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Exploring the Reasons behind Perceived Severity of Modern and Traditional Types of Depression in an American Undergraduate Sample

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ABSTRACT

Aim: *A subtype of depression called Modern-type depression (MTD) is typically viewed as less severe compared to the Traditional-type depression (TTD). The purpose of this study was to explore the reasons behind the differences of perceptions when assessing the severity of MTD and TTD.*

Methods: *After reading two vignettes describing an individual who is experiencing symptoms of MTD or TTD, participants (N = 300, M_{age} = 20.36) were asked to rate the severity of the depression for each and rank, in order of importance, a set of sentences in each vignette that served as reasons why they chose that rating.*

Results: *Overall, TTD was more likely to be rated as severe than MTD. Those who perceived high severity in TTD relied on the information of the individual experiencing mental and physical consequences a high workload. Those who perceived high severity in MTD also relied on the same information of X suffering a high workload; however, those who perceived low severity in MTD relied more on the information of the individual complaining about the workload.*

Conclusion: *These results indicate that perceptions of each disorder may in part come from which information people pay attention to. Future studies should explore the possibility of other factors, such as familiarity with mental health disorders or certain trauma experiences that could lead some individuals to process circumstances and situations within each depression to reduce stigma of mental disorders.*

Keywords

Depression, Severity, Perception, Traditional-type depression, Modern-type depression, Vignette.

Introduction

Depression is a mental health disorder that has affected an increasingly wide range of individuals belonging to varying backgrounds and cultures. Research has identified two distinct subtypes of depression known as traditional-type depression (TTD) and modern-type depression (MTD). Although MTD and TTD share similar symptomatology, there are key differences in the way that they are both expressed and perceived. The definition of MTD was proposed to account for the failure of traditional "melancholic" depression to fully encompass depression trends in Japanese culture [1]. The prevalence of MTD in Japan has led to a more in-depth study of MTD, its perception in other cultures such as the United States, and how those perceptions contrast from those of TTD [2].

TTD is a typical type of depression associated with melancholic feelings and recognizable symptoms such as anxiety, mood swings, poor sleep, and a loss of interest in daily activities. In workplace settings, sufferers of TTD tend to work hard as to not inconvenience their colleagues causing them to be seen as scrupulous and loyal. They are often more likely to try to find a solution to their mental health disorder on their own [3,4]. Sufferers of MTD, on the other

hand, have difficulty carrying out work and/or school tasks but are reprieved of their symptoms during leisure time. These individuals often show a reluctance for following social norms and may avoid putting effort into their work. Unlike suffers of TTD, those experiencing MTD are generally less concerned about supporting their coworkers. Sufferers of MTD will not only readily accept a diagnosis of depression, but they will often self-diagnose and are willing to seek treatment for their symptoms. These characteristics can cause sufferers of MTD to be perceived as lazy or selfish by their colleagues rather than having an actual disorder that should provide legitimate reasons for why these individuals are unable to maintain a high level of work and/or school productivity [3,4].

Differing Perceptions of MTD and TTD

Perceptions of MTD differ greatly from perceptions of TTD. For example, a Japanese sample given vignettes describing individuals with symptoms of either MTD or TTD tended to have more negative perceptions of those with MTD. Participants were less likely to want to support the individual with MTD, and more likely to avoid them and attribute the cause of their symptoms to internal and controllable factors such as workplace relationships or career success and effort [4]. The attribution of cause to internal and controllable factors suggests that people were more likely to blame the depressed individual for their condition when they display MTD, assuming that the sufferers of MTD should have the ability to control the cause of their behavior and should therefore be able to improve it [4]. Another study showed that even Japanese healthcare workers had more negatively biased views of those with MTD. The healthcare workers were less likely to perceive those with MTD as actually depressed, were less likely to think they needed help, and were more likely to attribute cause to internal and controllable factors [5].

It is critical to understand the potential reasons why people or society become more judgmental against MTD, compared to TTD despite their overlap in features. Because of the varying perceptions that are held by both the public and those in positions to assist sufferers of depression, there is a strong need for psycho-educational interventions that reduce stigma especially against MTD. Research has repeatedly suggested that MTD should be treated with the same seriousness as TTD, as they are both detrimental to one's wellbeing and quality of life [3]. Individuals with MTD are being perceived as less severe due to the beliefs that they should have more power to regulate their behavior than those with TTD who are "truly suffering." Due to this, the individuals with MTD may be misunderstood and mistreated, resulting in a poor quality of life, along with an overall decline in their health and well-being. While research has noted that Japanese and American communities often see MTD as less severe and taken less seriously, little research has been designed to find the source of the discrepancy [5]. This discrepancy is important to understand in order to properly educate the public on MTD, and if reasons for it can be pinpointed, it will aid in changing negative perceptions surrounding it. Changing this negative perception and making a continuous effort to reduce stigma can help sufferers of MTD to receive the treatment they require and allow them to be more readily accepted by the public.

