

DEPRESSION ACROSS EARLY, MIDDLE AND LATE ADULTHOOD

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Doctor of Psychology (Clinical)
by

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Chapter 1

Introduction to Doctorate

This introduction will provide a context for, and a brief overview of, the main themes contained within the thesis. The Doctoral Programme at City University is comprised of four sections, namely, an Introduction (Chapter 1), a Case Study (Chapter 2), Research (Chapter 3), and a Critical Review (Chapter 4).

In 1999, The Clinical Standards Advisory Group for the Department of Health, UK, noted that 'The World Bank recently assessed depression as the fourth most common cause of disability days lost world wide, including the developing world, and predicted that it would rise to second place by the year 2020.... The World Health Organisation recently rated depression as one of the top three leading causes of disability... and mortality for men and women, in The Americas and Europe.' (Clinical Standards Advisory Group [CSAG], Department of Health, 1999, p. 5). In the category of unipolar depression alone, it is estimated that as many as 15% of people commit suicide (CSAG, DoH, 1999).

Studies done in the late 1980's (Croft-Jeffreys & Wilkson, 1989; Stoudemire, Frank, Hedermak, Damlet) have estimated that the direct and indirect economic cost of depressive illness in the USA is around \$16 billion per year, and in the UK neurotic illness (which includes depression) around £373 million per year. With high prevalence rates and enormous monetary costs, this disorder warrants ongoing investigation as it not only impacts so profoundly on one's quality of life (estimated to be a greater impairment than many physical conditions), but also on society in terms of its impact on significant others, cost of treatment and loss of productivity through sickness leave (CSAG, DoH, 1999; Liaison in Community Psychiatry [LiNC UP], 1995).

The advances in precision and categorisation of diagnoses brought about by the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association and the International Classification of Diseases and Related Health Problems (ICD) of the World Health Organisation, with their continual reworking and updating, has certainly helped to streamline and refine both the definition of depression and its degrees of severity, and its symptomatology (Geiselman, Linden, & Helmchen, 2001; Zarit & Zarit, 1984; 1998).

Depression is a commonly used lay term and using it loosely can lead to much conceptual confusion. In the lay sense, 'depression' is similar to the term 'nervous breakdown', as it can refer to a range of experiences. Depressed mood, in clinical terms, is only one manifestation of a depressive illness. It is not a necessary or sufficient indication of a clinical illness, as this requires the presence of a syndrome of clinical features and a significant level of functional impairment (DSM-IV, 1994; ICD-10, 1994). The DSM-IV (APA, 1994) allows for the presence of irritability or anhedonia (particularly relevant for older adults) in the absence of low mood (Baldwin, 1998).

The area of depression has received a great deal of exposure over the past few decades whether it be through scientific, academic, clinical or popular media sources. However, in spite of the volume of work published on it, it is still an area that attracts new research and ongoing development. Perhaps one reason for this is that it is the type of condition that can exist on its own, but also frequently co-exists with, or is a result of, other conditions (such as anxiety or dementia) thus permeating into many different areas (DSM-IV, 1994; ICD-10, 1994).

The lifetime prevalence of depression has been estimated (Kaplan, Sadock, & Grebb, 1994; Weissman, 1981) to be between 8% – 12% for men and as much as 20% – 25% for women in the adult population. Reviews of community studies by Blazer (1997) in the UK and Steffens et al. (2000) in the USA, found the frequency of clinically significant depressive symptomatology to be much

higher than the occurrence of Major Depressive Disorder (MDD). These community studies reflect a prevalence of between 9% and 14.7% for 'subsyndromal' or minor depressions with clinically significant depressive symptoms.

The onset of depression can begin in childhood (Reinherz, Giaconia, Hauf, Wasserman, & Silverman, 1999) and it is now thought that the risk of developing depression is highest between the ages of 15 – 19 and 25 –29 (Burke, Burke, Regier, & Rae, 1990). There is some evidence (Reinherz et al., 1999) that females are three times more likely to experience the onset of depression by the age of 14 than males. Traditionally, the emphasis in the study of depression seems to have been on the adult population i.e. those between the ages of 16 – 65. However, it is now being viewed as a disorder that can occur at any age or life period, and the more recent research (Blanchard, 1997; Jorm, 2000; Pitt, 1997; Steffens et al., 2000; Twining, 1998) suggests that the prevalence, development, manifestation, or treatment response of depression in old age does not differ in any way from depression in the general population. Therapeutic interventions with older adults is a dynamic area, and as we are an ageing population this group will require an increased amount of attention and care. Erikson's (1978) theory gives weight to the debate that age is not simply a degenerative process but a full developmental cycle that can be viewed as a stage of life.

The impact of highly stressful and arousing events on an individual's psychic and psychological state has long been considered an area of interest, and has often been linked to depression (Bowlby, 1977, 1980; Crittende, 1990; LeDoux, 1992; Miller, Kritman, & Ingham, 1989; Paykel, 1994; Perry, 1999; van der Kolk, McFarlane, & Weisaeth, 1996), and Janet's work in the 1800's, frequently referred to in the work of van der Kolk (1996), is a key resource to address what we now commonly refer to as 'trauma'.

