CHAPTER V

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The cognitive view of behaviour assigns primary importance to the self-evident fact that people think. It assumes that the nature and characteristics of thinking and resultant conclusions determine what people feel and do and how they act and react. This view of behaviour and psychopathology has a long history that bridges the disciplines of clinical psychiatry, clinical and academic psychology, and philosophy (Watson, Johnson-Laird, 1972; Broadbent, 1971; Adler, 1969; Beck, 1967; Neisser, 1967; Kelly, 1955; Creek, 1952). The increasing emphasis on the role of cognition in behaviour has been termed the “cognitive revolution” (Dember, 1974). It can be noted that cognition has played an increasingly important role in recent theories of personality and psychopathology (e.g., Meichenbaum, 1977; Mohaney, 1974; Mischel, 1973; Kelly, 1955). Depression is one area of theory and research in which cognitive factors, that is, the manner of perceiving, construing, anticipating and evaluating events, behaviour and their consequences have been emphasized. In this context, much of the impetus has come from the theoretical and empirical work of Aaron Beck (1967, 1974), Martin Seligman (1974, 1975), and Peter Lewinsohn (1975). Indeed, the recent empirical literature on the psychology of depression is dominated by studies addressing Beck’s cognitive theory; Seligman’s learned helplessness model, or Lewinsohn’s theory, which attributes depressive states to a low rate of responses-contingent positive reinforcement.

The cognitive approach focuses on self-castigation, exaggeration of external problems, and hopelessness as the most salient symptoms. Beck (1967, 1976) has provided the most comprehensive exposition of the cognitive view of depression. Beck proposed that dysfunctional cognitions are at the core of depressive phenomena. He has posited a “cognitive triad” of negative constructions about the self, the environment, and the future. The depressed
person is seen as having a negative view of him, of the world, and of the future. The depressed affective state is secondary to these negative cognition.

Aaron Beck discusses what he calls the vulnerability of the depressive-prone person as “attributable to the constellation of enduring negative attitudes about himself, about the world, and about his future. Even though these attitudes (or concepts) may not be prominent or even discernable at a given time, they persist in a latent state like an explosive charge ready to be detonated by an appropriate set of conditions. Once activated, these concepts dominate the person’s thinking and lead to the typical depressive symptomatology” (Beck, 1967). Thus, cognitive distortions are seen to develop from early life experiences and to be triggered by present environmental conditions or events thus leading the person to view the self, the world, and the future in a negative way. Beck believes that the activation of these maladaptive thought patterns leads to the affective, motivational, and physical symptoms of depression.

In Beck’s theory, depressogenic assumptions, or irrational beliefs are schema that an individual uses to interpret his or her ongoing experience and that may produce clinical depression when they are activated by life events. For example, a person who believes “unless I am loved I am worthless” may become depressed if his or her spouse leaves. According to Beck, Rush, Shaw, & Emery (1979), the severity of the depressive episode is related to the number of irrational beliefs endorsed. This model is in keeping with the work of Ellis (1962), which proposes that adherence to certain irrational beliefs is a primary cause of emotional disturbance. Other more behaviorally-oriented theorists have also stressed the importance of cognition in the understanding and treatment of depression. Seligman has focused on the perception of control of reinforcers in his learned helplessness model of depression (Seligman, Klein, & Miller, 1976), and Lazarus (1974) has identified lack of hope in receiving future rewards as a central feature in depression. Seligman’s hypothesis is that reactive depression in humans is essentially a state of learned helplessness, characterized most notably by the
perception of non-control. According to the reformulated learned helplessness model (Abramson, Seligman, & Teasdale, 1978), depression can result from attributing the occurrence of negative or aversive events to internal, stable, and global causal factors. Although certain studies designed to test these specific predictions have provided support to this theory, other research has led to conflicting results (Coyne & Gotlib, 1983: critical literature review). Weiner (1974, 1979) and Abramson, Seligman, & Teasdale (1978) in other reformulated learned helplessness model of depression, have applied the constructs of attribution theory in a manner consistent with Beck’s observations. They have predicted that depressed persons, compared with non-depressed persons, are more likely to view personal negative events as uncontrollable and caused by personal qualities that are stable and global in their effects. The reformulated learned helplessness model of depression states that depression results when an individual makes certain attributions about uncontrollable life events. Clinically depressed patients are hypothesized to make internal, stable, and global attributions for negative events. An example is the depressed student who attributes his or her failing grade in examination to stupidity. This student attributes the cause of the failure to things about him or herself (internal) that are expected to persist over time (stable) and to affect other situations in his or her life (global). In an extension of the model, Seligman, Abramson, Semuel, & VonBaeyer (1979) predicted that depressed subjects would make external, unstable, and specific attributions for the causes of positive events. For example, the depressed student who receives an A on an examination would attribute the good grade to external factors that are not expected to persist over time or to apply to other situations (e.g., “I did well because it was an easy exam”).

