

Introduction to the Special Issue on Exceptional Canadian Contributions to Research in Depression

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Major Depressive Disorder is a highly prevalent, recurrent, and debilitating condition, affecting more than 264 million individuals worldwide. Canadian researchers have made significant contributions to the scientific understanding and treatment of depression. For example, Canada ranks first in the world on the number of articles published on depression (and second on papers determined to be Highly Cited in Field) when considering the proportion of researchers in each country. Canadian psychologists have played a critical role in advancing our knowledge of the epidemiology, vulnerability, treatment, and prevention of depression. This special issue presents a series of state-of-the-art empirical reviews that highlight many of the important contributions—covering cognitive vulnerability, perfectionism, epidemiology, cognitive behavioral therapy (CBT), mindfulness, and emotion-focused therapy—that Canadian psychologists have made to our understanding of depression. Some of the key themes from these reviews are summarized in this editorial. Aside from featuring outstanding scholarship, this special issue also serves as a tribute honoring the monumental contributions that many Canadian psychologists have made and as a catalyst to inspire next generation of depression researchers in Canada.

Public Significance Statement

Canadian researchers have made important contributions to the understanding, treatment, and prevention of depression. For example, Canada ranks first in the world when one considers the number of articles published on depression (controlling for the proportion of researchers in each country). This introductory article summarizes the state-of-the-art reviews in this special issue.

Keywords: depression, cognitive vulnerability, perfectionism, CBT, psychotherapy

Canadian Contributions to Research in Depression

Major depressive disorder (MDD) is a highly prevalent, recurrent, and debilitating condition, associated with significant cognitive, emotional, behavioural, somatic, and social impairments (American Psychiatric Association [APA], 2013). As described in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013), MDD is a heterogeneous cluster of symptoms characterized by two key features: depressed mood or markedly diminished interest or pleasure in most activities. Additional symptoms include concentration difficulties, fatigue, disturbances with sleep and appetite/weight, psychomotor slowing or agitation, worthlessness or excessive guilt, and suicidal ideation, attempted suicide or recurrent thoughts of death. DSM-5 criteria require that a minimum of five out of nine symptoms are present and cause notable distress or impairment nearly every day for a period of at least 2 weeks.

According to the World Health Organization (WHO, 2020), more than 264 million individuals worldwide experience depression, a disorder which is increasingly considered as a global health priority (Cuijpers et al., 2012). The 1-year prevalence rate of depression in Canada is 4.7%, and the lifetime prevalence rate is approximately 11% (Knoll & MacLennan, 2017). It is possible that these rates will be substantially higher following the echo pandemic (i.e., a rise in the mental disorders and mental health issues as a result of coronavirus disease (COVID-19; Dozois & Mental Health Research Canada, 2021; Ettman et al., 2020), although recent data suggest that rates of psychological distress, which increased early during the outbreak, have largely returned to pre-pandemic levels attesting to resilience of many individuals (Aknin, De Neve et al., 2021; Aknin, Zaki, & Dunn, 2021).

Depression is also a highly recurrent disorder (Pettit et al., 2013; Verduijn et al., 2017). Between 50% and 90% of individuals with depression experience multiple subsequent episodes (Klein & Allmann, 2014) with the risk of recurrence increasing with each episode. Approximately 50% of individuals experience a recurrence within 1 year of recovery after an initial episode of depression; this figure increases to 60% after a second episode and rises to 70%–90% after further episodes (Bucusa & Iacono, 2007; Keller & Boland, 1998; Solomon et al., 2000).

MDD is associated with numerous negative outcomes, including impaired interpersonal and occupational functioning, poor quality of life, and death by suicide. Depression is currently the leading cause of disability worldwide (WHO, 2020), resulting in an economic cost of over \$32 billion in Canada (Conference Board of Canada, 2016).

