- Types:
  - Uni-polar depression- aka major depression. It can be further bifurcated into:
    - Episodic depression which lasts for at least 2 weeks where the patient experiences 5 or more emotional, cognitive, motivational and somatic symptoms, and one of these symptoms must be depressed mood or loss of interest or pleasure; such episodic depression lasts for less than 2 years and has a clear beginning which distinguishes it from previous non-depressed functioning.
    - Dysthymic depression is chronic depression and is much less common than episodic depression. It is when the individual has been depressed for at least 2 years without more than a two-month return to normal functioning.
    - Double depression is when a person has chronic depression and an episodic depression on top of it. They have more severe symptoms and a low rate of recovery.
    - Symptoms include having a depressed mood for most of the day, diminished pleasure in most activities undertaken, some weight loss, insomnia and hypersomnia, some psychomotor agitation, fatigue, feelings of worthlessness and a reduced ability to concentrate on tasks.
  - Bi-polar depression- aka manic-depression is characterised by alternating periods of manic behaviour that cannot be accounted for by a physical condition and unipolar depression. The length of time and the frequency vary from person to person. The manic and depressive episodes can be separated by long periods of normal functioning or the episodes quickly follow one another. During the manic phase the person may lose touch with reality and the illness is therefore categorised as a psychosis.
- Causes of manic depression-
  - Tend to be all biological
  - Price (1968) wanted to prove evidence for a genetic cause in bipolar disorder by looking at concordance rates for bipolar MZ and DZ twins. His results showed a strong genetic link with low concordance rates for DZ twins (23%) where as MZ twins had high concordance rates of 68% (together) and 67% (apart) irrespective of their upbringing/rearing so this shows that nurture is far less important than nature.

- ADOPTION STUDIES also provide genetic evidence. A study by **Cadoret (1978)** looked at 126 adopted children, 8 of which were born to a parent with manic-depression, but adopted by a healthy couple neither of whom suffered from depression. Three of those 8 later developed a major affective disorder, compared to only 8 of the remaining 118 children.

- Treatments for manic depression-
  - Drug therapy appears to be the main method used.
  - Gerbino et al (1978) showed that lithium carbonate reduces the occurrence of manic and depressed episodes in about 80% of patients and can delay the onset of depression in patients suffering from bipolar disorder.
  - In a recent review Mahli et al (2013) noted that lithium had been used for over 50 years as an effective treatment. It works well with stabilising manic moods and possesses anti-suicidal properties that no other drug has managed to achieve yet.
  - However, lithium carbonate can have serious side-effects on the CNS, CVS and digestive system and can be fatal if an overdose is taken. It also needs to be taken continuously as discontinuation can cause the symptoms of bipolar disorder to recur.
  - Joshi et al (2013) noted that a drug called "paliperidone" was effective in treating acute bipolar disorder in children and adolescents after an eight-week randomised trial where all participants took the drug. The only side-effect was significant weight gain (avg 4.1 lbs).
- Sex differences in depression-
  - Nolen-Hoeksema (1987) conducted a review of sex differences in depression in terms of prevalence and potential explanations.
  - Virtually all studies reported a gender bias with females being 4.6 times more likely to be diagnosed with depression and this was seen across many nationalities and cultures.
  - This can be due to nurture (gender inequalities leading to stress) or nature (biological difference such as genetic or hormonal factors).
  - Women also tend to over-think situations which can amplify the negative emotions where as men try to dampen them.

