Overemotional and Irresponsible: How Stigmas of Depression Affect Social Integration

Final Draft

Nicole F. Lloyd

Milligan College

Abstract

Major Depressive Disorder (MDD) is a common mental illness with various, poorly understood causes and multiple types of treatment. Common diagnostic criteria for MDD includes loss of interest in activities, significant change in weight and appetite, insomnia or hypersomnia, decreased concentration and energy, inappropriate guilt or feelings of worthlessness, and suicidal ideation. This research project will focus on the stigma associated with depression within society, specifically in the workplace and in home life. I will discuss how people suffering with depression feel they are treated in these social spheres and how their peers and colleagues could better try to understand them. Many people believe that those with depression cannot adequately hold responsibilities because they cannot control their emotions and behaviors. Treatments of depression can significantly improve a patient's perception of life by altering overall mood, level of irritation with others, and suicidal ideation. Additionally, successful treatment options require peers and colleagues to eliminate negative social stigmas associated with depression that could hinder the patient's recovery process.

Keywords: depression, social stigma, workplace, relationships, treatment

Major Depressive Disorder (MDD) is a common mental illness with various poorly understood causes and multiple types of treatment. While chemical imbalances in the brain do play a large role in the development of depression, the origin of the imbalance can stem from an assortment of issues, involving both real life events and biological discrepancies. Many people believe that those with depression cannot adequately hold responsibilities because they cannot control their emotions and behaviors. Also, because the course of illness and symptoms vary considerably between individuals, associates often hold negative views about the disease, assuming a patient is being overdramatic or negligent. However, the availability of treatments, including antidepressant medication and various types of therapy, can positively affect a patient's relationships within home life and in the workplace. The specific treatment path, or lack thereof, a patient chooses will ultimately determine the amount of social integration they experience. Treatments of depression can significantly improve a patient's perception of life by altering overall mood, level of irritation with others, and suicidal ideation. Additionally, successful treatment options require peers and colleagues to eliminate negative social stigmas associated with depression that could hinder the patient's recovery process.

Diagnosing Depression

In order to understand how to properly approach an individual with depression, it is important to know how to recognize depression and understand its causes. Common diagnostic criteria for MDD includes loss of interest in activities, significant change in weight and appetite, insomnia or hypersomnia, decreased concentration and energy, inappropriate guilt or feelings of worthlessness, and suicidal ideation (MDD Guideline 2014). MDD is most often seen in people between 25 and 44 years old, and rarely seen in those over the age of 65. MDD affects about

twice as many women as men, but affect children of both genders at about the same rate (Major Depressive Disorder 2015).

Although patients who are diagnosed as "clinically depressed" typically show one or more of the symptoms previously discussed, this does not clearly show the exact cause of the individual's depression. Depression has many possible causes, including faulty mood regulation by the brain, genetic vulnerability, stressful life events, medications, and other medical problems (What causes depression? n.d.). The course of the illness varies between individuals. Some experience bouts of depression separated by years with no symptoms, while others may have multiple episodes with little time in between. About two-thirds of people with MDD will recover completely, no longer having any depression episodes. However, 15% of those diagnosed with MDD die from suicide (Major Depressive Disorder 2015).

Billions of chemical reactions within the central nervous system are responsible for mood, perception, and how life is experienced. Because of this great number of reactions, individuals with similar depressive symptoms can have drastically different types of depression and need separate types of medications (What causes depression? n.d.). Researchers believe that nerve cell connections, nerve cell growth, and the functioning of nerve circuits have a major impact on depression. Neurotransmitters believed to be involved in MDD include acetylcholine, serotonin, norepinephrine, and dopamine (What causes depression? n.d.).

Malfunctioning genes affect a person's vulnerability to depression, allowing researchers to better understand genetic variations of depression. Genes make proteins that are involved in biological processes. Genes are constantly turning on and off in order to make the appropriate proteins when needed. When this system goes awry, mood can become unstable. Depression

does run in families and an individual with a first-degree relative with depression has an increase in risk for the condition by 1.5-3% over normal (What causes depression? n.d.).

Medical illnesses can also cause depressive disorders. This idea is the root of about 10% to 15% of all diagnosed depressions. Heart disease is linked to depression, and about 50% of heart attack survivors reported experiencing some level of depression. Additionally, depression can lead to a slower recovery for heart attack patients. Degenerative neurological conditions, cancer, viral infections, stroke, and nutritional deficiencies, including a lack of vitamin B_{12}, are also linked to an increase of depressive symptoms (What causes depression? n.d.). It is important to also consider family history with depression and other factors previously discussed when diagnosing the cause of a patient's depression (What causes depression? n.d.). A medical professional must carefully and thoroughly diagnosis depression in order to be able to recommend treatment plans with the most potential and to allow the patient to choose the type of treatment they prefer.

