

# A Review Article on the Effectiveness of Interpersonal Therapy (Ipt) in Treating Depression

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**Abstract**—Interpersonal Therapy (IPT) is an evidence-based psychological treatment developed to reduce symptoms of depression by focusing on interpersonal relationships. This review examines the theoretical foundation, core techniques, and research evidence supporting IPT's use in treating depression. IPT is based on attachment and interpersonal theories and focuses on four main problem areas: grief, role transitions, interpersonal disputes, and interpersonal deficits. Therapists work with patients to improve communication, resolve conflicts, and strengthen social support through structured techniques. Research findings support IPT as an effective treatment for depression. Meta-analyses and randomized controlled trials show that IPT is more effective than no treatment and as effective as Cognitive Behavioral Therapy (CBT). IPT has been successfully used with adolescents, perinatal women, older adults, and in low-resource settings. It is also useful as a maintenance therapy to help prevent relapse. Compared to other treatments such as CBT and medication, IPT offers a unique focus on social and relational factors, which is helpful for individuals whose depression is linked to interpersonal stress. IPT has been adapted for group formats, community delivery, and cross-cultural use, making it a practical option in many settings. However, challenges include limited availability of trained therapists and reduced suitability for individuals with significant cognitive difficulties. Future research should explore digital and blended formats that combine IPT with other approaches. In conclusion, IPT is a well-supported, adaptable, and effective treatment for depression. Its focus on interpersonal issues makes it a valuable option in the broader field of mental health care.

**Index Terms**—Interpersonal Therapy, Depression, Psychotherapy, Mental Health, CBT, IPT

## I. INTRODUCTION

Depression is a prevalent and debilitating mental health disorder that significantly impacts individuals' emotional, cognitive, and social functioning. According to the World Health Organization (2023), more than 280 million people globally suffer from depression, making it one of the leading causes of disability worldwide. The condition is associated with high personal, societal, and economic burdens, necessitating effective, accessible, and evidence-based treatment approaches.

Among the various psychotherapeutic interventions developed to address depression, Interpersonal Therapy (IPT) has emerged as a well-established and empirically supported modality. Originally developed in the 1970s by Klerman and Weissman for the treatment of major depressive disorder (MDD), IPT focuses on the interplay between interpersonal relationships and mood. Unlike therapies that primarily target cognitive distortions or behavioral activation, IPT is grounded in the understanding that interpersonal difficulties

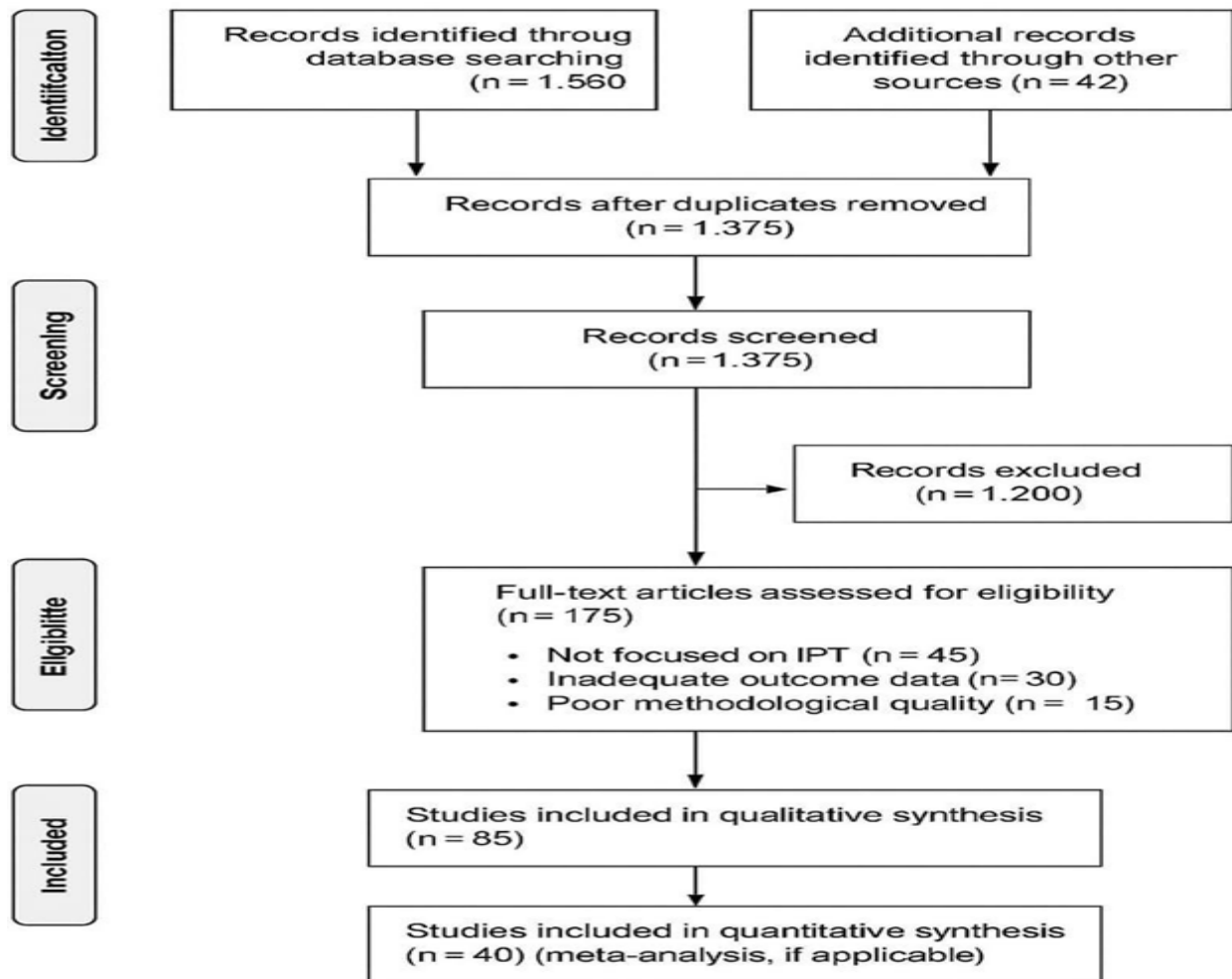
such as unresolved grief, role disputes, role transitions, and social deficits—are often closely linked to the onset and maintenance of depressive episodes. Over the past few decades, IPT has been adapted for various populations and settings, including adolescents, the elderly, postpartum women, and individuals with chronic illness. Its structured, time-limited nature makes it a practical option for diverse clinical environments. Numerous randomized controlled trials and meta-analyses have evaluated its effectiveness, with many demonstrating

