

The Role of Social Cognition in Major Depressive Disorder Article Review

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Weightman, M. J., Air, T. M., & Baune, B. T. (2014). A review of the role of social cognition in major depressive disorder. *Frontiers in psychiatry*, 5, 179.

I. Introduction:

In the current scenario of modern world, major depressive disorders have badly impacted the human life around the globe. The article under consideration "A review of the role of social cognition in major depressive disorder," revolves around major depressive disorders in alliance with social cognition. It demonstrates the impeccable role played by social cognition in development, presentation and treatment of major depressive disorders. However, the review of the said article will explore the primary psychological concepts embedded in it, critical evaluation, identification of potential errors and respective impacts for better understanding of this article and the research validity.

II. Topic Overview & Article's Focus:

The primary theme of the article is to elaborate implications of social cognition on overall major depressive disorders in society. The comprehensive cognitive process responsible to acquire, perceive, interpret, comprehend and accumulative response to social information is social cognition. It may include certain aspects like emotions, empathy, and theory of mind along with recognizing facial expressions. This article focuses on in-depth understanding of mental disorders as a result social cognition. In other words, the author provides insights about the development and nourishment of depressive disorders and how cognitive processes become cause of their emergence. It is primarily a reciprocal relationship between the two dimensions. Meanwhile, the study of article encompasses evolution of various psychological concepts along with detailed analysis of their application.

III. Psychological Concepts:

The article under consideration highlights various psychological concepts which lead towards the solution-oriented analysis of major depressive disorders. The major concept is social cognition and its deficits. Multiple deficits in social cognition aspects lead to major depressive disorders (MDD). These shortfalls may include impaired emotions, embedded sub conscience and deficiencies occurred in mental abilities as a result of evolution with time. Another concept is emotion regulation which emphasizes emotional experiences and their modulation. The potential dysregulation of emotions

leads to depressive disorders in multiple capacities according to the intensity of such emotional rupture. Similarly, the article demonstrates difficulties in interpersonal relationships which may contribute to depressive disorders. The impaired social cognition arises malfunctioning of relationship exposures along with difficulties in maintaining the interpersonal relationships. Such type of imparities and discrepancies in interpersonal relationships make the depressive symptoms worse and severe. In addition, the article elaborates social cognition biases like attention biases and negatively impacted mental health. These biases penetrate severe depressive thought processes and results into major depressive thought patterns.

IV. Critical Evaluation:

The article elaborates certain psychological concepts which demonstrate several potential strengths along with various limitations. The most convincing positive side is the holistic view of social cognition and major depressive disorders. Such discussion of the article connects the bonding between aspects of social cognition and depressive disorders. Another positive aspect is the presentation of therapies as a treatment of such disorders. For example, (CBT) cognitive ban therapy along with modern inventions in the field of therapies like cognitive training and virtually conducted therapies. However, the limitations of the study under consideration are also grim. The foremost limitation is the small sample size along with lacking of control group. It results in undermined and defected outcomes concerning the reality-based existence of depressive disorders. In addition, the implications of discussed treatments in the article are also limited to some extent. Such limitations also lessen the scope of potential interventions embedded in the article.

V. Identification of Errors & Implications:

The article is well woven with respect to cautions considerations and rigorous stances. But it also encompasses some warrants which leaves lasting impacts on the scope and dimensions of the study. For example, depressive symptoms and cognitive biases demonstrate causal relationship instead of reciprocal nature. Such deficit version intends reader to believe that such biases cause depressive disorder symptoms. However, several other factors may involve in such complexity. In addition, some studies referred in the article have overlooked alternative discussion. For example, cognitive deficit may combine with anxiety disorders instead of intrinsic impacts to depressive disorders. It may provide a more balanced viewpoint of the paper if a comprehensive analysis is presented. Similarly, another deficiency is the unidirectional relationship between social cognition towards major depressive disorders. Meanwhile, the fact reveals that it is two-dimensional relationship like 'to' and 'from' major depressive disorders. Further, the article demonstrates overgeneralization by assuming homogenous relationship. It negates variation factors across individuals like age, culture and gender, etc. Finally, limitations pour impacts on the overall validity of research and credibility of the article under consideration.

VI. Conclusions:

For above discussion, it can be concluded that Weightman & Baune (2014) provides a comprehensive understanding of social cognition and MDD (Major Depressive Disorders) along with relationship between them. The article explores various psychological concepts relating to social cognition like emotion regulation, interpersonal relationships and social cognition biases, etc. The article has critically evaluated these concepts. Moreover, it is the combination of both strengths and limitations. The main limitation of the article can be identified as its small sample size which may pose impacts on the outcomes of research. Additionally, various aspects of errors are also identified in the article which has multidimensional implications, especially for the reader to cope with the malfunctioned concept regarding causes of major depressive disorder. Overall, the review finds the significant role of social cognition for the development and maintenance of major depressive disorders in society.

References

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