10. STIGMATIZING DEPRESSION: FOLKTHEORIZING AND “THE POLLYANNA BACKLASH”

Charlotte Blease

INTRODUCTION

Depression is a worldwide phenomenon (Blazer et al. 1994). Annually, the economic costs of this mental disorder cue to loss of work and medical expenses run into tens of billions of dollars globally (Greenberg et al. 1993: 5). During the past few decades, diagnostic rates have risen yearly, and in the US (World Health Organization 2010c) and the UK 10 per cent of the adult population is diagnosed with depression each year (Office for National Statistics 2002).

Despite its prevalence, individuals suffering from depression appear to be subject to persistent stigma. In this chapter, following Kurzban and Leary, I understand stigma to be negative evaluations of an individual which can be “discrediting; negative attributions; perceived illegitimacy; or a devalued social identity” (Kurzban & Leary 2001: 188); this conceptualization leaves open the possibility for self-stigmatization as well. Worryingly, recent evidence seems to indicate that public education campaigns have been ineffective in the face of such stigma (Angermeyer & Matschinger 2004; Dumesnil & Verger 2009). This chapter puts forward an explanation for why the public appears to be “depression illiterate”. Employing a “folk theory” model of cognition, drawn from philosophy and psychology, I propose that the stigmatization of depression may result from individuals’ implicit attempts to uphold a core common-sense set of optimistic beliefs about the world which are important for psychological well-being. This hypothesis – which I dub “the Pollyanna Backlash” – accounts for stigmatization by invoking two claims: (a) individuals adhere to positive, tacit beliefs about the world and themselves; and (b) individuals respond in a “quasi-scientific” manner to threats to their beliefs. The folk theory explanation developed in this paper is that depressed behaviour presents a threat to our putative “Pollyanna-ish”
positive beliefs and that stigmatisation is tantamount to the conservative upholding of such beliefs in the face of "anomalous" behaviour. I contend that this "Pollyanna Backlash" hypothesis presents a promising possible explanation for the prevalence of depression stigmatisation; however, it is one that is not without its problems and requires further study.

The argument put forward in this chapter provides a new model for conceptualizing depression. This is significant because it has implications for understanding: (a) how people with depression view their illness; (b) how healthy individuals respond to the symptoms of depression; and (c) how we might improve "depression literacy". If the framework for this chapter is correct, then it can also be expected to have implications for thinking about our responses to other forms of illness, and even death as these also threaten our conception of ourselves and our worldview.

The chapter is divided into four sections. First I describe the symptoms of depression and survey the evidence for stigmatisation of depression despite public education campaigns. I then outline the motivations for a folk theory view of cognition. This section surveys literature from cognitive psychology and philosophy of mind which claims that our common-sense views are tantamount to folk theories and that our reasoning with such theories takes a quasi-scientific form. The third section forms the nub of the chapter: in this section I apply the folk theoretical considerations of the previous section to the case of depression. I examine the folk theories that are purportedly threatened by depressive behaviour and apply the "folk as scientists" model in order to explain the evidence of stigmatisation. In the final section, I outline some outstanding problems with the "Pollyanna Backlash" hypothesis and make suggestions for further research.

DEPRESSION AND EVIDENCE OF STIGMA

At the outset, it is crucial to get a clear understanding of the symptoms presented by patients with episodes of major depression. In this chapter, I have chosen to focus on attitudes to individuals suffering from major depression rather than the milder form of depression known as dysthymia. This is because the available literature overwhelmingly focuses on stigmatisation, and attitudes to, major depressive disorder. Thus, for brevity, I will use the term "depression" interchangeably with "major depressive disorder". The DSM-IV of the American Psychiatric Association lists the following criteria for major depressive disorder (American Psychiatric Association 2000: 356):

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from
previous functioning: at least one of the symptoms is either: (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-congruent delusions or hallucinations.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or observation made by others (e.g. appears tearful). Note: In children and adolescents, can be irritable mood.

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others).