Current Study

The current study was designed to investigate the differences in perceptions of MTD and TTD by identifying the primary reasons that lead individuals to form opinions of depression severity. Specifically, this study examined the potential differences in which exact information in each scenario was used when determining the severity to better understand the reasons behind the judgment in severity ratings. By specifying what information shapes the perceptions associated with MTD, preventative measures can be further explored that emphasize raising awareness that diminishes the biases and stigmas held by the general public and healthcare professionals.

Method

Participants and Procedure

The sample consisted of 300 undergraduate students at a midwestern university in the US who had a mean age of 20.36 years (*SD* = 3.84 years). Approximately 65% of participants identified as White, 13% as African American, 9% being of Middle Eastern Heritage, 7% as Asian, and 5% identified as other. Additionally, 79% of the sample were female, 19% were male, and 2 participants did not provide their sex. About 84% of the participants identified as single, 11 participants were married, and about 13% described their relationship status as other.

The participants were recruited from classes held at the university and received course credit in exchange for participation. After signing the consent form, they were asked to fill out a pencil-and-paper survey, which contained a series of questions about demographics, then read the vignettes describing TTD and MTD. Then, they were asked to rate the severity of the depression and provide explanations for the given ratings of each type of depression by indicating which information in vignettes they relied upon. The institutional review board for the protection of human subjects approved the survey and study.

Measures

Vignettes

Participants were asked to read a vignette describing an individual with a typical case of either MTD or TTD and then to rate the severity. After that, participants read another vignette describing an individual with either TTD or MTD and then again rated the severity. The order of the presentation was counterbalanced. The vignettes told the story of an office worker (ambiguously named "X") who was suffering from the symptoms of either TTD or MTD. The vignettes described how X was feeling and what X was experiencing without revealing any information about X's personality or judgments of their behavior. These vignettes have been validated [4] and used with the American sample [2].

Severity of Depression

After reading vignettes, participants were asked to rate how severe they thought the depression was that X was potentially experiencing. This rating was done on a 7-point Likert scale, ranging from 1 "normal" to 7 "severe depression". Ratings of 3

or lower were considered ratings of "low" severity, and ratings of 5 or higher were considered ratings of "high" severity for the current study.

Evidence for Severity Rating

After the participants rated the severity of X's depression, they were asked to identify sentences from the vignette that provided reasons why they chose the number from 1 "normal" to 7 "severe depression" for X's illness. They were given cards with numbers on them that corresponded to certain sentences within the vignette (i.e. the card labeled "1" corresponded with the first sentence in the vignette, seen in Figure 1). Participants were told to rank, in order, the top three sentences that each provided a reason for them to give the rating of severity. For the purposes of this study, only the top-ranked sentence was considered.

Figure 1: Sample of Cards used in the Current Study.

Instructions
You have just received 6 cards that have identical sentences from the previous scenario. Please choose 3 cards that you think important when you responded to Q6, Severity of Illness of X. In other words, when decided how severe X's illness might be, which information did you use from the scenario? Pick three cards and place them in order of importance. Then record the number found on each card in the three respective boxes in the survey.
1. After graduating from university, Individual X started working for an advertising agency and was assigned to a sales department.
2. X was eager in X's work, and came to be trusted by colleagues. X was highly rated on X's work and was appointed to the role of project leader. X was glad to be performing well, but at the same time, X felt very responsible for X's work.

Note: Only the first two sentences for TTD are presented.

Results

Out of 300 participants, 45 (15%) gave the middle rating (i.e., 4) as the severity for MTD. Among the remaining 255 participants, 53% categorized MTD with low severity (i.e., ratings of 1, 2 or 3) and 47% categorized MTD as having a high severity (i.e., ratings of 5, 6 or 7). On the other hand, 54 (18%) gave the middle rating as the severity for TTD. Among the remaining 246 participants, 30% perceived TTD as having low severity and 70% perceived it being highly severe. Overall, the chi-squared test revealed that there is a relationship between depression type and rating of severity, $\chi^2(1) = 24.16$, $p < .001$, where TTD was more likely to be rated as having a high severity than MTD, being consistent with previous studies.

