

THE ISSUE OF DEPRESSION AMONG YOUNGER PUPILS AN EXAMINATION FROM THE SOCIOLOGICAL PERSPECTIVE

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Abstract

Depression, a term commonly used in the field relating to social science and behavioral science, especially in the area of Medical Sociology, Psychology and Social Psychology, is used to refer to melancholic state of mind of individuals. According to the report of World Health Organization published in 2012, depression is estimated to affect 350 million people and this fact makes this disease an important global public health issue. This report further says that there is a rising demand on the global level to control this disease along with other mental health conditions. Without treatment, depression has the tendency to assume a chronic course, be recurrent, and over time to be associated with increasing disability. World Health Organization's reports suggest that after heart disease, depression is expected to become the second leading cause of disease burden by the year 2020. Effects of depressive episodes have also been studied with regard to loss in productivity and poor health-related quality of life.

Keywords: Examination, Sociological, Depression, Global Burden, Medical Psychology

Introduction

Depression is a prevalent mental ailment that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or reduced self-worth, disturbed sleep or appetite, and poor concentration. In addition, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and cause considerable harm to an individual as the sufferer loses the capacity to take care of his or her everyday tasks and responsibilities. At its worst, poor self-care resulting from depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For each individual who completes a suicide, 20 or more may attempt to end his or her life (WHO; 2012). Being a significant contributor to the global burden of disease, depression affects people in all communities across the world. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year.

Every disease has a social context. All forms of illness, maladies, disorders known to human consciousness have a social background responsible for the origin, growth, prevalence even remission of the disease. Cholera, for example, was a disease found to be very common in nations struck by world wars, colonialism, high population density, poor living condition. As social situations change, old disease disappears and new disease arrives. Therefore it is society, which creates necessary, if not sufficient, conditions for a disease to emerge, grow and take the shape of an epidemic. Just like physical forms of illness, mental diseases also have their roots in social contexts. Depression is a melancholic state of mind and its roots are essentially social. The common notion of depression is that, a person or an individual becomes depressed when he or she fails to achieve the object of his or desire. But this „object of desire“ is a socially constructed concept, whose meaning keeps changing with time and place. It is

the society that teaches one what is desirable and what is not, what to crave for and what are not worthy of any effort.

OBJECTIVES

The formulation of objectives helps the researcher to focus on the specific issues relevant to the research. In other words, well-structured objectives help to avoid the collection of data which are not strictly necessary for understanding and solving the problem identified by the researcher. A properly formulated specific objective facilitates the development of research methodology which finally helps to orient the collection analysis and interpretation of data. Thus care is taken so that the objective covers the different aspects of the problem and its contributing factors in a coherent way and in a logical sequence. Further attention has been given so that the objectives are realistic considering local conditions.

i) To find out the extent to which depression has affected young students.

The existence of clinical depression has been measured by using Center for Epidemiologic Studies Depression Scale.

ii) To find out possible reasons for depression among this group. Negative situations and/or events commonly found in the life of the young adults are described and how these experiences produce depressive symptoms, are analyzed.

iii) To find out the role of social support group of the individual in promoting or preventing depression. How different types of interaction with different members of one's social support group affect his or her mental well-being, increasing or reducing risks of developing depression, are examined.

iv) To examine remedies followed by young generation to cure this problem and effectiveness of those methods on them.

What are the methods young people generally implement to restore their mental wellness, and why and how those methods actually work, are described.

MENTAL ILLNESS IN SOCIOLOGY: THEORIES, IDEAS, CONCEPTS

Mental Health, in general, is commonly viewed as a subject matter of psychology. But establishing mental health matters as a topic of sociological inquiry is a task which sociologists must undertake. Following WHO's definition of health, as not merely the absence of disease and infirmity, but also the presence of various forms of well-being, **Keyes** and **Michalec** (2009) highlight the need of the government to adopt the policy, not only for the prevention and treatment of mental illness but also for the protection and promotion of flourishing mental health. In providing an overview of what biological psychiatrists know about the brain and its function and dysfunction, (i.e., neuroanatomy), neurochemistry, and genetics, **Schwartz** and **Corcoran** (2009) highlighted the part sociologists can play in researching the factors that affect the study of mental illness in order to strengthen our knowledge of the relationship between social and biological factors. Various articles have contributed to develop an understanding about physiological reason of diseases (**Malhotra** and **Mithal**; 2008).

SELECTION OF THE PROBLEM

Depression as a world-wide disease affects everyone, irrespective of age, sex, race, socioeconomic status. The present investigation is carried out to study how and why the disease of depression has affected young students. In this study depression is shown not as a psychological problem or clinical disorder, but as a condition caused by various social factors. In order to find the factors responsible for producing depressive symptoms among young students, one's relationship with his/her family members, friends and other members belonging to the significant other category has been studied. In other words, the researcher has made an attempt to study the role of social support system of the respondent in promoting or preventing depression. Along with the searching for responsible factors, the researcher has also examined which remedial methods have been followed by young generation to cure this problem and also effectiveness of those methods on them.

