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English 102-023

1 November 2021

### **Let's Help Cure Depression**

Many individuals across the world have experienced depression before. In fact, about 50% of adolescents will develop a mental illness; this percentage rises to 75% by age 24 (Wurst and Faulhaber). Most individuals today have talked to either someone random or a friend of theirs who has had depression before. Due to these facts, it is a surprise that mental illnesses are not nearly researched enough. There are methods to treat depression like antidepressants and therapy that are commonly used for treating patients suffering from depression. Therapy is proven to be the better method for initializing treatment to a patient suffering from depression because therapy properly addresses the true human needs. Therefore, therapy should be made easier for the general public to access along with being more appealing to the public eye. This all will be explained by providing general information about this mental illness, followed by taking a look at antidepressants and therapy and showing why therapy is the better alternative.

In order to argue which method of treating depression is the best overall, knowing what depression actually is and how it emerges is very important. A big problem with this topic is that lots of individuals will often confuse depression as a mental illness with depression as a mood. There is a vast difference between the two. The mood, depression, is more comparable to normal sadness or just having a bad day, albeit at a higher degree. The mental illness, however, is far more severe, and has symptoms which may vary per person. Some of the most common symptoms of depression include: feeling of hopelessness, loss of interest or pleasure in usual

activities, weight loss or gain, insomnia, fatigue, suicidal thoughts, and so much more (Robbins 10). Individuals who are dealing with this mental illness have a greater difficulty of escaping this feeling of dread rather than those who are dealing with the mood. People do not stay sad for long, but those unfortunate enough to be suffering from depression can suffer for years.

Depression can be rooted in an individual through many different ways. These different ways include: biologically, stress or anxiety, substance abuse, or through trauma or past experiences. A common thought is that depression is something that can “run in families”. Even though this might be true, Paul Robbins, a researcher who has written many books about psychology, states that “some research suggests that the problem might initially present itself as an anxiety disorder” (Robbins 47). Stress and anxiety are often primary causes of depression. If the individual does not properly treat stress on their own, they will most likely be sent into a downward spiral that will always end in them beating themselves up over the little hills they have difficulty climbing; furthermore, this usually leads to depression due to the individual believing that they will not be able to escape the stressor in the first place. Anxiety disorders can sprout at an early age for most; the Cleveland Clinic stating, “An estimated 31.9% of adolescents have had an anxiety disorder” and “Depression and anxiety tend to be higher in those between the ages of 12 and 17” (“Being Aware of Depression”, 2021). Anxiety and stress can often be co-existent with depression; therefore, these should be recognized and taken care of correctly so that less individuals have to suffer from depression. Substance abuse is often the result of a stressor, anything that can amount to a heavy amount of stress. Stressors often include tasks like moving homes, getting fired, breaking up with someone, or college exams. These types of stressors can often lead to the use of substances like alcohol and drugs, which may provide a temporary relief to the world around the person. However, these can often have side-effects that

can become a new stressor. Alcohol can often make an individual do or say things they would never otherwise do, which will often ruin the relationship of those around the individual. Even though the alcohol is allowing relief from the stress of the outside world, it will often cause an internal stressor that will lead to depression. Drug abuse will do the same as alcohol abuse; however, buying drugs will cost a lot more than alcohol. Plus, drugs create a higher negative toll on the abuser's health. Drugs might also cause a chemical imbalance to the user's brain that could often lead to depression. Therefore, alcohol and drugs are not reliable substances for escaping depression and will often cause depression to be even higher than before. Finally, past experiences and trauma are large contributors to depression. A parent's parenting style will often dictate how their child shapes to be in the future. Parents who are always there for their child are going to be the better parents. Although, if the parent is too strict on the child, that child will most likely become depressed and start to think that they "aren't good enough". For example, if a parent expects high grades from their son/daughter but they have a high difficulty in learning certain material, the child will start to think that they just can not ever live up to the parent's expectations of them. This mindset will carry on throughout the child's life, through work and relationships. On the contrary, if the parent is too absent, then the child will likely become more anxious to see them again, which could be seen as separation anxiety. Subconsciously, the child will always wait for the parent's return even if that parent does not want to deal with the child at all. After all, a child's parents are the individuals that a child is attached to. Therefore, if the parent is becoming a stressor to the child, then the child will easily become depressed throughout their life. Overall, depression is more likely to arise due to an event rather than biologically, as stated previously. Due to this fact, proper treatment should take this into consideration. The rest

of this argument will refer back to these points about depression and show strengths and weaknesses accordingly.

