Depression Essay, Research Paper

Depression

A Study of Depression and Relationships A primary concern for Psychology research is depression. Depression affects a great deal of our population and many aspects of an individual’s mental health and well-being. In my research of books, articles, and Internet pages on depression, I chose to base my paper mainly on a 1994 article of a study of depression, entitled Depression, Working Models of Others, and Relationship Functioning, by Katherine B. Carnelley, Paula R. Pietromonaco, and Kenneth Jaffe. This study focuses on the idea that the type of care received in childhood, positive or negative, has a great effect on relationship functioning later in adulthood. But there are two links between child-rearing and relationship functioning: attachment style and depression. Both derive from the type of care received in childhood and affect relationship functioning, and both exert a reciprocal influence on each other in adulthood. The researchers of this study wanted to examine all the correlation’s between type of care, attachment style, depression, and relationship functioning. They proposed a three part hypothesis: 1. A less positive childhood would result in an insecure attachment style and depression, 2. Depressives would exhibit a preoccupied or fearful style of attachment, and 3. attachment style would affect relationship functioning more than depression. The research was conducted in two independent studies. The first study sampled 204 college women. Women were studied based on the very plausible assumptions that women are more susceptible to depression than men and relationships carry more significance with women than men. The women were screened using the Beck Depression Inventory, a popular method of testing consisting of 21 multiple choice questions to be administered by a clinician. The questions range in scope from feelings of sadness to loss of libido. From these results, a sample of 163 was taken: 73 whose scores indicated mild depression. From this point the researchers administered various inventories to assess the type of childhood care given, romantic attachment styles, and relationship functioning. Depression appears to be the independent variable, because the sample was selected based on desired levels of depression. Once the distinction in levels of depression had been made, childhood care, attachment style, and relationship functioning were assessed in relation to depression. The actual distinction between independent and dependent variables is confusing. There are almost ten variables in this experiment: mild depression, no depression, dating or not dating (101 out of 163 were involved in stable dating relationships that averaged 19.99 months), positive or negative child-rearing, attachment style (fearful, preoccupied, or secure), and relationship functioning (overall satisfaction, quality of interactions with partner, and conflict resolution style). The confusion arises in that the study is assessing the relationships of so many variables. The second study repeated the first except the sample consisted of recovering clinically depressed married women and non depressed married women. The first hypothesis 1a was confirmed as having a strong correlation between women with negative childhood experiences with their mother and a preoccupied and avoidant attachment style. Hypothesis 1b was confirmed by a strong correlation between childhood experiences and depression. A very strong correlation existed between depression and fearful and preoccupied attachment styles, consistent with the second hypothesis. The researchers found that attachment style had more of an impact than depression, “attachment style was the most consistent predictor of relationship functioning and generally predicted functioning better than depression,” consistent with the third hypothesis. The second study consisting of clinically depressed married women, and non depressed women found a correlation between greater fearful avoidance and preoccupation in recovering clinically depressed married women. This study raised several interesting questions: To what can the various types of relationship functioning and the multifarious correlation’s between the variables involved be ascribed? Are the factors controlling depression external or internal? How do people develop their “working models” of relationships? Do these models derive from childhood, or are they slowly assimilated over the course of one’s life? I would now like to go on to the treatment and results of depression and the affects on the ones they love. When one is depressive, some studies show that one may become more productive at work, they need less, sleep, and also concentrate harder on their work according to Syndrome of The Elite: Bipolar Disorder II, by Carl Sherman. People affected sometimes can have quick, innovative intelligence. They can be charismatic, have more energy, but they can also have extreme mood swings to upset a relationship. When one is treated with a medication such as lithium to stabilize their moods, one may actually benefit from having such a disease. These people will be hard working, need less sleep, and can get ahead in their jobs. Some of the top executives, creative people, and entrepreneurs benefit from these conditions. However, in the home these mood swings may lead to unresolved fights, and anger within one’s family. Depression can lead to excessive behavior, such as gambling, and exorbitant lifestyles. This is compounded by the problem that one suffering also likes to be isolated, and prefers not to talk about compounding problems they may be facing. This can build up a fire inside one’s self. We can only say for sure that with the bi-polar stages of manic depression, that many relationships can only follow the highs and lows of the depressive’s states. To fight this disease, many people turn to the many available anti-depressant drugs on the market now. These drugs alter the bio-chemicals in the brain itself. It works wonders for most people. In fact, 85% of all manic depressives have great results right away when treated according to an the article entitled, 1 in 5 adults suffer mental illness Experts say great strides made in treating Depression, by Natalie Neiman. Also according to this study, almost 15 to 20 percent of manic depressives commit suicide, which makes treating this disease a must. One way of tracing this is through hereditary. Almost 40-50 percent of the siblings of manic depressive’s children also have a depression disorder. It is sometimes however hard to decipher between a normal teenager’s mood swings, or a depression. People need to realize not to discriminate, and know that it is a treatable chemistry imbalance. If one’s teenager is acting in a depressive state have them talk to a psychologist, and assure them nothing is wrong with them, and that it can only help. I chose to do my research on this given that I am manic depressive. I had recently broken up in a relationship, and this research helped to satisfy some curiosities. With this research I realize how much I have been helped, and it helped to explain some of my personality traits. Someone who has manic depression should definitely go in for help, and should realize the risk of not. The research shows that the interaction between relationship functioning, depression, and attachment style are attributable to early childhood. In other words, an individual’s experiences in his or her formative years can have lasting psychological effects, up to the most basic social functions in adulthood.