The cognitive approach to explaining depression

Beck's cognitive theory of depression

American psychiatrist Aaron Beck (1967) suggested a **cognitive approach** to explaining why some people are more vulnerable to **depression** than others. In particular it is a person's *cognitions* that create this vulnerability, i.e. the way they think.

Beck suggested three parts to this cognitive vulnerability.

Faulty information processing

When depressed we attend to the negative aspects of a situation and ignore positives. For example, if I was depressed and won £1 million, I might focus on the fact that the previous week someone had won £10 million rather than focus on the positive of all I could do with £1 million. We also tend to blow small problems out of proportion and think in 'black and white' terms.

Negative self-schemas

A **schema** is a 'package' of ideas and information developed through experience. They act as a mental framework for the interpretation of sensory information. A *self-schema* is the package of information we have about ourselves. We use schemas to interpret the world, so if we have a negative self-schema we interpret all information about ourselves in a negative way.

The negative triad

A person develops a dysfunctional view of themselves because of three types of negative thinking that occur automatically, regardless of the reality of what is happening at the time. These three elements are called the **negative triad**. When we are depressed, negative thoughts about the world, the future and oneself often come to us.

a) Negative view of the world – an example would be 'the world is a cold hard place'. This creates the impression that there is no hope anywhere.

b) Negative view of the future – an example would be 'there isn't much chance that the economy will really get better'. Such thoughts reduce any hopefulness and enhance depression.

c) Negative view of the self – for example, I might think 'I am a failure'. Such thoughts enhance any existing depressive feelings because they confirrm the existing emotions of low **self-esteem**.

Ellis's ABC model

Another American psychiatrist, Albert Ellis (1962) suggested a different cognitive explanation of depression. He proposed that good mental health is the result of rational thinking, defined as thinking in ways that allow people to be happy and free of pain. To Ellis, conditions like anxiety and depression (poor mental health) result from irrational thoughts. Ellis defined **irrational thoughts**, not as illogical or unrealistic thoughts, but as any thoughts that interfere with us being happy and free of pain.

Ellis used the **ABC model** to explain how irrational thoughts affect our behaviour and emotional state.

A Activating event

Whereas Beck's emphasis was on automatic thoughts, Ellis focused on situations in which irrational thoughts are triggered by external events. According to Ellis we get depressed when we experience negative events and these trigger irrational beliefs. Events like failing an important test or ending a relationship might trigger irrational beliefs.

B Beliefs

Ellis identified a range of irrational beliefs. He called the belief that we must always succeed or achieve perfection.

C Consequences

When an activating event triggers irrational beliefs there are emotional and behavioural consequences. For example, if you believe you must always succeed and then fail at something this can trigger depression.

The cognitive approach to treating depression

Cognitive behaviour therapy

Cognitive behaviour therapy (**CBT**) is the most commonly used psychological treatment for **depression** and a range of other mental health problems. If you see a **clinical** psychologist for a mental health problem the chances are you will receive CBT.

CBT begins with an assessment in which the patient and the cognitive behaviour therapist work together to clarify the patient's problems. They jointly identify goals for the therapy and put together a plan to achieve them. One of the central tasks is to identify where there might be negative or **irrational thoughts** that will bene t from challenge.

CBT then involves working to change negative and irrational thoughts and finally put

more effective behaviours into place. Some CBT therapists do this using techniques purely from Beck's cognitive therapy, or some rely exclusively on Ellis's rational emotive behaviour therapy. Most draw on both.

CBT: Beck's cognitive therapy

Cognitive therapy is the application of Beck's cognitive theory of depression. The idea behind cognitive therapy is to identify automatic thoughts about the world,the self and the future – this is the **negative triad**. Once identi ed these thoughts must be challenged. This is the central component of the therapy.

As well as challenging these thoughts directly, cognitive therapy aims to help patients test the reality of their negative beliefs. They might therefore be set homework such as to record when they enjoyed an event or when people were nice to them. This is sometimes referred to as the 'patient as scientist', investigating the reality of their negative beliefs in the way a scientist would. In future sessions if patients say that no one is nice to them or there is no point in going to events, the therapist can then produce this evidence and use it to prove the patient's statements are incorrect.

CBT: Ellis's rational emotive behaviour therapy (REBT)

REBT extends the **ABC model** to an **ABCDE model** – **D** stands for dispute and **E** for effect. The central technique of REBT is to identify and dispute (challenge) irrational thoughts.

For example, a patient might talk about how unlucky they have been or how unfair things seem. An REBT therapist would identify these as examples of *utopianism* and challenge this as an irrational belief. This would involve a vigorous argument. The intended effect is to change the irrational belief and so break the link between negative life events and depression. This vigorous argument is the hallmark of REBT. Ellis identi ed different methods of disputing. For example, *empirical argument* involves disputing whether there is actual evidence to support the negative belief. *Logical argument* involves disputing whether the negative thought logically follows from the facts.

Behavioural activation

Alongside the purely cognitive aspects of CBT the therapist may also work to encourage a depressed patient to be more active and engage in enjoyable activities. This **behavioural activation** will provide more evidence for the irrational nature of beliefs.