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Sociocultural, family, and psychodynamic factors in the aetiology of Chinese and German depressed patients

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According to the theoretical psycho-socio-cultural model, the depressive disorder is influenced by cultural, social, familial and individual factors. There is growing international interest in the cross-cultural research of depressed patients to contribute to the aetiology discussion of the disorder and to find culture-specific treatment strategies. The aim of this study is to investigate the significant differences and similarities between Chinese depressed patients / healthy participants and German depressed patients / healthy participants with regard to psycho-socio-cultural factors and depressive symptomatologies. This empirical study explores the intracultural and intercultural psycho-socio-cultural models of depression among Chinese and German participants using reliable and valid measures.

Three studies were performed in order to examine the psychometric properties of intracultural and intercultural measures and to test the similarities and significant differences in the psycho-socio-cultural factors and psycho-socio-cultural models of depressive symptomatologies in Chinese and German samples. Study 1 was executed on 69 Chinese college students majoring in German (Chinese Sample 1) to test the linguistic equivalency of the Chinese version and the German version of the intercultural measure (Heidelberg Cultural Questionnaire; HCQ). To test the construct validity and internal consistency of the intracultural and intercultural measures, 475 Chinese participants served as Chinese Sample 2 and 507 German participants served as German Sample 1.

Study 2 was carried out to test the intracultural differences between a nonclinical and clinical group of depressed patients in both countries. A total of 116 healthy Chinese individuals served as the non-clinical group, which filled out the HCQ, FAM, SCQ and Beck Depression Inventory (BDI). Altogether, 73 Chinese depressed patients served as the clinical group, which filled out the HCQ and BDI and which were assessed according to the Structured Clinical Interview for DSM-IV criteria (SCID), the Hamilton Depression Rating Scale (HAMD). They were also evaluated by applying the conflict axis and structure axis of

the Operationalised Psychodynamic Diagnostics (OPD). A total of 71 healthy German participants filled out the HCQ and BDI, while 95 German depressed patients were assessed using the SCID, HAMD and conflict axis and structure axis of the OPD.

Study 3 tested the differences between the clinical and non-clinical groups and the two healthy groups (Chinese Sample 3 and German Sample 1) from China and Germany.

The results of Study 1 showed that almost all translated measures in the Chinese version and in the German version showed linguistic equivalence. The revision of the measures led to reliable and valid intracultural measures (HCQ, FAM and SCQ) and an intercultural measure (HCQ with common subscales).

The results of Study 2 showed that the total scores of the BDI, "external behaviours of independent self", "traditional sex role ideology", "feminist sex role ideology", "communication", "value and norms" and "bonding social capital" had significant differences between the Chinese clinical group and Chinese non-clinical group, while the total scores of the BDI and the scores of "a direct and confident communication style" were significantly different between the German clinical group and German non-clinical group, too. Applying moderation and mediation model analysis, the hypothesised relations between psychological, social and cultural factors existed only in the non-clinical group. However, according to the mediation models, some socio-cultural and familial factors of depressed patients were proposed to be related to the severity of depression in Chinese patients.

The results of Study 3 showed that using the common dimensions of the HCQ, healthy Chinese participants expressed more interdependent self-construal, a more traditional attitude and a more feminist attitude and they perceived more familial tightness than healthy German participants did.

Second, after socio-demographic and diagnostic profiles had been controlled for, Chinese patients reported significantly more depressed symptoms than German patients did (applying the self-rated questionnaire BDI), while the two clinical groups showed the same severity of depression using the clinician's assessment HAMD. Chinese patients tended to express a higher severity of symptoms in somatic orientation (i.e. insomnia, fatigue and loss of weight) in the BDI and of gastrointestinal symptoms in both depression measures. However, from the perspective of psychological symptoms, the differences between both clinical groups were heterogeneous. Some psychological symptoms in the BDI of Chinese patients were severer and others in the HAMD were milder. Only the scores for suicidal thoughts were higher in both measures among Chinese patients than in the group of German patients.

Third, most psychodynamic profiles between Chinese and German patients were similar, except for the severity of "desire for care vs. self-sufficiency conflict". German patients were rated as having a higher severity in this special conflict. The core conflicts of depressed patients were the conflicts of "dependence vs. individuation", "submission vs. control", "desire for care vs. self-sufficiency" and "self-worth vs. object-worth" with a mixed but passive mode. The structural levels ranged in the moderate scores from 1.5–2.5 in both clinical groups. All psychodynamic profiles were rated by certified OPD raters.

Fourth, applying moderation model analysis for the "independence" of the SCS, "independence" positively influenced the severity of "the general symptoms" of patients (item 14 of the HAMD) and negatively impacted on the "attachment incapability with external objects" (a subdimension of the structure axis of the OPD), but only for Chinese patients. There was no moderation or mediation model for the relationship between psychodynamic profiles and symptom severity.

The results of these three studies are discussed in relation to the psycho-socio-cultural model in the aetiology of Chinese and German depressed patients. The empirical findings underline the clinical impression that depressive disorders are similar in Germany and in China. Our results support the evidence that depression is a universal disorder and that its core symptomatology is independent of culture. In addition, the profiles of psychodynamic inner conflicts and level of personality organisation of these patients were similar in both countries. However, the way the symptomatology was presented differed between Germany and China. Chinese patients showed somatic orientations in the presentation of symptoms and expressed more suicidal ideas. These differences require more culture-specific psychotherapy strategies for depressed patients from different countries and cultures.