



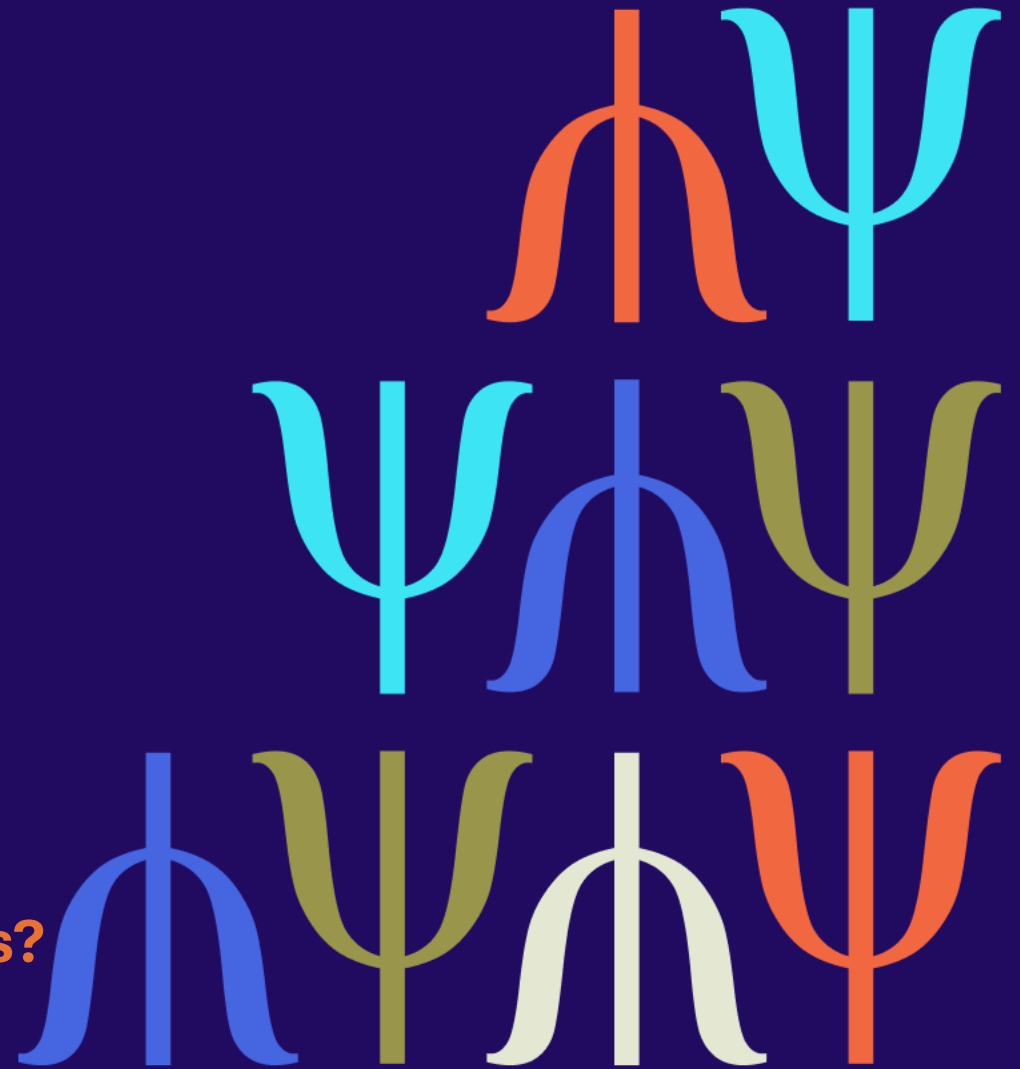
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**Depression is Contagious: Have We Been
Looking at Depression Through the Wrong Lens?**

Michael D. Yapko, Ph.D.