IPT's efficacy in reducing depressive symptoms and improving overall psychosocial functioning.

This review aims to synthesize current evidence on the effectiveness of Interpersonal Therapy in the treatment of depression. It explores the theoretical foundation of IPT, outlines its core therapeutic

mechanisms, and evaluates findings from recent empirical studies. Additionally, the review discusses the applicability of IPT across different demographic groups and clinical settings, as well as its comparative efficacy relative to other treatment modalities.

#### PRISMA



**PRISMA 2020 Flow Diagram**

#### Theoretical Background and Mechanisms

IPT is grounded in attachment theory and interpersonal theories of depression. It identifies four key interpersonal problem areas: grief, role transitions, interpersonal disputes, and interpersonal deficits. Therapists use structured interventions, including communication analysis and role-playing, to resolve interpersonal issues (Klerman et al., 1984). Interpersonal Therapy (IPT) is a time-limited, structured psychotherapy originally developed in the

1970s by Gerald Klerman and Myrna Weissman for the treatment of major depressive disorder (MDD). Rooted in attachment theory and psychodynamic principles, IPT emphasizes the central role of interpersonal relationships in the onset, maintenance, and resolution of depressive symptoms. Unlike cognitive-behavioral approaches that focus on distorted thinking, IPT assumes that depressive episodes are triggered and maintained by interpersonal stressors and disruptions. At its core,

IPT is based on the premise that depression occurs in a social and interpersonal context and that improving the quality of a patient's relationships can alleviate symptoms. The therapy identifies and addresses one or more of four key interpersonal problem areas: grief (complicated bereavement), role transitions, interpersonal disputes, and interpersonal deficits. Each of these areas is associated with increased stress and maladaptive coping, which can precipitate or exacerbate depressive episodes.

#### Mechanisms of Change

The mechanisms through which IPT exerts its therapeutic effect include:

1. Improved Interpersonal Functioning: By exploring current relational patterns and teaching effective communication strategies, IPT enhances the patient's ability to manage conflicts and navigate social roles, leading to improved interpersonal satisfaction.
2. Emotional Expression and Regulation: IPT facilitates the expression of emotions, particularly those related to grief and interpersonal stress. This can help patients process unresolved feelings and regulate mood more effectively.
3. Role Clarification and Adaptation: During major life changes, such as divorce or job loss, IPT helps individuals understand and adapt to new social roles, thereby reducing confusion, helplessness, and depressive symptoms.
4. Social Support Enhancement: Strengthening the patient's social network increases access to support and buffers against stress, which is a well-established protective factor against depression.
5. Focus on the Here-and-Now: Unlike traditional psychodynamic therapy, IPT remains focused on present interpersonal concerns rather than delving into childhood experiences. This pragmatic orientation often results in quicker symptom resolution. These mechanisms collectively aim to reduce depressive symptoms by improving interpersonal effectiveness, reducing isolation, and enhancing social support. The therapeutic alliance itself also plays a critical role in promoting

engagement and facilitating change.

