Abnormal Psychology

Mood Disorders: Depression

Psychology 3303

Professor June Gruber
Roadmap

Course Logistics
Depressive Disorders
Emotion and Depression
Take-Away Questions
Roadmap

Course Logistics

Depressive Disorders

Emotion and Depression

Take-Away Questions
Course Logistics

Guest Lecture 3/21

Tina Pittman Wagers

Senior Lecturer and Clinical Psychologist
Department of Psychology and Neuroscience
University of Colorado Boulder

Women’s Mental Health
Course Logistics

PSYC 3303 - Check-in Feedback Survey

Thank you for feedback
Took seriously
Additional opportunities for feedback available in course
## Strengths of Course

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Response</th>
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<tbody>
<tr>
<td>“Material is so interesting and very engaging”</td>
<td></td>
</tr>
<tr>
<td>“Like the structure and lecturing style”</td>
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<tr>
<td>“Appreciate that you use a variety of medias in your powerpoints”</td>
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<tr>
<td>“Value the readings every week and the RRs help synthesize the information”</td>
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<tr>
<td>“I was worried about having a 9:30 class because it is the earliest class I have taken. However, I find myself very excited to attend class…”</td>
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THANK YOU!
# Suggestions for Course

<table>
<thead>
<tr>
<th>Feedback</th>
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<tbody>
<tr>
<td>“Sometimes flipping through the check in questions is a bit fast”</td>
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<tr>
<td>“I know the slides are posted online, but maybe we could go through them a tad slower”</td>
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<tr>
<td>THANK YOU FOR FEEDBACK</td>
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<tr>
<td>WILL DO!</td>
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Roadmap

Course Logistics

Depressive Disorders

Emotion and Depression

Take-Away Questions
What is the difference between "normal" sadness and depression?
“I wish I could explain it so someone could understand it. I’m afraid it’s something I can’t put into words. There’s just this heavy, overwhelming despair - dreading everything. Dreading life. Empty inside, to the point of numbness. It’s like there’s something already dead inside. My whole being has been pulling back into that void for months.”

-Kay Jamison, Unquiet Mind
DSM-5 Mood Disorder Categories
CATEGORY I. Depressive Disorders (Examples)

- Major Depressive Disorder
- Dysthymia (Persistent Depressive Disorder)
- Mixed Anxiety/Depressive Disorder
- Premenstrual Dysphoric Disorder
- Disruptive Mood Dysregulation Disorder

CATEGORY II. Bipolar Disorders (Examples)

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
CATEGORY I. Depressive Disorders (Examples)

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CATEGORY II. Bipolar Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
Major Depressive Disorder (MDD)

One of most common disorders
Lifetime prevalence ~20%
Twice as common in women
Can be chronic and recurrent
Depression: Diagnostic Criteria

I. Sad mood and/or lack of pleasure (anhedonia)

II. Associated Symptoms
1. Significant weight or appetite change
2. Insomnia or hypersomnia
3. Psychomotor retardation or agitation
4. Fatigue or loss of energy
5. Feelings of worthlessness or excessive guilt
6. Diminished ability to concentrate, indecisiveness
7. Suicidal ideation or behavior

III. Causes Impairment
Depression: Diagnostic Criteria

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6. Diminished ability to concentrate, indecisiveness
7. **Suicidal ideation or behavior**

III. Causes Impairment
Matthew Nock, Harvard, MacArthur “Genius”
Suicidality

Resources:
National Suicide Prevention Hotline:
1-800-273-8255

Suicide Crisis Hotline Chat via Text:
www.crisistextline.org

Local Resources
CAPS Walk-in Services (e.g., C4C)
Wardenburg Health Center
Depression: Subtypes

1. Seasonal Pattern
2. Rapid Cycling
3. Psychotic Features
4. Catatonic Features
5. Melancholic Features
6. Postpartum Onset
Postpartum Depression

