
Psychological Mechanisms Of Depression: Operant And Classical Conditioning Behavioral Approaches

1.0 Introduction

Depression is a common mental illness caused by a consistent feeling of sadness and a general loss of interest in events individuals commonly enjoy, followed by an inability to perform everyday tasks for a prolonged period of time. Moreover, Individuals with depression generally exhibit the following characteristics; Lack of Energy and fatigue, changes are eating and sleeping patterns, reduced concentration, General loss of motivation in life and feelings of worthlessness and in extreme cases thoughts of self-harm and suicide (World Health Organization, 2019)

In this report the author aims to explain the Underlying psychological mechanisms of depression by applying theories such as Operant and Classical conditioning behavioral approaches and analyze the treatment options arising from it.

1.1 Types of Depression

According to the American association Anxiety and depression, 2019 Depression is considered a mood disorder which is of three different types. Namely, major depression, persistent depressive disorder, and bipolar disorder, in which Major is depression consists of symptoms such as persistent sadness for an extended period of time, feelings of worthlessness, low appetite, loss of interest in activities that bring about pleasure, low levels of energy, insomnia etc. Major depression involves these symptoms to simultaneously endure for two weeks or more to be classified as Major depressive disorder (MDD) which greatly affects ability to work, study and have social connections. Persistent Depressive disorder (PDD) is a form of depression that generally prolongs for a period of two years or more, this also involves similar symptoms as MDD but is generally considered to be less crucial. Lastly, Bipolar Disorder is also commonly known as 'manic depression' is classified to have drastic change in moods that shift from extreme highs, to mild highs to crucial lows and known fir behavior to alter with the change in mood. Depression can be caused and influenced by many factors and every case is exclusive to each individual, it is the licensed practitioners responsibility to comprehend and identify the root cause of it being genetic or the surroundings, and the severity of the case, and treat it affectively.

1.2 Implications of Depression to day to day life

High functioning Depression running on illogical thinking is also known to affect various aspects of an individual's day to day life, such as reduced quality of life. Dent social and personal relationships, disrupt productivity in academic and professional life, this dysfunctional thought process also leads to several physical health problems and higher economic costs with individual and impacts those around (Keynejad et al., 2017)

As we've briefly discussed interpersonal implications of this mental disorder, the author would

like to discuss societal impacts of it by comparing and contrasting rates of depression in different countries. Globally, it is prominent in high- and middle-income countries and also a key cause of low productivity in low-income countries, According to a research conducted that interviewed 90,000 individuals over 18 countries, it suggested that depression affects 121 million people worldwide out of which the higher income countries suggested an average of 15% of the populace wherein At 19.2%, America depicted the highest lifetime rate of depression. France, at 21%, had a larger likelihood of the disorder. Subsequently, lower to middle income countries such China (6.5%) and Mexico (8%) had the smallest percentage of clinically diagnosed depression. (Cold et al., 2019)

Depression is a major epidemic worldwide, being ranked the ninth by disability and death combined, just behind notable health conditions such as HIV, heart disease and stroke. However, depression is largely stigmatized worldwide, and a lack of cognition on the disease's symptoms leads to it being largely undiagnosed and untreated. The availability of psychiatrists to treat depression is scarce in most countries in the world (half the world lives with only two psychiatrists per 100,000 persons), which thereby contributes to the lack of effective treatment due to inadequate resources and therapies. (Smith, 2014)

Despite being one of the most widely recognized mental diseases, there is no one factor, there are many influences that drive towards the development of depression namely by a range of factors, including genetic, hormonal, biological, additionally the effect of family and childhood traumas and other socio-cultural factors. (Bembnowska et al, 2015)

According to Van den Bosch et al (2019) in this constant evolving world, the brain is subjected to several social stimuli that influences and instills beliefs in individuals, poor social environmental factors such as unfavorable living conditions, economic instability and unemployment increase the likelihood of depression. Moreover the biological and genetic components also can facilitate depression as some individuals have a neurobiological predisposition to be more genetically vulnerable for depressive tendencies; therefore Bembnowska (2019) further goes to explains that low levels of production in neurotransmitters in the brain such as serotonin, norepinephrine and dopamine etc. will cause individuals to be more depressed.