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Canadian researchers have made remarkable contributions to the science of depression. To illustrate, the Web of Science was searched using the Medical Subject Headings (MeSH) terms depression OR “depressive disorder.” The following indexes were included in this search: Science Citation Index Expanded; Social Sciences Citation Index; Arts and Humanities Citation Index; Conference Proceedings Citation Indexes; and Emerging Sources Citation Index. Figure 1 shows the number of articles published from 1901 to March 2021 (acquiring information from the affiliation field of papers). Out of the 535,486 records in the database for all years covered (1901–2021), Canada ranks fourth in absolute terms (not adjusted for number of researchers or overall population). The Organisation for Economic Co-Operation and Development (OECD, 2021) database was used to determine the number of researchers in each country. Although it was not possible to ascertain the number of researchers who study depression per se in each country specifically from this data base, Canada ranks first when the number of publications proportional to the number of researchers per country are considered.

Web of Science also includes citation counts and has an algorithm for what is considered “Highly Cited in Field” papers. The top cited countries in this category are shown in Figure 2. When considering the papers determined to be Highly Cited in Field over all of the years in the database, Canada has 369 of the 3,017 records, again ranking fourth. After controlling for the number of researchers in each country, Canada ranks second in this category.

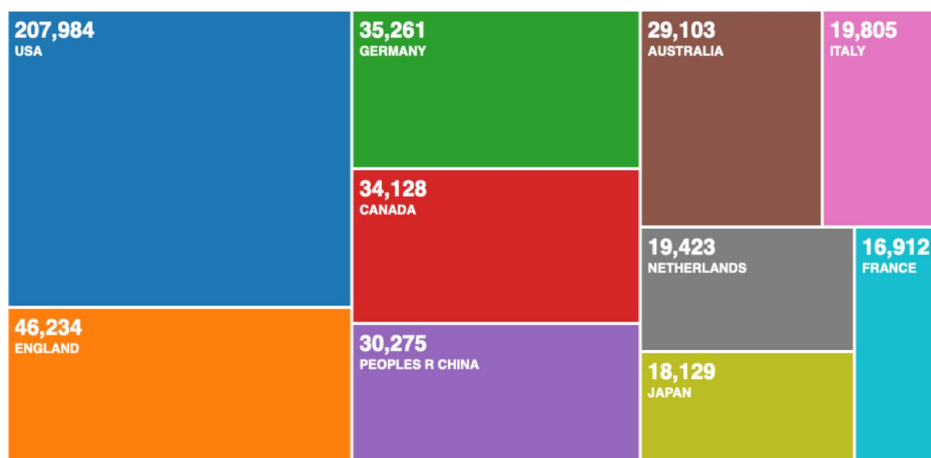
As this special issue demonstrates, Canadian psychologists have played a critical role in advancing our knowledge of the epidemiology, vulnerability, treatment, and prevention of depression. This special issue features a series of state-of-the-art reviews that highlight many of the important contributions that Canadian psychologists have made to our understanding of depression. Each article focuses on a different aspect of depression research of which Canadian psychologists have been at the forefront, highlights the significant empirical findings from Canadian scientists, and provides directions for future research.

In 1998, Dr. David A. Clark (University of New Brunswick) guest edited a special issue on this topic in the *Canadian Journal of Behavioural Science*. Most of the articles in this special issue were individual empirical papers covering a broad range of topics, examining self-schemas, perfectionism, gender differences, the self-reported symptoms in adolescents, sociotropy/autonomy, and depressive realism (Clark, 1998). The current special issue differs in that it delivers a series of state-of-the-art reviews of empirical research which permit broader coverage of topics than a series of empirical papers is able to. In addition, there have been so many advances since the publication of the previous special issue 22 years ago, and so many stellar Canadian contributions to the science of depression. Thus, although complementary, the current issue provides an important update and extension of this work. Finally, this special issue is timely and important as a number of Canada’s ground-breaking depression psychological scientists are quickly approaching retirement (or have recently retired)—aside from featuring outstanding scholarship, the current issue is, in part, also a tribute honoring the work that these Canadian scientists have accomplished and the monumental contributions they have made. The papers in this special issue cover Canadian contributions to cognitive vulnerability to depression, the epidemiology of depression in parents with young children, the relation between perfectionism and depression, and psychological treatments that Canadian psychologists have played a pivotal role in developing and evaluating (e.g., cognitive behavioral therapy [CBT], behavioral activation, mindfulness-based cognitive therapy, emotion-focused therapy).

