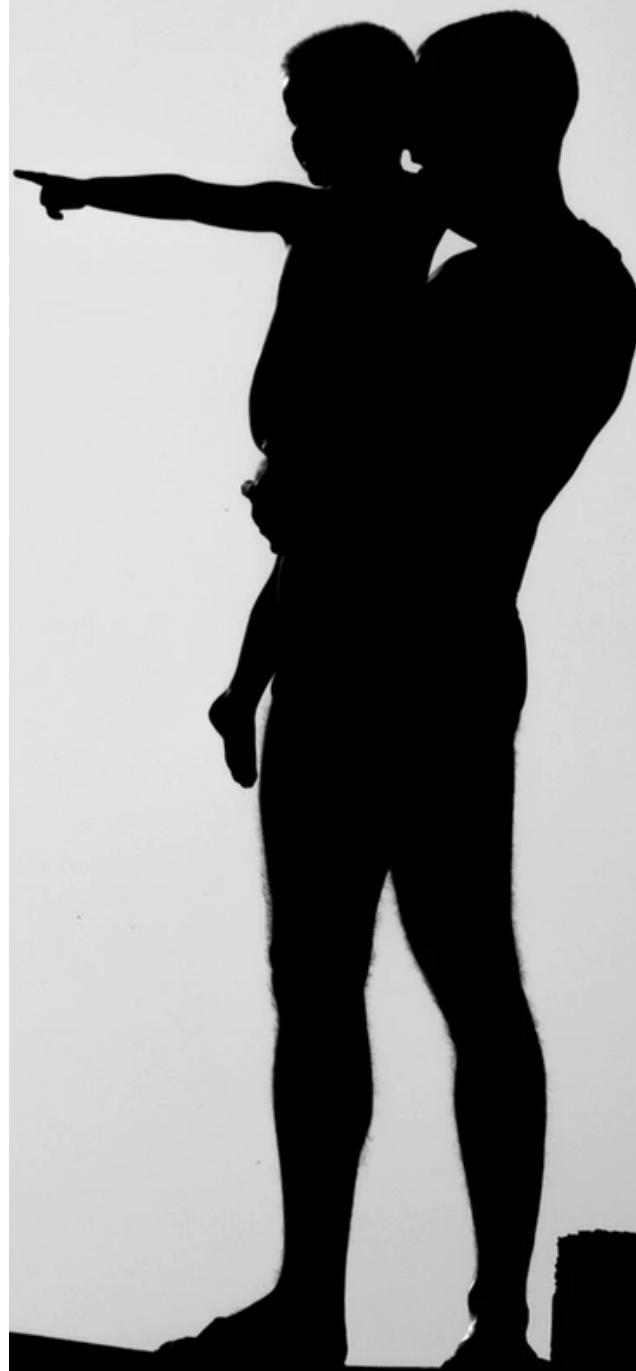
**5. How did your treatment help with your PND and what changes did you have to make (if any) in order to get back to normal again?**

Through therapy, I learned how to stay calm and step back to view the situation. There is nothing more important than my son and I would do whatever is best for him. Unfortunately, my wife did not help at all. I believe that therapy has helped a whole lot more.

**6. How are you today, as an individual, husband, and father? What advice can you give other men who might be experiencing PND and are not sure how to cope or even identify with what they might be feeling?**

Battling mental illness is a long journey. I feel like I've improved slightly on my situation. There are still plenty of fundamental problems with my marriage and family. Yet, I believe therapy works by allowing you to help yourself dissect the problem and solve it. I believe speaking to someone, including doctors, psychologists, therapists, close friends, and especially family members, would definitely help in different ways. For other fathers with PND, here is some advice:

- Dissect the problem and identify the root cause, pros, and cons.
- Have some alone time and do things that you enjoy.
- Stay active and exercise regularly.



Here are further questions for Dr Adrian Low.

**1. What is PND and does it affect new fathers the same way it does new mums?**

**Dr Adrian:** Fathers can experience depression in the first year after birth, not unlike mothers. The peak time for PND in men is three to six months after the birth. One in ten fathers-to-be will also become depressed during their partner's pregnancy – this is an issue that Hong Kong and Singapore may not be aware of. As with PND in mothers, this often goes undiagnosed too.

**2. What are some common symptoms associated with PND in new fathers? What are some of the causes?**

**Dr Adrian:** There are many symptoms, including fear, confusion, helplessness and uncertainty about the future, withdrawal from family life, work and social situations, indecisiveness, anger, and marital conflict. Some of the symptoms may reflect hormonal changes. Levels in testosterone, oestrogen, cortisol, vasopressin, and prolactin may change in fathers during the period after their babies arrive.

We have to acknowledge that when mothers give birth, fathers also have a lot of new responsibilities to take on – this is a huge life change for both parents. On top of this, fathers might feel guilty about what their partner is going through, knowing they aren't the ones breastfeeding at 3am or healing from labour and birth. Multiple factors govern new fathers' risk of PND, such as family history of depression and age (fathers who are under 25 are more likely to go through PND than their older counterparts). PND in fathers is also more likely if there is maternal PND too.





**3. There is also stigma that you're weak if you ask for help – that probably explains why so many men suffer in silence. What advice can you give men who are experiencing PND symptoms right now, and are not sure if professional treatment can help them?**

**Dr Adrian:** PND is a pressing issue and should be taken seriously in Hong Kong and Singapore. Firstly, they should know that the feelings they are experiencing are normal. In our society, there is indeed less emphasis on men's emotional health during women's pregnancy. It is important to shed light on the substantial role men play during pregnancy and after. Being a first-time father also requires quite a lot of skills of adaptation and emotional management. To confront the problem, it is best to acknowledge that this is normal, then reach out for help.

It is also important to note that fathers' depression is associated with emotional, social, and behavioural problems, as well as development delays, in their children. The association is stronger when a father experiences antenatal as well as postnatal depression, and when his symptoms are particularly severe.

If you need more information on treatments:

PND in fathers is treated the same as PND in mums. Although uncommon in Hong Kong and Singapore, I believe it should be given the same emphasis as depression.

Firstly, you need to consult a GP. It is also possible to call support lines that offer practical and emotional support in all stages of pregnancy. In some countries, screening is also available. For example, in the UK, men who are concerned can pop over to NHS Choices and use their depression screening tool.

Self-help methods include the following strategies: (i) online therapy, via a cognitive behavioural therapy (CBT) programme, (ii) a local self-help group, (iii) books or leaflets to guide you, and (iv) an exercise group. Treatment varies and is tailored to the individual, e.g. health checks and blood tests can rule out possible physical causes that could affect your mood, such as an underactive thyroid. Anti-depressants are available for those that are more severe. There is also a gender difference in how depression manifests in women and men – men with depression are at a larger risk for suicide.

# Let's Get Better Together: Minority Stress and Depression Among LGBTQ+ persons

*Charmaine Wah*

Research conducted around the world has shown that lesbian, gay, bisexual, transgender, questioning and queer [1] (LGBTQ+) individuals are more likely to experience depressive symptoms compared to their heterosexual and cisgender [2] counterparts. This holds true even within countries outside of the Western context, such as South Korea and Thailand (Fish & Pasley, 2015; District of Columbia Public Schools, 2007; Fergusson, et al., 2005; Williams, et al., 2005; Lea, de Wit & Reynolds, 2014; Cho & Sohn, 2016; van Griensven et al., 2004).

Although no population studies regarding depression among LGBTQ+ persons have been conducted in Singapore, an increase in engagement with local counselling services reflects a growing need for mental health services by this community. In 2018, Oogachaga, a local non-profit community-based organisation that works with LGBTQ+ individuals, handled a total of 2,012 counselling sessions, a significant rise from 974 sessions in 2013 (Gan, 2019). According to Oogachaga's executive director, Mr Leow Yangfa, the most common issues they deal

with include mental health and psychological wellbeing, sexuality and identity-related issues, and relationship problems.

Sexual minorities are theorised to be at a higher risk of experiencing depression due to a complex interplay between factors such as discrimination, stigma, and victimisation towards sexual minorities (Meyer, 1995, 2003).

