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"That Sucks?": An Evaluation of the Communication Competence and Enacted Social Support of Response Messages to Depression Disclosures in College-Aged Students

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Recent communication research on depression has focused on which response messages are most effective in providing emotional comfort to depressed individuals during depression dialogues. This study investigates the impact that a confidant's initial response to a disclosure has on the disclosing individual, a key moment of dialogue for those with depression. It examines the relationship between the communication competence of responses to depression disclosures and how individuals rate those responses' enacted social support, hypothesizing that the higher the communication competence of a confidant's response (where competence *reflects the effectiveness of interdependent communication), the more enacted social support the discloser will perceive (where* enacted social support *assesses how effectively a confidant's response actually provides support).*

College-aged participants from a large southern university completed Goldberg's (1993) Depression Inventory Questionnaire before evaluating the enacted social support in depression disclosure responses of varying competence. Results suggest that the greater the competence of a response, the more enacted social support the individual making the disclosure will perceive. Results also suggest that the presence of depressive symptoms will slightly impact how an individual evaluates a response message's level of enacted social support. College-aged adults exhibit a higher risk of depressive symptoms, making this group an important starting point for further research on depression dialogues.

Depression and depressive disorders are serious and all-too-common mental health concerns (Cassano & Fava, 2002). According to a 2008 survey conducted by the Centers for Disease Control and Prevention, approximately one in 20 Americans suffer from some form of depression. Depression continues to increase in individual, societal, and economic costs, with the World Health Organization predicting in its *World Health Report 2001: Mental Health: New Understanding, New Hope* that depression will become the second leading cause of disability-adjusted life years (DALYs)[1] lost due to mental illness by 2020 (World Health Organization, 2001).

Although depression affects people of all ages, it has been identified as a serious health concern for young, college-aged adults, as symptoms of depression for those impacted appear to peak during late adolescence (Aseltine, Gore, & Colten, 1994; Wright et al., 2013). Many factors that contribute to depression such as financial issues, feelings of loneliness, and substance abuse coincide with the typical college experience, making it especially important to understand competent communication dialogue for college-aged individuals with depression (Cassano & Fava, 2002; Wright et al., 2013). The prevalence of depression in young adults points to the importance of understanding which messages will be most beneficial to individuals during the key moment of dialogue, spoken or written, when an individual discloses his or her depressive symptoms (Wright et al., 2013).

Approximately one in 20 Americans suffer from some form of depression

Communication researchers have examined the ways in which different messages and message types impact a depression disclosure dialogue. For example, communication studies have focused on how the quality of a depression disclosure message impacts the quality of the response (Lienemann, Siegel, & Crano, 2012; Scott, Caughlin, Donovan-Kicken, & Mikucki-Enyart, 2013), the difference a message's medium makes (Whitehill, Brockman, & Moreno, 2012; Wright et al., 2013), and what impact gender has on message evaluation (Barton, Hirsch, & Lovejoy, 2012).

This study addresses the impact that a confidant's initial response to a disclosure will have on the disclosing individual. The confidant's response is a key moment of dialogue for those revealing their depression as it will impact the amount and quality of emotional comfort the discloser will perceive. By addressing the communication competence (the measure of how effectively response messages lead to feelings of increased support) and the perception of enacted social support (the quality to which the discloser receives support from an individual's message) in written responses to depression disclosures for college-aged adults, this study contributes new insight on a population particularly susceptible to depression (Wright et al., 2013).

Using Goldberg's (1993) Depression Inventory Questionnaire, Scott et al.'s (2013) interpretation of O'Keefe's (1988) theory of message design logics, and Goldsmith, McDermott, and Alexander's (2000) Enacted Social Support Scale, this study sought to determine if there is a relationship between the communication competence of a confidant's response to depression disclosures and the discloser's perception of enacted social support in those messages. The results show that, in general, the more competent a response is to a depression disclosure, the more enacted social support is perceived and that a slight correlation between depressive symptoms and less perceived support exists.

