



Do we experience what we expect?

The influence of expectations on the development of depressive symptoms

Dr. Tobias Kube^{1, 2}

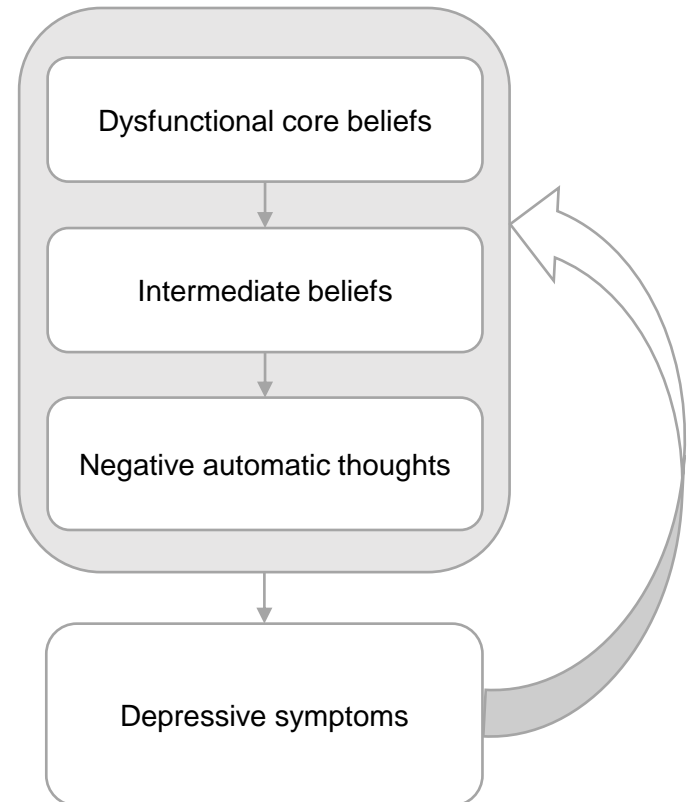
¹Philipps-University of Marburg, Department of Clinical Psychology and Psychotherapy, Germany

²University of Koblenz-Landau, Department of Clinical Psychology and Psychotherapy, Germany



Background

- Major Depressive Disorder (MDD) is characterized by maladaptive information processing
- Cognitive triad: negative view of oneself, the environment, and the future



Beck et al., 1979

Background

- Expectations = future-directed cognitions referring to the incidence or non-incidence of a specific event or experience (Kube et al., 2017; Laferton et al., 2017)
- Expectations reflect our ideas of the future
 - negative expectations might lead to substantial suffering
- E.g., “I am feeling lonely” vs. “In the future, I will always be lonely”