3. Significant weight loss when not dieting or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms do not meet criteria for a Mixed Episode.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g. hypothyroidism).

E. The symptoms are not better accounted for by Bereavement, i.e. after the loss of a loved one, the symptoms persist for longer than two months or are characterized by a marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.
We can note two key points with respect to these symptoms. First, while the criteria for major depressive disorder include physiological as well as mental symptoms, for depression to be present, as criterion A indicates, there must at least be depressed mood (low feelings) or diminished interest in daily activities. These symptoms are suggestive of a negative outlook on oneself and the outside world. Second, we can note that the depressive symptoms often cause observable social dysfunction and withdrawal (criteria C and E): the extensiveness of the social impairment makes depression publicly evincible. It is this latter feature of depression that renders it susceptible to stigmatization.

When considering the stigmatization of depression we need to bear in mind three issues: (a) the particular experiences of stigma perceived by those suffering from depression; (b) how widespread stigmatization of depression is; and (c) the responses of the public to depression following educational campaigns. By considering these issues we will be in a position to gauge whether our folk theory explanation of depression is (to any degree) opposite.

Let us consider the first issue — the experience of stigmatization by those suffering from depression. Research unequivocally reports that the experience of stigma by primary care patients (individuals who have presented with depression to general medical practitioners) is widespread (Dinos et al. 2004; Lai et al. 2001; Roeloffs et al. 2003): as many as 67 per cent of primary care patients with a history of depression reported experiencing stigmatization in the workplace (Dinos et al. 2004: 313). But stigma is reported in all social contexts (including among family and friends). Representative testimonies of such experiences included being "blamed for being 'emotionally weak,' 'inefficient,' 'unproductive,' and 'lazy'" (Lai et al. 2001: 113). Depressive behaviour is even interpreted morally: subjective testimonies include views that displayed fearfulness about admitting to mental health problems:

I didn't say anything to my family 'cause I thought they would be appalled actually, they're very, very — my mother in particular: — very moralistic. The whole idea of not working, not earning a living, being on benefits or anything is appalling as far as she is concerned.

(Dinos et al. 2004: 196)

Similarly, stigma also appears to be widespread among patients, many of whom, reportedly, do not consider depression to be a "real illness" but, rather, the result of "weak or 'flawed' personality," and as a "new label for problems of daily living within the range of normal experiences" (Cornford et al. 2007: 360; see also Pill et al. 2001; Shaw et al. 1999).
First, while the well as mental tests, there must be interest in daily questions of on oneself, subjective symptoms and public susceptibility to self-stigmatization: individuals do not judge themselves as ill but as failed in some way. While we can note that such studies are based on self-reports (a problematic research method; Nisbett & Wilson 1977), here we are interested in the phenomenology of the illness and, as such, depressed people's accounts of responses to their symptoms are of paramount importance. Where we may take issue with such self-reports is over the possibility of negative misperception: given that people with depression embrace deeply negative views of the world and their circumstances (as part of their symptoms), it might be contended that their judgements of third party perceptions are likely to be overly harsh. Fortunately, however, we can move towards correcting for this problem by probing the second of our concerns – assessing the attitudes of the public towards people with depression.

While there is need for more research into public attitudes toward people with mental illnesses (and, indeed, more cross-cultural studies), current findings appear to support the pessimistic perceptions experienced by patients with depression: people do seem to display negative views towards depression (Goldney et al. 2001; Peluso & Blay 2009; Perry et al. 2007; Wang & Lai 2008). One recent study in the US revealed that approximately 40 per cent of subjects believed that depressive behaviour arose from "bad character"; 80 per cent believed that specialist treatment for depression was unnecessary (Perry et al. 2007). Moreover, studies show that stigmatization is apparently unaffected by exposure to individuals with depression – including family members and friends – and even by having experienced an episode of depression oneself (Goldney et al. 2001: 282; Wang & Lai 2008: 191).

