



# Stigma and Depression Among Chinese High School Students

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**Abstract.** This research examined the effect of stigma on depression by interviewing 6 grade 11 and 12 high students attending an international school in Shenzhen, China. A volunteer sample of 6 students was chosen for the study. Once permission to conduct the study was granted, interviews were arranged and conducted using semi-structured interviews. The research transcribed the data, then applied thematic content analysis to interpret the data, and the overarching theoretical framework was qualitative. By learning more about the mechanisms that increase stigma, it was hoped that more knowledge could be produced in this area. The study also aimed to clarify some barriers to seeking professional help for students suffering from depression. Using this knowledge, it is hoped that effective interventions for adolescents suffering from mental health disorders can be implemented. It was evident from the study that seeking help for depression is a challenging task.

**Keywords:** Depression · Stigma · Adolescence · Development · Thematic content analysis

## 1 Introduction

Depression is a prevalent mental health problem among children and adults [1]. As is well established, people with depression suffer from significant individual, family, and social impairments [2]. Despite the problems associated with this disorder, comparative studies exploring the care that individuals suffering from depression have access to reveal are concerning. Chekroud et al. [3] estimated, according to the report from World Health Organization (WHO), that only 16.5% of people that suffer from major depressive disorder receive minimally adequate treatment. Thus, efforts to improve early intervention initiatives for people suffering from depression have increased significantly, particularly in child and adolescent psychopathology [4]. Despite the prevalence of these disorders, much research on depression in adolescents has focused on the etiology and treatment of depression [5]. While this research has been valuable for developing better treatment practices and psychologists' overall understanding of depression, without accurate estimates of how widely this disorder is distributed in adolescent populations, medical practitioners, including psychologists, can intervene at earlier stages limited [6]. A lack of information regarding the prevalence of depression in adolescents is further

compounded by the different social contexts in which people live. More specifically, the different attitudes that young people share towards depression can sometimes act as a significant barrier to adolescents speaking about what they are going through and serve to increase psychological distress [7]. In countries like China, where psychology and mental health awareness is still growing, and issues concerning mental are both conceptualized and regarded differently, adolescents may feel even less comfortable and more afraid to discuss the problems they are going through. The current COVID-19 pandemic has also pushed mental health services into the background [8]. There are many explanations for this. However, one variable that has been instigated in perpetuating a cycle of avoidance where mental illness is concerned is a stigma [9].

## 2 Literature Review

Given the complexity and close relationship of the issues discussed, each topic is discussed separately. They include (1) Stigma and mental illness, (2) Depression in adolescence, (3) Social dynamics during adolescence, (4) The effect of COVID-19 on depression, and (5) social media and depression.

### 2.1 Stigma and Mental Illness

While the relative frequency with which the terms 'stigma' is used suggests that it is a natural phenomenon, stigma is the product of societal beliefs and values [10]. Stigma can involve negative stereotypes, prejudices, and discrimination against people with mental illnesses [11]. It can involve diagnosis. In western countries, the Rosenhan study and the disease status of homosexuality stand as warnings for why many people are mistrustful of diagnosis. Of how diagnostic measures can be abused. The effect can be devastating when these beliefs and attitudes are directed toward individuals, including those with mental illness. Despite the debilitating nature of stigma, there still exists a tendency to focus only on the illness itself when it is present [10]. Stigma creates an additional burden, outside of the mental illness, that people must deal with alone. In Eastern countries and their Western counterparts, stigma frequently prevents people from seeking help for mental health problems [9]. While research on stigma has increased in recent years, it has focused mainly on adult populations. Since adolescents are characterized by multiple physical, psychological, and social changes, it is difficult to ascertain how severe the effect is on teenagers. However, stigma is likely a central barrier preventing students from accessing treatment [12].