Research Questions

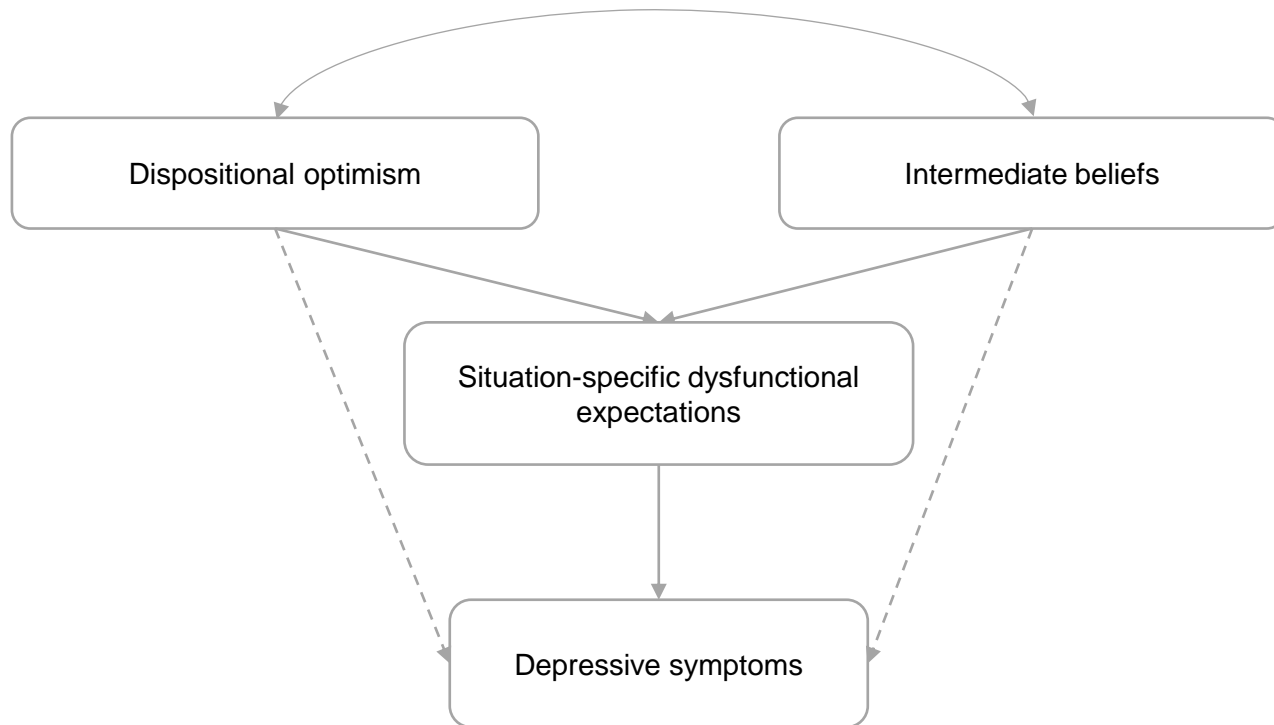
1. How do expectations influence the development of depressive symptoms? Study 1 & 2
2. Is change in dysfunctional expectations associated with change in depressive symptoms? Study 3

Study 1: Objectives & Methods

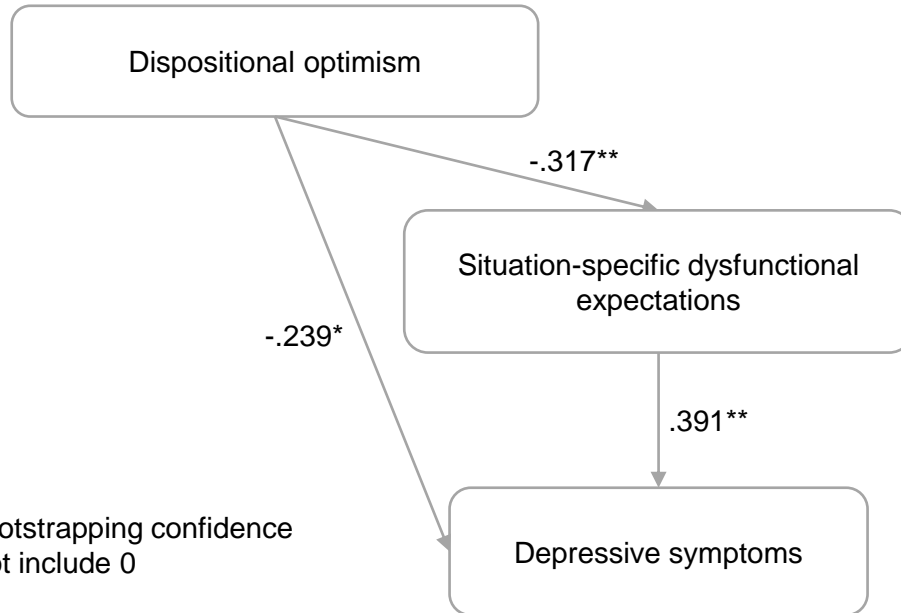
- Investigating the influence of three types of cognitions on depressive symptoms:
 - Intermediate beliefs
 - Dispositional optimism
 - Situation-specific dysfunctional expectations (= situational expectations)
- Sample: individuals with diagnosed MDD ($N = 91$)
- Cross-sectional data