Treatment Options for Depression

There are several different options for the treatment of depression that can affect the way a patient is integrated into society. While the medical professional a patient sees may determine the course of treatment they receive, there is a general pool of treatment types. Various types of therapy can be beneficial as well as antidepressant medication. Ultimately, the patient can decide how he or she wants to move forward with their own treatment plan. Some are opposed to medication because they believe their depression is something they can control, while others view the disease as malfunctioning connections and chemical levels in the brain that medication can restore.

Antidepressants are a helpful class of chemicals for their efficacy in suppressing depressive symptoms. Current medications are effective for around 80 percent of patients with depression (Ainsworth 2000). There are several different classes of antidepressants based on specific neurotransmitters that need adjustments. Antidepressants immediately boost the concentration of neurotransmitters in the brain (What causes depression? n.d.). Because the exact cause of a patient's depression is hard to pinpoint, using antidepressants may become a trial-and-error type of process. Committing to antidepressants as a form of treatment for depression can be grueling and aggravating for the patient as it may initially seem like symptoms are worsening or that recovery is being delayed.

Although chemical levels are immediately raised through medication, experts do not fully understand why depressed patients do not instantaneously feel better if depression were primarily the result of low levels of neurotransmitters. Mood may only improve as nerve cells grow and form new connections, possibly explaining the multiple weeks necessary to see progress (What causes depression? n.d.). Typical side effects of antidepressant medication can include nausea, dizziness, headaches, irritability, sleep disturbances, nightmares, and psychosis (Ogbru 2015). If a particular type of medication is stopped, withdrawal symptoms may occur. Because of this, once a medical professional finds the correct type of medication for a specific patient, the patient must remain on the medication for the rest of their life. Depression is not something that is "cured," per se, so treatment must be ongoing with minor changes to the dosage they are receiving.

Some patients are hesitant to try antidepressants due to the lengthy list of potential side effects or due to the idea that their symptoms will initially worsen. Also, some patients seek other types of treatment on top of taking medications. Various types of therapy are offered to

patients with different severities of depression. Interpersonal psychotherapy "focuses on interpersonal relationships and on improving relationship and communication skills as well as individual self concept" (Ainsworth 2000). By centering on the problems that people with depression currently experience, this type of therapy allows patients to learn how to adapt their behaviors to the relationships around them. A system focused on grief, interpersonal role disputes, role transitions, and interpersonal deficits (Ainsworth 2000) can also help the patient better understand why they may be vulnerable to depression. Another type of therapy is cognitive psychotherapy, which is based on the idea that "we are what we think" (Ainsworth 2000). A person who holds pessimistic views of the world will be more vulnerable to depression. A cognitive therapist will attempt to remove these distorted and negative views of life by exploring the patient's childhood, culture, and relationships (Ainsworth 2000).

The type of treatment that is most effective for depression is largely determined on characteristics of the patient. There is no universal clinical treatment for depression that can guarantee elimination of depressive symptoms. The experience a patient has within society can also affect the efficacy of their treatment plan. All types of treatment require love and support from friends and family in non-condescending ways so that the patient can focus their energy on their own body and recovery. The approach society uses when addressing individuals with depression will significantly, while maybe not obviously, encourage a patient to keep pushing towards a recovery and aid in overall treatment.

Affects of Depression at Work

One of the social spheres in which depressive symptoms are most obvious is within the workplace. An individual with depression may feel a loss of sense of self control, loss of interest

in their job duties, judgment from colleagues, or lower motivation, which would greatly influence the work they accomplish each day. The stressors involved in the working environment have also been observed to heighten depressive symptoms and cause patients to avoid their responsibilities completely by taking sickness absences. Decreased productivity due to depression can worsen the individual's course of illness if not properly approached by colleagues and managers. The exclusion that patients with depression often feel in the workplace can be removed with proper training of executives and managers on how to address mental illness.

Anna Sallis and Richard Birkin (2013) conducted a study to observe depression-related sickness absence and how depression may affect an individual's responsibilities in the workplace with the hope to better understand how sickness absence could be avoided. This study examined participants who have experienced depression at different severities and have taken prolonged or intermittent absences from work in attempt to recover from this mental illness. The participants' depression was not always solely caused by work, but several work stressors, including long hours, work overload, lack of job control, exclusion from decision making, unclear roles, and poor management (Sallis 2013) heightened depression symptoms and lead to an increase in quantity of sickness-related absences. Sallis and Birkin (2013) explained that individuals with depression often feel unsupported in the workplace and feel alone because of a lack of managers or colleagues that understand the illness they are experiencing. This often led to diminished motivation to work as well as a decrease in the physical ability to work. The perceptions of depression from the participants' colleagues greatly affected their own views of their illness and their control of their behaviors and actions in the workplace.