Literature Review

Depression and College-Aged Adults

While depression can manifest in multiple forms, some of the major negative consequences of depression include significant mental distress and psychosocial functional impairment (Cassano & Fava, 2002). A substantial number of people with clinically diagnosed depression first exhibit these symptoms during their adolescent years (Cassano & Fava, 2002). One major influence is the adjustment to college life, which can be a time of "considerable social stress and transition" (Aseltine et al., 1994, p. 252). Other notable factors that contribute to depression for young adults include financial issues, feelings of loneliness, interpersonal relationship skill deficits, differences in race, ethnicity, and sexual orientation, and overall increased levels of social, societal, and academic stress (Wright et al., 2013). The negative mental and psychosocial symptoms of depression are also often compounded for adolescents by increased alcohol, tobacco, or drug abuse, and increased levels of anxiety, resulting in comorbidity with other chronic mental health issues, immunodeficiency, and an increased risk of suicide (Cassano & Fava, 2002; Wright et al., 2013).

Though there are a number of different methods to help diagnose depression, one of the most popular is Goldberg's (1993) Depression Inventory Questionnaire, often informally known as Goldberg's Depression Scale (Aminpoor, Afshinfar, Mostafaei, & Ostovar, 2012). Goldberg's Depression Scale is an 18-question, Likert-type preliminary diagnostic test originally designed to help physicians better determine if patients have depressive

1 DALY: A measure of the overall burden caused by disease represented by number of years lost due to ill-health.

symptoms before an official clinical diagnosis. Individuals can now complete the scale online to self-diagnose without or before seeing a physician (Aminpoor et al., 2012). The directions of the test ask participants to answer the questions in regard to how they have felt and behaved in the past seven days (Goldberg, 1993). Individual scores from the test are then used to place patients into one of six different categories of likelihood for depression, ranging from "depression unlikely" to "severe depression," with the higher scores representing more severe symptoms (Goldberg, 1993). These measurement scales are useful for doctors to screen patients, and for individuals to check their own symptoms before visiting a physician (Aminpoor et al., 2012).

Depression and Message Interpretation

Research has indicated that people with varying levels of depression will respond differently to messages regarding depression or other medical issues compared to individuals who are asymptomatic (Bell et al., 2010). This could be due to the lower self-verification levels reported for individuals with depression because lower self-verification levels negatively impact how they interpret feedback (Wright et al., 2014). For example, individuals with low self-verification may discount or ignore positive feedback, or even seek negative feedback despite their need for positive support (Wright et al., 2014).

Depressed individuals often respond more negatively to health-related messages

Because of this low self-verification, not all support will be beneficial to those with depression symptoms (Schwarzbach, Luppa, Forstmeier, Konig, & Reidel-Heller, 2013). While people with greater access to support are generally better able to cope with their emotional distresses and live happier and healthier lives, not all relationships are healthy, and not all relationships provide truly beneficial support (Bodie et al., 2012; Schwarzbach et al., 2013). Even close relational partners do not always provide the desired messages, and messages intended to be supportive may still have detrimental effects (Goldsmith et al., 2000).

The cognitive theory of depression and the help-negation effect are two theories which try to explain the negative bias of those with depression. The cognitive theory of depression states that due to a negative lens through which information is processed, people with depression who are exposed to messages about themselves are more likely to have a negative bias toward such messages, even if they are positive (Lienemann et al., 2012). Similarly, the help-negation effect is the phenomenon in which the more an individual becomes at risk (e.g. for suicide) the less likely he or she will seek help from a professional, friend, or family source (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013).

These findings demonstrate the importance of the message recipient's perspective regarding what messages they consider more or less supportive (Goldsmith et al., 2000; Lemieux & Tighe, 2004). Recognizing the low self-verification of individuals who are depressed is also important for determining what messages are more competent. For example, confidants responding to depression disclosures should keep in mind that depressed individuals often respond more negatively to health-related messages, which affects how messages will or will not lend social support. Understanding the mindset of the discloser is an important factor in providing support as a confidant.

Depression Disclosures

Depression disclosure is the key moment where depression symptoms are revealed to a chosen confidant (Scott et al., 2013). Differences in how an individual discloses his or her depressive symptoms indicate how that individual rationalizes these symptoms (Harvey, 2012) and have been shown to influence the nature of the response (Scott et al., 2013). For example, the more overtly suicidal a disclosure is, the more likely a respondent will mention professional help, while the more general the disclosure is about depressive symptoms, the more likely the respondent will offer social- or problem-oriented assistance (Barton et al., 2012). These findings demonstrate the impact that differences in disclosure messages can have on the subsequent responses to disclosure.

Communication Competence of Responses to Depression Disclosures

Throughout the many different contexts in which depression disclosure conversations can occur, the style of response will regardless impact the relationship between the two or more individuals (Scott et al., 2013). Responses to a depression disclosure are an integral component in how effective the entire discourse will be for the discloser (Scott et al., 2013) because the confidant's response is often influential for the discloser's willingness to seek social support and professional help (Lienemann et al., 2013).

