A Way of Bridging the Gap between Psychological Treatments and Antidepressant Medication

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Dear Editor,

Depression is characterized by persistent sadness, accompanied by an inability to carry out daily activities, feelings of worthlessness, guilt, or hopelessness, and thoughts of self-harm [1]. Globally, more than 300 million people of all ages suffer from depression. Especially when long-lasting or severe intensity, depression may come a serious health condition. At its worst, depression can lead to suicide [2-4].

Depression is treatable with psychotherapy, also known as talk therapy, antidepressant medication or a combination of these [1,2]. The psychiatric establishment is clearly aware of the problems with the efficacy of antidepressants. The discussion usually focuses on the adverse effects associated with antidepressant medication [5,6]. However, the question is not whether antidepressants do something, but the degree to which they are essential for recovery.

Although therapists usually ask about behavioral changes, change in ongoing medications, or hospitalizations, I argue that to answer such a question, the therapist should intentionally take into account the client’s subjective experience about antidepressant treatments. It is a way of bridging the gap between psychological treatments and antidepressant medication.

Some people resist taking antidepressants because they do not like to admit that something is wrong. Others dislike the idea of being dependent on a chemical substance to keep their mood level, or lacking a sense of control over life [4].

Sometimes people talk about the stigma around mental health more generally, and the use of antidepressants, reflecting the view that taking something for the mind can have negative connotations. They know they might be perceived by others as mad [4]. Another hand, since psychiatry has a social prestige and psychiatrist is seen as an expert [4,7], when antidepressants treatment fails people blame themselves [4].

These beliefs must be taken into account for two reasons: First, self-limiting feelings, sense of lacking control over life, and the self-blame tends to reinforce depression [7]. Second, these beliefs also reveal individual’s subjective experience (fears, hopes, self-esteem). As a result, psychotherapy may be more effective. Third, we may provide strong support for the efficacy of antidepressants treatment.

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Conflict of Interest

None to declare.

References


