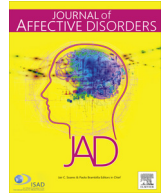




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Research paper

Depression, help-seeking perceptions, and perceived family functioning among Spanish-Dominant Hispanics and Non-Hispanic Whites



Amanda R. Keeler*, Jason T. Siegel

Claremont Graduate University, School of Social Science, Policy, and Evaluation, United States

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ABSTRACT

Introduction: Guided by Beck's (1967) cognitive theory of depression, we assessed whether perceived family functioning (PFF) mediated the relationship between depressive symptomatology and help-seeking inclinations.

Methods: Study 1 included 130 Spanish-Dominant Hispanics and Study 2 included 124 Non-Hispanic Whites obtained using online crowd sourcing. Participants completed measures of depressive symptomatology, PFF, and several scales measuring aspects of help seeking inclinations and self-stigma. Study 2 also included an experiment. With an eye toward potential future interventions, we assessed the malleability of PFF. Specifically, participants were randomly assigned to recall positive or negative family experiences and then PFF was measured for a second time.

Results: Both studies found PFF mediates the relationship between depressive symptomatology and the help seeking scales. Among non-depressed people, the positive manipulation improved PFF; however, among participants with elevated depressive symptomatology, writing about a positive family experience worsened PFF.

Limitation: With the exception of the experiment, most of the data were cross-sectional. For the experiment, it is possible that different manipulations or primes could have different effects.

Conclusion: Whether investigating responses from Spanish-Dominant Hispanics or Non-Hispanic Whites, PFF mediates the negative relationship between heightened depressive symptomatology and familial help-seeking beliefs, as well as self-stigma. However, even though the mediation analysis offers preliminary support that increasing PFF can potentially increase help-seeking behaviors of Hispanic and Non-Hispanic White people with depression, the results of the interaction analysis, specifically the negative impact of writing about positive family memories on people with elevated depression, illustrates the challenges of persuading people with depression.

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1. Introduction

Every year, depression affects more than 350 million people worldwide (World Health Organization; WHO, 2016). Depression has been identified as a leading risk factor for suicide; internationally, researchers estimate that approximately one suicide occurs every 40 seconds (Kposowa and Glyniadaki, 2012), with over 800,000 deaths worldwide every year (WHO, 2016). Unlike many other health conditions, as depression symptoms increase, people with depression are less likely to seek treatment (Barney et al., 2006; Sawyer et al., 2012). Although depression is treatable,

Kessler et al. (2003) findings indicate that less than half of people with major depressive disorder receive adequate treatment.

Beck's cognitive theory of depression (CTD; Beck, 1964, 1987; Beck and Bredemeier, 2016; Beck et al., 1979) can partially explain the lack of help-seeking among people with elevated levels of depressive symptomatology. Beck (1967) proposed that the cognitions of people suffering from depressive symptomatology differ from non-depressed people in that they perceive the world through a depressogenic schema. The depressogenic schema is the causal aspect of the theory and involves faulty patterns in attitudes and beliefs that cause cognitions to take on a negative bias (Beck, 1987). This negative bias causes cognitive errors (e.g., absolutistic dichotomous thinking) and leads people to think negatively about themselves, the world, and the future (Beck et al., 1979). As depression severity increases, so does the extremity of negative bias (Beck, 1967; Beck et al., 1979).

* Correspondence to: Claremont Graduate University, School of Social Science, Policy, and Evaluation, 123 East 8th Street, Claremont, CA 91711, United States.

E-mail address: mandakeeler@me.com (A.R. Keeler).

This negative bias impacts nearly all thoughts, including cognitions about help-seeking. Accordingly, prior studies indicate that higher levels of depressive symptomatology are associated with less favorable attitudes toward help-seeking (Lienemann and Siegel, 2016), reduced confidence that help-seeking will lead to favorable outcomes (Siegel et al., 2015), and less confidence that social support is available (Lienemann et al., 2013). Such data elucidates why roughly half of the people who commit suicide do so without mentioning their intentions to anyone (Kisley et al., 2011).

