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The ambiguity of psychological disorders, the lack of clear cut symptoms to diagnose, and the variety of responses that different patients exhibit leads me to believe that the most important part of a treatment plan is the question of trust as it pertains to the relationship between the patient and the therapist. The book refers to this as therapeutic alliance on page 637. Unlike a broken arm, finding the fraction in a broken mind takes time and much educated guessing. Providing the environment in which the patient can feel protected and respected, in my mind, is paramount. I question how effective the stereotypical analyst with a goatee, a pad of paper, and a leather couch can seem in Brooklyn, S.E. DC., or maybe even the marine base at Quantico. An intercity youth with depression my feel far more comfortable sitting in a foldup chair in the church basement then a lying on a sofa in an office with pastel colored walls. As I contemplate the idea of being a mental professional, knowing that we are, for the most part, talking about emotions, thoughts, and ideas, the urban slang “Do you feel me?” comes to my mind.

Now that we have set up my office, the next order of business may be biomedical. It is true that over prescription of drugs is an issue but it still stands that all things being equal, the simplest answer is the best answer. Talking about past relationships or trying to cultivate positive outlook for the future seem superfluous in the presence of a basic chemical or hormonal imbalance. Therefore, without jumping to drug therapy, a biomedical evaluation could be a good starting point. The case of lithium salt and its effects as a mood stabilizer on page 678 is a great example.

Now to the subject of depression. I imagine that towards the end of a successful treatment period the patient will gain insight to the source of this illness, which is important in trying to preventing it. Nevertheless, my immediate focus would be on alleviating the existing depressed mood. Using active listening techniques, I allow the patient to talk and use this opportunity to reinforce the fact that I am committed to understanding and helping without judgment. Now that my patient feels his/her feeling have been heard I start setting the expectations and demonstrating a two-prong course of treatment:

Joe, you might not realize this but you started taking steps toward recovery long before coming to see me today. As we move forward, I will serve as your guide. I will help you discover how powerful you are in controlling your mood. Without my help, either all by yourself or with the help of loved ones around you, you made the decision that feeling depressed is not healthy. You made the distinction between simple laziness and becoming emblazed by depression. Moreover, you made the decision to find a way to a better state of mind. Subsequently, seeking help, you found me, made an appointment and kept it. These are all signs of healthy cognitive functions that point to your capabilities.

Over the long run will use rational emotive behavior therapy, a form of cognitive psychotherapy, to help you discover the causes of your depression and how to best deal with them. I will help you see the cycle of life events, our reactions to those events, and the ensuing feelings and moods. And you will learn to take control of this cycle.

I also have an immediate solution for you. This will make you feel better and give us time to complete our work. It is a classical conditioning technique that the professionals call systematic desensitization. It is a fancy way of saying we want to find a way to lessen the pain of depression. If depression is the enemy, our goal is to make its army to scatter in many different directions. This will reduce their collective power. To illustrate, I want you to try imaging someone trying to read in the middle of a rock concert. No matter how good a reader or how gripping the story, people jumping around and music blearing and dim lighting makes it almost impossible to read. In the same way, I want you to find a way to make it impossible for depression to hurt as much as it does. Maybe the trick is an old Charlee Chaplin silent move or a photo of fun occasion. Even if you have to tickle yourself or even fake a laughter, I want you to fight against the dark feelings whenever depression hits.

Works Cited

Myers, David G. *Psychology.* 10th ed. New York: Worth Publishers, 2011. Print.

Hi Shannon,

Looks like we were thinking similar approaches. In my post, I forgot to mention the benefits of an active lifestyle. I suppose making that recommendation ought to be part of a collective solution.

Hi Maria,

Your definition of group therapy was interesting. I guess I never thought of it that way. But it does make sense. The patients don’t necessarily need to sit in a circle and talk about their problems. Keeping them preoccupied with fun activates has to be helpful too.

Hi Laura,

Almost all the posts refer to drug therapy as a last resort. I find this very interesting. No one I willing to prescribe Prozac right away.

Hi Alicia,

Very nice post. Interesting to see the ideas in practice. I think you are the first person to mention ECT though. Did the documentary talk about any side effects at all. I wonder how would they know; short of doing an IQ test before and after ECT.