The way managers and colleagues treat individuals with depression helps to determine the amount of productivity the individual will experience. Sallis (2013) found that participants

had duties taken away because they were not deemed capable of performing the task. This exclusion can lead to other work stressors, including perceived lack of job control and direction and poor relationships with others in the work environment (Sallis 2013). When projects suddenly change directions or are stopped suddenly, an employee with depression will assume the immediate change is their fault, regardless of the true cause. If their efforts seem wasted or unappreciated, low job satisfaction will result (Sallis 2013) and a desire to avoid work completely may become apparent. One of the participants in Sallis and Birkin's study stated the following:

> If you ask me why I was off for a week I would say probably if I'd have felt valued in a sense of what I was doing and that I had people around me that I could talk to on a minute by minute basis and sort of people that understood what I was doing […] maybe I wouldn't have been off (Sallis 2013).

The exclusion of an individual with depression for work responsibilities or projects may seem appropriate on the surface level, due to the focus they need to put on themselves for recovery; however, the support and accomplishment that can result from productivity and inclusion at work can also push a patient toward a successful recovery.

Social relationships are drastically altered by distrust or disrespect, and this is especially seen within the work environment. Roberto De Vogli (2010) discusses the issues found with interventions within the workplace and how they can make an individual suffering with depression feel more excluded or targeted. Ultimately, this sense of being talked down to or talked about will induce depressive symptoms, giving the patient another reason to feel uncomfortable with social exchanges with bosses or supervisors (De Vogli 2010). While it is

necessary for an individual with depression to have some to confide in, distrust, anxiety, and loss of perceived control can accompany intervention.

Social stigma and perception is crucial to the way an individual perceives their own mental illness and prospective course of treatment. Having someone to confide in at work who understands concepts of mental health is necessary for an individual with depression to properly function within the workplace. Managers and colleagues often made the participants of this study feel isolated, undervalued, and unsupported (Sallis 2013). While the depression may not ultimately be caused by the workplace, the stresses of work and a lack of perceived control may worsen depression symptoms and cause an individual to request a sickness leave of absence. Because societal views can affect depression in this way, Sallis and Birkin (2013) suggest that managerial training should include identity and sensitivity of mental health conditions and supportive skills. Better training employers could potentially increase an individual with depression's motivation to work and give them work adjustments that lead to an added sense of job control.

Depression and Life in the Home

Depression often comes with significant strains on relationships within the household. Marital conflicts or issues between a parent and child are common side effects of depressive disorders and have been observed to break up families if not adequately approached and treated. Treatments of depression involve support from the family. Therapy and counseling sessions can also include family members to encourage restoration of relationships that have been damaged by the mental illness. With the appropriate care and love, the home life of an individual with depression can remain intact while the patient seeks treatment and makes life adjustments.

David Karp, in *Speaking of Sadness*, described his own journey with depression and how it affected his family relationships. Karp described the process of depression in the following way:

> During periods of depression people feel terrible because they are cut off from others, and yet they feel the need to isolate themselves. A paradox of depression is that sufferers yearn for connection, seem bereft because of their isolation, and yet are rendered incapable of being with others in a comfortable way (Karp 1996).

One of the most important roles of family members of someone with depression is to provide comfort. The feelings an individual with depression experiences are not always explainable or seemingly rational, so it is critical that loved ones offer unconditional support. While it may be difficult to approach a family member due to the degree they isolate themselves, it is still necessary to approach them to ensure them you can be trusted. The amount of support they feel within the household will help to decide the amount of control they will feel in other social spheres. The level of social integration and recovery a patient receives is deeply rooted in the relationships within the home.

Suicidal ideation is a common symptom of depression that may become more evident within the home. Suicide is often seen as an end to depression when a particular threshold that a person can withstand is surpassed (Tousignant 1993). Authors Michel Tousignant and Doris Hanigan found that people who commit suicide often have issues with social integration and relationships, regardless of the quantity of people they associate with (Tousignant 1993). Difficulties making or keeping adequate friends or conflicts with siblings or parents can easily lead to attempted suicide when depression is already clearly present. Chaotic relationships, violence and abuse within the home, parent alcoholism, and marital conflict can also further

suicidal thoughts and desires (Tousignant 1993). The affects of suicidal ideation on home life can range from mild to severe, depending on the response from relatives the patient receives.

