



## Did you know that... Psychology works for Depression

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### What is Depression?

**Almost everyone feels sad** or "depressed" at certain times. **Clinical depression** (also called Major Depressive Disorder) is confirmed by the presence of a number of symptoms for at least a two week period. These symptoms include sadness, loss of interest in usual activities, changes in appetite, changes in sleep, changes in sexual desire, difficulties in concentration, a decrease in activities or social withdrawal, increased self criticism or reproach, and thoughts of, or actual plans related to suicide. Clinical depression may vary in its severity, and in its extreme forms, can be life threatening and may require hospitalization.

Clinical depression, or Major Depressive Disorder, is distinguished from **manic-depression or Bipolar Disorder**, in that the individual only experiences periods of depression, potentially returning to normal functioning in between times. In Bipolar Disorder, however, the individual will cycle between depression and periods of hypomania or full manic problems (euphoria, high energy, lots of activity). Approximately 1% of Canadian men and 2% of Canadian women are clinically depressed at any one point in time, and about 5% of men and 10% of women experience clinical depression at some point in their life. **Women are at twice the risk of men** to experience depression, but regardless of gender, once a person has had one experience of clinical depression, they are at high risk for repeated experiences.

Although **the causes of clinical depression are complex** and vary from individual to individual, it is now clear that a variety of factors increase the risk of a person experiencing clinical depression. These factors include having a parent who has been clinically depressed, physical illness, the death or separation of parents, major negative life events (in particular, events related to interpersonal loss or failure), pervasive negative thinking, physical or emotional deprivation, or having previously experienced depression. Further, some individuals experience depression in a regular seasonal pattern, or in the case of women, after childbirth.

### What Psychological Approaches are Used to Treat Depression?

**Behaviour therapy** is offered in individual or group therapy and works about 65% of the time. Behaviour therapy helps patients increase pleasant activities and become more aware of pleasant events when they occur and teaches new strategies to cope with personal problems and new behaviour patterns and activities.

**Cognitive therapy** involves the recognition of negative thinking patterns in depression, and correcting these patterns through various "cognitive restructuring" exercises. Cognitive therapy also uses behaviour therapy strategies. Cognitive

therapy has been shown to successfully treat approximately 67% of individuals with clinical depression, and some evidence also suggests that cognitive therapy reduces the risk of having a subsequent episode of depression.

**Interpersonal therapy** is a short-term treatment of depression, based on the idea that interpersonal stresses and strains are the major problems experienced in depression. Interpersonal therapy teaches the individual to become aware of interpersonal patterns, and to improve these through a series of interventions. Interpersonal therapy has a success rate that is comparable to behaviour therapy and cognitive therapy.

In addition to the above treatments, several other psychological treatments have promise in treating depression. **Reminiscence therapy** is a treatment that has been developed for older adults. It involves teaching people to remember times when the individual was younger and functioned at a higher level than as a depressed older adult. **Self Control therapy** is a treatment which combines some elements of cognitive and behaviour therapy for depression and teaches better self-control in negative situations. These treatments have some evidence to support their use, although they are not as well-established as the first three treatments.

An important note about psychological treatments for depression is that they are roughly as successful as **pharmacotherapy** for depression. In fact, psychological treatments often have significantly lower drop-out rates than pharmacotherapy (approximately 10% in psychological therapies, versus 25-30% in drug therapy), and there is some evidence that cognitive therapy in particular reduces the risk of relapse relative to those individuals who are treated with drug therapy. Psychological treatments are effective and safe alternatives to drug therapy for depression. Although the evidence is somewhat inconsistent at present, it does not appear that combining drug and psychological treatments significantly enhances the success of either of these treatments alone; however, because some of the drug therapies may lead to a quick response, they may be effectively combined to provide short term relief from drug therapy, and longer term changes from the psychological treatments. Further research on this topic is clearly warranted.

**Consultation with or referral to a registered psychologist** can help guide you as to the use of these therapies. For a list of psychologists in your area, <http://www.cpa.ca/Psychologist/>.

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