[1] The single "Q" is used to refer to youth who identify as "queer" and to those who identify as "questioning." "Queer" is an umbrella term used to describe a sexual orientation, gender identity or gender expression that does not conform to dominant societal norms. While it is used as a neutral, or even a positive term among many LGBT people today, some consider it a derogatory, pejorative term. "Questioning" is an identity label for a person who is uncertain of or exploring sexual orientation/identity and/or gender orientation/identity (Russell, Kosciw, Horn, & Saewyc, 2010). Some youth may adopt 'queer' as an identity term to avoid limiting themselves to the gender binaries of male and female or to the perceived restrictions imposed by lesbian, gay and bisexual sexual orientations (Rivers, 2010).

[2] Cisgender: having or relating to a gender identity that corresponds to the culturally determined gender roles for one's birth sex (i.e., the biological sex one was born with.) A cisgender man or cisgender woman is thus one whose internal gender identity matches, and presents itself in accordance with, the externally determined cultural expectations of the behavior and roles considered appropriate for one's sex as male or female. Also called, cisgendered (APA, 2015b).

Minority stress theory specifies two proximal stressors (i.e., internalised homophobia and perceived stigma), as well as one distal stressor (i.e., experienced prejudice events) that specifically affect same-sex attracted individuals (Meyer, 1995, 2003). Internalised homophobia refers to inwardly directing society's negative attitudes towards homosexuality. Perceived stigma refers to the extent that same-sex attracted people sense that people in the wider population hold negative attitudes towards homosexuality, including expectations of prejudice and discrimination. Prejudice events are defined as experiences of homophobic abuse, exclusion, and discrimination (Meyer, 1995, 2003). These stressors are said to have an additive effect on general psychosocial stressors and affect an individual's coping mechanisms, increasing the susceptibility of same-sex attracted people to develop problems with mental health (Hatzenbuehler, 2009).

**Meyer's Minority Stress Theory** states that differences in mental health between LGB and heterosexual persons are due to how sexual minorities experience chronically elevated social stress as a result of negative social attitudes and prejudice.

**“IT IS IMPORTANT NOT TO  
SIMPLY ALIGN DEPRESSION  
WITH ANXIETIES OVER SEXUAL  
ORIENTATION. THAT TOO CAN  
BE DANGEROUS.”**

The minority stress theory has received much empirical support. Studies conducted in the United States reveal that young, sexual-minority adults experienced significantly more depressive symptoms when they reported more rejecting parental/caregiver behaviours towards their sexuality, more cyberbullying victimisation, and higher perceived discrimination (Ryan, Huebner, Diaz, & Sanchez, 2009; Almeida et al., 2009; Luk et al., 2008).

## Minority Stress among Transgender and Gender Non- Conforming Individuals

Leading researchers and organisations, such as the American Psychological Association (APA) (2015), have called for further research into understanding how minority stress can contribute to the risk of experiencing depression among transgender and gender non-conforming people (Scandurra, Amodeo, Valerio, Bochicchio, & Frost, 2017). Past studies have also often analysed data from the LGBT population as a single group which neglects important differences between gender minorities and their LGB peers. For example, a large study on 6,209 LGBT students revealed that the 295 students who identified as transgender reported higher levels of harassment and assault, had poorer educational outcomes, and were less likely to feel a sense of belonging at school compared to their LGB peers (Greytak et al., 2009).

In addition, transgender students faced unique gender-based challenges in school, such as when accessing gender-segregated facilities and being addressed by a preferred name and pronouns (Greytak et al., 2009).

Efforts in recent years reveal that the link between minority stress and depression involves similar psychological processes when comparing gender minorities and their LGB peers. Transgender persons also experience distal factors, such as prejudice events that can involve highly violent situations and discrimination, and proximal factors like internalised transphobia and perceived stigma (Scandurra et al., 2017, 2018).

Internalised transphobia [3] can be defined as a discomfort with one's own transgender identity due to the internalization of society's normative gender expectations (Bockting, 2015). Evidence shows that distal and proximal factors experienced by transgender people are associated with depression as well (Lombardi, 2009; Scandurra et al., 2017; Bazargan & Galvan, 2012). For example, a study on transgender women in Cambodia found that those who reported more depressive symptoms were more likely to have had experienced several negative experiences of gender-based violence, such as perceived discrimination by co-workers and friends because of their gender identity, not being able to secure jobs, getting thrown out or being denied housing and having difficulties getting access to healthcare (Yi et al., 2018).

[3] Bockting (2015) further differentiates between two types of internalised transphobia - horizontal and vertical. Horizontal internalised transphobia refers to the expression of prejudice towards oneself, or the shame towards one's own transgender identity. Vertical internalised transphobia refers to the alienating feelings towards other transgender or gender non-conforming people.



## How Does Minority Stress Lead to Depression?

More recently, researchers have attempted to uncover the psychological processes underlying how minority stress leads to a greater risk of depression and how these psychological processes differ from those in heterosexual persons. Such researchers have turned to using a psychological mediation framework to extend Meyer's minority stress model (e.g. Hatzenbueler, 2009; Scandurra et al., 2018).

Hatzenbueler (2009) believes that it is possible that stigma-related experiences increase an LGBT person's general risk for developing a mental disorder due to a greater use of unhealthy emotion regulation mechanisms.



For example, for those with concealable stigmas (e.g., homosexuality) who do not wish to disclose their stigmatized status, suppressing emotion-expressive behaviours may be one of few options available for responding to minority stress. There is some evidence that lesbians engage in suppression to a greater extent than heterosexual women (Matthews et al., 2002). Such links between minority stress and psychopathology warrant greater research.

A study on Italian transgendered people found that internalised transphobia mediated the relationship between experiencing transphobic events and depression (Scandurra et al., 2018). That is, experiencing transphobic events increased feelings of shame from identifying as transgender and an increased desire to be alienated from other transgendered people. In turn, these feelings contributed to the individual's risk of depression. On the basis of this study, counsellors and therapists could explore such feelings with their clients and work together to alleviate them, such as introducing clients to transgender support groups and empowering clients to feel proud of their gender identity.

Overall, there is emerging evidence to show that the psychological processes involved in the psychopathology of LGBTQ+ persons differ from their heterosexual counterparts. However, when minority stress is taken into consideration, direct empirical evidence, replication studies, and research conducted in non-Western contexts remain absent from the literature. We must also be mindful that minority stress may not affect the LGBT subgroups equally and it is important not to generalise findings from studies to the entire LGBTQ+ population.



## Queer Strength and Resilience

It is important to note that many, if not most, LGBT persons do not show a greater risk of experiencing depression (Savin-Williams, 2001; Cho & Sohn, 2016; Saewyc, 2011). Stress inoculation theories suggest that exposure to certain kinds of stress can build resilience as individuals are motivated to gather and develop resources to deal with stress (Fergus & Zimmerman, 2005; Seery, 2011). A study on gay and bisexual males and transgender females reveal that they have developed a wide array of problem-solving, support-seeking and accommodative coping strategies against discrimination and rejection (Bry et al., 2018).

In addition, LGB adolescent girls have displayed resilience in terms of serving as the family educator on sexual orientation, being “out” in the open with their family (Craig et al., 2018). These girls negotiated their home and community environments by retaining certain home and cultural values while reframing the norms that undermined their well-being, thus creating a safe space for themselves. Emerging research also shows that resilience at a community level, such as feeling connected to local LGBTQ+ groups or spaces, can alleviate the effect of minority stress on individuals (McConnell, et al., 2018). These studies reveal the importance of social support at the familial and community levels and individual coping strategies as protective factors against depression.

[4] Queer is an umbrella term that individuals may use to describe a sexual orientation, gender identity or gender expression that does not conform to dominant societal norms. Historically, it has been considered a derogatory or pejorative term and the term may continue to be used by some individuals with negative intentions. Still, many LGBT individuals today embrace the label in a neutral or positive manner (Russell, Kosciw, Horn, & Saewyc, 2010). Some individuals may adopt 'queer' as an identity term to avoid limiting themselves to the gender binaries of male and female or to the perceived restrictions imposed by lesbian, gay, and bisexual sexual orientations (Rivers, 2010).

With the research reviewed above, it is clear that the LGBTQ+ community are a diverse population who, despite experiencing minority stress, have displayed great resilience against it. Practising clinicians and counsellors should not be too quick to assume that depressive symptoms among LGBTQ+ clients are due to minority stress or issues related to their sexual orientation. A participant quoted in Bryan and Mayock's (2017) study gently chides, "It is important not to simply align depression with anxieties over sexual orientation. That too can be dangerous."

