
MODULE 51

Mood Disorders

Module Preview

Mood disorders include major depressive disorder and bipolar disorder. Current research on depression is exploring (1) genetic and biochemical influences and (2) cyclic self-defeating beliefs, learned helplessness, negative attributions, and aversive experiences.

Module Guide

Introduction, Major Depressive Disorder, and Bipolar Disorder

- ▶ Lecture: Bipolar Disorder
- ▶ Exercises: Depression Scales; The Automatic Thoughts Questionnaire; Depression and Memory; Loneliness
- ▶ Videos: Program 22 of *Moving Images: Exploring Psychology Through Film: Depression: Mike Wallace's Journey*; Module 38 of *Psychology: The Human Experience: Mood Disorders: Major Depression and Bipolar Disorder*; Module 31 of *The Mind Series, 2nd ed.: Mood Disorders: Mania and Depression*
- ▶ Instructor Video Tool Kit: *Depression*

51-1. *Define mood disorders, and contrast major depressive disorder and bipolar disorder.*

Mood disorders are psychological disorders characterized by emotional extremes. **Major depressive disorder** occurs when at least five signs of depression (including lethargy, feelings of worthlessness, or loss of interest in family, friends, and activities) last two or more weeks and are not caused by drugs or a medical conditions. **Bipolar disorder** is a mood disorder in which a person alternates between the hopelessness and lethargy of depression and the overexcited state of **mania** (a hyperactive, wildly optimistic states). Major depressive disorder is much more common than is bipolar disorder.

Understanding Mood Disorders

- ▶ Lectures: The Sadder-but-Wiser Effect; Cognitive Errors in Depression; Commitment to the Common Good
- ▶ Exercises: Attributions for an Overdrawn Checking Account; The Body Investment Scale and Self-Mutilation; Understanding Suicide; The Expanded Revised Facts on Suicide Quiz
- ▶ Videos: Module 32 of *The Mind series, 2nd ed.: Mood Disorders: Hereditary Factors*; Video Clip 33 of *Digital Media Archive: Psychology: 1st ed.: Mood Disorders*
- ▶ Instructor Video Tool Kit: *Suicide: Case of the "3-Star" Chef*

51-2. *Discuss the facts that an acceptable theory of depression must explain.*

Peter Lewinsohn and his colleagues have suggested that any theory of depression must explain the many behavioral and cognitive changes that accompany the disorder, its widespread occurrence, women's greater vulnerability to depression, the tendency for most major depressive episodes to self-terminate, the link between stressful events and the onset of depression, and the disorder's increasing rate and earlier age of onset.

51-3. *Summarize the contributions of the biological perspective to the study of depression, and discuss the link between suicide and depression.*

The biological perspective emphasizes the importance of genetic, neural, and biochemical influences. Mood disorders run in families, and *linkage analysis* is being used to search for genes that put people at risk. In addition, the brains of depressed people have been found to be less active. The left frontal lobe, which is active during positive emotions, is likely to be inactive during depressed states. Also, studies show that the *hippocampus*, a memory-processing center linked to the brain's emotional circuitry, is vulnerable to stress-related damage. Finally, certain neurotransmitters, including norepinephrine and serotonin, seem to be scarce in depression.

51-4. *Summarize the contributions of the social-cognitive perspective to the study of depression, and describe the events in the cycle of depression.*

The social-cognitive perspective suggests that self-defeating beliefs, which arise in part from learned helplessness, and a negative explanatory style feed depression. Depressed people explain bad events in terms that are *global, stable, and internal*. This perspective sees the disorder as a vicious cycle in which (1) negative, stressful events are interpreted through (2) a ruminating, pessimistic explanatory style, creating (3) a hopeless, depressed state that (4) hampers the way a person thinks and acts. This, in turn, fuels (1) negative experiences such as rejection.