Dozois and Hayden (2022) argue that Canadian psychologists have made significant contributions to the understanding of cognitive vulnerability to depression for more than 4 decades. These researchers highlight seminal depression research in the areas of cognitive products (e.g., dysfunctional attitudes), cognitive operations/processes (e.g., attention, encoding, and memory biases), and cognitive structures (i.e., cognitive organization). They also chart new directions for research that will advance the field and our

Figure 1

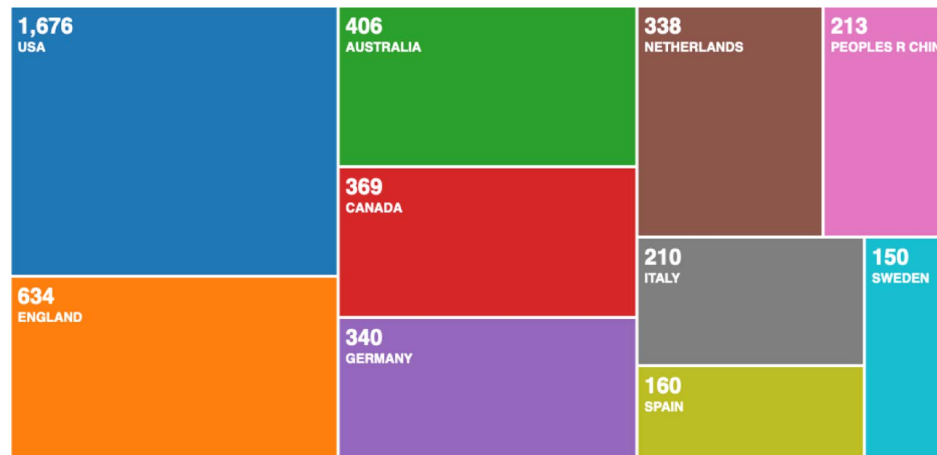
Number of Records in the Database for All Years Covered (1901–Present) in the Top 10 Countries



Note. Canada ranks fourth in overall productivity; controlling for the number of researchers in each country using the OECD (2021) database, Canada ranks first. See the online article for the color version of this figure.

Figure 2

Number of Records in the Database for All Years Covered (1901–Present) for Papers Determined to Be Highly Cited in Field



Note. Canada ranks fourth overall the Highly Cited in Field category; controlling for the number of researchers in each country using the OECD (2021) database, Canada ranks second. See the online article for the color version of this figure.

understanding of cognitive vulnerability including the need to (a) develop more integrative models of psychopathology; (b) test causal mechanisms and assess the incremental validity of various indices of cognitive vulnerability; (c) refine measurement approaches; and (d) pay greater attention to culturally sensitive models of cognitive vulnerability to depression.

Clément et al. (2022) discuss depressive symptoms experienced by parents during the perinatal period and the ramifications for parental engagement and childhood development. For example, Canadian research has demonstrated that depressive symptoms experienced by mothers in the early years of a child's life are a risk factor for later internalizing and externalizing problems. Depressive symptoms experienced by fathers during a child's early development are associated with impaired attachment relationships and the development of socioemotional problems. Clément et al. identify several factors associated with increased parental depression in the perinatal and postpartum period. These researchers also highlight important limitations of the extant literature (e.g., that most studies fail to consider the temporal scope of depressive symptoms beyond a year after a child's birth and that the mental health of fathers is typically disregarded in the empirical research). This article reviews Canadian studies that have documented the prevalence of depressive symptoms in mothers and fathers following the birth of the child into adulthood. Clément et al. also present the results from two cross-sectional population surveys of mothers and fathers in Québec, examining the predictive links between parental depressive symptoms and individual, family, and socioeconomic variables.

Hewitt et al. (2022) review decades of research on perfectionism and emphasize the Comprehensive Model of Perfectionistic Behavior as a means to better understand the multidimensional and multilayered trait, interpersonal, and intrapersonal components of perfectionistic personality. In addition, Hewitt et al. review studies that demonstrate how individuals with perfectionism present with greater risk for developing depression via increased exposure and

reactivity to stress (stress generation, stress perpetuation, and stress enhancement). They also highlight how perfectionism can impede the access to and efficacy of psychological treatments and describe a dynamic relational treatment that targets perfectionism and reduces depressive symptoms.

