

## Original Paper

# Shining Light into Teenage Depression

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### Abstract

*Teenagers often suffer from depression, which may be caused by many reasons: poor grades, overweight, problems with friends or parents—as a result, they are upset and demotivated. Teachers sometimes find their students refusing to participate in classroom activities due to “a bad day” or “lack of energy”. They often avoid coming to school and prefer staying at home. Probably, they have depression, which is characterized as the oppression of mental activity, mainly in its emotional-volitional component. Unlike innate neurodiversity, depression is an acquired disorder that can be cured successfully with the help of clinical psychologists or psychiatrists. Nevertheless, it often accompanies the forenamed psychological or neurological disorders. This article researches depression in schoolchildren as one of the mental health conditions and how to help them overcome it and improve their school performance.*

### Keywords

*depression, learning disabilities, neurodiversity, mental disorder, special education*

### 1. Introduction

Vinney (2022) claims that depression is “the most widespread mental disorder”. Many studies have shown that depression in adolescents is associated with their failure in various interpersonal relationships. The most important are the relationships with parents and other relatives, friends, classmates, and teachers. Teens want to be understood and accepted; anxiety and stress overtake them if something fails. When they are lonely due to a lack of friends, they express ongoing sadness, anger, or self-doubt—and become vulnerable to depression (Young, 2017).

Depressive conditions in children have a complex pathogenesis, representing a combination of endogenous and exogenous—the actual depressive symptoms and personal protective reactions in response to their failure. Such reactions include neurosis-like disorders, including school phobias, i.e., “feeling of failure or difficulty with a new teacher, were associated as the incidence of frightening events in school” (Waldron et al., 1975, p. 805). Such phobias often cause poor school performance and

behavioral disorders, up to a complete refusal to attend school. As a result, depressive states in children lead to conflicts with teachers, parents, and peers and gross discipline violations.

Attempts of administrative influence in the case of behavioral disorders and poor progress only exacerbate the state of a depressed child, creating insurmountable difficulties in learning. A loss of interest in school and extracurricular activities, including games, often accompanies depression in children (Panicker et al., 2016). The child is overwhelmed and does not know what to do. Neither do teachers and parents. So, only their cooperation can create appropriate treatment, pedagogy and methods, and effective ways to help children overcome depression and study better (Health & Wellness Library, 2022).

## 2. Method

### 2.1 Symptoms of Teen Depression

Depression in adolescents is a mental disorder manifested by constantly low mood, sadness, melancholy, despair, and other emotional disorders. According to the scientists of the National Institute of Mental Health (2022), depression is a serious mood disorder that affects sleeping, eating, learning, and other daily activities. Rapid growth and hormonal restructuring of the body, fatigue from the study load, increased emotionality, and difficulties in relationships with peers and parents lead to psychological vulnerability in adolescents. They can withdraw into themselves, become irritable and apathetic, and immerse themselves in their inner world and experiences. A person is diagnosed with clinical depression if the symptoms last more than two weeks.

Parents can't distinguish real depression in children and adolescents from a crisis of adolescence on their own. This can only be done by an experienced psychiatrist who knows the specifics of this disease's course and uses complex diagnostic methods. Depression in adolescent boys and girls is displayed differently. Boys suffer from depression less often, but they become irritable and aggressive, avoid former friends, can contact "bad company," and become addicted to alcohol and drugs. Girls become sad, withdrawn, and lonely, avoid contact with people and concentrate on their inner feelings. Tearfulness appears, and self-esteem falls (Young, 2017). Often such girls try to alleviate their suffering and "prove" their attractiveness by going out with two or more boyfriends.

Vinney (2022) describes the main signs of depression in adolescents, which parents and educators should pay attention to in the first place, are:

- \* Low mood, sadness, hopelessness, melancholy;
- \* Fatigue, weakness;
- \* Irritability, excitability, aggressiveness, anger;
- \* Guilt, low self-esteem, tearfulness;
- \* Anxiety;
- \* Loss of habitual interests;

- \* Avoidance of social contacts, isolation;
- \* Distraction, decreased concentration, forgetfulness;
- \* Decrease in school performance, increased fatigue, lack of interest in learning, difficulty with the assimilation and memorization of material.

## 2.2 Types of Depression

Teenagers are very vulnerable. At this time, they realize themselves, try to find their place in the world, understand their role, and talk about what they live for. Also, they begin to make their first decisions at this age independently. They often react very sharply to everything that happens around them. Poor performance at school, troubles in the family, and the first love that broke the heart are the primary life tests that leave an imprint on the psyche (Young, 2017). Some teens, growing up, painlessly cope with all problems and successfully form a future behavior model; for some, disappointments become severe stress. It is vital to help them overcome it to know what type of depression they suffer from. According to the Health and Wellness Library (2022), there are six main types:

