

# ***A Study on Adolescents' Prejudice and Discrimination against Depression Based on Conformity Behaviour***

**Ruilai Cheng**

*Chongqing DEPU Foreign Language School, No. 16, Ruilong Road, Chongqing, China  
chengruilai@163offer.com*

**Abstract:** Teens' perceptions of depression have been shaped negatively by conformity. In order to reduce stigma and other negative perceptions of depression among adolescents, an impact analysis is conducted from the perspective of conformity. This study is aimed to propose ways addressing this problem. A basic definition of conformity and depression is given by summarising research. It then tells the current attitude of young people towards depression, analysing the reasons why teenagers have the attitude by combining these phenomena with conformity. Corresponding advice is given to social departments and adolescents themselves to reduce the negative awareness about depression in teenagers.

**Keywords:** Adolescent, depression, conformity, discrimination, prejudice

## **1. Introduction**

In contemporary society, depression is a common mental health issue and one of the main causes of disability all around the world. Globally, James et al. estimated 264 million people suffering from depression [1]. Especially, the decisive cause of illness and disability among adolescents is depression [2]. Aaron illustrated that “depression may be characterized in terms of a thought disorder” [3]. Because of the negative cognitive schemas in the brains of depressive patients, they have negative cognitive processing biases when processing external information, which may lead to a lack of serotonin, norepinephrine, and dopamine. The functional combination of bilateral amygdala and cingulate gyrus is also decreased, and the functional combination of the cingulate gyrus and lower knee is increased. It now becomes a serious mental illness. But now a large number of people confuse normal emotional reactions with depression. They think that people with depression are just exaggerating bad moods, and that they are depressed because of fragility. Especially for teenagers, their understanding of depression is not enough, and the information source of teenagers is mainly the Internet, which makes them unable to well distinguish the authenticity of the information. Teens are likely to spend more time with peers to receive more suggestions or guidance rather than with their parents. So, although the main source of understanding and cognition of depression during adolescence should be parents, but adolescents are more willing to ask their peers for help [4]. So, most of them decide to follow peers' cognitions, which causes them to misunderstand depression, and they would discriminate and even criticize depressive patients. The main factor that causes this kind of situation is conformity.

Conformity is a type of social phenomenon that may affect one person's belief or behaviour in order to integrate into the collective [5]. According to the Asch Conformity Experiments, conformity behaviour occurs because individuals are under information and normative pressure in the group.

Experience has led people to believe that most people have a higher willingness of being correct. In the case of ambiguity, the more they believe in the majority, the more conformable they will be. Individuals in a group are often unwilling to violate group standards and be regarded as deviants by other members. They are afraid of being different and isolated, so they adopt the opinion of the majority [6]. Sherif did an experiment, explaining how the information impact has led to norm crystallization [7]. This experiment reflects that once the regulations in the group are formed, they will tend to exist forever. The statement of the herd behaviour in economics is an example of conformity to describe the spirit of the economic individual. In the flock, they all start to move in the same way. If one of the sheep moves, it means that there is better grass in that place, and they will follow it regardless of whether there is a wolf or not [8].

This article will summarize the papers on conformity and depression. It will also do some analysis on how young people think about depression with the influence of conformity. This paper will analyse how young people have misunderstandings from adolescents of psychological health and cognition, and then make a full analysis to come up with a better solution.

## 2. Depression

Depression is the result of the interaction of various social, psychological, and biological factors. People who have experienced traumatic events are more likely to develop depression. On the contrary, depression can cause more stress and dysfunction and worsen the living conditions of the affected person.

Depression is also related to physical health. From a physiological point of view, some changes in the brain can cause depression. Neurotransmitters appear in the brain as a natural chemical substance. There are changes in the function and role of these neurotransmitters and how they interact with neural circuits that maintain emotional stability. They act in the brain and cause adverse reactions that can cause depression [9]. For example, failing to achieve the expected positive results by achieving the appetite goal is a symptom of a depression patient, which may be close to the emotions associated with withdrawal and emotional prefrontal cortex (PFC) dysfunction, because of which the patient chooses to eat and then achieves positive emotional guidance [10,11]. When facing a strong substitution response, the left PFC needs to be activated, and depression is related to low activation in these circuits [12]. Hormonal stability in the body may also be related to depression. For example, hormone changes in the weeks or months after pregnancy and childbirth may cause depression, which is called postpartum depression (PPD). In addition, the characteristics of emotional deviation meet the internal phenotypic standards such as heredity and family association. Whether the trait still shows specificity and co-segregation in the family is another necessary condition for the definition of "endophenotype" which may also cause depression [13].