Social Perceptions of Depression

The way an individual with depression is viewed by society greatly determines their recovery process. Common myths and negative perceptions of depression allow society to look down on individuals suffering with the sickness and exclude them from daily activities and responsibilities. Because depression is not an illness that is necessarily evident by physical appearance, it is also crucial that society does not make assumptions about people based on the emotions they appear to be feeling or on the life events they have experienced. A changed outlook on depression could improve the treatment processes of many individuals who are suffering with depression. By removing these negative social stigmas, the stressors that are placed on the home and work life will be considerably reduced, ultimately increasing social integration of individuals with depression.

Myths regarding the treatment options for depression greatly add to society's negative stigmas around the illness. One common myth held by both patients and their peers is that depression is something that you can talk yourself into or out of (Ainsworth 2000). While traumatic life events can significantly add to depressive symptoms and an individual's attitude contributes to their recovery, depression is an illness that is biologically based. When a friend or family member tells an individual with depression to lighten up or to stop being sad, they are often doing more harm than good. Depression must be looked at as an illness in the same way heart failure or muscular dystrophy is viewed.

Other myths that distort society's view of depression are the ideas that depression is a sign of weak character or that seeking medication as treatment results in a loss of control that could hurt others (Ainsworth 2000). Measurable chemical levels in the brain have been altered, which clearly explains a cause for depression. While other aspects could easily be involved with a patient's development of depression, the fact that it is a physical illness eliminates the idea that it is a sign of weakness. Also, the use of antidepressants is not going to automatically lead to self-destruction of an individual with depression. While it may take a few cycles of treatment to see improvements of mood, antidepressants will not cause a patient to lose control or disembark on suicidal or homicidal rampages. Additionally, antidepressants do not disable a patient from feeling any emotion. Instead, they simply take the edge off that may lead to more severe depressive symptoms or anxiety.

The underlying issue of the negative social stigmas and myths around depression is the idea that people feel uncomfortable discussing mental health issues. Easily identifiable physical illnesses are not hard to discuss, but mental health issues are because they involve personal feelings and emotions. One of the participants in Sallis and Birkin's study said the following about her coworkers' perception of depression:

> I'm not saying line managers should all be counsellors or therapists or all of that, but they shouldn't be frightened of hearing or feel uncomfortable if someone was to come to them and was trying to be open about emotional problems, they should be skilled enough to be able to hear it, and just not be afraid of it (Sallis 2013).

Plainly, the idea that mental illness should be or is treated differently than any other illness is unfair and discriminatory. While depression is directly related to emotions, it is not a disease that

is easily controllable without the help of medical professionals and support from friends and family.

Elimination of Negative Social Stigmas

Society can eliminate the negative social stigmas around depression in a variety of ways. It is necessary that we begin to treat depression as an illness and not as an easily manageable spurt of emotions. These common ideas often come from people in leadership positions who have authority over others, such as managers or executives of businesses. A public understanding of depression could become attainable with proper managerial training. This would eliminate a majority of the discomfort that is felt when an individual with depression needs to be approached. The following describes how adjustments in employee training could benefit mental health awareness and understanding:

> [M]ore participative and democratic management structures, as well as organizational fairness, can positively influence social relationships and depression – for example, by reducing work stress and increase sense of control people have over how they do their work (De Vogli 2010).

Training managers to better handle delegating responsibilities to individuals with depression is one step in increasing public understanding of mental illness. It would be necessary for family to receive the same understanding when they have a loved one diagnosed with depression. Genuine concern and discussion with a medical professional could clear up misunderstandings around the different treatments while also teaching them how to properly give support in this time of need.

Medical professionals and depression-related support organizations all emphasis the importance of social support in the recovery process of depression, making this issue relevant to

every person. The self-doubt and shame that can be felt from the social stigma of mental illness must be minimized. If society is able to come to terms with mental illness, a patient suffering will experience an easier coming-to-terms process themselves. Seeking support, joining advocacy groups, and speaking out are all important steps of coping with depression (Mental health 2014), furthering society's need to accept concepts of mental health and offer support and love.

In conclusion, depression is a serious illness that needs to be taken more seriously in the public eye. While many negative symptoms of depression exist and are present in diagnosed patients, the treatment options that are available can positively enhance the life of someone who has been suffering. Social integration aids in the recovery process of depression, which further emphasizes the importance of this issue to all members of society. By altering the way depression is handled in society, pressures and stressors placed on those with depression will be lifted, allowing them to begin to feel much-needed relief.

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