Respecting the 'stages' of depression: Considering depression severity and readiness to seek help

Jennifer A. Lueck*

Texas A&M University, United States

ABSTRACT

Objective: Despite knowing the value of message customization, empirical results have failed to provide clear indicators of what make a depression help-seeking message effective. The present research examines stages of depression in response to a prominent communication strategy, gain versus loss framing, to inform possibilities for effective message customization.
Methods: Two experimental studies were conducted with a student ($N = 126$) and U.S. adult ($N = 738$) sample that tested the effects of gain versus loss framing at different stages of depression.
Results: A persuasive gain-frame advantage was found for those with mild and severe depression, whereas a boomerang effect was found for both gain and loss framing among those with moderately severe depression. With regards to intention to seek help, neither gain nor loss framing was found to influence intentions. Stages of depression was a strong predictor, with strongest intentions to seek help observed among those with either minor or severe symptoms of depression.
Conclusion: Effective health messaging must be matched with unique characteristics and needs of individuals at each 'stage' of depression in order to produce favorable outcomes.
Practice implications: 'Stages' of depression should be known and carefully assessed before the creation and launch of communication interventions.

© 2018 Elsevier B.V. All rights reserved.

1. Introduction

With its detrimental impact on the global disease burden, clinical depression has recently gained momentum in health promotion research [1]. As the main cause of disability worldwide, the lack of timely treatment has been at the center of these investigations [2,31]. In order to effectively promote help-seeking, researchers have focused on finding the sweet spot where persuasive health communication principles and depressed cognition meet – with limited success (see Siegel et al. [3]). For example, emerging evidence suggests that prominent communication strategies can backfire in this vulnerable population due to the activation of negative self-beliefs [4].

Such findings highlight the urgent need for us to better understand the nature of depression, such that the likelihood of effective health promotion is increased [5]. One promising opportunity for translational science is the matching of health messages with the unique characteristics of depression [6,7]. The current research thus takes a closer look at how 'stages' of depression could impact the effectiveness of prominent communication strategies. A prominent framework often applied to normative populations, gain-and loss framing [8], focuses on positive (gain) and negative (loss) valence when promoting health behaviors. Given the negativity bias of depression [36,37], it remains unclear which type of valenced framing strategy would work best in this population. Two studies sought to test whether depressed individuals respond differently depending on depression severity. Moving away from generic health promotion messages, this research thus seeks to provide a starting point to effective health message customization based on 'stages' of depression.

2. The effectiveness of health message customization

2.1. Knowing the audience

Effective health messaging has long operated under the 'know your audience' principle [9,10], that is, we must know and integrate the unique characteristics of the individuals we are trying to reach in our health promotion messages [10,11]. Focused on such key characteristics, a first wave of health message strategies has largely focused on creating messages for *groups* of individuals (i.e.,

* Corresponding author at: Department of Communication, Texas A&M University, 4234 TAMU, College Station, TX, 77843-4234, United States.
  E-mail address: jlueck@tamu.edu (J.A. Lueck).

depressed individuals). Message tailoring, on the other hand, describes "a combination of strategies and information intended to reach one specific person, based on characteristics that are unique to that person, related to the outcome of interest, and derived from an individual assessment" [12, p. 277]. Health messages tailored to those individual-level differences are perceived as more relevant and are more likely to be attended to and remembered compared to generic group-based messages [10,13,14].

Yet, beyond consensus on its effectiveness, message tailoring is nuanced and complicated [15,16]. An important contribution in this context would be a more thorough understanding of individuals' unique characteristics that makes health message tailoring possible in the first place [17]. Furthermore, message tailoring requires a wealth of resources and empirical indicators of message effectiveness in order to be successful. Researchers have thus pointed out that, "if little variability exists on a factor within the target audience, then targeting may be just as effective as tailoring" [10, p. 415]. Thus, the primary aims of the present research are to test whether depressed populations could usefully be segmented into groups, or 'stages' of depression, for purposes of message customization to provide maximum benefit to groups of depressed individuals. This strategy is applied to the context of a prominent communication strategy, gain-and loss framing [8], to promote help-seeking for depression and investigate persuasive effects.

2.2. Customizing depression help-seeking messages

Such knowledge is urgently needed for depression help-seeking messages that could save lives by promoting timely help-seeking. Although empirically tested indicators of message effectiveness are currently not available for help-seeking messages [1,18], emerging research has begun to test the influence of depression on persuasive outcomes of health messages – with mixed results. For example, Klimes-Dougan et al. [1], as well as others [19,20], found in their research that depression help-seeking messages had no measurable persuasive effects. Even worse, some depression help-seeking messages have backfired. Lower attitudes toward help-seeking [32] and help-seeking intentions were reported in certain instances, particularly due to the activation of negative self-beliefs among those who were depressed [4]. The reasons remain poorly understood, primarily because such investigations have not closely examined unique differences within depressed populations. This is important, because health messages can only be customized if such characteristics are known. For example, severely depressed individuals might respond differently to depression help-seeking messages compared to those who are affected by mild symptoms of depression – important group differences that might require different health message customization strategies.

Conceivably, the stages of change model [21] might be particularly useful in this context. This model depicts the processes of health behavior change, indicating that different communication strategies should be used in order to help individuals move from one stage of readiness (e.g., pre-contemplation) to the next (e.g., contemplation) [21]. Whereas it has been established that those who are more strongly affected by depression are less likely to seek help [2] and more likely to respond negatively to health promotion efforts [4], it remains unclear if there are 'stages' of depression that determine such effects. If so, the 'stages' of depression could indicate different needs for communication strategies, such as raising awareness, providing education, or engaging in health promotion [29] – needs that should be addressed vis-à-vis depression help-seeking messages [22].

The present research examines stages of depression in response to a prominent communication strategy, gain-and loss message framing [8]. Due to its focus on positive (gain) versus negative (loss) framing, this framework was applied to the context of depression's negativity bias. Methods were triangulated vis-à-vis two studies using a student and U.S. adult sample and diversity of measures capturing persuasive outcomes. The need for such an effort is clear – empirical findings in health promotion research are most useful when they respect the nature of the real-world challenges they seek to address.

3. Study 1: investigating the 'stages' of depression among college students in response to gain-and loss-framed depression help-seeking messages

3.1. Study objective

The objective of the first study was to examine whether college students at different 'stages' of depression respond differently to gain- versus loss-framed depression help-seeking messages.

3.2. Method

3.2.1. Participants and procedure

A laboratory experiment was conducted with 154 college students at a large Midwestern university. The university's institutional review board granted approval for this study. After excluding one participant outside the age parameters (67 years) for the study, the final sample included 153 undergraduate students aged 18 to 30 years ($M = 19.85$, $SD = 1.82$). Of the 153 participants, 115 were females (75.2%) and 38 were males (24.8%). The gain-framed depression help-seeking message condition had 75 participants (49%) and the loss-framed depression help-seeking message condition had 78 participants (51%).

3.2.2. Stimulus materials

The experimental stimuli were two messages created based on the theoretical underpinnings of gain-and loss framing. According to theory recommendations [8], the gain message headline read: "Depression. Seeking Help Helps. There are many benefits to seeking help for depression," whereas in the loss condition, the headline read: "Depression. Not Seeking Help Hurts. There are many problems to not seeking help for depression". The visuals in both messages reflected the principles of gain-and loss framing by matching the two main students' facial expressions and body language with positive (gain condition) and negative (loss condition) affective cues (see Figs. 1 and 2).

Fig. 1. Gain-Framed Depression Help-Seeking Message for Study 1.