A comparison of Psychoanalysis and Cognitive Therapy in the treatment of Major Depressive Disorder

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Abstract

For many decades there have been debates as to how Major Depressive Disorder should be treated, with many approaches to therapy claiming to be the best. Thus, the following essay analysed how either psychoanalytic therapy (PT) or cognitive therapy (CT) could be used in the treatment of MDD, and which one more offers a better case. In order to do so, the definitions, and strengths and weaknesses of each theory in relation to MDD were discussed and compared. The results showed that significant differences existed between PT and CT e.g., PT is less structured in its techniques. Additionally, PT focuses more on unconscious thought, whereas CT is more concerned with conscious thought. Moreover, more research supports CT in the treatment of MDD, compared to PT. Based on the research conducted it was determined that in the specific case of MDD, CT would be the best therapeutic approach.

Unfortunately, we live in a time where more people than ever before are being diagnosed with various mental health disorders. One such disorder is Major Depressive Disorder (MDD); according to the Australian Bureau of Statistics (2018), between 2017 and 2018, 4.8 million Australians experienced a mental health disorder of some kind, with roughly 10.4% experiencing symptoms of depression. This was a considerable jump from 8.9 % the preceding year (Australian Bureau of Statistics, 2018). Therefore, it seems pertinent for mental health professionals to determine how to best treat this mental alignment. Thus, we must filter through the various counselling theories/approaches on offer in order to isolate the best possible approach to treatment (Heffler & Sandell, 2009). Therefore, for the purpose of this essay, two approaches will be analysed and evaluated in the context of MDD, that of the Psychoanalytic approach to therapy, and of Cognitive Therapy (CT), a therapy which comes under the umbrella of Cognitive Behavioural Therapy (CBT) (Young & Turner, 2023). In order to conduct a valid analysis, this essay will discuss what MDD is and its diagnostic requirements for diagnosis, the strengths and weakness of each therapeutic approach and how each approach would be used in the treatment of MDD. This will then be followed by an examination of each approach in relation to one another, that compares and contrasts in order to shed light on which one may be more appropriate in the treatment of MDD.

Major Depressive Disorder (MDD)

Major Depressive Disorder is a mood disorder characterised by consistent sadness and despair, that lasts longer than just a few days. Someone suffering from MDD may also experience symptoms such as lack of concentration, excessive guilt, and suicide ideation (American Psychological Association, 2023). The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) categorises the diagnostic criteria for MDD into five categories, A, B, C, D and E. However, criteria A-C outlines nine symptoms for the diagnosis of a major depressive episode. In order to affirm a diagnosis of MDD, five of these symptoms must be present over the course of the same 2-week period with one symptom being either depressed mood or loss of interest/pleasure in activities (American Psychiatric Association, 2013). It is also important to note that these symptoms outline a diagnosis of a major depressive episode, in order to confirm the

presence of MDD, a person will have experienced one or more episodes (Belleau et al., 2019). Thus, based on this information, it can be seen how incredibly debilitating this disorder is. Therefore, it must be determined how to best treat it.

Psychoanalytic therapy and MDD

Psychoanalytic therapy (PT) is one of the oldest forms of therapy, first introduced by Sigmund Freud (Wallerstein, 2014). Over time, PT has been expanded on by many other theorists such as Carl Jung and Alfred Adler, allowing PT to develop into a more modern form of psychological therapy (Wallerstein, 2014). Generally speaking, psychoanalytic therapy focuses on the effect unconscious thoughts and feelings can have on current behavioural and thinking patterns. The aim of PT is to make these thoughts conscious, so they can be addressed and worked in order to resolve problematic behavioural and thinking patterns (Bondi, 2014).

Psychanalytic therapy views MDD uniquely, focusing on five main categories: unconscious thought, traumatic experiences, loss and grief, objects relations theory, and defence mechanisms. Unconscious thoughts may contain information about unresolved past conflicts (Bondi, 2014). Additionally, traumatic experiences can result in difficult emotions that become repressed and reemerge as depressive symptoms. Thirdly, loss and grief can trigger emotions that exacerbate MDD symptoms (Kite, 2020). Fourthly, objects relations theory explores how humans form relationships, thus if an MDD sufferer struggles with important relationships in early childhood, it may lead to difficulties later in life, exacerbating MDD symptoms (Smith & Lane, 2016). Finally, understanding defence mechanisms and their causes, are crucial for recovery. Choosing to view MDD in this way and treating MDD with psychanalytic therapy may have overlooked strengths, as it may provide a more comprehensive understanding of the disorder and its treatment.

Strengths and Weaknesses of PT

One strength of PT especially in relation to MDD, is the importance of unconscious thought. By investigating a client's *past* traumas, conflicts, or relationship issues, it allows a therapist to treat not just the symptom but perhaps the cause of MDD (Bondi, 2014). Building on this, a study

determined that out of 367 chronically depressed clients, 76% had experienced some kind of trauma, typically during childhood (Leuzinger-Bohleber, 2015). Therefore, by accessing the unconscious thoughts associated with these events, therapists can reveal unresolved trauma and perhaps any incorrect ideas regarding relationships that may not have been immediately apparent (Bondi, 2014). Then, a therapist can then work on correcting problematic patterns of thought initially created by said event, thus encouraging a client to make changes in the present (Bondi, 2014).