Sections of My Address

Part 1: Epidemiology: A Window Providing Insight

Part 2: Looking at Depression Through the Medical Lens

Part 3: Seeing Depression Through the Social Lens

Part 4: What, Then, For Therapy?

Part 5: Prevention, Elephants, and the World at Large

Conclusion

Q & A



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Part 1: Epidemiology: A Window Providing Insight



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Depression is on the Rise. Why?

- Many reasons: Biological, psychological, and social factors
- Biology has been overstated as the underlying cause
- My focus today is on the under-stated **social** risk factors
- The irony of a crowded world while people literally die of loneliness
- Re-defining relationships as expendable, transient
- Technology and the illusion of connection
- COVID highlighted and amplified our vulnerabilities
- Transgenerational risk factors



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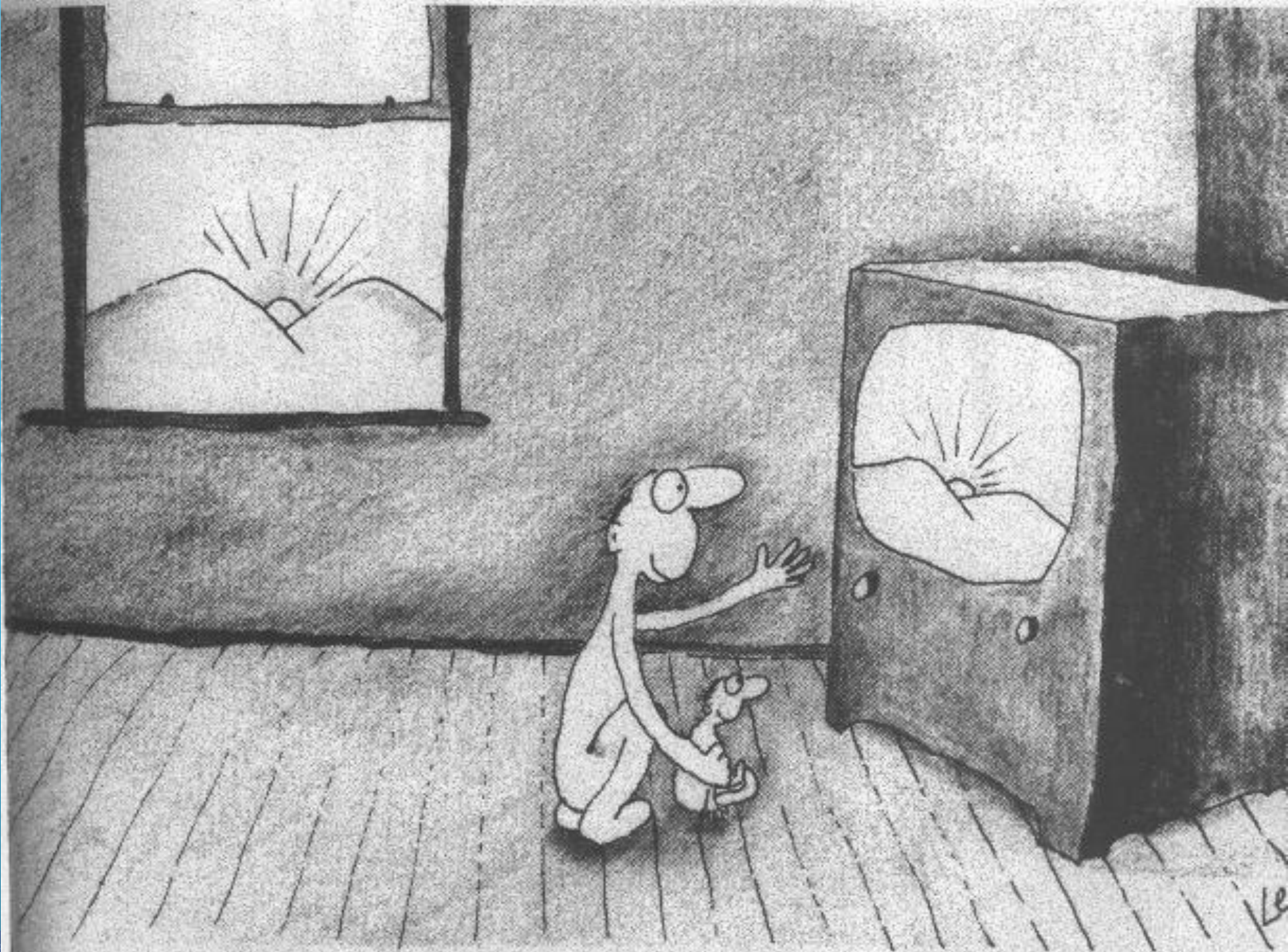
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What Did the Pandemic Teach Us About Our Vulnerabilities?