Quilty et al. (2022) outline the critical role that Canadian psychologists have played in the development, evaluation, and dissemination of CBT for depression. Almost from their inception, Canadian psychologists have been integrally involved in the development of cognitive behavioral treatments for depression and the evaluation of its efficacy and effectiveness. Canadian psychologists have also been key players in advancing research and extending the application of CBT for depression to special populations such as individuals with insomnia, perimenopausal or postmenopausal women, persons with various physical health conditions, and older adults. Moreover, Canadian psychologists have been at the forefront of exploring technology-facilitated CBT interventions to increase access to care. Quilty et al. also point out that Canadian psychologists have contributed importantly to our understanding of some of the mediators and moderators (e.g., cognition, personality, interpersonal factors) of CBT outcome. Important future directions for the study of CBT for depression, and strategies to enhance access to care, disseminate and mobilize knowledge, and educate and train in CBT are discussed.

Shamblaw and Segal (2022) discuss how mindfulness-based cognitive therapy (MBCT) was developed by Dr. Zindel Segal (University of Toronto) and his colleagues as a strategy for helping individuals with remitted depression manage mood-related cognitive reactivity to prevent the risk of relapse (Segal et al., 2013). MBCT helps clients to change their *relationship* to their thoughts (by simply observing thoughts instead of modifying the content of thoughts) to disrupt mood-linked ruminative thought patterns. These researchers review the efficacy of MBCT and putative psychological and neurophysiological mechanisms of change. They also highlight a

number of important Canadian contributions that have applied MBCT to perinatal depression, mood and stress symptoms and coping in oncology patients, anxiety and related disorders, and self-regulation skills in children and adolescents.

Finally, Greenberg and Watson (2022) highlight the conceptual underpinnings and efficacy of another evidence-based approach to treating depression that was developed in Canada: emotion focused therapy. They also review research that has examined the proposed mechanisms of change, including the role of emotion and the importance of the therapeutic relationship.

It is important to point out that this special issue covers only a small portion of the exceptional work that Canadian psychologists have accomplished in depression. Although there was an open call for papers, the submissions that were received provide only a sample of the contributions Canadian researchers have made. For example, outstanding work has been conducted by Dr. Kate Harkness (Queen's University) examining the impact of life stress in depression (e.g., Harkness & Monroe, 2016); the late Dr. John Abela (McGill University) who studied rumination and tested cognitive vulnerability models (e.g., the weakest link hypothesis; Abela & Sarin, 2002) in Canadian and Chinese youth (e.g., Auerbach et al., 2010); Dr. Andrew Ryder (Concordia University) who has investigated how culture shapes the experience and expression of emotional disorders (e.g., Ryder et al., 2012); Dr. David Zuroff (McGill University) who has investigated personality and interpersonal variables associated with depression (e.g., Zuroff et al., 2017); Dr. R. Michael Bagby (University of Toronto) who has explored personality dimensions in depression (e.g., Bagby et al., 2013); Dr. Brett Thombs (McGill University) who has focused on the screening and assessment of depression (e.g., Thombs et al., 2018); Dr. Marlene Moretti (Simon Fraser University) who has contributed to our understanding of sex and gender differences, attachment, and self-regulation in depression (e.g., Moretti & Higgins, 1990); Dr. Margaret Lumley (Guelph University) who has studied the impact of early maltreatment in depression and the importance of positive self-schemas (e.g., Lumley & McArthur, 2016); Dr. Shadi Beshai (University of Regina) who has investigated cognitive behavioral therapy and relapse prevention in depression (e.g., Beshai & Dobson, 2014); Drs. David Dunkley (McGill University) and Simon Sherry (Dalhousie University) who have examined the relations between perfectionism and depression (e.g., Dunkley et al., 2020; Sherry et al., 2013); and countless other university- and hospital-based psychologists who have made outstanding contributions to research in depression.