Onset within **four weeks** of birth

Up to **30% of women** experience postpartum symptoms; about **10%** have full postpartum MDD

Usually have history of mood disorder
CU Clinical Science Expert

Sona Dimidjian, Ph.D.
Professor
Department of Psychology and Neuroscience
University of Colorado Boulder

Postpartum Depression, Treatments for Depression
CU researcher finds mindfulness techniques, lay counseling can help postpartum depression
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CATEGORY II. Bipolar Disorders (Examples)

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
Dysthymia (Persistent Depressive Disorder)

Depressed mood for at least 2 years

Two of more of:

1. Poor appetite or overeating
2. Insomnia or hypersomnia
3. Low energy or fatigue
4. Low self-esteem
5. Poor concentration, indecisiveness
6. Feelings of hopelessness

No more than 2 months without symptoms
THE MARK OF SHAME

Stigma of Mental Illness and an Agenda for Change

STEPHEN P. HINSHAW
CATEGORY I. Depressive Disorders (Examples)
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CATEGORY II. Bipolar Disorders (Examples)
- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
Mixed Anxiety/Depressive Disorder

Co-occurrence of anxiety and depressive symptoms

When diagnostic criteria for other anxiety and depressive disorders are not met.
Premenstrual Dysphoric Disorder (PMDD)

Significant depressive and/or physical symptoms typically present in the week before menses

Symptoms remit several days after menses begin
Disruptive Mood Dysregulation Disorder (DMDD)

Presence of severe recurrent temper outbursts

Persistent negative mood (irritability, anger)

At least 1 year beginning before the 10 years of age

Ellen Leibenluft, M.D.
Roadmap

Course Logistics

Depressive Disorders

Emotion and Depression

Take-Away Questions
How are emotions impacted in depression?
Emotion & Psychopathology: 3 Themes

1. Extremes
   Greater intensity of emotional displays, greater amplitude of emotional reactivity

2. Absences
   Lower intensity of emotional displays (or absent); decreased amplitude of emotional reactivity (or absent)

3. Disjunctions
   Emotion as a multi-component system (experience, behavior, physiology). Channels ideally cohere together. Disjunction involves mis-match between channel(s) of emotion with other channel(s)

Gruber & Keltner (2007)
Jonathan Rottenberg:
Depression & Emotion Researcher
ORIGINS of the
DEPRESSION EPIDEMIC

Jonathan Rottenberg
4,137 likes • 238 talking about this

Author
Jonathan Rottenberg wrote The Depths: The Evolutionary Origins of the Depression Epidemic. His narrative uncovers the origins of depression, showing how it is an evolutionary response rooted in our ancient past. ecce dentesiar
noun. A person who fakes a smile.
Mood and Emotion in Major Depression

Jonathan Rottenberg

University of South Florida

ABSTRACT—Nothing is more familiar to people than their moods and emotions. Oddly, however, it is not clear how these two kinds of affective processes are related. Intuitively, it makes sense that emotional reactions are stronger when they are congruent with a preexisting mood, an idea reinforced by contemporary emotion theory. Yet empirically, it is uncertain whether moods actually facilitate emotional reactivity to mood-congruent stimuli. One approach to clarifying this issue is to examine the effects of mood on emotional responses.

DOES DEPRESSED MOOD FACILITATE SAD EMOTIONAL REACTIONS?

One approach to studying mood—emotion interaction is to examine mood-disturbed individuals. People who suffer from major depressive disorder, commonly known as major depression, have a markedly severe type of mood disturbance. Major depression is the leading cause of psychiatric hospitalization; it is estimated to affect nearly one out of seven people and is associated with major interpersonal difficulties, suicidal ideation, and substantial medical co-morbidities.
Tale of 2 Views

**NEGATIVE POTENTIATION**

- Exhibit increased (potentiated) responses to negative stimuli.
- Symptom: Sad Mood (increased negative emotion).
- Basis: Cognitive theories of depression posit negative distortions of world --> lead to negative emotions.

