With reference to one specific disorder, critically consider how EITHER biological OR psychological models can explain the aetiology of mental illness.

**Intro**

Major depression is an affective disorder characterized by anergia, anhedonia, and subjective low mood (American Psychiatric Association, 2015) that affects roughly 350 million people worldwide (Wold Health Organization, 2012). While biological models solely focus on neurotransmitters and genetics, psychological models address the other areas of functioning that are implicated in depression. This essay will explain three psychological models of depression and evaluate their limitations.

**Cognitive Model**

Beck proposed a developmental and a maintenance model of depression (1979). In this model, core beliefs developed from key life experiences, specifically loss and rejection, predispose an individual to depression. Subsequent life experience can trigger activation to those beliefs resulting in the development of depression. Depression is then maintained via negative automatic thoughts (NATs). NATs operate in a vicious cycle wherein these thoughts lead to unhelpful behaviours and low mood; this in turn reinforces and causes further negative thoughts.

Cognitive behavioural therapy (CBT) is based upon his model of depression. Meta-analysis of CBT supports the validity of the cognitive model, with effect sizes in the medium to large range (Hofmann et al., 2012).

**Attachment Model**

The psychosocial attachment theory of Ainsworth posits that early life rejection, particularly by primary caregivers, is linked to insecure attachment and consequent later life depression (Pattem et al., 1993). Attachment is a strong disposition to seek proximity to and contact with a certain specific figure and to do so in certain situations, notably when frightened, tired or ill; it is a lasting psychological connectedness (Bowlby, 1969). Due to early experiences of abandonment and/or rejection, individuals develop a consequent negative internal working model. The internal working model is a set of expectations and beliefs about oneself and others (Bretherton & Munholland, 1999). Individuals with insecure attachment styles may see themselves as unlovable and unworthy of secure affectional ties (Sable, 2000). In adulthood, this manifests itself in adulthood as self-criticism and excessive reassurance seeking; this leads to turbulent relationships and depression (Pattem et al., 1993).

Attachment based therapy has successfully been shown to create secure attachment and shift the internal working model to allow for creation of healthy relationships and a decrease in depressive symptomology (Reiner et al., 2016).