When taking a glance at common ways of helping someone suffering from depression, antidepressants are one of the most common ways of doing so. Antidepressants are medications given by doctors to individuals diagnosed with depression. These medications are meant to be taken in order to reduce the effects of those suffering from severe depression. James McCormack, a professor in the Faculty of Pharmaceutical Sciences, and Christina Korownyk, associate professor in the Department of Family Medicine, state that data shows antidepressants do reduce the effects of depression in patients suffering from severe depression; stating that it reduces the overall statistic by 50% (McCormack and Korownyk). Overall, antidepressants can be substantially helpful to those who have an awful case of depression. Even though antidepressants can be great for those in need of them, there are extensive problems with the use of them. Doctors, who are often the ones prescribing patients, tend to over-prescribe individuals with these medications. After Clare Wilson, a reporter on medicine and health policy, looks at a report on these medications, she states, “Family doctors, who write most of the prescriptions, may feel they have little else to offer a patient sitting in front of them” (Wilson). Doctors should not feel like they are obligated to prescribe a patient with medicine for everything, especially with an illness such as depression. Clare Wilson also states that the idea that depression is caused by a chemical imbalance in the brain is a myth. This idea of chemical imbalance that a vast majority of the public believes in would be true if depression would only occur through genetics. Needless to say, that is false. When looking at the roots of depression previously explained, biologically is a smaller percentage than most realize. When Johann Hari, author of two best sellers on the topic of depression, thought back about his childhood experience with this claim, he states, “My

doctor said, ‘we know why people get like this. Some people just naturally get a chemical imbalance in their heads -- you're clearly one of them. All we need to do is give you some drugs, it will get your chemical balance back to normal.’” Johann later states that after taking higher and higher doses of these medications he still was feeling this lingering pain, and that it led him to thinking “why am I like this?” because the culture people live in now believes in this idea of chemical imbalance (Hari, 00:05 - 01:54). This idea of “why am I like this?” is very common among those suffering from this mental illness. Depression is not like other illnesses. Mental illnesses take more than medicine to cure. While medication will often help those who desperately need it, for the majority of others it will only serve as a temporary solution at best. In the worst-case scenario, antidepressants, like most medications, could have side effects and be addictive. Angela Dean, a researcher on psychology, states that “some people do find it difficult to stop taking antidepressants” (Dean). If antidepressants cause an addiction, it could end up being a stressor. If the medication an individual is taking becomes a stressor, it will often have the complete opposite effect than what the individual wants to have happen. This is another reason why antidepressants should not be the only method of treating depression. A solution to this problem could be that doctors hold back on prescribing antidepressants to those diagnosed with depression. Doctors should be able to be able to prescribe other treatment methods, like therapy.

The reason that therapy is more helpful than antidepressants is because depression addresses the human needs that the brain is signaling. Johann Hari states “every human being has natural psychological needs. You need to feel you belong. You need to feel your life has meaning and purpose.” (Hari, 03:21 - 04:32). When considering how to properly treat an individual, it is very important to know what these body signals mean. In today’s culture, depression is often

seen as a sign of weakness. This belief that being depressed makes someone weak is not only completely false, but this belief also adds to the individual's depression and makes it way worse. A common trend found in those who are suffering from this illness is that they all "long for belonging" (Bygstad). Humans want to feel like their life has purpose or a deeper meaning. Johann Hari talks about a story; in this story he states that this girl who had a severe case of depression went to the doctors. The doctor said that she would need to come in for group therapy a few times each week. Even though this group consisted of others who were suffering from this mental illness, they all helped each other out without even knowing what the true problem was. They were all there for each other. Then one of them decides that the group should create a garden. After they all helped out in the research, they managed to all be a part of a beautiful garden that they could be proud of (Hari, 10:26 - 13:27). This group managed to form a tribe; they all felt like they were a part of something bigger. This group made their lives have a purpose after they thought the opposite not so long ago. The human body works in interesting ways. Similarly, to how the body responds to physical pains or illnesses, depression is the body's way of screaming that something needs to change. The reason why therapy works better for depression is because it lets the individual reconnect with the world. This concept that most think chemical imbalance impacts a human's brain is not true. Prescribing someone with therapy sessions should be more normal than prescribing the same individual pills that can "fix" their brain. Johann Hari compares this belief to junk food. Since birth, everyone around is repeatedly saying that depression is a sign of weakness or that people should just "get better" while no one has tried to understand how someone has developed this mental illness. In Johann Hari's words, "We've been trained to look for happiness in all the wrong places, and just like junk food doesn't meet your nutritional needs and actually makes you feel terrible, junk values don't meet your

