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Older Hispanics' Explanatory Model of Depression

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A B S T R A C T

Cultural variations in the perception of depression make it difficult to recognize the disorder resulting in older Hispanics not being diagnosed and not receiving appropriate treatment. This study used a mixed-method design to explore older Hispanics' explanatory model of depression. Depression was recognized as the result of life stressors and personal weaknesses. Terms used for depressed people included "crazy, worry, bored, and nerves." These culturally coded terms may confound diagnosis among many Hispanics who find depression a shameful condition. Findings can be used to inform the adaptation of culturally relevant approaches to better serve the Hispanic community in this country.

Older Hispanics face disparities in the recognition and treatment of depression (Lewis-Fernandez, Das, Alfonso, Weissman, & Olfson, 2005). One reason may be that the conceptualization of depression as a social problem or emotional reaction among Hispanics differs from the biomedical model of depression as a condition requiring mental health treatment (Vega et al., 2007). Steffens, Fisher, Langa, Potter, and Plassman (2009) reported that the lifetime prevalence of depression among older Americans was 11.9%. An epidemiological study on Hispanics' mental health, however, found that the lifetime prevalence rate for major depression was 20.1 % for Puerto Ricans, 18.6 % for Cubans, 14.7% for Mexicans, and 13.9% for other Hispanics (Alegria, Canino, Stinson, & Grant, 2006).

Researchers measuring depression among ethnic minorities and White non-Hispanics in different parts of the U.S. have suggested that older Hispanics report the highest levels of depression (Jang, Chiriboga, Kim, & Phillips, 2008; Rodriguez-Galan & Falcon, 2009; Russell & Taylor, 2009). In fact, researchers who used the Center for Epidemiologic Study Depression Scale (CES-D) (Radloff, 1977) to measure depressive symptoms among minority groups and European-Americans in Massachusetts reported that 26% of African-Americans, 32% of Cubans, and 30% of non-Cuban Hispanics scored above the cut off for depression, whereas the proportion of European-Americans was only 15% (Jang et al., 2008).

Depression has been associated with delays in access to medical care resulting in late diagnosis and treatment of medical illnesses among older Hispanics (Rodriguez-Galan & Falcon, 2009). Higher levels of depressive symptoms have been associated with cognitive decline in older Hispanics (Rotkiewicz et al., 2006). Most seriously, depression has been associated with high rates of suicide attempts among Puerto Ricans ages 20 to 74 (Oquendo, Lizardi, Greenwald, Weissman, & Mann, 2004).

Despite the increasing number of studies reporting depressive symptoms among older Hispanics, little is known about Hispanics' explanations of depression. Most of the research on older Hispanics' depression has been quantitative. Cultural perspectives of depression are often missing. The differences between low-acculturated and high-acculturated older Hispanics' concept of depression have simply not been examined. This gap is of concern to practitioners because culture impacts the idioms used to report the symptoms, help-seeking behaviors, communication between patients and providers, protective psychological factors, and outcomes as serious as suicide (Kleinman, 2004).

Cultural variations in the way Hispanics view depression and report symptoms may make difficult to recognize the disorder. This means older Hispanic patients with depression may not be diagnosed and may not receive appropriate treatment (Cabassa, Lester, & Zayas, 2007). Also, differences in the explanatory model of depression from the biomedical model may lead to underutilization of mental health care services and treatment (Karasz, 2004). To address the gaps in research related to the cultural explanation and perceptions of depression among older Hispanics, the present study explored older Hispanics' concept of depression, their coping mechanisms and help seeking behaviors, and culture-specific factors that may help in the recognition and treatment of depression. Two questions guided this research:

What are older Hispanics' explanatory model of depression and their explanations of its causes, effects, and treatment preferences?
Is there a difference in the explanatory models of depression between high and low-acculturated, depressed and non-depressed Hispanics?

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METHOD

This study used a mixed-method design that combined qualitative and quantitative methods (Creswell, 2009). The core component of this study was an interview adapted from Kleinman's (1980) Explanatory Models ethnographic approach with an added vignette variation. Kleinman's Explanatory Models is a mini-ethnography that consists of an interview technique to understand how illness is perceived, interpreted, and explained from the patient's own point of view (Kleinman & Benson, 2006). The concept of explanatory models refers to the idea that people from a given culture often have their own concepts and perceptions of illnesses, which may differ from those held by the clinicians. Explanatory models of patients and families provide insight into their mental process regarding the illness and potential treatments (Kleinman, 1980). How illness is perceived and how treatment is experienced may all form part of the total picture that health care providers need to take into account. Kleinman's Explanatory Models guided the collection of qualitative data.

