Kleinman (1982) showed that in China, somatization served as a typical channel of expression and as a basic component of depressive experience.
- The Chinese rarely complain of feeling sad or depressed; instead, they refer these feelings to the body as the medium of their distress.

Marsella (1979) argues that affective symptoms (sadness, loneliness, isolation) are typical of individualistic cultures.
- In collectivist cultures, somatic symptoms are more common.

Cross-cultural research has demonstrated that there is a virtually identical core of symptoms present in depression in many different cultures.
- There are also manifestations which are culturally specific because depression is not exactly the same over the world.

Gender Considerations in MDD
- Women are 2-3x more likely to become clinically depressed than men (Williams and Hargreaves, 1995), and they are more likely to experience several episodes of depression.
- Many researchers argue that the reasons for depression are rooted more in social causes than in biological ones.
- Brown & Harris (1978) has established that social stress plays a decisive role in triggering many depressive episodes, but it has also demonstrated that social factors may increase an individual’s vulnerability to depression.
  - Also confirms that social support may offer protection against the effects of potentially stressful events.
- The affective impact of life events is mediated by cognitions (including the person’s evaluation of events) and how the individual tries to cope with stress.

Vocabulary:
- Symptomology
  - Identification of the symptoms
- Etiology
  - Find out why people suffer from a disorder
  - Looking at the biological, cognitive, and sociocultural factors that may contribute to the onset of the disorder
- Prevalence rate
  - The measure of the total number of cases of the disorder in a given population
- Lifetime prevalence
  - The percentage of the population that will experience the disorder at some point in their lives
- Onset age
  - Average age at which the disorder is likely to appear
  - Can help to determine how likely it is that a person who begins to show specific symptoms at a specific age can be diagnosed reliably
- Prospective study
  - A study in which participants are chosen on a basis of a variable (e.g. negative thinking style) and then followed to see what happens long term

Classifications of disorders:
- Anxiety Disorders
○ Have a form of irrational fear as the central disturbance (ex. PTSD)
● Affective Disorders
  ○ Characterized by dysfunctional moods (ex. Major depressive disorder)
● Eating Disorders
  ○ Characterized by eating patterns which lead to insufficient or excessive intake of food (ex. bulimia)

Depression Treatments

● Antidepressants
  ○ Not addictive
  ○ No research into the long term effects of these medications
  ○ Not 100% sure on how these drugs work
  ○ Overprescribed
    ■ Should only be for moderate to severe depression but are prescribed to people that do not fit that classification
  ○ Take weeks or months to start being effective and they do not work for everyone
● Human interaction
  ○ Connections with people who guide each other and reassure one another can be effective in helping with the coping of depression
● Preventions and not cures
  ○ Lower expectations: stop judging yourself, don’t try so hard, change relationships with your thoughts, do not worry about things beyond your control, etc.
● The way children are raised (prevention)
  ○ Raise children to be easygoing, agreeable, and comfortable in their own skin
  ○ We need to value effort and not achievement, attitude and not outcome
● Cognitive Behavioral Therapy
  ○ Assumes that one’s mood is directly related to their pattern of thought
  ○ Negative, dysfunctional thinking affects a person’s mood, sense of self, behavior, and even physical state
  ○ The goal of cognitive behavioral therapy is to help a person learn to recognize negative patterns of thought, evaluate their validity, and replace them with healthier ways of thinking.
  ○ Therapists help the patient change patterns of behavior that comes from dysfunctional thinking
  ○ Negative thoughts and behaviors predispose an individual to depression
  ○ How it works:
    ■ CBT is based on two specific tasks:
      ● Cognitive restructuring: the therapist and patient work together to change thinking patterns
      ● Behavioral activation: in which patients learn to overcome obstacles to participating in enjoyable activities.
    ■ CBT focuses on the immediate present: what and how a person thinks more than why a person thinks that way.
    ■ Focuses on specific problems: problem behaviors and problem thinking are identified, prioritized, and specifically addressed