Issues Around the Classification, Reliability and Validity of Depression

Depression is diagnosed using classification systems:

- DSM: The diagnostic and statistical manual of mental disorder - concentrates on mental health disorders.
- ICD: The international classification of diseases – contains symptoms of all health problems

+ Makes it easier for problems to be identified as it is a fast and easy way to break down symptoms, treatments and prognoses.
+ Very objective measure as it is a written and published book which is used worldwide amongst many professionals.
+ Provide mental health professionals with a standardised method of recognising mental disorders.

X Many factors can affect the diagnosis

- Such as individual biases and personalities of practitioners.
- One practitioner could view one action a certain way, while another could interpret it a totally different way, therefore, the individual biases of not only the patients, but also the practitioner aren’t considered.

X Place people into categories.

- Therefore, we fail to accept that there are varying degrees to which a person may be experiencing depression.
- By simply placing people into categories, we tend to label people as ‘suffering from depression’ while not knowing the extent to which they are suffering.
- We don’t know exactly how much depression may be affecting somebody’s life – they could be diagnosed from the DSM with depression, but it could just be somebody who is unhappy, not clinically depressed.
- This could affect an individual’s life with work as well, since if you suffer from a mental health issue, this should be declared at work/in an interview, therefore, this may have a detrimental effect on an individuals work life since labels are very difficult remove, even if the individual hasn’t suffered symptoms for a long period of time.

X What is seen as abnormal can change overtime.

- For example, up until 1973, homosexuality was classed as a mental disorder and aversion therapy was used as a treatment.
- Therefore, it could be difficult to keep the DSM and ICD up to date due to the constant change in society and the constant change in people’s views.

Reliability

X Concerns over the extent to which two or more diagnosticians would arrive at the same conclusions when faced with exactly the same individual.
Unfalsifiable and unscientific – cant test concepts such as the unconscious, ego and superego. Difficult to prove or disprove.

Explains gender differences – women are more likely to turn anger inwards, men are more likely to blame others (outward) – can explain why women are more likely to get depressed.

Takes into account unconscious and childhood – no other theories that take childhood into account with regards to later mental health – takes other variables into account.

Reductionist since it ignores other factors such as biology and cognitions

Unethical since asking people about their problematic childhood and mental health problems may cause them psychological harm and distress, as painful memories may be brought up. Also, talking about themselves in a negative way may result to them become even more depressed. Additionally, it is unethical to blame the parents for an individual’s depression – it ignores other factors such as life events that may affect an individual's mental health.

Deterministic - it makes future behaviour deterministic as it suggests that if you do have unconscious conflicts in childhood, you will become depressed. Ignores any free will an individual may have – somebody may be determined to make adulthood better in order to compensate?

**Learned Helplessness Theory**

- This comes from a behavioural perspective, but later versions took a more cognitive perspective.
- It suggests that people become depressed because they learn through experience that they can seemingly not influence events.
- They experience constant failures in life and then feel that it is impossible to avoid them and therefore, they don’t even try – they learn to become helpless.
- They think that they have no control over their lives and that they are responsible for their helplessness.
- An example of this would be an individual applying for lots of jobs but not getting any interviews, and thinking that it is because of the person they are.

Seligman (1974):

- Studied the effects of inescapable electric shocks on dogs and their ability to learn.
- He forced dogs to experience electric shocks in an electrified cage and then observed the dogs in a situation in which they were put in a cage which allowed them to escape the electric shocks by jumping a short partition wall.
- Having learned to avoid the electric shocks, the dogs were then faced with unavoidable shocks.
- He found that the response of the dogs was to give up, make no further effort to escape, and simply sit and receive more shocks.

Although this was carried out with dogs, which brings extrapolation issues since humans have more complex conscious thoughts, it does see to relate to human behaviour in that depressed humans also seem to be in a state of helplessness. A further study supported this idea.

Hiroto and Seligman (1975):

- They attempted to study learned helplessness on humans by putting them in a similar situation to the dogs, except they had a loud noise instead of the shock.
- Participants were put in a situation which they were subjected to an uncontrollable and unexpected loud noise.
- They were then put in a situation where they could stop the loud noises by performing a particular problem solving task.
- It was found that the group who had been subject to the uncontrollable loud noise took a lot longer to stop the noise in the second condition than a control group, suggesting that learned helplessness hindered the participants’ confidence and ability to complete the tasks.

Evaluation

Lab study – low ecological validity and mundane realism since in real life depression doesn’t occur through electric shocks or loud noises, therefore, results cannot be generalised to real life.

Unethical since as well as causing the participants psychological harm and distress (both psychological and physical distress for the dogs), they would have been deceived since they weren’t told the aim of the experiment.

Cannot offer a complete explanation. For example, it cannot account for suicidal thoughts as learned helplessness is characterised by passivity and not an active wish to die.

Although research demonstrates that people do feel helpless when depressed, it may just help to maintain the disorder, rather than be the actual cause.

Cannot account for gender differences, e.g. women being 3.5x more likely to be depressed, since there is no evidence that women are more vulnerable.

Attribution Theory

- More recent research has lead to the learned helplessness theory being renamed as the attribution theory.
- This is what/who a person blames for an event - when individuals experience success or failures, they make causal attributions by making sense of the event and developing an attribution style to apply to future events.

Abramson et al (1978)

- Based this on three dimensions.
- Internal/external locus which was whether the cause concerns the individual or not
- Stable/unstable which is whether the cause is a permanent or temporary feature
- Global/specific, which is whether the cause relates to the whole person or just one feature.

Peterson and Seligman (1974)

- Reported that people identified by the attributional style questionnaire as being prone to depression explained negative life events as being due to stable, global and internal locus (global is the worst and is most likely to cause depression).
- These people were more likely to develop depression when experiencing stressors, showing support for the concept of depressed attributional style.

Seligman (1974):

- reported that students making global, stable attributions remained depressed for longer after exams
- Showing evidence for the cognitive explanation of attributional style.