

Outline of the clinical characteristics of depression



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The formal diagnosis of major depression requires five of the following symptoms and evidence of serious distress or failure to function in everyday life. The following symptoms must be present for most of the time over a minimum period of two weeks.

Symptoms of depression –

Sad depressed mood and feeling or behaving sad and empty

Loss of interest and pleasure in usual activities

Difficulty in sleeping (insomnia or hypersomnia)

Lethargic or agitated

Appetite (loss so weight loss or increased so weight gain)

Loss of energy or great fatigue

Negative self concept feeling of worthlessness and guilt.

Difficulty in concentrating (slowed thinking or indecisiveness)

Recurrent thoughts of death or suicide.

Give two or more psychological causes of depression

Cognitive

Views about the world
Psychologist Aaron Beck suggested depression is the result of negative thinking and catastrophising which he called cognitive errors. (Beck 1991) maintained there are three components to depression which he called the cognitive triad.

The cognitive triad.

Views about oneself

Views about the future

As the cognitive triad components interact they interfere with normal cognitive processing which then leads to impairments in perception, memory and problem solving, the person then becomes obsessed with negative thoughts.

In addition to the cognitive triad Beck believed that depression prone individuals develop a negative self schema which means they possess a set of beliefs and expectations about themselves that are negative and pessimistic, which leads on to feeling and symptoms of depression. Negative self schemas can be acquired in childhood as a result of a traumatic event such as the death of a parent or sibling, parental rejection, bullying at home or school for example. 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 equally relevant information this is called cognitive distortions. An example of a cognitive distortion is someone believing that someone is whispering about them and they automatically assume it must be bad, ignoring the fact they could be whispering something good. Cognitive distortions include the following -

Arbitrary interference: drawing conclusions on the basis of sufficient or irrelevant evidence for example thinking you are worthless because a show you were going to was cancelled.

Selective abstraction : focusing on a single aspect of a situation and ignoring others for example you feel responsible for your netball team losing a game even though your just one player on the team.

Over generalisation: making a sweeping conclusion on the basis of a single event. Failing an exam, this means you will fail all exams and that you are stupid.

Magnification and minimisation: exaggerating or underplaying the significant of an event for example you scratch the paint work on your car and therefore see yourself as a terrible driver.

Personalisation: This is attributing the negative feelings of others to yourself for example your friend enters the room looking upset; you believe you must have upset her.

Beck also suggested that that there individual differences that determine the type of event that can trigger depression for example sociotropic personalities base their self esteem on the approval of others where as an autonomous person would react badly to their independence being challenged.

The cognitive theory is one of the most influential models that explain negative thought processes. It explains that our emotional reaction seems to come from how we interpret and predict the world around us. The main problem with the cognitive approach to depression is that the theory is correlational, and that the argument is a circular one. Does depression cause negative thinking, or does negative thinking cause depression? Also it is a

theory which is hard to test and research people seeking help for depression already have negative emotions and so it is not possible to access their cognitive process prior to the onset of the disorder.

Secondly when participants are tested in research they are often already on drugs to manage the depression which could affect the result of the study.

Finally thoughts are subjective experiences that are hard to test and measure which make proving the theory extremely difficult. A positive of the cognitive approach to depression is that it has many useful applications and has contributed to our understanding of human phenomenon and it has integrated well with other approaches.

The psychodynamic explanation of the causes of depression

The psychodynamic approach to understanding depression focuses on how the unconscious motives drive our behaviours and experiences. Freud explanation of depression lies in the early relationships with are parents, he noted that there is a similarity between grieving for a loved one and the symptoms of depression.

Freud described depression as an excessive and irrational grief which occurs as a reaction to a loss, this loss evokes feelings associated with real or imagined affection from the person on whom the person was most dependants as a child. Both actual and symbolic losses lead us to re experience parts of our childhood, thus people with depression become clingy, dependant and can even regress to a child like state.

Evaluate psychodynamic therapy in the treatment of depression

In support of the psychodynamic theory people with depression do show dependant like behaviours as they often feel that they cannot manage everyday activities and rely heavily on others. In support of Freud theory on depression and understanding depression from the psychodynamic approach is Harlow's research on privation conducted on rhesus monkeys separated from their mothers at birth, using surrogate mothers, a wire mother and a cloth mother he demonstrated that a mother's love was essential for a person's mental health. The experiment showed that infant monkeys separated from their mothers displayed signs of depression.

In support of the psychodynamic approach to depression and Frauds theories this approach is idiographic and so focuses on the individual. This means that the individual's problems are taken into account and they are not just diagnosed on the bias of others. A negative point on the psychodynamic theory is there is little experimental evidence for Frauds theories as most of his work was based upon case studies, this makes the approach highly subjective and un-testable as his finding were often biased to fit his theories, second to this frauds theory is often characterised as unscientific as it is difficult to observe and measure concepts such as actual and symbolic losses and regression. Also the case studies used to test Freud's psychodynamic theory were mainly middle aged, upper class, Austrian women. This means that his findings cannot be generalised to the wider population.

This is also a problem as he developed his ideas on childhood from adults talking retrospectively of their pasts which is a problem because people recall information differently and memory and feelings fade.

