Geneva international symposium  
Understanding emotions in affective disorders.  
An interdisciplinary reflection on bereavement, grief, and depression  
Symposium organized by the Swiss Center for Affective Sciences  

Tuesday April 30th 2013 (whole day: 8am to 6pm)  
Location: Le Cénacle, Salle plénière 2, -17, Prom. Charles-Martin, CH-1208 Genève  

8:00 – 8:45 am  Registration  

8:45-09:15  The potential impact of psychological research on emotion on the classification and diagnosis of mental disorders  
Klaus Scherer (University of Geneva)  

Session 1  
Chair: Guido Bondolfi (University of Geneva)  

09:15-10:15  The classification of mental disorders and its scientific and sociopolitical consequences  
Norman Sartorius (Association for the Improvement of Mental Health Programmes, Geneva, Switzerland)  

10:15-10:45  Coffee break  

10:45-11:45  The DSM-V and its changes, with special emphasis on depressive disorders  
Erich Seifritz (University of Zurich)  

11:45-12:30  The emotional bases of depression proneness  
Guido Bondolfi (University of Geneva)  

12:30-13:45  Lunch break  

Session 2  
Chair: Meinrad Perrez (University of Fribourg)  

13:45-14:45  How can research into psychological mechanisms inform classification and treatment of emotional disorders? Evaluating a transdiagnostic mechanistic approach  
Edward Watkins (University of Exeter, United Kingdom)
14:45-15:45 The DSM-V and the continuing transformation of normal sadness into depressive disorder
Allan Horwitz (Rutgers University, Stanford University, USA)

15:45-16:15 Coffee break

16:15-17:15 Depressive disorders from the point of view of evolutionary psychology
Paul Gilbert (Mental Health Research Unit, Kingsway Hospital, Derby, United Kingdom)

17:15-17:45 Preparation of a population-based study on the incidence of normal and pathological forms of sadness
Marc Mehu (University of Geneva, Switzerland)

17:45-18:30 Closing remarks and open discussion with the public
Klaus Scherer (University of Geneva, Switzerland)

18:30-21:30 Cocktails and buffet dinner (with possibility to continue the discussion)

Abstracts

The potential impact of psychological research on emotion on the classification and diagnosis of mental disorders

Klaus Scherer (University of Geneva)

When should specific emotional reactions be seen as "disturbances", subject to clinical treatment? This problem surfaces in cross-cultural comparisons of major clinical syndromes such as depression, illustrating the role of socio-cultural values and expectations with respect to "normal" emotionality. Furthermore, recent emotion research highlights individual differences in emotional responses generated by differential patterns of appraisal of similar events due to differences in the needs, goals, values and coping potential. As a consequence of differential appraisal and differential response organization, emotional symptoms, in the form of physiological responses, motor expressions, or behavior tendencies, can vary widely among individuals -- spanning a large range between hypo- and hyperemotionality. Both extremes may be considered as clinically relevant disturbances but it is difficult to draw the line, especially given the strong context-dependence in emotional responding. Emotional responding may need to be considered in a dimensional rather than a categorical fashion and context must be taken into account. These issues should be considered in moving from DSM IV to V.

The classification of mental disorders and its scientific and sociopolitical consequences

Norman Sartorius (Association for the Improvement of Mental Health Programmes, Geneva, Switzerland)

A classification of mental disorders is the summary of knowledge about mental disorders and their relationships at a given point in time. Consequently it will have to change in parallel to the increase of evidence about the pathogenesis, reaction to treatment, course and outcome of mental disorders. For science this is a welcome development: the
consequences of a change of the classification for the various stakeholders involved in the field of mental health may be negative or positive. What complicates the situation even more is that these consequences may be different for different stakeholders.

The presentation will enumerate and discuss the sociopolitical and scientific consequences of the changes of classification as well as the challenges that stand before those making or revising a classification. It will also make suggest ways in which the changes of the classification can be handled to attenuate the negative consequences of changes and maximize the gain from new knowledge on which the changes of the classifications have been based.

