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Research report

Differentiating early-onset chronic depression from episodic depression in terms of cognitive-behavioral and emotional avoidance

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A B S T R A C T

Background: Although chronic depression is associated with lower global functioning and poorer treatment response than episodic depression, little is known about the differences between these two forms of depression in terms of psychological factors. Thus, the present study aimed at differentiating chronic and episodic depression regarding cognitive-behavioral and emotional avoidance that have been proposed as important risk factors for depression and promising targets for the treatment of depression.
Methods: Thirty patients with early onset chronic depression were compared with 30 patients with episodic depression and 30 healthy, never-depressed controls in terms of self-reported cognitive-behavioral (social and non-social) and emotional avoidance.
Results: Chronically depressed patients reported more avoidance than healthy controls in each of the measures. Moreover, they reported more cognitive-nonsocial and behavioral-nonsocial as well as behavioral-social and emotional avoidance (in the form of restricted emotional expression to others) than patients with episodic depression. This kind of emotional avoidance also separated best between chronically and episodically depressed patients. Furthermore, general emotion avoidance and behavioral-social avoidance were positively correlated with levels of depression in chronically depressed patients.
Limitations: The results are based on self-report data and should thus be interpreted with caution. Additionally, the cross-sectional design limits any causal conclusions.
Conclusions: The findings underscore the relevance of cognitive-behavioral and emotional avoidance in differentiating chronic from episodic depression and healthy controls and advocate a stronger focus on maladaptive avoidance processes in the treatment of chronic depression.
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1. Introduction

Chronic depression is defined by the persistence of depressive symptoms for at least two years (Klein, 2008). As much as 20% of all depressed patients experience such a chronic course of the disorder (Keller et al., 1992). Compared to episodic depression, chronic depression is associated with higher hospitalization rates, poorer treatment response, lower social-vocational functioning, and an increased socio-economic burden (Evans et al., 1996; Gilmer et al., 2005; Klein et al., 2000; Thase et al., 1994). However, surprisingly little is known about potential differences between chronic and episodic depression in terms of psychological factors such as avoidance. To fill this gap, the present study examines several facets of cognitive-behavioral and emotional avoidance in patients with chronic and episodic depression.

Several authors have emphasized the importance of maladaptive avoidance processes and mechanisms in the development and maintenance of depression and of chronic depression in particular (Barnhofer et al., 2009; McCullough Jr., 2003; Moore and Garland, 2003; Ottenbreit and Dobson, 2008; Trew, 2011). In line with these theoretical accounts, there is growing evidence for a consistent association between depression and cognitive-behavioral (Brockmeyer et al., 2014; Krieger et al., 2013; Moulds et al., 2007; Ottenbreit and Dobson, 2004; Röthlin et al., 2010) as well as emotional avoidance (Brockmeyer et al., 2013,2012; Campbell-Sills et al., 2006; King and Emmons, 1990, 1991). Whereas cognitive-behavioral avoidance refers to decreased attention towards unpleasant thoughts and withdrawal from supposedly uncomfortable activities (Ottenbreit and Dobson, 2004), emotional avoidance refers to a diminished acceptance

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and expression of emotions and reduced attention towards them (Kennedy-Moore and Watson, 1999; Maio and Esses, 2001; Williams et al., 1997). Both kinds of avoidance have been assumed to contribute to the development and maintenance of depression through disturbed emotion regulation (Brockmeyer et al., 2012; Campbell-Sills et al., 2006; Gohm, 2003), poor emotional processing (Watkins and Moulds, 2007), increased access to formerly suppressed, aversive cognitions (Kircanski et al., 2008; Wenzlaff and Wegner, 2000; Wenzlaff et al., 1991), and a loss of social support and positive reinforcement (Carvalho and Hopko, 2011; Ferster, 1973; Hooley and Teasdale, 1989).

Chronic depression is assumed to be particularly associated with a pronounced avoidance of interpersonal conflict and a disconnection from the environment (McCullough Jr., 2003; Moore and Garland, 2003; Pettit and Joiner Jr., 2006). However, there is a lack of empirical studies examining avoidance processes in chronic depression. One of the few studies in this upcoming research domain found that patients with chronic depression report more socially avoidant behavior than those with episodic depression (Ley et al., 2011). In addition, several studies demonstrated a higher prevalence of comorbid avoidant personality disorder in chronic than in non-chronic depression (Garyfallos et al., 1999; Sanderson et al., 1992). Furthermore, in a study on the effectiveness of the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression, an avoidant coping style was found to be associated with a less favorable treatment outcome (Blalock et al., 2008).