**CLINICAL CHARACTERISTICS OF DEPRESSION - THE FIVE SYMPTOMS**

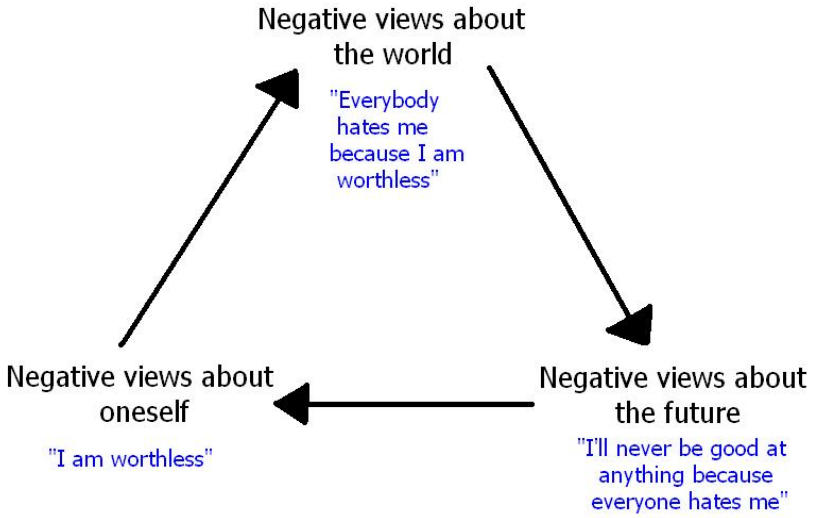
| | |
|---|---|
| Physical Symptoms | Appetite is usually reduced but can increase. Sleep disturbances occur. Insomnia is most common with problems falling asleep or early waking. There may also be excessive sleeping as an attempt to escape reality. |
| Cognitive Symptoms | Slow, muddled thinking and difficulty making decisions. Thinking is pessimistic, negative and in severe cases, suicidal. Memory and concentration may be impaired |
| Social Symptoms | Social withdrawal usually occurs because depressives do not gain pleasure from social interaction and feel they have nothing to contribute. |
| Emotional Symptoms | Sadness, unhappiness, distress, crying and loss of pleasure in activities which were previously enjoyed. Mood variations can occur where mood is lower in the morning and improves a little as the day progresses. |
| Behavioural Symptoms | People stop taking care of themselves and everyday activities take longer to complete. Reduced sex drive can also occur. |

- Explanations of unipolar depression-
  - The genetic argument follows the idea that depression may well run in families and be encoded in genes.
    - McGuffin et al (1996) examined nearly 200 pairs of twins where at least one of them was being treated for depression. They reported that MZ twins had a 46% concordance rate where as it was only 20% in DZ twins. This hints at a part-genetic component for depression but a drawback is that twins tend to be brought up together and treated in the same way so we cannot rule out environmental influences. Concordance rates:
      - Allen ( 1976)- MZ: 40% DZ: 11%
      - Bertelson (1977)- MZ: 59% DZ: 30%
      - McGuffin (1996)- MZ: 46% DZ: 20%
    - Silberg et al (1999) wanted to assess whether it was genetics, the environment or a combination of the two that could be causing depression. A total of 902 pairs of twins completed psychiatric interviews to assess levels of depression alongside data about life events and from parents. In general, females were diagnosed more often with depression than males. This was more marked when life

events were negative. However, there were individual differences seen among females, and those who were diagnosed with depression after a negative life event were more likely to have a twin who was also diagnosed with depression. Therefore, it would seem both genetics and the environment interact to cause depression.

- In terms of a neurochemical cause, two neurotransmitters ahve been investigated: noradrenaline and serotonin. Low levels of both of these may well be a cause of depression.
    - The two neurotransmitters are part of the 'monoamine' group that play a role in normal arousal and emotion. That these NTs would be involved in depression therefore seems to have face validity.
    - Anti-depressant drugs (MAOIs) which increase levels of noradrenaline and serotonin are often successful at reducing the symptoms of depression as do SRRIs which inhibit the re-uptake of serotonin. But this is subject to treatment aetiology fallacy.
    - **Anti-depressants do not work for all patients**. Also, the drugs increase the levels of the biochemicals immediately but can take weeks for the depression to be alleviated. Why is this? This seems to challenge a direct link between NTs and depression.
    - **Cause, effect or correlation**? It is difficult to establish whether the low levels of NTs cause depression, are an effect of having the disorder or are merely associated with it. Causation cannot be inferred as **only associations have been identified.**
    - ***Teuting*** (1981) investigated any abnormalities in the urine samples of depressed patients. When serotonin and noradrenaline are broken down by enzymes, a chemical compound is present in the person's urine. There were lower levels of this chemical compound in the urine of depressed people as compared to non-depressed people. This suggests that depressed people have lower than normal activity of NTs in the brain which causes the depressed mood.
- ***Beck's Cognitive Theory***:
    - Beck (1976) proposed that people with depression develop negative schemas (deep cognitive structures); they tend to view the world and the future in a pessimistic way. These can become self-fulfilling prophecies. He believed that there were three factors which make people cognitively vulnerable to depression. These are called the cognitive triad and are:
        - Negative view of self

- Negative view of the world
- Negative view of the future.