This research endeavor follows-up on a recent study conducted by Keeler et al. (2014) which, guided by Beck's CTD, tested whether familism (i.e., a multidimensional construct whereby importance of family overshadows the needs and desires of individual members; Katria et al., 2014) mediated the negative relationship between depressive symptomatology and informal help-seeking among Spanish-Dominant Hispanics in Arizona. Even though the data were cross-sectional and therefore cannot be used to make causal claims, these data indicate that increased levels of depressive symptomatology are associated with reduced comfort in approaching family about depression, less confidence that family support can provide useful assistance, and lower scores on a familism scale that included items such as, "I expect my relatives to help me when I need them." Further, familism mediated the relationship between depressive symptomatology and the two measures assessing family-related help-seeking cognitions. These findings not only illustrate the range of help-seeking cognitions that are impaired by heightened levels of depressive symptomatology, but also indicate a possible path for reducing the negative impact that heightened levels of depressive symptomatology has on familial help-seeking; namely, increasing favorable perceptions of familial bonds. If perceptions of familial bonds could be favorably influenced, such an approach could be particularly useful because when people do seek help, informal sources, including family, typically represent the most likely and accessible source of help for people with depression (Walters et al., 2008).

1.1. The current studies

With the goal of further exploring the relationship between depression and help-seeking cognitions, the current study replicated, expanded, and brought an experimental design to the efforts of Keeler et al. (2014). In order to examine the external validity of Keeler and colleagues' findings, we used different recruitment methods and a different mode of data collection. Unlike Keeler and colleagues', this study focused on perceived family functioning (PFF; i.e., the transactional patterns of the family system that strongly influences behavior involving family members; Miller et al., 2000), rather than familism. This change was made due to the current research endeavor exploring the generalizability of results for both Hispanics (Study 1) as well as Non-Hispanic Whites and a prior study indicated that familism is less predictive of cognitions when the respondents are Non-Hispanic Whites (Siegel et al., 2012).

The central hypothesis for the current study, similar to Keeler and colleagues (2014) is that PFF mediates the negative relationship between increased levels of depressive symptomatology and negative familial help-seeking cognitions (H1). The suite of beliefs that we proposed are affected and were tested as outcome measures in sub-hypotheses (H1a–H1f) include help-seeking self-efficacy, the perceived utility of family support (i.e., is family support useful), perception of whether their family could help them (i.e., family has the resources), perception if family would help them (i.e., family would use resources to help), perceived familial consequences, and self-stigma. Even though studies have previously identified that increased levels of depression are associated with

reduced PFF (Dwight-Johnson et al., 2010) and that increased levels of depression are associated with a reduced likelihood of seeking help from family members (Keeler et al., 2014), few studies have explored whether there is an indirect relationship between depression and family-based help-seeking cognitions through PFF.

As noted, Study 2 examined whether the results are specific to Spanish-Dominant Hispanics or if they are generalizable to Non-Hispanic Whites. Study 2 also included an experimental manipulation designed to begin to consider possible intervention strategies. Specifically, with an eye towards intervention, Study 2 examined whether priming past experiences where participants' family members provided social support could minimize the negative influence of depressive symptomatology on PFF. As described earlier, depression is associated with increased negative bias (Beck, 1967). Haque et al. (2014) found that people with depression generally recalled more negatively valenced autobiographical memories than positive when compared to non-depressed people. However, we expected the experimental manipulation would assist in the recall of positive experiences by making positive familial relations salient and thus temporarily improving PFF for those with elevated depressive symptomatology (H2). If successful, a potential means for intervention would be demonstrated. Therefore, our hypotheses are as follows:

H1. Perceived family functioning mediates the relationship between depressive symptomatology and a suite of help-seeking behaviors.

H2. Perceived social support is malleable such that when people with heightened depressive symptomatology engage in an autobiographic recall task focused on prior experience of family support, PFF increases. When people with heightened depressive symptomatology engage in an autobiographic recall task focused on prior negative experience of family support, PFF decreases.

2. Study 1

The goals of Study 1 were to illustrate the generalizability of the ability of PFF to mediate the relationship between depression and help seeking cognitions in a broader group of Spanish-Dominant Hispanics recruited from across the US (Keeler et al., 2014). Data supporting our hypothesis could provide evidence of the robustness of the relationships among depressive symptomatology, PFF, and help-seeking for a broader group of Hispanics.

3. Method

3.1. Participants

Participants were recruited from across the US using Amazon's Mechanical Turk (MTurk), an online a crowd sourcing website. Previous research indicates MTurk has comparable results to pen and paper surveys (Buhrmester et al., 2011). People who were at least 18 years old, considered Spanish as their primary language, and resided in the US were invited to take part in this anonymous 10-minute survey aimed at gaining an understanding of depression within the Hispanic community. Interested participants were provided with a link to the survey where they completed an informed consent form along with several measures in Spanish and were compensated \$1.20. Back translation was used to ensure the informed consent, measures, and debriefing were accurately translated (Brislin, 1970; Harkness et al., 2004). Approval was granted from an Institutional Review Board and fully complied

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