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The Role of Community in the Treatment of Depression

The treatment of depression inherently depends on the support and approval of the community. Andrew Solomon, author of The Noonday Demon, and a long-time sufferer of depression, claims that most depression should be treated with a combination of talk therapy and medications. Effective treatment of depression is based on the community accepting and supporting the reality of depression and the necessity of therapy and medication. Analysis of culture and community will be centered on American attitudes about treatment and community.

Community exists in different forms. It can consist of close friends and family, but it can also be defined by your workplace, your race, your sexual preference, or presence of disorders. Finally, community is the general public, everyone who lives in a particular society, regardless of anonymity and despite the fact that the vast majority of the population will never even encounter each other. This largest, global manifestation of community, still affects the life choices and the treatment of depression, with its attitudes and the consequences of these attitudes on depression and depressives. Depression is not an illness of one person; it can be alleviated or intensified as a result of the communities' reactions. If the friends of depressives reject them, the depression becomes worse. If their community of friends and global community accepts their illness and actively advocates for more research and better insurance coverage of treatments such as talk therapy and

appropriate medications, a situation is created where recovery can be less painful and extended.

Beyond the explicit attitudes toward depression, the culture and core values of a community can hinder depression. The American culture emphasizes that every member of a community should be highly functional, independent, self-reliant, successful, and energetic. Young adults who continue to live with their parents are generally ridiculed. This directly counters many traditional cultures, such as Asian, European, Hispanic, where families are the financial, emotional, and physical support network for a person, and children live with their parents until they marry or must move away. There is an emphasis on being publicly effusive but also being emotionally self-contained, because having emotional outbursts, even with friends, is often seen as a sign of weakness. Despite the gregarious appearance of Americans, I have found that communities here are much less supportive and close than Chinese communities. The American creed of independence can also lead to isolation, which exacerbates depression. Though some studies have shown that depression rates in minority groups are higher than in Caucasians, the differences have been attributed to “greater health burdens and lack of health insurance, factor amenable to public policy intervention” (Dunlop). Regardless of the underlying cause of depression – trauma, genetic predisposition, sudden chemical imbalance in brain chemicals – recovery from isolation requires slowly relearning the social aspects of life again, to be able to confide in and trust someone. This someone could be a psychiatrist or a close friend that would advocate seeking professional help.

Historically, the treatment of depression has centered on talk therapy. In recent years, medications are used increasingly to control depression, as insurance companies

have enacted strict measures to control healthcare costs. For them, a continuous supply of drugs is less expensive than regular therapy sessions with a psychiatrist or a psychologist. Unfortunately, medications cannot simply be used on their own, because they often address the symptoms rather than attempt to resolve the underlying cause of depression. Many antidepressants, such as Prozac, have dramatically helped patients. However, no single drug, chemical, or key word has yet been found that can cure depression completely; recovery is a laborious process. The correct balance of therapy and certain medications at specific doses must be found.

Of course, treatment of depression cannot arise until the person seeks help. Only half of Americans seek help for their depression, despite widespread awareness of the problem (Solomon, 25). Though this statistic from Solomon is likely to be biased as all statistics are in general, it also seems accurate. To a great degree, there exists an idea that those who are depressed should “get themselves together,” which is exacerbated by the American emphasis on self-sufficiency (Solomon, 29). There are those who scoff at the existence or pervasiveness of depression. Because of the shame inherent in seeking help, many do not do so. Of course, there are other reasons for people not entering therapy. Among the more common reasons are that the severely depressed lose the ability to even continue their lives, let alone introduce a new element to it, and the person’s denial that there is a problem (which is linked to the stigma of having depression; few would deny that they had a cold). For every person I know who is being treated is another who refused to get official therapy, choosing instead to either withdraw or use friends for informal talk therapy. In talking with them, there is a feeling that they don’t want to be seen as weak, and belief that they’ll eventually “snap out of it.”

Society's attitude toward depression must change: there must be a realization that depression is not a weakness, and it can be controlled with proper treatment. Not everyone requires therapy or medication to get better, but those who are depressed should at least be able to visit a trained professional who can diagnose them without feeling shame at their apparent emotional frailty and dependency. Going to see a specialist about depression should have no more stigma than seeing a physician about having the flu: no one chose to start being depressed, and no one chooses to remain depressed.