Rationale behind Perceived Severity of MTD

As shown in Table 1, among those who perceived low severity of MTD, the rationale for the rating was most often cited as X complaining about the workload to which they had been assigned against their wishes, that is the 1st sentence, at 35.1%, 95% CI [26.9%, 44.0%]. This was cited significantly more than any reason other than X's physical symptoms, missing work, and reprieve of symptoms on days off, which is the 4th sentence, at 26.1%, 95% CI [17.9%, 35.1%].

Table 1: MTD Severity Category Rankings.

Reason	Low Severity %		High Severity %	
		95% CI		95% CI
		LL UL		*LL UL*
X was assigned to the work that is different from X's wishes and complained	35.1	26.9 44.0	18.9	10.7 28.6
X was upset because X received a warning from boss	16.4	8.2 25.4	17.4	9.1 26.9
X had more unpleasant feelings and was warned again	9.0	0.7 17.9	9.1	0.8 18.7
X experiencing mental and physical consequences of high workload	26.1	17.9 35.1	47.9	39.7 57.5
X visited a family physician, hoping to be referred to a psychiatrist	3.7	0.0 12.7	2.5	0.0 12.0
X told the psychiatrist and requested a doctor's notes	9.7	0.0 18.7	4.1	0.0 13.7

Note: Total $N = 255$; low severity group $n = 134$ and $M = 2.47$, high severity group $n = 121$ and $M = 5.26$. CI = confidence interval; *LL* = lower limit, *UL* = upper limit.

On the other hand, among those who perceived MTD as high severity, X's physical symptoms, missing work, and reprieve of symptoms on days off, that is the 4th sentence was most commonly given as the reason for the rating, at 47.9%, 95% CI [39.7%, 57.5%]. This was cited significantly more than any other statement.

Overall, participants were more likely to rely on the information of X's physical symptoms, missing work, and reprieve of symptoms on days off when they perceived high severity and tend to rely on the information of X's complaints when they perceived low severity, although the latter was not statistically significant due to the overlap of CIs. All other reasons had a similar frequency of citation at each level of severity.

Table 2: TTD Severity Category Rankings.

Reason	**Low Severity %**		**High Severity %**	
		95% CI		**95% CI**
		LL UL		***LL UL***
X beginning new job	1.3	0.0 13.7	1.7	1.0 9.8
X having many responsibilities at work	18.7	8.0 31.0	11.1	4.1 19.2
X voluntarily increasing workload	34.7	24.0 47.0	12.9	5.9 20.9
X experiencing mental and physical consequences of high workload	29.3	18.7 41.7	38.6	31.6 46.7
X feeling a responsibility to not disappoint colleagues	8.0	0.0 20.4	21.1	14.0 29.1
X reluctantly visiting a psychiatrist and feelings disappointed in themself	8.0	0.0 20.4	14.6	7.6 22.7

Note: Total $N = 246$; low severity group $n = 75$ and $M = 2.69$, high severity group $n = 171$ and $M = 5.57$. CI = confidence interval; *LL* = lower limit, *UL* = upper limit.

Rationale behind Perceived Severity of TTD

As shown in Table 2, among those who perceived low severity of TTD, the rationale was most often cited as the information containing X enthusiastically increasing their workload and working even on days off, that is, the 3rd sentence, 34.7% of the time, 95% CI [24.0%, 47.0%] while X's physical symptoms and lack of motivation, the 4th sentence, was also frequently cited as 29.3% of the time, 95% CI [18.7%, 41.7%]. These two reasons were cited significantly more frequently than any other sentences besides X performing well at work and being eager and responsible, 2nd sentence, at 18.7%, 95% CI [8.0%, 31.0%].

On the other hand, among those who perceived TTD as high severity, the 4th sentence, that is, X's physical symptoms and lack of motivation was cited, 38.6% of the time, 95% CI [31.6%, 46.7%], significantly more than any other statement. The next most cited reason was X feeling as though they should keep working to not disappoint colleagues but ultimately failing to be able to do so, at 21.1%, 95% CI [14.0%, 29.1%].

Overall, those who perceived low severity of TTD were significantly more likely to cite X enthusiastically taking on more work (3rd sentence) and performing well at work and being eager and responsible (2nd sentence) than those who perceived high severity, though the latter result was not significant. No reasons were cited significantly more frequently for high severity compared to low severity; however, the largest differences in proportion were X feeling as though they should keep working to not disappoint colleagues but ultimately failing to be able to do so (5th sentence), and X's physical symptoms and lack of motivation (4th sentence).

