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"THE UNSEEN STRUGGLE: MENTAL HEALTH ISSUE AMONG YOUTH"

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Abstract

The review study helps the researcher to find out the extent to which depression has affected youth and about the possible reasons for depression among youth. Negative situations and/or events commonly found in the life of the young adults are described and how these experiences produce depressive symptoms will be analysed.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 will be examine. 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, will be describe.

Key Words: depression, methods, social, mental

Introduction

World Health Organisation defines health as "a complete physical, mental and social well-being".If any one aspect is neglected the whole concept of health is dead. Mental health is a crucial area of sociological research within the subfield of the sociology of health and illness. It refers to a broad array of activities directly or indirectly related to the mental well-being component. It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (WHO; 2015). Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations (WHO; 2015). 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. Studies of *Talcott parsons introduced the concept of sick role in his book the social system*. Parson was pioneer in explaining the controlling functions of medicines in large social system. Studies show (Galson; 2009) how mental health and wellness are essential to overall health. Individuals who suffer from a chronic condition such as cardiovascular disease or diabetes have a greater risk of developing a mental disorder such as depression. Individuals with depression have a greater risk of developing chronic diseases such as cancer. While mental illness can be an isolating and struggle on a personal level, it is also an important.

Marx wrote theory of alienation as he found it as inherent in all modern institutions, but particularly when immersion in the workplace destroys a person's inner self. Durkheim wondered how the normlessness of modern life, anomie, would put the individuals at the risk of committing suicide and he was disturbed with the loss of faith that he saw as endemic to the transition to modern society. Simmel considered how the greater freedoms of modern society are accompanied by psychological tensions despite greater societal tolerance. Contribution of Erving Goffman must be mentioned, in his renowned ethnographic work Asylums: Essays on the Social Situation of Mental Patients and Other Inmates, (1961) Goffman explained how total institutions (settings in which time and space of inmates are seemingly controlled completely by staff) are able to mount an attack on patient‟s self-conception.Once institutionalized, patients are introduced to "batch living", tightly controlled life, typical of any total institution. The result is civil death or mortification of self.

Turner and Brown (2009) hold that social support tends to matter for psychological well-being in general, and for depression in particular. By the term social support, they refer to one‟s social bonds, mainly primary group relations.

Review of Literature

Since this research aims to bring into fore social factors responsible for depression among young students, it has utilized various sources of knowledge. Some articles about youth problems published on newspaper have also been of great help as they dealt with issues central to this investigation.

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

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.

Horwitz (2002) discussed that psychologists have paid far more attention to positive states of mental health than sociologists. They often assert that the environment can only create short-term fluctuations in happiness, which is a stable individual or genetic trait.

Goodwin and Jasper (2006) argue how study of emotion has been neglected in sociology so far, though in the matter of collective behaviour, such as movements, research on this issue can be really useful William C. Cockerham‟s Medical sociology (2011) and Peter Morrall‟s Sociology and Health (2009) discussed key concepts of sociology of health and medicine. This paper has also used ideas of social constructionism as discussed in The Social Construction of Reality by Peter Berger and Thomas Luckmann (1966). For Berger and Luckmann the basic features of social order are captured in the principle that society is a human product, society is an objective reality.

Horwitz (2009) further discussed various sociological approaches that consider mental health and illness as dimension of social situations. Of course there is difference in the perspectives of various schools.Sometimes it is a report about a the suspension of a „brilliant‟ student of a renowned institute for being drunk in the examination hall ("Drunk Presi Student Loses a Year, Must Reapply for Seat"; 2013) or about a research scholar and an undergraduate student—both ending life due to academic stress ("Academic Load Whiff in Scholar Suicide"; 2013 & "Unable to live up to ambition, girl kills self"; 2015). These incidents are related to the report about suicide rate in India ("Giving up"; 2014) and also about the pressure that children face nowadays as published in other reports ("Too Much 25 Pressure on Kids these days?"; 2014 & "Pushy Dad drove med student to run away"; 2015.)