1.3 treatment for Depression

Medical professionals and clinical psychologists suggest many strategies recommended for psychological treatments such a Depression (e.g., interpersonal psychotherapy or cognitive behavioral therapy, including behavioral therapies) or antidepressant medication should be taken into account considering the severity of the case. Usually it is done in a form of face-to-face talk therapy sessions or guided self-help sessions that is structured by the psychologist. (Keynejad et al., 2017) although there are multi-perspective ways of overcoming depression the author would like to focus on Behavioral approach and the therapies arising from it in this report.

2.0 Behavioral approach for depression

Amongst many modes of treatment for depression certain treatments have is said to have only a moderate effect on individuals, it is important to identify behavior therapy for depression consists a branch of theories cumulated together. (Neo, 2009) This theory suggests that all

behaviors are learned through the consequence of actions, association or imitation and assumes that illogical thinking patterns or depression were induced by ideologies of Classical conditioning and operant learning, however, this be overcome with behavior changes that will be discussed below. (Chang, 2002)

Classical conditioning basically states that a neutral stimulus (stimuli from the environment) brings about a certain response as a result of it being paired with an unconditioned stimulus (something that evokes a natural response) although, as applied to depression it intends that depression learned through associating a stimulus with a negative emotion (McLeod, 2015) for example, when you take a student who performs poorly in a math examination, the student will subsequently be demotivated and as a result will develop irrational anxieties in relation to any math-related questions, by this you can understand the student has classically conditioned the negative emotional response (conditioned response) with facing a math exam (conditioned stimuli) thus everything generalized to mathematics elicits an aversiveness that exhibits as depressive symptoms, treatment for such instances includes removing the elicited Conditioned response (CS) to the now conditioned stimuli (CS) through classical conditioning Therapies such as (flooding/ Desensitization) (Kimberly A Dienes, 2014)

Flooding refers to exposing the subject to the worst fears directly, and taking the above example into account this means, imperiling the participant with constant mathematical exercises and exams to expose the individual to the phobia/ anxiety in a safe and controlled surrounding. This will first devourer the individual with feelings of panic and anxiety as the fear is believed to be learned response, the same ideologies can be used to unlearn the fear and replaces it with self-relaxation techniques through an extended period of time as now the subject understands to completely remove fear overtime the as the CS brings no harm, as a result couples it with a positive response. (Keane et al., 1989)

However, as Wolpe (1969) narrated an occasion in which a client's anxiety greatly heightened as a result of abruptly being exposed to her fears and eventually being hospitalized due to this reason, by this we can understand that this treatment method should be dealt with a great degree of caution and responsibility and that every individual and case is unique to one another.

Systematic desensitization is another classical conditioning treatment method which refers to In theory,) is targeted to reduce the effects of being mortified and depression which is associated as a result of trauma, as a result to eliminate the fear response and substitute it with a relaxation response to the conditioned stimuli. This therapy is a three-way process in which the first step includes teaching the client muscle relaxation techniques to counter the effects of anxiety and nervousness and relax all tension points, second step includes structuring a fear hierarchy with the client starting with the incentives that generate the least amount of fear to objects/ images that invoke most of fear, third is exposing the client to the stimulus in stages and working their way up in the fear hierarchy from the stimuli which generates the least to the most anxiety invoking stimulus, whilst engaging in relaxation techniques. Through this client will grasp to feel comfortable while dealing with anxiety provoking triggers and will classically condition a feel good response with the conditioned stimulus, if the fear no longer exists it means that the client is progressing from one stage to another where the gravity of anxiety is heightened until no sign is shown which means therapy has been successful, failure of doing so mean the client will have to repeat through the stages until classical conditioning is established and the fear response is completely eliminated (Wood, Ricketts and Parry, 2017)

Another method of which learning is acquired through is Operant conditioning, which is the result of learning through consequence, increasing occurrence of desired behavior by reinforcement of certain behavior through rewarding or presenting the positive outcomes of certain behavior can reduce the effects of depressive symptoms and rid themselves of negative consequences (Imhoff and Hirsch, 1996) operant conditioning focuses on therapy techniques such as contingency management (behavior contracting) and token economy systems, the author would like to elaborate on these methods.