- **Major Depressive Disorder (MDD).** It lasts for more than two weeks when a child suffers from an intense or severe mood disorder or depression itself.
- **Persistent Depressive Disorder (PDD).** In the case of PDD, a child experiences milder symptoms of depression than in MDD, but they last longer, for instance, a year or longer. It is also called dysthymia.
- **Adjustment Disorder with Depressed Mood (IDDM).** It characterizes a depressed mood after a very stressful event, for instance, a parental divorce or the death of a close relative or a pet. Such depression also happens after a range of triggering events. Usually, it is normal until it lasts for some months and affects the child's daily functioning.
- **Seasonal Affective Disorder (SAD).** It is a form of MDD, which happens in the northern hemisphere in winter when the daylight hours are shorter, and it rains or snows a lot.
- **Bipolar disorder.** Alternating episodes of depression, mania, and an adequate state characterize this disease. These episodes can last from several weeks to several months.
- **Disruptive Mood Dysregulation Disorder (DMDD).** DMDD is diagnosed when a teenager displays anxiety, tantrums, and aggressive behavior without visible reasons. He is angry most of the day, and such behavior has lasted for over a year.

Depression is not just sadness or a bad mood. Teenagers faced with a problem cannot force themselves to do well at school by an effort of will and recover overnight. Parents also cannot help them. Without the right treatment, symptoms can last for months or years, and mild depression develops into severe depression over time. As a result, the quality of their life is greatly reduced (Karpova, 2022).

### 3. Result

#### 3.1 *Who is more Prone to Depression?*

According to the research, 12.5% of adolescents aged 12-17 suffer from depression (National Institute of Mental Health, 2022). Therefore, teenagers are more vulnerable than kindergarten and elementary school kids for many reasons. Plett (2016) describes the Brain-Derived Neurotrophic Factor (BDNF), which is essential in the brain for memory, learning, and higher-order thinking. That is why teens are often concerned about their appearance, school performance, and relationships with others. They compare themselves with their peers, and if something goes wrong, they feel it acutely. "During adolescence, the body produces extra receptors for oxytocin, the "bonding hormone," so they want to be understood and accepted in society (Plett, 2016).

There are many possible explanations, but one of the most likely causes is stress, which leads to the forenamed MDD, PDD, IDDM, or DMDD (National Institute of Mental Health, 2022). Today's teens face more academic pressure than ever before and are also dealing with social media comparisons and other issues that did not exist a few years ago. Moreover, rapid physical growth and hormonal restructuring of the body, fatigue from the study load, increased emotionality, and difficulties in relationships with peers and parents cause psychological vulnerability in adolescents (Young, 2017). They can withdraw into themselves, become irritable and apathetic, and immerse themselves in their inner world and experiences.

Depression often progresses to bipolar disorder, described by Kraepelin in the XIX century. It usually begins with an episode of depression that lasts indefinitely. If the state enters the manic phase, the euphoria of the adolescent experience is accompanied by feelings of happiness or irritability (Zivanovic & Nedic, 2011). Stone (2020) states that many creative people suffer from it. Thus, creative and gifted teenagers change their moods rapidly depending on success and failure. For instance, they may have excellent cognitive abilities in art, music, or technology and struggle in the classroom.

School plays a huge role in the system of education and training. "Classroom environment and learning activities should stimulate students' motivation" (Ahmad, 2021, p. 53). Motivation, self-awareness, character traits, and peculiar behavior characterize each child. With each variant of personality development, children may experience school problems that contribute to the emergence and further development of school failures.

#### 3.2 *Psycho-pedagogical Approach to Depressive States of Adolescents*

Successful treatment of depression is possible when teachers, psychologists, social workers, and parents cooperate. This process is time-consuming, and in the first stage, it is vital to help teenagers find their strengths and believe in themselves. Wagnild and Gantner (2022) explain that depression can be overcome with the help of resilience. It can be developed with the help of cognitive therapy, social work, appropriate teaching, and other psycho-pedagogical techniques. Step-by-step, such ways of correction will form a teen's self-esteem, reduce stress and anxiety, and improve academic progress.

Cognitive Behavioral Therapy (CBT) for depression consists of interrelated techniques that have undergone severe clinical trials in working with depressed patients. These techniques are applied within the theory explaining the psychological structure of depression (Ehmke et al., 2022). "The role of the cognitive therapist is to translate the problems of the patient who comes to treatment into a case formulation that explains the core beliefs or schemas that have interacted with life events to eventuate in the process leading to depression" (Dobson, 2008, p. 6). The goal of CBT is to relieve anxiety, emotional distress, and other symptoms of depression - achieved through the study and correction of erroneous interpretations, dysfunctional attitudes, and maladaptive behavior of the patient. When working with cognitive formations, the therapist must closely monitor the patient mood changes.

Social workers can help students get interested and motivated. Parents should cooperate with teachers, school principals, and psychologists. (Health & Wellness Library, 2022). The teacher and the student may need help to get on well, so the child can take individual tutoring, which is provided in most Israeli schools, for instance, offer afternoon tutoring. When they understand the material, they continue doing well in school. Suppose students need to see a school psychologist who will find out possible LD and create an individual curriculum with the help of the homeroom teacher. This case might be the most time-consuming to help the kids overcome LD, prevent or cure depression, and help them do well in school.