### 2.2 Depression in Adolescence

Adolescence refers to the developmental period following puberty [13]. It is the period when a child transitions into an adult. Theories concerned with adolescent development unanimously point to adolescence as a period of neurological, psychological, and social changes [14]. Thus, the development of mental illness during this period must necessarily consider the complex interaction of these factors. While adolescence is popularly described as a turbulent period, it is also a foundational developmental stage during

which vital patterns of health and illness begin to unfold [14]. Understanding differences in psychological development throughout the lifespan is crucial to developing effective interventions for teenagers suffering from depression [15]. Regarding diagnosis, the most widely used, reliable resources for studying mental health problems are the Diagnostic and Statistical Manual 4th edition (DSM-IV) and the DSM-V. Given the influence that such a diagnostic tool possesses, it is helpful to critically engage with some of the significant advancements in its history. This, in turn, will help contextualize certain areas relevant to this study.

The DSM-V has been translated into over 20 languages and is a source that is referred to by clinicians and practitioners working in many different fields. Also, different fields have applied DSM-V as a helpful resource [16]. The DSM is multi-functional; it provides a standard language for clinicians, serves as an essential resource for research, and connects the clinical study with research, closing the gap between these two fields [17]. Griffith et al. [14] argue that it is also helpful to recognize some of the primary symptoms associated with depression in adolescents. Many adolescents that feel depressed can present as uncommunicative, irritable, and sometimes annoying to parents and others. Frequently adolescents present as angry rather than sad when feeling depressed [18]. Other behaviors may include reckless and or impulsive behavior. However, in more severe cases, symptoms take on the character of the more generally accepted picture of depressed adults. At this level of severity, symptoms of intense anxiety, dread, and hopelessness may present as dominant features [18].

### 2.3 Social Dynamics During Adolescence

Adolescents are faced with several critical developmental tasks or goals. Understanding these goals is vital as they predict later positive and negative differences in individual development [19]. The goal of construct an identity for oneself [20]. Even though it is difficult to reduce the concept of identity into its separate components, it is generally accepted that adolescents face the challenge of locating themselves in meaningful social group [20]. Though becoming a social group member is essential, research has highly emphasized forming a personal identity [20]. However, research indicates that forming a social identity is as vital as forming personal identity and inseparable from any notion of one's self since our identities are intertwined and validated through our interactions with others.

It is possible that the focus on interpersonal factors rather than social factors in past years places people at increased vulnerability to social forces because they are so powerful, and it is harder to protect oneself from something they cannot see because they have not been taught to recognize it. Younger people may know it is essential to find a place within a social group, but they do not necessarily know how important it is. Would they, for example, know that being a member of a particular group entails adopting certain attitudes and behaviors? Or that some of these behaviors may even be harmful to them? Because finding a meaningful position in a social group is so important to adolescents, they may adopt certain behaviors to fit in. Alternatively, they may attempt to hide the symptoms they are experiencing in what Perry et al. [21] refer to as camouflaging. This entails the learned process of masking symptoms passed through social engagements [21]. This presents obvious difficulties in identifying learners that

are suffering from depression. The desire to be accepted overrides reasonable concern for one's mental health status, especially when those students do not understand what they are going through or how serious it is. Similarly, the fear of being exposed to having a mental illness may reduce the likelihood that struggling teens will discuss what they are going through [22].

## 2.4 The Effect of COVID-19 on Depression

While the full impact of the COVID-19 pandemic is still uncertain, preliminary findings demonstrate that this global crisis has altered the lives of millions of people around the world. To illustrate, during Covid-19, of the 100,000 people, 246 million are afflicted by depressive disorder. Last year, there were only 193 million people in 1,000,000 [23]. Although it is not fair to prioritize any group over another in terms of the severity of which different groups, it has been known that young adults and adolescents are particularly vulnerable to depression and anxiety due to this unforeseen tragedy [24]. One of the most common findings is that adolescents have experienced dramatic lifestyle changes. Disruptions in daily routines, schooling, and social interactions are just some of how young people have been affected [25]. Furthermore, these changes hurt anxiety and depression [26].

## 2.5 Social Media and Depression

Due to the lockdown requirements in many countries resulting from the COVID pandemic, technology and internet use have increased [26]. The consequences of this have been manifold. Research has demonstrated that ordinary teens were seen as more withdrawn compared with teens twenty years ago [27]. In conjunction, online information directly influences people's emotions, often negatively. The information now available to people is often incomplete and inaccurate, creating negative caricatures of the problem of interest.