## Closing Thoughts

With the call to understand LGBTQ+ clients better in order to meet their mental health needs, the American Psychological Association has released Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (2013) and the Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015a) as frames of reference for psychologists. According to a survey conducted by Oogachaga in 2011 with social service and healthcare practitioners, only 22% of their respondents had received training to deal with LGBTQ+ clients. Oogachaga has since released a quick reference guide for therapists working with LGBTQ clients in 2012.

From a developmental perspective, Singapore is not as well-equipped as other countries when dealing with LGBTQ+ issues regarding depression or mental health in general. There is evidence to show that familial and peer support from an early age increases resilience when dealing with stigma-related events among LGBTQ+ persons (Hatzenbueler, 2019). The earliest events of individual, interpersonal, or structural discrimination that anyone could face would be in school. Research overseas shows that LGBTQ+ students consistently report higher hostile school environments, peer victimisation, bullying and lack of support from teachers. However, such conversations in our schools are still lacking.

Many local LGBTQ+ youth remain closeted in fear of being bullied by their classmates or disowned by their family. It is perhaps time to step up the promotion of mental wellbeing for the Singapore population – a population that includes our heterosexual, cisgender, and LGBTQ+ counterparts.





I found that with depression, one of the most important things you can realize is that you're not alone. You're not the first to go through it, you're not going to be the last to go through it.

**Dwayne Johnson**

# Using Mindfulness-based Cognitive Therapy in the Treatment of Recurrent Depression

*Germaine Tan*



Mindfulness has received a lot of attention in recent times and its influence extends to the workplace, in education, and also to clinical settings. Oftentimes, mindfulness is misconstrued as a form of relaxation or even a tool to fix problematic symptoms or behaviours.

The term “McMindfulness” has also been commonly used to describe mindfulness misused to effect ‘a quick fix’, unfortunately giving mindfulness a bad name. Mindfulness, however, is not pseudoscience and has been successfully embedded within therapies. Can mindfulness really work for specific groups of people who have been suffering for a long time, over and over again? Read on to find out more!

## What is MBCT?

Mindfulness-based Cognitive Therapy (MBCT)\* is an innovative group-based treatment which combines meditation practice with ideas from cognitive therapy in an 8-week course. It is designed to help people vulnerable to repeated episodes of depression. Professor Mark Williams, together with John Teasdale and Zindel Segal, developed MBCT by building on the work of the internationally acclaimed Mindfulness-Based Stress Reduction (MBSR) program.

\*Segal ZV, Williams JMG and Teasdale JD (2002). Mindfulness-based Cognitive Therapy for Depression, second edition: A New Approach to Preventing Relapse. New York: Guilford Press.



## What happens in an MBCT course?

With 2-hour group sessions held weekly across 8 weeks, MBCT includes:

1. mindfulness meditation practices (such as the body scan, sitting meditation, mindful walking and yoga stretches),
1. exercises from cognitive therapy emphasizing the reciprocal relationships between mood and mind (i.e. thought process), and
2. psychoeducation on the symptoms of depression and how to monitor for warning signs of relapse.

The role of the MBCT instructor is pivotal to the MBCT course, including but not limited to providing a safe space for participants to discuss their reflections after each practice, embodying an attitude of acceptance, and allowing each participant's experience to be just as it is. MBCT is not merely bite-size mindfulness practices simply strung together into a group program.

There is an arch of learning over the course, which first guides the participants through stabilizing their attention and finding supportive anchors, such as the breath or the

contact points the body makes with the ground, through formal and informal practice. Next, participants are guided on how they can better notice unhelpful automatic thought patterns and behavioral responses that are often the roots of suffering.

At some point, the course involves getting participants to gently turn towards painful experiences, such as difficult thoughts and/or emotions, or even uncomfortable body sensations, and staying with them with kindness and compassion. Participants learn to let go of trying to want things to be different and allowing space for whatever is going on. Towards the end of the course, participants make plans to best take care of themselves and maintain the new learning. Home practices supported by audio guides also support this learning and are an essential component of the program.

Through this process, MBCT aims to help participants become more aware of and curious about the present moment and get in touch with moment-to-moment changes in the mind and the body.



## What are the mechanisms of change and evidence?

Clinical trials have shown that MBCT reduces the risk of relapse and recurrence in patients who have had three or more episodes of Major Depressive Disorder. MBCT is also a key recommendation in the National Institute for Health and Clinical Excellence (NICE) guidelines on the treatment and management of depression in adults since 2004. Some studies have suggested that the effects of MBCT may have been mediated by increased mindfulness and self-compassion, improved meta-awareness, and a reduction in rumination and cognitive reactivity. By equipping participants with the skills to become aware of old negative patterns of thought, emotion and unhelpful behaviors, MBCT helps to open up opportunities for one to respond more skillfully and, in the process, help to prevent full-blown episodes of depression.

## What is it not?

MBCT is not a fluffy, life-changing modality, and should never be promoted as such. It is delivered in a secular manner, and change mechanisms come from true practice in and out of the sessions. A participant's hard work and effort from practicing contributes to the transformation, and it will be life-changing only if it becomes one's way of living and being.

## Where can one start?

Books, such as *A Mindful Way Through Depression* and, of course, *Mindfulness-Based Cognitive Therapy for Depression*, can give one an idea of what MBCT can offer. But nothing beats experiencing MBCT through attending an 8-week program personally. One can consider attending a MBCT program offered by some hospitals or community agencies, preferably by a certified teacher who can teach MBCT authentically.



# Parental Depression May Lead to Depression in Children

*Laura Jonathan*

Research shows that there is a link between parental depression and negative consequences for their children, such as poor academic performance, difficult peer relationships, behavioural problems, and adolescent depression. Parents with depressive symptoms often have difficulties managing their emotions and face disruptions to their sleep, appetite and general functioning (APA, 2013). This may lead to engaging in more negative parenting behaviours like hostility, neglect, and abuse. Children model after their parents and may learn inappropriate ways of coping with difficult emotions and, thus, become more vulnerable to academic, social, and behavioural problems (NRCIM, 2009).

## Treatments for Parental Depression

There is a two-pronged approach in treating parental depression.

Firstly, parents can learn to manage their symptoms with a combination of psychotherapy and/or medication. Secondly, parents can focus on healthy emotional regulation where they model helpful coping skills to their child and build a healthier parent-child relationship in the process.



Several studies have found that when parents have good emotional regulation skills, children are able to learn to adopt good self control, have a healthy self-esteem, maintain social relationships, and cope better when faced with their own challenging situations (Shields and Cicchetti, 1997). A 2017 research study conducted in Singapore aimed to understand how parents' self-management of their emotions, their parenting styles, and discipline practices are related to their child's emotional, behavioural, and social outcomes in school. This study collaborated with 3 preschools and worked with 103 children (aged 3 – 5 years old) and their parents to explore this further. The study concluded that parents who practiced good emotional regulations strategies coupled with emotion coaching led to more well-behaved children with good social and emotional functioning. Children who developed appropriate emotion regulation skills typically behaved well in school and were more socially aware.

## What does good emotional regulation mean?

Emotional regulation describes the way an individual respond to situations that are considered to be socially acceptable. This includes acknowledging and accepting positive and negative emotions and responding with appropriate emotion-regulation strategies, such as labeling, staying present with emotions, and reframing the situation to more balanced perspectives (Gross, 1998). Unhealthy emotional regulation may include having a lack of awareness and understanding of emotions, and behaving impulsively when experiencing negative emotions (Bariola et al., 2011).

## What does emotional coaching mean?

This occurs when parents are more emotion-focused, acknowledge their child's expression of emotions, and use opportunities to teach their children about emotions. An example is when parents believe that it is okay for children to experience anger and sadness and use these events as learning opportunities to guide their children to explore what triggered those emotions, to validate their feelings as they are, to understand the underlying need(s), and to use words to express how they feel.

## How can I practice this?

### **Tip #1 Practice good emotional regulation skills yourselves.**

Learn to label and acknowledge your own emotions when dealing with any situation. Take time to stay present with the emotion (even the negative ones) and explore the reasons behind that emotion. By doing so, you will learn to allow room for that emotion to exist and not get suppressed. Next, evaluate the way you appraise the situation and see if there is a need to reframe the situation by looking out for a more balanced perspective. Children learn best by observation. By modeling these skills, they will learn to manage their emotions in a healthy way.