Medicine As An Instituion Of Social Control

If illness can be seen as a deviation from wellness, modern medicine, with its all encompassing nature, is often viewed as a mechanism to regulate all aspects of the life of an individual. T.N. Madan"s (1969) article "Who Chooses Modern Medicine and Why" investigates why medicine, which is an essential part of the process of modernization, is 29 being adopted by a particular group of people and their reason for doing so. Talcott Parsons was probably the first to conceptualize medicine as an institution of social control, especially the way in which the "sick role" could conditionally legitimate that deviance termed illness. Parsons introduced this concept in his book The Social System (1991) which again was of tremendous help to this paper.

Erving Goffman‟s Asylums: Essays on the Social Situation of Mental Patients and Other Inmates (1961) is another work in the same line which described how total institutions like hospital exercise control over every aspect of inmate‟s life finally leading to mortification of self.

Medicine has occupied a central place in today‟s society by being a very powerful agency of social control. Such a view is expressed by Bull (1990). He discussed Bryan Turner's view that medicine replaced religion as the „social guardian of morality.

In this area, The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders by Peter Conrad is worth mentioning. In order to develop a clear understanding of the notion of social control Mathieu Deflem's article "The Concept of Social Control: Theories and Applications" helped a lot. This paper has also utilized concept of iatrogenesis as expounded in Ivan Illich's Limits to Medicine and a related article "Clinical damage, medical monopoly, the expropriation of health: Three dimensions of iatrogenic tort" (1975). Books such as The Blackwell Companion to Major Contemporary Social Theorists (2003), edited by George Ritzer, helped to develop a comprehensive understanding about the writings of illustrious authors, such as Erving Goffman and Michel Foucault, who wrote about institution of medical practice and its tendency to control every aspect of the life of the individual.

Factors Contributing to mental well-being and depression

Numerous studies have been done to identify factors promoting mental wellness and preventing development of a psychological disorder.

Patel (2001) presented the scholastic debate about the role of culture on epidemiology of depression. Various factors, which may relate to culture, such as gender and income inequality, are major risk factors for producing depression. Horwitz (2010) reviewed the transition of American society in 1950s and 1960s marked by anxiety disorders from the one in 21st century where depressive symptom has become prevalent.

Study by Taylor, Sallis and Needle (1985) reviews the validity of the claim that vigorous physical activity positively affects mental health. Psychological benefits include improved confidence, well-being, sexual satisfaction, reduction in anxiety, and positive effects on depressed mood and various intellectual functioning.

Gotlib (1992) noted that there are significant differences in the quality of relationships reported by depressed and nondepressed persons. For example, depressed individuals report being uncomfortable in interactions with others, often perceiving these interactions as unhelpful or even as unpleasant or negative.

Studies on Mental Health during Childhood and Adolescence

A disease like depression often has its roots in childhood experience. Childhood to adolescence is that phase of life which influences the personality of the individual at the most. Many studies have been conducted to analyse crises during this period

Goldfarb, Tarver and Sen (2014) stressed on the importance of family meal. There is a substantial literature that finds that eating with the family more frequently is associated with better psychological well-being and a lower risk of substance use and delinquency. Family meals may give adolescents and their parents the opportunity to converse, exchange ideas, discuss feelings, and thereby reinforce familial bonds. Lack of parental closeness and support has been found to have positive associations with depression and suicidal behaviours (Shagle and Barber; 1993)

Echoing this opinion Moretti and Peled (2004) discussed how parents still play an important role in adolescent‟s development. Secure attachment with parents is associated with less likeliness to be engaged in high risk behaviours, less mental health problems, and improved social skills and better coping strategies. Bulhoes (2013) argue that individuals who experience depressive symptoms earlier in adolescence being more likely to continue reporting depressive symptoms later.