Several recent studies have examined attributional patterns in depressed and non-depressed college students. A common finding is that depressed students attribute failure on experimental tasks to internal causes, whereas nondepressed students make external attributions for failure (Kuiper, 1978; Rizley, 1978; Klien, Fencil-Morse, & Seligman, 1976). In addition, Rizley (1978) reported that
depressed students viewed external factors as causes more often than did nondepressed students. Seligman, Abramson, Semuel, & VonBaeyer (1979) expanded the examination of student’s attributional styles to include globality and stability dimensions as well as locus of causality. They found that depressed students attributed bad outcomes in hypothetical situations to relatively internal, stable, and global causes, when compared to nondepressed students.

In summary, it can be stated that both the reformulated learned helplessness model (Abramson, Seligman, & Teasdale, 1978) and the cognitive theory of depression (Beck, 1967, 1976) hypothesize that specific maladaptive thinking patterns play an important role in the onset or in the maintenance of clinical depression. Each theory hypothesizes that certain maladaptive thinking patterns are latent in depression-prone individuals during a symptomatic periods; these patterns are activated by stressful events, and the result is clinical depression.

The relationship of depression hopelessness, psychoticism, anxiety and social support and suicide behavior including suicide ideation, attempted suicide and completed suicide has been the focus of several studies. The findings relating to depression hopelessness, psychoticism and suicide are of special interest.

Both mental health professionals and members of the general public appear to believe that depression and suicide threats are precursor of, or accompany suicidal attempts. Depression is consistently reported as an accompaniment of suicidal behavior and it has been found to be the most common clinical syndrome preceding suicidal behavior in studies of both attempters and completed suicides (e.g. Barraclough, Bunch, Nelson, & Sainsbury, 1974; Silver, Bohnet, Beck, & Marcus, 1971). However, studies have shown that depression and its relations to the potential for suicide is nevertheless a difficult and important problem. Suicidality and depression have indeed emerged as independent factors in few researches (Paykel, Weissman, Prussoff & Tonks, 1971) and some studies report a relatively small percentage of subsequent suicides in depressive populations (Paykel & Dienelt, 1971; Eisenthal, Farberow, & Sneidman, 1966). Sonneck,
Grunberger, & Ringe (1976) study provided support for both the “depressed” and “neurotic” hypotheses. Although suicidal depressives were more depressed and inhibited than non suicidal depressives, suicidal depressives were also more excitable (suggests high arousability, as with neurotic or anxious types).

Substantial evidence from psychological autopsy studies of adults (Hangell, Lankc, & Rorsman, 1981; Robins, 1981) and adolescent suicides (Brent, Kolko et al., 1990; Shaffer, Garland, & Gould, 1988; Shafii, Carrigen, & Whittinghill, 1985) reveal that most people who commit suicide were suffering from depression and over 90% of suicide victims suffered from a psychiatric disorder; less than 10% of people who kill themselves have no documentable psychiatric illness (Shafii, Sletzlenarsky, Denick, et al., 1988). Affective disorders followed by alcoholism are the major psychiatric diagnoses associated with suicide (Winokur and Black, 1987; Hangell, Lankc, & Rorsman, 1981). Of the 90% of adult suicide completers with a psychiatric disorder in these studies, 60 to 80% suffered from a major affective illness. A study (Weissman, Klerman, Markowitz, et al., 1989) reports that 20% of patients with panic disorder and 12% of patients with panic attacks have made suicide attempts. For adolescent populations, between 63-95% of suicide victims suffer form psychiatric illness (Shafii, Carrigen, & Shittinghill, 1985), with one study demonstrating that one fifth of the suicide victims had a diagnosis of bipolar disorder (Brent, Perper, Goldstrim, et al., 1988).

On the basis of psychological autopsy studies, it has been concluded that 30-70% of suicide victims are depressed (Isometsa, Henriksson, Hillevi Heikkinen, Kuppasalmi, & Lonnquist; 1994). The reported prevalence of depression among suicide attempters ranges from 30 to 66% (Ennis, Barnes, Kennedy, & Trachtenberg; 1989).

The above findings show that the relationship between depression and suicidal acts is a robust one, although not all depressed patients make suicide attempt. In this respect, it has been reported that suicide completers show a higher
level of suicidal intent than suicide attempters (Brent, Perper, Goldstein, Kolko, Allan, & Zelenak; 1988).

Over the past 30 years, hopelessness or negative future expectations has emerged as a powerful cognitive variable (Bonner and Rich, 1990, 1991, Beck; 1967). Because the person can see no way to resolve the crisis or problem effectively and has the expectation that the future will not improve, the person may come to view suicide as the only option (Bonner and Rich, 1991).

Consistent with Beck’s model extensive evidence reliably demonstrates hopelessness to be the best predictor of suicidal behavior (Bonner and Rich 1991; Beck et al., 1985). Specifically, hopelessness has been found to predict suicidal thoughts (Bonner and Rich, 1987; 1988; Schotte and Clum, 1982, 1987), suicide attempts (Dyer and Krietman, 1984; Minkoff et al; 1973) and suicide completions (Beck et al; 1985) and suicide ideation (Wayne et al., 1992).

