Henry Dixon

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Ms. Batty & Mr. Spence

An Investigation of Clinical Depression and the Rise of Psychological Illness

Recently, researchers have published an excess of studies suggesting that mental illness is becoming rapidly more prevalent in America. This spike in diagnosed mental problems can be explained by a new attitude held by adolescents towards psychiatry (namely, Depression), the agendas of multinational drug corporations, and the changed lifestyle of the American people. As defined in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, a major depressive disorder requires a "depressed mood and/or loss of interest or pleasure in life activities for at least two weeks" as well as five of the following symptoms: (1) depressed mood most of the day, (2) diminished interest or pleasure in all or most activities, (3) significant unintentional weight loss or gain, (4) insomnia or sleeping too much, (5) agitation or psychomotor retardation noticed by others, (6) fatigue or loss of energy, (7) feelings of worthlessness or excessive guilt, (8) diminished ability to think or concentrate, or indecisiveness, and/or (9) recurrent thoughts of death to meet the diagnostic criteria.[[1]](#footnote-1) Due to the vague wording of many aforementioned criteria, adolescents can try to force their dramatized personal life into the bounds of this definition, and even more teenagers attempt to self-diagnose themselves with a plethora of mental disorders (namely, Attention-Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, Bipolar Disorder, Primary Insomnia, and Major Depressive Disorder)[[2]](#footnote-2) from what these teenagers may have seen in popular culture.

In 2010, a study of thousands of young people aged 12-17 suggested that one in ten teenagers considered mental illness to be "fashionable," more than a third of which had admitted to faking a mental problem in the past.[[3]](#footnote-3) Many teens in this study provided insight into this paradigm of adolescent thought: almost half of teens claiming psychiatric complications made people "unique," a quarter of responders asserting that having some kind of mental illness was "just cool," and 16% of responders declaring that celebrities who suffer from mental illnesses make having a psychological disorder fashionable. This conceivably troubling attitude trivializes mental illness in general and the plights of those who suffer from psychiatric conditions. This stance on psychiatry ascribes an inconsequential nature to the practice at large and perhaps speaks to the documented rise in recorded mental illness in America.[[4]](#footnote-4) Along with this warped view of psychiatry, two other factors can feasibly account for this rise in apparent mental illness recorded in the citizens of the United States: the interests of pharmaceutical companies that manufacture psychiatric drugs and the ever-changing environment in which we live.

Because depression is the number one reason people seek mental health services, it acts as an acceptable 'case study' for psychiatry as a whole.[[5]](#footnote-5) Although teenagers seemingly have the ability to self-diagnose depression, many harbor an underlying ambiguity about the depression's causes. Many teens posit that depression is the result of a simple imbalance of brain chemicals. This explanation is exclusively biological and entirely too simplistic to be an acceptable description. Like much of mental health, depression is not wholly understood on both a psychological and physiological level by experts today, but depression does have some physiological (neurobiological and genetic) explanation further than the modicum that is: "a chemical imbalance in the brain." Nevertheless, this generalization is derived from truth, and the chemicals to which the statement refers are likely neurotransmitters: messengers from the brain used to communicate between other parts of the brain and with the nervous system. Depression has been linked to problems with the neurotransmitters known as serotonin, dopamine, and norepinephrine. Serotonin is involved in the regulation of many physiological functions including sleep, aggression, eating, sexual behavior, and mood; research suggests that a decrease in serotonin production can cause depression in certain individuals prompted by at times a suicidal mood state. Dopamine is considered to be a motivator in that it regulates drive to seek out rewards, and dopamine plays an important role in the ability to obtain a sense of pleasure. Finally, norepinephrine aids in the recognition and response to stressful situations; researchers suggest that depression-prone individuals depression may have a norepinephrinergic system that doesn't handle the effects of stress very efficiently.[[6]](#footnote-6) Though, the evidence of this link is relatively roundabout as measuring levels of a given neurotransmitter in a living brain is indeed difficult.

In addressing the question of why depression has seen a marked increase in American adolescents in regard to environment, the briefly aforementioned physiological aspects need to be regarded with a psychological lens. The *modern lifestyle* of an American teenager -- exhibited by less exercise, less casual and unstructured technology-free play, less sunshine, a general lack of familiar and communal support, an unnatural diet, etc. -- provides an excess of reasons for depression's possible causation. Many studies show that aerobic exercise reduces depression (and anxiety)[[7]](#footnote-7) [[8]](#footnote-8) and that furthermore, exercise is about as effective as psychiatric drugs which biologically target specific neurotransmitters in treating depression and preventing symptom recurrence.[[9]](#footnote-9) [[10]](#footnote-10) Physical activity is shown to be strongly correlated with good mental health as people age, notably because exercise increases concentrations of neurotransmitters like serotonin and norepinephrine by stimulating the nervous system.[[11]](#footnote-11) These studies, in addition to further research on the life-style effects on depression suggest that exercise plays an important role in treating an individual with depression, which the modern lifestyle of Americans is not conducive to.