From **phenomenological position**, it is assumed that our experience of the world, including everything from our perception of objects to our knowledge of scientific formulae, is constituted in and by consciousness. We have to disregard what we know about the world, and address the question of how or by what processes that knowledge comes into being. Therefore different people consciously experience the world in different ways. So in order to understand the meaning of one's action, or perception, the researcher should develop empathy and see things from the respondent's point of view. In this study depression is described as a melancholic state of mind constituted by various social factors. This research aims to find out how and by what process this notion of feeling bad, sad and blue is created at the first place. Same life experience is also felt, viewed and understood differently by different respondents. The researcher tried to understand why such difference occurred and which social factors are responsible for such difference.

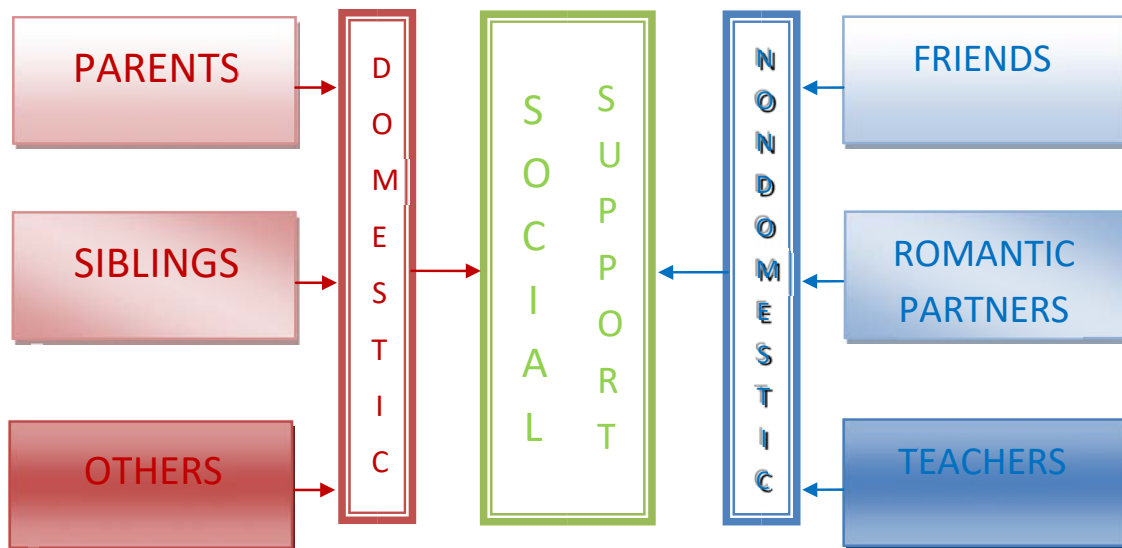
Symbolic interactionism says that human beings are endowed with the capacity of thought which is shaped by social interaction. In social interaction people learn the meanings and symbols that allow them to exercise this capacity of thought. People can modify or alter the meanings and symbols that they use in action and interaction on the basis of their interpretation of situation. They can make these alterations because they can assess relative advantages and disadvantages of possible courses of action and then choose one. Therefore a particular social situation has a meaning in the way people define and interpret it. Therefore this particular social situation can be interpreted in many different ways by different people. For example, fight between parents can be viewed as a funny event, or a source of irritation or a reason for depression by different respondents. This research has followed the position taken by George Herbert Mead as he outlined how people learn to anticipate others' reactions to their behavior and take on these reactions as their own. A sense of self develops as people recognize that others in their society, culture, and subculture have particular expectations for and values attached to their actions, desires, and identities. Identification with the perspective of the community— what Mead called the “generalized other”— informs the development, institutionalization, and maintenance of social ties and groups. These ties and groups constitute society and its inequities; this is the context in which people develop and maintain their sense of self. Thus emotion is never separable from the social; indeed, it signals our engagement with others and our cultural and subcultural memberships

ETHICAL CONCERN

The term ethical concern usually involves issues of right and wrong, that is, morality. Since social research entails

an intrusion in people’s lives, ethical matter is something that the researcher should always keep in mind. This study is no exception as the researcher has taken care of some important ethical issues while doing the research.

Social integration refers to the number or range of different types of social relations that an individual is a part of. These relations include marital status, siblings, and membership in various organizations— be it religious, cultural or any other (**Barrera**; 1986). Theoretical models of social support mention the following two aspects: (1) functional dimension with emotional (such as receiving love, sympathy) and instrumental (practical help such as money or assistance with child care) parts and (2) structural dimension which refers to network size and frequency of social interactions. Many studies have found that quality of relationships (functional dimension) is a better predictor of good health than quantity of relationships (structural dimension), although both are important (**Ozbay et al.**; 2007). Availability of social support leads one to believe that s/he is cared for and loved, esteemed, valued and a member of a particular group of mutual obligations (**Cobb**; 1976). This research has focused on the functional dimension of social support, the part which concerns itself to fulfilling emotional needs of the individual.