Spitzberg (1988) broadly defined communication competence as "the ability to interact well with others" (p. 68). Communication competence can be measured through differences in accuracy, clarity, comprehensibility, coherence, expertise, or appropriateness in one's communication with others (Spitzberg, 1988). Scott et al.

(2013) did a study on the communication competence of responses to depression disclosures and codified responses based on O'Keefe's (1988) theory of message design logics. This theory divides responses into three categories based on their purpose: expressive, conventional, and rhetorical (O'Keefe, 1998). The three message types were ranked from least to most competent (O'Keefe, 1988; Scott et al., 2013).

Expressive response messages, the least competent overall of the three categories, are emotional responses that have little to do with the context of the situation, such as "That's messed up, don't kill yourself man" (Scott et al., 2013, p. 147). In the context of depression disclosure responses, expressive responses often seem to discount the diagnosis or unintentionally put down the individual, such as "You're not really depressed; you're just a little down" (Scott et al., 2013, p. 147). Expressive responses often carry a negative connotation, intentionally or not, that can further stigmatize depression (Scott et al., 2013).

Conventional response messages are socially accepted messages that would be expected in the situation, such as "I'm sorry to hear that, I'm here to talk if you need it" (Scott et al., 2013, p. 147). These messages are appropriate within most social contexts, as they could be used by most individuals in the same basic dialogue; however, they do not take into account the specific relationship between the discloser and their confidant (Scott et al., 2013). Conventional messages are regarded as more competent than expressive responses, though they do not necessarily convey more sympathetic listening (Scott et al., 2013).

"I know how you feel, I've been going through something similar, but we can help each other."

Lastly, rhetorical response messages, regarded at the most competent of the three categories, treat the discourse as a process of context-appropriate coordination that takes into consideration the relationship between the individuals to better convey support and understanding (Scott et al., 2013). In other words, the communicator goes beyond socially accepted responses to incorporate truly empathetic messages (Scott et al., 2013). This could include messages like "I know how you feel, I've been going through something similar, but we can help each other" (Scott et al., 2013, p. 148).

Though most individuals who offer responses to a depression disclosure may have good intentions, not all responses are equal. By examining a response message in terms of its communication competence, it is possible to categorize and assess its effectiveness in showing empathetic listening ability, verbal and nonverbal sensitivity, encoding and decoding skills, and management of interactions in a conversation (Wright et al., 2013).

Enacted Social Support

One of the principal goals of depression disclosure is to attain social support (Scott et al., 2013). In a broad sense, social support is a communication variable that refers to the availability of people on whom individuals can rely (Zhou, Zhu, Zhang, & Cai, 2013). During times of emotional distress, individuals seek social support from others, often in the form of comforting messages aimed at lessening this distress (Lemieux & Tighe, 2004). While many studies focus on the availability of social support, or the "quantity or quality of support to which people have access," other researchers have looked to measure the enactment of social support, or "the actual utilization of these support resources" (Tardy, 1985, p. 188). In other words, rather than assessing whether a person feels like support is available, enacted social support looks at "what individuals actually do when they provide support" and the quality to which support was actually received by the other individual (Barrera, 1986, p. 417).

While enacted social support may include tangible actions, like a hug or financial support, individuals can also provide enacted social support through communicated messages (Barrera, 1986). These messages, when treated as a behavior themselves, can be evaluated by researchers based on the degree to which the individual's message actually provides enacted social support (Goldsmith et al., 2000). For example, Goldsmith et al. (2000) sought to measure how people evaluated behaviors by developing a multidimensional scale to measure how individuals would rate the enacted social support of messages. Goldsmith et al. accomplished this by splitting enacted social support into three dimensions: helpfulness, supportiveness, and sensitivity. While the dimensions overlap slightly, their variations are distinct. For example, helpfulness relates to problem-solving applications of a message, supportiveness addresses relational assurance, and sensitivity touches on the emotional connection of a message (Goldsmith et al., 2000). Measuring enacted social support involves retrospective evaluations assessing the perception of received support in messages and judgments about the message outcome in terms of cognitive, affective, and behavioral effects (Barrera, 1986; Bodie, Burleson, & Jones, 2012). Separating enacted social support from other social support measures is also important in understanding the coping and adjustment processes individuals experience in times of distress (Barrera, 1986).