Given these findings we need to consider the effectiveness of the education campaigns which have been launched in an attempt to overcome the pervasive problem of stigmatization. In the last fifteen years governmental and health agencies in a number of countries have launched campaigns aimed at improving public awareness of depression and eradicating stigma. Such campaigns use a range of television and newspaper advertisements, billboards, and educative leaflets distributed in primary care settings. These include the "Depression Awareness, Recognition and Treatment Programme" (DART) in the USA launched in 1988; "Depression Awareness Day" held annually in the USA; "Defeat Depression Campaign" in the UK (1992–1996); "Changing Minds Campaign" in the UK (1998–2003); "Beyond Blue" launched in Australia in 2006; and "National Depression Initiative" launched in New Zealand in 2006.

Have such campaigns proven effective? Perhaps surprisingly, there have been very few systematic follow-up studies of such campaigns; however, the
research that has been undertaken reveals disheartening results. The only study devised to follow-up attitudes over a ten-year period, which employed a vignette technique, was conducted in west Germany by Angermeyer and Matschinger (2004). This study asked the following questions: "Does the German public show more positive and less negative emotional reactions towards people with major depression in 2001 than in 1990?" and "Is the desire of the German public for social distance from people with major depression less pronounced in 2001 than in 1990?" (Angermeyer & Matschinger 2004: 178). The researchers concluded:

The optimistic view ... that attitudes to people with depression have improved in recent years is not supported by our findings ... The desire to distance oneself from someone with depression was as strong in 2001 as it had been in 1990. Overall, one has to conclude that the attitudes of the public in Western Germany have remained more or less unchanged.

(Angermeyer & Matschinger 2004: 181)

Interestingly, with regard to the persistence of self-stigmatization, the latest meta-analysis into depression awareness campaigns 1987–2007 concluded that "No study has clearly demonstrated that such campaigns help to increase care seeking or to decrease suicidal behaviour" (Dumesnil & Verger 2009: 1203).

While research into stigmatization of depression and into public education is limited, we can tentatively draw the following conclusions: (a) patients with depression experience stigmatization of their illness; and (b) educational campaigns on depression "literacy" appear to have had negligible impact. Before I present the "Pollyanna Backlash" hypothesis for the persistence of depression stigmatization, I turn to survey the "folk theory" view of common sense in psychology and philosophy.

THE "FOLK AS SCIENTISTS" STANCE

Motivations for the account

The folk theory view is the claim that our common-sense understanding of the world is a thoroughly theoretical account. On this view, our naive (pre-scientific) views relating to physics, biology, sociology, psychology, and so on are regarded as networks of fallible generalizations, and as such they are subject to vindication or elimination with progress in science (Atran 1999; Churchland 1996; McKloskey 1983).
This stance is not without some criticism in the philosophical and psychological literature. It has been argued, for example, that such conceptual frameworks do not constitute "theories" since we are often not explicitly aware of such views and, moreover, conceptual generalizations are employed for practical purposes rather than for the pursuit of the goals that define science (Wilkes 1984). However, in response to such criticisms, Paul Churchland has argued that such arguments "betray a narrow and cartoonish conception of what theories are and what they do" (1993: 33). Churchland notes that learning and employing a theory amounts to the acquisition of a range of skills — "skills of perception, categorization, extension, physical manipulation, evaluation, construction, analysis, argument, computation, analysis, and so forth" (1993: 34) — and that practices can be overthrown and replaced by better ones. Churchland argues that having a theory amounts to having an admixture of know-how as well as know-that.

The folk theoretical view is given additional credence by a second consideration: the empirically supported claim that people tend to reason in a quasi-scientific manner. There is a sizeable social and cognitive psychological literature devoted to understanding "folk reasoning". This research is replete with references to the notion that folk reasoning bears resemblance, in various ways, to scientific reasoning as described by Kuhn in *The Structure of Scientific Revolutions* (1962). However, empirical literature is vague with respect to the ways in which folk reason like scientists, even if we accept Kuhn's views of scientific reasoning (Brewer & Samarapungavan 1991; Brewer et al. 2000; Chinn & Brewer 1994, 1998; Fletcher & Fitness 1993; Fletcher & Thomas 1996; Levin et al. 1999; Reif & Larkin 1991; Samarapungavan & Wiers 1994).