I hope that the readers of the *Canadian Journal of Behavioural Science* will enjoy reading the articles in this special issue, that the manuscripts will provide a sense of the breadth and depth of Canadian contributions to the science of depression, and that this issue will inspire the next generation of depression researchers. Clark (1998) stated that he hoped that “over the next two decades Canadian psychologists will have the opportunity to be as prolific in their research contributions to understanding the psychological problem of depression as they have been over the past two decades” (p. 211). As this special issue demonstrates, Canadian psychologists have answered this call for a proliferation of research, significantly advanced our understanding of depression, and continue to advance the science of depression. Given that the best predictor of future behavior is past behavior (but see Franklin, 2013), I expect that there will continue to be meteoric innovations and developments in our

knowledge base over the next 20 years, and that Canadian scientists will continue to be at the forefront of this important work.

Résumé

La dépression majeure (aussi appelée « dépression clinique ») est un trouble très répandu, périodique et débilitant qui touche plus de 264 millions d'individus de par le monde. Les chercheurs et les chercheuses du Canada ont grandement contribué aux connaissances scientifiques sur la dépression et sur ses traitements. Par exemple, le Canada est au premier rang dans le monde pour le nombre d'articles publiés sur la dépression (et au deuxième rang parmi les plus cités dans le domaine) lorsqu'on tient compte de la proportion de chercheurs dans chaque pays. Les psychologues canadiens ont joué un rôle déterminant dans l'avancement des connaissances sur l'épidémiologie, la vulnérabilité, le traitement et la prévention de la dépression. Ce numéro spécial présente des revues de haut niveau qui mettent en relief plusieurs des importantes contributions — concernant la vulnérabilité cognitive, le perfectionnisme, l'épidémiologie, la thérapie cognitivo-comportementale (TCC), la pleine conscience, la thérapie centrée sur les émotions — faites par les psychologues canadiens pour améliorer notre compréhension de la dépression. Certains des principaux thèmes de ces revues sont présentés sommairement dans cet éditorial. En plus de mettre en relief certains des chercheurs remarquables, cette livraison spéciale sert aussi d'hommage à plusieurs psychologues canadiens aux contributions monumentales qui ont, en outre, été des sources d'inspiration pour la prochaine génération de chercheurs au pays sur la dépression.

Mots-clés : dépression, vulnérabilité cognitive, perfectionnisme, TCC, psychothérapie

References

- Abela, J. R. Z., & Sarin, S. (2002). Cognitive vulnerability to hopelessness depression: A chain is only as strong as its weakest link. *Cognitive Therapy and Research*, 26, 811–829. <https://doi.org/10.1023/A:1021245618183>
- Aknin, L., Zaki, J., & Dunn, E. (2021). The pandemic did not affect mental health the way you think: The world's psychological immune system turned out to be more robust than expected. *The Atlantic*. <https://www.theatlantic.com/ideas/archive/2021/07/covid-19-did-not-affect-mental-health-you-think/619354/>
- Aknin, L. B., De Neve, J. E., Dunn, E. W., Fancourt, D., Goldberg, E., Helliwell, J., Jones, S., Karam, E., Layard, R., Lyubomirsky, S., Rzepa, A., Saxena, S., Thornton, E., VanderWeele, T., Whillans, A., Zaki, J., Caman, O. K., & Amor, Y. B. (2021). Mental health during the first year of the COVID-19 pandemic: A review and recommendations for moving forward. *Perspectives on Psychological Science*. Advance online publication. <https://doi.org/10.31234/osf.io/zw93g>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Auerbach, R. P., Eberhart, N. K., & Abela, J. R. Z. (2010). Cognitive vulnerability to depression in Canadian and Chinese adolescents. *Journal of Abnormal Child Psychology*, 38, 57–68. <https://doi.org/10.1007/s10802-009-9344-y>
- Bagby, R. M., Watson, C., & Ryder, A. G. (2013). Depressive personality disorder and the five-factor model. In T. A. Widiger & P. T. Costa, Jr. (Eds.), *Personality disorders and the five-factor model of personality* (3rd ed., pp. 179–192). American Psychological Association. <https://doi.org/10.1037/13939-012>

