



Civilization has always had an understanding of depression, but myths have circulated since Hippocrates wrote on the condition. Photo by [Wannanuk](#)

LISTS

Nine Lesser-Known Myths About Depression, Debunked

Kevin Brown [Follow](#) 8 min read · Just now

The misconceptions started in Ancient Greece. Now, they’re a major cause of mental health stigma.

Centuries ago, Greek physician Hippocrates wrote in his texts of “melancholia”, a hypothetical disease that caused sadness and despondency in humans. Civilization’s views of the illness ranged from fearful to hostile. Those with depression were often confined, an extreme response to existing beliefs that mental illnesses were the gods’ way of punishing society.

The myth persisted through the Middle Ages when exorcisms were common, evolving in the 17th-century Age of Enlightenment when depression was attributed to character flaws. Consistently, history shows that misconceptions about depression contribute to the stigma those with the illness face.

In modern times, society still has the wrong idea about depression. A 2022 [study](#) revealed that 14.60% of people don’t believe depression is an illness. The same survey found that another 47.80% thought that people with depression could simply snap out of it. These views support the notion that depression is a weakness, and those with depression are merely acting out, perhaps crying for attention.

While these beliefs are problematic, debunked myths about depression have a noticeable impact on stigma. An informed, health-conscious public, aware of misinformation, is better prepared to respond to people who do have depression, decreasing feelings of alienation and working to foster more compassionate communities.

Myth #1: People with depression are more likely to be dangerous

Since President John F. Kennedy signed [The Community Mental Health Act](#) in 1963, the belief that people with depression were dangerous gained ground, mostly due to an increase in crime and homelessness. The bill, while critically acclaimed, left patients who had been discharged from state hospitals on the streets without care, where they shuffled between jails, psych wards, and forensic facilities.

Overall, the public was frightened of people they assumed lived in dark, twisted worlds. Families withdrew socially from loved ones with depression, particularly during the paranoia-causing Cold War and the heightened anxiety of the War on Terror. By the 2010’s, an increase in school violence played a major role in increasing mental health stigma in now fractured, divided, misinformed communities.

Despite the stigma, the [facts about mental health](#) prove the belief that people with depression are dangerous is a myth — they’re 10 times more likely to be crime victims than perpetrators, according to the Substance Abuse and Mental Health Services Administration. Additionally, only 3% to 5% of reported violent acts are committed by people with mental health disorders, including depression.

The belief that people with depression are dangerous paints a harmful message on their backs — it says they’re better off institutionalized or imprisoned than treated. That’s a message that still contributes to stigma.

Myth #2: Depression isn’t a disability

Contrary to public views, depression is, in fact, potentially disabling. It can be permanent, preventing gainful employment, what The American Disability Act calls a disability. It can make daily functioning almost impossible, keeping people bed-ridden, isolated, and in severe distress. Depression can make it hard for people to achieve even basic functioning, let alone able to sustain employment.

Further details about depression’s disabling effects come from The World Health Organization. In 2017, the organization reported that depression was the [top cause of disability](#) worldwide.

The Social Security Administration doesn’t have data on how many people approved for disability have depression, but a [study](#) from The U.S. Department of Treasury shows that among approved applications, 65,435 were for mental disorders. Since The National Institute on Mental Illness’ 2021 [prevalence of depression statistics](#) report reveals that 21 million adults had at least one depressive episode that year, it’s likely that a high percentage of those disability applications were approved due to depression.

Myth #3: Depression causes only mental pain

This overlooked myth circulates because of a lack of understanding of the physiological symptoms of depression. The public has been led for centuries to focus on the emotional toll of depression and dismiss reports of physical symptoms as unrelated. Additionally, mental health awareness campaigns, support websites, and psychiatric facilities rarely teach people to learn about physical pain caused by depression.

In reality, headaches, stomachaches, and muscle and joint pain are reported by people with depression. The [physical pain of depression](#) is caused by dysfunctions in neurotransmitters which are responsible for both pain perception and mood. Since some people may find the pain difficult to describe, they may fail to report it, leading to a lack of public awareness. Others may experience feelings of guilt and shame and consider themselves deserving of physical pain, resulting in additional reduced reporting.

Physical pain felt due to depression may not be excruciating, but can still contribute to thoughts of suicide, and actual attempts.

Myth #4: Depression isn’t a problem for people outside America

Myths tend to start with a small shred of truth. Compared to other countries, many people believe America’s cost of living rates are higher, and that rates of reported workplace stress and burnout have increased. When people think of the issues Americans struggle with, they tend to believe depression isn’t a global issue but is instead a condition only affecting Americans.

But this isn’t true. Societal problems influence depression rates. For example, one [survey](#) found that 700 million people (or 8.5% of the global population) are affected by poverty, and according to a [study](#) cited by [Psychiatrist.com](#), poverty worsens depression. The impact would be felt notably in areas like Sub-Saharan Africa or Southeast Asia, regions at risk for depression due to low resources and famine. In these countries, the gloom and doom of depression may be even more severe than depression felt by Americans, given the hardship experienced.