The DSM-V and its changes, with special emphasis on depressive disorders

Erich Seifritz (University of Zurich)

DSM-5 is the result of a research and development process initiated in 1999 and will be presented during the annual APA meeting in May 2013. Until then, no definitive version will be officially available. The major goals of DSM-5 included an improvement of the diagnostic system relative to DSM-IV in terms of 1) clinical utility and 2) research based evidence. Further goals included 3) continuity with previous DSM versions but 4) without a priori constraints on the level of change from DSM-IV to 5. It was intended to implement neuroscience data into the diagnostic system, however, evidence for biomarker assisted diagnoses appeared not yet robust enough. Among the principal innovations of DSM-5, the dimensional assessment of disorders is probably the most important one, since - in contrast to pure category based diagnoses - it allows a symptom related quantitation of disease severity and thus a more appropriate description of a disease course. In the domain of mood disorders the grief exclusion in DSM-IV as etiology of depression will most likely be dropped and bereavement will be viewed just as one example of psychosocial adversity. Another important issue is how anxious symptoms associated with depression are dealt with. These and other changes have been subject of controversial discussions, mainly in terms of over inclusive definitions of unspecific sub-threshold psychological alterations that would lead to inflationary prevalence changes of psychiatric disorders.

The Emotional Bases of Depression Proneness

Guido Bondolfi (University of Geneva)

Since Kretschmer’s description of the depressive temperament, the enduring dispositions of the affective state have been considered as one of the main predisposing factor for an individual to be more easily activated by a sad event. The theories of attachment have brought significant contribution to research for the understanding of which conditions (loss, separation, rejection, etc) lead to recurrent ways of feeling in the course of one’s development. Thus, the sedimentation of these emotional experiences over time may influence the sense of permance of Self which is, therefore, prevalently centered on states of sadness, anger and anxiety.

The development of different tendencies, ranging from normality (depression-prone style) to psychopathology (i.e. Depressive Personality Disorder or chronic depression) seems to hinge on the degree of intensity, rigidity or mobility of the emotional states.

In order to grasp the continuity between normality and psychopathology, a deep understanding of these emotions - and sadness in particular – seems rather relevant.
How can research into psychological mechanisms inform classification and treatment of emotional disorders? Evaluating a transdiagnostic mechanistic approach
Edward Watkins (University of Exeter, United Kingdom)

A major theoretical challenge is how to conceptualize, classify, explain, and investigate emotional disorders to optimize our treatments. The conventional approach to understanding and treating emotional disorders is disorder-focused, based around distinct diagnostic categories (e.g., major depression), each defined to a precise set of atheoretical criteria (DSM-V, ICD-10). Although this approach has demonstrated good reliability, questions have been raised about its validity and utility. Limitations include: (a) it focuses on observed symptom clusters (symptomatic presentation) rather than on the underlying causal processes driving their expression; (b) there are very high rates of co-morbidity, raising questions about the core features of any specific diagnosis; (c) there is heterogeneity within diagnoses. An alternative approach is to uncouple “research efforts from clinically familiar categories to focus directly on fundamental mechanisms of psychopathology” (Sanislow et al., 2010, p. 631, Research Domain Criteria initiative, U.S. National Institute of Mental Health Strategy). Research into cognitive-behavioural, interpersonal, and biological mechanisms has suggested that there are processes that (a) are shared across multiple disorders and (b) causally contribute to the onset, maintenance, recurrence or recovery from disorders, leading to the hypothesis of transdiagnostic (cross-cutting) processes and mechanisms (Harvey et al., 2004). Candidate processes include negative and positive affect; avoidance; cognitive biases; and repetitive negative thinking (RNT; worry, rumination Ehring & Watkins, 2008; Watkins, 2008; Nolen-Hoeksema & Watkins, 2011). This mechanistic approach may provide an alternative or complementary adjunct to disorder-focused classification, particularly for predicting prognosis, distinguishing adaptive versus maladaptive processes, and matching of interventions to specific vulnerabilities.

