2.2 Health and well-being

Name: _____ Class: _____ Date: _____ **Total: 30 marks**

KEY WORDS immune system • depression • cognitive triad • vulnerability factor • diathesis–stress model • cognitive behavioural therapy • diagnosis

Objective

Build the skills to answer exam questions on **health and well-being**: stress and the immune system, biological, cognitive and sociocultural explanations of **depression**, the diathesis–stress model, treatments, and culture and diagnosis.

You must be able to:

- describe Kiecolt-Glaser et al. (1995) and explain how long-term stress affects health
- explain depression from the biological, cognitive and sociocultural approaches
- apply the diathesis–stress model to a case
- compare drug treatment, cognitive behavioural therapy and social support
- explain why diagnosis can be biased across cultures

1 Key knowledge and worked examples

Stress and health

Kiecolt-Glaser et al. (1995): small wounds were made on the arms of 13 women caring for a relative with dementia and 13 similar women. The carers' wounds took 48.7 days on average to heal, against 39.3 days. Long-term stress, through hormones such as cortisol, weakens the **immune system**.

Explaining depression

approach	explanation	evidence
biological	genes and serotonin	twin heritability about 38 % (Kendler, 2006); Caspi's 5-HTT study
cognitive	Beck's **cognitive triad**: negative views of the self, the world and the future	depressed people show these thoughts; CBT that changes them helps
sociocultural	hard lives and weak support	Brown and Harris (1978)

Brown and Harris (1978) interviewed working-class women in London. After a serious life event, women became depressed more often if they had **vulnerability factors**: no close person to talk to; three or more children under 14 at home; no job outside the home; losing their mother before age 11.

Diathesis–stress model: a diathesis (a weakness such as certain genes or negative schemas) does not cause depression alone, but lowers the amount of stress needed.

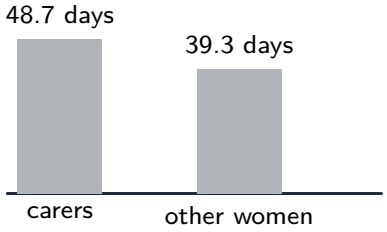
Treatment and diagnosis

- **Drugs**: SSRIs act on serotonin. **Cognitive behavioural therapy** (CBT): notice and test negative thoughts. **Social** treatments: support groups and help with life problems. Many patients do best with a combination.
- **Diagnosis** uses manuals such as the DSM-5. In some cultures people describe depression mainly through body pain or tiredness, so a symptom list from one culture can miss cases in another (bias).

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2 Practice

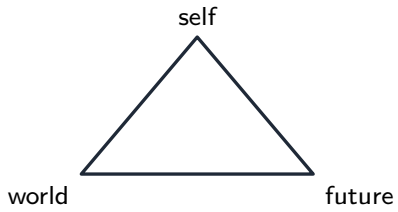
2.1 Outline the findings of Kiecolt-Glaser et al. (1995) and what they suggest about stress. [3]



2.2 State **two** of Brown and Harris's (1978) vulnerability factors for depression. [2]



2.3 *(Paper 1 Section A.)* Describe **one** cognitive explanation of depression. [4]



2.4 *(Paper 1 Section B, health and well-being.)* Wei's mother and grandmother both had depression. Wei was well until her final year at school, when her parents divorced and she failed an important exam in the same month. She then became depressed. Using the **diathesis–stress model**, explain Wei's depression. [6]



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3 Exam-style questions

3.1 *(Paper 1 Section C.)* "Depression is best treated with medication." Discuss this claim with reference to the concept of **perspective**. [15]

drug CBT support

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Solutions

Marking: **M1** a correct method, **A1** the correct answer, **B1** an independent mark.

Each answer shows the steps, then the **result**.

2.1

carers of relatives with dementia took longer to heal small wounds; 48.7 days on average, against 39.3 days for similar women; suggests that long-term stress weakens the immune system, e.g. through cortisol

2.2

any two: no close person to talk to; three or more children under 14 at home; no job outside the home; losing their mother before age 11

2.3

Beck's cognitive triad; depressed people hold negative views of themselves ("I am a failure"), the world and the future; these thoughts come from negative schemas formed through earlier experiences and are triggered by stress; they lead to low mood and giving up, which keeps depression going; supported by CBT, which changes these thoughts and reduces symptoms

2.4

award up to [6]: the model: a diathesis lowers the stress needed for depression but does not cause it alone; the family history suggests a genetic diathesis; twin studies estimate about 38 % of the risk comes from genes (Kendler, 2006); Wei then met two serious life events at once; Caspi et al. (2003): people with the short 5-HTT gene became depressed mainly after several stressful events; so her depression fits the model: a vulnerability plus stress, which explains why she was well before

3.1

Mark with the markbands: [13-15] focused on the claim, accurate knowledge, evidence used to build an argument, the concept used to evaluate throughout, a supported conclusion; [10-12] mostly focused, evidence used, some evaluation through the concept; [7-9] relevant knowledge but mostly description; [4-6] limited knowledge, little evaluation; [1-3] little that is relevant. Points that may be included: perspective: the treatment chosen follows the approach used to explain depression; biological: SSRIs act on serotonin and help many patients, and genes play a part; but heritability of about 38 % leaves most of the variation to other factors, and drugs have side effects; cognitive: CBT changes the negative thoughts of Beck's triad and teaches skills that last after treatment ends; sociocultural: Brown and Harris's vulnerability factors suggest support and help with life problems matter; trials such as March et al. (2004) with teenagers found the combination of a drug and CBT gave the best response at 12 weeks (about 71 %, against about 61 % for the drug alone); diagnosis and treatment may differ across cultures; conclusion: medication helps, but one perspective is not enough; combined treatment best fits the diathesis–stress model

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