

Depression Is Accompanied By Loneliness As The Young College Student: A Sociological Analysis

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Abstract

The term "depression," which is frequently used in the fields of social science and behavioural science, particularly in Medical Sociology, Psychology, and Social Psychology, refers to a depressed mental state that people experience. A 2012 World Health Organization research estimates that 350 million people worldwide suffer from depression, making it a significant global public health concern. According to this data, there is an increasing need worldwide to manage this illness in addition to other mental health issues. If left untreated, depression tends to be recurring, have a chronic nature, and eventually become linked to a growing degree of disability. Reports from the World Health Organization indicate that, following heart disease, depression is expected to become the second leading cause of disease burden by the year 2020.

Keywords: Examination, Sociological, Depression, Health Organization, Medical Psychology

Introduction

Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. The demand for curbing depression and other mental health conditions is on the rise globally.

There are several types of depression that an individual can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes (WHO; 2012). Depressive episode involves symptoms such as depressed mood, loss of interest and pleasure, and increased tiredness. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some trouble in continuing with ordinary work and social activities, but will probably not stop functioning entirely. During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent. On the other hand, bipolar affective disorder typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated mood and increased energy, resulting in over-activity, pressure of speech and reduced need for sleep.

A major depressive episode (MDE) is characterized by a minimum 2-week history of alteration of the patient's previous level of functioning as well as at least five of the following nine symptoms, which must include either of the first two: (1) depressed mood; (2) markedly diminished interest or pleasure in all, or almost all, activities; (3) significant weight loss or gain or decrease or increase in appetite; (4) insomnia or hypersomnia; (5) psychomotor agitation or retardation that is observable by other people; (6) fatigue or loss of energy; (7) feelings of worthlessness or excessive or inappropriate guilt; (8) diminished ability to think or concentrate on something or indecisiveness; and (9) recurrent thoughts of death or suicidal ideation or attempts. According to WHO, depression is the 4th leading disease and by 2020 it is expected to reach the 2nd place. Study conducted by **Tripkovic et al.** (2015) had the aim to determine the range of emotional difficulties (primarily depression and low

self-esteem) in elementary school children in the city of Split. The authors have discussed that depression prevalence has increased in the last few decades, affecting younger age groups. For a long time it was generally believed that children and adolescents cannot suffer from depression as a clinical disorder, since depression has been just one of the symptoms of developmental phases. Today, this notion of depression has been changed as depression represents serious disorder with potential occurrence in childhood. Depression in this vulnerable population is associated with the increased risk of developing of other psychiatric problems, also poor academic performance, social and working abilities as well as substance abuse and addiction, and finally, suicide. The authors have further discussed that self-esteem is self-evaluation that maintains our general tendency of accepting or not accepting ourselves. Self-esteem is usually formed as a part of life development process, which usually results from reactions of other important persons in our life. It is also a reflection of our own judgement. Children, who have been accepted, respected and approved in the process of growing-up, will accept their both positive and negative traits, developing the appropriate level of self-esteem. Selfimage also affects one's way of functioning. Low self-esteem has a permanent negative impact on the mood and a child becomes more susceptible to depression and other mental health disorders in future.

Review of Literature

A study by **Fujiwara and Kawachi** (2008) suggests that perceptions of higher levels of cognitive social capital (social trust, sense of belonging, mutual aid) are associated with lower risks of developing major depression (MD). People with more social capital may be able to achieve higher socioeconomic status; they may have greater chances to find a desired mate and get married; they may be more attractive to or more likely to be recruited by social organizations, or be more willing to participate in voluntary activities, or be more able to afford the cost of social participation; and people who identify with higher class positions may be more motivated to interact with people with higher social status and accumulate more social capital (**Song**; 2011).

Study by **Driesen et al.** (2011) discusses how shift work is associated with disruptions in social and domestic life. Working in shifts implies hampered social life and leisure time activities, because employees working in shifts are working at irregular times of the day when others are taking rest and therefore often have time off when others are working. This results in irregular social interaction. This may lead to a lack of social support, which is an important risk factor for depressive disorder.