psychological needs, and they take you away from a good life.” (Hari, 15:06 - 16:43). The population should not have to be afraid to ask for help. Instead, individuals who are trying to better themselves should be praised for it. Being depressed should never be seen as a weakness or chemical imbalance; rather, it should be seen as a message or sign that something needs to change, because a chemical imbalance is the brain being signaled that something is wrong and needs to change rather than the brain just being weak. Even though therapy is better for helping someone who is suffering from depression, it is harder to access often due to expenses. Society already makes those who are depressed feel even weaker, causing the ones who truly need therapy to not get it because they do not want to show any signs of weakness. A study shown by Jessica Castonguay, a researcher on mental disorders, shows that the individuals only sought for help “when symptoms became excessively severe” due to their “fear of the unknown treatment process” (Castonguay). It is amazing that those who absolutely need help with search for it. The problem is that therapy should not be an unknown factor, because it then is difficult for patients suffering from depression to want to get themselves accommodated with the help they desperately need. With how common mental illnesses are, the general public should have a lot more knowledge about both methods, antidepressants and therapy. Even though both methods are for different purposes, the average person should be able to know exactly what they need when they encounter a mental illness such as depression. Not getting the proper treatment an individual needs will always be worse for them. Someone diagnosed with depression should know that there is a light at the end of this long, gloomy tunnel, because there always is a way out. As Anders Petersen and Ole Jacob Madsen, parts of the Department of Sociology and the Department of Psychology, state, “people’s experiences are nonetheless real” (Petersen). There should not be any hidden information surrounding depression because the experiences people

have with it are very real to them, even if nobody else in the world can see it. People who are suffering from depression should be cared for, not seen as weak or incompetent. It should be easy for those who are suffering from this mental illness to get help.

In conclusion, therapy gives individuals suffering from depression the help they truly need. Medications should only be used in very severe cases, rather than being given to anyone diagnosed since it is “the only option”. Therapy should be used more since it gives the body what it wants, a sense of belonging and purpose. A true antidepressant should make the individual feel at peace again with no long-lasting effects or pill taking. Therapy can be done in many ways, so doctors and therapists should keep trying to improvise based on that, rather than trying to make the new best medication for curing depression. Although therapy is the best option, it is typically more difficult to get access to. There should be a bigger push in changing this fact. The way to do that, which was talked about in this essay, is to reduce the amount of misinformation thrown around. There should also be some way to make therapy easier for the general public to access. There could be many different solutions to this, but therapy would still need to be an enticing job choice while also being easily accessible to the public. Everyone has the right to better themselves, so there should be a change in how this illness is treated.



## Work Cited

“Being Aware of Depression and Anxiety in Kids and Teens.” *Curriculum Review*, vol. 60, no. 8, Apr. 2021, pp. 4–5.

search-ebshost-com.pallas2.tcl.sc.edu/login.aspx?direct=true&db=a9h&AN=149982211&site=ehost-live.

Bygstad-Landro, et al. "Risking existence: The experience and handling of depression." *Journal of clinical nursing*, vol. 27. no. 3-4, 2018, pp. E514-e522.

Castonguay, Jessica, et al. "Seeking help for depression: applying the health belief model to illness narratives." *Southern Communication Journal*, vol. 81, no. 5, 2016, pp. 289-303.

Dean, Angela J. "Are antidepressants addictive?." *Drug and Alcohol Review*, vol. 21, no. 4, 2002, pp. 317-319.

Hari, Johann. “This could be why you’re depressed or anxious.” TED, July. 2019,  
[https://www.ted.com/talks/johann\\_hari\\_this\\_could\\_be\\_why\\_you\\_re\\_depressed\\_or\\_anxious](https://www.ted.com/talks/johann_hari_this_could_be_why_you_re_depressed_or_anxious)

McCormack, James, and Christina Korownyk. "Effectiveness of antidepressants." 2018.

Petersen, Anders, and Ole Jacob Madsen. "Depression: Diagnosis and suffering as process." *Nordic Psychology*, vol. 69, no. 1, 2017, pp. 19-32.

Robbins, Paul R.. *Understanding Depression*, McFarland & Company, Incorporated Publishers, 2008. *ProQuest Ebook Central*,  
<https://ebookcentral.proquest.com/lib/southcarolina/detail.action?docID=1593709>

Wilson, Clare. "Why Take Depression Pills If They Don't Help?" *New Scientist*, vol. 230, no. 3078, June 2016, p. 21. *Academic Search Complete*, doi:10.1016/S0262-4079(16)31086-7.

Wurst, Amanda, and Erica Faulhaber. "Learn about mental health." February 10, 2018.