„When I ask
someone for help, I
will be rejected“

Study 1: Hypothesized Model



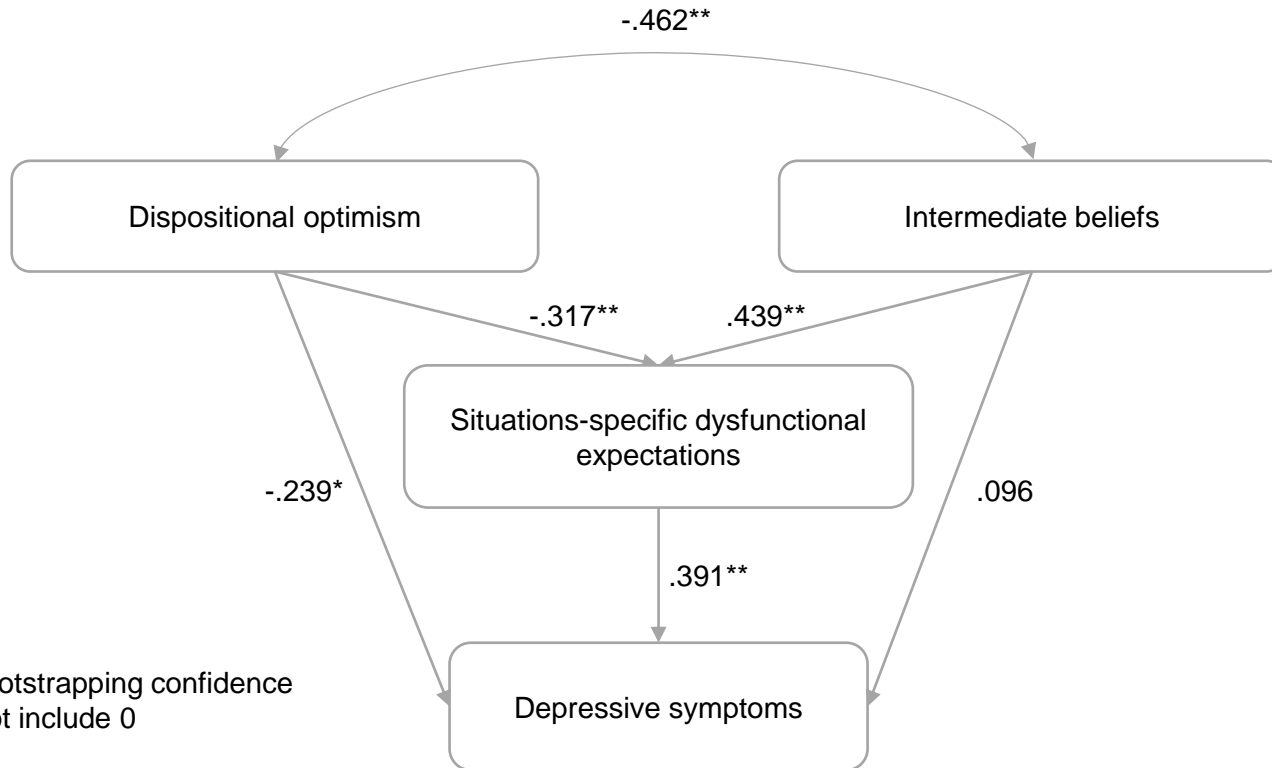
Study 1: Results



* = The 95% bootstrapping confidence interval does not include 0

** = The 99% bootstrapping confidence interval does not include 0

Study 1: Results



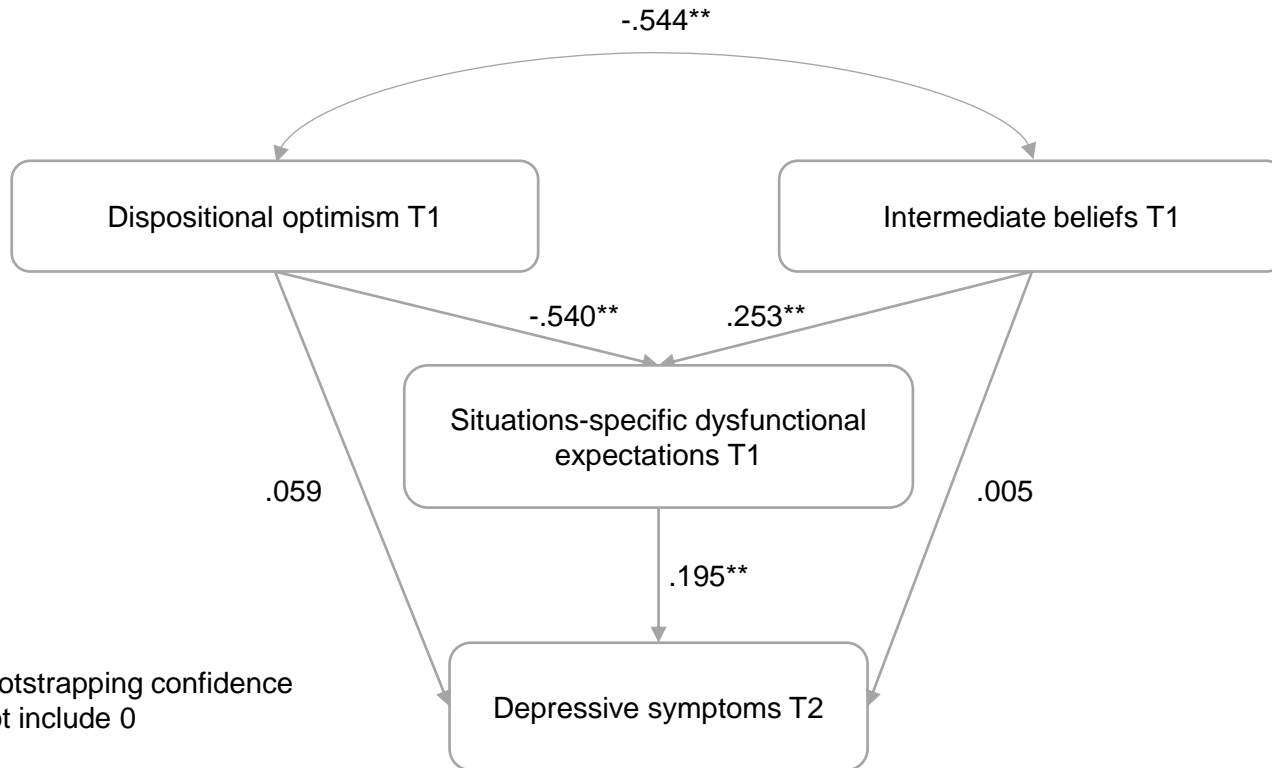
* = The 95% bootstrapping confidence interval does not include 0

** = The 99% bootstrapping confidence interval does not include 0

Study 2: Objectives & Methods

- Replicating the results from Study 1 in a longitudinal design
- Healthy student sample ($N = 125$)
- Baseline assessment (T1) + follow-up one year later (T2)