This leads us to ask: why should we embrace a broadly Kuhnian model of scientific reasoning, and what does it mean to say that people reason in a quasi-Kuhnian manner? There are at least three reasons for taking Kuhn's model of science seriously. First, the "folk as Kuhnian scientist" claim receives indirect vindication from the cognitive science of science where Kuhn's views on scientific reasoning are consistently regarded as credible (Churchland 1993, 1996; Nersessian 2003). Second, Kuhn's work on scientific reasoning maintains weight in the naturalized, historically sensitive philosophy of science community (Bird 2004; Hoyningen-Huene 1993; Kuukkanen 2008). In short, since the publication of his seminal work in 1962, Kuhn's views on the nature of scientific reasoning have never lost favour within naturalized philosophy, even if they have generated some thorny problems for philosophers; and in cognitive science they have lately been embraced. Third, as noted, the plethora of research by social psychologists that contends that our ordinary reasoning bears resemblance to Kuhn's views on scientific reasoning gives added credibility to Kuhn's broad claims: scientific reasoning is
a form of cultural bootstrapping from "naturally endowed" cognitive heuristics: as such we can expect science to share many features with commonsense reasoning.

Kuhn's account of science

How are we to understand the claim that people reason in a Kuhnian manner? Kuhn contends that science is periodically cyclical: all fields in science start off with a period of immaturity when there are a number of different, tentative theories and no consensus about which of these is correct. In essence, for Kuhn, science is a social enterprise and he contends that it is the allegiance of a community of thinkers to a particular "paradigm" that is emblematic of science. The term paradigm refers to a multiplicity of components that include: (a) symbolic generalizations, such as laws (e.g. "force = mass \times acceleration"); (b) metaphysical generalizations, which are usually tacitly embraced (e.g. "forces exist"); (c) shared epistemic values among scientists (Kuhn contends that scientists favour five such values: (i) accuracy, (ii) consistency with other theories, (iii) simplicity, (iv) scope – i.e. the possibility of extending the paradigm to new domains – and (v) fruitfulness – i.e. the paradigm should prove successful); and finally, (d) "exemplars" – concrete ways of viewing the world and solving particular problems that arise within some domain of enquiry (Kuhn 1962: 23ff).

It is this final component of "exemplars" that forms the leitmotif of Kuhn's views on scientific reasoning – scientists, he says, engage in "puzzle-solving" where exemplars play a key role (Kuhn 1962: 177–8). Kuhn contends that when we do a crossword puzzle we assume that if we apply the rules correctly we can find the correct answer; equally, he notes, scientists assume that correct application of the paradigm will uncover the answers to particular problems. Just as people approach crossword puzzles, for example, with an understanding of how such puzzles work, Kuhn contends that scientists approach the world mindful of a particular exemplar (a set of explicit and tacitly understood know-how and know-that). By applying this exemplary understanding they can discern answers to particular problems that may arise. For example, by understanding force as the product of an object's mass and its acceleration ("F = MA"), by tacit understanding that there exist such things as "forces", "mass" and "acceleration", and given sufficient schooling in mathematics, the use of relevant instruments to calculate such values, and so on, we can employ this exemplar to solve subsequent puzzles about the force, mass or acceleration of objects. In order for science to progress and, indeed, for any scientific work to ensue, Kuhn contends that scientists must adhere to the paradigm and its rules.
Kuhn views science as a cyclical phenomenon; inevitably, he claims, various problems in this "puzzle-solving" pursuit will arise and prove intractable: he dubs these "anomalies". Kuhn contends that, at first, anomalies are only tacitly perceived and cause scientists to express discomfort with the paradigm (Kuhn 1962: 56, 61). As more anomalies emerge, however, scientists become consciously aware that something has gone wrong with the paradigm. At first, they consciously choose to defend the paradigm and deflect the anomalies via *ad hoc* measures: for example, they may blame the instruments used or declare that some human error has occurred. However, with mounting anomalies, especially ones that recurrently strike at central tenets of the paradigm, and where there is mounting, external social pressure to deal with the paradigm's failings, a period of "scientific crisis" is said to ensue. During crisis periods scientists start to articulate the tacitly held aspects of their paradigm and begin to question every aspect of the paradigm. At this time, scientists are said to be at a complete loss: while they have lost faith in the old paradigm and seek an alternative one, they may still feel a conservative pull toward their former viewpoint. Kuhn calls this "the essential tension", between the conservative defence of normal science and the need to pursue more innovative theories; "the successful scientist must simultaneously display the characteristics of the traditionalist and of the iconoclast" (Kuhn 1977: 227).