Wartime represents another risk for depression. In conflict-saturated countries like Ukraine and Lebanon, for example, depression is likely under-reported, both under-diagnosed and difficult to track due to danger. Families in war-torn neighborhoods face infrastructural and transportation-related challenges, both of which act as barriers to treatment.

Ultimately, depression isn’t limited to the United States or surrounding areas. The risks people in other countries face reduces the number of diagnoses received.

Myth #5: Depression is caused by a chemical imbalance

It’s estimated that most of the public think depression is caused by an imbalance of serotonin in the brain. The myth comes from the previously held belief that Selective Serotonin Reuptake Inhibitors (SSRIs) increase serotonin activity in the brain, fixing the imbalance and easing depression symptoms.

But this isn’t true. Scientists [report](#) that the true role that SSRI’s play in helping with depression is unclear, and that there is no evidence depression is caused by an imbalance of brain chemicals. Rather, genetics and stressful events cause depression, as do traumatic childhood experiences and social factors such as lack or support or social isolation.

Myth #6: Therapy makes depression worse

Even one day of therapy can prove daunting. Stressors are unraveled, emotional burdens are expressed, and the presence of accountability may make depression feel painful. This discomfort makes people believe that therapy or counseling will inadvertently make depression worse.

Contrarily, therapy is proven to help with depression. According to [research](#), with medication and self-care, therapy improves depression symptoms in most people who try it, helping 70–90% achieve full remission.

Much of the benefits stems from the therapist’s skills and qualifications. Therapists are active listeners with strong, consistent communication skills. A therapist may bring up healthy, pleasant memories or offer reassurances after appointments. To minimize distress, therapists may assist with meditation, recommend coping skills, and help clients break down complex, self-limiting thought patterns, easing the burden of depression and promoting wellness and recovery.

Ultimately, it’s a myth that therapy worsens depression. Even if tension exists, a therapist skills are intended to reduce such discomfort.

Myth #7: Everyone who has depression knows it

This false belief is circulating because of the abundance of mental health information, online resources, and self-diagnosis tools, which lead the public to believe that if someone has depression, certainly, they should know it.

But a type of depression without a clinical attribution exists which keeps people from knowing they’re depressed. Known as silent depression, the symptoms are obscured and difficult to observe. Typically, people with silent depression don’t show their pain. Overall, they’re less withdrawn and moody. These issues cause the individual to avoid treatment because they’re convinced their symptoms aren’t severe. Worse, they may suffer problems at work or at home, oblivious to how depression is dragging them down.

Not knowing you have depression is possible — and dangerous. The inability to identify and seek treatment for symptoms leads to further mental deterioration, increasing the risk for suicide and self-harm.

There is little data on how many people have silent depression. But the condition is likely common given the prevalence of mood disorders and existing stigma surrounding mental illness.

Myth #8: Antidepressants cure depression

Antidepressants have been touted as miracle drugs by the public. Decades of life-changing transformations achieved by those who have taken antidepressants makes people believe that the drugs will cure depression.

But antidepressants vary in effectiveness. SSRIs like Prozac, Lexapro, and Zoloft are more commonly prescribed, but not everyone benefits from these drugs. According to [research](#) from Johns Hopkins University, roughly 30% of the public has treatment-resistant depression, a form of depression that doesn’t respond to antidepressants. These individuals must choose from several less-proven alternatives, such as deep brain stimulation, ketamine infusion therapy, or psilocybin “mushroom” treatment. They weren’t “cured” by antidepressants, not even after trying multiple medications.

“To those who do take the pills, they still must worry about relapse. When [predicting relapse](#), research shows half of those with depression will have another episode of depression after being treated for the first time. The frequency of relapse and the increase in stress throughout the world suggest that antidepressants aren’t enough to cure depression.

Myth #9: Recovery from depression happens overnight

A common misconception about depression is that it’s a temporary problem, and recovering is only a matter of getting oneself together. Family members of loved ones with depression inherently wish this were true. Like with any illness, they hope for the brightest prognosis. In the end, denial, lack of knowledge, and stories of rapid recovery keep people thinking depression can be overcome in a day.

But this logic is flawed. People with depressed are plagued by negative thoughts. They see no way to end their suffering. They’re overwhelmed by gloom, hopelessness, and a sense of emptiness. The severity of depression warrants months of medication, gradual life changes, and continuous effort to maintain a commitment to challenge one’s thoughts.

Full remission from depression may take months or years, depending on an individual’s response to treatment and the severity of symptoms. People diagnosed with depression may need to rebuild from rock bottom, extending the recovery process and increasing the risk for relapse.

The recovery process for depression is complex and challenging, requiring both patience and effort. Myths about depression cause confusion, adding layers to the complexity, making the road to remission more elusive and cumbersome to follow. They’ve persisted through time, adding to the uncertainty people with depression experience.

Much work remains in the fight to reduce these myths. But only knowledgeable communities that are aware of misinformation are best prepared to support people with depression.

Kevin Brown writes on behavioral health, psychology, addiction, and self-improvement. For articles, support, resources, and updates, visit Kevin’s website at [www.levinbwriting.com](#)

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