In addition to exercise, there have been links established between depression and sleep. It is important to note that one of the most commonly touted expression of psychologists is "correlation is not [necessarily] causation," and sleep is an extraordinarily complex concept that is actively researched today. Nonetheless, of all the psychiatric disorders associated with insomnia, depression is the most common, and it has been estimated that 90% of patients with depression complain about sleep quality.[[12]](#footnote-12)

In one study, a group of people diagnosed with a depressive mood disorder as per the specifications set forth by *DSM-IV* was subjected to a twelve-week training program which included: daily aerobic exercise, adequate sleep (seven to eight hours per night), daily exposure to a light box for thirty minutes, maintaining social connection (at least two meaningful social engagements weekly), identifying and redirecting negative thoughts, and nutritional supplements. In this study, 77% of people experienced relief from depressive symptoms, as compared to the 19% relief rate in those assigned to a control group.[[13]](#footnote-13) Perhaps the most telling aspect of this research is the relatively low rate of relief from depressive symptoms in the control group, which speaks profoundly of the flawed lifestyle in which the participants lived when compared to the severely different test group. The only difference between the two groups were the therapeutic life-style changes previously outlined, which does not prove, but does strongly suggests the correlation between these changes and relief from depression.

A current treatment of depression includes a multidimensional approach, addressing the issue on physiological/biological, psychological, and inter-person sociological levels. The research cited in this paper would suggest the following treatment for those dealing with depression: psychotherapy, psychoactive drug therapy as recommended by a professional, adequate nightly sleep with a goal of seven to eight hours a night, aerobic exercise at least three times weekly, meaningful social connection, positive mentality, and a broadly healthy diet.[[14]](#footnote-14)\* This approach seeks to target both the psychological causes of depression (with the suggested social connection intended to satisfy the human need to belong and the redirection of negative thoughts to foster a positive outlook[[15]](#footnote-15)) and the physiological ones (with exercise, adequate sleep, and a healthy diet all contributing to promoting a less depressive balance of relevant neurotransmitters). The modern lifestyle of many Americans is fundamentally flawed, and this fact is made clear by the recent increase of individuals diagnosed with depression. Depression is not completely understood on a physiological level, nor is it entirely understood on a psychological one. Further research into the subject will doubtless yield more irrefutable intelligence, providing a lucid path to therapy for those whom depression envelops.

1. APA, 2000, p. 356 [↑](#footnote-ref-1)
2. This analysis is unfortunately anecdotal and pertains solely to the experience of this writer. [↑](#footnote-ref-2)
3. Mentaline.com (2010). 1 In 10 Teens Think Mental Illness Is ‘fashionable’ | PRLog. [online] Retrieved from: http://www.prlog.org/11172818-1-in-10-teens-think-mental-illness-is-fashionable.html [Accessed: 18 Dec 2012]. [↑](#footnote-ref-3)
4. Levine, B. (2010). The Astonishing Rise of Mental Illness in America. [online] Retrieved from: http://www.counterpunch.org/2010/04/28/the-astonishing-rise-of-mental-illness-in-america/ [Accessed: 18 Dec 2012]. [↑](#footnote-ref-4)
5. Myers, D. (2012). *Psychology in Everyday Life*. 2nd ed. New York: Worth Publishers, pp.338. [↑](#footnote-ref-5)
6. Nemade, Ph.D., R. et al. (2012). Biology of Depression. Emergence Health Network, Retrieved from: http://info.emergencehealthnetwork.org/poc/view\_doc.php?type=doc&id=12999&cn=5 [Accessed: 17th Dec 2012]. [↑](#footnote-ref-6)
7. Dunn et al., 2005 [↑](#footnote-ref-7)
8. Stathopoulou et al., 2006 [↑](#footnote-ref-8)
9. Babyak et al., 2000 [↑](#footnote-ref-9)
10. Salmon, 2001 [↑](#footnote-ref-10)
11. McKimmie, 2005 [↑](#footnote-ref-11)
12. Tsuno et al., 2005 [↑](#footnote-ref-12)
13. Ilardi et al., 2009 [↑](#footnote-ref-13)
14. \* This information is not intended to substitute for informed medical advice. You should not use this information to diagnose or treat a health problem or disease without consulting with a qualified health care provider. [↑](#footnote-ref-14)
15. McKay M, et al., 2007 [↑](#footnote-ref-15)