Depression is still an intractable disease which can be mixed with many other diseases. Nestler et al. pointed out that depression is inappropriate to be regarded as a single disease [14]. It is a heterogeneous synthesis consisting of a variety of diseases with different etiology and pathophysiology. There is no good treatment for depression so far. Depression is a highly recurring mental illness. At least 50% of people who recover from the first episode of depression will have one or more additional episodes in their lifetime, and about 80% of people with a history of two episodes relapse again [15]. However, an enhancement of 5-HT-mediated neurotransmission might underlie the therapeutic effect of most antidepressant treatments. In physical treatment, electroconvulsive therapy (ECT) is an effective treatment for clinical depression.

### 3. Conformity

Conformity behaviour has been of the main concern to social psychologists for several decades [16]. Conformity is a phenomenon in which people follow the thoughts or behaviours of the masses. This phenomenon appears in all aspects of life, and there is a high probability that people will not notice their own behaviour. Conformity can be seen as an act of supporting solidarity; as a change of attitude as a cognitive adaptation; and as an adventurous change as a brave transformation. It is expressed at the conceptual level according to the changes in the degree of consistency between the observed behaviour and the prescribed behaviour [17]. The experiment was made by Asch to show the unanimous majority upon the independence and conformity of individuals. In this experiment [6], 50 college students were recruited and told that the experiment was set up to study visual perception. The college students were divided into 8-10 groups. In each group, only one college student was the real participant, and the others were consistent answers. Each group is required to decide which steel bar on the right is the same length as the one on the left and repeat the process for 18 groups of steel bars. As a result, 37 of the 50 subjects met the majority at least once, 14 subjects met more than 6 of the 12 trials, and some subjects did not meet the majority at least once [8]. This shows that when people are deciding on a question that they are not very clear about, even if they are particularly clear about their choice, they are more willing to accept the choice of most people even if the choice is wrong.

People follow the crowd mainly for two reasons: one is to do the right thing (the influence of information), and the other is to be welcomed by others (the influence of following others) [18]. The conformity behaviour based on the influence of information depends on two dimensions of the situation: how well people think the group has information and how confident people are in their own independent judgments [19]. Sometimes people have a sense of following the trend and the masses. When there are individuals who are different from those in the crowd, they are always easy to be excluded and discriminated against. There is no need to doubt the immense power of social forces to realize that this consistency is not the only effect they produce. Striving for independence is as important as resisting encroachment about human facts and consistency. Therefore, it emphasizes obedience too narrowly, while ignoring that people sometimes act according to their beliefs and transcend group passions to show the power that cannot be ignored [6]. As a result, in order to survive better in society, people are willing to give up their original intentions and follow the footsteps of the masses.

The phenomenon of conformity will affect all aspects of our lives. For example, in a positive way, people would follow others to help more and more people in need, but in a negative way, people will have racial discrimination. Once people follow the crowd, this phenomenon will become more and more serious and even affect the stability of the entire society. So, seeing the essence of the matter and pursuing your original idea is the best way to solve this problem.

### 4. The attitude of teenagers about depression

Historically, human understanding of depression has been a long process and gradual process of "de demonization". Since the earliest accounts of depression appeared more than 3,000 years ago in the Mesopotamian plains, at the time, people blamed it, like other mental illnesses, as "demon possession". For centuries to come, the understanding of depression remained steeped in ignorance. But, since the early 20th century, researchers have proposed different pathological explanations, which has become the common understanding of depression in modern medicine [20]. However, the current social awareness of depression is still insufficient. It is even demonized, the dominant factor of which is conformity [21].

