

Bridging the Gap

“Social Spotters”

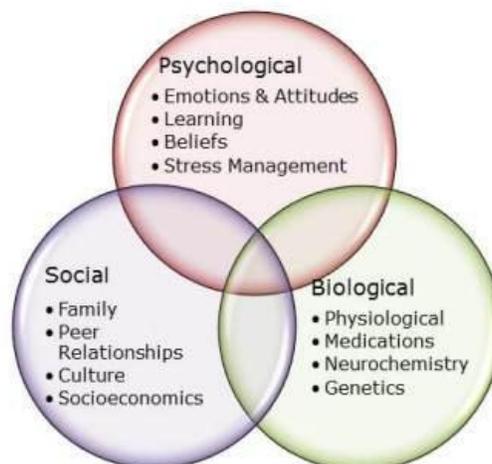
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Depression is a significant issue on college campuses; in a recent survey of 150,000 college freshmen, nearly 10 percent reported feeling depressed over the previous year (Eagan et al 2014). Cornell has faced its own struggles with addressing mental health and, following a rash of suicides in the 2009-10 school year, built out one of the most comprehensive mental health programs in the country. While these services include top-of-the-line treatments, however, they do not systematically address social factors that are known to affect mood and well-being (Schultz, A. and Northridge, M.E. 2004).

The “Social Spotter” program, an intervention aimed at college students who are struggling with depression, is intended to address the gap between research which shows the importance of social environmental factors in precipitating depression and affecting its course (Wheaton, B. and Gotlib, I.H. 1997) and the absence of treatments that specifically address these.

Depression can be a difficult condition to treat in part because it usually does not have a single cause (though it may have a single trigger). The biopsychosocial model, which posits that disease results from an interaction between biological, psychological, and social factors (Engel 1977) is probably the best representation of the causes of depression.

Biopsychosocial Model of Disease



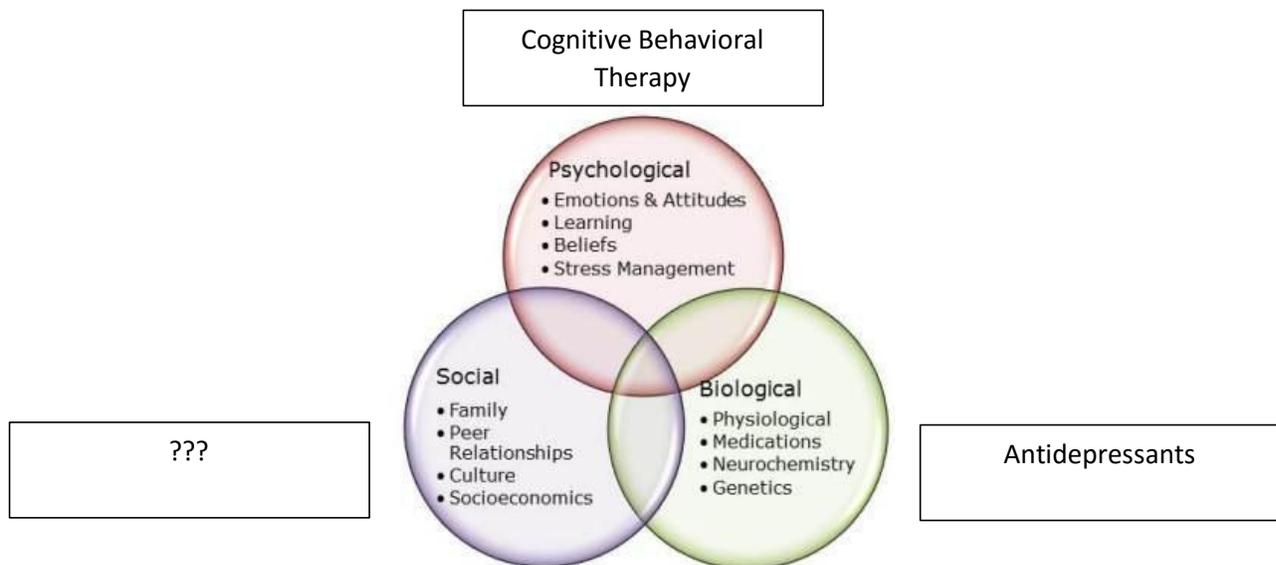
Major biological factors that can contribute to depression include genetic predisposition and biochemical imbalances. Psychological factors include personality, beliefs, and learned

behaviors. Social factors include the perceived loss of social rank or experience of social defeat (Rutter 1987).

