



Beliefs about depression and anti-depressive behaviour: relationship to depressed mood and predisposition to mania in non-patients

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Abstract

This study reports the development of a self-report measure to assess beliefs about and frequency of anti-depressive behaviour. This study tests the hypothesis that people predisposed to depression and mania will be associated with higher levels of unhelpful beliefs about anti-depressive behaviour, sociotropy and autonomy, and higher levels of dysfunctional antidepressive behaviour. Non-clinical participants (112) were asked to complete questionnaires assessing beliefs about and frequency of anti-depressive behaviour, predisposition to mania, depression, sociotropy and autonomy. The results showed that three empirically distinct subscales measuring the beliefs people hold about how to avoid depression can be identified reliably. The questionnaire assessing frequency of antidepressive behaviour also had three subscales. The scales possessed acceptable internal consistency and were moderately stable over a 4–6 week period. Consistent with predictions, it was found that sociotropy, autonomy and beliefs about antidepressive behaviour were significantly associated with depression. Autonomy was found to predict predisposition to mania, and those with high vulnerability to mania scored significantly higher on measures of autonomy, sociotropy and frequency of active coping than those of lowest vulnerability. The theoretical and clinical implications of the findings are discussed.

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1. Introduction

Bipolar disorder (BD) is an episodic illness, which has adverse psychosocial consequences (Goodwin & Jamison, 1990), and it affects around 1% of the population in its severest form and at least another 1% in milder variants (Depue et al., 1981; Weissman, Prusoff, Thompson, Harding, & Myers, 1978). Unipolar depression also has significant psychosocial consequences and will affect up to 12% of men and 25% of women at some point in their life (APA, 1994). Research into psychological treatments for BD has been limited and these patients have been long regarded poor candidates for therapy (Goodwin & Jamison, 1990). However, with the increased emphasis on stress-diathesis models of mental disorders over the past two decades and the increased acceptance of cognitive behavioural interventions for individuals with treatment-resistant schizophrenia as well as chronic depressive disorders, research into psychological treatments for BD has started to gain momentum (Scott, 1996). The development of effective cognitive behavioural treatments for unipolar depression has been significantly influenced by advances in knowledge regarding cognitive processes, maintenance factors and underlying vulnerabilities in this disorder (Segal & Swallow, 1994). Similarly, it is likely that developments in the understanding of cognitive processes in bipolar disorder will help to develop more effective psychological treatments for this disorder.

Beck's (1976) cognitive theory of depression states that depression is characterised by a negative cognitive triad consisting of negative automatic thoughts regarding self, world and future. This was expanded to recognise that certain clusters of personality attributes or schemas may result in increased susceptibility to depression when these predisposed individuals experience a negative life event that matches their personality vulnerability (Beck, Epstein, & Harrison, 1983). Sociotropy, which is the tendency to invest in positive interchange with other people and be primarily concerned with social themes such as approval and acceptability, and autonomy, which is the tendency to invest in preserving and increasing their independence and be primarily concerned with achievement, were identified as two such vulnerability factors in depression and other emotional disorders. For example, the break-up of a relationship would be likely to trigger depression in a sociotropic individual, whereas losing a job would be likely to trigger depression in an autonomous individual.

A number of studies have tested the hypothesis that sociotropy and autonomy are vulnerability factors in the development of depression. Several studies of depressed patients pre- and post-treatment have found sociotropy and autonomy to be stable constructs (Blackburn, 1996; Moore & Blackburn, 1996; Scott, Harrington, House, & Ferrier, 1996). A number of studies have also found a strong relationship between sociotropy and autonomy scores and negative self-evaluation (e.g. Metalsky, Joiner, Hardin, & Abramson, 1993), as well as with measures of information processing such as recall biases (Moore & Blackburn, 1993) in people predisposed to depression.

The observation that depression ratings are frequently as high during the manic phase as they are during the depressed phase of bipolar disorder (Kotin & Goodwin, 1972) has led researchers to suggest that mania is a defense against depression (Winters & Neale, 1985). Neale (1988), in a cognitive reformulation of the 'manic defense' hypotheses proposed that unstable self-esteem coupled with unrealistic standards for success (presumably related to autonomy) are the predominant predisposing factors for bipolar disorder. Winters and Neale (1985) also found that

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