**Folk as "quasi-Kuhnian" scientists**

Needless to say, common-sense reasoning may not exhibit all of the features described by Kuhn; we may not employ paradigm structures in their entirety in everyday life and we may not engage in full-blown puzzle-solving activity in order to solve everyday problems. Nonetheless, findings in social psychology suggest that there are key areas of overlap between science and common sense (Brewer & Samarapungavan 1991; Brewer et al. 2000; Chinn & Brewer 1994, 1998; Fletcher & Fitness 1993; Fletcher & Thomas 1996; Levin et al. 1990; Reif & Larkin 1991; Samarapungavan & Wiers 1994). This research indicates the following shared aspects of "folk" or common-sense reasoning with Kuhn's views on scientific reasoning: (a) even when aspects of theories are tacitly known, "folk" (like scientists) exhibit conservatism when it comes to their theories; and (b) in particular, when faced with anomalies people tend to respond by employing *ad hoc* manoeuvres in order to preserve existing theories. In the following section I will employ these two minimal claims to propose an explanation for folk responses to depression.
STIGMATIZATION OF DEPRESSION AS A FOLK THEORETICAL RESPONSE

Assuming this folk theoretical model, we need to ask: what are the theories that appear to operate in our thinking about depression? We can draw on empirical work which proposes that there are three folk beliefs that are pivotal to our psychological well-being and our view of our place in the world. These are:

- The world is benevolent.
- The world is meaningful.
- The self is worthy.

(Janoff-Bulman 1992: 6; see also Bolton & Hill 1996: 353)

The first belief draws on psychological research that indicates that individuals distinguish between their own fortune and that of others: individuals have a propensity to be optimistic about their own future and to display positive biases about themselves and the past; this well-known tendency has been dubbed "The Pollyanna Principle" (Janoff-Bulman 1992: 6–7; S. E. Taylor 1990; Taylor & Brown 1988). Studies reveal, for example, that people have an overwhelming tendency to view their life experiences as positive rather than negative; it seems that people really do view the world through metaphorical rose-tinted glasses (Matin & Stang 1978 cited in Janoff-Bulman 1992: 7).

The second principle is supported by well-established research which shows that people have strong tendencies to understand events as meaningful (Bering 2011; Janoff-Bulman 1992: 8–9; McAdams 2005; Pennebaker 1997): people view events as "happening for a reason"—something it is incumbent on us to discover. Research shows, for example, that people tend to recover faster from traumatic (random) life events when they interpret them as part of a bigger "life narrative" imbued with significance: for example, a victim of a serious sexual assault who decides to devote her life to helping other victims may feel that her life has taken on a new and important meaning (Pennebaker 1997).

The final folk belief draws on well-replicated studies which show that individuals tend to self-evaluate themselves as above average when it comes to being "good, capable and moral" (Janoff-Bulman 1992: 11–12; S. E. Taylor 1990; Wilson 2002: 198). People tend to endorse more positive comments about themselves than negative ones: "most people, for example think that they are more popular, talented, attractive, and intelligent than the average person, which of course can't be true of everyone" (Wilson 2002: 198).