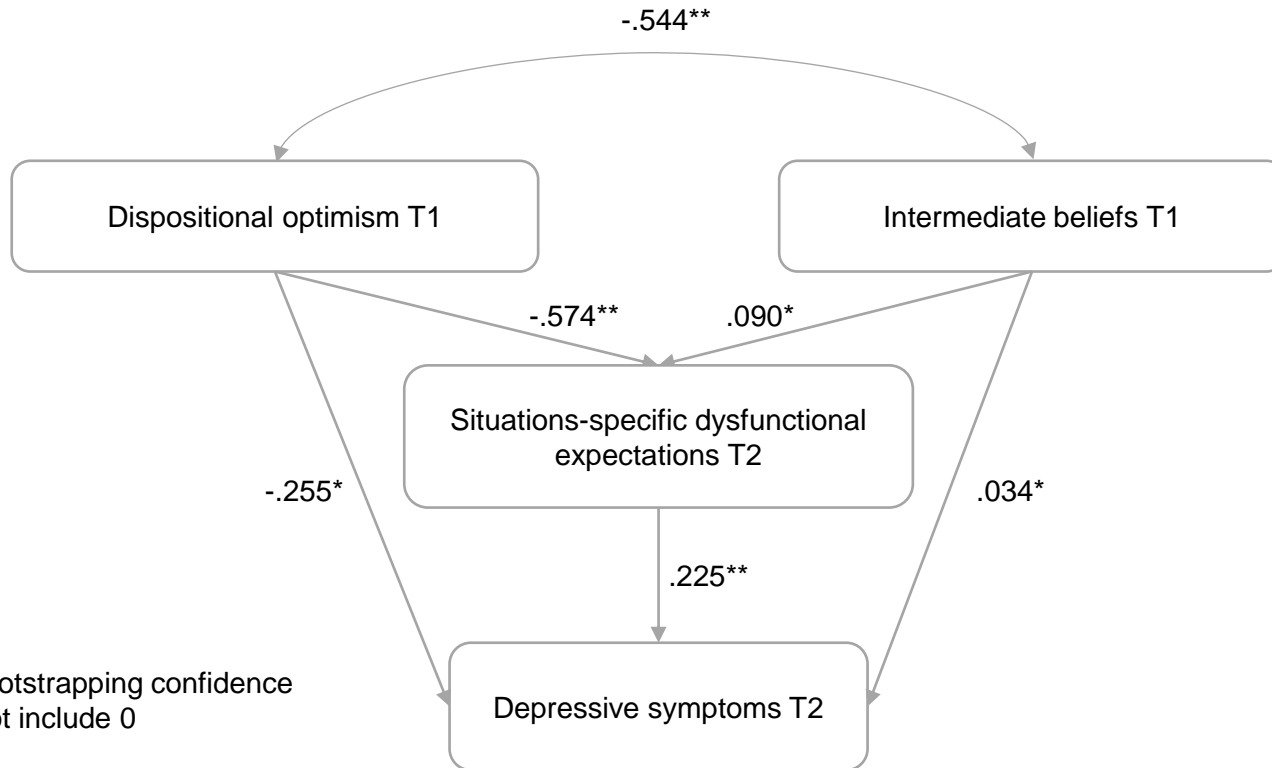
Study 2: Results



* = The 95% bootstrapping confidence interval does not include 0

** = The 99% bootstrapping confidence interval does not include 0

Study 2: Results



* = The 95% bootstrapping confidence interval does not include 0

** = The 99% bootstrapping confidence interval does not include 0

Study 3: Objectives and Methods

- Examining the association of change in situational expectations and change in depressive symptoms
- Observational study
 - Baseline assessment
 - Assessment five months later
- Clinical sample ($N = 52$) being treated in an inpatient hospital and an outpatient clinic