For adolescents, the concept of depression is even more nebulous. In some senses, adolescents are highly disgusted with depression as a mental disease because of their discriminatory attitude towards depression based on conformity. This attitude is due to the lack of public awareness of depression, which leads to conformity to follow the mainstream understanding of depression [22]. For example, some people think that depression is "unhappy" or "mindful". Family members or friends often encourage patients to overcome it and even criticize and ridicule them [23]. Therefore, adolescents are often blind to depression and even have a stigma on it. When teens have depressive symptoms or are only in a bad mood for a short period, it will not be associated with depression. Various misunderstandings have caused many teen patients to delay the best intervention counselling and treatment time.

## **5. How Conformity Influence the Teenagers to Have Prejudice and Discrimination against Depression**

There is one report showing that adolescents have higher stigmatizing attitudes towards depression than personal stigma [24]. And this stigma mainly comes from the ignorance and conceptual rendering of depression within the adolescent group, and they are more receptive to such explanations.

In addition to the influence of peers, the Internet is also a potential factor. In China, there is music software called NetEase Music. It is software that can listen to songs, communicate about music, and share music, and each song will have a comment area. In the comment area of some songs with low mood, many people use the concept of depression to express their bad or decadent state, but some people who know little about depression have feelings for such behaviour. Criticizing decadent people of colour and even reprimanding such people from a certain angle of justice, has led to the concept of depression being used as a joke and a label that is looked down upon, and this situation has led to the blind conformity of teenagers, such speech has entered many teenagers' lives through social media. Adolescents have less "top-down" cognitive control of impulsive behaviour than adults. Cognitive competencies that support effective self-regulation mature in a progressive linear pattern during adolescence, compared with the relatively sudden changes in social processing experienced around puberty. Parallel to changes in brain structure thought to support neural processing efficiency [25], this makes adolescents have an incorrect understanding of depression.

But the most basic factor should be conformity behaviour. As for adolescents, it is their ability to make appropriate judgments. It's hard for adults to avoid compliance, let alone teens. Therefore, teenagers are more receptive to information from the Internet. Furthermore, consistency with peers is often considered one of the hallmarks of adolescent behaviour [26]. Because teens believe that if they see differently from their peers, they will be excluded. Peer pressure and immaturity in information judgment force teenagers to obey. If teenagers in the modern information society want to get along well with their peers, the idea of conforming to most of their peers is essential. Today, Chinese teenagers are influenced by the NetEase Cloud Music comment area and other online crowd's comments on depression, and most young people in China now have a question about whether the other person is really suffering from depression or directly deny and laugh at people suffering from depression.

## **6. Possible Solutions**

In cases of severe discrimination, solutions should start from conformity behaviour.

Lack of scientific understanding of depression leads to stereotypes and stigma about depression, while family conformity perception leads to contempt and even discrimination against depression. At the same time, the constant psychological cues that families give to adolescents lead to wrong attitudes towards depression, which further exacerbates depression [27]. The first thing that needs to

change is how people think about depression. To understand their causes, parents need to recognize that depression is psychological and physical, and is in the family environment—that is, their attitudes toward depression [28]. Therefore, the publicity of government agencies and schools must, to a certain extent, carry out mental health education for parents. Authoritative academic institutions publicize knowledge of etiology, pathogenesis, treatment plan, behaviour, precautions, and so on to the society through the Internet or the media. Corresponding to social media, national health agencies can also popularize and publicize on social media, TV programs, advertisements, and other media that are easy to conform to, reducing people's misunderstandings about depression and establishing public awareness of depression. There should be a positive attitude to avoid misleading young people and affecting the attitude of young people. For youth groups, there are some suggestions. The most direct education for adolescents is the involvement of parents and schools. Parents, the teens who know them best, can better teach them the right guidance about depression-related mental illness, becoming a virtuous cycle of depression prevention and treatment, rather than fighting each other. Schools can carry out some practical psychological counselling and psychology courses to make teenagers have some positive attitudes towards depression and other common mental illnesses.

