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THE EPIDEMIC OF DEPRESSION AMONG AMERICAN YOUTH

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I had an encounter with CNN the other day. The news network asked me to assess the state of the field of prevention in mental illness. “But,” the reporter said, “this is CNN — you only get a sound bite.”

I said, “Oh, OK. How many words do I have?”

He said, “One.”

The cameras rolled. “Dr. Seligman, what is the state of prevention of mental illness?”

“Good.”

“No, that will not do. Look, we’ll give you a longer sound bite. That’s just not sufficient.”

I said, “Well, how many words do I get this time?”

He said, “You get two.”

Cameras rolled. “Dr. Seligman, what is the state of prevention of mental illness?”

“Not good.”

“This just will not do. We will give you a real sound bite this time. You are going to get three words.”

Cameras rolled. “Dr. Seligman, what is the state of prevention of mental illness?”

“Not good enough.”

THE PARADOX OF YOUTHFUL DEPRESSION

Two remarkable things have happened to depression in the United States over the past 40 years. Both were discovered during a massive set of studies launched by former President Jimmy and Rosalynn Carter in the late 1970s. We found out in the course of assessing how much mental illness existed, that depression was 10 times as common as it was 50 years ago. That was the first thing that happened.

The second was that, 50 years ago, the mean age for the first incidence of depression was 29.5 years old. It was essentially a disorder of middle-aged housewives. Now the mean age is 14.5 years old. It has become much younger. This is not only a paradox, but also the only tenfold increase of anything in the area of psychology.

We often think of depression as being about bad lives. But every statistic we have that should give us insight into the well-being of young Americans and American children is positive: the hands on the nuclear clock are farther away from midnight than ever before, there are fewer soldiers dying on the battlefield than any time since the Boer War 100 years ago; there is more purchasing power, more education, more music. But at the same time, as every objective statistic is going north, every statistic we have on the morale of our youth is going south.

DEPRESSION AND PROBLEMS

When we talk about an epidemic of depression, particularly in our next generation, we also must discuss the relationship of depression to other problems. Depression is related in lockstep with productivity, absenteeism, and poor achievement. Thus, this is a serious national problem not solely related to mental health. It is not a biological phenomenon. Nor is it an ecological phenomenon, or a phenomenon about bad events.

Three things have happened in the past 40 years that have produced the epidemic of depression, a disorder in which the individual is thwarted, or feels thwarted, about her or his most important goals. The first is that the “I-We” balance has changed. We now have a larger “I” than ever before, and a smaller “we.” The spiritual furniture that



buffered our parents and our grandparents when they failed in life — relationship to God, relationship to nation, patriotism, community, extended family — all of the spiritual furniture has become shopworn.

The second thing that has changed is the development of a movement that praises unwarranted self-esteem: We value feeling good as opposed to doing well in the world. This movement is not about *warranted* self-esteem.

The third thing is that we have adopted a victimology. Our young people believe when things go wrong, it is someone else's fault. This is a formula for passivity and depression.

SOLUTIONS

As people interested in mental health and mental illness, there are things you can do to curtail this epidemic. None of them involves handing out Prozac. We are not going to solve this problem with Prozac, for two essential reasons:

- First, according to 11 of 13 outcome studies, Prozac doesn't work on children before they reach puberty. Despite the fact that it now comes in orange and peppermint flavors, Prozac is not an effective drug for children. There are also moral/ethical problems about medicating an entire generation of young people to help their productivity and their good cheer.
- Second, even though I find myself president of the largest mental health labor union in the world, there are not enough therapists to go around. We have something of tidal proportions here.

But what we can do is encourage the fostering of positive traits. This is prevention by building strength rather than repairing weakness.

LEARNED OPTIMISM

Where I work, we teach children optimistic thinking: first to recognize the catastrophic thoughts they have when bad events strike (*e.g.*, "I have lost my best friend," or, "No

one is ever going to love me") and then to dispute them. This is the essence of learned optimism. We teach this to kids who are 10 to 12 years old and we teach it to freshmen at the University of Pennsylvania. Over the past decade, we have found that by teaching young people the skill of recognizing catastrophic thoughts and disputing them, they do not sink into the same depressed states as those who have not learned this technique. Through learned optimism, we may halve the rate of depressive episodes and depressive symptoms in participants over the next several years. In learned optimism, we are not repairing something broken. We are taking human strengths — hope and optimism — and nurturing them.

Before World War II, my profession of psychology had three missions. The first was to cure mental illness. The second was to make the lives of all people better, more fulfilling, and more productive. The third great mission of psychology was to identify and nurture genius, or high talent. Something very important happened right after World War II to change the mission. In 1946,

the Veterans' Administration System was founded and suddenly you could make a living curing mental illness.

In 1947, the National Institute of Mental Health was founded and academics discovered they could get grants if they were working on a cure for mental illness. There have been two great victories from that approach, which turned psychology and psychiatry almost solely into healing professions. The first great victory was that 15 major mental illnesses that were untreatable 50 years ago are now either curable or greatly relievable by medication or by various specific psychotherapies.