### **Tip #2 Communication and Check-ins.**

To increase a child's motivation in learning, a non-punitive reminder may be practiced (e.g., tap on the table or shoulder) to bring the focus back and to explore difficulties of the task presented. Encouragement, positive reinforcement, and rewards may be provided. A scheduling plan which lists play time and learning time will help the child to stay focused. If there are behaviours to correct, highlight the error and discuss how to learn from it and improve the next time.





### **Tip #3 Practice the Parent APP.**

Parent APP is a way to help parents understand their child's experiences by learning to appreciate what goes on inside their child's mind rather than just responding to the behaviours displayed on the outside. Be sensitive to your child by understanding the feelings, meanings, and intentions underlying your child's behaviour. Instead of focusing on the frustration that you may feel when your child throws a tantrum, consider if he/she has an unmet need at that time and is feeling frustrated him/herself.

**A**ttention. Use a soft and gentle tone of voice to show active interest in the child's feelings and thoughts and consider the underlying reasons for certain actions. You can show curiosity when you turn towards them, have a friendly posture while watching and interacting with them, sustain eye contact and have active listening. The child will sense that you are genuinely interested in what he/she has to say and will feel comfortable to share more.

**P**erspective-taking. It is important to note that your child does not necessarily see the world in the same way as you do, so it is important for you to be able to see things from your child's perspective. Of course this does not mean agreeing with how your child sees things, and it may also be good to allow your child to understand that you may have a different perspective. However, the important thing is making the effort to see things from your child's perspective rather than assuming you "know" your child or that only you have the "correct" perspective.

**P**rovide empathy. Let your child know that his/her experiences touch you. Empathy does not weaken authority. Rather, it is about forgiving the child for being unreasonable for a reasonable reason. This validates the child and prevents them from feeling guilty from doing a wrong action. Validation helps with boosting the child's self esteem and with sending a message that "I can try again".

## Positive Outcomes

Practicing these techniques can form more fun and positive interactions and help build a healthier parent-child relationship. When the child feels understood and accepted for his/her feelings, he/she increases receptivity towards his/her parents; leading to a secure-attachment for the child. The child also learns to be comfortable with how he/she feels and is reassured. This helps to increase self-esteem and allows for more positive social relationships with others.

A child's first experience of learning begins at home and parents play an important role in children's emotional and behavioural outcomes (Morris et al., 2007). While research has found links between parental depression and negative consequences for their children, these effects can be reversed when parents start to be more mindful of their own self management of emotions. When parents practice good emotional regulation skills coupled with emotion coaching, children are likely to learn to manage their own emotions more effectively, adopt good self control, form a healthy self esteem and become well-adjusted.

### Additional Resources

- Reflective Parenting – A guide to understanding what's going on in your child's mind by Alistair Cooper and Sheila Redfern.
- The Heart of Parenting – Raising an emotionally intelligent child by John Gottman.



# Depression in Youths: Why is it going up?

*Cheh Fu Yang*

## Introduction

Many Singaporeans tend to assume (mistakenly) that depression only follows a traumatic incident or extreme stress. In turn, this makes it unlikely that a young teenager will ever develop depression. I am sure many of us have heard or are guilty of saying things like “You so young, what’s there to be stressed about?” and “Wait till you are working and have a family, enjoy while you can!”

However, the statistics say otherwise. The Child Guidance Clinics of Singapore’s Institute of Mental Health (IMH), which attend to children aged 6 to 18, see an average of 2400 new cases every year from 2012 to 2017. Samaritans of Singapore (SOS), a suicide prevention center, has also reported receiving calls from children as young as 5 years old. What could be causing this upward trend in depression amongst Singaporean children and youth?

According to a ChannelNewsAsia report (“MOE, MSF ‘very concerned’ about spike in youth suicides; experts say more support and awareness necessary”, 05 Aug 2019), the rise in depression and suicide may likely be due to a complex interplay of factors, such as relationship issues, academic stress, peer pressure, and uncertainties about the future. The common thread among these reasons is the notion that younger people may have limited problem-solving and self-help skills, thus hindering intervention efforts towards severe distress and emotional pain.

## School-related stress

The academic stress from the Singapore education system is, perhaps, the major contributor towards the rise in depression amongst younger Singaporeans. The rigorous education system puts children in their teenage years through as many as three major, or potentially life-changing, exams. These exams are seen as being of paramount importance, especially to the older generation, many of whom believe that obtaining good grades would give their children a solid head start in their future endeavours. As a result, students are subjected to a slew of supplementary lessons, tuition, and extra practice exercises. Having to keep up with their immense workload, along with the pressure to meet their parents’ often unrealistic expectations of academic excellence, causes stress to build up and makes them more susceptible to depression.

An OECD survey involving 72 countries and 540,000 students reports that secondary school students who self-report higher levels of academic-related stress also report lower psychological well-being. They found that on average across the OECD countries, 66% of students reported feeling stressed about receiving poor grades and 59% were worried that an upcoming test would be difficult. While the impact of academic stress towards student outcomes and mental wellbeing has not been comprehensively explored, their data, when looked at holistically, demonstrates that an overemphasis on academic performance is a significant source of stress for students.

Stressors in school are not limited to academic pressures but also include the pressure on students to fit in with their peers. Most youths would want to be well-liked by their peers and, when 'different' from their peers, are more likely to be isolated during activities or bullied in school. A sense of an in-group versus out-group mentality amongst youths can contribute to feelings of worthlessness and loneliness – a potential triggers for depression.



## Social media

The advent of social media has also exposed youths to a new range of problems – from cyber-bullying to the pressure of keeping up with a social presence. The Institute of Infocomm Research found that higher social media usage correlates to a higher risk of depression amongst Singaporean youths. It is now easy for a child to scroll through carefully-curated content on social media platforms to feel that their friends and classmates are living 'perfect' lives. Jason Tan, Associate Professor from National Institute of Education (NIE), observed that students are now not only competing with their classmates and peers in school, but are also exposed to youths from all around the world. This hyperconnectivity through social media has heightened the need for social comparison, which can lead to feelings of inadequacy, jealousy, and resentment.



## Puberty

The onset of puberty is also a potential biological stressor that can contribute to depression amongst Singapore's youths. Changes to their physical body can make them feel insecure. Hormonal changes triggered by puberty can lead to frequent mood swings. The emotional volatility resulting from puberty, such as a desire for greater autonomy or sexual curiosity, may also make them feel confused and conflicted. Without a healthy outlook and support system, such as the availability of adult role models or an effective sex education as part of their school's curriculum, puberty may lead to a higher susceptibility for depression. Further, research has shown that Singaporean youths tend to develop internalizing problems (such as social withdrawal, feeling unloved, feelings of loneliness and guilt) when under stress, and these problems can aggravate and trigger depression if left unresolved.



## Intervention strategies

Depression is not an untreatable condition, but it does require effort from both the youths themselves and the people around them. Having a strong support system can help teens feel better, and be more willing to seek treatment. Below are a few ways you, as a parent, a friend, or a teacher, can help:

**Listen without judgement.** Listening to the child and validating his/her feelings lets him/her know that you are there for them fully and unconditionally. This makes them feel understood and supported.

**Prioritize physical health.** There is a strong connection between physical and mental wellness. Encouraging healthy meals, exercise, and a regular sleep schedule can limit the exacerbation of the condition.

**Explore ways to manage stress.** Talk to the child about what they are worried about and explore ways as to how to cope with that stress.

**Encourage them to seek professional help.** Strong support and a healthy lifestyle can make a world of difference for a depressed youth, but it might not always be enough.

