



Observations on a Group of Alcoholic Patients with a Focus on Interpersonal Relationships and the Therapeutic Approach

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INTRODUCTION

Despite the fact that a large body of research links depression to interpersonal deficits, cognitive-behavioral therapy, the gold standard for treating this condition, was not developed to specifically address interpersonal difficulties. However, cognitive changes at the relational level that occur during CBT may play an important role in the treatment of depression. During therapy, interpersonal clarification refers to the process of better understanding the nature of interpersonal patterns. The purpose of this research is to examine the effects of interpersonal clarification in CBT and how they are moderated by the therapeutic alliance. People with psychosis often lack social skills, which can contribute to the severity of the stigma they face.

DESCRIPTION

The current study sought to shed light on the mechanisms by which a lack of interpersonal competence may lead to increased exposure to stigma by examining the mediating effects of social networks and social support. Intimacy is defined by the Interpersonal Process Model of Intimacy as dyadic interpersonal interactions in which vulnerable behaviors are expressed and reinforced by appropriate listeners. We hypothesized that ACEs would promote speakers' avoidance of vulnerable behaviors in dyadic exchanges, such as self-concealment, and that lower levels of ACEs would be associated with greater self-disclosure. Similarly, we examined whether self-concealment and self-disclosure mediated the relationship between ACEs and relational closeness in college students. Findings revealed that ACEs were only significantly associated with greater self-concealment. Self-concealment mediated the relationship between ACE and relational closeness after self-disclosure was removed from the model. The relationship between ACE and fear of intimacy was mediated by self-concealment. The current study adds to the existing literature by pointing to the interpersonal con-

sequences of ACEs and a potential mechanism that maintains this relationship, as well as the possibility of therapies targeting inflexible patterns of responding to improve intimacy-related functional repertoires. Although interpersonal theory suggests that exchanging dominance during a conversation improves interpersonal functioning, many research paradigms measure agency across conversations rather than within conversations. This results in different time scales and analyses, complicating the research and clinical application of interpersonal complementarity. Interpersonal processes are examined at different time horizons, and a new method for measuring within-situational complementarity using EMA data is proposed.

CONCLUSION

Although there is some evidence that patients with severe depression benefit more from the expression of negative affect, this amplifying effect has not been studied in a psychotherapeutic setting. This is particularly noteworthy given the substantial evidence linking the expression of affect to desired outcomes across psychotherapeutic approaches. The primary aim of this study was to determine whether depressive symptoms exacerbated moderated the relationship between the expression of negative affect and a reduction in interpersonal problems in patients in a psychiatric day treatment for personality disorders. A secondary aim was to examine the intensity of negative affect in the environment (i.e., other patients who were also enrolled) and its relationship to the reduction of patients' interpersonal problems.

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

Received:	31-August-2022	Manuscript No:	IPCP-22-14789
Editor assigned:	02-September-2022	PreQC No:	IPCP-22-14789 (PQ)
Reviewed:	16-September-2022	QC No:	IPCP-22-14789
Revised:	21-September-2022	Manuscript No:	IPCP-22-14789 (R)
Published:	28-September-2022	DOI:	10.35841/2471-9854-8.9.169

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Citation Malm EK (2022) Observations on a Group of Alcoholic Patients with a Focus on Interpersonal Relationships and the Therapeutic Approach. Clin Psychiatry. 8:169.

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