## II. LITERATURE REVIEW AND EVIDENCE OF EFFECTIVENESS

Interpersonal Therapy (IPT) has been extensively studied across diverse populations and clinical contexts, and a growing body of literature supports its effectiveness in treating depression. This section reviews key empirical findings, including randomized controlled trials (RCTs), meta-analyses, and systematic reviews, highlighting both the strengths and limitations of the evidence base.

### 1. Randomized Controlled Trials (RCTs)

RCTs have consistently demonstrated the efficacy of IPT in reducing depressive symptoms. The original studies by Klerman et al. (1974) showed that IPT was as effective as pharmacotherapy (imipramine) and more effective than placebo or supportive therapy for major depressive disorder (MDD). Subsequent RCTs have replicated these findings, with many trials showing IPT's superiority or equivalence to other established treatments, such as cognitive-behavioral therapy (CBT) and antidepressants. For instance, a study by Elkin et al. (1989) as part of the NIMH Treatment of Depression Collaborative Research Program found that IPT was as effective as CBT and pharmacotherapy for moderate to severe depression. Furthermore, patients receiving IPT reported higher levels of satisfaction and interpersonal functioning improvements.

### 2. Meta-Analyses and Systematic Reviews

Meta-analytic reviews further reinforce the positive outcomes associated with IPT. A meta-analysis by Cuijpers et al. (2011) analyzed data from over 30 studies and concluded that IPT is significantly more effective than control conditions (e.g., waitlists, usual care) and comparably effective to CBT. Another updated meta-analysis by Jakobsen et al. (2017) affirmed that IPT yields moderate-to-large effect sizes in the treatment of adult depression. These studies also indicate that IPT may be particularly beneficial for individuals experiencing interpersonal stress or conflict and those who prefer a relationship-focused therapeutic approach.

### 3. Effectiveness Across Populations

IPT's adaptability has made it suitable for a wide range of populations:

**Adolescents:** IPT-A, an adaptation for adolescents, has shown significant efficacy in reducing depressive symptoms and improving social functioning (Mufson et al., 2004). **Postpartum Depression:** IPT has been found particularly effective for women experiencing postpartum depression, likely due to its focus on role transitions and interpersonal stress (O'Hara et al., 2000).

**Older Adults:** Studies also support IPT's use among elderly populations, with evidence pointing to improvements in both mood and social engagement (Reynolds et al., 1999).

**Low-resource Settings:** IPT has been successfully adapted for delivery by non-specialist providers in low- and middle-income countries, showing promise for global mental health (Bolton et al., 2003).

#### 4. Comparative Effectiveness and Long-term Outcomes

When compared with other treatment modalities, IPT generally performs on par with CBT and pharmacotherapy. Some studies suggest that IPT may have unique benefits for patients with high levels of interpersonal dysfunction or comorbid personality disorders. Long-term follow-ups have shown sustained improvements in patients treated with IPT, especially when combined with maintenance therapy. However, relapse prevention remains a concern, and booster sessions or continuation therapy may be recommended for chronic or recurrent cases.

### III. COMPARATIVE EFFECTIVENESS OF IPT

To address the comparative effectiveness of Interpersonal Therapy (IPT) for your review article, you'll want to analyse how IPT stacks up against other evidence-based treatments for depression and possibly other mental health conditions. Here's a suggested structure with key points to include:

#### 1. Overview of IPT

**Brief description:** time-limited, structured therapy focused on interpersonal issues. Commonly used for: major depressive disorder (MDD), postpartum depression, dysthymia, adolescent and elderly depression.

#### 2. IPT vs. Cognitive Behavioural Therapy (CBT)

**Effectiveness:** Meta-analyses suggest that IPT is comparable to CBT in reducing depressive symptoms. **Mechanism difference:** CBT focuses on cognitive distortions; IPT focuses on interpersonal functioning. **Suitability:** IPT may be preferred for patients with interpersonal conflicts or grief-related depression, while CBT may work better for those with strong cognitive distortions.

#### 3. IPT vs. Pharmacotherapy

**Combination therapy:** Evidence shows that combining IPT with antidepressants is often more effective than either alone, particularly in severe depression.