## Final thoughts

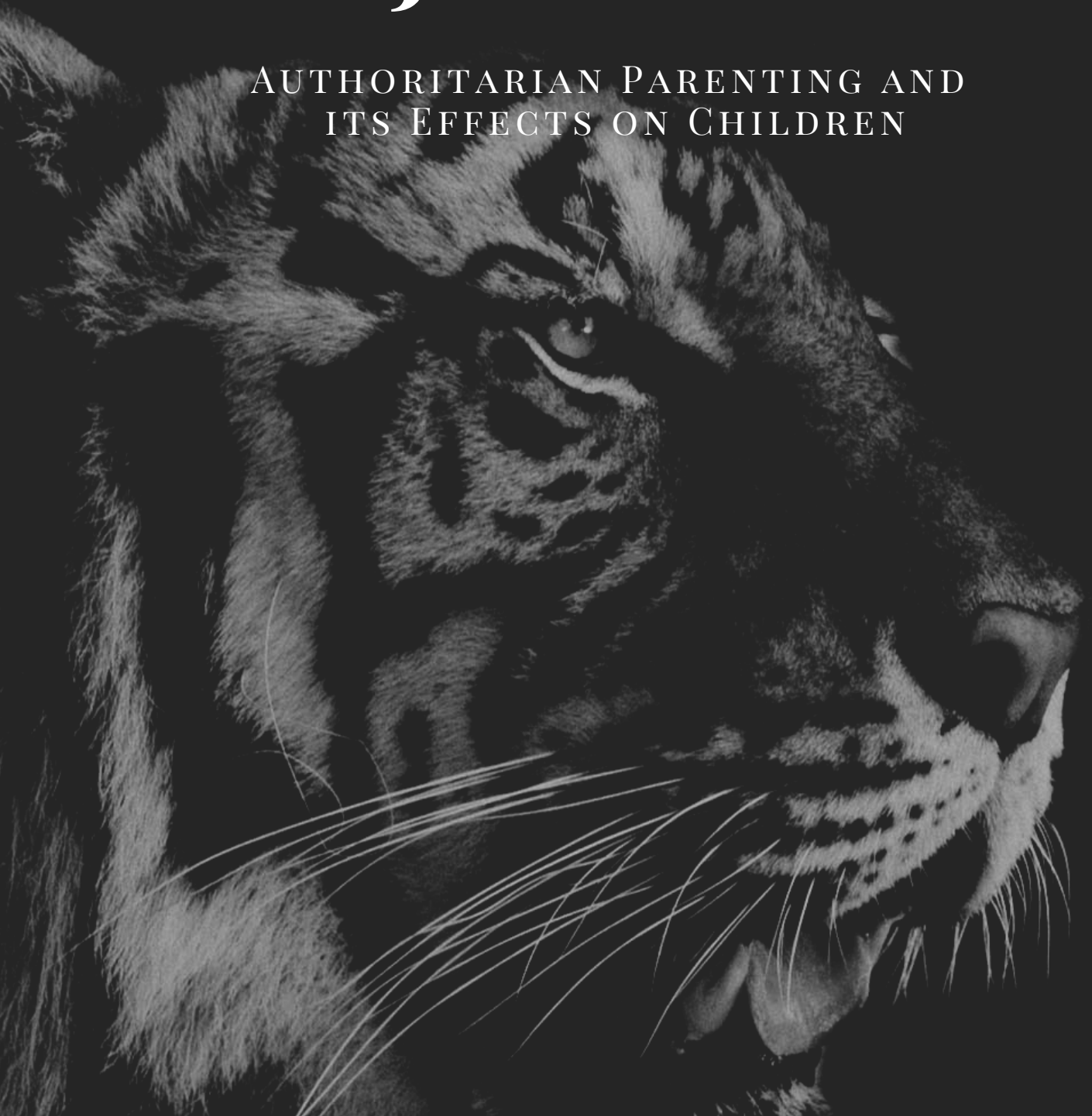
It is easy to think that a singular reason is causing the increase in childhood depression in Singapore, and resolving that issue will reverse depression.

However, it is more likely the interplay of both the child's biology and the environment they are in that makes a child more susceptible to depression. It is, therefore, crucial that we think about what makes children more susceptible to depression and actively take a multi-pronged approach towards supporting our children.

Ms. Doreen Kho, a parent who lost her child to depression, could not have said it better – “Our children only live their childhood once. Let their childhood be one filled with love, sensitivity, and lots of hugs and kisses.”

# TIGERS IN THE URBAN JUNGLE

AUTHORITARIAN PARENTING AND  
ITS EFFECTS ON CHILDREN



BY JUANITA ONG

It has been said that tigers no longer roam Singapore. Yet, I see many stalking the streets on a daily basis.

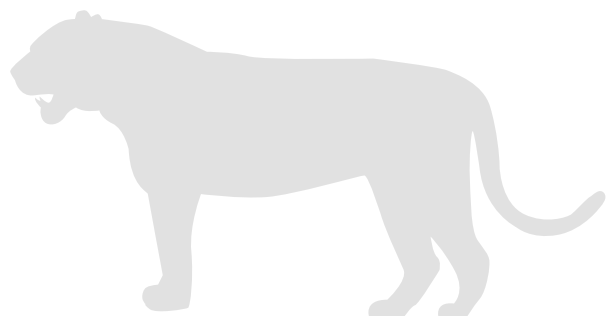
Adapting well to modern life, they have become virtually indistinguishable based on appearance alone. From changing their gait to selecting contemporary fashions, they have blended in seamlessly with the rest of the population here. However, though their prowling may be replaced by a brisk walk on twos and their stripes concealed by clothes, an intrinsic and indicative part of them remains: their uncontainable roar. A roar that rises, swells, and is unmistakably channelled at their young.

Indeed, (Singaporean) tiger mothers are not an extinct breed; they are very much alive and thriving in this urban landscape – and this should be a cause for concern. Beyond the implications such a parenting style has on the child's mental health, these methods have also proven detrimental to the parent-child relationship from a young age.

### **The Birth of the Tiger**

Originating from a book entitled "*Battle Hymn of the Tiger Mother*", the term "tiger mom" has since been popularised and used as a means to describe strict parenting methods (Kohler, Kilgo & Christensen, 2012). The author of the book, Amy Chua, can be credited for this as her book details both the exceptionally critical and harsh manner in which she would interact with her children, as well as the remarkably high and stringent expectations she placed on them. At length, Chua recounts a myriad of incidents that include times where she called her daughters 'garbage', threatened to set their beloved possessions on fire and banned them from partaking in virtually all forms of leisure activity – unless, of course, the activity could be quantified with accolades (Chua, 2011). It is no wonder that these accounts cumulated in the symbol of a fierce and respected tiger, which also came to be synonymous with authoritarian parenting.

Like Chua, many other authoritarian parents may state that the ends justify the means. With Chua's two daughters finding success very early on in life, such as performing in Carnegie Hall and attaining straight As in school, one may concede. After all, don't all parents want only the best for their child? However, what if the best is only their narrow definition of it?



## The Reign of the Tiger

If the significant rise in reported depression cases and suicide rates among children in Singapore are any indication, one is right to speculate that the immense pressure placed on children here to achieve excellence is a contributing factor to these incidences (Cheow, 2019; "Suicides in Singapore", 2019; Choo, 2018). In the same vein, studies have found that children of authoritarian parents show a notable increase in depressive symptoms when compared to their peers with parents who adopted authoritative parenting styles (King, Vidourek & Merianos, 2016). While this does not diminish the stereotyped accolades that children of authoritarian parents procure, it does beg the question of whether the means through which they were obtained were really worth it. Additionally, in light of the compromised mental health of the child, it casts doubt on the notion of what being "the best" entails. Tangible quantifiers of achievements thus seem to be pitted against invisible measures of the overall well-being of the child.

The fact of the matter is that a young child is vulnerable, and this cannot be overstated. Beyond being wholly dependent on the guidance of the adults in their lives, children are also reliant on them as a source of love and comfort (Hooley, Butcher, Nock & Mineka, 2017). However, as such affection is few and far between in authoritarian parenting styles, this should already set off warning bells as affection is actually necessary for emotional well-being (Polcari, Rabi, Bolger & Teicher, 2013). Furthermore, since it has also been proven that being deprived of this much needed comfort leads to an inability to mediate the severity of depressive symptoms, we should be all the more concerned (del Barrio, Holgado-Tello & Carrasco, 2016). This is all the more so if a child's supposed source of parental warmth turns out to be one of looming dread and fear owing to the inordinate amount of expectations they have to fulfil.





At the same time, a young and vulnerable child is also one who has yet to develop the same sense of self as that of an adult (Aronson, Wilson & Akert, 2016). In curating and controlling every facet of their child's life, authoritarian parents run the risk of regarding their children as mere extensions of themselves. These children are then not even viewed, much less treated, as distinct individuals. The upshot of this is that there is not only a projection of parental desires onto the child, but also a de-individualization on the child's part, down to the very core of his or her being. This goes far past creating an identity solely fixated on accolades and instead involves an abject lack of a singular, personal identity. Taken together, this means that parenting methods truly do leave an indelible, though not plainly measurable, mark on the mental health and development of a child. In adopting an authoritarian approach, it is highly likely that a cycle persists in which the – subsequently willed – docility of a child and iron-fistedness of a parent ensures compliance. This thereby perpetuates an asymmetrical parent-child relationship, resulting in a twin effect of contributing to a rise in the child's depressive symptoms and inability to mitigate it.