To summarize, an individual message's communication competence can be assessed by O'Keefe's (1988) theory of message design logics, which divides and ranks communication responses into three categories: expressive

(emotional decrees), conventional (socially appropriate), and rhetorical (highly-contextual). Scott et al. (2013) created a series of depression disclosure response examples that were split into O'Keefe's categories, and Goldsmith et al. (2000) created a multidimensional scale that allows participants to evaluate an individual's behavior (like communicated messages) in terms of its enacted social support.

Together, the literature surrounding depression-related messages (i.e., disclosures and responses) indicates the importance of a confidant's competent communication during depression dialogues. This study contributes new knowledge to understanding communication competence by asking whether greater communication competence in responses to depression disclosures will increase the enacted social support the original discloser perceives. While researchers have studied communication competence and enacted social support separately, this study uses the measurement tools described above to test if there is a relationship between the two within the context of depression disclosure dialogues.

Research Hypotheses

H1: If a response to a disclosure of depression has a higher communication competence, the recipient of the message will perceive a higher presence of enacted social support.

Null1: If a response to a disclosure of depression has a higher communication competence, the recipient of the message will perceive no difference in the presence of enacted social support.

H2: If a person is likely to have depressive symptoms, then he or she will have a correspondingly strong or faint perception of received enacted social support after depression diagnoses.

Null2: Even if a person has a greater likelihood of having depression symptoms, there will be no change in the enacted social support he or she perceives in responses to depression diagnoses.

Methodology

In order to to test the relationship between the communication competence of different responses to depression disclosures and the message recipient's perception of enacted social support, the experiment was split into three parts. Part I had participants complete Goldberg's Depression Inventory Questionnaire (see Appendix A) to measure their likelihood of depression symptoms. Part II randomly assigned participants to read one of the nine fictitious responses to a depression disclosure adapted from Scott et al.'s (2013) research on the communication competence of online depression disclosures (see Appendix B). Of these nine messages, three were expressive, three were conventional, and three were rhetorical. For statistical purposes, the scores for each type of message were grouped together into the category they represented. Part III asked participants to evaluate the message they read in Part II through Goldsmith et al.'s (2000) Enacted Social Support Scale (see Appendix C). This semantic differential scale measures a message's enacted social support in three dimensions: helpfulness, supportiveness, and sensitivity.

This experiment was designed to find a statistical difference between how participants rated the enacted social support of different depression disclosure responses and the messages' competence. In other words, the research tested against the first null hypothesis (no relationship between communication competence and enacted social support) in order to determine if a higher communication competence in the response to a depression disclosure would result in a higher level in perceived enacted social support from the point of view of the original discloser. Additionally, this experiment compared the scores from Goldberg's Depression Scale in Part I with the scores from Goldsmith et al.'s Enacted Social Support Scale in Part II to evaluate if there was a statistical correlation between the likelihood of depression and the amount of enacted social support perceived.

Procedures and Instrumentation

This survey was approved by the university's Institutional Review Board (IRB), an independent ethics committee that reviews and monitors all studies involving human subjects. In order to comply with IRB regulations, all subjects were required to read a consent form and accept its terms before participating.

The experiment took the form of a posttest-only design, which measures the dependent variable (i.e., the perception of enacted social support) after the manipulation of the independent variable (i.e., the communication competence of responses to depression disclosure). The test was administered in three parts through the research software Qualtrics. Part I measured the likelihood of depression symptoms for planned correlation studies; Part II manipulated the independent variable (communication competence of responses to depression disclosure), and Part III measured the dependent variable (enacted social support). Participants were randomly assigned to different groups, each receiving only one of nine fictitious messages.

Part I: Measuring the likelihood of depressive symptoms with Goldberg's Depression Scale. The first tool that the participants were asked to complete was Goldberg's Depression Scale (see Appendix A), the 18-question, Likert-type test (discussed above) that asks participants

to answer questions regarding how they have felt and behaved over the past seven days. Each question has six answers with an associated numerical values, ranging from "Not at All" (0) to "A Great Extent" (5). For this research, one was added to each value to prevent participants from registering a score of zero. Individual scores were then placed into different categories of likelihood for depression, with higher scores representing more severe symptoms.