For the convenience of the analysis, social support group has been divided in two parts: **domestic sphere** and **non-domestic sphere**. Within the first group, there are three sub-groups: i) parents, ii) siblings and iii) others such as grandparents, cousins. In the latter group, again there are three sub-groups: i) friend, ii) romantic partner and iii) teacher.

CONCLUSION

Finding friends in the time of need is, again, not an easy task for a young student. After leaving school and known set of friends, many students find it difficult to adjust to the environment of the college initially. It takes some time to find comfort zone in an alien environment and find like-minded people. In order to behave

according to the norms of newly found group, individuals often deviate from the set of behaviors they used to follow previously. It involves myriad transformations—the choice of word, the way of dressing, the time to return home and many others. Many parents find it difficult to accept these changes in their children, who are now, adults. They try to maintain old standard of controlling every aspect of their life while the young adult now wants to break free. She is now eager to establish her new identity as an independent adult who can make decisions about her life on her own. There is also pressure from the peer group to behave in a certain way. Students often say that their friend have asked them to ‘stop behaving like a kid’. Many respondents revealed that having fight with parents is viewed by peers as enhancing one’s status. The student who never gets scolded by parents is termed as ‘good boy’ or ‘good girl’ which is a derogatory term among peers. Following norms is seen as an offence in the group of young college students who believe breaking conventions is the sign of one’s strong personality. In order to avoid this situation involving humiliation by friends, many students conform to group norms doing things, such as returning home late or spending night at a friend’s place, they never did before. Conflict with parents is inevitable at such situation, and bitterness at home increases but such situations cannot be shared with friends as the young adult do not want to be ridiculed by classmates. Thus two important social support groups, parents and friends, do not provide necessary emotional protection. Thus loneliness increases and the individual feels unhappy everywhere, be it a domestic sphere or a non-domestic sphere.

REFERENCE

Abbey, Susan E. and Paul E. Garfinkel. 1991. —Chronic Fatigue Syndrome and Depression: Cause, Effect, or Covariatel. Reviews of Infectious Diseases 13: S73-S83.

Adkins, Daniel E., Victor Wang, Matthew E. Dupre, Edwin J.C.G. van den Oord, and Glen H. Elder Jr. 2009. —Structure and Stress: Trajectories of Depressive Symptoms across Adolescence and Young Adulthood. Social Force 88 (1): 31-60.

Ahluwalia, Aneeta. 1967. —Sociology of Medicine in India: An Approach. Economic and Political Weekly 2 (22): 1007-12.

Ali, Sumbleen, Abdul Khaleque and Ronald P. Rohner. 2015. —Influence of Perceived Teacher Acceptance and Parental Acceptance on Youth’s Psychological Adjustment and School Conduct: A Cross-Cultural Meta-Analysis. Cross-Cultural Research 49: 204-24.

Andersson, Gerhard and Nikolai Titov. 2014. —Advantages and limitations of Internet-based Interventions for Common Mental Disorders. World Psychiatry 13: 4–11.

Anderson-Fye Eileen P. and Jerry Floersch. 2011. —I’m Not Your Typical Homework Stresses Me Out’ Kind of Girl: Psychological Anthropology in Research on College Student Usage of Psychiatric Medications and Mental Health Services. Ethos 39 (4): 501-21.

Andreou Eleni, Evangelos C. Alexopoulos, Christos Lionis, Liza Varvogli, Charalambos

Gnardellis, George P. Chrousos and Christina Darviri. 2011. —Perceived Stress Scale: Reliability and Validity Study in Greece. International Journal of Environmental Research and Public Health 8: 3287-98.

Andrews, Gavin. 2001. —Should Depression Be Managed As A Chronic Disease? British Medical Journal 322 (7283): 419-21.

Ansari, Walid El, Reza Oskrochi, Shokria Labeeb and Christiane Stock. 2014. —Stress at University: Survey of Students at Eleven Faculties in Egypt. Central European Journal of Public Health 22 (2): 68-79.

Ansari, Walid El, Christiane Stock, Jill John, Pat Deeny, Ceri Phillips, Sherrill Snelgrove,

Hamed Adetunji, Xiaoling Hu, Sian Parke, Mary Stoate and Andi Mabhala. 2011. —Health Promoting Behaviours and Lifestyle Characteristics of Students at Seven Universities in the UK. Central European Journal of Public Health 19 (4): 197–204.

Ansari, Walid El, Hamed Adetunji and Reza Oskrochi. 2014. —Food and Mental Health: Relationship between food and perceived stress and Depressive Symptoms among University Students in the United Kingdom. Central European Journal of Public Health 22 (2): 90-7.

Ansari, Walid El, Emily Dibba and Christiane Stock. 2014. —Body Image Concerns: Levels,

Correlates and Gender Differences among Students in the United Kingdom. Central European Journal of Public Health 22 (2): 106-17.