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The measurement of depression with questionnaires.

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SUMMARY

In Chapter 1 it has been asserted that there is at least some consensus on the phenomenology of depression and its related cognitive, motivational, physiological and behavioural aspects. The clinical impression exists that there are various manifestations of depression. In addition classification systems of depressive phenomena are manifold. Several theories have been discussed in order to provide an (aetiological) background for the concept under study. Recent results from biopsychiatric studies have been discussed briefly, as well as four influential psychological theories; psycho-analytical theory, reinforcement-, learned helplessness-, and cognitive models show similarities as well as discrepancies. We concluded that the four psychological theories converge among other things in their conception of depression as a result of 'loss-of-something-desirable' and the assumption of the etiological role of the individual's early learning. Differences in approaches especially appear in what is assumed to be the core aspect of depression. In this respect psychodynamic mechanisms were mentioned, as well as physiological, behavioural and cognitive aspects. The relation between depression and anxiety can be cast in different model, several of which have been mentioned briefly. The chapter ends with the conclusion that an assessment instrument for depression should encompass a phenomenological description of depression, including cognitive, motivational and somatic subaspects.

In the second chapter several methods for the assessment of depression have been discussed. A number of aspects were mentioned on which these methods differ from each other. The clinical interview proves to be a frequently used and particularly important method. Validity aspects and reliability of the interview are problematic, even when explicit classification criteria are used. Behavioural observations on the other hand have not become that popular. In contrast, the application of self-report questionnaires has assumed large proportions. It was argued that this is more a quantitative than a qualitative matter; a great many ill-evaluated instruments exist. An overview shows convergent validity relating to self-report measures to be quite

satisfactory. In contrast, discriminant validity is insufficient, especially vis à vis anxiety and neuroticism; depression is difficult to demarcate from these concepts. All these methods have their own assets and liabilities, one of the latter being the number of subjects that can be classified using a particular method.

Chapter 3 gives an outline of the construction of two self-report instruments (the Depression Questionnaire and the Depression Symptom Inventory), purporting to measure depression as a 'trait' and a 'state', respectively. A 'trait' scale was conceived because of the relative rarity of this kind of depression scale. The original item pool as well as the selection procedure of the items have been described. A more or less deductive approach have been followed in which a construct is anchored before the test construction commences. Some characteristics and backgrounds of the instrumental nomological network have been mentioned. In a tripartite model, based on the behavioural and cognitive depression theories of Lewinsohn, Seligman and Beck, we outlined relations between depression and relevant concepts. A distinction has been made between external, intervening and dependent variables. Many authors agree that an extensive research strategy is necessary to establish construct validity.

In Chapter 4 the instruments employed in two samples of psychiatric patients (n=165 and n=207, respectively) have been introduced. Subsequently, a brief overview has been given of the procedure which we have followed to evaluate the internal structure of all questionnaires. Our method essentially consisted of the elimination of 'unsound' items from the original scales of the Depression Questionnaire and the Depression Symptom Inventory. Thus the a priori construction was empirically revised. In the case of the Depression Questionnaire and the Depression Symptom Inventory this has been an iterative procedure, intended to optimize their internal structure. Results showed a satisfactory internal consistency of the new depression instruments, and also of most of the other instruments. The criteria used in the constitution of subsamples in Sample II have been introduced and applied, resulting in a Major-Depressed, a Non-Major Depressed and a

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The convergent and discriminant validity of our newly conceived
depression instruments have been investigated in Chapter 5. It was
concluded that there is sufficient convergence between self-report
measures, but only low correlation with rater judged depression. The
discriminant validity of the depression scales vis à vis anxiety and
neuroticism was found to be insufficient, particularly due to item
overlap between self-rating scales. Second order principal components
analysis yielded five interpretable latent dimensions. Groups of
depressed and non-depressed patients showed significant differences on
all affective scales. Repeated measures into a small sample showed that
the mean state and trait depression differed significantly, which did not
support the 'state' - 'trait-' distinction. When two versions of the
nomological network were translated into testable measurement models,
they showed no good fit with the data.

In the sixth and final chapter the previous results were summarized
and discussed in a broader perspective, and recommendations were
given for future research strategies. It was concluded that under the
present circumstances the measurability of depression with self-report
questionnaires is at least problematic. The lack of discriminant validity
obscures a closer look at several constructs in the affective domain.
Research strategies should be aimed at the construction of scales with
at least good content validity as a prerequisite for the highest possible
degree of discriminant validity. Some suggestions in this area were
highlighted particularly lexical and statistical (item response)
strategies. The discrepancy between dimensional and typological
classification of psychopathology in general was discussed in the light
of modern conceptions. Finally, it was concluded that at present the
assessment of depression should be conducted using multiple techniques
and multiple dimensions in order to obviate its complexity.