Study 3: Results

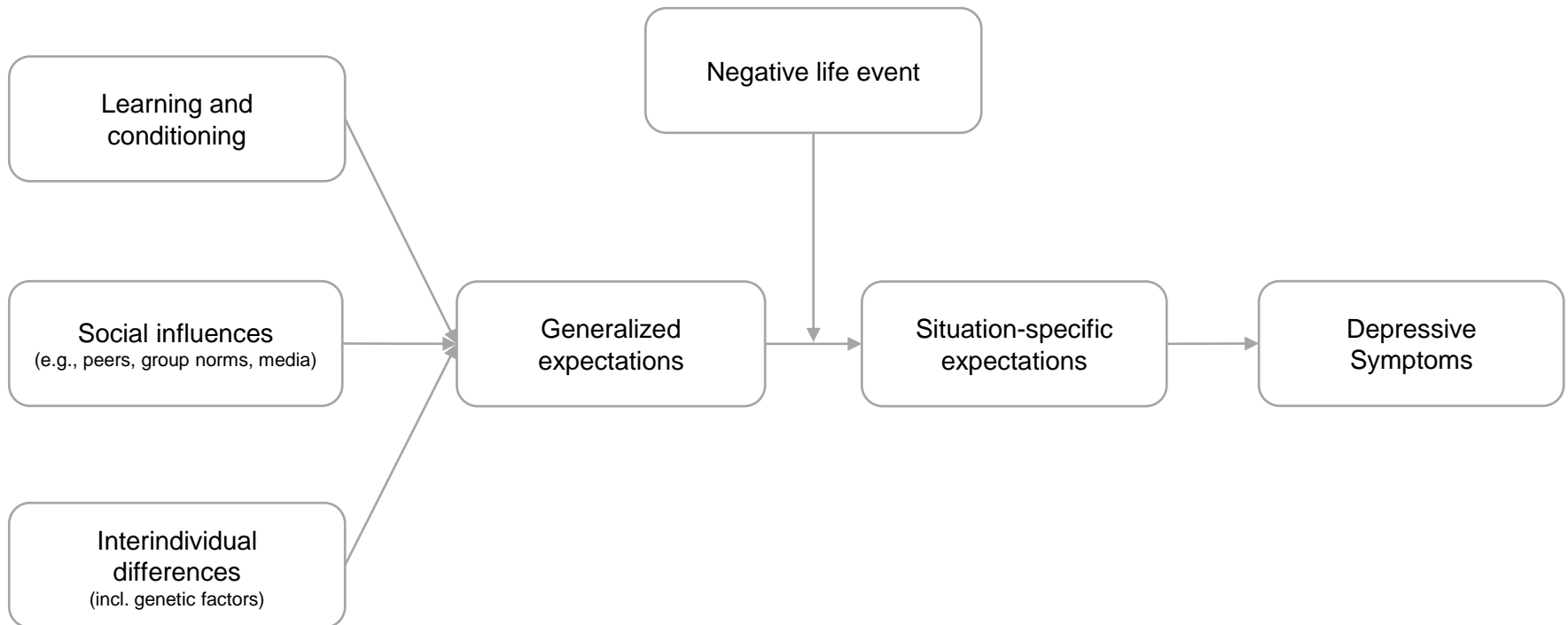
	Baseline <i>M</i> (<i>SD</i>)	Five months later <i>M</i> (<i>SD</i>)
BDI-II	28.70 (9.18)	19.25 (11.02)
Situational expectations (DES ¹)	68.20 (13.63)	61.00 (15.34)

- BDI scores significantly decreased from baseline to follow-up, $t(51) = 5.205, p < .001, d = 0.922$
- The degree of dysfunctional situational expectations also significantly decreased from baseline to follow-up, $t(51) = 3.593, p = .001, d = 0.501$
- Change in situational expectations from baseline to follow-up was highly correlated with change in depressive symptoms, $r = .560, p < .001$

¹ Depressive Expectations Scale, Kube et al. (2017)



Discussion



Kube, Glombiewski, Schwarting, & Rief (in prep).

Clinical implications

- Expectations represent specific predictions of future events/experiences
 - easier to test compared to automatic thoughts
 - e.g., “Person X does not like me” vs. “Person X will reject me”
- Situational expectations might be a promising target for cognitive-behavioural interventions
 - conduction of behavioural experiments to provide experiences that disconfirm dysfunctional expectations
 - motivating patients to evaluate their subjective reality, and to change their behaviour

Thank you for your attention!