- How much predisposing risk factors strike when life circumstances change
- How strongly connected anxiety and depression really are
- How easily people can make bad decisions that make things worse
- How difficult it is to distinguish personal freedom from social responsibility
- How strong a role risk assessment plays in decision making
- How poor the quality of people's ability to think critically about data can be



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- How easy it is to dismiss objectivity when it proves inconvenient
- How faith in leaders can lead people to follow bad advice
- How much people are willing to risk to connect with others
- How resilient people can be in adjusting to challenges
- How powerful someone on a mission can be (doctors, nurses afraid but still going to work); the strength in having purpose
- How costly loneliness is physically and mentally



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Part 2:

Looking at Depression Through the Medical Lens



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Treating Depression Medically: Medicating a Presumed “Brain Disease”

- The use of antidepressant medication (ADM) is the most common form of treatment;
- About 1 in 7 Australians currently take antidepressants;
- More than 3.5 million prescriptions for antidepressants were written in Australia last year, already one of the highest prescribing rates in the world and still growing by 4-5% per year;
- About 85% of the ADMs are prescribed by GPs;
- Medication has the highest rate of relapse of any single approach



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Study: No Genes to Predict “Mental Illness”

- A recent study of about 50,000 people at UCL Genetics Institute failed to find *any* genes that influenced “mental illness.”
- Other studies have found that genetics explains less than 1%, or at most 2.28%, of the risk for various psychiatric diagnoses.
- Curtis, D. (2021). Analysis of 50,000 exome-sequenced UK Biobank subjects fails to identify genes influencing the probability of developing a mood disorder resulting in psychiatric referral. *Journal of Affective Disorders*, 281, 216-219.
<https://doi.org/10.1016/j.jad.2020.12.025>



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Study Debunks the “Low Serotonin” Hypothesis of Depression

- In the most comprehensive review of the research on links between depression and serotonin ever carried out, researchers from the UK, Italy, and Switzerland looked at 17 major international reviews that had documented the findings from more than 260 studies involving 300,000 patients.
- The low serotonin theory of depression has been one of the most influential and heavily promoted biological theories of the origins of depression. This new “umbrella” study shows that this view is **not** supported by scientific evidence. It therefore calls into question the basis for prescribing antidepressants.
- Moncrieff, J., Cooper, R., Stockmann, T et al., (July 20, 2022). The serotonin theory of depression: A systematic umbrella review of the evidence. *Molecular Psychiatry*. <https://doi.org/10.1038/s41380-022-01661-0>



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How the “Umbrella” Serotonin Research Study Came to its Conclusions

- Comparing levels of serotonin and its breakdown products in the blood or brain fluid; **no difference found** between depressed and non-depressed
- Studying serotonin receptors that can transmit or inhibit serotonin’s effects; **no difference found** between depressed and non-depressed
- Studying the serotonin “transporter”; **no clear differences found**
- Artificially lowered serotonin levels in volunteer subjects; did **not** produce depression in hundreds of healthy volunteers
- Gene variation including the gene for making the serotonin transporter; **no difference found** between depressed and non-depressed



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Disproven Chemical Imbalance Theory Leads To Worse Psychotherapy Outcomes

The results of the study, which sampled individuals attending an intensive behavioral health program in the United States, found that the endorsement of the chemical imbalance theory of depression was associated with poorer expectations of treatment and lower perceived credibility. Additionally, the researchers found that a belief in biological causes for depression was predictive of a greater presence of depressive symptoms at the end of treatment.