Vogli (2010) discussed how the benefits of social relationships are observed in multiple settings, including the work environment, and they extend not only to physical health but also mental health. Both the horizontal and vertical components of social relationships at work exert an independent effect on depression. People deeply care about how they are treated by others in equal or higher positions in the social hierarchy and there is substantial evidence indicating that unfair treatment and lack of social support can generate adverse emotional reactions and depressive symptoms. **Lennon and Limonic** (2009) analysed consequences of unemployment on one hand and different types of work and the treatment one receives their on the other influence mental health. **Pfeiffer et al.** (2011) reviewed the role of peer group as discussed previously by scholars for the treatment of depression.

Interacting with peer group members reduce the impact of stressors by providing buffering effect, decrease isolation by bringing together people with similar kind of health complaints, also result in increased sharing of health related information. **Harris** (2001) emphasized the positive role of social support, as they can work not only as protection against development of depressive symptom but also for the promotion of recovery.

Voluntary Participation

This research, like many other social research projects, requires that participants reveal personal information about themselves and at the same time they should not expect any benefit from it. If the respondent is brought to the study by force s/he would not disclose important information. If s/he expects any direct benefit for participation, she will always assess the value of time and effort s/he is giving through participation against the benefit. In order to fulfil these two criteria, the participation has to be voluntary. This is applicable for this investigation too as no respondent was forced to participate in the interview. Since sample was collected using snowballing method, all respondents had prior information about the topic of the research and tentative duration of the interview. Of course, not all individuals who were approached readily agreed to participate. There were few students, who were initially interested but were unable to participate as the timing did not synchronize due to many reasons on their part, such as family emergencies or leaving Kolkata for doing another course. The researcher never forced anyone to participate and interviewed only them who expressed willingness.

Confidentiality

In this study, confidentiality has been guaranteed to the respondents by the researcher. A research project becomes confidential when the researcher can identify a given participant's responses but never does so in public. During the interview the respondents disclosed information about their family life, interaction with friends and/or romantic partners, family income, sexual preference etc. Be it in the transcripts, recorded interview or from the written notes, a small part of the information about the respondent is sufficient for the researcher to identify him/her, but she has promised not to do so in public. Even during interview she has repeatedly asked for the consent of the respondent, and made it clear that the respondent is under no compulsion to answer all questions, if s/he feels uncomfortable. But to the relief of the researcher, all respondents have given answers to all questions.

Deception

Handling the identity of the researcher is no less critical as handling the identity of the respondent. Being a senior, both in terms of age and academic status (research scholar in the same academic institution of which participants are either undergraduate or postgraduate students), it was impossible for the researcher to hide her intention and identity. In fact this fact gave the researcher an image which worked in both positive and negative ways during field work. Few respondents hesitated initially to participate. But after listening to the experience of their friends, they expressed eagerness to be a part of this study. When the respondents were approached by the researcher for the first time, she told them about the topic of her research, i.e. depression. She also made it clear that she would be asking questions about their family life and friend circle in general. Of course, why and how these two sectors were related had never been discussed. Thus deception was absent in this whole process of interview.

CONCLUSION

Negative events of one's life, starting from severe ones such as sexual abuse, death of near and dear one to every day incident like parental discord, poor result at examination can put one at the risk of developing depressive symptom depending on the role of the significant others. In the matter of sexual abuse, previous state of relationship with the offender often determines the distress of the incident. Offense from strangers is not experienced as trauma while same action from someone known and dependable is viewed as shock. The suffering worsens if the victim receives negative reaction from her significant others. This negative reaction can be found in many forms, blaming the victim for the mishap, asking her to hide the entire incident from everyone, and finally asking her to continue relationship with the offender on previous terms. Such reactions often produce feeling of guilt, hopelessness, sadness in the victim destabilizing her mental well being further and putting her at the risk of getting depressed. However, if the victim is provided with care and support, she will feel protected and risks to her mental well-being are reduced.

The case study about the girl who went to depression after her boyfriend's untimely death reveals how parents' desire to control the child's life condition can produce undesirable consequences. The effort of parents to restore stability in their child's life, which resulted into a rushed wedding, is a manifestation of their attempt to control every aspect of the latter's existence. However such hasty decisions often produce negative outcomes, as happened in the case of the said girl, whose marriage ended soon. Lack of parental support in the time of need created distance between the girl and her parents. The girl, who was already being treated for depression, started living alone, far from her family.

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