A quantitative methodological strategy was also used with the inclusion of two instruments. The first scale was the Center for Epidemiologic Studies Depression Scale (CES-D) developed by Radloff (1977). The second scale was the Cross Cultural Measure of Acculturation (CCMA) developed by Tappen, Rosselli, & Williams in 2002. The information obtained from these measurements was used to establish categories, depressed and non-depressed and high and low-acculturation.

Participants

The sample was purposively selected for maximum variation among participants. A total of 50 participants were included in this study. The criteria for selection included: a.) 55 years old and older, b.) self-identified Hispanics who speak Spanish and/or English, and c.) residence in South Florida (Miami-Dade, Broward, and Palm Beach counties). Hispanics younger than 55 years old residing outside of South Florida and ethnic groups other than Hispanics were excluded. IRB approval was obtained from Florida Atlantic University for this study. All information and informed consent material was in the preferred language (English or Spanish) of the participants.

Procedures

Prior to the study, a pilot study was conducted among twelve individuals (6 low-acculturated individuals and 6 high-acculturated individuals) who exhibited characteristics similar to those who comprised the study population. The purpose of the pilot study was to field test the method, techniques, case vignette, and interview guide for applicability and adequacy in exploring concepts and perceptions of depression among older Hispanics. Participants were interviewed using a draft copy of the vignette, interview questions, and questionnaires using the same data collection procedures described in the study. They were asked to read aloud the information exactly as written and to give their feedback, thoughts, and overall impressions on the vignette, questions, and techniques. A research method known as “think aloud” (Charters, 2003) was used to elicit information from participants regarding their thoughts as they read the vignette and interview questions. Think aloud research methods have been shown to have “a sound theoretical basis and provide a valid source of data about participant thinking” (p. 1).

The pilot study exposed aspects of the project that needed revisions (Polit & Hungler, 2008). Participants' comments helped facilitate the understanding, use of wording, interpretation, presentation of the interview questions, and led to their revision. Therefore, interview questions were revised to facilitate communication and interaction between participants and the researcher. No changes needed to be made to the case vignette based on the participants' feedback.

Data Collection

Participants for this study were recruited through a Spanish-speaking church, an agency for older Hispanics, and network sampling by word of mouth. Mutually-convenient appointments and locations for interviews were set up with individuals who agreed to participate. After a period of rapport building, participants were asked to answer some demographic questions. Next, the case vignette related to depression was presented to elicit participants' explanatory models of depression. After the interviews, participants were also asked to complete two questionnaires. The CES-D measured their depression level, and the CCMA measured their acculturation level. The results were used to establish categories to compare participants' descriptions of the phenomenon.

Measures

Demographic Questionnaire

Participants were asked to complete a brief demographic survey which did not ask for any identifying information. Demographic data included information regarding gender, age, education, socioeconomic status, marital status, history of medical conditions, country of origin, and years lived in the U.S.

Interview Guide

The interview guide used to answer the research questions in this study was based on Kleinman's Exploratory Models ethnographic approach with a vignette variation. The interview guide consisted of a vignette portraying an individual with depressive symptoms adapted from the vignette used by Sulaiman, Bhugra, and de Silva (2001) and based on the DSM-IV-TR depression categories without using technical language (American Psychiatric Association, 2000). The vignette did not indicate age, gender, or any other descriptor associated with the individual, except for depressive symptoms and behavior. The second part of the interview guide incorporated open-ended questions, adapted from the revised cultural formulation of Kleinman's Explanatory Models Approach interview questions (2006). The aim was to produce a concise, vivid, and easy to understand picture of the clinical condition. To answer the interview guide questions, participants were asked to assume the role of the person described in the vignette.

Case Vignette

A person has been unhappy for the past 5 months, has lost interest in doing normal day-to-day activities, and feels as if life isn't worth living anymore. Furthermore, this person has difficulty sleeping and has not been eating well. Also, this individual complains of having troubles such as headaches, stomachaches, general weakness, and lack of energy. This person does not want to get out of the house anymore. This individual has difficulty concentrating, making decisions, and lacks the desire to do anything. Friends and relatives have commented on this person's 20 lbs. weight loss and frequent irritability and tearful outbursts.

The following questions were asked after reading the vignette:

1. What do you call the problem expressed in the story?
2. What do you believe is the cause of this problem?
3. What course do you expect it to take?
4. How serious is it?
5. What do you think this problem does inside your body?
6. How does it affect your body and your mind?
7. What do you most fear about this condition?
8. What do you most fear about the treatment?