Kessler and Magee (1994) discussed how numerous studies of depressed adults and community controls have documented significant associations between retrospective reports of childhood adversity and adult depression. Among the most frequently studied childhood adversities are separation from a parent, family turmoil, parental psychopathology, and physical/sexual abuse. Results suggest that childhood adversities are associated with difficulties in making successful role transitions into early adulthood and that these difficulties, in turn, are

associated with depression during the adult years. Most researchers agree that a significant association exists between childhood sexual abuse and increased psychopathology as an adult.

Mental Health Hazards of College and University Students

After reaching adulthood, an individual encounters problems which are different in nature than those s/he faced during childhood and adolescence. For this reason, studies about people in this stage require a different discussion. King (1964) argues, the tasks of establishing a stable identity and developing patterns of intimacy are of major concern to the person of college age, and many of his problems can be understood as difficulties growing out of attempts to resolve these tasks.

The article by Buehler et al. (1994) reviews the connection between hostile interparental conflict and youth maladjustment. Previous studies reveal that the effects of an aggressivee interparental conflict on youth ajustment are more indirect than direct. Three important factors which mediate the effects are: behaviours of parents, depression of parents, and youth's perceptions of their parents' interactions.

Studies on Gender Differences on Emotional Disturbances

Since our society socializes male and female differently, it is often noticed that the same life event is viewed by a man in one way, and by a woman, in another. In other words, one particular incident produces effect, which is qualitatively and quantitatively different, for members of different gender. Therefore a journey through studies focusing on gender differences of a disorder, especially, when it is located at the level of psychological wellbeing, is more than necessary.

Keith and Brown (2009) demonstrate how the connection among various socio-cultural factors such as gender, race and socioeconomic status (SES) affect mental health of African American women as this group faces the double edged sword of both racism and sexism. It reduces their educational attainment, and chances of socioeconomic improvement. Thus compared to their White counterparts, they are more prone to stress.

Research Methodology

The main focus of methodology is the study of the ways in which the researchers conducted investigations and analysed data. Here one studies various steps that are taken by a researcher in studying his selected research problem along with the logic for selecting those steps instead of others— that is, discussion about why a research study has been undertaken, how the research problem is defined, how the hypothesis has been formulated, what data have been collected and what particular method has been adopted, why particular technique of analysing data has been implemented and many other questions of similar type are usually answered when we talk of research methodology concerning a research problem or study (Kothari; 2004)

1. Selection of the problem

Depression as a world-wide disease affects everyone, irrespective of age, sex, race, socioeconomic status. 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 to the significant other category will be study.

2. Selection of the area: Venue for field Work

Area of survey is technically known as the field.

3.Research Method

This study will be rely on primary source of information. Both quantitative and qualitative methods will be used in this research. Although it is common in social science to draw a 69 distinction between qualitative and quantitative method, it has been also suggested by many researchers that these two different methods can go hand in hand, if the study needs it.

3.1Quantitative Research

This research employs quantitative measurement and the use of statistical analysis. It is applicable to phenomena that can be expressed in terms of quantity. In this kind of research, the researcher asks questions such as, what percentage of medical engineering, law, arts, science and commerce students take drugs or use alcohol? What percentage of women leading unhappy marital life takes initiative to divorce their husbands? Data is in the form of numbers and statistics. Quantitative data is more efficient, able to test hypotheses, but may miss contextual detail.

3.2 Qualitative Research

Qualitative research describes reality as experienced by the groups, communities, individuals etc. Researchers develop their concepts, insights and understanding from the patterns in data rather than collecting data to assess preconceived models, theories, hypotheses. Researchers look at people and settings holistically and are sensitive to their effects on the people they study.

3.3 Case Studies

Case study method is a research design that takes as its subject a single case or a few selected examples of a social entity— such as communities, social groups, employers, events, lifehistories, families work-teams, roles or relationships. The criteria which form the choice of the case or cases for a study are an important part of the research design and its theoretical framework (Scott and Marshall; 2009).

3.4 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.

3.5 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 will be collected using snowballing method, all respondents had prior information about the topic of the research and tentative duration of the interview.

3.6 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.

3.7 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.

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