Schroder, H. S., Duda, J. M., Christensen, K., Beard, C., & Björgvinsson, T. (November, 2020). Stressors and chemical imbalances: Beliefs about the causes of depression in an acute psychiatric treatment sample. *Journal of Affective Disorders*. 537-545.



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Disproven Chemical Imbalance Theory Leads To Worse Psychotherapy Outcomes

A second recent study provides further evidence that adopting the prevailing biological perspective that “depression is caused by a biochemical imbalance” and “educating” the client to this misleading notion leads to demonstrably poorer treatment outcomes

Telling depressed individuals that they have a “brain disease” that needs biological intervention is not only misleading but demotivates people to learn the cognitive and social skills known to not only reduce but even prevent depression.

Lebowitz, M., Dolev-Amit, T., & Zilcha-Mano, S. (2021). Relationships of biomedical beliefs about depression to treatment-related expectancies in a treatment-seeking sample. *Psychotherapy*. Advance online publication. <https://doi.org/10.1037/pst0000320>



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Safe and Effective? Not So Much...

- Up to 53% of individuals have trouble stopping their use due to severe withdrawal effects that can be misinterpreted as a depression relapse
- Generally, SSRIs, with a shorter half-life, seem to have worse withdrawal effects.
- James Cook University's College of Medicine undergraduate and postgraduate medical degrees have become the first in Australia to teach doctors how to help patients who want to safely reduce or stop taking antidepressants and other psychotropic medications.



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**Pills and
Surgery**

**Lifestyle
Change**



No Amount of Medication Can Teach Your Client:

- More effective coping skills
- More realistic attributional (explanatory) styles
- Healthier relationship styles
- More flexible and discriminative cognitive skills
- Sophisticated problem-solving skills
- More effective decision-making strategies
- How to build and maintain a support network
- How to transcend an adverse personal history
- How to build a realistic and motivating future



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Part 3:

Seeing Depression Through the Social Lens



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How the Most Common Mood Disorder Is
Spreading Around the World and How to Stop It

Depression Is Contagious

Michael D. Yapko, Ph.D.



Depression and Emotional Contagions: Ambiguity and Conformity

- Emotional contagion can be triggered by reading other people's facial expressions, by suggested emotional responses through inanimate means (emojis, even product reviews), and/or by observing other people's behavior in direct and indirect interactions
- A classic example: The Schacter-Singer experiment where Ss were injected with adrenaline; ambiguity's role;
- Therapists, fads of diagnosis and treatment, conforming to the “experts” views
- Expectations and placebos; Expectations are socially transmitted making placebo (and nocebo) responses possible
- Transgenerational risk factors and the increase in severity and prevalence from generation to generation.



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Number of teens who ‘don’t enjoy life’ has doubled with social media

- Nearly half of the 50,000 teens surveyed say they agree with phrases like “I can’t do anything right,” “I do not enjoy life” and “My life is not useful” — roughly twice as many as did just a decade ago.
- In fact, rates of teen depressive symptoms have increased dramatically since the mass popularization of the smartphone in the early 2010s.
- What about today’s depressed teens becoming tomorrow’s parents?



Problematic Social Network Use

- Social comparison
- Promotes over-general thinking (global cognition)
- Propensity to promote addictive behavior
- Substitutive use
- Trolling, cyberbullying, sexting, etc.



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Part 4:

What, Then, For Therapy?

Two key therapeutic targets:
Global cognitive style and past orientation



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The information overload combined with the common value of *image over substance* has shaped the global cognitive style that is an exceptionally strong risk factor for depression



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Global Cognitive Style

When you can't see the trees for the forest...