This tale points to the reality of the situation where severe parenting methods may very well persist as a stressor to children – at any point in their lives. Though the tipping point of Chua's youngest daughter was thankfully one that did not result in an onset of depression, this may not be the case for others. Corroborated by hosts of personal tales I have heard from my peers that were centred around unfathomable stress, unfavourable self-perceptions and unthinkable concerns about life, the Singaporean authoritarian parent is not a far cry from Chua and may even emulate her. Moreover, there is a pressing need to recognise this now as Asian societies like Singapore both tend towards having parents with high levels of restrictive control and who possess a deeply-

ingrained Confucian culture that emphasizes academic success (Mok, 2010; Bornstein, 2002).

### **The Demise of the Tiger**

Returning again to the “Battle Hymn of the Tiger Mother”, we find that both Chua’s hymn and roar were silenced by her younger daughter who had rebelled against her when she was fourteen. Although Chua had used the exact same methods on her two children, it was the younger who refused to submit. It was also the younger one who succeeded in “taming” her mother.

At the end of the day, this is not to crucify parents who have adopted such draconian approaches to parenting. It has to be acknowledged that parenting itself is an arduous task with no hard and fast guidelines. Rather, the point of this article is to welcome a reconfiguration of the idea that in wanting the best outcomes for a child, the process is just as important as, if not more than, the end goal. The recognition that the ends can be worth compromising for better means is a point that should be brought home; meaning that it would do some good for parents not to be unrelenting in pushing their child to excel. In addition, parents can begin by being sensitive to the disposition and needs of each individual child instead of assuming a fixed outcome would be in his or her best interest. There is a distinct line between grooming an accomplished and obedient child in his or her own right and a child who has been force-fitted into a cookie-cutter mold and cracks from within.

While the threat of harming the mental health of a child over time and having a domineering and excessively hierarchical parent-child dynamic is not one that simply diminishes as authoritarian parents scale back, awareness and open discussion of a child’s place and feelings in all this is definitely a leap in the right direction.



# Why Entrepreneurs Are Susceptible To Major Depressive Disorder And How They Can Cope With It

*Dr. Cherie Chan, SPS President*

***"I have no time."***

***"Get this done by tomorrow."***

***"I have a to-do list that is never-ending."***

Familiar phrases, familiar words. This seems to be the common denominator for most of us as we leave for work each day and return home each night.

Many of us will explain our tiredness as a result of having little sleep, being overworked and stressed out. As an employer, we may feel tired and stressed out by staff not pulling their weight, missing deadlines and having to fight fires. All these could slowly manifest into something deeper and more complex if not nipped in the bud.



As a business owner or entrepreneur, time is of the essence. With fast-paced lifestyles, hectic work schedules and a host of things to juggle, it's a wonder how some people manage on a day to day basis. Are we truly managing or are we masking our problems?

Recent studies in Singapore seem to suggest cracks beneath the surface.

The first Singapore Mental Health Study (2010) showed that the highest percentage of individuals with mental health issues and physical health problems were amongst people in senior positions or top management. Business owners were more likely to have Major Depressive Disorder (MDD), hypertension, and alcohol abuse as well as alcohol dependence problems. In a more recent study, it was found that lifetime and 12-month prevalence of mental

disorders assessed was significantly higher than that of the first study, with Obsessive-Compulsive Disorder (OCD) and MDD having the highest 12-month prevalence rates in Singapore. These statistics indicate a disturbing trend for many business owners and entrepreneurs.

## What is MDD and why do business owners face this problem?

MDD is characterised by depressed mood with a profound feeling of hopelessness, sadness, emptiness and worthlessness. It is usually associated with loss of pleasure and interest in activities, sleep disturbances and appetite problems, as well as poor functioning in daily life. One may also have suicidal thoughts and ideations which might lead to suicide attempts or actual suicide (IMH, 2018).

Considering that 9 out of 10 start-ups will fail and the high pressure of having to lead a business, it is no wonder that depression is common among business owners and entrepreneurs. Many business owners take great effort to cover up their feelings and emotions due to perceptions of needing to be strong, take the lead, and be dependable. It is almost as if vulnerability and admission of tiredness or having problems are akin to being a failure – a concept that is hard to accept.

## What can we do?

I like to think of this using an Acceptance and Commitment perspective.

### 1. Struggle less, accept more.

When hit with overwhelming feelings of failure and stress, struggling through it just leads to a quicker downfall, just like being in quicksand. The solution? Pause. Stop. Spread your weight out and move SLOWLY. When we start accepting that failures, mistakes, and problems are all inevitable, we spend less time blaming ourselves and more time focusing on getting through the issues more effectively and efficiently.



## **2. Care, connect and contribute to you, not just the business.**

If you were to pause for a moment to consider a time in your life that was meaningful and purposeful, it is unlikely that work or the pressure you put on yourself to get things done comes to mind. It could possibly be a moment with a loved one, a simple walk on the beach or a quick drink with a friend.

Take a moment to increase the time to care, connect and contribute to yourself. Ask yourself “what do I need right now” rather than “what do I need to do for work right now”. This could help increase the 3Cs and remind you why you started this business and what really matters to you.

## **3. Respond, not react. Communication is key.**

Whether you are a business owner or an employee, everyone wants their opinions to be heard, not dismissed. When facing problems or stressors, take time out for yourself. Use your 5 senses to bring yourself to the present moment. Notice a few things you can see, hear, touch, taste or smell at that moment before responding to an issue. Bringing yourself to the present moment helps us to get out of our headspace, take a breath before providing an effective response rather than an impulsive reaction.