Discussion

Being consistent with literature, the current study indicated that TTD was perceived more severe than MTD. However, the findings also suggest that there are fairly mixed perceptions regarding the severity of MTD. It is evident that the American sample has a more lenient viewpoint when assessing just how detrimental an individual's depression symptoms may be when considering the modern type. These findings are similar to those found in research using Japanese and American samples [2]. It is possible that Americans can perceive MTD as still being a severe type of depression due to certain symptoms that may stand out as key identifiers of having a mental illness, and perhaps particularly due to America being regarded as an individualistic culture versus a collectivistic one [2]. It is also possible that the varying cultures have differing levels of awareness of depression as a whole, regardless of subtype.

Modern-Type Depression

The largest attribution of low severity rates within vignettes describing MTD was due to "X not being assigned to the job they wanted and complained." Participants' selection of this particular reason implies they viewed MTD with low severity if the symptoms were a direct result of mismatch in X's work life, leading to complaint. An individual not getting the job they wanted to get can be seen as controllable and something that X has the ability to change. Especially from a more individualistic cultural viewpoint, this individual could simply quit their job and find another one that they may find a better fit to a position that resembles what they had previously planned for. Therefore, MTD can be perceived as low severity due to the possibility that their depression may be decreased after changing their job and work environment.

High severity perceptions of MTD were mainly attributed to "X experiencing mental and physical consequences of a negative work experience" out of the six possible sentences. This suggests that the participants who viewed MTD with high severity put more of a focus on the negative mental and physical strain that individual X had to endure. By emphasizing the negative symptomology following unfavorable circumstances, it may be easier to understand why X has developed a mental health disorder. The participants may think that regardless of whether X could control or change their current circumstances, they are still experiencing distress that is highly influencing the quality of their life and affecting their well-being, which in turn might have led to a high severity rating. Participants also could have found X not getting the job they desired and receiving criticism from their boss as being experiences that could provoke a great deal of stress or worry. X's negative feedback from their boss could potentially drive X to be more self-conscious – exhibiting feelings of shame and guilt, promoting further mental anguish that warrants being perceived as having severe depression [6]. Interestingly, both low and high severity ratings of MTD shared similar reasons for the aspect of mental and physical consequences (4th sentence), indicating the same piece of information could lead to opposite judgements. This suggests that there may be different cognitive processes that occur when assessing depression severity and it may be dependent upon outside factors that are not yet identified.

Traditional-Type Depression

The largest attribution of low severity rates within vignettes describing TTD that showed striking differences from those with high severity rates was due to "X voluntarily increasing workload." Although the majority of those that assessed TTD viewed it as being a highly severe form of depression, those who focused on the factors involving the individual's productivity perceived the illness as less severe. By X increasing their workload without needing to do so, it may be assumed that they could simply decrease their workload in order to manage their symptoms. Participants may view X as being able to control the reasons why they are struggling with depression in that by changing the amount of work that they do, their depression symptoms may decrease.

High severity perceptions of TTD were mainly attributed to "X experiencing mental and physical consequences of a high workload." This reason suggests that a high level of severity ratings may be caused by the attention on the negative symptomatology following the demands of a heavy workload. This suggests that the participants may have empathized with X, in that the individual is trying to work hard enough to accomplish their goals while handling outside stressors that might not be directly within their control. It may also be seen as admirable for X to take on a

large amount of work in order to benefit their coworkers and the company as a whole. The participants could think that maintaining this status within the company as uncontrollable without suffering from negative consequences at work, therefore warranting the response of being highly depressed.

MTD vs. TTD

When comparing reasons for perceiving MTD and TTD as having a low severity, it was more frequent for low severity MTD perceptions to be attributed to the individual not getting the particular job they desired while low severity TTD perceptions were more frequently attributed to the individual voluntarily increasing their workload. They both surround the theme of being able to control happenings within the workplace, suggesting that the participants may have been under the assumption that depressive symptoms, regardless of subtype, could possibly be alleviated if the individual altered or changed their work environment. Participants may have also believed that since the individual did not get the job they wanted or voluntarily increased their workload, that they were in control of the depressive symptoms that resulted.