The total score for each participant was studied on an interval level to add validity to the statistical tests, meaning higher scores were evaluated as a greater likelihood for depressive symptoms. These scores were later used to investigate the second hypothesis: whether the greater likelihood of depressive symptoms impacted an individual's perception of enacted social support in response messages. After participants completed the tests and the data were collected, the Goldberg scale's reliability was measured using Cronbach's reliability test, which assesses whether results are consistent enough to be considered reliable by measuring each participant's score deviation from the mean. Goldberg's scale was rated by the test as highly reliable with an alpha score of 0.92, or 92% confidence in the scale's reliability.

Participants were asked to imagine they had just disclosed a depression diagnosis

Part II: Manipulating the communication competence of responses to depression disclosures with O'Keefe's three categories. The communication competence of responses to depression disclosures was manipulated in the second part of this experiment. Participants were asked to imagine they had just disclosed a depression diagnosis to a good friend. For the experimental stimuli, participants were randomly assigned to read one of nine fictitious disclosure responses adapted from the messages developed by Scott et al. (2013) in their research on communication competence and disclosures of depression based on O'Keefe's (1988) theory of message design logics (see Appendix B). The nine responses were divided among the three levels of communication competence in the theory of message design logics (expressive, conventional, and rhetorical) with three experimental responses in each category.

Part III: Measuring the enacted social support with Goldsmith et al.'s scale. The final step in the experimental process asked participants to evaluate the message they were randomly assigned in Part II utilizing Goldsmith et al.'s Enacted Social Support Scale (see Appendix C). This semantic differential scale utilizes 12 bipolar adjectives (e.g., "helpful" versus "harmful") to measure the enacted social support perceived from the messages. Each participant was asked to evaluate the randomly assigned response in Part II by scoring it on a number scale for each of the 12 bipolar adjective pairs. The results of this measurement were studied on an interval level, which means the statistical tests were based on the total scores from each participant. The scale was set up so lower scores represented higher levels of enacted social support; the positive adjective was on the right and the negative on the left. For the pairs that were opposite, the numbers were reversed after the test to keep the scale consistent.

After participants completed the tests and the data were collected, Goldsmith et al.'s scale's reliability was measured using Cronbach's reliability test, which rated Goldsmith et al.'s scale as highly reliable with an alpha score of 0.98, or 98% confidence in the scale's reliability.

Results

This study measured the impact of the communication competence of a confidant's response on the enacted social support perceived by the discloser of depression. Participants read a depression disclosure response from one of the three levels of communication competence (expressive, conventional, and rhetorical), and completed Goldsmith et al.'s Enacted Social Support Scale to evaluate that message. The sample of 191 participants reported a total mean of 38.76 (with 12 representing the highest possible level of perceived enacted social support and 84 representing the lowest possible level of perceived enacted social support) and a standard deviation of 20.40 on Goldsmith et al.'s Enacted Social Support Scale. The standard deviation represents dispersion, or average variation of points from the mean, in the data.

Within Goldsmith et al.'s scale, the 76 participants randomly assigned to read one of the three expressive messages reported a mean of 55.24 and a standard deviation of 16.39, meaning generally lower levels of perceived enacted social support and lower consistency of scores. The 56 participants randomly assigned to read one of the three conventional messages reported a mean of 31.11 and a standard deviation of 13.80, meaning generally higher levels of perceived enacted social support and less variation in scores. Lastly, the 59 participants randomly assigned to read one of the three rhetorical messages reported a mean of 24.8 and a standard deviation of 14.97, meaning higher levels of enacted social support and a slightly higher consistency of scores than those who read the expressive messages. While there were no thresholds set for good enacted social support or good consistency, these statistics show that as communication competence changed from expressive to conventional to rhetorical messages, individuals generally reported perceiving higher levels of enacted social support respectively.

The first research hypothesis—if a response to a disclosure of depression has a higher communication competence, the recipient of the message will perceive a higher presence of enacted social support—was examined with a one-way analysis of variance (ANOVA) test.[2] Participants in this test were grouped by whether they read an expressive, conventional, or rhetorical message. The three communication competence groups of the nine depression disclosure response messages were the independent variable and the participant scores on Goldsmith et al.'s Enacted Social Support Scale were the dependent variable. A statistically significant difference was noted, with the *p*-value (the probability of obtaining the results by chance) falling below the threshold of 1%: $F(191) = 76.33$, $p < .001$.

In a follow-up to this hypothesis, a Tukey honest significant difference (HSD) test was conducted post-hoc to measure whether there was any significant difference between the mean perceived enacted social support scores of the three communication competence categories. A Tukey HSD test is performed after an initial ANOVA test to compare the possible pairs of means in two scales. In this statistical test, the mean perceived enacted social support scores from each of the three communication competence categories were compared to each other to determine whether the different levels of communication competence impacted the level of perceived enacted social support.

