

Treatment Of Depressive Disorders-from A Perspective Of Humanistic And Psychoanalytic

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Abstract. With the rapid economic growth, people's satisfaction with material life is growing by the day. Under the premise of satisfying physical needs such as food and clothing, people's attention to mental health is also growing. Depression disorder is the most common mental illness, and the number of deaths caused by depression is increasing. Therefore, in the so-called battle against depression, the more comprehensive the treatment, the better the prognosis. Among all kinds of treatment methods, psychoanalytic therapy of the psychoanalytic school and human-centered therapy of the humanistic school have their unique advantages, but there are also some disadvantages. In this paper, the advantages and limitations of the two therapies are analyzed in terms of the treatment concept and the basic view of human nature, respectively. Of course, the treatment of depression is in essence a tedious and lengthy undertaking, but it also needs the blessing of all aspects of resources.

Keywords: Depression; Humanistic; Psychoanalytic; Visitors.

1. Concept of Depressive Disorders

1.1. Definition of Depressive Disorders

Depression is a common mental illness, one that drains people's energy over a long period of time. Depression was originally used to describe a more common negative emotional state [1]. The longer this emotional state persists, the greater the negative impact on a person's social adjustment and growth. Later on, it was mostly referred to as a psychological state of persistent depression.

Depressive symptoms are primarily caused by behavioral problems in which the individual feels depressed, accompanied by many symptoms of mental and physical illness that may affect their overall and socially structured functioning: depressive disorder, a clinically severe depressive syndrome. At this stage, the individual's main symptoms include chronic depression, hopelessness, feelings of worthlessness and somatic symptoms.

The general definition of depressive disorder in ICD-11 is depressed mood (e. g. sadness, irritability, emptiness) or anhedonia accompanied by other cognitive, behavioural or vegetative symptoms that significantly affect the individual's ability to function. Similarly, a diagnosis of depressive disorder does not apply to people who have experienced manic, mixed or hypomanic episodes, episodes of which indicate the presence of bipolar disorder in the individual [2]. Among them, the lifetime prevalence of major depressive disorder has been found by epidemiologic studies to vary widely, between 4% and 19%, as judged by different research methods or diagnostic bases. While the lifetime prevalence of bad mood ranged between 3.1% and 7.2% [3].

1.2. Manifestations of Depressive Disorders

Depression is an embodied emotional and mood response. In such a response, the person's subjective feelings are sadness, unhappiness or anxiety. The most common words used to describe the emotional symptoms of depression are sadness, self-blame, frustration, low self-esteem and feelings of worthlessness. Of these, sadness and self-blame are the most obvious mood symptoms. However, the timing of the onset of these symptoms varies within the same day. Typically, people with depression experience more severe symptoms in the morning, which gradually decrease over time. As a common comorbidity of depression, anxiety and depression often occur at the same time

and are similarly likely to occur. Both share many of the same symptoms, such as decreased appetite, sleep disturbances, cardiorespiratory and gastrointestinal complaints, irritability and fatigue [4].

1.3. The Impact of Depressive Disorders on Life

People with different levels of depression will have different states of depression in their lives. Slightly depressed people are mainly unhappy and lose interest in daily life. Compared to before the illness, patients lose initiative in life, feel extra effort in doing everything, feel that they have no motivation to do anything, and are unable to derive satisfaction and pleasure from accomplishing things. They feel tired and bored all the time, feel slightly ill and have less interest in work and interpersonal relationships. There is a decrease in willpower and some difficulty in achieving goals. In terms of sleep, they also have more difficulty than usual falling asleep or staying asleep. However, for those close to the person with mild depression, they are only depressed for long periods of time and remain motivated to consciously seek change [5].

