Beck’s Theory of Depression: Cognitive Theory of Depression

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Cognitive Theory of Depression and Cognitive Therapy

1. Cognitive pathology
   Why do people get depressed?
   Why does depression continue?

2. Cognitive assessment
   How is depression measured?

3. Cognitive therapy
   How is depression treated?
<table>
<thead>
<tr>
<th>Incident</th>
<th>Automatic thoughts</th>
<th>False reasoning</th>
<th>Reasonable thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criticized by friends</td>
<td>Friends probably hate me</td>
<td>Excessive generalization</td>
<td>Criticism shows an aversion for what I did, not for my personality</td>
</tr>
</tbody>
</table>
False Reasoning

1. **Arbitrary reasoning**
   Eliciting a negative conclusion without any evidence
   e.g. individuals presumes that they came to be hated by their friend who just fails to send them a birthday card.

2. **Selective attention**
   Paying attention only to subtle negative matters, not on the most obvious one.
   e.g. A worker concluded that he was undervalued, finding a bad grade in his evaluation report.

3. **Excessive generalization**
   Arbitrarily concluding various matters with meager experience
   e.g. A student who failed in a math exam assumes that he will never pass any other subject.

4. **Stretched interpretation and underestimation**
   Mistaking importance of matters and evaluation of awareness
   e.g. An individual considered his failure at work in youth with stretched interpretation and thus underestimates all of his business performances, by thinking “my work has not been going well.”

5. **Individualization and self-association to others**
   Associating negative matters irrelevant to one with oneself
   e.g. If I had advised him to quit smoking, he would not have had to die from a heart attack.

6. **Perfectionism and dichotomous thinking**
   Intolerable of not clarifying black and white for anything
   e.g. If my husband left me, I would have any other choice but dying.
Beck’s Cognitive Theory of Depression

A: Incident  B: Cognition  C: Emotion

- Depressed life events
- False-reasoning
- Depressive schema
- Automatic thoughts
- Depressive symptoms

Ellis’s ABC Chart

A: Activating events incidents eliciting troubles
B: Belief cognition / reaction
C: Consequences troubles and negative feelings as a result
Automatic thoughts
A negative thought unintentionally popped into one’s mind
this brings depression

Three major symptoms of depressive cognition
(The cognitive triad)
Three areas (the self, the world and the future) tend to be occupied with negative thoughts. ⬛?
• An individual comes to lose self-confidence
• Thinks about one’s relationship with others negatively
• Foresees one’s future pessimistically
Depressogenic Schemata

Schema is a cognitive structure deep inside such as belief and attitude.

“Unless accepted by all people, an individual cannot become happy.” Interpersonal Area
“Failure in business means failure in life.” Achievement Area

Usually adaptable but contains a structure which generates depression in a certain condition
Cognitive Therapy becomes General Theory

Anxiety Disorder  Depression  Schizophrenia  Others

- Panic disorder
- Obsessive-compulsive disorder
- Social phobia
- PTSD
- Cognitive theory of depression
- Schizophrenia
- Delusion
- Hallucination
- Eating disorder
- Personality disorder
Cognitive Theory of Depression and Cognitive Therapy

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Questionnaire Method to Evaluate Each Element in Beck’s Cognitive Theory

Automatic thoughts
ATQ  CCL
CCI  SVQ

Depressive symptoms
BDI  SDS
CES-D

False-reasoning
TES

Depressive schemata
DAS  IBT
CST

Questionnaire to evaluate each element in Beck’s theory
BDI: Beck Depression Inventory
ATQ: Automatic Thoughts Questionnaire
DAS: Dysfunctional Attitude Scale
TES: Thinking Errors Scale

linking
assessment and abnormal psychology
clinical study and analogue study
Path Analysis of Beck’s Cognitive Model

- **GFI=0.93**
- **AGFI=0.90**

Diagram:

- **<A: Triggering event>**
  - stress

- **<B: Cognition>**
  - automatic thoughts
  - false-reasoning
  - depressive schemata

- **<C: Emotion>**
  - depressive symptoms

Path coefficients:

- From stress to automatic thoughts: 0.19
- From automatic thoughts to depressive symptoms: 0.55
- From automatic thoughts to false-reasoning: 0.53
- From automatic thoughts to depressive schemata: 0.49
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Technique for Beck’s Cognitive Treatment (Action + Cognition)

Action technique
1. Self-monitoring: Record one’s own activities and feelings in detail for a week or more.
2. Activity scheduling: Plan activity schedule by the hour.

Cognitive technique
   Self-questioning method: consider one’s own automatic thoughts as a hypothesis, and verify whether it is true by collecting data, conducting experiments, and coming to a conclusion.

Clients ask themselves three questions.
a. What is the evidence for thinking in that way?
b. Is it possible to have a different view?
c. What is the meaning of thinking in that way?

DRDT (Daily Record of Dysfunctional Thoughts)
Effects of Cognitive Therapy (Rush and others 1977)

BDI score

anti-depression score

medication treatment group (14 people)

cognitive treatment group (18 people)

before treatment | after treatment | 3 months later | 6 months later

follow-up
## Is cognitive therapy effective?

<table>
<thead>
<tr>
<th>Researcher (year)</th>
<th>Clinical diagnoses</th>
<th>Treatment</th>
<th>Number of cases</th>
<th>Duration of treatment</th>
<th>Session (time/week)</th>
<th>Amount of medicine (mg/day)</th>
<th>Interrupted cases</th>
<th>BDI change rate</th>
<th>HRSD change rate</th>
<th>Effective cases</th>
<th>Evaluation</th>
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<td>5</td>
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<td>cognitive treatment &gt; anti-depression drug</td>
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Self-Learning Texts for Cognitive Therapy

*Feeling Good: New Mood Therapy:* David D. Berns, Seiwa Shoten

*Mind Over Mood: Change how you feel by changing the way you think:* Dennis Greenberger & Christine A. Padesky, Sogensha

*Kokoro ga hareru noto: utsu to fuan no ninchiryo-ho jishucho* (self-learning text to deal with depression and anxiety: how to clear up your depressive mood): Yutaka Ono, Sogensha
* Special Features and Significance of Beck’s Cognitive Theory

a. Follow a traditional predisposing stress model
b. Based on Ellis’s ABC chart
c. Presupposed a causal path from cognition to emotion
   before Beck: depressive feeling →
   depressive cognition
   after Beck: depressive cognition →
   depressive feeling
   (easy to offer a therapy)
d. Set three fields for cognition
   → depressogenic schemata theory
e. A path to psychopathology linked with assessment
   The questionnaire method to evaluate each factor is
   developed → opened a practical psychopathological path
   → co-function link between clinical study and non-clinical
   analogue study
f. A path to psychopathology directly linked with treatment
g. Criticism for Beck’s theory led a lot of psychopathological theories
Beck’s Theory: Well-Balanced Development of Three Fields

Mental therapy: Non-structuralized interview method
- Establishment of cognitive therapy
- 77 Therapy effect study

Assessment:
- 61 BDI
- DRDT
- 79 DAS
- 80 ATQ

Abnormal psychology:
- 67 Cognitive distortion theory
- Depressogenic schemata theory

Development of questionnaire method