Taking substance abusers as an example of having derived depressive symptoms through excessive alcohol usage, Contingency management is a approach used on general substance abusers to boost positive/ desired behavior change, In this instance patients and therapist need to work on a framework concerning reaching treatment goals by providing reinforcing consequences when patients meet required, thus consequently by withholding those reinforcers or providing disciplinary measures when patients exhibit undesired behavior (e.g., drinking). For instance, positive for self-restraint for clients may consists of incentives that are aimed to reward and reinforce these positive behaviors these incentives could be retail goods, where in undesirable consequences will result in not receiving any, these contingencies should be followed up swiftly after success or failure to ensure reinforcement (Higgins et al., 2002)

Likewise, Token economy is described to be a method which targeted to credited behavior through a token system and thence be reinforced, taking the previous example of the student acquiring depression through demotivation of reaching academic goals, could be countered using this method if therapist/ teacher identified the the issue and set out milestones to reach a specific mark-up, in turn the desired behavior will result in receiving a token for example a voucher, class monitor, skipping home work. These positive consequences will lead the student to be intrinsically motivated and shape behavior to achieve the set target, tokens could be withdrawn if consequences do not meet criteria. (Hersen et al., 1973)

Recent studies have shown that a combination of Cognitive behaviors therapy methods and Behavioral approach methods accounts to a healthier and holistic approach in terms of dealing with depression, stressing on CTB (cognitive behavior approach) it has many empirical evidence sporting its success and is believed to be one of the mot effect roles of treating depression, it targets the individuals environmental factors and cognitions which is related to increase in avoidance behavior in doing pleasurable activities, there are few CTB methods which are manifested to target positive cognition and thought processes to overcome this phenomena that lead to more lasting effects (Dahl, 2011)

Some of the CTB methods are, keeping a journal as many clients find this useful in recognizing illogical perceptions and having a heightened awareness of one's negative and positive thoughts, which in turn allowed to gain a sense of control over the mind and priorities positive aspects in life. another technique would be to link thoughts, feelings, behaviors and physical symptoms as one thing leads up to the other Another, this enabled patients to distinguish and prioritize the issue at hand and work ways to actively counter this ripple effect of negative thought patterns (Anderson, et al 2008)

In conclusion, However, the Behavior approach in treating depression has been heavily condemned as behaviorists did not use a holistic approach in dealing with it as they ignored influences like peoples thought patterns, perceptions, individual values/attitudes, innate qualities and genetic factors and fails to focus on cognition entirely that have substantial influence when

dealing with emotion , instead they only concentrate on directly observable and measurable conduct thus is not a reliable method to generalize treating methods (Hollon, 2006) thus we, Can conclude that mental disorders such as depression, anxiety cannot be dealt with a mono-therapeutic approach mainly due to behaviorism method in treating depression being a study of treating overt behavior. Techniques derived from Skinner behaviorists approach was criticized and opened new opportunities for development (Yovel et al, 2014) after accurate comprehension of the patients history and cause of Depression, a conjunction of both therapy methods which aids for mental, physical and in some cases spiritual improvement is more likely for successfully overcoming Depression