If we invoke the "folk theory" stance and the "folk as scientists" viewpoints, we can collectively term these three key beliefs "the Pollyanna Proto-Paradigm" (hereafter "PP"). In dubbing these a "proto"-paradigm we can make due reference to the fact that any such employment of these folk beliefs does...
beliefs does not constitute a paradigm: while we might contend that such tacitly held beliefs constitute a theory of sorts, it is clear that many elements of a paradigm are not in place. There are no symbolic generalizations; even if there are exemplars we may argue that there is no full-blown puzzle-solving activity. However, given what we understand about the attributed folk beliefs we might tentatively contend that the PP does consist of tacitly embraced metaphysical generalizations. So, while the prefix suffices as a rather large caveat to the effect that the PP is certainly not a paradigm, by presenting folk as “quasi-scientific” and thereby presenting their theories on a continuum with scientific paradigms, it seems reasonable to dub this set of beliefs a “proto-paradigm”.

With this in mind, we can make the following predictions based on the empirical claims that folk act like scientists when it comes to conservative allegiance to any such “paradigm”:

(a.) Any behaviour that undermines aspects of the PP will constitute an anomaly.
(b.) Individuals will react conservatively with respect to this “paradigm”; that is to say, individuals will be dismissive of perceived anomalies of the PP.

Are these predictions borne out in the case of depression? It seems that behaviour such as “loss of interest of pleasure in life”, fatigue, “feelings of worthlessness or inappropriate guilt”, and recurring suicidal ideation (American Psychiatric Association 2000: 356) can be interpreted as overt examples of anomalies with respect to the PP. The tacit belief that “the world is benevolent” appears to be undermined by the negative behaviour of the person suffering from depression who presents the view that life is, on the contrary, a set of unpleasant experiences. While this belief refers to the individual’s own life experiences, depressive behaviour appears to counsel that life itself – not just his or her life – is not predominantly pleasant. Similarly, the tacit (and, indeed, often explicitly stated) belief that events have “meaning” is apparently rejected by the person suffering from depression whose behaviour shows “markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day” (American Psychiatric Association 2000: 356): the person suffering from depression seems to occupy an existential abyss – daily endeavours, and even life, are deemed to be pointless and insignificant. Finally, the folk belief that “the self is worthy” is clearly rejected by the individual suffering from depression: such individuals suffer from feelings of worthlessness, which are manifested in low self-esteem and excessive guilt. It would appear, thus, that the depressive’s conduct is strikingly at odds with the three key tenets of the PP:
the individual suffering from depression does not consider life to be benevolent or meaningful, nor does she consider her life to have any value: in severe depression this leads to suicidal ideation that life is not worth living at all.

However, it should be pointed out that the third folk belief – that the self is worthy – while at odds with depressive behaviour, need not be interpreted as anomalous with respect to that belief for third parties. On the contrary, rather than posing an anomaly to the PP it might be considered that depressive “feelings of worthlessness or excessive guilt” point to some vindication for the non-depressed observer of their higher than average moral self-worth. In short, by embracing self-stigmatization (self-blame, guilt: and denial that one is suffering from a bona fide illness) the person suffering from depression seems to affirm the tacitly held belief of the non-depressed that the latter are superior. In this case, it seems that the non-depressed individual is vindicated in his or her tacit adherence to the PP.