**Monotherapy comparison:** IPT can be as effective as medication for mild to moderate depression.

#### 4. IPT vs. Psychodynamic Therapy

IPT generally shows faster symptom reduction, though long-term outcomes may be similar.

PT is more manualized and structured, which supports easier dissemination and training.

#### 5. IPT vs. Behavioural Activation (BA)

**Comparable effectiveness** for depressive symptoms. BA may be more cost-effective and easier to implement in low-resource settings.

#### 6. IPT in Specific Populations

**Adolescents:** IPT-A (adapted for adolescents) has shown strong outcomes, particularly in school-based settings. **Postpartum depression:** IPT is highly effective, often first-line in some guidelines.

**Older adults:** IPT can address grief and role transitions, showing moderate-to-high effectiveness.

#### 7. Strengths and Limitations

**Strengths:** Focus on current interpersonal issues, adaptable to different cultures, structured format.

**Limitations:** May not be ideal for individuals with severe cognitive distortions or those needing long-term therapy.

#### 8. Meta-analyses and Systematic Review Data

Consider including pooled effect sizes from key meta-analyses (e.g., Cuijpers et al., 2011; Driessen et al., 2013). Include forest plots or

summary tables comparing IPT to CBT, medication, and others.

#### Adaptability and Cultural Sensitivity of IPT

One of the notable strengths of Interpersonal Therapy (IPT) lies in its adaptability across diverse populations and cultural contexts. The therapy's focus on universal interpersonal issues—such as grief, role transitions, interpersonal disputes, and social isolation—makes it inherently applicable to various cultural frameworks. Studies have demonstrated IPT's effectiveness in both Western and non-Western settings, including low- and middle-income countries, by allowing clinicians to tailor the intervention to culturally relevant expressions of distress and interpersonal norms. Moreover, IPT's structured, time-limited format facilitates adaptation in community and primary care settings, where resources may be limited. Culturally adapted versions of IPT, such as those for Latino, African, and Asian populations, have shown promising outcomes, highlighting its flexibility and potential for global mental health applications. This cultural responsiveness positions IPT as a valuable modality in addressing depression within a wide range of demographic groups.

#### IV. LIMITATIONS AND FUTURE DIRECTIONS

While Interpersonal Therapy (IPT) has demonstrated substantial efficacy in the treatment of depression, several limitations within the current body of research merit critical consideration. A significant proportion of empirical studies have been conducted in high-income, Western contexts, thereby limiting the generalizability of findings to diverse cultural and socio-economic settings. Moreover, although comparative studies indicate that IPT is generally equivalent in effectiveness to other empirically supported treatments such as Cognitive Behavioural Therapy (CBT), there remains a lack of large-scale, rigorously designed head-to-head trials, particularly among individuals with chronic, treatment-resistant, or comorbid depressive disorders. The manualized structure of IPT, while advantageous for training and dissemination, may constrain clinical flexibility in cases involving complex psychopathology. Furthermore, evidence on the long-term maintenance of treatment gains is relatively limited, and follow-up

durations across studies vary considerably. Future research should prioritize the cross-cultural validation and adaptation of IPT, with particular emphasis on implementation in low- and middle-income countries and among marginalized populations. The development and evaluation of digitally delivered IPT, including internet-based and tele therapy formats, represent promising avenues to increase accessibility and scalability. Additionally, further investigation into the mechanisms of change underlying IPT, including potential neurobiological and interpersonal mediators, may enhance theoretical refinement and therapeutic precision. Robust longitudinal studies and implementation science approaches will be essential to establish IPT's sustained effectiveness and integration into routine mental health care across diverse service settings.

#### V. CONCLUSION

Interpersonal Therapy (IPT) has established itself as a robust, evidence-based intervention for the treatment of depression across a range of populations and clinical settings. Its emphasis on interpersonal functioning, structured format, and adaptability to cultural contexts contribute to its broad applicability and sustained relevance in contemporary mental health care. Comparative studies suggest that IPT is at least as effective as other first-line treatments, including Cognitive Behavioural Therapy and pharmacotherapy, particularly for individuals whose depressive symptoms are closely linked to interpersonal stressors. The therapy's utility in diverse groups—including adolescents, postpartum women, and older adults—further underscores its clinical versatility. However, limitations in the existing literature, such as the scarcity of long-term follow-up data and underrepresentation of low-resource settings, highlight the need for continued research.

Future directions should focus on enhancing cultural adaptability, expanding delivery models (e.g., digital and community-based formats), and elucidating the mechanisms of therapeutic change. Overall, IPT represents a valuable and effective approach within the broader landscape of depression treatment, with promising potential for further development and global implementation.

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