The Tukey HSD post-hoc indicated that there was a statistically significant difference between the enacted social support of expressive messages and conventional messages ($p < .001$, or less than .01% of the difference occurring by chance). There was also a statistically significant difference between the enacted social support of expressive and rhetorical messages ($p < .001$). However, the Tukey HSD post-hoc test did not find a statistical significant difference between the enacted social support of conventional and rhetorical messages ($p > .05$, or a greater than 5% chance that the results could have happened by chance).

The second research hypothesis suggested that there would be a relationship between the likelihood of depressive symptoms, measured by Goldberg's scale, and how individuals evaluated the enacted social support of depression disclosure responses. As stated above, the mean and standard deviation of Goldsmith et al's scale were 55.24 and 16.39 respectively; the mean and standard deviation of the Goldberg scale were 33.2 (between a score of 18 and 108) and 12.99 respectively.

To perform this analysis, a Pearson product-moment correlation was conducted.[3] Likelihood of depressive symptoms was found to have a negative relationship with perception of enacted social support in the messages, $r(191) = -0.14$, $p < .05$, which is considered a slight relationship. These statistical relationships suggest that individuals with a higher likelihood of depressive symptoms will on average perceive slightly lower levels of enacted social support in responses to depression disclosures.

Discussion

Communication Competence and Enacted Social Support

The findings of this study expanded upon the message categories of Scott et al.'s (2013) research on communication competence and O'Keefe's (1988) theory of message design logics by asking participants to measure each category's enacted social support through Goldsmith et al.'s scale. The study sought to discover if the type of message impacted how individuals perceived the quality of a response in depression disclosure communication. More specifically, the first research hypothesis asked whether a higher level of communication competence in a response to a disclosure of depression would result in a higher level of perceived enacted social support.

The results from the ANOVA test detailed above found a statistically significant difference in the mean enacted social support scales of the three different levels of communication competence, meaning the probability of the differences found between the means of the competence groups occurring by chance were less than 1%. Because a statistically significant difference was noted, the first null hypothesis was rejected. While the results do not prove there is a relationship, they do suggest that higher levels of communication competence in responses to depression disclosures will result in higher levels of perceived enacted social support. In other words, these findings show that message types with varying levels of communication competence do impact the perception of enacted social support in depression disclosure responses. The experimental design also allowed for high reliability with its measurement, both through the large number of participants ($N = 191$) and the random assignment of disclosure responses in the experimental procedures.

More specifically, the average scores for each message type point to rhetorical messages expressing the highest levels of enacted social support, followed by conventional messages and then expressive messages. Through the Tukey HSD post-hoc test, a statistically significant difference was found between the group mean scores for

2 An ANOVA test is used to analyze the differences between group means, or in other words, to measure the variance of scores reported between different groups of participants.

3 A Pearson P-product moment correlation is a statistical test that measures the relationship correlation, or dependence, between two variables. This level of correlation is presented as a number (*r*) between -1 (highly negatively correlated), and 1 (highly positively correlated).

enacted social support of expressive messages (emotional decrees that have little to do with context) and both enacted social support of conventional messages (expected responses of support in most contexts) and rhetorical messages (highly context-based responses). While the rhetorical messages did have a higher level of enacted social support than conventional messages, there was not a significant statistical difference between the two. These findings point to how important it is that confidants' messages relate to the context of the disclosure, in order to provide support to disclosers and help them move forward with recovery.

Likelihood of Depression Symptoms and Perception of Enacted Social Support

After comparing the results from Goldberg's scale and the individual ratings of enacted social support in the assigned responses, a negative correlation was found, meaning that individuals who had a higher likelihood of having depression symptoms typically rated depression disclosure responses as having slightly less enacted social support. Accordingly the second null hypothesis was rejected. While a statistically significant correlation was found between the two variables—communication competence message types and enacted social support scores—the correlation was only slight. The trend that these findings describe appears to relate to the cognitive theory of depression and the help-negation effect (the idea that depressed individuals have a lower self-verification and thus process information through a negative bias) (Czyz et al., 2013; Lienemann et al., 2012). Because of the negative bias, individuals with depression will find less support in any type of message response (Czyz et al., 2013; Lienemann et al., 2012). The relationship found in this study, however, does not hold much practical application because the correlation was only slight and the relationship should be explored in additional research.