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- The cognitive triad can lead to cognitive errors i.e. errors in judgement such as magnification, minimisation and personalisation, underemphasising strengths and exaggerating weaknesses.
- All new info processed will be negative as all the schemas/mechanisms are negative and as a result, depression develops.
- Research is inconsistent so we cannot be sure if negative emotions are a cause or consequence of depression. Maybe depression leads to negative schemas, not the other way around... so there is an issue of the direction of causality here.
    - Lewinsohn et al (1981) found that negative thinking did not precede depression. They concluded that people who had depression were not more likely to have negative cognitions so the direction of causality may be that depression causes negative thinking rather than vice versa.
    - There may in fact be a two-way relationship between the two in that negative thinking predisposes depression, and depression increases negative thinking.
    - Cognitive explanations are less successful for the manic phase in bipolar disorder.

- ***Learned helplessness/ attributional style***: Behavioural explanation

- Attribution theory suggests that when people experience something, they usually try and **attribute a cause** to that event. Some causes are within our control (e.g. our effort), and some are outside of our control (e.g. the weather).
- The problem comes if we are continually attributing events to causes outside of our control. Pretty soon we will feel **helpless**, like nothing we do can make a difference to our situation. **Seligman (1979)** suggested that this **learned helplessness** was a key aspect of depression.
- Learned helplessness is about individuals becoming passive because they feel that they are not in control of their own life. This is caused by unpleasant experiences that they have tried to control in the past (unsuccessfully). This gives people a sense of helplessness which in turn leads to depression.
- This idea was based on Seligman's (1974) research on dogs where they received an electric shock that they could not escape from (lack of control) and it did not take them long to stop trying to escape. So when there was an opportunity to escape, they did not try. They were all passive and appeared to accept the painful situation they were in. This is the helplessness that depressives will feel if they cannot escape situations that are negative and out of their control.
- In addition, the attribution theory could also explain depression. Weiner et al (1971) noted three levels of attribution that can affect people's views of their own behaviour:
    - Internal (personal) or external (environmental)
    - Stable or unstable
    - Global or specific
- However, this only explains unipolar depression and not bipolar.
- People have different attributional styles and so this is reductionist.

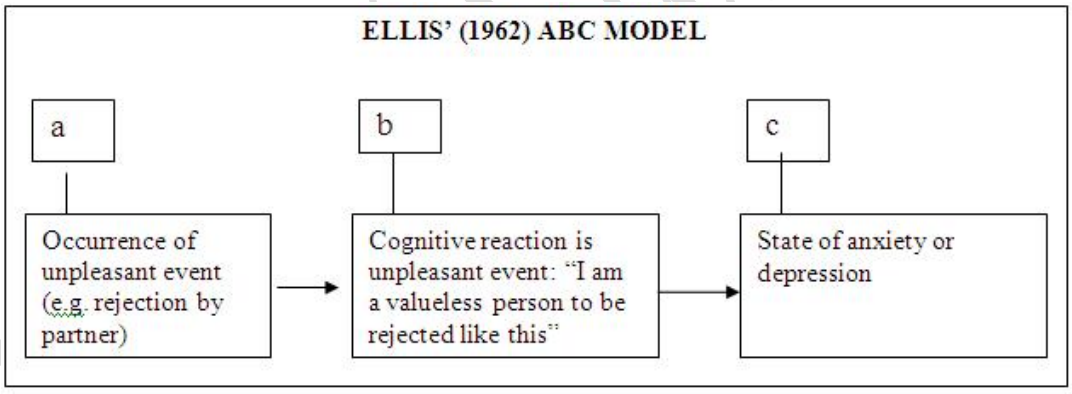
➢ <u>Treatments for depression</u>:
- Biological treatments: antidepressants
    - Selective Serotonergic Re-uptake Inhibitors (SSRIs) such as Prozac (fluoxetine) , Lexapro and Paxil are drugs that prevent the re-absorption of serotonin by the pre-synaptic neurone, so leaving it to have an enhanced effect on the post-synaptic neurone. Usually used to treat bipolar more than unipolar. Possible side-effects include fatigue, headaches and insomnia.