If we accept these behaviours as anomalies (with regard to the beliefs “the world is benevolent” and “the world is meaningful”) and confirmation (“the self is worthy”) of the PP, do we find that individuals react in ways analogous to scientific responses? In fact, as the empirical literature suggests, individuals’ responses do appear to uphold the predictions of this provisional explanation: individuals (including those suffering from depression) seem to react by engaging in a “Pollyanna Backlash”. As we have seen, in the face of anomalies, scientists seem doggedly to adhere to the prevailing paradigm and to blame anything but the paradigm when discrepancies between the paradigm and new evidence are perceived. When scientists reject the existing paradigm too quickly they are regarded as “the carpenter who blames his tools” (Kuhn 1962: 79). It seems that, insofar as we can draw on the “folk as [Kuhnian] scientist” viewpoint, when new evidence is at variance with the paradigm, individuals – like scientists – blame the “carpenter” rather than the tool (the paradigm). It certainly seems that, rather than accept depressive views about the unpleasantness of the world and its pointlessness, we find that people suffering from depression are blamed for being weak (Lai et al. 2001: 113), their behaviour is regarded as a “personality flaw” (Corrison et al. 2007: 360; Perry et al. 2007), and so on. As we have seen, individuals overwhelmingly appear to respond to depressive behaviour by declaring – in a manner reminiscent of the conservative scientist – that depression is not a “real illness” and does not require specialist help (Perry et al. 2007). There is also evidence that mental health professionals are as likely to stigmatize individuals suffering from depression as the general public: the PP can explain this given its claim that people will respond in a conservative manner when bombarded with anomalies (Nordt et al. 2006; Wolff et al. 1996). Moreover, the PP predicts that such responses will be typical among all individuals: we find that even people suffering from depression engage
in self-blame, and friends of depressed individuals, just like many of those who have recovered from major episodes of depression, are just as likely to stigmatize and avoid those exhibiting the illness as anyone else (Angermeyer & Matschinger 2004: 181; Wang & Lai 2008: 191).7

Insofar as we can accept the following: (a) the theoretical approach to folk psychology; (b) the empirical research which indicates that we typically embrace the core beliefs of the Pollyanna Paradigm; and (c) the empirical research on stigmatization of depression, the predictions (a,) and (b), above, are supported.

LIMITATIONS AND CONCLUSIONS

The Pollyanna Backlash explanation presents an interesting, inferential explanation from some key themes in the philosophical and empirical literature that merits investigation: as it stands there are limitations to the proposal that are in need of further research. First, the issue of the universality of the beliefs comprising the PP needs to be established. Are these beliefs deemed to be tacitly held by everyone, in every cultural milieu? This point has been raised by Henrich et al. (2010) who contend that behavioural psychologists routinely draw on samples from “Western, Educated, Industrialized, Rich, and Democratic (WEIRD) societies” with the assumption that there is little variation between different cultures and populations. According to Henrich et al. (2010: 61), “Western, and more specifically American, undergraduates who form the bulk of the database in the experimental branches of psychology” are “among the least representative populations one could find for generalizing about humans” and “frequent outliers” in existing cross-cultural research.

Promising for the PP hypothesis, there are a number of cross-cultural studies on the prevalence of “depression” and responses to it: existing evidence shows that depression is not only universal but stigmatized in other (non-Western) cultures (Furnham & Malik 1994; Horwitz & Wakefield 2007; Kleinman 2004; Parker et al. 2001; Raguram et al. 1996). The somatization of depression in (for example) China and India indicates that there are moral and cultural sanctions on the patient’s symptoms (Kleinman 2004; Raguram et al. 1996). Nevertheless, more cross-cultural work needs to be undertaken before we can say assuredly that people respond to depressive behaviour in comparable ways and that both the PP and the “folk as scientist” views hold in different cultures.

Even if it were possible to defend the Pollyanna Backlash explanation as applicable within certain cultures, such a restricted view would still leave us with several outstanding problems. For instance, are there people who are
genuinely realistic (who do not appear to embrace the PP) but who are not depressed? How damaging would this finding be to the explanation? In addition, we still need to establish why it is that people suffering from depression do not appear to adhere to beliefs about the “benevolence of the world” and its “meaningfulness”. Is this as a result of exposure to too many anomalies that have overturned these beliefs (perhaps negative events that have precipitated the illness)? If this were the case, individuals may be responding in a “folk scientific” manner, and this understanding of the causes of depression might yet be explicable within the PP framework. Nonetheless, we also know that many people are born with a predisposition to depression. Do such individuals have a tendency to shed their beliefs quicker, or are they more sensitive to anomalous data? How do these views fit with the “folk as scientist” purview? By the same token, given the analogy with science and our understanding of scientific progress, it would seem that the more one is exposed to anomalous (depressive) behaviour, the more likely that crisis with the prevailing paradigm will ensue: does this occur in the case of exposure to people suffering from depression — do people become depressed when they are exposed to “depressing” events and behaviour?8