Nevertheless, changing the mainstream public opinion in society is not an easy task, especially for depression with complex attributions. Although some progress has been made, it is far from enough [22]. However, with the development of the Internet, the definition of familiarity is changing. Since we cannot find a good result in mainstream conformity behaviour, we can turn to dynamic and selective conformity. This model has been applied to a certain extent in Chinese video sites Bilibili. Bilibili has such a "depression ecology" that can be a depression patient telling stories and getting positive feedback, to a certain extent, to replace the lack of cheerful conformity that is useful for the treatment and has many unique social mechanisms.

Therefore, artificially using a specific social media model to create a good conformity environment can largely replace the mainstream conformity environment that has not yet eliminated discrimination. In any case, it is undeniable that using social media for online mental health intervention is an excellent solution to mainstream conformity that cannot be converted for a while. Suppose the government or medical institutions can improve the following social media aspects – Official support and encouragement for patients with depression who are willing to share, using the advice provided by medical institutions, can minimize viewers' misunderstandings, and official recognition can further maximize the influence of the video. Establishing a complete referral mechanism makes it easier for online patients to get offline treatment. For example, the anonymity of social media can be used for crisis intervention and initial diagnosis and treatment to minimize stigma. Flexible use of live broadcast and other immediate methods to interact can solve the problem of in-depth mutual assistance and lack of dialogue space.

For individuals, what teenagers should do should be to seek the essence of things, not blindly follow the trend and embrace other people's opinions. They should have doubts and critical thinking about any opinions of others. Regarding the ability to think critically and judge right and wrong, there are some suggestions that when teenagers are unable to grasp accurate things and opinions, they can seek professional help or go to authoritative websites instead of commenting and publishing themselves freely. They should view social media to find answers and think more about the rigor of problems and positive and negative views of events in life, so as to establish a rigorous way of thinking, avoid being influenced by others, and be confident enough in this situation. With this way of thinking, they will no longer worry about whether they will be excluded and discriminated against by others. In this way, teenagers will have a more correct definition of the concept of depression.



## 7. Conclusion

Adolescents' discriminatory attitudes towards depression are mainly caused by conformity behaviour. In an era that requires a large amount of information to be received, people need to know how to correctly judge the right and wrong of information and how to solve it in the case of being different from others. When it comes to how to define depression, under the pressure of peers and they do not know how to find authoritative information channels, teenagers mostly choose to conform. In such a situation, the correct interpretation of academic depression by professionals, as well as psychological knowledge, is widely popularized in the publicity of national social health organizations and social media, schools, and community publicity. This allows the masses to develop a positive attitude towards common mental illnesses such as depression, anxiety, schizophrenia, etc. This can also give teens a correct understanding of depression. In addition, young people can improve their information judgment ability, try to be skeptical about a point of view, and avoid being influenced by the opinions and preferences of the society and their peers. They will have the courage to pursue the essence of things. In this case, adolescents can carry out some of their own feelings and opinions, but avoid spreading their own opinions widely with personal emotions, so as not to cause misunderstanding and conformity of others.

