Abstract

The typical clinical presentation of depression is defined primarily from a Western perspective and may have limited cross cultural applicability. Yet, these descriptions characterise practice and diagnosis in Libya. Therefore, a study was conducted to identify symptoms of depression and cultural factors in Libya. Following a pilot study with 83 British non-clinical participants, a study was carried out in Libya using standardised questionnaires, with depression (BDI-II) as the dependent variable, sex as fixed factor, and individualism (IND), collectivism (COL), familism (FAM), social support (MSPSS) and self-esteem (RSE) as covariates. The sample comprised 169 Libyan non-clinical participants all scales were back translated for Arabic versions, and sufficient reliability and validity conditions were achieved. ANCOVA showed a significant effect on depression of gender (females > males) after controlling for all covariates. Self-esteem was an independent negative predictor of depression.

Secondly, a qualitative study was conducted to gain insights into the experience and perceptions of depression in a Libyan clinical sample. Fifteen female and seven male out-patients were interviewed and iterative thematic content analysis was used to identify key emphases on an inductive basis. Six super-ordinate themes encompassed: symptoms; recognition of depression; treatment choices; stigma; sources of support; and perceived causes of depression. Social withdrawal, feelings of guilt, loss of the "old" self, loss of weight, sleeping disturbance and somatic symptoms were the reported symptoms. Religion was cited the most effective coping strategy. Formal psychiatric interventions

were accepted but taking antidepressants was not favored. Little distinction was made between serious mental illness and less serious conditions. Explanations for depression encompassed familial relationships, professional roles and other cultural factors. There were notable gender differences regarding social support, expected behaviour and the posited causes of depression, which reflect the differentiated male and female roles in Libyan society.