



THE OPINION PAGES | CONTRIBUTING OP-ED WRITER

# Is the World More Depressed?

MARCH 24, 2014

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I'VE been in and out of India for years, but on a recent visit to Chennai, in the state of Tamil Nadu, it seemed that suicide and depression had become part of the social conversation in a way that was once taboo.

I spoke with a young woman who, after a quarrel with her parents, took enough pills to land her in intensive care, and to an evangelical Christian who said that God had told him to give a sermon about suicide. He said he asked God, "Is this even a topic to be spoken about?"

Rangaswamy Thara, a psychiatrist and director of the Schizophrenia Research Foundation there, described this shift: "Someone fails his exams, so he commits suicide. He is rebuked by his father, so he commits suicide." At the same time, there seem to be many more people in Chennai seeking help for emotional and psychiatric problems than there were 10 years ago, Dr. Thara said.

Maybe, she said, it has to do with increased awareness of mental

illness — better psychiatric outreach, or more people writing advice columns in the local papers. But maybe, she said, people are just more frustrated.

Is there more suicide and depression in India these days and, for that matter, across the rest of the globe? Possibly. The World Health Organization reports that suicide rates have increased 60 percent over the past 50 years, most strikingly in the developing world, and that by 2020 depression will be the second most prevalent medical condition in the world.

The Global Burden of Disease 2010, an extensive study published last December in the British medical journal *The Lancet*, set out to quantify time lost to healthy years of life through disability (a complex calculation) and found a 36.7 percent increase in the “burden” of mental illness and substance abuse disorders across the globe compared with 1990, although researchers concluded that this was a result of population increase and aging. In 2011, the Centers for Disease Control and Prevention reported that the rate of antidepressant use in the United States rose by 400 percent between 1988 and 2008.

Some of these figures might simply reflect more willingness to label an experience as a symptom. For example, until recently, most Japanese understood intense fatigue as sacrifice for one’s work and suicide as an act of reasoned will. In her book “Depression in Japan,” the anthropologist Junko Kitanaka writes that partly as a result of aggressive pharmaceutical marketing, many Japanese began to think of their fatigue and suicidal thoughts as symptoms created by a disease. The number of diagnoses of depression in that country more than doubled between 1999 and 2008.

(Japan has one of the highest suicide rates, at 21 people per 100,000, according to the Organization for Economic Cooperation and Development; the United States’ rate is 12 per 100,000. Last year, the rate in Tamil Nadu was 25 per 100,000.)

Yet there is reason to believe that mental illness is indeed increasing around the world, if only because urbanization is increasing. By 2010, for

the first time in history, more than half the world's population lived in cities. Cities are places of possibility: They are, as E. B. White said of New York, "the visible symbol of aspiration and faith, the white plume saying that the way is up." But cities also break traditions and fracture families, and they breed psychiatric illness. In a city you are more likely to be depressed, to fall ill with schizophrenia, and to use alcohol and drugs. Poverty and rapid urbanization sharpen these effects.

Something Dr. Thara said made me wonder about another factor: "Gadgets. All these gadgets. Nobody thinks for themselves anymore."

We have recently learned that Facebook leads people to feel less good in the moment and less satisfied with their lives. (Some 85 million Indians use Facebook, most of them at least in part through their phones.) The authors of a University of Michigan study speculate that what drives that outcome is social comparison. Other people post flattering photographs and funny comments while your own life just feels so dull.

Of course rising mental illness can't be directly attributed to Facebook, or to what Sherry Turkle, an M.I.T. professor and author of "Alone Together: Why We Expect More From Technology and Less From Each Other," calls "the pressure of performance." But there may be something important here about our awareness of other people and where we stand in social space.

We know that social position affects both when you die and how sick you get: The higher your social position, the healthier you are. It turns out that your sense of relative social rank — where you draw a line on an abstract ladder to show where you are with respect to others — predicts many health outcomes, including depression, sometimes even more powerfully than your objective socioeconomic status.

What has exploded in India over the past few decades, but also everywhere else in the world, is information about other people. As we watch television, surf the Internet and follow events around the world, we become intimately aware of other ways of living and of others who are richer and more powerful. We place ourselves in a vast social order in

**which most of us are ants. It may truly be a depressing reflection.**

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A version of this op-ed appears in print on March 25, 2014, on page A27 of the New York edition with the headline: Is the World More Depressed?.

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