The feelings of embarrassment and shame can be so great that many who are depressed do not choose to inform even their closest friends. People whom no one knows is depressed may never seek help – there is no internal or external motivation. Even if they are able to see a professional regularly, failure to tell their friends deprives themselves of a supportive community and creates a mental prison of secrecy and withdrawal. Depression is “the aloneness within us made manifest, and it destroys not only connection to others but also the ability to be peacefully alone with oneself” (Solomon, 15). Feeling too embarrassed to tell others about depression further estranges depressed persons from their community emotionally and physically. Emotional distance results from having to censor problem sharing. Depression can also be manifested physically, such as the mania of bipolar disorder, or in downcast eyes and reluctance to make physical contact, and others might be able to guess that something is wrong. Fear of resulting rejection causes a preemptive disassociation from life. Then, the loneliness fosters feelings of abandonment, and the grief is intensified all the more. Solomon's first breakdown was triggered when he had kidney stones, and despite the severe pain he was in, “no one seemed to have received any notice,” and “no one did anything” (Solomon,

46). When his father seemed “unconcerned,” Solomon entirely rejected him, refusing to allow his father back into his life as punishment. His experience is not unique. Many who are depressed will take actions and words out of context, and interpret them to mean rejection and apathy. Even the short, impersonal interaction with strangers can reaffirm a sense of worthlessness, and the effect of those who are close to you – family as in Solomon’s case, and friends – is even greater.

Depression “increase[s] sensitivity to rejection,” and if others do not know about depression, they also do not know that a few lighthearted words spoken casually can be misinterpreted. For example, a common epithet, “loser,” usually said in jest and often about a specific action, can be misinterpreted as a rejection of an entire personality and being. Being able to tell friends means that they can be more emotionally sensitive and aware of the impact of their words. They do not need to change the way they are, but change the way they express things. If they think that the problem can be attributed to a bad day, and not a serious medical condition, even tentative attempts from friends to pull someone out of a depression can exacerbate the problem, and they would likely not realize that the intervention of a mental health professional is necessary.

Beyond creating a better environment, public acceptance of depression as a legitimate illness that needs to be treated, also translates into receiving more funding to develop drugs and therapies to better treat depression. If people feel that it is a made-up disorder, created by mental health professionals and drug companies to make money, then there is no reason to try to create treatments. Even if the majority felt it were real, a vocal minority could derail funding and research toward other causes. Politically, this is not rare: despite that many believe that abstinence education is less important than safe

sex education and easy access to birth control, money is still being diverted to programs that advise abstinence only (CBSNews). Finally, acceptance forces insurance companies to help pay for medications and psychotherapy, the same way they were forced to pay for physical therapy and drug discount cards for seniors. Insurance coverage of depression treatment is critical in the same manner, because over a lifetime, the medications and therapy sessions mount.

Public acceptance is also required so that people will take the drugs that they need. As long as there is a social shame associated with being depressed – of not having enough intellectual and emotional capacity to “get over it” without the use of artificial means such as medication – people will not take medications, or even admit to being depressed. Not being able to admit to such a condition serves to further isolate the person because they cannot share their problems with those they love.

Taking medications and expecting an immediate result is a Western ideal. In many traditional medicines, most ailments are cured with treatments that encompass all aspects of one’s life. Preventive care and mental and spiritual health have often been central to traditional medicine. This is the model that depression should take. There must be a realization that for many, depression is not one specific episode in one’s life that has a definitive beginning and end, a direct cause-and-effect link. The causes are often nebulous, and often, depression comes back. People must stop believing that something is wrong with a depressed person, and that something is **just** a hormonal imbalance, or **just** a negative mindset, that can be fixed with a few days of medication and talk therapy.

