Critically discuss the role of EITHER psychological or psychosocial interventions in working with ONE psychiatric disorder

Intro

Major depression is an affective disorder characterized by anergia, anhedonia, and subjective low mood (American Psychiatric Association, 2015). While antidepressant medications have a role in treating the biological aetiology of depression, psychological therapies address the other areas of functioning that are dysregulated in depression. This essay will demonstrate the role of psychological therapies for depression in cognition, relationships, and behaviour in the context of Cognitive behavioural therapy, attachment based therapy, and behavioural therapy.

Cognition

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) disrupts this vicious cycle by teaching an individual how to recognize and restructure negative automatic thoughts. The therapist and client work together to evaluate the negative thought by finding evidence for and against the thought (Bennet-Levy, 2004). The evidence against the thought is then used to challenge the negative thought and come up with an alternative, more helpful belief. This belief can then be tested in the real world via behavioural experiment, solidifying learning and understanding (Greenberger & Padesky, 1995). The outcome of this therapy is the ability to appraise and alter cognitions from those that are negative and perpetuative of depressive feelings to those that are healthy and balanced.

Relationships

Depression has also been linked to insecure attachment (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 an insecure attachment style, which 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 focuses on improving interactions with and balancing expectations of others in order to alleviate psychological symptoms.

The therapeutic relationship is an area for the client and therapist to explore the client’s pattern of how he or she relates to another person. The working model of therapeutic relationship eventually exerts dominance over hurtful experiences and models of the past, countering the patient’s image of himself as unlovable and unworthy of secure affectional ties (Sable, 2000). Through this process, attachment strategies become more secure and the internal working model optimizes the client’s emotional regulation.