Mood Disorders

Chapter 8

Mood Disorders

• Two key emotions:
  – Depression
    • Low, sad state in which life seems dark and its challenges overwhelming
  – Mania
    • State of breathless euphoria or frenzied energy

• The chief difference between mood disorders and normal mood fluctuation is the severity and duration of the problem

Mood Disorders

• Most people with a mood disorder suffer only from depression
  – This pattern is called unipolar depression
    • Person has no history of mania
    • Mood returns to normal when depression lifts

• Others experience periods of mania that alternate with periods of depression
  – This pattern is called bipolar disorder

• One might logically expect a third pattern – unipolar mania, in which people suffer from mania only – but this pattern is uncommon
Unipolar Depression

• The term “depression” is often used to describe general sadness or unhappiness
  – This loose use of the term confuses a normal mood swing with a clinical syndrome
• Clinical depression can bring severe and long-lasting psychological pain that may intensify as time goes by

What Are the Symptoms of Unipolar Depression?

• Symptoms may vary from person to person
• Five main areas of functioning may be affected:
  – Emotional symptoms
    • Feeling “miserable,” “empty,” “humiliated”
    • Experiencing little pleasure
  – Motivational symptoms
    • Lacking drive, initiative, spontaneity
    • Between 6% and 15% of those with severe depression die by suicide

What Are the Symptoms of Unipolar Depression?

• Five main areas of functioning may be affected:
  – Behavioral symptoms
    • Less active, less productive
  – Cognitive symptoms
    • Hold negative views of themselves
    • Blame themselves for unfortunate events
    • Pessimistic
  – Physical symptoms
    • Headaches, dizzy spells, general pain
Diagnosing Unipolar Depression

• Criteria 1: Major depressive episode
  – Marked by five or more symptoms lasting two or more weeks
    • In extreme cases, symptoms are psychotic, including
      – Hallucinations
      – Delusions

• Criteria 2: No history of mania

Diagnosing Unipolar Depression

• Two diagnoses to consider:
  – Major depressive disorder
    • Criteria 1 and 2 are met
  – Dysthymic disorder
    • Symptoms are “mild but chronic”
      – Depression is longer lasting but less disabling
      – Consistent symptoms for at least two years
    – When dysthymic disorder leads to major depressive disorder, the sequence is called “double depression”
What Causes Unipolar Depression?

• Stress may be a trigger for depression
• Today’s clinicians usually concentrate on recognizing both the situational and the internal aspects of any given case
• The current explanations of unipolar depression point to biological, psychological, and sociocultural factors

The Biological View

• Genetic factors
  – Family pedigree, twin, adoption, and molecular biology gene studies suggest that some people inherit a biological predisposition
• Biochemical factors
  – NTs: serotonin and norepinephrine
  – Endocrine system / hormone release
  – Brain anatomy and brain circuits
  – Immune System

The Psychological Views

• Three main models:
  – Psychodynamic model
    • No strong research support
  – Behavioral model
    • Modest research support
  – Cognitive views
    • Considerable research support
What Causes Unipolar Depression?

The Psychological Views

• Psychodynamic view
  – Strengths:
    • Studies have offered general support for the psychodynamic idea that depression may be triggered by a major loss (e.g., anaclitic depression)
    • Research supports the theory that early losses set the stage for later depression
    • Research also suggests that people whose childhood needs were improperly met are more likely to become depressed after experiencing a loss

• Limitations:
  • Early losses and inadequate parenting sometimes lead to depression but may not be typically responsible for development of the disorder
  • Many research findings are inconsistent
  • Certain features of the model are nearly impossible to test
What Causes Unipolar Depression?
The Psychological Views

• Behavioral view
  – Depression results from changes in rewards and punishments people receive in their lives
    • Lewinsohn suggests that the positive rewards in life dwindle for some people, leading them to perform fewer and fewer constructive behaviors, and they spiral toward depression
  – Research supports the relationship between the number of rewards received and the presence or absence of depression
    • Social rewards are especially important

• Cognitive views
  – Two main theories:
    • Negative thinking
    • Learned helplessness
What Causes Unipolar Depression?
The Psychological Views

• Cognitive views
  – Negative thinking
    • Beck theorizes interrelated cognitive components combine to produce unipolar depression:
      – Maladaptive attitudes
      – Negative thinking
      – Errors in their thinking
      – Automatic thoughts

• Strengths:
  • Many studies have produced evidence in support of Beck’s explanation:
    – High correlation between the level of depression and the number of maladaptive attitudes held
    – Both the cognitive triad and errors in logic are seen in people with depression
    – Automatic thinking has been linked to depression

• Limitations:
  • Research fails to show that such cognitive patterns are the cause and core of unipolar depression

• Learned helplessness
  • This theory asserts that people become depressed when they think that:
    – They no longer have control over the reinforcements (rewards and punishments) in their lives
    – They themselves are responsible for this helpless state
    – Internal attributions that are global and stable lead to greater feelings of helplessness and possibly depression
What Causes Unipolar Depression?
The Psychological Views

• Cognitive views
  – Learned helplessness
    • Some theorists have refined the helplessness model yet again in recent years; they suggest that attributions are likely to cause depression only when they further produce a sense of hopelessness in an individual
    – Strengths:
      • Hundreds of studies have supported the relationship between styles of attribution, helplessness, and depression
    – Limitations:
      • Laboratory helplessness does not parallel depression in every way
      • Much of the research relies on animal subjects
      • The attributional component of the theory raises particularly difficult questions in terms of animal models of depression