Patients with major depression are severely affected both psychologically and physically. Patients usually experience pessimism and anhedonia, despair, loss of appetite, helplessness, suicidal thoughts and even suicidal behaviour. Ambivalence is also common in depressed patients. They find it difficult and frightening to make decisions. Such people need the help of others all the time, they can hardly live on their own, the patient's mental activity is sluggish, his behaviour is slow, he speaks and walks extremely slowly, not to mention working and studying. Although suicide is the greatest danger for depressed people, for those with inhibitory symptoms, their bodies cannot provide enough vitality to support them in carrying out a suicidal act. Depressed people experience a wide range of physical symptoms, especially problems with sleep, such as insomnia and early waking. There is also loss of appetite and weight loss, unspecified aches and pains, gastrointestinal problems and reduced libido.

2. Humanistic Therapy

2.1. Formulation of the Theory of Humanism

Humanism originally stood for "the spirit of all things", and after the Renaissance, humanism advocated human-centredness and valued human self-realisation and dignity [6]. The theory of humanism emerged in the United States in the 1960s and has developed rapidly since then, with Maslow as the initiator concentrating on the study of "healthy people" and studying anthropology, which greatly helped him to propose the hierarchy of needs theory. Maslow believed that human motivation or needs could be categorised into five levels, from bottom to top: physiological needs, safety needs, love and belonging, esteem. He believed that human motivation or needs is a process of realisation and formation from low to high, step by step, and that the highest aspiration in life is self-actualisation.

Rogers, as the main representative of humanism, considered the organism and the self-concept as the two main components that make up the personality [7]. At the same time, Rogers also regarded the self-concept as the main psychological component that makes up the organism. He firmly believed that human development moves towards self-realisation with the tendency of realisation.

2.2. View of Human Nature in Humanistic Theory

Humanists believe that people are essentially good and kind, and that they are subject to the tendency of unconscious desires, so that they become people who struggle for their desires. They believe that people have a need for self-realisation, so they will spontaneously fight for it given the right circumstances [8]. They also believe that people exist as individuals and that they cannot be measured together as a unified category in the therapeutic process but should be measured individually.

2.3. Use of Humanistic Therapy

Person-centred therapy belongs to the humanistic psychotherapies. The proponent of person-centred therapy was Carl Rogers. Rogers studied agriculture, biology, physics and theology in his early years before being introduced to and studying psychology. After studying the theories of behaviourism and Freudian psychoanalysis, Rogers had a creative idea: Wouldn't it be better to let the client take the lead in the whole process of therapy.

According to Rogers, the therapeutic process is divided into 12 main steps [9].

1. The client comes to us for help. This is an important step for the client, who must have a strong motivation or willingness to seek treatment. If the client is forced to come, the treatment will be very difficult.

2. The therapist explains the treatment to the client. The therapist must explain to the client that he or she cannot answer the client's questions but can only provide a therapeutic space to help the client find his or her own solutions to the problems. In the course of therapy, provide an atmosphere conducive to the client's self-growth.

3. Encourage the client to express their feelings freely. The therapist should accept the other person in a friendly and respectful manner and help the client to express his/her emotional experience freely. The therapist should use appropriate techniques to help the client express and explain his/her negative or ambiguous emotional attitudes.

4. The therapist accepts, accommodates and interprets the client's negative feelings. In the process of the client's free expression of inner feelings, the therapist must respond to the information expressed by the client. It is not only a matter of responding to the surface content, but also of reaching through the surface of the problem to the depths of the client's heart. Whether the feelings or events expressed by the person are ridiculous or absurd, the therapist should accept them and deal with them. Letting the other person see that even negative emotional attitudes are part of him or her allows the client to accept himself or herself and to know himself or herself more clearly.

5. Initial growth of the client. After a period of treatment, the client begins to have some vague, tentative positive feelings. This indicates initial growth.

6. The therapist has a correct perception of the client's positive feelings. The therapist should be as tolerant and accepting of the positive feelings expressed by the client as of the negative ones. At the same time, the therapist remains neutral and does not subjectively evaluate, praise or approve of these positive feelings. This is to help the client realise that both negative and positive emotions are part of him or her. There is no need to resist or defend negative emotions or to feel proud of positive emotions. Such a situation allows the client to reach a place of self-understanding.