Moreover, another strength associated with PT is its focus on relationships. As mentioned above, having a history of poor relationships can alter the ability to form healthier ones in the future, thus contributing to depressive symptoms (Teo et al., 2013). For some time, the link between social relationships and MDD has been of interest to many in the medical community. Empirically speaking, negative social experiences and poor past relationships have been attributed to symptoms of MDD (Teo et al., 2013). In fact, one study demonstrated that martial problems, were considered to be triggers for the onset of MDD (Teo et al., 2013). However, by addressing these relationship issues, the depressive symptoms initially mentioned, seemed to diminish (Teo et al., 2013). Therefore, as PT is an approach the prioritises the analysis and improvement of social relationships within a client's life, it can be seen that this would very likely improve symptoms of MDD (Teo et al., 2013). However, despite these strengths, there are some weaknesses associated with PT.

Despite the exploration of unconscious thoughts being seemingly crucial in the treatment of MDD, there are some weaknesses. For example, it may cause discomfort for some clients (Lowental, 2000). This could lead to a client's refusal to participate in certain activities, thus extending the recovery time (Lowental, 2000). Reasons for this may include fear of judgment and uncertainty about what thoughts and feelings will be uncovered in the therapy process. Therapists should remain attentive to these resistances and quieten any concerns to ensure progress (Hardy et al., 2019). Moreover, although it seems as though PT can treat MDD relatively well, there is limited empirical evidence to support this, especially in comparison to other therapeutic approaches like cognitive therapy (Leichsenring, 2005). Additionally of the few scientific studies validating this notion, there is speculation about whether preexisting measures accurately represent a participant's depression.

Therefore, more studies are needed to determine if PT is one of the best approaches to MDD treatment. Cognitive therapy, on the other hand, has significant empirical evidence to support its treatment of MDD (Leichsenring, 2005).

Cognitive Therapy and MDD

Cognitive therapy (CT) is a therapeutic approach aimed at changing and correcting problematic thought patterns and beliefs in an effort to elevate emotional distress and promote mental well-being (Young & Turner, 2023). Originally developed by Aaron T. Beck, CT is considered to be one of first-line treatments when a client presents symptoms of MDD (Strunk & DeRubeis, 2001). Cognitive therapy is characterised by cognitive restructuring, which involves recognising negative thoughts and replacing them with more realistic ones (Young & Turner, 2023). Additionally, unlike PT, CT is more present-focused, thus concentrating on correcting *current* negative thoughts, whilst moving towards measurable goals that can be achieved presently (Young & Turner, 2023).

Furthermore, in relation to MDD, CT views this disorder in the following four main ways. Firstly, CT recognises that MDD is characterized by negative thought patterns that in turn impact emotions and behaviour. These thought patterns may give rise to MDD symptoms such as despair, sadness, and isolation (Hoffmann et al., 2016). Secondly, CT views MDD in the form of a cognitive triad, in which client's view themselves, the world and the future as hopeless (Hoffmann et al., 2016). Thirdly, CT highlights the effect of automatic thoughts, when faced with a situation a person with MDD is more likely to experience negative thoughts and emotions that reinforce a negative self-image (Buschmann et al., 2018). Finally, CT considers MDD sufferers as victims of cognitive distortions such as engaging in catastrophizing thinking. All of which contribute to depressive symptoms (Buschman et al., 2018).

Strengths and Weaknesses of CT

One important strength of using CT in the treatment of MDD, is that many empirical studies have shown that CT is extremely effective in treating MDD (Hensley et al., 2004). This was proven by Hensley et al. (2004) who cited that out of three major studies testing the effectiveness of various

treatments for MDD, those who participated in CT experienced longer periods of remission over a 12–24-month period. Additionally, in the results of a meta-analysis, results showed that across multiple studies, cognitive therapy could significantly reduce symptoms of MDD. Moreover, it was also more likely to increase the likelihood of remission (Jakobsen et al., 2011). These findings were supported by Dozois et al. (2009) who also determined CT to be extremely effective in the treatment of MDD. However, it must be noted that these studies all had rather small sample sizes. Therefore, this makes it difficult to generalise these results to larger populations (Dozois et al., 2009). Furthermore, questions remain as to *why* it is so effective, this conducting further research as to why is works is needed.

Furthermore, CT promotes both achievable and practical cognitive change with the practice of realistic goal setting (Rothbaum et al., 2009). This technique of CT is effective in the treatment of MDD by fostering cognitive change which may result in alleviation from depressive symptoms faster than other approaches to therapy (Rothbaum et al., 2009). This is especially important in the case of those who suffer from more severe symptoms of MDD, as it provides relief from problematic thought patterns faster than other therapeutic techniques (Rothbaum et al., 2009). However, despite these benefits, CT is not a perfect approach to counselling, some issues remain.