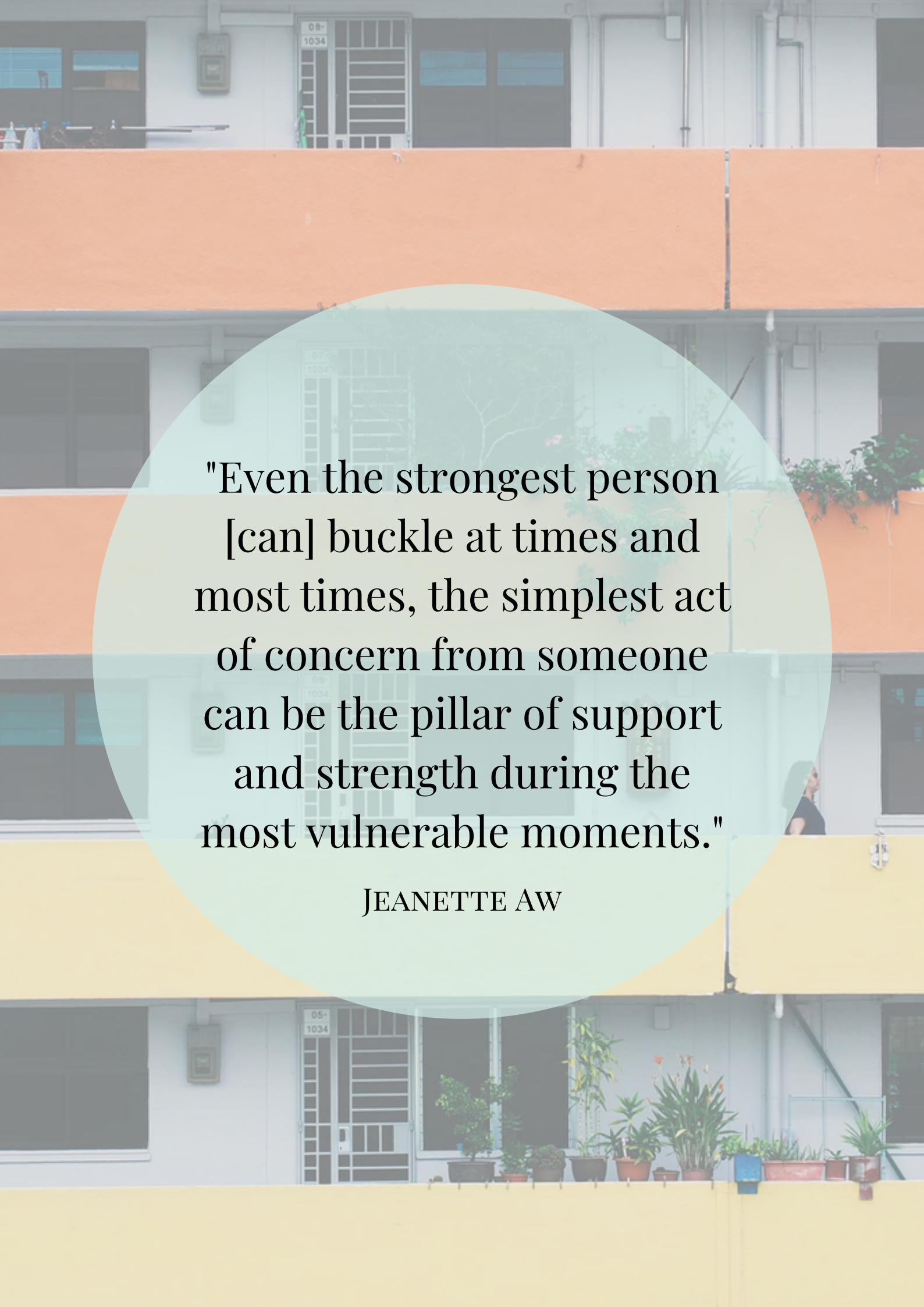
## **4. Commit to purposeful action**

Complaining and gossiping about colleagues or employees can be very tempting at times, but pause to consider: Is this something you want to be seen doing? Is this a purposeful action that you might want to take? Does this help you become a better employer?

Think about the values you wish to showcase in this workplace. If it's a sense of responsibility, what action could you commit to doing that showcases that today? If it is a sense of effectiveness, what could you do to indicate this? Even if bad feelings show up, could we commit to doing actions that make sense and create a purpose for us in the service of the values that we want to showcase today?

## **5. Seek help**

Although the above tips may help, there will be times where depression hits hard and seeking professional help may be prudent. The Singapore Psychological Society has a list of registered psychologists under the Singapore Register of Psychologists (SRP) who provide therapy across both public and private settings and it is important that one seeks help from a properly registered professional.



"Even the strongest person  
[can] buckle at times and  
most times, the simplest act  
of concern from someone  
can be the pillar of support  
and strength during the  
most vulnerable moments."

JEANETTE AW



**unifriend1234** R u ok?

44 s    Reply



Reply to **unifriend1234** ...



**hellopanda56** ❤️❤️❤️❤️

2 w    1 like    Reply



**therealone99** gorgeous!!! ❤️

2 w    1 like    Reply

# Instagram, Facebook, and Depression: When Using Social Media Becomes Maladaptive

Jessy Yong

From beautifully-curated photographs to heartfelt compliments or words of concern, our Facebook and Instagram feeds provide us with countless entertainment and social support from our friends. Social media is so widespread, it has become central to the way we communicate, absorb information, and learn about another person. Yet, a simple Google search of 'social media and depression' would garner a whopping 610,000,000 results. A study by Boers et al (2019) found that many adolescents experience an increase in depressive symptoms (e.g., feeling sad, lonely, or helpless) for every additional hour spent on social media. So why exactly is this happening?

In true social media fashion, many online websites and journal articles explain this phenomenon with the phrase Fear of Missing Out (FOMO). Although often used as a light-hearted, catch-all term for when one feels left out, FOMO can become maladaptive and carry severe consequences. This happens when one ends up feeling constantly apprehensive about missing experiences which others have enjoyed or becoming so envious and preoccupied with the idea that his/her friends are always leading better lives than their own (Tomczyk & Selmanagic-Lizde, 2018).

For adolescents and young adults who are still trying to figure themselves out, they may be sensitive to their own social status and may, inevitably, start to compare themselves with others (Lansu & Cillessen, 2012). Imagine a platform where you can constantly see your friends having a good time – be it on a holiday in rustic Japan, on a romantic date, or success in securing a job – but not a single post or picture about failure, mishaps, or uncertainties. Such a constant dose of ‘perfection’ seems to be extremely far off from the life that you are actually living. Feelings of insecurity and inadequacy would likely creep in, leaving you with a sense of inferiority (Sloman, Gilbert, & Hasey, 2003).



This problem is worsened by the user interface (UI) of social media. With “easy-to-scroll” and “double-tap to like” functionalities coupled with the use of artificial intelligence with predictive analytics that can curate similar things you have liked, our minds are now overrun with the onslaught of multiple pockets of utopia. Moreover, these versions of utopia are not too fictitious and are so close to home. As we scroll through post after post, we allow ourselves to passively absorb similar experiences that we feel left out from, giving us ample opportunities to brood over our inferiorities. When we ruminate about the missed experiences, we are placing the spotlight on others and things that we have no control over. This further distracts and prevents us from resolving our own feelings of distress (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008).



While it is easy to direct all the blame to social media, we should also consider that individuals who are more prone to depression also have an inclination to closely engage with social media. This bi-directionality happens when social media users with depression may first seek out social media to escape from their distress. The resulting FOMO response may then exacerbate undesirable emotions. In an attempt to cope with these negative emotions, the user falls further into the spiral of using social media as a form of escapism. This, ultimately, creates a reinforcement cycle that traps a person with depression in maladaptive social media usage – similar to that of addiction (Ryan et al., 2014).

In highly-competitive Singapore, this obsession may take an even darker turn. Our culture of kiasuness – a Hokkien term that has similar meaning to FOMO – extends across not only our daily lives but also in our social relationships and in the way we view education, among other things. The need to compare and compete is no longer merely individual but has taken a societal undertone. If FOMO is indeed ingrained in our attitudes more deeply than we previously recognised, then the maladaptive usage of social media may be more common in Singaporeans than reported in studies.



If you find yourself increasingly obsessing over your social media, here are some tips that may be useful:

- 1. Curate your social media feed.** Rather than having an Instagram or Facebook feed that gives you updates from all your friends, limit them to your closest friends and loved ones, or to those who enable you in a positive manner.
- 2. Embed your interests and hobbies into your social media feed.** If you like art or photography, follow interest-specific accounts that showcase what you like. You can also learn some techniques from these accounts to better post your own.
- 3. Develop healthy boundaries with social media,** such as limiting the time spent on social media if it becomes overwhelming. There are functions within social media that allow you to set time-based reminders.

*More advice to overcome FOMO can be found on this website:  
[<https://blog.smu.edu.sg/academic/centres/lcsi/overcome-fomo/>]*

## KNOW WHAT TO SAY

### DO VALIDATE THEIR FEELINGS

*"I see you, I hear you, and I care about you".* It can be very reassuring to be told that it is okay to feel a certain way; that we are not broken or weird for having such intense emotions. Normalizing these feelings may be a good first step in bridging the gap between the two of you, making them feel less isolated.

### DO LISTEN TO THEM ACTIVELY AND GENUINELY

Sometimes your friends and loved ones may open up to you about their struggles. While it may be overwhelming to hear the extent of someone's depressive thoughts, you can simply reply, *'That sounds difficult, I'm sorry that you are going through this.'*

### DO NOT TELL THEM THAT YOU UNDERSTAND HOW THEY FEEL

Rather than imposing our own ideas of what depression feels like, let your friend reveal it to you. Even if you have had some experience with depression yourself, it is likely that each of us experiences depression differently.

### DO NOT TELL THEM TO SNAP OUT OF IT

Neurological research has revealed that there are changes in the brain's chemicals when someone is going through a depressive episode. It is, therefore, not just a state of mind that can be snapped out of through sheer determination and willpower.

### DO NOT INVOKE THEIR FUTURE SELF

Urging them not to do things that their future self would regret is unlikely to be helpful. If your friend or loved one is highly depressed, their future will likely not be their priority. Instead, you can tell them that the emotions they are feeling usually peak then fade – and are not permanent.

### DO NOT TRY TO SOLVE THEIR PROBLEMS FOR THEM

It may be tempting to want to sit your friend down with a series of self-help books and a list of solutions on how to feel better. Yet, people at the throes of depression usually do not have the bandwidth to process anything beyond what is before them. Tell them instead that *'I am here for you if you need'*.