7. The client begins to accept his true self. In the course of therapy, clients are in a good atmosphere where they can be understood and accepted, and they are able to recognise and understand themselves better and are more willing to accept themselves. Under this premise, it is more conducive for clients to reach a higher level of psychological integration.

8. Help the client to explain the action to be taken. The process of self-awareness and acceptance necessarily involves new actions to be taken. The therapist needs to explain the actions that the client can take. It is also necessary to rationalise the fears that may arise in the client's decision-making process. At the same time, the therapist should not coerce or advise the client.

9. Generation of therapeutic effects. The therapeutic effect occurs when the client deepens his understanding and produces positive experimental behaviours. Since the therapeutic effect is based on the client's realisation of himself, his new understanding of himself and his spontaneous behaviour, even if the behaviour is instantaneous, it is still meaningful.

10. Further extension of the therapeutic effect. When the client has realised something about himself and has begun to make some positive attempts, the focus of therapy shifts to helping the client develop deeper levels of realisation. And care is taken to expand the scope of the realisation. As the client achieves a more complete and accurate self-understanding, he will have more courage to face his new experiences.

11. Overall growth of the client. The client is able to make choices and decisions with complete autonomy and is actively developing the self. At this point the client often takes the initiative to ask questions and discuss.

12. End of therapy. The client feels that he or she no longer needs the help of the therapist and the relationship ends.

3. Psychoanalytic Therapy

3.1. The Formulation of Psychoanalytic Theory

Psychoanalysis is also known as psychoanalysis or psychodynamics. Sigmund Freud, the founder of this school of thought, gradually developed the theories and therapeutic methods of psychoanalysis in his clinical work at the end of the 19th century. According to the psychoanalytic school of thought, all human behaviour is driven by deep-seated desires or motives, especially sexual urges. Desire often dominates human behaviour in the form of unconsciousness, and dreams are also a form of human desire.

3.2. The view of Human Nature in Psychoanalytic Theory

According to Freud, the human being is a unified whole. But within this unified whole there are interacting parts [10]. He divided human mental processes into conscious, preconscious and subconscious (also known as the unconscious). Freud also categorised the personality structure into ego, self and superego.

In psychoanalytic theory, the most basic human instincts are considered to be the life instinct and the death instinct. The emergence of suicidal behaviour is the manifestation of the death instinct turning inwards. When the death instinct is confronted with the external world, behavioural manifestations such as attacking and killing others appear. This is why it is believed that human beings are born with evil tendencies [11].

Freud divided personality development into five periods: oral, anal, erotic, latent and genital. He believed that a person is fully developed in the first three periods of the adult personality, so that an individual's early life experiences play an important role in the adult personality.

3.3. Use of Psychoanalytic Therapy

The psychoanalytic school of thought is somewhat selective about who it treats. Psychoanalytic therapy is more suitable for patients suffering from hysteria, obsessive-compulsive disorder and phobias than other therapies. During the therapy, the client must follow the appropriate rules of the therapy. For example, during the process of free association, the client must report to the therapist any thoughts that come to mind at the first opportunity, without hiding them. This is because what the client is trying to hide from the therapist may be an unconscious internal motivation related to the symptom.

Psychoanalytic therapy is broadly divided into four phases. The purpose of the first phase is to establish a good counselling relationship between client and therapist. This makes it easier for the therapy to proceed in an orderly fashion. The second stage is to explain the emergence of empathy. In this stage the therapist needs to rationalise the emergence of empathy in the client. This is so that the client has a correct and complete understanding of his or her own projection of past experiences onto the therapist. In the process of recognising empathy in the client, the therapy moves on to the next stage. The third stage is essentially the repair stage of therapy. In this stage, the therapist helps the client to gain a deeper knowledge of empathy and works to overcome the various resistances encountered during therapy. Through the therapist's explanations, he or she is able to give the client a clearer understanding of how his or her symptoms arise. The final stage of therapy, the fourth stage, is the concluding stage of therapy. During this time, the therapist needs to break the client's dependency on him or herself, i.e. the client's empathy with the therapist.

