Module:
Psychological Foundations of Mental Health

Week 3
Introduction to emotion and emotional processing

Topic in Action
Maladaptive styles of emotion processing and regulation, and mental health – Part 3 of 4

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Lecture transcript

Slide 2
Now we're going to think about depression. One processing style in particular has been consistently linked to depression and not with other mental health difficulties.

Slide 3
Let's begin with a case study. Jo is a 40-year-old female. She is married with two children.

Slide 4
Jo recently lost her job. She feels tired all the time and struggles to get out of bed in the mornings. She has often been late to take the children to school, and this has led to frequent arguments with her husband.

Slide 5
Jo used to enjoy walking the dog and reading books, but no longer finds these things relax her or make her happy. She feels like she has let her family down and is beginning to worry her sadness is impacting on her children.

Slide 6
Jo is applying for a new job, but keeps thinking about last week when she couldn't get out of bed, last month when she couldn't finish an application. When Jo tries to remember happier times, she ends up thinking about how her and her husband are always arguing, or that the dog is getting fat because she is not walking him.

Slide 7
First, let's think about the diagnostic criteria for a major depressive disorder. What do you think they might be? Can you identify any in the case study?

Slide 8
To receive a diagnosis of major depressive disorder, or MDD, five or more of the following symptoms need to be present in the same two week period, and need to be present nearly every day. One or both of the first symptoms, low mood and anhedonia, must be present to receive a diagnosis. Anhedonia is the loss of interest or pleasure in all or almost all activities.

Other symptoms of depression include significant weight loss or weight gain, insomnia or

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hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or guilt, diminished ability to think or concentrate or indecisiveness, and recurrent thoughts of death. Similar to other diagnoses, the symptoms must cause clinically significant distress or impairment in important areas of functioning. They must not also be attributable to the physiological effect of a substance or another medical condition, and are not better explained by schizophrenia or other psychotic disorders, and there's never been a manic or hypomanic episode.

Slide 9
So here is the transcript for Jo. What symptoms can you identify?

Slide 10
She is tired all the time, and struggles to get out of bed in the mornings. This could represent a change in her sleep patterns and a loss of energy.

She no longer finds things that she used to enjoy make her happy, which indicates anhedonia. She feels like she has let her family down. This may represent feelings of worthlessness.

She feels sad and worries that it affects her children. This could indicate low mood and also feelings of guilt. She couldn't finish an application. This may indicate a diminished ability to think or to concentrate.

Slide 11
From your previous lectures, what processing style do you think has been consistently linked to major depressive disorder I might be playing a role in Jo's depression?

Slide 12
Overgeneral memory, which you have already heard about, has high clinical relevance, as it has not only been associated with current symptoms, but also with the onset and course of depression. Overgeneral memory is predictive of developing depression, and of later depression severity, even when one is not currently depressed.

Importantly, research with adults has demonstrated that it does not reflect a general defect of memory functioning, and is not purely a correlate of a current low mood. And this interferes with effective processing of both positive and negative emotional material.

Slide 13
When we think about overgeneral memories, we're talking about memories that are not specific. A specific memory is a unique event, occurring at a particular time and place that lasts no longer than a day. For example, if I ask someone to respond to a memory to the word grass, they might say we had a picnic on the grass last weekend, which would be a specific memory.

Alternatively, they might say, I cut the lawn every two weeks, or I developed hay fever last summer, which would both be general memories. Or they might say my garden, which would be a semantic associate. It seems likely that Jo is recalling overgeneral memories. Have a look for some here.

Slide 14
So, Jo's memory of last week when she couldn't get out of bed or last month when she couldn't finish an application could be classed as overgeneral. Similarly, remembering arguments with her husband and thinking about times that she has not been out to walk the dog may also be overgeneral memories.

Slide 15
Unfortunately, gold standard psychological interventions are limited in their effectiveness for treating depression and preventing relapse. Our increased understanding of how maladaptive autobiographical memory processing might play a role in depression have led the exploration of new

ways to treat depression. Some examples of this are cognitive bias modification, memory specificity training, and method of loci.

Cognitive bias modification aims to shift these underlying processes using systematic computerised training. For example, in the case of memory biases, this has been used to train individuals to process events in more concrete and specific ways.

Memory specificity training draws on the well-established finding that people with depression have difficulty accessing specific memories to suggest a simple solution. Training them to become more specific in their recollection. The training includes asking participants to practise recalling memories to positive, negative, and neutral keywords. There have only been a few studies conducted, but results so far appear promising.

Method of loci is a pneumonic technique aimed to increase the recollection of positive autobiographical memories by associating them with spatial relationships. The person first generates a memory to be remembered, then elaborates their detail. They then identify a familiar route, for example, a walk to work, and identify loci, for example, buildings along the way. The loci are then combined with memories using imagery techniques. The concept is that participants can recall positive memories by navigating the route, using the loci to act as reminders.

So for example, memory might be getting my exam results for my university degree. This would be elaborated, for example, I was really nervous. I can remember holding the envelope, and it looking really white and crisp, and the sound when I opened it. I remember an overwhelming sense of relief and happiness when I looked at the results.

The person would then identify a familiar route, for example, their walk to work and add loci, or places along the route. For example, the entrance to the park with its lovely iron gate and stone pillars. The person then combines these loci with the memories using vivid imagery. So for example, I see my letter weaving its way around the iron gates and then opening and being displayed like banner between the two pillars.

Finally, the person will be encouraged to retrieve the memories by mentally navigating along the route. So by imagining my walk to work, I pass the park gates and see my exam results displayed there. So this aims to increase recollection of specific memories.

Whilst research into these techniques are in their conception, this is a good example where research into information processing has informed understanding of a disorder, and led to promising ways to improve treatments.

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