Teachers working with teenagers know that they often suffer from depression. Despite this, many educators say that due to their unpreparedness for such work, they cannot provide significant assistance to students struggling with depression. Moreover, the existing timetable at the school limits the possibility of lengthy consultations for students. For this reason, many teachers feel powerless regarding serious problems in students' lives. However, despite all the difficulties, educators are in a special position to help students cope with depression. They must develop healthy relationships with their students and accommodate the need for different approaches to learning (Das, 2020). Since they are responsible for student's academic performance, they can offer the parents some ways of schooling that might be appropriate for their children.

#### **4. Discussion**

##### **Which learning system should parents choose?**

It is evident that the standard education system in ordinary schools is often unsuitable for a child with any psychological or neurological disorder accompanied by chronic clinical depression. Nevertheless, how can he acquire foreign languages, mathematics, literature, biology, or geography knowledge? How can they get CBT? There are some options.

##### **1) *Inclusive practices in a regular school***

This type of education is gradually being introduced into many mainstream schools in Israel and other countries. Children with depression and possible LD, as well as with physical disorders, continue

studying in a regular class. Therefore, teachers must teach the whole class and try to find an individual approach to a student currently in a challenging situation. It only sometimes works because the other 25-30 students need the teacher's attention more. However, in many schools, kids can get individual tutorial sessions and have an opportunity to talk to teachers (Das, 2020). If a student is upset and complains of "a bad day" or "lack of energy", teachers should leave him alone and allow him not to participate in the lesson. Alternatively, they can provide him with self-checking electronic exercises on his personal device.

2) **Special education schools** are suitable for children with severe LD and depression. Such a system is well developed in many countries, including Israel, where special schools are small centers with classes of 5-8 students with similar disorders. They get psychological help from highly qualified specialists. If such a small team is unsuitable for a child who gets nervous surrounded by classmates he does not get on with well, teacher's assistants or tutors conduct one-on-one lessons. The advantages of this system are that all children interact with each other and equally participate in many school activities. The disadvantage is that the division into classes is based on academic performance. So, kids with disorders might bully each other. As a result, their depression and anxiety worsen, which might cause poor academic progress (Amen, 2021).

3) **Homeschooling** is a good option for teaching children with severe psychological problems. Teachers of a public education institution or specially hired tutors and psychologists visit the child and conduct classes with him directly at his residence. After completing the education, the child is issued a school graduation certificate indicating the program in which he was trained. Homeschooling can be conducted according to a general or auxiliary program, taking into account the child's capabilities and learning style. On the one hand, the child is calm because he is protected from difficulties and conflicts. Moreover, due to the individual approach, he makes significant progress in his studies. On the other hand, he is completely cut off from society. In addition, it is necessary to consider the teacher's preparedness to communicate with special children (Nguyen, 2021). He must understand the principles of communication and education of a child with a specific disorder - only then will the training be effective.

4) **Online** therapy and education have become more accessible for the last few years. It is often considered equally effective as meeting a teacher or a therapist in person. You can keep the child in touch with the distance learning center and conduct surveys through a webcam and chats. Today, with the help of distance learning, it is possible to get a secondary and higher education—many psychotherapists practice online training, including CBT (Ehmke et al., 2022). The main disadvantage is, like in homeschooling—the need for more contact with peers. Moreover, in case of being disconnected while psycho-pedagogical treatment, students might get anxious and depressed again.

So, the school actively participates in programs for education, socialization, and children's well-being. Studies show that such programs increase the child's attention to their physical health, improve their self-control, reduce the frequency of deviant behavior, and prevent aggressive and antisocial behavior.

Parents can choose the learning system for their children depending on their needs.

## 5. Conclusion

Today's teenagers are forced to cope with the growing fears and intense pressures that are the product of competition (Young, 2017). The number of high school students unhappy with their school progress, appearance, and relationship with parents, peers, and teachers is still high. Teens are vulnerable and sensitive to what others think and say of them and compare themselves with their peers. Many of them are perfectionists, and in case of failure, they get depressed.

Family plays a crucial role in their upbringing, nurturing, and monitoring. Among the risk factors related to the family environment, there is an authoritarian and rigid style of family upbringing and physical and psychological abuse. Lack of attention, neglect of the children, and endless criticism make them withdraw into themselves and even run away from home. As a result, although many of them used to do well in elementary school, they lost their motivation and got low grades. Only if parents and other relatives support children and give them good advice, they avoid depression or overcome it successfully. Although depression is not innate neurodiversity, it often comes together with ADHD and other LD, which reduce school progress. Something similar happens after a long stay at home or in the hospital because of a physical disease. The situation worsens if parents do not support their children and criticize them often. They might end up with severe depression. Other problems are peer rejection and lack of teachers' help, which can also be demotivating factors (Ahmad, 2021, p. 54). They might lead to school phobia (Waldron et al., 1975).

The school's main task is to create a favorable school climate for psychological well-being. It is necessary to reduce the stress for students associated with the learning process and to prevent difficulties in relations with peers and school staff. This requires regular monitoring of the psychological well-being of children with the consent of children and parents. Teachers must stop bullying and encourage schoolchildren to contact a school psychologist. They should also monitor the involvement of parents in the child's education and, if necessary, involve the school psychologist in communication with them.

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