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Attitude formation in depression: Evidence for deficits in forming positive attitudes

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ABSTRACT

While a wealth of research has found that depressive symptoms are related to current attitudes, new evidence suggests depressive symptoms may be related to a fundamental deficit in forming new attitudes. Researchers investigating individual differences in attitude formation have found that depressive symptoms are strongly correlated with poorer learning of positive stimuli. This study extended these findings to a sample including clinically depressed participants. Results show that, as compared to nondepressed individuals, depressed individuals are characterized by a large deficit in their learning of positive stimuli. Implications of this fundamental deficit are discussed.

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Cognitive models of depression have emphasized the importance of negative beliefs and information-processing biases in the development and maintenance of depression. Depressed people have long been thought to have pervasive negative views of themselves, their world, and their futures (Beck, 1967). A wealth of research shows that depressed people do endorse more negative beliefs than people who are not depressed (Beck, Riskind, Brown, & Steer, 1988; Hill, Oei, & Hill, 1989; Hollon, Kendall, & Lumry, 1986). Depressed people also show a host of information-processing biases that include biases in attention and memory (Mineka, Rafeali, & Yovel, 2003). Taken together, these pervasive biases likely serve to maintain (and perhaps strengthen) the negative attitudes of people who are depressed.

However, research has been lacking in how attitudes in depressed individuals, or in the general population for that matter, are formed. There is consistent evidence that people with depression experience more negative life events than those who have not been depressed (Brown, & Harris, 1989; Hammen, 2005). The negative attitudes of people with depression may be partly based on their history

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of greater negative experiences. However, Shook, Fazio, and Vasey (2007) recently provided evidence suggesting the negative attitudes associated with depressive symptoms extend to stimuli with which participants have no prior learning experience. Thus, depressive symptoms appear to be associated with a fundamental deficit in learning about novel positive stimuli.

In their examination of this issue, Shook et al. (2007) used a recently developed assessment of attitude formation—a computer game called “Beanfest” (Fazio, Eiser, & Shook, 2004). The use of novel stimuli in this game allows investigators to assess individual differences in attitude formation involving objects with which participants have no prior learning history.

The Beanfest game can be implemented in different ways to assess multiple aspects of attitude formation [see Fazio et al. (2004) for a full description of these implementation options]. The implementations are similar in that participants are asked whether they will accept or reject each of a series of bean-like stimuli knowing that accepting a bean can lead to either gaining or losing game points. One important difference among the different implementations of the game is whether participants are provided with feedback only on trials on which they select a bean (i.e., contingent feedback) or whether they are provided feedback regardless of whether they select a bean (i.e., full feedback). Using contingent feedback, researchers can assess individual differences in willingness to sample the stimuli (and risk losing points). With full feedback, researchers can assess individual differences in participants’ tendencies to form attitudes toward positive and negative stimuli. The individual differences that emerge reflect fundamental tendencies to learn positive and negative stimuli, which are neither a function of prior learning history (as the stimuli are truly novel) nor participants’ willingness to take the risk of sampling the stimuli (as feedback is not contingent on sampling).

Using full feedback in an unselected sample, Shook et al. (2007) found depressive symptoms were associated with less learning of positive stimuli, but these symptoms were unrelated to the learning of negative stimuli. On the basis of these findings, Shook et al. (2007) suggested that “a lack of appreciation for positives, rather than increased rehearsal of negatives,” was responsible for the learning bias seen in those with more depressive symptoms (p. 153). If future research found that this failure to learn the positive was characteristic of Major Depressive Disorder, this would be an important advancement with potential implications for the development of models of the etiology and maintenance of depression.

Given these considerations, the purpose of this study was to compare nondepressed participants and participants diagnosed with clinical depression with respect to their formation of attitudes toward positively and negatively valenced stimuli. We utilized a formal evaluation of Major Depressive Disorder and an interview-based measure of depressive symptom severity. We expected that learning of positive stimuli would differentiate between depressed and nondepressed groups.

1. Method

1.1. Participants

A total of 34 undergraduate participants from Ohio State University were included in this study. These participants were selected from a sample of 87 students who had participated in a larger study for research credit (see Strunk & Adler, 2008 for additional information on the sample of 87 participants). To be eligible for inclusion into this study, participants had to either meet criteria for current Major Depressive Disorder according to the Structured Clinical Interview for the DSM-IV (First, Spitzer, Miriam, & Williams, 2002), or they had to be nondepressed with low levels of depressive symptoms. Cutoff scores to identify the low depressive symptom group were chosen to reflect the lowest 30 percent of scores on each of two measures of depressive symptoms. These cutoffs were a Beck Depression Inventory-II (Beck, Steer, & Brown, 1996) score of five or fewer and a Hamilton Rating Scale for Depression (Hamilton, 1960; Williams, 1988) score of four or fewer. To be included in the low depressive symptoms group, participants had to meet cutoff criteria for both measures. The 34 participants in this study were primarily Caucasian (30 of 34) and female (21 of 34) with a mean age of 18.8 years ($SD = 1.8$). Seventeen were currently depressed and seventeen were currently nondepressed with low depressive symptoms.

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