3.0 Bibliography

1. Anderson, T., Watson, M. and Davidson, R. (2008). The use of cognitive behavioural therapy techniques for anxiety and depression in hospice patients: a feasibility study. *Palliative Medicine*, 22(7), pp.814-821.
2. Bemnowska, M. and Jo?ko-Ochojska, J. (2015). What causes depression in adults?. *Polish Journal of Public Health*, 125(2), pp.116-120.
3. Chang, G. (2002). Brief interventions for problem drinking and women. *Journal of Substance Abuse Treatment*, 23(1), pp.1-7.
4. Cold, F., Health, E., Disease, H., Disease, L., Management, P., Conditions, S., Problems, S., Disorders, S., Checker, S., Blogs, W., Boards, M., Answers, Q., Guide, I., Doctor, F., A-Z, C., A-Z, S., Medications, M., Identifier, P., Interactions, C., Drugs, C., Pregnant, T., Management, D., Obesity, W., Recipes, F., Exercise, F., Beauty, H., Balance, H., Relationships, S., Care, O., Health, W., Health, M., Well, A., Sleep, H., Teens, H., Pregnant, G., Trimester, F., Trimester, S., Trimester, T., Baby, N., Health, C., Vaccines, C., Kids, R., Cats, H., Dogs, H., Mean?, M., Asleep?, H., Rise, R., Vaping, N., Equipment?, I., Boards, M., Blogs, W. and Center, N. (2019). Richer Countries Have Higher Depression Rates. [online] WebMD. Available at: https://www.webmd.com/depression/news/20110726/richer-countries-have-higher-depression-rates?fbclid=IwAR3WLOIP8uerf65CX5ZlaL5kppNZKEmc6Fqayc_pn5Ls6KEwEvjgY9FcpRU#1 [Accessed 12 Dec. 2019].
5. Dahl, J. (2011). Behavioral Activation for Depression: A Clinician's Guide. *Cognitive Behaviour Therapy*, 40(1), pp.77-77.
6. Higgins, S., Alessi, S. and Dantona, R. (2002). Voucher-based incentives. *Addictive Behaviors*, 27(6), pp.887-910.
7. Hersen, M., Eisler, R., Alford, G. and Agras, W. (1973). Effects of token economy on neurotic depression: An experimental analysis. *Behavior Therapy*, 4(3), pp.392-397.
8. Hollon, S. (2006). Behavioral Activation Treatment for Depression: A Commentary. *Clinical Psychology: Science and Practice*, 8(3), pp.271-274.
9. Imhoff, J. and Hirsch, R. (1996). Treatment protocol effectiveness study. *Journal of Substance Abuse Treatment*, 13(4), pp.297-303.
10. Keynejad, R., Dua, T., Barbui, C. and Thornicroft, G. (2017). WHO Mental Health Gap Action Programme (mhGAP) Intervention Guide: a systematic review of evidence from low and middle-income countries. *Evidence Based Mental Health*, 21(1), pp.30-34.
11. Keane, T., Fairbank, J., Caddell, J. and Zimering, R. (1989). Implosive (flooding) therapy reduces symptoms of PTSD in Vietnam combat veterans. *Behavior Therapy*, 20(2), pp.245-260.
12. Kimberly A Dienes, J. (2014). Generalized Anxiety Disorder and Depression: A

Learning Theory Connection. *Journal of Depression and Anxiety*, 03(01)

13. Lewinsohn, P. M. (1974). A behavioral approach to depression. In R. J. Friedman & M. M. Katz (Eds.), *The psychology of depression: Contemporary theory and research*. John Wiley & Sons.
14. McLeod, S. A. (2015, Jan 14) Psychological theories of depression
15. Neo, L. (2009). Depression and cognitive behavioral therapy. *Asia-Pacific Psychiatry*, 1(3), pp.161-165.
16. van den Bosch, M. and Meyer-Lindenberg, A. (2019). Environmental Exposures and Depression: Biological Mechanisms and Epidemiological Evidence. *Annual Review of Public Health*, 40(1), pp.239-259.
17. World Health Organization. (2019). Depression. [online] Available at: https://www.who.int/mental_health/management/depression/en
18. Smith, K. (2014). Mental health: A world of depression. *Nature*, 515(7526), pp.180-181.
19. Wolpe, J. (1969). Basic principles and practices of behavior therapy of neuroses. *American Journal of Psychiatry*, 125(9), 1242-1247.
20. Yovel, I., Mor, N. and Shakarov, H. (2014). Examination of the Core Cognitive Components of Cognitive Behavioral Therapy and Acceptance and Commitment Therapy: An Analogue Investigation. *Behavior Therapy*, 45(4), pp.482-494

edubirdie.com