The DSM-V and the continuing transformation of normal sadness into depressive disorder
Allan Horwitz (Rutgers University, Stanford University, USA)

For millennia, diagnosticians distinguished natural sadness and fears that were expectable responses to social conditions from depressive disorders that were disproportionate to the situations in which they arose. For the most part, the symptom-based DSM-III (1980) conflated normal, negative emotions with mental disorders, although it did maintain exclusion for bereavement. The DSM-5 (2013), however, is poised to thoroughly blur the boundaries between normal and pathological conditions by abandoning the bereavement exclusion. Because considerable empirical evidence shows that the causes, prognoses, and optimal treatments for normal and dysfunctional conditions are distinct, the DSM-5 will impede scientific progress in understanding depressive disorders and their differences with natural, albeit distressing, emotions.

Depressive disorders from the point of view of evolutionary psychology
Paul Gilbert (Mental Health Research Unit, Kingsway Hospital, Derby, United Kingdom)

Evolutionary analysis of motives and emotions highlight the importance of studying underlying evolved functions even when subsequent adaptations may change their functions. For example, sex evolved for gene replication but human adaptations in cognition mean that we can engage in sex but can prevent reproduction by creating contraception. In the case of depression this requires consideration of the underlying evolved mechanisms and functions for affect regulation, and in particular the toning down of different types of
positive affect and the toning up of negative affect, associated with social withdrawal and avoidance, and negative self-evaluation.

There are four major evolutionary models for the natural regulation of positive and negative emotion. These are investment theory, whereby it is adaptive for animals to lower their engagement with the environments when payoffs are low or poor; learned helplessness whereby it is adaptive for animals to withdraw and conserve resources in the face of uncontrollable events and threats; the social loss model whereby changes of positive and negative aspects follow loss of attachment objects that render the environment threatening; social defeat models whereby reductions in positive affect and increases in threat vigilance are adaptive in conditions of lower rank, harassment and risk of attack from above.

All of these models have some evidence to support them. This talk will explore these concepts and in particular consider the evidence for the social rank and entrapment models of depression. We will also explore the way recent adaptations to our capacities for imagination, anticipation, planning and general intelligence have created the potential for adaptive regulation to become maladaptive; that is to say when and how affect regulators come under the influence of recently evolved cognitive systems.

Evolutionary models of depression and other mental health difficulties help mitigate ideas that aversive mental states are always indicators of pathology - which they are not.

Preparation of a population-based study on the incidence of normal and pathological forms of sadness

Marc Mehu (University of Geneva, Switzerland)

In an attempt to create bridges between the fields of Emotion and Clinical Psychology, we designed a survey on the incidence of sadness-related disturbances and their connections to a) emotions experienced in everyday situations, b) the perception of sadness and despair in terms of emotional components, and c) individual tendencies to evaluate events in specific ways. The survey is composed of two scales widely used in clinical research (Beck Depression Inventory, Prime MD) and two scales developed at the Swiss Center for Affective Sciences: the GRID instrument, which evaluates the meaning of emotion words taking into account the different components of emotion; and the Geneva Appraisal Bias Scale (GABS), which assesses people’s tendencies to evaluate events in terms of the appraisal criteria developed in the Component Process Model (Scherer, 2001). The main goal of the survey is to test the claim that the strength of appraisal biases in the domains of intrinsic pleasantness, goal relevance, and control/power is associated with a disposition to experience sadness and, possibly, with the development of sadness-related psychopathology. Similarly, we investigate whether people who are prone to experience sadness present a particular profile in the way they characterize the meaning of sadness-related emotions.

Practical information

Who: Open & free – limited number of spaces – register on line by April 20th!!

Where: Le Cénacle, Salle plénière 2, -17, Prom. Charles-Martin, CH-1208 Genève
How to get there:

- **from Cornavin train station**: bus 5 direction "Malagnou", stop at "Rieu" in front of Promenade Charles-Martin (approx. 15 min)
- **from Cointrin airport**: train to Cornavin, then bus 5 direction "Malagnou", stop at "Rieu" in front of Promenade Charles-Martin (approx. 15 min)
- **by tram**: tram 12, direction "Moellesulaz", stop at "Amandolier (SNCF)" follow the Chemin de la Petite Boissiand join the Promenade Charles-Martin

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