Cognitive theorists, such as Beck (1967), Ingram (1984) and Teasdale (1988) have considered how depression and life events influence cognitive processes and how such processes, in turn, influence our psychological state. Research by Kuyken & Brewin (1994) and others (Brewin, Hunter, Carroll, & Tata, 1996; Brewin, Reynolds, & Tata, 1999) has extended this concept and sought to investigate autobiographical memories, trauma and depression. A further dimension of this area of research that has opened up an invaluable sphere is that of the impact of trauma on our physiological state, as well as the psychological one (LeDoux, 1992; McFarlane & Yehuda, 1996; Perry, 1999; van der Kolk, 1996), and these findings are forming the start of a new collaboration between professionals across a broad range of disciplines.

The following discourse is an attempt to view depression over the life period from late adolescence and early adulthood to older adulthood. It aims to draw together some of the more recent research and views on these complex matters, and to contribute to the pool of scientific knowledge on it, and to the clinical dimension that is constantly striving to enhance its means of intervention.

Chapter 2

This section is comprised of a clinical study of treatment with a young adult whose presentation was sufficiently complex to cause a division in opinion between professionals on diagnosis, and whose depression was overlooked, as he did not present with the more typical features and diagnostic criteria of the illness. The case also reflected the responses of professionals to ambiguous clinical features, as well as the difficulties therapists encounter in making decisions regarding continuation of treatment when the measurements of success are so ambiguous and difficult to define.

Chapter 3

The aim of the empirical research was to determine whether an adult population of clinically depressed, recovering depressed and never depressed individuals had experienced an incident that they perceived as traumatic, and whether such an experience would influence their ability to forget material, particularly negative material, when directed to do so. Some findings were contrary to those anticipated, whilst others provided insight into the cognitive processes of individuals and how these might have implications for future therapeutic interventions.

Chapter 4

This concluding section of the thesis provides a critical review of the current literature related to older age and depression. A debate ensues around the domains of whether it is worthy of recognition and diagnosis, and whether or not psychological interventions would have any impact on individuals who are, according to dominant cultural assumptions, entrenched in their ways. One particularly concerning matter discussed is how professionals themselves tend to dismiss, overlook or be pessimistic about the possibility of treating depression in older adults.

References

- American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorder (DSM-IV (4th ed.). Washington, DC: American Psychiatric Association.
- Baldwin, R.C. (1998). Depression. In R. Butler & B. Pitt (Eds.), Seminars in old age psychiatry (pp. 102-124). London: Gaskell.
- Beck, A.T. (1967). Depression: Clinical, experimental and theoretical aspects. New York: Harper and Row.
- Blazer, R. (1997). Dysthymic disorders and chronic minor depression in late life: Description and treatment. In C. Holmes & R. Howard (Eds.), Advances in old age psychiatry: Chromosomes to community care (pp. 183-193). Petersfield: Wrightson Biomedical Publishing Ltd.
- Blanchard, M. (1997). Non-drug treatment of depression in older people. In C. Holmes & R. Howard (Eds.), Advances in old age psychiatry: Chromosomes to community care (pp. 172-182). Petersfield: Wrightson Biomedical Publishing Ltd.
- Bowlby, J. (1977). The making and breaking of affectional bonds: Aetiology and

psychopathology in the light of attachment theory. British Journal of Psychiatry, 130, 201-210.

Bowlby, J. (1980). Loss: Sadness and depression. Attachment and loss (Vol. 3). London: Hogarth Press.

Brewin, C.R., Hunter, E., Carroll, F., & Tata, P. (1996). Intrusive memories in depression: An index of schema activations? Psychological Medicine, 26, 1271-1276.

Brewin, C., Reynolds, M., & Tata, P. (1999). Autobiographical memory processes and the course of depression. Journal of Abnormal Psychology, 108(3), 511-517.

Burke, K.C., Burke, J.D., Regier, P.A., & Rae, D.S. (1990). Age at onset of selected mental disorders in five community populations. Archives of General Psychiatry, 47, 511-518.

Clinical Standards Advisory Group. (1999). Depression: report of a CSAG Committee chaired by Professor Chris Thompson. London: Department of Health.

Crittende, P.M. (1990). Internal representational models of attachment relationships. Infant Mental Health, 11, 259-277.

Croft-Jeffreys, C., & Wilkinson, G. (1989). Estimated costs of neurotic disorders in UK general practice, 1985. Psychological Bulletin, 19, 549-558.

Devenand, D.P., Nobler, M.S., & Singer, T. (1994). Is dysthymia a different disorder in the elderly? American Journal of Psychiatry, 151, 1592-1599.

Erikson, E. (Ed.). (1978). Adulthood. New York: Norton.