Cognitive therapy has been criticised for focusing too heavily on cognitive processes, and thus neglecting other possible contributing factors, such as biological, social, and environmental factors (Clark, 1995). This has been of concern to those apart of psychology's growing interest in emotion. In which CT is often accused of ignoring situational and physiological factors affecting emotional responses (Clark, 1995). Moreover, by focusing too closely on conscious cognitive processes, some fear that CT may be failing to acknowledge other more unconscious contributors to MDD (Clark, 1995). Furthermore, it may be unrealistic of therapists to assume that clients can replace negative thoughts with more realistic ones (Leykin et al., 2011). The issue is, this assumption may not be applicable when clients have severe symptoms of MDD, as they may struggle to think rationally and instead may maintain distorted thoughts (Leykin et al., 2011). Therefore, therapists should be sensitive to this and adapt cognitive approaches accordingly. However, despite these limitations, CT

remains an excellent form of therapy that has been shown to significantly reduce MDD symptoms (Leykin et al., 2011).

Psychoanalytic Therapy vs Cognitive Therapy

Therefore, based on the above information it could be said that despite certain limitations, both PT and CT are valuable therapeutic approaches particularly in the case of MDD. However, in order to know why one may be better, a comparison is needed.

In approaching the treatment of MDD with PT, one key technique that would be utilised is Free Association (Lothane, 2018). This involves encouraging a client to speak freely and about any thoughts or feelings that come to mind (Lothane, 2018). This in beneficial as it encourages clients to speak openly without judgement and can cause unconscious thoughts to surface which hold valuable information regarding underlying thoughts that may be contributing to MDD symptoms (Lothane, 2018). However, despite this, some clients may not find this kind of technique agreeable due to its open-ended nature, something that CT avoids (Lothane, 2018). Additionally, dream analysis may also be used as it can allow a therapist to uncover certain unconscious conflicts or desires contributing to MDD, normally hidden in a conscious state (Hill et al., 2008). This is beneficial as uncovering unconscious conflicts may pose an opportunity to resolve them (Hill et al., 2008). However, there is little empirical evidence regarding dream analysis in comparison to other therapeutic techniques, therefore it makes it difficult to determine how effective it really is (Hill et al., 2008). Moreover, PT also focuses heavily on the client's experiences of early childhood, as it is believed that significant events that occur during this time can have profound effects on current behavioural and mood patterns (Gaensbauer & Jordan, 2009). This is beneficial as it gives therapists insight as to what possible root causes are behind a client's MDD symptoms (Gaensbauer & Jordan, 2009). However, memories from early childhood are vulnerable to distortion, therefore great care must be exercised in analysis (Gaensbauer & Jordan, 2009). Although, PT offers a strong case for the treatment of MDD, it's limitations should not be ignored. Additionally, its lack of structure and empirical support is something that CT does not share.

Contrary to PT, CT teaches a client with MDD to identify current negative thought patterns, thus enabling a link to be drawn between a negative thought and a subsequent negative mood (Young & Turner, 2023). However, unlike PT, CT focuses more so on *conscious* thought. By establishing this connection, the therapist can then provide an alternative thought in place of the negative one which once internalised and practiced can improve MDD symptoms overall, resulting in cognitive restructuring (Young & Turner, 2023). This cognitive restructuring then enables a client to approach future situations with a more positive frame of mind, thus limiting depressive symptoms (Young & Turner, 2023). However, although this may be beneficial for some clients with MDD, others may have more complex causes that demand deeper analysis (Cramer et al., 2016). Furthermore, CT offers a measurable form of recovery by setting realistic goals. A technique that offers far more structure than the open-ended methods of PT (Rothbaum et al., 2009). These goals may involve a particular symptom of MDD or something regarding improving everyday functioning (Rothbaum et al., 2009). This then allows a client to measure the changes being made and gain greater confidence. However, client's with MDD may have unrealistic expectations regarding their goals and thus may find themselves disheartened easily. Therefore, it is important for a therapist to provide a clear guide for goal setting (Strunk & DeRubeis, 2006). However, although there are some cons associated with various CT techniques, a large majority of MDD sufferers find tremendous relief through CT practices.

Thus, in conclusion, both PT and CT offer valuable strategies for the treatment of MDD. Psychanalytic theory offers a unique analysis of the unconscious and past trauma which may contribute to MDD symptoms. However, the overall lack of empirical evidence to support PT in the treatment of MDD, may suggest that perhaps it is not the best approach to treating MDD specifically. Contrary to this, CT although limited in some ways, has been shown time and time again to produce statistically significant results empirically speaking. Therefore, by combining the importance of this empirical evidence as well as CT's ability to possible generate faster results, it could be said that in the case of MDD, CT would be the best course of treatment.

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