The gold standard for treating depression is a combination of medication and cognitive-behavioral therapy (CBT), which target biological and psychological aspects of depression, respectively. Selective serotonin reuptake inhibitors (SSRIs) are among the most widely used class of antidepressants, working to offset biochemical imbalances in the brain which regulate mood and emotion. Cognitive-behavioral therapy complements medication by targeting psychological factors which affect the course of depression; this form of treatment typically involves one-on-one meetings with a psychologist or psychiatrist in which people who are depressed learn to identify and correct distortions in their thought patterns and modify their behavior in order to incrementally change the way they feel.

The combination of medication and cognitive-behavioral therapy has been life-changing for many people who struggle with depression, but it could potentially be made even more effective by introducing treatments that address the social factors affecting depression. While there are many counseling and therapy programs that address issues such as loneliness, alienation, and social anxiety, these are not used (or at least not conventionally used) as a complement to medication and CBT for treating depression.

Treating Depression



It turns out that the social factors contributing to depression cannot usually be boiled down to, for example, a lack of friends or close family ties or unfulfilling social interactions—though these may be apparent in the lives of depressed individuals and are generally problematic. What matters more is how a person who is depressed perceives his or her social environment

and place in that environment, rather than the social environment itself (Kaplan, S. and Kaplan R. 2008, Cacioppo et al 2010, Teo et al 2013). Perception, in other words, is a critical mediator of a person's social environment, especially for depressed individuals who often register the world through distorted thought patterns. There is, of course, a feedback loop between perception, behavior, and environment. A person who thinks that he or she is socially inferior tends to project this self-perception and, more likely than not, alienate the people around him or her—which, in turn, reinforces this self-perception.

The “Social Spotters” intervention is an attempt to break this cycle by addressing a depressed person's negative social self-perception and enabling him or her to better perform in social situations. Social Spotters are peer students who are trained in CBT and volunteer to accompany a student suffering from depression in navigating and perceiving social situations. They are, in short, the social equivalent of athletic spotters.



Athletic spotters are employed in sports and physical training to help athletes maximize performance while avoiding injury. Four aspects of their work are particularly important for the purpose of articulating a Social Spotter's function:

- Presence: A spotter is there because he or she supports the athlete and wants him or her to perform well. This may involve tactile support if the athlete's form needs to be corrected, but it is often effective as a kind of moral support as well as an opportunity for the spotter to gather information and identify how the athlete can improve (something which the athlete may not him or herself be in a position to pick up). In many cases, spotters do not actually touch the athletes. They are simply present and observing.
- Role as a trainer: When on duty, a spotter is first and foremost a trainer and professional—not a friend. He or she has a specific role to play and responsibilities to carry out.
- Emphasis on form: Form is critical to both performance and safety. But each athlete will still have his or her individual style and set of natural strengths and weaknesses.
- Light touch/appropriate cues: A spotter provides reminders and cues; he or she (literally in some cases) does not do the heavy lifting, but rather helps the athlete to internalize the signatures of high performance.

A Social Spotter would provide parallel support for a depressed person in a range of social, professional, and recreational settings that involve interpersonal interaction. He or she will serve three functions: to provide social support through presence and helpful cues in social settings, when appropriate; to observe patterns in a depressed individual's mode of engaging for the purpose of learning from experience; and in debriefings following interpersonal interactions, reinforce CBT lessons.

My hope is that an intervention like this can complement medication and CBT by addressing some of the social factors that aggravate depression, by providing opportunities to practice CBT lessons under supervision; and by helping people who are struggling with both depression and social anxiety.

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