Freeling, P., Rao, B.M., & Paykel, E.S. (1985). Unrecognised depression in general practice. British Medical Journal, 290, 1880-1883.

Freeling, P., & Tylee, A. (1991). Recognising depression. Practitioner, 235, 669-672.

Geiselman, B., Linden, M., & Helmchen, H. (2001). Psychiatrists' diagnoses of subthreshold depression in old age: Frequency and correlates. Psychological Medicine, 31, 51-63.

- Gurland, B.J. (1976). The comparative frequency of depression in various adult age groups. Journal of Gerontology, 31, 283-292.
- Ingram, R.E. (1984). Towards an information processing analysis of depression. Cognitive Therapy and Research, 8(5), 443-478.
- Jorm, A.F. (2000). Does old age reduce the risk of anxiety and depression? A review of epidemiological studies across the adult life span. Psychological Medicine, 30, 11-22.
- Judd, L.L., Rapaport, M.H., Paulus, M.P., & Brown, J.L. (1994). Subsyndromal symptomatic depression: A new mood disorder? Journal of Clinical Psychiatry, 55(Suppl.), 18-25.
- Kaplan, H., Sadock, B., & Grebb, J. (1994). Synopsis of psychiatry (7th ed.). Baltimore: Williams & Wilkins.
- Kuyken, W. & Brewin, C.R. (1994). Intrusive memories of childhood abuse during depressive episodes. Behavioural Research Therapy, 32(5), 525-528.
- Kuyken, W. & Brewin, C.R. (1995). Autobiographical memory functioning in depression and reports of early abuse. Journal of Abnormal Psychology, 104(4), 585-591.
- LeDoux, J.E. (1992). Emotion and the amygdala. In J.P. Aggleton (Ed.). The amygdala: Neurobiological aspects of emotion, memory, and mental dysfunction, (pp. 339-351). New York: Wiley-Liss, Inc.
- Liaison in the Community. (1995). Depression in the community. Invicta & Richborough Pharmaceuticals: Medical Action Communication Ltd, UK.
- McFarlane, A.C., & Yehuda, R. (1996). Resilience, vulnerability, and the course of posttraumatic reactions. In B.A. van der Kolk, A.C. McFarlane, L. Weisaeth (Eds.), Traumatic stress: The effects of overwhelming experience on mind, body, and society (pp. 155-181). New York: Guilford
- Miller, P.M., Kritman, N.B., & Ingham, J.G. (1989). Self-esteem, life stress and psychiatric disorder. Journal of Affective Disorders, 17, 65-75.
- Paykel, E.S. (1994). Life events, social support and depression. Acta Psychiatrica Scandinavia, 377, 50-58.

- Perry, B.D. (1999). Memories of fear: How the brain stores and retrieves physiological states, feelings behaviors and thoughts from traumatic events. In J. Goodwin & R. Attial (Eds.), Splintered reflections: Images of the body in trauma. New York: Basic Books.
- Pitt, B. (1997). Defeating depression in old age. In C. Holmes & R. Howard (Eds.), Advances in old age psychiatry: Chromosomes to community care (pp. 137-142).
- Reinherz, H.Z., Giaconia, R.M., Hauf, A.M.C., Wasserman, M.S., & Silverman, A.B. (1999). Major depression in the transition to adulthood: Risks and impairments. Journal of Abnormal Psychology, 108 (3), 500-510.
- Steffens, D.C., Skoog, I., Norton, M.C., Hart, A.D., Tschanz, J.T., Plassman, B.L., Wyse, B.W., Welsh-Bohner, K.A., & Breitner, J.C.S. (2000). Prevalence of depression and its treatment in an elderly population. Archives of General Psychiatry, 57, 601-607.
- Stoudemire, A., Frank, R., Hedermak, N., Kamlet, M., & Blazer, D. (1986). The economic burden of depression. General Hospital Psychiatry, 8, 387-394.
- Teasdale, J.D. (1988). Cognitive vulnerability to persistent depression. Cognition and Emotion, 2(3), 247-274.
- Twining, C. (1998). Psychological treatments. In R. Butler & B. Pitt (Eds.), Seminars in old age psychiatry (pp. 265-278). London: Gaskell.
- van der Kolk, B.A. (1996). The body keeps score: Approaches to the psychobiology of posttraumatic stress disorder. In B.A. van der Kolk, A.C. McFarlane, & L. Weisaeth (Eds.), Traumatic stress: The effects of overwhelming experience on mind, body, and society (pp. 215-241). New York: Guilford.
- van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L (Eds.). (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford.
- World Health Organisation. (1994). International Classification of Diseases and Related Health Problems (ICD-10). Geneva: World Health Organisation.
- Zarit, S.H., & Zarit, J.M. (1984). Depression in later life: Theory and assessment. In J.P. Abrahams, & V.J. Crooks (Eds.), Geriatric Mental Health (pp. 21-39).
- Zarit, S.H., & Zarit, J.M. (1998) Mental disorders in older adults: Fundamentals of assessment and treatment. Guildford Press: New York.