Social-Cognitive Responses to Depression and Physical Stigma

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Interpersonal models of depression have received mixed support in experimental studies. Investigations to date have not examined spontaneous subject social-cognitive processes that may mediate social responses to a depressed person. In this study, subjects viewed a videotaped interview of a target who behaved in either a depressed or nondepressed manner, and appeared either physically disabled or able-bodied. Self-report measures of interpersonal rejection and subject mood were collected. Subjects also completed a thought-listing procedure with instructions to write down any thoughts currently and recently experienced. Depressed targets elicited more negative evaluations and fewer positive evaluations from subjects. Additionally, subjects had more thoughts about supporting and offering assistance to the depressed-able-bodied target. Target depression did not elicit more thoughts indicative of social and interpersonal rejection, contrary to predictions. Results indicate that after brief exposure to a depressed person, subjects form many negative opinions about that person.

KEY WORDS: social cognition; depression.

INTRODUCTION

Interpersonal models of depression posit that depressed individuals elicit social rejection and avoidance from others by expressing sad affect, discussing negatively valenced topics in conversation, rejecting offers of help, and placing demands on others for support and assistance (Coates and Peterson, 1982;
Coates and Wortman, 1980; Coyne, 1976a). According to these models, an individual who interacts with a depressed person will often feel dysphoric, attempt to assist the person, and eventually avoid the person once he/she recognizes their assistance is not useful. These reactions contribute to the social and interpersonal isolation associated with depression.

In an initial study, Coyne (1976b) found that subjects felt dysphoric, rejected further interaction and devalued depressed persons following dyadic telephone conversations. Other studies have found that subjects offer conversational advice and support to depressed persons (Howes and Hokanson, 1979; Stephens et al., 1987), and believe these persons are socially impaired (Elliott and Frank, 1989; Hammen and Peters, 1977; 1978; Winer et al., 1981). Subjects are generally unwilling to give positive and accurate feedback to depressed persons (Robbins et al., 1979; Strack and Coyne, 1983). Application of interpersonal models in medical settings has found that medical staff prefer to interact with nondepressed patients, and reject and devalue depressed ones (Elliott and Umlauf, 1988; Frank et al., 1986). Recent studies of persons involved in long-term relationships with depressed spouses (Coyne et al., 1987), college roommates (Howes et al., 1985) and siblings (Oliver et al., 1987) have determined that these persons exhibit behavioral and mood disturbances over time.

Two key studies failed to replicate Coyne’s (1976b) original work. In these studies female subjects did not reject depressed targets or feel dysphoric after telephone (King and Heller, 1984) and face-to-face (McNiel et al., 1987) interactions. Additionally, many studies have provided mixed support for interpersonal models of depression. Self-reported rejection of depressed targets has occurred independently of actual subject behavior and self-reported mood (Gotlib and Robinson, 1982; Howes and Hokanson, 1979; Marks and Hammen, 1982). Certain target characteristics, such as gender (Hammen and Peters, 1977; 1978) and attractiveness (Amstutz and Kaplan, 1987) have been found to moderate the social response to depression in some studies, but not in others (Gotlib and Beatty, 1985; Winer et al., 1981). Subjects can simultaneously display both supportive and rejecting behavior in interactions with depressed targets (Gotlib and Robinson, 1982; Stephens et al., 1987). These studies have prompted suspicion that social reactions to depression are actually reflective of social behavior toward stigmatized persons, generally (Coates and Wortman, 1980; Gotlib and Beatty, 1985; King and Heller, 1986).

More importantly and crucial to existing interpersonal models of depression, this inconsistent and inconclusive pattern indicates that the mechanisms by which depression elicits negative interpersonal reactions remain unknown. Across studies to date, negative reactions to depression have occurred in categories of interpersonal rejection, the experience of negative mood, and the