These stereotypes are not always negative; in fact, they perform the role of a method of problem-solving that we use nearly every day; it helps us make quick decisions and save time [28]. For example, if a person were asked to name their profession of a person, you might automatically categorize him as a doctor, lawyer, or college professor depending on his uniform. Such evaluations are fast and automatic, requiring only a mere glance of a person's appearance. In this way, stereotypes are unavoidable. Stigma is similar to stereotype, but the targeted subject's information is primarily negative. When applied to depression, stigma has three significant potential outcomes: isolation from groups, a decline in treatments, and internalization of depression. This is because negative stereotypes lead to isolation and loneliness. In other words, teenagers might be more likely to refuse treatment due to concerns about being ostracized for their mental illness [22]. The language used to refer to mental illness impacts how the public views people with depression [29]. For example, many television advertisements depict mental illness as serial killers or terrorists when mental illness is common in people we see every day. Negative labels on depression, such as "tainted," "deficient," and "discounted," will influence the public views about issues such as depression as well as those afflicted with it. These factors increase internalizing behaviors in people with depression, and

people with depression are more likely to internalize negative social evaluations of depression [30]. Importantly, this internalization process can happen without a person saying something directly to a depressed person; a depressed person can feel excluded simply by paying attention to the internet, media, TV, and other forms of social media.

## 2.6 Research Questions

- 1) What is the role of environmental factors in the development of depression?
- 2) What role does stigma play in the perpetuation of depression?
- 3) What should adolescents who are struggling with depression do?

## 3 Methods

### 3.1 Research Setting

This was a qualitative research project. It aimed to explore how social factors can both facilitate the development of depression in adolescents and be utilized to assist adolescents already suffering from depression. In keeping with the spirit of qualitative analysis, this research was primarily orientated on making sense of different individuals' attitudes, ideas, and perspectives rather than predicting human behavior [31]. Therefore, the research design was closely linked to this study's purpose [32].

### 3.2 Study Site

As the researcher was interested in exploring how fellow students conceptualize the problem of depression and since students are sometimes the first to detect unusual signs and behaviors in their peers, the school was chosen as the primary location where the research would take place. However, an online option was offered to students to increase their level of comfort and safety. If students requested the online alternative, times and dates were agreed upon based on the participant's decisions. The school counseling staffs and the Head Psychology teacher at Shenzhen International Foundation College granted permission to conduct the study at the school.

### 3.3 Participants

In order to yield rich data that corresponded to the questions in the interview schedule, the researcher selected students in grade 11 whose ages ranged from 16 to 18. The participants consisted of 5 students with no known history of mental illness and 1 participant with a history of mental illness who had been treated successfully and was in stable condition.

In total, 6 participants were selected for the study. The sample size is sacrificed in qualitative research for more profound and contextualized findings [33]. Since the sample was selected from a location that fitted the research question and the project focused on a relatively small sample ( $N = 6$ ), the sampling method was purposeful [34]. After receiving permission to conduct the study, the school counselors and relevant

teaching staff described the study. Once permission was granted, various students were approached, and the details were clearly explained to all interested in participating in the study. This was helpful because it gave potential participants to ask questions about the study beforehand. Interested candidates were then given participation information sheets to gain informed consent to participate in the study. The consent forms contained the researcher's details and the head counselor and head psychology teachers' details.

### **3.4 Data Collection Methods**

Semi-structured interviews were used to collect the data. This means that an interview schedule existed, but it did not have to be followed in the precise order in which it was written. Considering the flexibility of this method and the fact that important information will not be missed, the researchers believe that semi-structured interviews are the most appropriate data collection method. This interview method was chosen based on the possibility that the participants' experiences may vary considerably, thus precluding the use of a structured interview schedule. The format also allowed for a certain degree of natural transactions between the researcher and the participants since details could be clarified if the researcher or the participant desired. The flexibility of this method also allowed the researcher to return to specific points that she felt were important. The daily schedule for the interviews drew on questions from the literature. The interview schedule was worded to maximize participants' responses to the various questions.

