ABSTRACT: This study compared perceptions of the causes of, therapies for, and means of coping with, depression between two groups of currently non-depressed adults: one with a history of major depression and one with no history of depression. Currently nondepressed participants were selected so that effects of past experience of depression could be distinguished from those of current mood. Recovered depressed participants (RD) ($n = 25$) and Never depressed participants (ND) ($n = 25$) recruited via newspaper advertisements completed self-report measures of (a) the perceived utility of either professional or self-help coping strategies for managing their own experiences of depression; (b) likely effectiveness of several major therapies for depression; and (c) perceived accuracy of several etiological theories of depression. RD participants rated depression as being less amenable to everyday self-help methods of coping and more in need of professional intervention. However, RD and ND subgroups did not differ significantly in their perceptions of the plausibility of etiological theories of depression in general, nor in their ratings of the likely helpfulness of major therapies.

These data were presented at the annual convention of the Association for Advancement of Behavior Therapy, Miami Beach, November 1997. The research was supported by a grant from the Institute for Rational Emotive Therapy. This manuscript is based on a master's thesis completed by the first author. We are grateful to thesis committee members Jim Gray and Michele Carter for comments on earlier versions of this material.

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Understanding laypeople's perceptions of the etiology and treatment of depression is important for several reasons. First, beliefs about the optimal treatment of depression may affect treatment acceptability and even treatment outcome. For example, depressed patients appear to respond better to cognitive therapy of depression if they have an initial favorable reaction to the theoretical rationale for this treatment (Fennell & Teasdale, 1987), which may in turn depend upon the goodness of fit of this rationale with their own understanding of how depression is caused (Addis & Jacobson, 1996). Second, lay beliefs about psychological disorders may be a factor in the social context of the disorder (e.g., Furnham & Haraldsen, 1998). If, for example, friends, relatives, co-workers and acquaintances tend to perceive depression as similar to ordinary sadness and as easily overcome via straightforward coping tactics such as distracting oneself by watching TV, this may shed light on depressed people's experiences of others as often impatient, lacking in empathy, and even hostile and rejecting (e.g., Feldman & Gotlib, 1993).

Several studies have examined lay perceptions of depression. Research by Rippere (e.g., 1977, 1979, 1980) established that lay people on average have a detailed and reasonably accurate set of beliefs about depression and about useful techniques for coping with depression. Nevertheless, there are individual differences in perceptions of depression. Having suffered a depressive episode oneself appears to be one correlate of these individual differences. For example, in one study depressed patients were more likely than other non-professional participants to cite biological or medical causes when asked open-ended questions about what causes depression and were more likely to consider antidepressant medication a useful treatment (Kuyken, Brewin, Power, & Furnham, 1992). It is not known whether such differences would persist after remission of a depressive episode. People who have experienced major depression but are not currently in a depressive state may have a unique vantage point on depression and unique insights (Coyne, 1994). Detailed first-person reports by such individuals are available (e.g., Styron, 1990), but not systematic comparisons with demographically similar never-depressed groups on the basis of standardized measures.

Accordingly, in the study reported in this article we contrasted perceptions of theories, therapies, and coping tactics for depression among (a) a community sample of people who had recovered (for at least two months) from a major depressive episode and (b) a demographically similar group of people with no history of major depression.