## References

- [1] James, S. L., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., Abbastabar, H., Abd-Allah, F., Abdela, J., Abdelalim, A., Abdollahpour, I., Abdulkader, R. S., Abebe, Z., Abera, S. F., Abil, O. Z., Abraha, H. N., Abu-Raddad, L. J., Abu-Rmeileh, N. M. E., Accrombessi, M. M. K., ... Murray, C. J. L. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 Diseases and Injuries for 195 countries and territories, 1990-2017: A systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 392(10159), 1789–1858.
- [2] Adolescent mental health. Retrieved September 28, 2020, from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- [3] Beck, A. T. (1964). *Thinking and depression: II. Theory and therapy*. *Archives of General Psychiatry*, 10(6), 561–571.
- [4] Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, 63(1), 103–115.
- [5] Mcleod, S., 2016. What is Conformity? *Simply Psychology*. [online] [Simplypsychology.org](https://www.simplypsychology.org/conformity.html). Available at: <<https://www.simplypsychology.org/conformity.html>> [Accessed 14 January 2016].
- [6] Asch, S. E. (1956). *Studies of independence and conformity: I. A minority of one against a unanimous majority*. *Psychological Monographs: General and Applied*, 70(9), 1–70.
- [7] Sherif, M., White, B. J., & Harvey, O. J. (1955). Status in experimentally produced groups. *American Journal of Sociology*, 60(4), 370-379.
- [8] Yang, T., & Seo, S. (2017). An Effect of Conformity Psychology on the Advertisement Effectiveness. *International Journal of Advanced Culture Technology*, 5(2), 1–8.
- [9] Depression (major depressive disorder). Retrieved February 2018, from <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>
- [10] Davidson, R. J., & Irwin, W. (1999). The functional neuroanatomy of emotion and affective style. *Trends in Cognitive Sciences*, 3(1), 11–21.
- [11] Davidson, R. J., Pizzagalli, D., Nitschke, J. B., & Putnam, K. (2002). Depression: perspectives from affective neuroscience. *Annual Review of Psychology*, 53(1), 545–574.
- [12] Quinn, A., & Schlenker, B. R. (2002). Can accountability produce independence? Goals as determinants of the impact of accountability on conformity. *Personality and Social Psychology Bulletin*, 28(4), 472–483.
- [13] Gottesman, I. I. & Gould, T. D. (2003) The endophenotype concept in psychiatry: etymology and strategic intentions. *American Journal of Psychiatry*, 160, 636–645.
- [14] Nestler, E. J., Barrot, M., DiLeone, R. J., Eisch, A. J., Gold, S. J., & Monteggia, L. M. (2002). Neurobiology of depression. *Neuron*, 34(1), 13–25.
- [15] American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (Text Revision — Fourth ed.)*. Washington, DC: American Psychiatric Association.
- [16] Jahoda, M. (1959). Conformity and independence: A psychological analysis. *Human Relations*, 12(2), 99–120.
- [17] Willis, R. H. (1965). Conformity, independence, and anticonformity. *Human Relations*, 18(4), 373–388.

- [18]Cialdini, R. B., & Trost, M. R. (1998). *Social influence: Social norms, conformity and compliance*. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (pp. 151–192). McGraw-Hill.
- [19]Taylor, S., Peplau, L. and Sears, D., 2004. *Social Psychology*. Beijing: Peking University Press.
- [20]Schimelpfening, N. (2020, February 25). *When were the earliest accounts of depression?* Verywell Mind. Retrieved February 24, 2022, from <https://www.verywellmind.com/who-discovered-depression-1066770>
- [21]Cassels, C. (2013, February 28). *Majority of depressed patients report discrimination*. Medscape. Retrieved February 24, 2022, from <https://www.medscape.com/viewarticle/772878>
- [22]Paykel, E., Hart, D., & Priest, R. (1998). *Changes in public attitudes to depression during the Defeat Depression Campaign*. *British Journal of Psychiatry*, 173(6), 519–522.
- [23]Huang, Z. (2011). *A content analysis of depression-related ... - biomed central. Mental health literacy of residents in Changsha, Xi'an and Wuxi (in Chinese)*. Retrieved February 24, 2022, from <https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-018-5701-5.pdf>
- [24]Dardas, L. A., Silva, S., Noonan, D., & Simmons, L. A. (2018). *A pilot study of depression, stigma, and attitudes towards seeking professional psychological help among Arab adolescents*. *International Journal of Adolescent Medicine and Health*, 30(4).
- [25]Steinberg, L. (2008). *A social neuroscience perspective on adolescent risk-taking*. *Developmental Review*, 28, 78–106
- [26]Brown, B. B., Clasen, D. R., & Eicher, S. A. (1986). *Perceptions of peer pressure, peer conformity dispositions, and self-reported behavior among adolescents*. *Developmental Psychology*, 22(4), 521–530.
- [27]Kleinman, A., Good, B. J., & Good, B. (Eds.). (1985). *Culture and depression: Studies in the anthropology and cross-cultural psychiatry of affect and disorder* (Vol. 16). Univ of California Press.
- [28]Sander, J. B., & McCarty, C. A. (2005). *Youth depression in the family context: Familial risk factors and models of treatment*. *Clinical Child and Family Psychology Review*, 8(3), 203–219.