



Beliefs about the Causes and Treatment of Depression

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Introduction

- Previous research suggests that people who have biological causal beliefs also believe in the efficacy of pharmacological treatment for psychological disorders (Hagmayer & Engelmann, 2014; Read et al., 2014).
- By contrast, people who hold environmental causal beliefs about mental health problems also believe in the efficacy of psychotherapy (Brown et al., 2007; Goldstein & Rosselli, 2003).
- Two theoretical models, Essentialist Theory (ET) and the Common Sense Model (CSM) of illness cognition, were implemented to examine these potential predictors of underutilization of healthcare.
- According to ET, people who hold biological causal beliefs about mental illnesses also hold negative beliefs about them, including pessimism about the efficacy of treatment and stigmatizing attitudes toward affected individuals.
- The CSM provides a more general conceptual framework for identifying perceived causes of illness, illness-related pessimism, and other beliefs related to treatment seeking.

Objectives

- Assess associations between causal and treatability beliefs concerning depression
- Understand why people may not seek treatment and why they may hold stigmatizing beliefs
- Replicate and extend previous findings of Hagmayer & Engelmann (2014), Read et al. (2014), Brown et al. (2007), and Goldstein & Rosselli (2003)

Procedure & Methods

- 319 respondents recruited to complete an online survey using Mturk.
- The survey included multiple measures derived from Illness Perception Questionnaire-Revised (IPQ-R), modified for depression.
- Responses to an initial set of nineteen items asking about specific causal beliefs were submitted to a preliminary exploratory factor analysis with a varimax rotation (see Table 1).
- This solution was evaluated using confirmatory factor analysis with maximum likelihood estimation (Comparative fit index = 0.96, Tucker-Lewis fit index = 0.94, Standardized Root Mean Square Residual = 0.04, and Root Mean Square Error of Approximation = .06). Internal consistency of the three scales formed on the basis of these results ranged from $\alpha = 0.53$ to 0.84.
- A path analysis was estimated based on these correlations (see Figure 1).

ITEMS	FACTORS		
	Environmental Stressors	Biological Factors	Psychological Attributes
Family problems or worries	0.80		
Financial problems or worries	0.71		
Overwork	0.68		
Problems with friendships or social relations (other than family)	0.61		
Being unemployed or underemployed	0.76		
Biological changes in the person's brain		0.81	
Heredity or genes - it runs in families		0.45	
The person's behavior			0.64
The person's personality			0.60
Chance or bad luck			0.51
Aging			0.52

Table 1. A final set of eleven items appeared to define three factors: Environmental Stressors (5 items), Biological Factors (2 items), and Psychological Attributes (4 items).

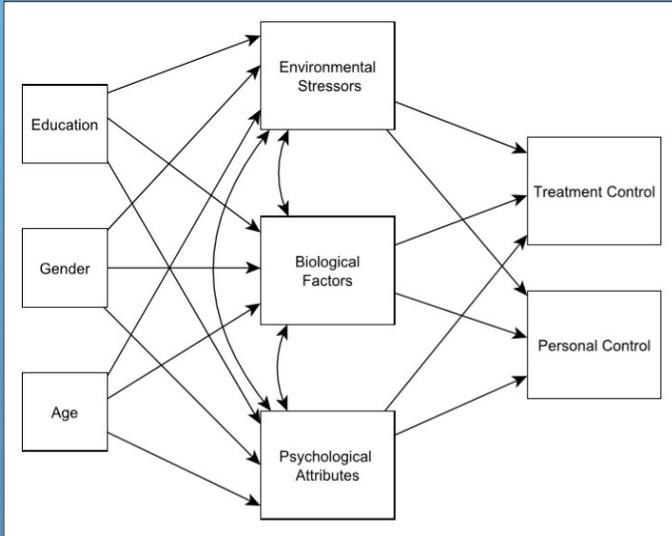


Figure 1. A path analysis showing relationships between causal factors, treatment efficacy beliefs, and demographics.

Results

- Stronger endorsement of environmental stressors as causes of depression was associated with stronger endorsement of the belief that an individual has control over depression without treatment ($r = 0.16, p = 0.004$).
- However, belief in biological causation of depression was not associated with beliefs that an individual has control over depression without treatment ($r = 0.09, p = 0.119$).
- Stronger belief in environmental stressors as causes of depression was associated with stronger endorsement of the belief that formal treatment can control depression ($r = 0.28, p < 0.001$).
- Similarly, stronger belief in biological causation of depression also was associated with stronger beliefs in the effectiveness of formal treatment of depression ($r = 0.24, p < 0.001$).

Discussion

- These results suggest that individuals who more strongly believe that environmental stressors cause depression also believe that people have more control over their depression either with or without treatment.
- It is possible that this suggested belief set underlies stigmatizing attitudes toward depressed individuals.
- By contrast, the belief that biological factors cause depression was unrelated to beliefs concerning people's ability to control depression without treatment.
- These results also have implications for how public health announcements should characterize depression and its treatment.
- Future studies should attempt to collect prospective data on causal and prognostic beliefs, and test whether experimental manipulations of causal beliefs can influence changes in prognostic beliefs.

References

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