When comparing reasons for perceiving MTD and TTD as high severity, both were most frequently attributed to workplace stressors that led to mental and physical consequences. These results suggest that MTD individuals can be seen as having severe depression if they emphasize that they need to handle negative external experiences. Participants may have believed that regardless of having the power to change their current job, the mental and physical trials they are undergoing are still legitimate. The participants might have perceived the individual's symptoms as deserving of a severe depression rating because of the negative connotations surrounding their "mental and physical consequences" overall. Interestingly, in contrast of MTD severity ratings, TTD reasons were more associated with trying not to disappoint their colleagues, as well. These findings suggest that participants view responsibility and loyalty as a key reason for validating the difficult experience of depression. The participants may believe that faithfulness and initiative within work environments require a large amount of maintenance and energy that contributes to illness. Due to that, the individual may not have an immediate remedy for resolving their symptoms because their work responsibilities and their need to meet others' expectations are seen as factors that are out of their control – factors that they may have to face regardless of what they do [4].

Implications, Limitations and Future Directions

This study provides substantial insight into the reasons behind perceptions of MTD and TTD. Although perceptions of MTD still are not judged as severely as TTD, the individual differences within MTD perceptions provide information for how to make the public more aware of the characteristics of MTD. Doing so would allow those with MTD to receive the same treatment and care as those with TTD, supplying them with the same resources to improve their mental health and allowing them to work towards increasing their overall well-being. The current results also show that people can judge situations differently when given the same information and while having similar reasons behind their differing judgements. This lends insight into how complex interpretations can be [7]. Carbon [8] suggests that perception is limited when individuals do not have access to what they are judging along with being limited due to the quality of their cognitive processing and their overall perceptual system. With this, participants selected the same severity rating reason but understood them in an opposite manner given their personal life experiences that have shaped the way that they think. Research has also noted that emotions play a large role in person perception and forming judgements [9,10]. It is important to make note of this when raising awareness of all mental health disorders to ensure that illness must be treated delicately regardless of subjective perceptions. Creating programs that work towards raising awareness of depression should stress the fluidity with which various events can be experienced and perceived differently, and that it should not hinder the type and quality of care that is provided to those who are suffering.

Lastly, this study suggests that there may be frequent misconceptions of depression in that being able to control one's experience is viewed more harshly than if someone were unable to control the circumstances they are facing. Depression diagnoses should be equally perceived no matter what their justifications for their symptoms may be. Negative perceptions and stigmas of depression can cause negative social outcomes for the individual by further increasing their depression and decreasing the ability or opportunity to receive proper treatment for their illness [11]. The current study suggests the importance of attention to various pieces of information when judging severity, which can be incorporated in a psychoeducational program that encourages fair treatment of those with either MTD or TTD.

There were several limitations in the current study. The sample demographics could have had an effect on the results. All participants were undergraduate students and were predominately-White females. It is possible that racial/ethnic differences could exist within the perceptions of MTD and TTD in America, as well as gender differences. Different racial and ethnic backgrounds have been either found to have opposing awareness and perceptions of mental health disorders, due to a lack of exposure and resources, or potentially due to strong stigmas held within their communities [12,13]. Younger people can often be perceived as being more open-minded and exposed to the gradual acceptance and awareness of mental health disorders in the US, so evaluating the differences in societal standards between American and Japanese cultures may be important to explore. Although this study used vignettes methods, it is possible that results could change if the participants were visually shown a person actively experiencing MTD or TTD symptoms in a real-world context. Overall MTD has received little attention in the US. Future studies should analyze the mental health disorder rates from both Japanese and American cultures in order to further understand the differences in perceptions between the countries. After examining the level of awareness and frequency of individuals that suffer from depression, it could further highlight the reasons behind these differing perceptions as well. Regarding the vignettes, specifying relational context such

as saying that individual "X" is a loved one of the participant, may also lend important findings in distinguishing whether perceptions of strangers differ from perceiving people who are in close contact or held at a higher standard. It is important to further delve into how the reasons behind low and high severity ratings of MTD can be similar and yet rated differently. It is possible that individual differences exist within mental and cognitive processing that leads to different assessments of the same reasons when particularly analyzing depression subtypes. Doing so could better target the source of how MTD and TTD continue to be judged differently from one another along with providing more context as to where the mixed assessments of MTD in and of itself exist. Ultimately, these future findings could promote ways that can raise awareness around the severity of MTD and teach individuals, whether in healthcare, in the workplace, or in day-to-day interactions, to treat individuals with MTD just as delicately as they would those with TTD and other severe mental health disorders.

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