Bias in beliefs about the self is associated with depressive but not anxious mood

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Abstract

Background: Biases in beliefs about the self are associated with psychopathology and depressive and anxious mood, but it is not clear if both negative and positive beliefs are associated with depression or anxiety. We examined these relationships in people who present with a wide range of depressive and anxious mood across diagnostic categories.

Methods: We probed positive and negative beliefs about the self with a task in which 74 female participants with either affective disorder (depression and/or anxiety), borderline personality disorder or no psychiatric history indicated the degree to which 60 self-related words was “like them” or “not like them”. Depressive and anxious mood were assessed with the Beck Depression Inventory–II and the Beck Anxiety Inventory.

Results: The participants with no psychiatric history (n = 25) reported a positive bias in their beliefs about the self, the participants with affective disorder (n = 23) reported no bias, and the participants with BPD (n = 26) reported a negative bias. Two hierarchical multiple regressions demonstrated that the positive and negative beliefs contributed additively to the ratings of depression (corrected for anxiety), but did not contribute to the ratings of anxiety (corrected for depression).

Limitations: Despite the apparent small sample size, the regression analyses indicated adequate sampling. Anxiety is a much more heterogeneous condition than is depression, so it may be difficult to find relevant self-descriptors. Only measures of endorsement were used.

Conclusions: Biases in beliefs about the self are associated with depressed, but not anxious mood, across diagnostic categories.

1. Introduction

Cognitive biases are psychological shortcuts that allow rapid processing of information, and are reflected in the proportion of positive to negative cognitions and beliefs. People with no psychiatric history report a positive bias in their beliefs about the self [1,2]. Negative beliefs about the self have been reported in people who have a diagnosis of depression [3], and a diagnosis of anxiety [4,5], and can be the target of psychological therapies like cognitive–behavioral therapy. Negative beliefs about the self have also been reported in people who have a diagnosis in which depression and anxiety are important components of the presentation: eating disorder [6–8], psychosis [9] and borderline personality disorder [BPD; [10–12]]. The purpose of this brief report is to investigate whether a negative bias in beliefs about the self is associated with depressive or anxious mood, across diagnostic categories.

Depressive and anxious states share many features [13] and co-exist, to different degrees, in people with no psychiatric diagnosis or psychiatric history, and in people with a psychiatric history [14]. It is the distinct, unshared features of depression and anxiety that may be reflected in different belief systems about the self, the world, and the future [15]. The difficulty in attributing beliefs about the self to anxious or depressive states has been visited previously [16]. When the separate effects of depression and anxiety can be parsed, the evidence indicates that the negative beliefs about the self are related to anhedonia and depression, and not related to anxiety and arousal, at least when the participants in the study are healthy volunteers from the community [17].

Beliefs about the self have been assessed with various instruments. Beliefs associated with depression have been measured with the Irrational Beliefs Test [18], Young’s
Scores on negativity bias [3].

A positive view of self has sometimes been defined by low scores on the Personality Beliefs Questionnaire [see 8, 19, 20]. Two important scales were developed on the basis of clinical practice (e.g. in clinical research [23]). The degree to which people had a positive view of self has sometimes been defined by low scores on negativity bias [3].

Second, all of these measures consist of statements that were developed on the basis of clinical practice (e.g. “I will always be alone” from the PDBQ, and “I can’t cope as other people can”) and for clinical purposes. The statements are biased toward items that are specific to diagnostic categories. For example, the PBQ-BPD and the PDBQ consist of items that distinguish people who have BPD from those who do not on the basis of valence and content. Both of these scales are clinically useful and distinguish between people who have BPD from people who have other personality disorders [15, 21]. These scales reflect biases that are specific to particular conditions, but shed less light on aspects of illness that are shared across diagnostic categories.

To learn more about the biases in the belief systems associated with depressive and anxious mood, we must probe the degree to which people endorse both positive and negative beliefs about themselves. One task that has been useful to examine both positive and negative beliefs is the Self-Referent Encoding Task, or SRET [24–26], which involves the presentation of negative and positive words, followed by a prompt to indicate whether or not these words describe the participant [27]. The use of the SRET allows the investigator to probe both positive and negative biases, with words that are not specific to any particular diagnosis. The use of single words also allows for different measures to be obtained from the participants, for example the number of positive and negative words endorsed as self-descriptors, the response time to each word, recall, recognition, and electrocortical responses to each word. The use of the SRET with these various measures has demonstrated two types of negative bias associated with depression: an automatic negative bias detected by early electrocortical responses, that is present in currently depressed and previously depressed but remitted individuals, and a controlled, effortful bias, detected by late electrocortical responses and by behavioral measures which is only present in currently depressed individuals [28]. The automatic bias may reflect a vulnerability to develop depression, whereas the conscious, controlled bias may reflect a mood-dependent bias [28]. These results obtained in healthy and depressed adults have been replicated in depressed and healthy adolescents [27, 29] as well as low- vs. high-risk healthy adolescents [30] and adolescents with borderline personality disorder [31].

The aim of the current study is to examine the relationship between the mood-congruent, conscious and controlled bias in beliefs about the self and mood, by administering a version of the SRET to people who report a wide range of bias in beliefs about the self, and also a wide range of depressive and anxious mood, across diagnostic boundaries. We investigated 3 groups of people (people with no psychiatric history, people with a diagnosis of an affective disorder, either depression and/or anxiety, and people with BPD) to reflect a wide range of bias, from positive bias to lack of bias to negative bias, and to reflect a wide variation on scores of depression and anxiety. The purpose of the current study was not to identify the content of beliefs that is diagnostic specific, but to identify content that is present across diagnostic categories. On the basis of the previous results obtained by Dunn and colleagues [17] in healthy people from the community, we predicted that a negative bias in beliefs about the self is associated with depression but not anxiety.

2. Method

2.1. Participants

Seventy-four females participated in this study. The inclusion criteria were that the participants were female, 18 years of age or older, able to provide consent, and had either a diagnosis of BPD (BPD group, n = 26), anxiety disorder or major depressive disorder (AD group, n = 23), or have no psychiatric history (NPH, n = 25). Participants for the BPD and the AD groups were recruited from various local community mental health teams and from local support groups. Individuals with NPH were recruited from the community through a local community website. In the AD group, 16 participants met criteria for major depressive disorder, 5 participants for anxiety disorder, and 2 participants for both major depressive and anxiety disorder. No participant in this group met more than two criteria for BPD, and none met criteria for identity disturbance. Only female participants were recruited to avoid possible sex differences in the view of self, and because there are more females than males diagnosed with BPD and AD. The exclusion criteria for the study were a diagnosis of substance abuse/dependence, bipolar disorder and psychosis. Participants in the NPH must not have had or currently have a psychiatric diagnosis. The characteristics of the sample are shown in Table 1. The study was approved by the University of Strathclyde Ethics Committee and the local NHS Research Ethics Committee.

2.2. Materials

All participants were administered the Beck Depression Inventory, second edition (BDI-II) [32] to assess the degree
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