Diagram:
- Negative view of self
- Negative view of the future
- Negative view of world

**MAGNIFICATION**
**Tale of 2 Views**

**NEGATIVE POTENTIATION**
- Exhibit increased (potentiated) responses to negative stimuli.
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**POSITIVE ATTENUATION**
- Exhibit decreased (attenuated) responses to positive stimuli.
- Symptom: Anhedonia (decreased pleasure).
- Basis: Report less pleasure to pleasant photos, positive films, and drink stimuli.
Experimental Procedure

WATCHED FILMS
(Neutral, Sad, Happy)

EMOTIONAL LIFE EVENTS INTERVIEW
(Neutral, Sad, Happy)

Rottenberg et al (2005)
Results

NEGATIVE POTENTIATION
- Exhibit increased (potentiated) responses to negative stimuli.
- Symptom: Sad Mood (increased negative emotion).
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POSITIVE ATTENUATION
- Exhibit decreased (attenuated) responses to positive stimuli.
- Symptom: Anhedonia (decreased pleasure).
- Basis: Report less pleasure to pleasant photos, positive films, and drink stimuli. Positive words evoke less neural reactivity.
Emotion Context Insensitivity (ECI)

- Depression flattens emotional landscape.

- Constricts reactions to differing contexts (even neutral or non-emotional ones).

- Emotions are not appropriate (or “insensitive”) to context.

Rottenberg et al (2005)
What is depression?

what is born. The death is one's own decay, the cracking of the branches that support this misery. The first thing that goes is happiness. You cannot gain pleasure from anything. That's famously the cardinal symptom of major depression. But soon other emotions follow happiness into oblivion: sadness as you had known it, the sadness that seemed to have led you here; your sense of humor; your belief in and capacity for love. Your mind is leached until you seem dim-witted even to yourself. If your hair has always been thin, it seems thinner; if you have always had bad skin, it gets worse. You smell sour even to yourself. You lose the ability to trust anyone, to be touched, to grieve. Eventually, you are simply absent from yourself.

### Emotion & Psychopathology

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Gruber & Keltner (2007)
What’s Life Like After Depression? Surprisingly, Little Is Known

Most research on depression focuses on the afflicted, a new paper argues, overlooking a potentially informative group: people who have recovered.

By Benedict Carey

Oct. 22, 2018

Treatments

1. Cognitive & Behavioral Therapies
2. Interpersonal Therapy
3. Psychopharmacology
4. Electroconvulsive Therapy
5. Transcranial Magnetic Stimulation
6. Deep Brain Stimulation
7. Vagus Nerve Stimulation
8. Light Therapy for Seasonal Affective Depression
Mark Whisman, Ph.D.
Professor
Department of Psychology and Neuroscience
University of Colorado Boulder

Treatments for Depression,
Depression & Relationships
‘Til death do us part

By Sarah Kuta • Dec. 6, 2018

CU Boulder researchers find link between marriage quality and mortality

If you’ve taken the plunge, you’ve likely heard some variation of the popular marriage expression: “Happy spouse, peaceful house.”

But new research from the University of Colorado Boulder suggests that the phrase doesn’t go far enough and that the quality of your marriage may be linked to how long you live.

A trio of CU Boulder researchers in the psychology and neuroscience department recently set out to explore the connection between marriage quality and mortality. The findings of their study were published in the journal *Health Psychology* in November.

“We found that the odds of dying for married people who described their marriage as ‘not too happy’ was 25 percent greater than the odds of dying for people who rated their marriage as ‘very happy’ or ‘pretty happy,’” said Mark Whisman, a CU Boulder professor of psychology and neuroscience and the study’s lead author.

Past research has found a connection between the quality of our marriages and our physical health. In addition, other studies have measured the link between marital satisfaction and mortality in people...
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Take-Away Questions
Thank You!

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Professor June Gruber