Implications

While depression and depressive disorders continue to be prevalent in our society (Cassano & Fava, 2002), the study of this serious mental health concern will be important for communication researchers. Research on effective depression dialogues is especially important for better understanding college-aged adults, a population that has been shown to be particularly at risk for suffering from the symptoms of depression (Cassano & Fava, 2002; Wright et al., 2013).

The specific factor of depression communication that this research focused on concerns the communication competence of responses to a depression disclosure and how that impacts a depressed individual's perception of enacted social support. In other words, when an individual discloses his or her depression to a confidant, does the competence of the confidant's response impact the level of enacted social support the discloser perceives? While similar research within the literature of depression disclosure communication has focused on other important factors related to the messages between disclosers and their chosen confidants, this research contributes to the field by focusing specifically on the perception of enacted social support of the response to a disclosure rather than solely on the disclosure itself. These findings play a significant role in understanding another vital part of the depression disclosure interaction: the response from a confidant.

The results from the statistical analysis support the first hypothesis that higher levels of communication competence in depression disclosure response messages lead to the discloser perceiving more enacted social support from the confidant. These findings support the need for confidants to understand the impact their messages have in helping or hindering the healing process for individuals experiencing depression (Cassano & Fava, 2002; Lienemann et al, 2012; Scott et al., 2013). More people need to understand the importance and impact of their messages when communicating with those with depression in order to begin the process of addressing this growing concern.

People need to understand the importance and impact of their messages

Limitations

Several possible limitations in the study could help explain why there was not a statistically significant difference between the enacted social support scores for conventional and rhetorical messages and why there was only a slight correlation between enacted social support and likelihood of depressive symptoms.

The first limitation lies in the research procedures, where participants were asked to simply imagine they had disclosed a diagnosis of depression to a confidant regardless of whether or not they had depressive symptoms. They were then asked to read one of nine response messages adapted from Scott et al.'s (2013) research without any context for where the individual might be talking or how close the confidant might be to the individual. This resulted from the quantitative nature of Likert-type tools, which cannot capture the contextual dialogue that is of particular concern for rhetorical responses.Without context, conventional and rhetorical messages become similar, possibly explaining why their Goldsmith scores were so close.

The second limitation came from the setup of the experiment in Qualtrics and the decision to not make any questions mandatory. While participants were allowed to

skip questions they were not comfortable answering, the study had to account for 39 blank or almost blank responses, which was a larger number of blanks than estimated. A number of blank surveys were expected due to the nature of the participant system, which did not require students to participate in studies they did not necessarily want to be a part of.

The last limitation was the interval level measurement of depressive symptoms. While the Goldberg scale does have established categories ranking likelihood of having depression, these categories could not be used in ANOVA tests, which require a single number representing each category instead of the range of values implied by a category. Goldberg's scale also does not allow for a clinical diagnosis of depression; it merely indicates a likelihood of depression. Without using a determined threshold for depressive symptoms, it is difficult to say if a clinical diagnosis of depression definitely impacts one's perception of enacted social support; rather, the results indicate that the more likely a person has depression, the less he or she will evaluate a disclosure response as having enacted social support

Directions for Further Research

This research is a starting point for further research on communication competence and depression disclosures. While this study asked participants to simply read a message and evaluate it using Goldsmith et al.'s Enacted Social Support Scale, further research could ask participants to simulate the context of the conversation for more qualitative results. By adding self-report measurement scales, interviews, or focus groups, researchers could better understand why participants evaluated messages the way they did.

Additionally, the subcategories of enacted social support could also be evaluated further in regard to the different communication competence message types. For example, participants' enacted social support scores could be split into how each one perceived the message's problem-solving utility, relational awareness, and emotional support. Each message type could be further examined for why it was or was not effective in comforting an individual disclosing depression, leading to a better understanding of exactly what aspects of a message are the most important in helping individuals feel more supported.

Further research could also expand upon the second hypothesis by looking at the relationship between the likelihood of depressive symptoms and an individual's perception of social support in comforting messages. In other words, while this study focused primarily on the communication competence of a response in impacting the perception of enacted social support, further research could better test how the likelihood of depressive symptoms impacts the perceived level of enacted social support. Other demographics of the young adult participants could also be explored to determine whether variables make any impact on an individual's perception of enacted social support in messages or likelihood of depressive symptoms.

