

Prejudice Can Cause Depression at the Societal, Interpersonal, and Intrapersonal Levels

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Although depression and prejudice traditionally fall into different areas of study and treatment, a new article suggests that many cases of depression may be caused by prejudice from the self or from another person. In an article published in the September 2012 issue of [Perspectives on Psychological Science](#), a journal of the [Association for Psychological Science](#), William Cox of the University of Wisconsin-Madison and colleagues argue that prejudice and depression are fundamentally connected.

Consider the following sentence: “I really hate _____. I hate the way _____ look. I hate the way _____ talk.”

What words belong in the blanks? It’s possible that the statement expresses prejudice toward a stigmatized group: “I really hate Black people,” “I hate the way gay men look,” or “I hate the way Jews talk.” But this statement actually comes from a depressed patient talking about herself: “I really hate me. I hate the way I look. I hate the way I talk.”

The fact that the statement could have been completed in two equally plausible ways hints at a deep

connection between prejudice and depression. Indeed, Cox and colleagues argue that the kinds of stereotypes about others that lead to prejudice and the kinds of schemas about the self that lead to depression are fundamentally similar. Among many features that they have in common, stereotypes of prejudice and schemas of depression are typically well-rehearsed, automatic, and difficult to change.

Cox and colleagues propose an integrated perspective of prejudice and depression, which holds that stereotypes are activated in a “source” who then expresses prejudice toward a “target,” causing the target to become depressed.

This depression caused by prejudice – which the researchers call *deprejudice* — can occur at many levels. In the classic case, prejudice causes depression at the societal level (e.g., Nazis’ prejudice causing Jews’ depression), but this causal chain can also occur at the interpersonal level (e.g., an abuser’s prejudice causing an abusee’s depression), or even at the intrapersonal level, within a single person (e.g., a man’s prejudice against himself causing his depression).

The researchers state that the focus of their theory is on cases of depression that are driven primarily by the negative thoughts that people have about themselves or that others have about them and does not address “depressions caused by neurochemical, genetic, or inflammatory processes.” Understanding that many people with depression are not “just” depressed – they may have prejudice against themselves that causes their depression – has powerful theoretical implications for treatment.

Cox and colleagues propose that interventions developed and used by depression researchers – such as cognitive behavior therapy and mindfulness training – may be especially useful in combating prejudice. And some interventions developed and used by prejudice researchers may be especially useful in treating depression.

Using a wider lens to see the common processes associated with depression and prejudice will help psychological scientists and clinicians to understand these phenomena better and develop cross-disciplinary interventions that can target both problems.