

## Abnormal Psychology Chapter Seven Notes

### Mood Disorders: An Overview (pages 215-217)

- Mood disorders → severe alterations in mood for long periods of time
- Two key moods involved in mood disorders are mania and depression; “mixed-episode” cases are also a possibility
- Types of Mood Disorders
  - Unipolar depressive disorders → person experiences only depressive episodes
  - Bipolar disorders → person experiences both manic and depressive episodes
  - Major depressive episode → person must be markedly depressed for most of every day and for most days for at least two weeks and show three or four other symptoms (cognitive, behavioral, or physical)
  - Manic episode → person shows markedly elevated, euphoric, or expansive mood, often interrupted by occasional outbursts of intense irritability or even violence
  - Hypomanic episode → person experiences abnormally elevated, expansive, or irritable mood for at least four days; much less severe than manic
- The Prevalence of Mood Disorders
  - Lifetime risk for unipolar disorders is 17%
  - Rates for unipolar depression are always much higher for women than for men; among school children, boys are equally likely or slightly more likely to be diagnosed with depression
  - Lifetime risk for bipolar disorder is 1%; rates are gender equal

### Unipolar Mood Disorders (pages 217-223)

- Depressions That Are Not Mood Disorders
  - Loss and grieving process: four phases of normal response
    - Numbing and disbelief
    - Yearning and searching for the dead person
    - Disorganization and despair that sets in when the person accepts the loss as permanent
    - Some reorganization as the person gradually begins to rebuild his or her life
  - Postpartum “Blues”
    - Different from postpartum depression; include changeable mood, crying easily, sadness, irritability, often liberally intermixed with happy feelings
    - Occur in as many as 50 to 70% of women within 10 days of the birth of their child and usually subside on their own
- Dysthymic Disorder
  - Dysthymic disorder → person must have a persistently depressed mood most of the day, for more days than not, for at least two years (1 year for children and adolescents); mild to moderate intensity and must have at least two of the six additional symptoms when depressed
  - Often people have periods of normal moods lasting for a few days to a few weeks (max of two months)
  - Lifetime prevalence rate of 2.5% to 6%; average duration is four to five years
  - Chronic stress increases severity of symptoms; often begins in teen years

- Major Depressive Disorder
  - High degree of overlap between depression and anxiety
  - When diagnoses of depression are made, it is specified as to if it is an initial episode or a recurrent episode
  - Average duration of untreated depressive episode is six to nine months
  - Chronic major depressive disorder → when symptoms of depressive continue for over two years (10 to 20% of people)
    - Most depressive disorders to remit (when depressive symptoms stop for at least two months)
  - Difference between recurrence and relapse; relapse → return of symptoms within a fairly short period of time
  - 40 to 50% of depressed people will experience a recurrence
  - 1 to 3% of children meet criteria for some form of unipolar depressive disorder
  - Anaclitic depression → form of depression infants if they are separated for a prolonged period from their attachment figure; at least 18 months of age
  - 15 to 20% of adolescents experience major depression at some point; likely to recur in adulthood
  - Specifiers → different patterns of symptoms that sometimes characterize major depressive episodes which may help predict the course and preferred treatments for the condition
  - Important specifiers
    - Major depressive episode with melancholic features → patient either has lost interest or pleasure in almost all activities or does not react to usually pleasurable stimuli or desired events; more heritable than other forms of depression
    - Severe major depressive episode with psychotic features → when psychotic symptoms, characterized by loss of contact with reality and delusions (false beliefs) or hallucinations (false sensory perceptions) accompany other symptoms of major depression
    - Mood congruent → delusions or hallucinations that are persistent with one's mood
    - Major depressive episode with atypical features → pattern of symptoms characterized by mood reactivity; person's mood brightens in response to potential positive events (more people with this specifier are women)
    - Major depressive episode with catatonic features → range of psychomotor symptoms, from motoric immobility (catalepsy\_ a stuporous state) to extensive psychomotor activity, as well as mutism and rigidity
    - Recurrent major depressive episode with a seasonal pattern → individuals who experience recurrent depressive episodes in a seasonal pattern; have at least two episodes of depression in the past two years at the same season making full remission during the rest of the year
  - Double depression → major depression coexisting with dysthymia

#### Casual Factors in Unipolar Mood Disorders (pages 223-240)

- Biological Casual Factors
  - Moderate genetic contribution to the causal patterns of unipolar major depression; proven from family and twin studies

- o Three main neurotransmitters involved in depression: norepinephrine, dopamine and serotonin (low levels of these)
- o Two main hormones involved in depression: corticotrophin and cortisol; depressed patients often have elevated levels of cortisol because of increased levels of corticotrophin-releasing factor leading to increased corticotrophin and increased cortisol (Figure 7.2)
- o Damage to the left anterior prefrontal cortex often leads to depression as well as lowered levels of brain activity in this region
- o Lowered activity levels in prefrontal cortex, hippocampus, anterior cingulate cortex, and amygdala also linked to depression
- o Depressed patients enter REM sleep around 60 minutes while normal people enter around 90 minutes and show greater amounts of REM sleep during early cycles
- o Depressed patients have trouble with circadian rhythms; size/magnitude of the circadian rhythms is blunted and/or various circadian rhythms that are normally well synchronized with each other become desynchronized or uncoupled
- o Some depressed patients, seasonal affective disorder, are affected by amounts of sunlight
- o Hormonal factors account for sex differences in depression
- Psychological Casual Factors
  - o Different types: personality and cognitive diatheses and early adversity diathesis
  - o Freud believed that we unconsciously hold negative feelings toward those we love in part because of their power over us; lead to psychodynamic idea that depression is anger turned inward
  - o Beck's Cognitive Theory: cognitive symptoms of depression often precede and cause the affective or mood symptoms rather than vice versa (Figure 7.4)
    - Depressogenic schemas → underlying dysfunctional beliefs; rigid, extreme, and counterproductive; dysfunctional beliefs need to be activated by the occurrence of some form of stress
    - Negative automatic thoughts → thoughts that often occur just below the surface of awareness and involve unpleasant, pessimistic, predictions
      - Center on three themes (negative cognitive triad): negative thoughts about the self, negative thoughts about one's experiences and the surrounding world, and negative thoughts about one's future
    - Negative cognitive triad are based off of dichotomous/all-or-nothing reasoning, selective abstraction (tendency to focus on one negative detail of a situation while ignoring the others), arbitrary interference (jumping to conclusion based off of minimal or no evidence)
  - o Rumination → going over a thought repeatedly in one's mind over and over again

#### Bipolar Disorders (pages 240-244)

- Cyclothymic disorder → less serious version of full-blown bipolar disorder because it lacks certain extreme symptoms and psychotic features such as delusions and the marked impairment caused by full-blown manic or major depressive episodes
- Bipolar disorder I → form of bipolar disorder in which the person experiences both manic and major depressive episodes, or mixed episodes