Psychotherapy is the other major component in many treatment plans. Talk therapy can take many forms. The objective of the therapy can be to uncover the “early

trauma that has occasioned neurosis” as in psychoanalysis, teaching patients “objectivity” and “learned optimism” as in cognitive-behavioral therapy (CBT), sorting problems and dealing with them each separately as with interpersonal therapy (IPT) (Solomon, 102, 109), etc. Unfortunately, though overall, therapy with a good practitioner is often helpful, each therapy has its drawbacks, limitations, and negative consequences, and some therapies are outright detrimental. Depression does not arise out of a single event and does not perpetuate just because of a historic reason, countering psychoanalysis basic assumption that finding the underlying root of depression will resolve it. CBT and IPT, taken to the extreme can lead to a mental disconnect between the current situation and yourself or suppressing of feelings.

Community plays such an important and direct role because life involves interacting with others. Phaly Nuon suffered greatly at the hands of the Khmer Rouge in the mid-1970s. She watched her daughter be gang-raped and murdered, was mentally and physically tortured, and watched her baby die as she, herself badly malnourished, stopped making breast milk. Other Cambodian women experienced similar horrors and, as a result, suffered from post-traumatic stress disorder and severe depression. Phaly Nuon created a community and a form of talk therapy to help the women come back to the world. She used the few antidepressants that were available for the worse cases. First she forced the other women to use her as a confidant, “seducing the women into openness” (Solomon, 36). Then, she helped them to try to forget the worse of the trauma, with “exercises [they] do every day, so that each day they can forget a little more of the things they will never forget entirely” (Solomon, 36). She taught them to forget, then to work, then to love. Her talk and medication therapy then reintegrates the women back into the

community from their isolation, and finally, takes the women to the point where they can talk about their past to each other, without falling back into their depression. Rather than years of studying textbooks and case studies, Phaly's very effective treatment consisted of creating a community, nail polish, emery boards, and towels. On the most instinctual level, "grooming is one of the primary forms of socialization among primates," and the mundane factor of making yourself and helping others feel beautiful, after the women have been raped, brutalized, and tortured, helps bring them back into the world (Solomon, 37). At Phaly's center, a community of women collectively cured themselves of depression by helping each other through it.

Several in class have proposed the idea of a retreat, where those who are ill can go away to be around others like them, talk out their problems, and then come back into the world they left behind, and become a functioning part of their community again. I feel that this is inherently flawed: leaving behind your problems, unless they deal with violence and abuse, does not resolve any issues. Phaly Nuon was able to use a model of isolation and a selected supportive community because the depression there clearly arose from traumatic events; even then, the final step of her program was reintegration. Your family and friends care about you and deserve to be part of your life. Further, isolating yourself from those who love you reinforce the idea that you are unlovable, that you are an outcast, even if you voluntarily go to the retreat.

It is also impossible to reintegrate yourself into society if you're physically away from it. Depressed people need to learn how to face stresses and how to live without everyone around them treating them particularly differently; else they'll likely relapse. Within the insular therapeutic community are sympathy, compassion, and experience

with the same problems. Outside, in the real world, there are those who reject even the existence of depression. A few years ago, I moderated an online depression support group, and strangers who stumbled on the group would send emails telling the group to “get their act together,” “what’s wrong with you? Just get over it,” as well as, “you’re not really going to kill yourself, you’re just looking for attention.” Depressed people need to learn to deal with these stresses even as they get better with the support of those around them. Otherwise, as soon as they leave, the apathy and antipathy against them would push them back into depression. Further, treating a depressed person differently continually isolates them, and isolation is a major component of being depressed in the first place.

A supportive community, one that is aware of the emotional impacts of its words and reactions regardless of whether its populace is depressed, can help cure and prevent depression. Greater sensitivity to stressors can lead to programs that teach people how to prevent the stresses of life from becoming a cause of depression. For example, at MIT where the student suicide rate is high, many programs staffed by psychiatrists, counselors, and peers exist to deal with depression. A sympathetic environment can not only cure depression, it can allay or reduce the severity of it in the first place.

Aristotle said that “man is a social animal.” Depression manifests as isolation from others and from what previously defined you. It can be caused, perpetuated, cured, and prevented by the actions or inactions of the community around you. Your community on every level – your personal community of close friends and their words to you, the attitudes of your workplace and school community – and the policies and values of your global communities can create all contribute to your mental well-being. A supportive

community, in every sense that community exists, is indirectly required to treat depression, as it supports or hinders the development and use of direct treatments of depression such as medication and talk therapy.

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