

role of lateralised emotional systems in the production of depression is not supported in the case of stroke. It is argued that stroke with its often diffuse lesions may be a difficult model to test the existence of localised emotional substrates. Depression as a reaction to handicap also has indifferent support, but here the method used by studies often undermines the goals of understanding the patient's attitude to handicap. Finally, there is a review of psychosocial influences on depression. While it is well documented that psychosocial factors deteriorate following stroke and that this is associated with depression, the direction of causation is less certain. It is argued that there is actually bidirectional relationship in which depression and psychosocial factors interact. The final discussion describes future approaches to research which addresses these issues.

### **An Investigation into Mood Induction and the Perception of Social Relationships in Depressed Stroke Patients: A Prerequisite for Therapeutic Change**

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The incidence of poststroke depression (PSD) is approximately 30% impacting on recovery, cognition and survival. Psychological therapy studies have produced mixed, but largely negative results and demonstrate the difficulty of working with patients with limited emotional and cognitive resources. This study investigates the potential of using a less cognitively demanding but empirically proven therapy called interpersonal therapy (IPT) and also looks at means to enhance the effects of this therapy. Since stroke patients present with different cognitive deficits depending on the side of the stroke, right and left stroke patients are differentiated and a group of rheumatic/orthopaedic patients are used as controls to eliminate the contribution of physical handicap. Experiment 1 assessed depression, mood, emotional and social function, humour, attitudes towards relationships, rumination and verbal and nonverbal positive mood induction using film clips. Experiment 2 assesses depression, mood, empathy, theory of mind, alexithymia, verbal and nonverbal fluency, memory and training in interpersonal exchanges using video clips of emotional scenarios. Positive mood induction significantly improved depression, mood and attitudes towards relationships despite cognitive and emotional processing deficits. There were significant effects of type of film and interaction effects of time and type of film for mood and attitudes. The nonverbal film significantly improved attitudes and mood in all patients. The verbal film only significantly improved mood in the right PSD patients. These results suggest IPT is a potential therapy for PSD and demonstrate the importance of modifying therapies to the cognitive abilities of patients.

### **The Contribution of Pre-Existing Depression to the Acute Cognitive Sequelae of Mild Traumatic Brain Injury**

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Frontotemporal abnormalities and cognitive dysfunction, especially in verbal memory and information processing speed, occur in both mild traumatic brain injury (mTBI) and depression. Study 1 investigated the effect of depression on cognitive performance in a sample at risk of sustaining mTBI.

Seventy-eight male undergraduates completed the Depression Anxiety Stress Scales (DASS), Digit Symbol Substitution Test (DSS), Hopkins Verbal Learning Test (HVLTL), and Speed of Comprehension Test. A one-way analysis of covariance (using the top 25% and bottom 25% of DASS Depression subscale scorers) showed that HVLTL recognition was significantly worse in the high scorers. Study 2 examined the effects of injury type and pre-existing depression on cognitive performance in a prospective emergency department sample (within 24 hours of injury). Fifty-eight participants with mTBI (29 with depression, 29 without depression) and 47 control participants (18 with depression, 29 without depression) completed the DSS, HVLTL, and Speed of Comprehension Test. Participants with mTBI performed worse than controls (uninjured and orthopaedic-injured participants) on all tests. Participants with depression did not perform worse than participants without depression on the tests. However, there was a significant univariate interaction for HVLTL recognition, participants in the mTBI group with depression exhibited worse recognition compared to participants without depression. Since word recognition was impaired in participants who were more depressed in both samples, this suggests that it is a consistent finding. More importantly, the results of Study 2 indicate that depression may interact with mTBI to impair word recognition during the acute phase after head injury.

### **Subjective Complaints of Depression: A Comparison of Stroke and Amputee Patients**

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Depression is a common condition following stroke and amputation, and understanding the phenomenology of depression is important since it has been found to undermine attempts at rehabilitation. This study is aimed at identifying the factors which contribute to depression according to the patients' own self-report. Twenty-seven stroke patients and 25 partners of stroke patients and a comparison group of 28 amputees and 24 partners of amputee patients were sampled from a rehabilitation centre. Participants were assessed for depression according to the Hospital Anxiety and Depression Scale, the General Health Questionnaire-28, and the Emotional and Social Dysfunction Questionnaire. In addition the Subjective Depression Questionnaire was developed to investigate the roles of various perceived deficits in the development of depression including communication, cognitive functioning, physical functioning, emotional dysfunction, concerns about the future, concerns about finances, social functioning, changed in life roles, and relationships. Stroke patients scored higher than amputee patients on all depression measures. The scales of the SDQ were used to predict a combined depression score in a stepwise regression for each group. For the stroke group, the cognitive difficulties scale was the first to enter the model, ( $R^2 = .53$ ). The addition of the emotional dysfunction scale increased the  $R^2$  to .68. For the amputee group, the relationships scale was the only scale to enter the model ( $R^2 = .41$ ). This study identifies target areas that are important for the development of therapeutic interventions for these patients. For stroke patients in particular, an intervention should target the morbid reaction to cognitive deterioration and emotionalism.