# STUDY GUIDE

## CHAPTER 5

1. Distinguish depression from mania. What is meant by endogenous versus exogenous depression?
2. Provide definitions of the following *DSM* and *ICD* mood episodes: depressive, manic episodes, hypomanic, and mixed.
3. Define these *DSM* and *ICD* disorders: major depressive disorder (single episode depressive disorder and recurrent depressive disorder in *ICD*), bipolar disorder, cyclothymic disorder, persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, and disruptive mood dysregulation disorder.
4. What are postpartum depression and seasonal affective disorder and how are they diagnosed in the *DSM* and *ICD*?
5. Describe comorbidity problems, threshold problems, and competing classification system conflicts faced by the *DSM* and *ICD* when it comes to diagnosing depression and mania.
6. Why do some critics contend that the *DSM-5* depression and mania categories lack reliability? How does disagreement over whether persistent depressive disorder and major depression are distinct disorders tie into the reliability debate?
7. What are the arguments for and against maintaining the bereavement exclusion in diagnosing major depression?
8. Outline objections to adding premenstrual dysphoric disorder to *DSM-5* and *ICD-11* and disruptive mood dysregulation disorder to *DSM-5*?
9. Summarize the debate over childhood bipolar disorder and the use of prescription antipsychotics to treat it.
10. What was melancholia? How did the ancient Greeks conceptualize and treat it?
11. What was acedia? How did it influence the historical evolution of melancholia?
12. How was melancholia conceptualized and treated during the Renaissance?
13. What role was industrialization suspected of playing in melancholia during the late 19th and early 20th centuries? How did this influence the “energy metaphor” way of thinking about depression and mania?
14. What was neurasthenia and what did clinicians in the late 19th and early 20th centuries think caused it? How is neurasthenia incorporated (or not) into current versions of *DSM* and *ICD*?
15. How did Emil Kraepelin conceptualize depression and mania? How was this conceptualization influenced by Freud? How did Adolph Meyer combine Kraepelin’s and Freud’s ideas into our modern notion of depression?
16. What is the monoamine hypothesis? How is it tied to the use of antidepressants?
17. Distinguish the following antidepressants: MAO inhibitors, tricyclics, SSRIs, SNRIs.
18. How has the number of people on antidepressants changed since the advent of SSRIs and SNRIs?
19. Summarize research findings on the effectiveness of antidepressants.
20. Why do antidepressants contain a black box warning in the United States? What are the arguments for and against this warning?
21. Describe discontinuation syndrome.
22. What are shortcomings of the monoamine hypothesis?
23. Summarize the controversy over whether antidepressants are more effective than placebos.
24. What is the glutamate hypothesis? Why is the drug ketamine being studied as part of this hypothesis? What is the status of ketamine as a possible antidepressant?
25. Describe and evaluate herbal remedies for depression.
26. What are mood stabilizers? Describe the various types of drugs used as mood stabilizers.
27. Describe the side effects and effectiveness of mood stabilizers.
28. Outline the suspected roles of the following brain regions in major depression and bipolar disorder: hippocampus, amygdala, frontal lobe (including the prefrontal cortex), and HPA axis.
29. Distinguish the following biological interventions for depression and describe their side effects and effectiveness: electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and deep brain stimulation (DBS).
30. What is the estimated heritability of various depressive and bipolar disorders?
31. What are candidate gene studies? What results for depression and mania have these studies yielded?
32. Explain how adaptationist models account for depression. What are the treatment implications of such models? How do dysregulation models differ from adaptationist models?
33. Outline the suspected role of circadian rhythms in bipolar disorder. What treatments are used to correct circadian rhythm problems for people diagnosed as bipolar, as well as those experiencing seasonal affective disorder?
34. What does the inflammatory hypothesis say about depression, bipolar disorder, and various other psychiatric disorders? What role do measurements of cytokines play in studying this hypothesis? What does the inflammatory hypothesis point to as a possible treatment for depression?
35. On what grounds are biological perspectives on depression and mania criticized?
36. What role does psychotherapy usually play in the treatment of depression? What role does it play in treating bipolar disorder?
37. Describe classic psychoanalytic and attachment perspectives on depression.
38. How does interpersonal therapy (ITP) conceptualize and treat depression? What does research say about it?
39. How do dynamic interpersonal therapy (DIT) and short-term psychoanalytic supportive therapy (SPST) conceptualize and treat depression? What does research say about them?
40. What is interpersonal and social rhythm therapy (IPSRT) and how is it used to treat bipolar disorder? What does research say about it?
41. Describe Beck’s cognitive triad and explain its importance in the cognitive account of depression.
42. How do schemas and cognitive distortions play a role in depression?
43. What criticisms have been leveled against Beck’s cognitive approach to depression?
44. What is learned helplessness and how can it be understood in operant conditioning terms?
45. Explain how attribution style and hopelessness theory add a cognitive component to learned helplessness. What does research suggest about attribution style and depression?
46. Summarize criticisms of learned helplessness approaches to depression.
47. How is depression assessed using the Beck Depression Inventory (BDI) and the Daily Record of Dysfunctional Thoughts (DRDT)?
48. Explain these CBT interventions for depression: behavioral activation, exercise, problem-solving therapy.
49. Describe research on the effectiveness of CBT for depression.
50. What is mindfulness-based cognitive therapy (MBCT), how is it used to reduce depression, and what has research on its effectiveness in addressing depression revealed?
51. How is CBT used to treat mania? What is the research status of CBT for treating mania?
52. How might a person-centered therapist conceptualize depression?
53. Define emotion-focused psychotherapy (EFT). How does it differ from CBT in understanding and reducing depression?
54. Summarize the strength and limitations of psychological perspectives on depression and mania, especially the effectiveness of psychotherapy.
55. How do sociocultural perspectives understand depression and mania? How is this different from biological perspectives?
56. Explain how, according to social justice perspectives, socioeconomic status and economic adversity, are important in depression.
57. What gender differences are commonly observed in the diagnosis of depression? How do sociocultural theorists explain these differences?
58. How does silencing the self (STS) theory explain depression? Why is this theory suspicious of medicalization?
59. Summarize the ROAD program as an example of a sociocultural approach to depression rooted in a social justice perspective.
60. What is the experience of depression like? How do stigma and discrimination impact this experience?
61. How do relationship problems and expressed emotion influence mood problems?
62. Summarize family-focused therapy (FFT) and attachment-based family therapy as systems-based interventions for depression and mania.
63. What are the strengths and limitations of sociocultural perspectives on mood problems?
64. What is the relationship between mood problems and suicide? What is the relationship between mood problems and other presenting problems?