

Two explanations of depression



**ASSIGN
BUSTER**

Describe and evaluate two psychological explanations of depression. (25 marks) There have been several psychoanalytical theories of depression; there is no objective view of depression. However, centre to all these different theories is the idea that unconscious forces and experiences during early childhood contribute to the development of depression in adult life. The first theory that will be looked at is, Sigmund Freud's theory, based on his 1917 essay 'Mourning and Melancholia'. Here, Freud related depression back to the Oral stage of development during childhood.

The Oral stage, according to Freud, this is the first of several psychosexual stages through which human infants develop towards maturity. It is characterised by dependency on their caregiver. It is possible to become fixated (stuck) at any one of these stages and this has consequences for later development. Fixation can occur as the result of either over- or under-gratification. This very dependant nature makes them particularly vulnerable to depression in their adult life. They spend energy, money and more looking for love and attention and approval of others, this could lead to anger if their needs aren't met.

However, this anger is directed inwardly, at themselves instead of at others. An example of this is with the loss of a loved one, their anger is directed inwardly at the loss of their loved one, regressing back to the Oral stage. Freud also distinguished between actual loss, in the case of the loss of a loved one and symbolic loss, loss of a job. However, both do lead to depression, as the individual re-experiences a childhood episode when they experienced loss of affection from a caregiver. There has also been a link between Low self-esteem and depression.

Bibring's psychodynamic theory (1965) stated that low self-esteem brought about by a harsh and critical upbringing could result in depression. This perfectionist parenting style can produce a wide inconsistency between the child's true nature and its ideal nature, the individual fails to live up to his/her unrealistic ego-ideal. This supports the theory that fixation on a childhood stage or experience can lead to depression later in life. According to Freud, in order to avoid loss turning into depression, the individual needs to engage in a period of mourning, work, during which s/he recalls memories of the lost one.

This allows the individual to separate him/herself from the lost person, and so reduces the inner-directed anger. However, individuals very dependent on others for their sense of self-esteem may be unable to do this, and so remain extremely depressed. There is some evidence for the idea that a set of dependant personality traits characterise people with depression. However, these traits appear to fluctuate with the level of depression so they might be an effect of the disorder rather than a causal factor. There is also support for the idea that the loss of a parent to death or divorce can be linked to later depression (Bifulco et al. 1987). Further research has shown that depressed people tend to be more aggressive than a control group of people who don't suffer from depression. The strengths of the psychodynamic approach to depression are that, firstly, there is further empirical support provided by Waller et al (2000). Men who had lost their fathers during childhood scored higher on a depression scale than those fathers who had not died. Furthermore, Bifulco (1992) found evidence that children whose mothers died in childhood were more likely to experience depression later in life.

This suggests that there is wider academic credibility for the idea of depression being caused by psychological factors. On the other hand, one weakness of Freud's expression is that there is contradictory evidence by Cooper et al (1992). Loss probably explains only a relatively small percentage of cases of depression – only about 10% of those who experience early loss later become depressed. This produces refuting evidence for depression being caused by psychodynamic explanations. Another weakness of Freud's theory is that there are methodological problems.

The associated therapy (psychoanalysis) has not proven very effective with treating depression (Comer, 2002). This may be because of the difficulty depressed patients having in communicating during psychoanalysis; this proves that psychoanalysis is not always affective. Finally, Freud's theory is psychologically deterministic. The reason for this is because Freud suggests that depression occurs due to a dominant superego. However, just because an individual's superego is dominant, doesn't mean that they will develop depression. This suggests that Freud's theory does not take into consideration freewill.

Another psychological explanation of depression is the cognitive approach. Beck (1967) was struck by the negative thinking shown by depressed clients and developed his own explanation. Here, he suggested that depression is the result of negative thinking and catastrophising, which he called 'cognitive errors', Beck (1991) believes that depression is a disorder of thought, rather than of mood, he maintained that there are three components to depression, which he called the cognitive triad. This consisted

of negative and pessimistic thoughts about themselves, the world and their future.

In addition to the cognitive triad, Beck believed that depression prone individuals develop negative self-schema. They possess a set of beliefs and expectations about themselves that are essentially negative and pessimistic. He identified this as being rooted to an early traumatic childhood event. E. g. Death of a parent or sibling, parental rejection, criticism, overprotection or neglect. It could also be due to bullying. People with negative self schemas become prone to making logical errors in their thinking and they tend to focus selectively on certain aspects of a situation while ignoring equal relevant information.

Beck referred to these errors as ‘cognitive distortions’, including drawing conclusions under the basis of sufficient or irrelevant information. E. g. feeling worthless because the weather disturbed your plans to go to a concert. He called this arbitrary interference. Others include selective abstraction. This is focusing on a single aspect of a situation and ignoring others: E. g. you feel responsible for your team losing a match, even though you are simply one player on the field. Thirdly, is overgeneralisation.

This is making a sweeping conclusion on the basis of single event. Others include magnification and minimisation, as well as personalisation. Beck (1983) has modified his theory over the years and he now believes there are two types of negative schema that characterise depression: 1. Sociotropy- This relates to interpersonal relationships, and individuals with this type of negative schema perceive themselves as failing at relationships. Their core

belief could be something like, ' If I am not liked by everyone, I am worthless' 2.

Autonomy-This relates to personal achievement, and individuals with this type of negative schema perceive themselves as failing to achieve work- or study-related goals. Their core belief could be something like, ' If I am not successful and in control, I am worthless'. Cognitive theories of depression have been extremely influential and have stimulated huge amounts of research that have contributed to our understanding of the disorder and how to treat it. They have given rise to a range of therapies and, on the whole, these seem to have been very helpful for people with depression. Beck's later idea that individual personality differences can predict the type of event that triggers depression could be used to explain some of the different symptoms sub-type. However, it is difficult to determine the next extent to which distorted cognitive patterns cause depression. Numerous studies have shown that depressed people do indeed show more negative thinking than the control groups. However, as yet there is no convincing evidence that such thinking precedes a depressive episode. It seems likely that negative thinking is a consequence of depression and that it might well serve to maintain the disorder rather than explain its origins.

One strength of the cognitive approach is that it has practical applications provided by Butler and Beck (2000). They reviewed 14 meta-analyses investigating the effectiveness of Beck's cognitive therapy and concluded that about 80% of adults benefited from the therapy. It was also found that the therapy was more successful than drug therapy and had a lower relapse rate; supporting the proposition that depression has a cognitive basis. This

suggested that knowledge of the cognitive explanation can improve the quality of people's lives.

A major criticism of the cognitive explanation is that there is contradictory evidence from Lewinsohn (1981). He studied a group of participants before any of them became depressed, and found that those who later become depressed were no more likely to have negative thoughts than those who did not develop depression. This suggests that hopeless and negative thinking may be the result of depression rather than the cause of it. Another criticism is that it is reductionist. It doesn't regard other factors as responsible for depression, but focuses on the psychological approach to depression.

A final weakness is that the psychological explanation of depression is psychologically deterministic. This is because the information suggests that individuals with no social network will become depressed. In reality, this is not always true. If the individual did want a group of friends, then they could get them. This suggests that this explanation does not follow freewill. In conclusion, we have seen two different psychological explanations, one is Freud's psychodynamic approach, and the other is the cognitive approach. Both identify depression as underlying from a psychological problem.