

Non-treatment-related sudden gains in depression: The role of self-evaluation

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Abstract

A number of studies have demonstrated that recovery from depression is often marked by precipitous improvements during the course of treatment. The present research examined sudden gains occurring outside of the context of treatment in a sample of college students with current major depressive disorder ($n = 60$), and tested whether variables pertaining to cognitive style, hope, self-evaluation, and life events would be associated with these gains. Results indicated that 60% of the sample experienced sudden gains, with over half of those sudden gains reversing before the end of the 9-week observation period. Sudden gainers were significantly less depressed at the end of the observation period but were no more likely to have achieved remission compared to non-sudden gainers. Although changes in cognitive style did not precede sudden gains, individuals with sudden gains had significantly higher self-esteem at baseline compared to non-sudden gainers. Furthermore, decreases in the frequency of social comparison occurred in the week prior to sudden gains. These results suggest that sudden gains do occur outside of the context of treatment and that self-evaluation processes may play an important role in recovery from depression.

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Introduction

Researchers have noted that a number of individuals in psychotherapy for depression have precipitous improvements in their depressive symptomatology from one session to the next. Since Tang and DeRubeis (1999) identified “sudden gains” among patients in cognitive therapy for depression, researchers have been increasingly interested in the occurrence and meaning of these precipitous improvements in symptomatology. This work has resulted in the identification of sudden gains in a variety of treatment modalities and among different populations. These include psychodynamic treatment of adult depression (Tang, Luborsky, & Andrusyna, 2002), community-based “treatment as usual” for adults (Stiles et al., 2003), psychoeducational group treatment for adult depression (Kelly, Roberts, & Ciesla, 2005) and a variety of treatment modalities for

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adolescent depression (Gaynor et al., 2003). Importantly, sudden gains often represent lasting changes in depressive symptom severity as opposed to random fluctuations (Kelly et al., 2005; Tang & DeRubeis, 1999). Although sudden gains have been documented across a variety of treatment modalities, to date no research has examined whether the natural course of depression is also marked by these rapid improvements in symptomatology.

In both their original work and a recent replication, Tang and colleagues found that individuals who experienced a sudden gain in a given session had marked improvements in the adaptive quality of their cognitions in the previous session (Tang & DeRubeis, 1999; Tang, DeRubeis, Beberman, & Pham, 2005). However, other researchers have not consistently found a relationship between improvements in cognitive style and sudden gains (see Busch, Kanter, Landes, & Kohlenberg, 2006; Gaynor et al., 2003; Kelly et al., 2005). These inconsistencies suggest the need for further research and raise the possibility that a broader assessment of variables might capture the relevant processes involved in triggering sudden gains.

Although dysfunctional attitudes and self-esteem have been widely investigated in the onset and maintenance of depression, hope and self-efficacy might also be important to consider as triggers of sudden gains in depression. Some researchers have argued that individuals who are able to maintain a certain level of hope in the face of depression have a better chance of recovering from depressive episodes (Scheier & Carver, 1985; Scheier, Carver, & Bridges, 1994; Snyder, Ilardi, Michael, & Cheavens, 2000). In addition, Abramson, Metalsky, and Alloy (1989) propose a subtype of depression characterized by hopelessness and pessimism about the future. It is likely that more hopeful individuals view even small improvements as compelling evidence for recovery, feeding into a positive cycle that may in fact help to alleviate symptoms. Thus depressed individuals with initially higher levels of hope or improvements in hope may be more likely to experience sudden gains in depressive symptoms.

Likewise, self-efficacy to control mood (SECM) (i.e., belief in one's ability to improve mood) may contribute to sudden gains. Muris and colleagues found that general self-efficacy (Muris, 2002; Muris, Schmidt, Lambrichts, & Meesters, 2001) and emotional self-efficacy (Muris, 2002) were related to depression scores among adolescents (see also Kirsch, Mearns, & Catanzaro, 1990). Further, several researchers have found evidence that greater initial levels of self-efficacy are related to lower levels of depressive symptoms at follow-up in both adult (Kavanagh & Wilson, 1989; Maciejewski, Prigerson, & Mazure, 2000; Usaf & Kavanagh, 1990) and young adult populations (Saltzman & Holahan, 2002), and that individuals who expect to be able to control their mood (high mood self-efficacy) are less dysphoric and use more adaptive coping methods when faced with stressful life situations (Kavanagh & Wilson, 1989; Maciejewski et al., 2000; Saltzman & Holahan, 2002; Usaf & Kavanagh, 1990). This past work raises the possibility that changes in SECM will precede sudden gains.

Another potential catalyst for sudden gains is the use of social comparisons. Social comparison processes have been shown to both improve and exacerbate dysphoric mood, depending on both the context and the type of comparisons made (see Lockwood & Kunda, 1997; Wheeler & Miyake, 1992). Further, Swallow and Kuiper (1992, 1993) have demonstrated that dysphoric individuals' use of social comparison may be damaging, maintaining their negative moods. To date no research has examined the role of social comparison in triggering sudden gains in depression. Finally, life events may be associated with either the maintenance of depression (in the case of negative events) or with rapid improvement in depressive symptoms (in the case of positive events). "Fresh start" events involving the resolution of ongoing negative situations have been associated with remission from depression (Brown, Adler, & Bifulco, 1988; Harris, Brown, & Robinson, 1999), and the occurrence of positive life events has been linked to recovery from depression (Leenstra, Ormel, & Giel, 1995). These findings suggest that the occurrence of life events, especially positive ones, may be involved in triggering sudden gains.

The present study has two main objectives. First, we sought to examine the basic presumption that psychological treatment is necessary in the generation of sudden gains and determine if sudden gains occur in a non-treated sample at rates similar to those found among treated samples. Previous research has presumed that sudden gains are related to the provision of treatment and that these gains are triggered by factors inherent to treatment. In contrast, researchers have long observed that recovery occurs with a relatively high frequency among placebo or wait-list-control group patients during the course of clinical trials (see Posternak & Miller, 2001 for a meta analysis). Thus it is possible that sudden gains, although reflective of genuine and

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