The ethical implications of psychodynamic therapy

Directive therapy- due to the unconscious cause of the psychological problems and the resistance patients put up to the unconscious truths, the patient must trust the therapist's interpretation and instructions. However psychoanalysis does occur under voluntary conditions.

Psychoanalysis can be quite anxiety provoking as it can reveal disturbing repressed experiences. It is a humane form of treatment as it does not blame or judge the patient, who is not responsible for their problems.

Outline the clinical characteristics of schizophrenia

There are positive and negative symptoms of schizophrenia Positive symptoms are things additional to expected behaviour and include delusions, hallucinations, agitation and talkativeness.

Negative symptoms which are things missing from expected behaviour, negative symptoms include a lack of motivation , social withdrawal , flattened affect, cognitive disturbances, poor personal hygiene and poor speech.

Other characteristics of schizophrenia include-

Auditory or visual hallucinations

Flat emotions

Delusions

Disorganised speech

Catatonic or disorganised behaviour

Give two or more psychological explanations of schizophrenia

Cognitive explanation for schizophrenia

Cognitive explanations for schizophrenia acknowledge the role of biological factors such as genetic causes and a change of brain activity for the cause of initial sensory experiences of schizophrenia. However further features of the disorder appear as the individual attempts to understand them. The cognitive approach also suggests that schizophrenia is characterised by profound thought disturbance, this could be down to cognitive defects which can impair areas such as perception and memory. This could form cognitive biases and explain misconceptions and the way schizophrenia sufferers interpret their world. Schizophrenics normally first discover symptoms of voices and abnormal sensory experiences, this normally leads them to a friend or family member to confirm the experience when the experience is not confirmed this can lead to rejection of support. This leads to a belief that people around them are hiding the truth and the person with schizophrenia believes they are being manipulated and persecuted. This shows the basis of schizophrenia is biology based however other symptoms such as hallucinations and delusions are formed after the failure to not accept their reality these of which are cognitive. In support of the cognitive approach to schizophrenia Firth (1979) proposes that disruption to an attention filter

mechanism could result in the thought disturbances of schizophrenia, as the sufferer is overloaded with sensory information. Studies on continuous performance and eye tracking tasks indicate schizophrenics do show more attentional problems than non schizophrenics. This means that perhaps reduced short term memory capacity could account for some schizophrenic's cognitive distractibility.

Hemsley (1993) suggested schizophrenics cannot distinguish between information that is already stored and new incoming information. As a result, schizophrenics are subject to sensory overload and do not know which aspect of a situation to attend to and which to ignore.

One strength of the cognitive explanation when describing schizophrenia is that there is further support for this theory provided by Myer-Lindenberg (2002) they found a link between poor working memory (which is typical of schizophrenics) and reduced activity in the prefrontal cortex. Furthermore Schielke (2002) studied a patient who developed continuous auditory hallucinations as a consequence of an abscess in the dorsal pons. This suggests that there is wider academic credibility for the link between biological and cognitive factors causing schizophrenia. A second strength of the cognitive explanation of schizophrenia is that it takes on board the nurture approach to the development of schizophrenia. For example it suggests that schizophrenic behaviour is the cause of environmental factors such as cognitive factors. A weakness of the cognitive explanation is that there are problems with cause and effect.

Cognitive approaches do not explain the causes of cognitive defects -where they come from in the first place. Is it the cognitive defects which cause schizophrenia behaviour or is it the schizophrenia that causes cognitive defects. A second weakness of the cognitive model is that it is reductionist the approach does not consider other factors such as genes. This suggests that the cognitive approach over simplifies the explanation of schizophrenia.

The behavioural explanation of schizophrenia.

The behavioural explanation suggests that schizophrenia is a consequence of faulty learning children who do not receive small amounts of reinforcement early in their lives will put larger attention into irrelevant environmental cues, for example: Taking attention to the sound of a word rather than its actual meaning. This behaviour will eventually appear weird or strange to others so will generally be avoided. Strange behaviours may be rewarded by attention and sympathy and so they are reinforced. This can continue until the behaviour becomes so strange that the person is then labelled as schizophrenic. Eventually the behaviour and psychological state deteriorates into a psychotic state.

Evaluate cognitive behavioural therapies in the treatment of schizophrenia in terms of its strengths and weaknesses.

The misinterpretation of events in the world is common in schizophrenia. Using cognitive therapy with schizophrenia requires the psychologist to accept that the cognitive distortions and disorganized thinking of schizophrenia are produced, at least in part, by a biological problem that will not cease simply because the " correct" interpretation of reality is explained to the client. Cognitive therapy can only be successful if the psychologist

accepts the client's perception of reality, and determines how to use this "misperception" to assist the client in correctly managing life problems. The goal is to help the client use information from the world (other people, perceptions of events, etc.) to make adaptive coping decisions. The treatment goal, for the cognitive therapist, is not to "cure" schizophrenia, but to improve the client's ability to manage life problems, to function independently, and to be free of extreme distress and other psychological symptoms.

Advantages

It directly challenges the problem and attempts a cure of the underlying symptoms.