- Beshai, S., & Dobson, K. S. (2014). A cognitive behavioral road map for relapse prevention in depression. In S. G. Hofmann, D. J. A. Dozois, W. Rief, & J. A. J. Smits (Eds.), *The Wiley handbook of cognitive behavioral therapy* (Vol. 1–3, pp. 379–395). Wiley.
- Burcusa, S. L., & Iacono, W. G. (2007). Risk for recurrence in depression. *Clinical Psychology Review, 27*(8), 959–985. <https://doi.org/10.1016/j.cpr.2007.02.005>
- Clark, D. A. (1998). Canadian perspectives on research in depression. *Canadian Journal of Behavioural Science, 30*(4), 207–212. <https://doi.org/10.1037/h0092526>
- Clément, M.-E., Piché, G., & Villatte, A. (2022). Symptômes dépressifs vécus par les parents dans la population générale : état des travaux québécois et canadiens. *Canadian Journal of Behavioural Science, 54*(2), 107–120. <https://doi.org/10.1037/cbs0000298>
- Conference Board of Canada. (2016). *Unmet mental health care needs costing Canadian economy billions*. <https://www.newswire.ca/news-releases/unmet-mental-health-care-needs-costing-canadian-economy-billions-591988711.html>
- Cuijpers, P., Beekman, A. T. F., & Reynolds, C. F., III. (2012). Preventing depression: A global priority. *Journal of the American Medical Association, 307*(10), 1033–1034. <https://doi.org/10.1001/jama.2012.271>
- Dozois, D. J. A., & Mental Health Research Canada. (2021). Anxiety and depression in Canada during the COVID-19 pandemic: A national survey. *Canadian Psychology, 62*(1), 136–142. <https://doi.org/10.1037/cap0000251>
- Dozois, D. J. A., & Hayden, E. P. (2022). Exceptional Canadian contributions to research on cognitive vulnerability to depression. *Canadian Journal of Behavioural Science, 54*(2), 96–106. <https://doi.org/10.1037/cbs0000301>
- Dunkley, D. M., Starrs, C. J., Gouveia, L., & Moroz, M. (2020). Self-critical perfectionism and lower daily perceived control predict depressive and anxious symptoms over four years. *Journal of Counseling Psychology, 67*(6), 736–746. <https://doi.org/10.1037/cou0000425>
- Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA Network Open, 3*(9), Article e2019686. <https://doi.org/10.1001/jamanetworkopen.2020.19686>
- Franklin, K. (2013). The best predictor of future behavior is . . . past behavior. *Psychology Today*. <https://www.psychologytoday.com/ca/blog/witness/201301/the-best-predictor-future-behavior-is-past-behavior>
- Greenberg, L. S., & Watson, J. C. (2022). Emotion-focused therapy for depression: Canadian contributions. *Canadian Journal of Behavioural Science, 54*(2), 152–162. <https://doi.org/10.1037/cbs0000317>
- Harkness, K. L., & Monroe, S. M. (2016). The assessment and measurement of adult life stress: Basic premises, operational principles, and design requirements. *Journal of Abnormal Psychology, 125*(5), 727–745. <https://doi.org/10.1037/abn0000178>
- Hewitt, P. L., Smith, M. M., Ge, S. Y. J., Mössler, M., & Flett, G. L. (2022). Perfectionism and its role in depressive disorders. *Canadian Journal of Behavioural Science, 54*(2), 121–131. <https://doi.org/10.1037/cbs0000306>
- Keller, M. B., & Boland, R. J. (1998). Implications of failing to achieve successful long-term maintenance treatment of recurrent unipolar major depression. *Biological Psychiatry, 44*(5), 348–360. [https://doi.org/10.1016/S0006-3223\(98\)00110-3](https://doi.org/10.1016/S0006-3223(98)00110-3)
- Klein, D. N., & Allmann, A. E. S. (2014). Course of depression: Persistence and recurrence. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 64–83). Guilford Press.
- Knoll, A. D., & MacLennan, R. N. (2017). Prevalence and correlates of depression in Canada: Findings from the Canadian Community Health Survey. *Canadian Psychology, 58*(2), 116–123. <https://doi.org/10.1037/cap0000103>
