Psychotherapy (also known as talk therapy) can be an important part of treatment for depression or bipolar disorder (manic depression). A good therapist can help you cope with feelings and symptoms, and change behavior patterns that may contribute to your illness.

Talk therapy is not just “talking about your problems”; it is also working toward solutions. Some therapy may involve homework, such as tracking your moods, writing about your thoughts, or participating in social activities that have caused anxiety in the past. You might be encouraged to look at things in a different way or learn new ways to react to events or people.

Most of today’s psychotherapy is brief and focused on your current thoughts, feelings and life issues. Focusing on the past can help explain things in your life, but focusing on the present can help you cope with the present and prepare for the future. You might see your therapist more often at the beginning of treatment, and later, as you learn to manage problems and avoid triggers, you might go to psychotherapy appointments less often.

Psychotherapy can help you:
- Understand your illness
- Define and reach wellness goals
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Separate your true personality from the mood swings caused by your illness
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Establish a stable, dependable routine
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them
- End destructive habits such as drinking, using drugs, overspending or unhealthy sex.
What if I'm not making progress?
If, after some time, you don’t begin to feel some relief, you have a right to seek a second opinion (as you would with any illness) from another therapist or mental health professional. You have a right to have the best treatment possible, and you can feel better.

What type of therapy is best for me?
There are many types of talk therapy and most therapists use a combination of approaches. Behavioral therapy concentrates on your actions; cognitive therapy focuses on your thoughts; and interpersonal therapy looks at your relationships with others. Your loved ones may join you in sessions of family or couples therapy. Group therapy involves several, usually unrelated people working with the same therapist and each other. One approach is not necessarily better than another – the best choice is the one that works best for you.

What are some therapies commonly used for depression or bipolar disorder?
Interpersonal therapy (IPT) was originally developed to treat depression. It has since been adapted for bipolar and other disorders. It is time-limited and goal-oriented, and addresses a person’s symptoms, social relationships and roles. IPT focuses on what is happening “here and now” and attempts to help a person change, rather than just understand his or her actions and reactions. The patient and therapist examine current and past relationships. IPT does not focus on unconscious or subconscious motivations, wishes or dreams. It looks at conscious, outward action and social adjustment. It does not try to change the personality, but rather to teach new skills that can lessen symptoms.

An IPT therapist is an active supporter of the patient on the wellness journey. The therapist does not assign homework, but may encourage a patient to engage in social activities. The therapist helps the patient review his or her symptoms and relate these symptoms to one of four...
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The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Over four million people request and receive information and assistance each year. DBSA’s mission is to improve the lives of people living with mood disorders.

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Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.

Production of this brochure made possible by a grant from

This brochure was reviewed by Robert N. Golden, M.D., Vice Dean of University of North Carolina School of Medicine and Ken Heideman of DBSA Boston.

DBSA does not endorse or recommend the use of any specific treatments or medications for mood disorders. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.

Short-term goals for therapy:

Long-term goals for therapy:

Questions to ask my therapist:

How will I know if I'm feeling better?

Can I involve my loved ones in treatment? If so, how?