Based on the literature outlined above we hypothesized that chronically depressed patients would report more cognitive-behavioral and emotional avoidance than patients with episodic depression and healthy controls. In order to examine whether chronic depression is associated with abnormal increases in cognitive-behavioral and emotional avoidance and thus whether these facets of avoidance are clinically relevant factors in chronic depression, patients with chronic depression were compared to healthy, never-depressed controls. To further examine whether such abnormalities in cognitive-behavioral and emotional avoidance are specific for chronic depression, chronically depressed patients were also compared with non-chronically depressed patients. Hereby, we aimed to contribute to the knowledge on specific causes and maintenance factors in chronic depression. In line with previous studies on avoidance in depression, we further expected a positive relationship between levels of avoidance and levels of depressive symptoms in chronically depressed patients. In addition, we were interested in identifying those avoidance facets that discriminate best between patients with chronic versus episodic depression and healthy controls.

2. Method

2.1. Participants and procedure

Thirty patients with chronic depression and 30 patients with episodic depression as well as 30 healthy controls took part in the study. Patients were recruited at two sites: from the department of psychiatry of a community hospital and from a large outpatient psychotherapy center. The majority of patients were inpatients. Healthy participants were recruited via advertisements in the local media and from the university campus. In order to assess their eligibility, all participants were interviewed by trained clinicians using the Structured Clinical Interview for DSM-IV Axis I and II (SCID; Wittchen et al., 1997). To be included, all participants had to be 18–60 years of age. In addition, participants in the episodic depression group had to meet the DSM-IV criteria of a current major depressive disorder (MDD), and participants in the chronic depression group had to feature either (a) a chronic (≥ 2 years) course of a single episode of MDD, or (b) an insufficient remission between several episodes of a MDD that have lasted at least 2 years in total, or (c) a so-called double depression (i.e. single or recurrent episodes of MDD plus dysthymic disorder) for at least 2 years. Thus, patients with only a dysthymic disorder were not included in the study. Because previous research has found that early onset (<21 years of age) chronic depression is associated with a more malignant course than the late onset form (Klein et al., 1999a, 1999b; McCullough Jr. et al., 2000), we specified that only participants with an early onset were eligible for the chronic depressed group.

Exclusion criteria for the two clinical groups were: comorbid substance abuse or dependence, a lifetime diagnosis of bipolar disorder, or psychosis, all according to the DSM-IV. Exclusion criteria for the healthy control group were: a current mental disorder according to the DSM-IV or a lifetime diagnosis of depression, bipolar disorder, or psychosis, and furthermore a total score equal or above 10 in the Beck Depression Inventory II (BDI-II; cf. Dozois et al., 1998). Patients were assessed prior to or at the beginning of their treatment. All participants received financial compensation. Written informed consent was obtained from all participants, and the study was approved by the local ethics committee.

2.2. Measures

2.2.1. Beck Depression Inventory-II (BDI-II)

The German version of the BDI-II (Beck et al., 1996; Kühner et al., 2007) was applied to assess the severity of depressive symptoms during the last two weeks. The BDI-II is a self-report measure consisting of 21 items. Total scale scores range from 0 to 63, and higher scores indicate more severe depressive symptoms. The reliability and validity of the BDI-II have been demonstrated in previous research (Kühner et al., 2007). Cronbach's alpha in the total sample was $\alpha=.96$.

2.2.2. Cognitive-Behavioral Avoidance Scale (CBAS)

The German version of the CBAS (Ottenbreit and Dobson, 2004; Röthlin et al., 2010) was used to assess cognitive and behavioral avoidance. The scale consists of 31 items, and participants are asked to rate their responses on a 5-point Likert scale ranging from 1 (*not at all true for me*) to 5 (*extremely true for me*). Thus, higher scores indicate more avoidance. The CBAS assesses four facets of avoidance (i.e., behavioral-social, behavioral-nonsocial, cognitive-social, and cognitive-nonsocial). Exemplary items are "I try not to think about problems in relationships" (cognitive-social), "I try not to think about the future and what do with my life" (cognitive-nonsocial), "I make excuses to get out of social activities" (behavioral-social), "I quit activities that challenge me too much" (behavioral-nonsocial). The CBAS has demonstrated good reliability and convergent as well as divergent validity in previous studies (Moulds et al., 2007; Ottenbreit and Dobson, 2004; Röthlin et al., 2010). In the total sample, Cronbach's alphas for the subscales were $\alpha=.78$ (cognitive-social), .91 (cognitive-nonsocial), .90 (behavioral-social), and .82 (behavioral-nonsocial), respectively.

2.2.3. Emotion avoidance subscale of the Need for Affect Scale (NAS-A)

The German version of the NAS-A (Appel, 2008; Maio and Esses, 2001) was used to assess the participants' general motivation to avoid emotions. An exemplary item is "I find strong emotions overwhelming and therefore try to avoid them." Participants are asked to respond to each of the 13 items, using a scale from -3 (*strongly disagree*) to 3 (*strongly agree*). Thus, higher scores indicate a stronger motive for emotional avoidance. Previous research supported the reliability and validity of the NAS-A (Appel, 2008; Maio and Esses, 2001). Cronbach's alpha for the NAS-A in the total sample was $\alpha=.90$.

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