The other great victory of this movement was that we developed a science of mental illness. We were able to take things that people said were unmeasurable, such as depression, schizophrenia, anger, and alcoholism, and quantify, rigorously measure, look at the causal chain, and, best of all, look at how to undo them and how to assess whether what we tried has worked.

We have adopted a victimology. Our young people believe when things go wrong, it is someone else's fault. This is a formula for passivity and depression.



But there also have been two serious losses. The first is that we forgot our other two tasks. We forgot that our professions are also about making the lives of all people better, more productive, and more fulfilling. We forgot about high talent, and its assessment and nurturance. The second was that by working in the disease model, by working on human weaknesses, we forget about human strengths.

I recently read a biography of Eleanor Roosevelt in Doris Kearns Goodwin's *No Ordinary Times*. When explaining why Mrs. Roosevelt spent her life helping black people, poor people, and disabled people, Goodwin says that she was compensating for her mother's narcissism and her father's alcoholism. She never considers the possibility that Eleanor Roosevelt was pursuing virtue. The reason she does not is that there is an underlying belief that the positive things in life, the great motivations, are inauthentic and derivative, and that the real motivations are the negative things.

There is not a shred of scientific evidence that this is so. The investigation and nurturing of the best things in life, like the investigation and undoing of the worse things in life, are independent and different endeavors. They are part of what we are about and they are a particularly important part of the future of prevention. I have spent the past 15 years of my life working on prevention and am going to suggest something radical to you: What we have learned about the neurochemistry of schizophrenia, of depression, of drug abuse, and what we have learned about psychotherapy for these problems, does not tell us anything about how to prevent them. In fact, the great preventatives come from another model, and that model is called human strength.



A BUFFERING MODEL OF PREVENTION

If you are interested in preventing depression in kids who are genetically vulnerable to depression, if you are interested in preventing substance abuse in young people who, because of where they live, are vulnerable to substance abuse, it is the human strengths that are the buffers — courage, optimism, interpersonal skill, honesty, future-mindedness, the capacity for hope, faith, work ethic, self-understanding. These are our great preventatives. That is the evidence we have.

I had a personal epiphany about this. It happened two summers ago when my daughter Nicki was five years old. It changed my mind about psychology and psychiatry, about child rearing, and also about my mission. A few weeks after her birthday, we were working in the garden, and I have to confess that even though I write books about children, I am really not very good with them.

When I am weeding in the garden, I'm trying to get rid of the weeds. Nicki meanwhile, is throwing weeds into the air and running around, dancing and singing. I yelled at her, and she looked at me and walked away.

She came back and said, "Daddy, I want to talk to you."

"Yes, Nicki."

"Daddy, do you remember from the time I was three, I was a whiner. I whined every day. Every day! And when I turned five, I decided I wasn't going to whine any more and that was the hardest thing I have ever done. And if I can stop whining, you can stop being such a grouch."

There were several messages there. One was personal and that is that, even though I write about optimism, I was born a pessimist, and only a pessimist can write serious stuff about optimism. I also learned that I was raised in a model in which child development was about repairing things, correcting what had gone wrong.



What I learned from Nicki was that raising her was not about changing whining or about correcting it. She was going to do that herself. It was about taking this skill, this positive strength of “seeing into the soul,” and helping Nicki build her life around it, nurturing it, and letting it be the buffer against the ills that will ensue.

What we have coming at the millennium are a positive psychology, a positive psychiatry, and a positive social science. A science in a practice that asks, “What are the best things in life? What are the strengths? What are the virtues?” This process will complement our 50 years of work repairing the worst things in life.

This approach may seem politically impossible, but it is not. When nations are at war, when nations are in social turmoil, when nations are poor, it is natural that the science, the arts, the novels they write are about defense and damage, about the worst things in life.

But when nations are in surplus, when nations are at peace, when nations are not in social turmoil, human history tells us that some extraordinary things have happened. Those are the times when nations have lifted their eyes up from the worst things in life, from selfish things, to the heavens. One of the best examples can be seen in Florence, Italy, in the 15th century. Florence had become immensely

wealthy from its wool trade and its banking. It had the opportunity to become the strongest military power in Europe. But it decided not to do that. Instead, it decided to invest its surplus in beauty.

Our nation now stands at a similar historical moment. We are at peace, we are in surplus, we are not, compared to the rest of the world, in social turmoil. We can ask ourselves, “What are the best things in life? What are the human strengths? What makes life worth living?”

To answer, we must create a science, a taxonomy. We must use the same science that we used to ask about depression and schizophrenia to ask about courage, faith,

interpersonal skills, and future-mindedness. Taxonomy — assessment of what causes it and how to build it.

This will have as a side effect, the prevention of the major mental illnesses. But it will also have, as its main effect, the scientific study and the practice of human strength and of civic virtue.

And for those of us who are mental health workers, it will be an opportunity to explore more than mental illness, which is what we have done for the past 50 years; rather we may finally address *mental health* itself. I hope this will lead to the answer of the question we have asked for thousands of years: What is the good life and how can we achieve it?

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