4. Analysis of Humanistic Therapy and Psychoanalytic Therapy

4.1. Advantages of Humanistic Therapy

Person-centered therapy is a therapeutic approach based on the humanistic theory of human nature created by Rogers. Unlike psychoanalytic therapy, which explores the subconscious mind to change the abnormal behavior of the visitor, humanistic therapy develops the visitor's inner potential for self-direction and ultimately for healing. Rogers' theory emphasizes the "rescuer" approach, which focuses on the need for the therapist to fully respect the dignity and value of the visitor, as well as the visitor's freedom of choice. This is conducive to the self-growth and self-realization of the visitor in self-direction and self-healing. For depressed patients, such therapy is conducive to enhancing the visitor's self-confidence and a better view of themselves. As a result, they become more open and accepting of themselves and are able to adapt well to society. Through methods such as empathy and positive attention, it is conducive to helping depressed patients have more positive values and thinking patterns [12]. In order to achieve the effect of helping people to help themselves.

4.2. Disadvantages of Humanistic Therapy

Although the role of the individual in the therapeutic process is valued, the theory of person-centred therapy overemphasises the individual role of the client and has a serious individualistic orientation. Such an overemphasis on emotionality at the expense of rationality tends to place the therapist in a passive position. The humanistic therapy also neglects other psychological diagnostic and assessment tools. In addition, Rogers' therapy can only work in the realm of the psychologically abnormal but still normal person. It cannot solve all psychological problems. Therefore, for patients suffering from severe depression, such a therapy is almost ineffective.

4.3. Advantages of Psychoanalytic Therapy

Psychoanalytic therapy focuses on exploring the visitor's childhood and family of origin. Psychoanalytic therapy believes that the behavioural abnormalities that a person exhibits in adulthood are largely related to the visitor's upbringing. Psychoanalysis suggests that the roots of depression lie in childhood. If a person experiences strong but conflicting emotions in childhood, they are likely to develop strong anger in response [13]. Depression occurs when the anger is directed at oneself. Therefore, in the therapy process, the therapist helps the client to deeply understand and feel their inner world by asking questions and interpreting what they express. And through the cycle of discourse to reconstruct the visitor's mental history, repair the visitor's psychological trauma and improve the visitor's personality structure [14]. Let the visitors fully understand themselves, their unconscious impulses and repressed desires and so on.

4.4. Disadvantages of Psychoanalysis

Firstly, psychoanalysis focuses on exploring the visitor's spiritual world, i. e. the unconscious, and ignores the impact of the real world on the individual, and is unable to help the visitor solve practical problems in life. Secondly, the theoretical basis of psychoanalysis is Freud's theory. However, this theory is no longer fully applicable in the context of the new era. For example, Freud believed that human behaviour is controlled by instincts and desires. Such a view obviously ignores the influence of cultural, environmental and social factors. Thirdly, the therapeutic approach of psychoanalysis requires a long period of co-operation from the visitor. As a result, psychoanalytic therapy may not be able to fully analyse the causes of depression because it focuses on the visitor's childhood experiences to the exclusion of adult problems. The overemphasis on instincts and desires does not apply to the culturally conservative oriental population. At the same time, the long duration of treatment increases the risk of uncertainty in the life of the depressed person.

5. Conclusions

In conclusion, a combination of humanistic or psychoanalytic therapy seems to be the most appropriate treatment for people with depression compared to the use of either alone. By exploring the visitor's childhood experiences and the situation of the family of origin, the therapist can discover the origins of the depression and use language and other means to help the visitor understand his or her causal factors. Using Rogers' theory, empathy and positive regard are used to give the visitor respect and trust so that they have more courage to face their inner self and have a correct and positive perception of themselves.

Although both treatments have certain limitations, neither can shake their respective positions in the psychotherapeutic system. The development of today's society emphasises the importance of seeking common ground while reserving differences for common development. Drawing on the strengths of each therapy and applying them to the whole system of psychological counselling and psychotherapy is also a way of promoting the development of psychological theory.

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