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Global Thinking *in the Symptom Context* Virtually Precludes the Ability to:

- Compartmentalize (e.g., contain anxiety, overcome trauma, differentiate emotions)
- Think linearly, sequentially, causally
- Maintain good interpersonal boundaries
- Make key discriminations



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Why do people make bad decisions that only serve to make their lives worse in some way(s)?

Depressed or not, what is inarguable is that ***the qualities of your decision-making process are the chief determinant of your quality of life***



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The Knowledge Illusion

The Discriminating Therapist:

Asking “How” Questions,
Making Distinctions,
and Finding Direction in Therapy



by

Michael D. Yapko, PhD

With a Foreword by Diane Yapko, MA

This is the essence of the Illusion of Explanatory Depth. Before trying to explain something, people feel they have a reasonable level of understanding; after explaining, (*or trying to*) they don't.

This is much of what makes the “how” question in your clinical interviews so important. (e.g., How do you know whether it's A or B?)



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A discrimination strategy is an ability to skillfully distinguish between two or more available options in a specific context



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Making Discriminations; How Do You Distinguish...

- What you are and are not in control of?
- When to “hold on” from when to “let go?”
- What you are and are not responsible for?
- When you can and cannot “trust your guts?”
- Realistic from unrealistic expectations?
- When to accept a personal limitation from when to strive to transcend it?
- Whether it’s a temporary setback to endure or a sufficient reason to give up?



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Can *You* Distinguish What Is and Is Not Controllable?

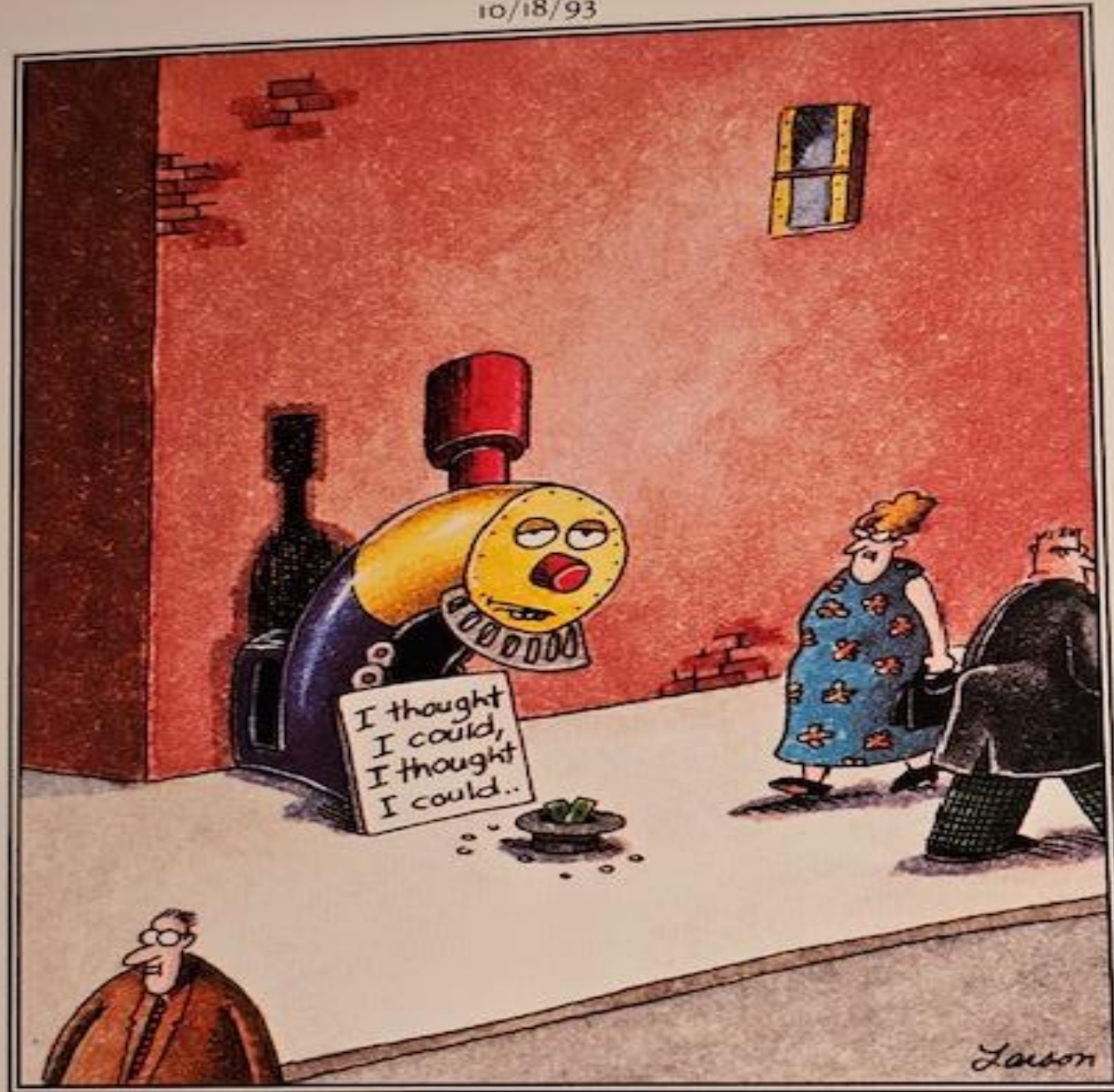
- ***Learned Helplessness***
- ***Illusion of control***