### DO NOT USE TOUGH LOVE

*'You should be stronger than this'* and *'Stop moping!'* are often misguided attempts to goad your friends or loved ones into bucking up. When someone is going through a depressive episode, he/she may find it difficult to summon any remaining strength to be 'stronger'. Such comments, though well-intentioned, may have the opposite effect of further invalidating or isolating them.

## HOW TO WALK WITH A FRIEND OR LOVED ONE BATTLING DEPRESSION

nicole chong

# KNOW WHAT TO DO

## OFFER HELP WITH PRACTICAL DAY-TO-DAY TASKS

Your friend or loved one may find it challenging to get themselves out of bed and run errands. Therefore, you can step in and help them with simple chores such as stocking up their fridge or watering their plants.

## BE PRESENT

Depression can be isolating. Sometimes all your friend or loved one needs is a non-judgmental shoulder to sob painfully on. Lend them your shoulder and give them your time.

## UNDERSTAND WHY THIS IS HAPPENING

Oftentimes, we have our own lenses with which we view the world with. It is sometimes necessary to see things from their lenses instead. We need to understand that depression is not simply a bad mood that they can snap out of. The more questions we ask, the easier it is to form a general picture of this faceless monster that your loved one is battling.

## SET UP NON-BINDING OPEN APPOINTMENTS

*"I'm heading to the supermarket to pick up some groceries, and could use some company if you're up for it."*  
Show that you appreciate their company but take the pressure off a commitment to an outing.



# KNOW WHEN TO LET GO

## REALISE WHEN YOUR EMOTIONAL CAPACITIES ARE LIMITED

This could possibly be the area where people struggle with the most. It may be tempting to want to be the hero who saves the day, but it may not be sustainable. It is important to draw attention to the other members in your friend's support network, so that you are not their only lifeline.



## KNOW WHEN TO REFER THEM TO A PSYCHOLOGIST

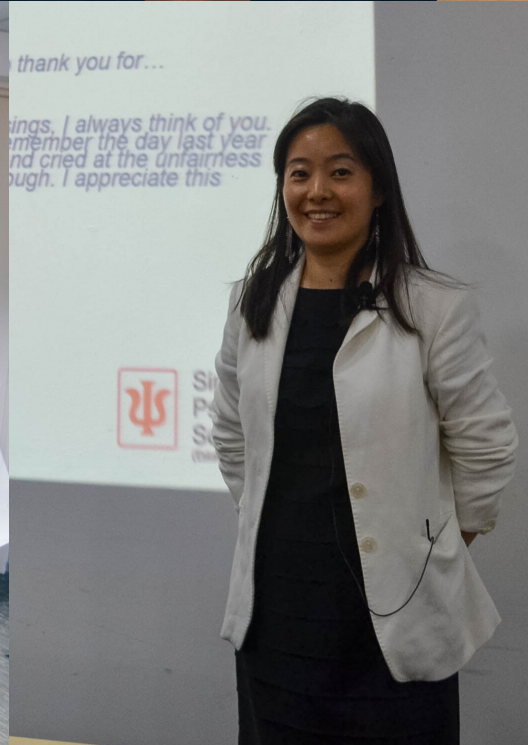
While we may have good intentions, there are situations where mere goodwill is not enough. Being a good friend or having good social support is not an adequate substitute for professional help. The act of taking the first step to book an appointment and go for a consultation is likely to be intimidating for them. You can offer to accompany them through this process and to assure them that you are not abandoning them.



## CONCLUSION

Walking with someone with depression could easily be one of the most heartbreaking and challenging experiences you will go through. There is so much you want to say to rationalize a person's hurt and self-defeating thoughts away, especially when this wonderful human being in front of you cannot seem to hear or believe you when you tell them how valuable they are.

While we cannot help our friend or loved one in their fight against depression on the frontlines, our role is to stand behind them in unyielding support. We cannot promise or hope to take all their pain away with our words or actions, but we can promise to be there, to sit with them in silence, to offer our shoulders to cry on, to hear them out unconditionally, and to finally remind them that we love them.





## SPS Psych Weekend 2019: Psychology Isn't Just For Students

*Ivan Lee, SPS Public Education Chair*

The annual SPS Psychweek was established in 2016 with the aim of extending the reach of psychology towards the public and not limiting it to any specific population or profession. Since its launch, Psychweek has always been greatly accepted and welcomed by the general public. With this in mind, the SPS Public Education team decided to continue this flagship event with a little fun twist. With that said, SPS Psych Weekend was born!

This year, we invited speakers of different specializations within the field of psychology to share their experience and expertise. We specifically chose speakers that can relate to the latest societal trends in Singapore that are most relevant to our daily lives today, e.g. depression, addiction among teens, parenting, etc. Furthermore, we also had exciting and enticing workshops that were meant to give our participants a hands-on experience on how psychology can be applied onto something tangible and experiential – all with the intent to show the capability of psychology in directly elevating our quality of life.

This new concept was well-received with numerous positive real-time feedback from the participants, as well as from the speakers. It provided an equally informative yet experiential touch to how psychology can be shared, absorbed, and applied. This sends a strong message to the public that we psychologists can contribute as much as other professions, and even more so with its direct impact on our mental health. With the responses we received, the path SPS is taking in educating the public about psychology seems promising.

It is with utmost honour to have seen this fruitful event through. I would like to take this opportunity to thank my team for their ideas and actions that made SPS Psych Weekend 2019 a resounding success. We will continue to tweak this event by taking the best parts and learning from the not-so-good points, all in the mission to create better and more accessible events for everyone!

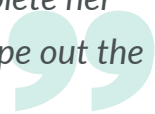
Please stay tuned and we will see you soon!

# SPS CODE OF ETHICS

## CASE STUDY #002



*While serving her 1-month notice period before resigning, a psychologist was required to complete or to handover the work that she had been undertaking. However, she was aware that she did not document her therapy sessions for the last 11 months. In a desperate effort to complete her work, she roped in the help of her boyfriend to type out the case notes as she narrated.*



**This is a contravention of the Singapore Psychological Society Code of Ethics and this case was reported to the Council.**

### Why?

Code 1.1 of the Code of Ethics informed that:

*"Psychologists have a duty to protect the personal information of their client, patient and/or research participant. Psychologists must first and foremost obtain permission from clients, patients and/or research participants to record or use any personal and/or identifying information (see 3.1 Informed Consent in Assessment and 4.1 Informed Consent to Therapy). Additionally, psychologists must follow appropriate measures to store and secure personal information that is obtained. The use of personal information should be strictly for the purposes of scientific investigation and reporting, or for clinical practice. Psychologists must be mindful of the genuine and appropriate use of personal information, and act accordingly."*

Also, Code 1.3 of the Code of Ethics reminded psychologists:

*"...to abide by prevailing legal and organisational policies and guidelines on personal data protection (for example, Singapore Personal Data Protection Act, 2012)."*

Not only was the integrity of the psychologist compromised, the privilege to hold the vulnerabilities shared by the clients was also betrayed. The clients may be subjected to potential exploitation and maleficence as a result of the psychologist's behaviour.

### Know someone in a similar situation?

Contact the Singapore Psychological Society and submit a Complaint Form to the Council as soon as possible.

The full SPS Code of Ethics can be found on our website:  
[singaporepsychologicalsociety.org](http://singaporepsychologicalsociety.org)





# SPS Volunteer Appreciation Dinner 2020

*Jasmine Chia*

In early January, the Singapore Psychological Society organized an appreciation dinner to recognize the contributions of the members and volunteers over the past year. The event brought together the various subcommittees for a night of bonding and networking.

While partaking in a communal dinner, there was a light buzz as everyone immersed themselves in deep conversation. Each individual, in different phases of their life and careers and varying exposure to the different domains of psychology, brought diverse perspectives to the table. Being an undergraduate, it was interesting to explore the spheres of academia and research from the vantage points of working professionals. It truly served as a good reminder to appreciate the versatility of psychology, as both a facet in which to examine real-world issues and a means of formulating solutions.





**Singapore  
Psychological  
Society**  
(Established 1979)

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**Facebook:** [facebook.com/singaporepsychologicalsociety](https://facebook.com/singaporepsychologicalsociety)

**Instagram:** [@singaporepsychologicalsociety](https://www.instagram.com/singaporepsychologicalsociety)

Visit our website and social media platforms for more information on upcoming psychology-related events, training & development, and career opportunities.

Join us today as an SPS member and be a part of our growing community of psychologists and psychology students, right here in Singapore!

For advertising matters, please contact us at  
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