### **3.5 Before the Interview**

Once a participant expressed willingness to participate in the study, an individual interview was set up with each participant at a time and place of his/her choosing. The researcher made sure that there was an adequate degree of privacy. The researcher also ensured she was equipped with a recorder, consent forms, and information sheets.

### **3.6 During the Interview**

The researcher thanked each participant for their time and reiterated the focus of the study. The researcher also emphasized that all information would be kept private and that his/her confidentiality would be respected at all times.

### **3.7 Data Analysis**

Once all the data had been recorded, the researcher transcribed it. This helped to familiarise the researcher with the analysis. The analysis followed the steps of thematic content analysis. The researcher felt this was a suitable approach because the thematic content analysis is considered a foundational qualitative analysis method [35]. The researcher followed the six steps for thematic content analysis proposed by Braun and Clarke [35]. The six steps include: (1) Familiarising oneself with the data, (2) generating initial codes, (3) Searching for themes, (4) reviewing the themes, (5) Defining and naming themes, and finally, (6) producing the report.

### 3.8 Ethical Considerations

The following issues were addressed to ensure ethical standards were upheld throughout the study. First, participants were made fully aware of the nature of the study in terms of its aims and purpose. Additionally, the participants were fully informed of their roles. They knew who would be able to access their interviews. While transcribing the interviews, the researcher used pseudonyms to ensure the anonymity of all participants' identities [36]. All interviews were kept privately during the data analysis period and were destroyed immediately afterward.

## 4 Findings

### 4.1 Signs of Depression

This section discusses the symptoms of depression in young adolescents. Symptoms of depression can manifest in a variety of ways. However, most of the participants shared similar views. For example, Mandy felt that depressed students are less likely to express themselves during ordinary conversations. She said: People with depressive disorder might be unwilling to express feelings in the real world. It seemed like she was saying that depressed students are prone to be withdrawn. Social withdrawal is one of the most common symptoms of depression [27]. However, Mandy was referring to people with depression feeling safe enough to speak about how they feel, rather than just regular social withdrawal. Mandy continued to explain that the internet and advertisement lead to many misunderstandings of depressed behavior and symptoms. One of the consequences of the misinformation that is spread about depression is that messages about people's perception of depression can be transferred through transfer through media, advertisements, and TV series. Referring back to the interview with Mandy, she said: Many people on the internet use depression to attract fans, so more people believe depressed people are just pretending to be sad and looking for attention.

Mandy's comments illuminate a growing global trend that has developed in China too. With the advent of networking tools, including tik-tok, Micro-Blog, and QQ, the capacity of people to communicate details about their private lives has increased exponentially. A pattern that has become more frequent in recent years is for people to attract fans by discussing the symptoms of their mental illness. This trend has received widespread public criticism. Like "The boy who cried wolf," people regard topics used on social media to attract more customers and fans with suspicion. Thus, when depressed students either have a desire to express how they are feeling, they choose to suppress it due to misunderstandings and negative stereotypes generated by social media [22].

### 4.2 Students' Attitude Toward Depression at School

This section identifies students' attitudes toward depression at school. A lack of knowledge about depression in China influences students' attitudes at school. However, most of the participants did express some understanding of this problem. Half of the participants said that depression is most likely the result of school bullying and exams. For instance, Kina said: Students feel like they are excluded from the group, so they are frustrated for

not being able to connect with other students. Kina's views expressed a similar sentiment to Mandy's in that they both referred to how depression can affect social dynamics. However, whereas Kina explained that depressed people might be afraid to discuss what they are going through, Kina thought that depressed students are purposefully excluded from the group [11]. Bonnie continued: Students get depressed because of school bullying and isolation from friends. Bonnie said that a significant causal factor of depression was how students treated one another. All three participants' interviews referred to the importance of social dynamics and interpersonal relationships [20]. The participants also discussed other factors that they believed could lead to depression. Half of the participants said terrible grades, low GPA, and homework could lead to depression. For example, Sherry said: There is a lot of pressure from school due to exams, GPA, and other activities. When things pile up, you get exhausted.