It gives the person some control over their own illness.

Research has shown cognitive behavioural therapy can be as effective as medication

Due to its highly structured nature cognitive behavioural therapy can be provided in a number of formats such as software and self-help books.

Disadvantages

In order to benefit from cognitive behavioural therapy you need to ensure you give a considerable amount of commitment which people with schizophrenia can lack.

It could be argued that because cognitive behavioural therapy only addresses current problems it does not address underlying causes of the condition.

Discuss the ethics of cognitive behavioural therapy

Directive therapy - due to the environmental determinism of behavioural problems, patients need to be re programmed with adaptive behaviour.

Stressful - can be painful and disturbing e. g. flooding and aversion therapy

Humane - specific maladaptive behaviours are targeted the whole person is not labelled.

Outline the characteristics of anorexia

Refusal to maintain body weight at or above a minimally normal weight for age and height.

Intense fear of gaining weight

Disturbance in the way in which one's body weight or shape is experienced, denial of the seriousness of the current low body weight.

Absents of three consecutive periods.

Socially withdrawn

Refusal to eat despite hunger

Give two or more psychological explanations of eating disorders

Cognitive explanation of anorexia

Cognitive psychologist has suggested that irrational attitudes and beliefs and distorted perception are involved in eating disorders. These beliefs normally concern unrealistic ideals or perception of body shape or irrational attitudes towards eating habits and dieting. For example: the disinhibition hypothesis - once a diet has been broken one might as well break it completely by bingeing.

Cognitive researchers have also proposed that suffers of anorexia are seeking to assert control over their life to an excessive idealistic extent.

Bemis- Vitousek and Orimoto (1993) pointed out the kind of faulty cognitions that are typical in people with anorexia.

For example: a common cognition is that dieting is a means of self control, but at the same time most people with anorexia are aware they are out of control because they can't stop dieting, even when it is threatening there life. These are faulty cognitions and maladaptive ways of thinking.

The main problem with the cognitive explanation is that the theory is correlational and the argument is a circular one does negative thinking cause the eating disorder or does the eating disorder cause the negative thinking. Secondly the thoughts that are related to having an eating disorder are subjective experiences that are hard to test and measure, Also people seeking help for an eating disorder are already have negative emotions so it

is not possible to test their cognitive processes prior to the onset of the disorder.

Psychodynamic explanation of anorexia

One view of the psychodynamic model of anorexia proposes that anorexia reflects an unconscious desire by a girl to stay pre-pubescent. Over dependence on parents may result in the adolescent fearing sexual maturity and independence. Bruch (1974) regarded anorectics as being in a struggle for control and their own identity, the pursuit of thinness was seen as a critical part of such a struggle. Bruch considered that there were two main characteristics of parents that made the development of anorexia more likely in their children. Firstly an over concern with food and secondly family relationships that did not assist the child in developing their own sense of identity particularly important was considered to be girls feeling that their needs were secondary to their mothers.

The psychodynamic approach in relation to eating disorders is idiographic and so it focuses on the individual. This means the individuals problems are taken into account and they are not just diagnosed on the basis of others. There is little evidence for Freud's theories on eating disorders it is all based on feeling rather than hard evidence. All his case studies were a mainly middle aged, Austrian woman which means his findings cannot be generalised to the wider population. However Freud's idea that the anorexics refusal to eat was an unconscious denial of the adult role and they wished to remain a child. The timing of onset in anorexia and the loss of menstruation supports this idea.

Evaluate behavioural therapy in the treatment of eating disorders.

Cognitive behavioral therapy (CBT) is a common type of treatment for eating disorders. This branch of psychotherapy aims to help break large problems or situations into smaller more manageable parts and treats eating disorders in this same way. Cognitive behavioral therapy is a branch of psychotherapy that is based on the idea that all thoughts (cognition) and actions (behaviors) are related.

This may not always be clear, so CBT aims to help individuals break down problems or situations into more manageable parts and examine the ways in which thoughts, emotions and actions were related in each other. Cognitive behavioral therapy allows individuals to examine the relationships between their thoughts, feelings and actions and in doing so allows individuals to understand that if they change the way that they think and feel, they will change the way that they act. For individuals suffering from eating disorders, understanding the relationships between thoughts, emotions and actions is highly important. Once these relationships are understood, the individual suffering from an eating disorder can replace the negative thoughts and emotions which have led to abnormal food and eating behaviors and with more positive thoughts and emotions that will lead back towards a healthy lifestyle. However, in order for these relationships to be clear, it may take several weeks of tracking thoughts, feelings and food and eating behaviors before the individual will accept this proof. Often therapists will ask individuals to keep a journal or food diary in order to more accurately record

their thoughts, feelings and actions towards food and eating during a given period of time.

Discuss the ethics of behavioural therapy

Behavioural therapy can induce a high level of anxiety which could be considered unethical Directive therapy - due to the environmental determinism of behavioural problems; patients need to be re programmed with adaptive behaviour.

Stressful - can be painful and disturbing e. g. flooding and aversion therapy

Humane - specific maladaptive behaviours are targeted the whole person is not labelled.