Granted that we can resolve these issues, and the PP holds, this still leaves the question of scope for educating the public about depression. Prima facie, the folk theory view appears to imply serious limitations for public understanding of depression; it may be that overcoming folk theories of depression will be as difficult as overturning “folk physics”. If mental disorders are akin to concepts like “gravity” health agencies may require more than advertising campaigns in order to educate the public.

In conclusion, the Pollyanna Backlash awaits further research on the causes of depression and the nature of well-being, as well as closer comparative examination with the “folk as scientists” premise, in order to assess its promise as an explanation for the stigmatization of depression. However, given the tentative retroactive success of the Pollyanna Backlash presented here, the hypothesis is surely worthy of future investigation — improving understanding of the most common mental disorder in the world today is of concern to us all.

ACKNOWLEDGEMENTS

I would like to thank Havi Carel and Rachel Cooper for very helpful comments on an earlier draft of this chapter. Thanks are also due to Bethany Heywood, Robert McCauley, Dominic Murphy, Stephen Stich and delegates at the Concepts of Health Conference held at UWE in September 2010 for helpful remarks during the construction of the chapter.
NOTES

1. It should also be noted that stigmatization (including social exclusion) differs according to symptoms displayed: the stigmatization of schizophrenia differs from depression, for example (Kurzban & Leary 2001).

2. It is estimated that around 50 per cent of people suffering from depression in the UK go untreated and 60 per cent attest that they would be embarrassed to consult their doctor with depression (Sims 1993: 30).

3. The studies on public attitudes to mental illness invariably employ vignette methodologies, which involve short descriptions of individuals with various symptoms, followed by questions about the case, asking subjects how they would respond to such a person and how they would classify or explain any such behaviour.

4. It should be added that individuals suffering from other mental and physical disorders are also subjected to stigmatization; the particular range of symptoms is likely to be relevant to the nature of the stigmatizing response. Individuals suffering from schizophrenia, for example, exhibit a range of cognitive symptoms (including delusions and disorganized speech) and frequently display poor selfcare. Responses to schizophrenia include avoidance marked by fear of unpredictability, as well as disgust (Park et al. 2003).

5. Investigations into the Defeat Depression campaign (1992–1996) in the UK were seriously flawed for their use of face-to-face interviews (Paykel et al. 1998; Priest et al. 1996). Questionnaires asked, explicitly, for subjects’ views on depression, thereby avoiding, outright, implicit stigmatization. Indeed, the surveys found that “most changes [while positive] were relatively small in magnitude” (Paykel et al. 1998: 522).

6. It is likely that there is an evolutionary psychological explanation for the prevalence of these folk beliefs; however, in this chapter I have chosen to avoid the minefield of questions about the origins and emergence of these beliefs: rather, following the empirical literature, I assume that they play a role in normal psychological well-being.

7. Understanding underlying questions of why the violation of PP is emotionally threatening (it entails huge amounts of emotional investment, is time-consuming, and so on) takes us into the realm of evolutionary psychology. The question of how the PP hypothesis dovetails with evolutionary psychology is important but takes us beyond the present concern, which is to establish that responses to depression have overtly Kuhnian features.

8. Work has already been done to apply, in detail, the “folk as scientists” framework to the case of post-traumatic stress disorder (PTSD). In the case of PTSD, traumatic life events have been interpreted as major anomalies that precipitate this illness; in order to bolster the Pollyanna Backlash explanation, the range of symptoms associated with PTSD need to be compared carefully with major depression (prima facie, there does appear to be some room for comparison).