The challenge for clinicians: How do you determine what is and isn't controllable? How do you explain that to someone who lacks clarity about this discrimination?



**The Little Engine
That Could...
*Couldn't***

10/18/93



I'm a typical Jungian
archetype demonstrating
a variation of the
Apollo/Daphne complex
with repressed delusions.

I'm just
a guy
from Omaha.



**Discrimination: When
is it *useful analysis*,
and when is it *useless
rumination*?**

“The unexamined life isn’t worth living.”

Socrates

“Neither is the **over**-examined life.”

Yapko



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Temporal Orientation and Client Symptoms

- Depression is largely past-oriented as individuals typically hash and re-hash life's hurts and failures and use their past hurts to predict future hurts as well.
- Impulse disorders are, by definition, a self-destructive “live for this present moment” approach to making choices.
- Anxiety is generally future-oriented, anticipating harms of one sort or another as though they are inevitable and imminent.
- These are obviously generalizations, but they have considerably more than a kernel of truth in them.



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Future Temporal Orientation and Lifestyle Implications

Future oriented people tend to be:

- more successful
- better at making healthy lifestyle choices
- better at career planning
- better at saving money for a “rainy day,” (i.e., if you were to become ill or lose your job)



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The Merits of a Future Orientation... But the Limitations in Affective Forecasting

- When people look ahead to the future, they not only predict what will happen, they also predict their emotional reactions to future events. This process is known as affective forecasting, and a substantial body of work indicates that it is remarkably error-prone.
- People typically overestimate both how bad they will feel if a negative event occurs and how good they will feel if a positive event occurs



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Part 5:

Prevention, Elephants, and the World at Large



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Most of the depressed clients I've seen had ample time to act preventively, but missed the opportunity...