While social dynamics appeared to be one significant aspect of depression for students, the participants also considered the schooling system to play a causal role in the development of depression [25]. A sense of being overwhelmed and exhausted from the demands put on students placed them at risk for depression. In both instances, it was clear that the participant's attitudes toward depression were mainly focused on external stressors, including learning requirements and social problems. However, another participant, Lisa had a different perspective on depression; she said: The source of pressure varies; if you want to join a clique but cannot, you feel stressed out. Lisa reiterated how important it was for students to have a sense of belonging [20]. Without this, they are placed at increased vulnerability to mental illness.

### **4.3 Things that Depressed Individuals Can Do to Improve Their Emotional State**

Participants in the study were able to speak about what they think is important for depressed people to do to raise their spirits. According to the transcript, half of the students conveyed that communication is an optimum way to alleviate negative feelings for students with a depressive disorder. Taking Sherry's interview as an example, she believed going out with friends and speaking to them can reduce depressive symptoms. She said: Going out with friends and go things they like reduces the frequency of depressive episodes. For people with depression, it is essential to relax. Indeed, by talking to friends, people with depression can obtain a different point of view. Speaking with others can also help them make sense of their feelings. Furthermore, advice from friends allowed them to jump out of the vicious cycle of negative thinking. Interestingly, this reflected the view of the participants that depression to them was associated with a fixed mindset. Thus, having an amicable friend to talk to can alter their interpretation of the situation. However, many other participants felt that setting up an appointment with a mental health professional was most important. For example, Kina said, participating in positive activities and volunteering work is beneficial to the mental state, but for depressed individuals, taking medication and seeing a therapist regularly should be the priority. Kina believed that formal treatment was the most crucial step in dealing with depression. Other participants also believed that various activities, from socializing to exercising, could provide relief; however, seeking professional care was the best route. Bonnie said: People with depression can do boxing to let their emotions out, but others should recommend that they make an apportionment with therapy. The participant's



views on what was best to deal with depression indicated that they recognized the severity of this problem. This was demonstrated by their recommendations for depressed people to seek formal treatment and medication if necessary. They also suggested a range of activities that can assist the depressed person in breaking the negative emotional cycle.

#### **4.4 Challenges that Depressed People Face When Seeking Help for Depression**

Societal views, often based on inadequate knowledge of specific issues, can complicate the steps necessary for individuals suffering from depression to seek help. Fortunately, most participants could identify some of the obstacle depressed people have to face when seeking help. Lisa thought that depressed people refused to speak about their feelings because they believed their behavior would be judged negatively [7]. She said: Parents and teachers will only feel that they are using depression as an excuse to leave the school, and this prejudice makes depression even less likely to be detected. It was sad to realize that many participants felt that the school system and teachers could serve as an obstacle to seeking help. It seemed to imply that adverse views on depression are an obstacle. These comments pressure students who want to seek help because they fear being excluded [22]. Particularly depression among adolescents is sensitive to comments from others; once they receive negative feedback, they would likely decline any therapy and communication that would allow others to understand their situation. Based on Mandy's interview, she said, People may take you as an outsider because we do not know enough about mental illness; they think depressed people will hurt others. However, in other countries, where knowledge of mental illness is widespread, seeing psychologists are a very normal thing. Cultural differences in perceived mental illness also played a crucial role in inhibiting students from seeking help [9]. What it means to be depressed or suffering from mental illness can dramatically affect how readily a depressed person will seek treatment.

## **5 Conclusion**

This study explored some of the factors that cause and exacerbate the symptoms of depression in adolescents. It also sought to understand better what can be done to help students suffering from depression. It was found that many students believe that social dynamics can increase the symptoms of depression. The participants also believed that several healthy activities could be used to alleviate the symptoms of depression. However, if the symptoms are very severe, professional help should be sought. These findings suggest that if more inclusive environments can be developed at schools, students suffering from depression may feel more willing to ask for help. It can also be inferred that more excellent education around the power and importance of social factors should be taught in schools to the extent that they relate to mental health. Future research would benefit from further exploration of the environmental variables in mental illness in China as they appear to have a direct bearing on the well-being of adolescents.

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