What Causes Unipolar Depression?
The Psychological Views

• Cognitive views
  – Learned helplessness
    • Strengths:
      • Hundreds of studies have supported the relationship between styles of attribution, helplessness, and depression
    • Limitations:
      • Laboratory helplessness does not parallel depression in every way
      • Much of the research relies on animal subjects
      • The attributional component of the theory raises particularly difficult questions in terms of animal models of depression

What Causes Unipolar Depression?
The Sociocultural Views

• Sociocultural theorists propose that unipolar depression is greatly influenced by the social context that surrounds people
  – This belief is supported by the finding that depression is often triggered by outside stressors
  – There are two kinds of sociocultural views:
    • The family-social perspective
    • The multicultural perspective
What Causes Unipolar Depression?  
The Sociocultural View

• The Family-Social Perspective
  – The connection between declining social rewards and depression (as discussed by the behaviorists) is a two-way street
    • Depressed people often display social deficits that make other people uncomfortable and may cause them to avoid the depressed individuals
    • This leads to decreased social contact and a further deterioration of social skills

What Causes Unipolar Depression?  
The Sociocultural View

• The Multicultural Perspective
  – Two kinds of relationships have captured the interest of multicultural theorists:
    • Gender and depression
      – A strong link exists between gender and depression
      – Women cross-culturally are twice as likely as men to receive a diagnosis of unipolar depression
      – Women also appear to be younger, have more frequent and longer-lasting bouts, and to respond less successfully to treatment

What Causes Unipolar Depression?  
The Sociocultural View

• The Multicultural Perspective
  – A variety of theories has been offered:
    • The artifact theory holds that women and men are equally prone to depression, but that clinicians often fail to detect depression in men
    • The hormone explanation holds that hormone changes trigger depression in many women
    • The life stress theory suggests that women in our society experience more stress than men
What Causes Unipolar Depression?
The Sociocultural View

• The Multicultural Perspective
  – A variety of theories has been offered:
    • The body dissatisfaction theory states that females in Western society are taught, almost from birth, to seek a low body weight and slender body shape—goals that are unreasonable, unhealthy, and often unattainable.
    • The lack-of-control theory picks up the learned helplessness research and argues that women may be more prone to depression because they feel less control than men over their lives.

What Causes Unipolar Depression?
The Sociocultural View

• The Multicultural Perspective
  – A variety of theories has been offered:
    • The rumination theory holds that people who ruminate when sad—keep focusing on their feelings and repeatedly consider the causes and consequences of their depression—are more likely to become depressed and stay depressed longer.

What Causes Unipolar Depression?
The Sociocultural View

• The Multicultural Perspective
  – Two kinds of relationships have captured the interest of multicultural theorists:
    • Cultural background and depression
      – Depression is a worldwide phenomenon, and certain symptoms seem to be constant across all countries, including sadness, joylessness, anxiety, tension, lack of energy, loss of interest, and thoughts of suicide.
      – Beyond such core symptoms, research suggests that the precise picture of depression varies from country to country.
What Causes Unipolar Depression?

The Sociocultural View

• The Multicultural Perspective
  – Depressed people in non-Western countries are more likely to be troubled by physical symptoms of depression than by cognitive ones
  – As countries become more Westernized, depression seems to take on the more cognitive character it has in the West

Bipolar Disorders

• People with a bipolar disorder experience both the lows of depression and the highs of mania
  – Many describe their lives as an emotional roller coaster

What Are the Symptoms of Mania?

• Five main areas of functioning may be affected:
  – Emotional symptoms
    • Active, powerful emotions in search of outlet
  – Motivational symptoms
    • Need for constant excitement, involvement, companionship
  – Behavioral symptoms
    • Very active – move quickly; talk loudly or rapidly
    – Flamboyance is not uncommon
  – Cognitive symptoms
    • Show poor judgment or planning
    – May have trouble remaining coherent or in touch with reality
  – Physical symptoms
    • High energy level – often in the presence of little or no rest
Diagnosing Bipolar Disorders

• Criteria 1: Manic episode
  – Three or more symptoms of mania lasting one week or more
    • In extreme cases, symptoms are psychotic
  – Criteria 2: History of mania
    • If currently experiencing hypomania or depression

• DSM-IV-TR distinguishes two kinds of bipolar disorder:
  – Bipolar I disorder
    • Full manic and major depressive episodes
      – Some experience an alternation of episodes
      – Others have mixed episodes
  – Bipolar II disorder
    • Hypomanic episodes alternate with major depressive episodes
Diagnosing Bipolar Disorders

• Without treatment, the mood episodes tend to recur for people with either type of bipolar disorder
  – If people experience four or more episodes within a one-year period, their disorder is further classified as rapid cycling

  Comer, Abnormal Psychology, 8e

Diagnosing Bipolar Disorders

– In most cases, depressive episodes occur three times as often as manic ones, and last longer
• Regardless of particular pattern, individuals with bipolar disorder tend to experience depression more than mania over the years

  Comer, Abnormal Psychology, 8e

Diagnosing Bipolar Disorders

• A final diagnostic option:
  – When a person experiences numerous episodes of hypomania and mild depressive symptoms, a diagnosis of cyclothymic disorder is assigned
    • Mild symptoms for two or more years, interrupted by periods of normal mood
    • Affects at least 0.4% of the population
    • May eventually blossom into bipolar I or II disorder

  Comer, Abnormal Psychology, 8e
What Causes Bipolar Disorders?

• Throughout the first half of the 20th century, the search for the cause of bipolar disorders made little progress.

• More recently, biological research has produced some promising clues.
  – These insights have come from research into NT activity, ion activity, brain structure, and genetic factors.