Primarily because it came disguised as *inconvenience*



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Prevention Opportunities

- Expanding diagnostic opportunities (but beware of the “diagnostic creep”)
- Addressing sleep issues
- Encouraging physical exercise
- Working with couples and families; to reduce the transgenerational risk factors
- Screening for postpartum depression
- Identifying children at risk
- Teaching social (e.g., empathy as in Denmark) and problem-solving skills
- Emphasizing and practicing foresight



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Kudos to Finland for Teaching Critical Thinking Skills

- Finland has prioritized information literacy and strong critical thinking skills in its school curricula for nearly a decade.
 - In math classes: **how people can lie using statistics.**
 - In history classes: **study propaganda campaigns.**
 - In art classes: **learn how images and symbolism can be manipulated to provoke extreme reactions.**
- The Media Literacy Index by the European Policies Initiative of the Open Society Institute – “Sofia” - assesses the resilience potential to misinformation and disinformation in **35** European countries. **Finland is ranked at the top of the list** and is considered best equipped to withstand the impact of so-called “fake news.”
(see www.osis.bg to review relevant publications).



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Kudos to Denmark for Teaching Empathy

- Denmark, ranked the land of the second happiest people in the world (behind Finland) in international surveys, takes empathy seriously, considering it a core component of happiness social skill, and connection
- An hour of empathy-building in school each week is a **required** part the national curriculum for all kids aged 6 to 16.
- Kids share a problem, and the entire class focuses on providing help, learning critical thinking and problem-solving skills along the way
- There are lessons to be learned from this non-violent culture



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We Can Value Systemic AND Linear Thinking

Identifying and teaching effective sequences- a focus on HOW people can do better rather than focusing on WHY they don't.

My emphasis on **sequencing skills** drew me into an alien context where the implications were profound...it's a BIG story!



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Safety Issues in Elephant Management

MICHAEL D. YAPKO
WILLIAM CAMPBELL

The Zoological Society of San Diego has employed the authors to establish an elephant management program at its San Diego Wild Animal Park. As one of only three captive breeding programs in the United States, the necessity to establish humane elephant handling methods that are also safe for the handlers is vital to the program's success. The program's intents and methods are described in this article. Captive breeding is seen as a necessary step in elephant conservation due to the poaching of elephants for their ivory.

In July of 1989, the Zoological Society of San Diego took an innovative and urgently needed step in the management of its elephant population. It hired two psychologists — us — to establish an Elephant Safety Program insuring both humane treatment of the elephants and safety for their keepers. The Society runs both the famed San Diego Zoo and its nearby sister facility The San Diego Wild Animal Park (SDWAP). While the zoo is the more well known and frequently visited tourist attraction because of its greater diversity of display animals, the SDWAP is the center of the research and conservation efforts of the Society. The SDWAP has been enormously successful in breeding many endangered species, and is considered by many in the zoological world to be the premier facility of its kind. Unlike the physically smaller San Diego Zoo, animals at the SDWAP have wide ranges of land to roam, mimicking

the SDWAP Elephant Department. The fact that the elephant is dangerous. handlers occur all too frequently simply not readily available, need for more skilled handlers, training willing keepers who commitment to the elephant the course of their duties is these needs, we have created a handlers in efficient and humane

The program is a multi-day course learning, guided independent learning enhancers, and an in the fact that the Elephant Department thus requiring an assimilation trainers. **A primary emphasis program ELEPHANT-CENTERED.** In other words, **elephant awareness of and respect for idiosyncrasies of each elephant, individuals and with human of their behavior needs. The relationship can evolve with the breeding, and the hope of elephants and when conditions permit safe**

In our roles as observers and

Conclusion



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My address this morning is an invitation...and an acknowledgment of how far we've come

- Is the goal of therapy to diminish pathology or amplify strengths?
- Should our focus primarily be on the past or the future?
- Are we better off defining depression in biological or social terms?
- Can we afford to focus on only one client at a time? APS has been excellent in its advocacy efforts, and Mindset Health has made my mental health app **Clarria** available 24/7 to clients and **free to health care professionals** so they can see the value of recommending the program to their patients. (Visit their booth)
- Remember the elephants! Our skills are more relevant in wider arenas than we may realize



If You Can Walk, You Can Dance; If You Can Talk, You Can Sing

A Zimbabwe tribal saying



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Thank you for your kind attention!



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