Perception(s) of depression

Stories about depression are abundant in the news. Headlines such as “The Danes are popping pills like candy?” or “Depression is still a taboo?” are common in the daily papers. But where are the nuances and why do we care to read the same stories again and again? Maybe it is because of our own collective mental gridlock.

Many articles about depression hinge on one of two typical ideas. One is about medicine being a bad thing. We could call it the Prozac Nation Story. The other is about society not recognising depression as a real illness. That one we could call the Stigma Story. Each story seems to come pre-programmed with certain conclusions and practical implications.

The Prozac Nation Story maintains that people take a lot of medicine for something that is not really an illness. In the Prozac Nation Story, depression is not a thing in itself, but always something created by society and/or a basic part of life. In the Stigma Story, the focus lies instead on the poor, depressed people whose dreadful condition is not even recognised by society.

None of the two stories have a patent on the truth. They merely represent different aspects. The fact that they both remain politically correct evergreens reflects a large public interest in the subject. But what does this screaming lack of complexity and progress reflect?

What do people think when they think about depression?

In the course of my doctoral studies I have attempted to understand how people understand depression. I have some experience with depression myself and I have worked as a volunteer phone counsellor on a ‘Depression Helpline’, speaking with depressed people and their relatives.

Inspired by these experiences, I have conducted field research in the form of interviews and association tests all over Denmark – from the northern end of Jutland to the southern end of Zealand.

I have spoken with people still in deep depression as well as with people who have emerged on the other side. I have spoken with deeply involved relatives as well as with people who did not know, or think, that there was such a thing as depression. I have spoken with psychiatrists, psychologists, yoga instructors and crystal healers. On top of that, I have gathered several hundred survey answers and comments online.

Can we perceive the perceptions of others?

Imagine that you are looking at a round, four-legged slab of wood, which you decide to be a table of some sort. This singular table is now (re)cognised by you through your internal mental table, which itself has been formed by your experience with many other tables out there in the world. We understand singularities through our mental abstraction of pluralities.

Our mental models are flexible. When is a table small enough to be a chair? When is a cup a bowl? When is
a hill a mountain? When is depression an illness?

The cognitive psychologist Eleanor Rosch has developed some fine methods for researching people’s mental models.

The category ‘dog’, for instance, can be described by its attributes: four paws, a snout, a tail, etc. But it can also be described by means of good examples (called prototypes in this line of science).

I could show you 20 pictures of different dogs and you would probably be able to intuitively sort them on your mental dog scale. Some dogs are just more doglike than other dogs. Try it, if you please, with a Labrador, a Chihuahua, a Bulldog, etc.

Is the same dog the most doglike dog in China as in England?

Easier said than done

When I embarked on my doctoral studies, it was my plan to use some research methods from the same origin as the classic dog example in my attempt to uncover the category of depression.

But you cannot just show people twenty pictures of ‘depression’ and then ask them to sort them from the least to the most depression-like depression. Unfortunately.

In my first attempts, I used an open interview technique with the goal of making people mention as many aspects of depression as they could possibly think of.

However, it quickly became clear that people tend to remain talking about the one aspect that is on the top of their minds, or which is simply of greatest personal concern. One person spoke at great length about stress in the modern society, another about childhood vulnerability, a third about the burden on relatives and about becoming the parent of one’s partner.

If I were to compare how different people composed the category of depression, I would have to make them talk about all aspects that they could think of, including their non-favourites. My idea was that a deep and broad understanding of our collective depression categories would be the key to unlock the gridlocked public debate.

But how do you make people produce a plethora of words without putting the words in their mouths yourself?

Butterfly net – for thoughts

After many attempts, I finally developed a method that works. I have named it DiCE (Diagrammatic Concept Elicitation).

The method is a sort of combined interview and association test. It is structured by a visual diagram on which the words of the interviewee are inserted (on a type of post-it notes) during the interview.

As such, it resembles the classic brainstorming scenario that most of us are culturally programmed to participate in. The white space on the diagram sort of calls out for more and lures the interviewees to associate with little or no prompting from the interviewer.

The diagram is like a net for catching butterflies. It allowed me, at last, to uncover many different comparable aspects of people’s perceptions of depression.
I ended up with several thousand ‘thoughts’, which I inserted in an enormous spreadsheet. Through analysis and statistical modelling, I have managed to produce some very visual diagrams that illustrate what I mean by ‘mental models’: clouds of words tied together in various ways. The words are much the same from model to model, but their framing, number, frequency and configuration vary from person to person and from group to group (for instance, patients vs. relatives).

The result is qualitatively meaningful, mathematically precise and visually intuitive.

The data analysis is extensive and still ongoing, but it is already clear that subtle linguistic variations correlate with various attitudes. I have measured the latter with more classical survey techniques.

Emerging patterns

An example of a simple pattern is that people inclined towards the Prozac Nation story have a tendency to describe depression in behavioural terms: “depressed people don’t perform well at work”, etc.

People inclined toward the Stigma Story have a tendency to describe the same aspects in the light of ability: “depressed people can’t perform well at work”, etc.

From storytelling towards action

The pattern above is one among many, which I describe in my forthcoming thesis. The most important part of the thesis, however, lies after it, so to speak. It is the part where I try to use a fairly detailed map of our various perceptions of depression in the attempt to design better solutions for the reality that persists outside of our favourite stories. The reality where depression (and mental illness in general) constitutes a complex problem regardless of how we choose to frame or reduce it.

A problem that we can become better at dealing with – if we unlock our collective mental gridlock.

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Read the Danish version of this article at videnskab.dk [7]

Fact box

This article won the Industrial PhD Association [10]'s Communication Prize 2013.

[10] Cause of depression still eludes us, says neuroscientist
[11] Depression can damage the brain
[12] Depression is predictable
[13] Faulty braking system leads to depression
[14] How stress can cause depression
[15] Inflammation can cause depression
[16] Antidepressants can cause heart failure

Jon O.J. Johansen, PhD student, Aarhus University [18]

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