        - Monoamine Oxidase Inhibitors (MAOIs). Monoamine oxidase is an enzyme that breaks down monoamines at the synapses and serotonin, dopamine and noradrenaline are monoamine neurotransmitters. MAOIs block MAO, thus the monoamines remain longer in the synapse and continue to act on the post-synaptic neurone.
    - Biological treatments: Electro-convulsive Therapy (ECT)
        - Appears to be successful for cases of severe depression and acute mania.
        - It typically reduces depression more rapidly than antidepressant drugs do. This is of special value when there are concerns that a depressed person may commit suicide.
        - In a 2 year follow up study by Gagne (2000) it was found that 93% of patients who had ECT and antidepressants were still free of symptoms compared with 52% on antidepressants alone.
    - Cognitive restructuring: Beck 1979
        - The idea of this therapy follows Beck's cognitive triad approach to the potential causes of depression.
        - Some of the successful features of the behavioural therapy have been added to it to make the "cognitive-behavioural therapy" (CBT).
        - The therapy consists of challenging the negative cognitive triad in 4 phases:
            - Increasing confidence and elevating mood
            - Challenging automatic negative thoughts
            - Identifying negative thoughts
            - Changing key attitudes and beliefs
        - It is a 6-stage process:
            - Therapist explains the rationale behind the therapy and what its purpose is.
            - Clients are taught how to monitor automatic negative thoughts and negative self-schemata.
            - Clients are taught to use behavioural techniques to challenge negative thoughts and information processing.
            - Therapist and client explore how negative thoughts are responded to by the client.
            - Dysfunctional beliefs are identified and challenged.

        - The therapy ends with clients having the necessary 'cognitive tools' to repeat the process themselves.
    - Cuijpers et al (2013) conducted a review examining CBT in relation to depression and comparing it to other treatments. A total of 115 studies were used and they had to be a CBT study that either had a control group or a comparison with other treatment (drug therapy or psychotherapy). CBT was effective at reducing depression in adults but the effect size was lower when the study was classed as high quality. Therefore, the positive effects of CBT may well have been overestimated and more high-quality studies are needed.
    - Burns et al (2013) conducted a pilot study to assess the effectiveness of CBT for women with antenatal depression. Thirty-six women who met the diagnostic criteria for depression were randomly assigned to either a CBT treatment programme or usual care. 68.7% of the CBT group had recovered from their depression in 15 weeks after treatment compared to 38.5% in the usual care group.
    - Advantages of CBT-
        - Cognitive-behavioural therapy combines the advantages of cognitive therapy and behavioural therapy, and so provides appropriate forms of treatment for a wide range of disorders.
        - It is also a very inexpensive and cost-effective form of treatment.
        - Beck's approach takes account of the fact that specific irrational beliefs are associated with each disorder, so is sophisticated and versatile and avoids reductionism.
    - Disadvantages of CBT-
        - CBT is not useful in the treatment of disorders that do not involve irrational beliefs or in psychotic conditions where sufferers do not have insight into the unrealistic nature of their beliefs.
        - Because it requires an analysis by the patient of their life situation, it is generally assumed that cognitive/CBT therapies are best suited to fairly intelligent individuals.
        - The assumptions of this approach to treatment may be seen as blaming the individual for their maladaptive thinking.

- It is necessary to consider whether the cognitions causing the problems are genuinely faulty or are a rational response to experiences and/or dreadful living conditions.

- Rational Emotive Therapy (RET)




- According to the A-B-C model, anxiety and depression do not occur as a direct result of unpleasant events. More precisely, these negative mood states are produced by the irrational thoughts that follow from the occurrence of unpleasant events. The interpretations that are produced at point B depend on the individual's belief system.
- Ellis argued that individuals who are anxious or depressed should create a point D - this is a dispute belief system that slows them to interpret life's events in ways that do not cause them emotional distress. E.g. above- Who was that person to reject ME?
- If this is done successfully, it will lead to an E - effective new emotional states. E.g. above- Whatever, I deserve much better than that person anyway.
- RET is in many respects very similar to Beck's therapy. Both involve attempting to replace faulty or irrational thoughts with more rational and effective ones.

However, the 'dispute' section is unique to RET and means that it can be a more confrontational form of therapy than Cognitive Restructuring. The therapist is more in charge of interpreting the problem and offering a solution than in Beck's CBT.