Overall, the study of depression and communication competence is important in understanding what messages are regarded as more effective in helping those individuals afflicted with depression. Understanding competent communication is especially important for college-aged adults, a population that has been shown to be particularly vulnerable to depressive symptoms, and an age where depressive symptoms often first manifest. For those individuals on either side of a depression disclosure dialogue, recognizing the importance of that communication exchange is paramount. This study points to the need for responses to a depression disclosure to be competent, taking into account the context of the situation and relationship between the two individuals. The evidence shows that greater communication competence will lead to higher levels of perceived enacted social support, an important step in the process of recovery for those with depression to feel a greater sense of social and emotional comfort.

Greater communication competence will lead to higher levels of perceived enacted social support

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Appendices

Appendix A: The Goldberg Depression Scale Inventory Questionnaire (Goldberg, 1993)

Please answer each question considering how you have felt over the past seven days.

If you are answering "A lot" or "A Great Extent" to many of these proposed questions, please do not hesitate to contact JMU's Varner House and the Counseling & Student Development Center (CSDC).[4] There they provide free counseling in a safe and confidential environment for anyone who needs help. Phone number to call: (540)-568-655

Question	Not at all	Only Slightly	Partly	Quite a lot	A lot	A Great Extent
1. I do everything slowly						
2. My future seems hopeless						
3. I find it hard to concentrate when I read						
4. All joy and pleasure seem to have disappeared from my life						
5. I find it hard to make decisions						
6. I have lost interest in things that used to mean a lot to me						
7. I feel sad, depressed, and unhappy						
8. I feel restless and cannot relax						
9. I feel tired						
10. I find it hard to do even trivial things						
11. I feel guilty and deserve to be punished						
12. I feel like a failure						
13. I feel empty – more dead than alive						
14. My sleep is disturbed: too little or too much						
15. I wonder HOW I could commit suicide						
16. I feel confined and imprisoned						
17. I feel down even when something good happens to me						
18. I have lost or gained weight without being on a diet						

4 Since this study was completed the CSDC has been moved to the Student Success Center. The phone number for CSDC is the same: 540-568-6552.

Appendix B: Responses to depression disclosures with varying communication competence (adapted from Scott et al., 2013).

Participants were randomly assigned one of the following nine depression disclosure responses. Three represent each competence category: expressive, conventional, or rhetorical messages.

Imagine that you just told one of your good friends that you have been diagnosed with depression for the first time. Now imagine that your friend reacts in the way described below.

1. Expressive Messages:

a. "Really? What made you think you have it in the first place?"
b. "Dude, you don't have depression, you're just a little down."
c. "Is it something really serious that you have to get medication for, or can you just do something in your everyday life to help you overcome it?"

2. Conventional Messages:

a. "I'm so sorry to hear that, is there anything I can do to help? I want you to know that I am always here for you."
b. "Do you want to talk about it? If you don't, I just want to let you know that you are my best friend and I wouldn't want anything bad to happen to you."
c. "I'm so sorry, and I'm here for you. How do you feel about this?"

3. Rhetorical Messages:

a. "I just want to you know that you are my best friend in the world and that I am here for you through this. Even on your worst days you should come to me and I will be there for you. We will get through this, don't even think of it as something you are going through alone. I know it is hardest for you because you have to live through it every day, but it is still something that I will go through with you like it is my own issue."
b. "Oh my gosh, I'm sorry to hear that! I am here for you every step of the way. It is not your fault that you are suffering from this. There are a lot of people who get this, so don't feel like you are the only one. It was strong of you to go to the doctor and get help. I know this may not be easy, but I promise you that I will be here for anything that you need."
c. "How are you feeling now? I'm really glad you decided to tell me this. I just want you to know that no matter what happens, I'll always be by your side. This won't change our relationship and you can always come to me. Is there anything I can do for you right now?"

Appendix C: Goldsmith et al.'s Enacted Social Support Semantic Differential Scale (Goldsmith et al., 2000)

* Indicates a reverse order question

Please evaluate the message you just read by identifying where it would be placed between each of these twelve bipolar pairs of adjectives.

	1	2	3	4	5	6	7	
Helpful								Harmful
*Useless								Useful
*Ignorant								Knowledgeable
*Selfish								Generous

	1	2	3	4	5	6	7	
Supportive								Unsupportive
*Upseting								Reassuring
Comforting								Distressing
Encouraging								Discouraging

	1	2	3	4	5	6	7	
Sensitive								Insensitive
*Heartless								Compassionate
Considerate								Inconsiderate
*Misunderstanding								Understanding