- Lumley, M. N., & McArthur, B. A. (2016). Protection from depression following emotional maltreatment: The unique role of positive schemas. *International Journal of Cognitive Therapy, 9*(4), 327–343. https://doi.org/10.1521/ijct.2016.09_14
- Moretti, M. M., & Higgins, E. T. (1990). Relating self-discrepancy to self-esteem: The contributions of “discrepancy” beyond global self-esteem. *Journal of Experimental Social Psychology, 26*(2), 108–123. [https://doi.org/10.1016/0022-1031\(90\)90071-S](https://doi.org/10.1016/0022-1031(90)90071-S)
- Organisation for Economic Co-Operation and Development. (2021). *Researchers (indicator)*. Retrieved March 20, 2021, from https://www.oecd-ilibrary.org/industry-and-services/researchers/indicator/english_20ddf0f0f-en
- Pettit, J. W., Hartley, C., Lewinsohn, P. M., Seeley, J. R., & Klein, D. N. (2013). Is liability to recurrent major depressive disorder present before first episode onset in adolescence or acquired after the initial episode? *Journal of Abnormal Psychology, 122*(2), 353–358. <https://doi.org/10.1037/a0032655>
- Quilty, L. C., Quigley, L., & Dobson, K. S. (2022). Canadian contributions to cognitive behavioural therapy for depression. *Canadian Journal of Behavioural Science, 54*(2), 132–141. <https://doi.org/10.1037/cbs0000293>
- Ryder, A. G., Sun, J., Zhu, X., Yao, S., & Chentsova-Dutton, Y. E. (2012). Depression in China: Integrating developmental psychopathology and cultural-clinical psychology. *Journal of Clinical Child and Adolescent Psychology, 41*(5), 682–694. <https://doi.org/10.1080/15374416.2012.710163>
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse* (2nd ed.). Guilford Press.
- Shamblaw, A. L., & Segal, Z. (2022). Mindfulness meditation in the long-term management of mood disorders: Contributions by Canadian researchers. *Canadian Journal of Behavioural Science, 54*(2), 142–151. <https://doi.org/10.1037/cbs0000286>
- Sherry, S. B., MacKinnon, A. L., Fossum, K., Antony, M. M., Stewart, S. H., Sherry, D. L., Nealis, L. J., & Mushquash, A. R. (2013). Perfectionism, discrepancies, and depression: Testing the perfectionism social disconnection model in a short-term, four-wave longitudinal study. *Personality and Individual Differences, 54*(6), 692–697. <https://doi.org/10.1016/j.paid.2012.11.017>
- Solomon, D. A., Keller, M. B., Leon, A. C., Mueller, T. I., Lavori, P. W., Shea, M. T., Coryell, W., Warshaw, M., Turvey, C., Maser, J. D., & Endicott, J. (2000). Multiple recurrences of major depressive disorder. *The American Journal of Psychiatry, 157*(2), 229–233. <https://doi.org/10.1176/appi.ajp.157.2.229>
- Thombs, B. D., Kwakkenbos, L., Levis, A. W., & Benedetti, A. (2018). Addressing overestimation of the prevalence of depression based on self-report screening questionnaires. *Canadian Medical Association Journal, 190*(2), E44–E49. <https://doi.org/10.1503/cmaj.170691>
- Verduijn, J., Verhoeven, J. E., Milaneschi, Y., Schoevers, R. A., van Hemert, A. M., Beekman, A. T. F., & Penninx, B. W. J. H. (2017). Reconsidering the prognosis of major depressive disorder across diagnostic boundaries: Full recovery is the exception rather than the rule. *BMC Medicine, 15*, Article 215. <https://doi.org/10.1186/s12916-017-0972-8>
- World Health Organization. (2020). *Depression*. <https://www.who.int/news-room/fact-sheets/detail/depression>
- Zuroff, D. C., McBride, C., Ravitz, P., Koestner, R., Moskowitz, D. S., & Bagby, R. M. (2017). Autonomous and controlled motivation for interpersonal therapy for depression: Between-therapists and within-therapist effects. *Journal of Counseling Psychology, 64*(5), 525–537. <https://doi.org/10.1037/cou0000239>

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