Wayne, Dixon, Kimberly, Rumford, Heppner, & Lips (1992) investigation expanded on past research by (a) evaluating differing sources of stress (negative life events and hassles) as predictors of both hopelessness and suicide ideation and (b) testing for the mediating role of hopelessness. In a study, 1143 introductory psychology students completed measures of negative life vents, hassles and hopelessness. Hassels accounted for a unique increment in hopelessness scores after negative life events were controlled for statistically. In study 2250 introductory psychology students completed measures of negative life events, hassels, hopelessness and suicide ideation. The results of study 2 replicated and extended those of study 1. Hassels accounted for unique increment in both hopelessness and suicide ideation scores after negative life events were controlled for statistically. In addition, the result’s of study 2 suggest that hopelessness mediates the relation between stress and suicidal thoughts.
Suicide is a major public health concern (Weller et al., 2001). Currently, suicide ranks as the third leading cause of death in adolescents, representing 12% of deaths (American Academy of Child and Adolescent Psychiatry, 2001). Both depression (Bostwick & Pankratz, 2000) and hopelessness (Beck et al., 1989) are factors for suicidal ideation and suicide. A study of 4000 patients reveals that in depression, the standardized mortality rate is double for all courses of death and 26-fold for death from suicide (Newman & Bland, 1991). Overall, the lifetime risk for suicide in depressed patients has been estimated at 2.2% (Bostwick & Pankratz, 2000).

Depression and hopelessness are risk factors for suicide. Depression a considerable body of research has explored the relationships between depression, hopelessness, and suicide behaviour. Studies of various patient groups, including the elderly and general medical patients, have found that hopelessness is correlated more highly with measures of suicidal ideation and intent than is the severity of depressive symptomatology. In addition, prospective studies have shown that hopelessness at the time of an index psychiatric assessment is a significant predictor of eventual completed suicide (Beck, Steer & Kovacs et al. 1995). This evidence suggests that there is a relatively consistent association between hopelessness and suicide that cannot be explained by depression alone. Accordingly, some authors have proposed a mediational hypothesis, in which hopelessness serves as an important intervening variable that mediates the relationship between depression and suicide (Chochinov et al. 1999).

Nevertheless, some studies have failed to find supportive evidence for this mediational hypothesis of hopelessness and suicidal behaviour, which suggests that the relationship may hold more strongly for some groups than for others (Enns., Inayatulla., Cox et al. 1975, Strosahl, Chiles, & Linehan, 1992; Beck & Steer, 1989).
In addition to suicide, hopelessness has also been shown to predict a variety of other adverse health outcomes in large epidemiological studies, such as incidents of myocardial infarctions, hypertension, cancer, and an increase in all-cause mortality (Everson et al., 1996; Everson et al., 2000; Stern et al., 2001). In fact, the relationship between hopelessness and these adverse outcomes remains significant even after adjusting for other biological, socioeconomic, or behavioural risk factors such as depression, smoking, perceived health, or social support (Stern et al., 2001; Everson et al., 2000; Everson et al., 1996). In addition, patients with a high degree of hopelessness may also receive suboptimal care; the results of one study indicate that hopeless patients overestimate the risk and underestimate the benefits of potentially life-saving treatments (Ganzini et al., 1994). This finding is particularly important for patients with treatment-resistant depression (TRD), who have not responded to previous antidepressant treatment and typically require higher doses of medication, more aggressive treatment, or both in order to respond. In addition, after protracted treatment courses, TRD patients may experience an even greater tendency to underestimate the benefits of the next treatment.

The results of the current study found mixed support for the mediational hypothesis of hopelessness in the context of suicide ideation among adolescents. The mediational hypotheses of hopelessness found support for male adolescents but failed to found support for female adolescents. It implies that the mediational hypothesis of hopelessness has been influenced by gender. Clearly more research is needed to explore the role of mediational hypothesis of hopelessness in the context of variables responsible for suicide ideation among adolescents. In general, the current study conforms the relevance of the construct of hopelessness for understanding suicide ideation and behaviour. It is of particular conceptual interest that the role of hopelessness be examined in different groups.
CONCLUSION:

It is interesting to note that mediational role of hopelessness in suicide ideation has been found different for male and female adolescents. Formale adolescents suicide ideation failed to correlate with the most important variable, namely depression when hopelessness was used as mediational variable. For female adolescents suicide ideation showed positive association with psychoticism, negative automatic thoughts and depression, suggesting thereby that hopelessness failed to reveal its mediational role. The results of the current study support some of the earlier researches which found that the mediational hypotheses of hopelessness and suicidal behaviour holds more strongly for some groups then for others. In order to reach more meaningful conclusion regarding the mediational role of hopelessness, additional research on different sub groups is needed.