A study on becks theory psychology essay

Beck's theory states that Individuals with dysfunctional attitudes are likely to show increases in depressed mood following the occurrence of negative events. From the cognitive perspective, we can say that depression is caused by one's thinking. Someone with dysfunctional attitudes tends to think negatively toward themselves. When a negative event occurs which relates to that person, it triggers the negative thoughts over and over again which can lead to depression.

Beck believed that the cognitive symptoms of depression actually precede the affective and mood symptoms of depression, rather than vice versa. Beck's main argument was that depression was instituted by one's view of oneself, instead of one having a negative view of oneself due to depression. For example, Abela and D'Alessandro's (2002) found that the student's negative views about their future strongly controlled the interaction between dysfunctional attitudes and the increase in depressed mood. The research clearly backed up Beck's claim that those at risk for depression due to dysfunctional attitudes who did not get into their college of choice then doubted their futures, and these thoughts lead to symptoms of depression.

The other cause of depression would be a person's interpersonal relationship with their surroundings and the people around them. Hammen and Brennan (2001) found that 13% of the sons and 23. 6 % of the daughters who were depressed had depressed mothers as compared to 3. 9% of the sons and 15. 9% of the daughters who were depressed lacked a depressed mother. From the social perspective, we see that the child becomes depressed because of the interpersonal relationship with his or her mother which shows how the

social environment around someone can influence the behaviour or thinking of the person.

The depressed adolescents of depressed mothers were also more likely to evidence dysfunctional cognitions about their social selves and worlds. (Hammen & Brennan, 2001, p. 8) This clearly contradicts beck's argument that depression is cause by dysfunctional cognition but not vice versa. Hammen and Brennan (2001) discussed that adolescents gets depressed because of the interpersonal relationship with their mothers which then later lead them into dysfunctional cognitions. Whereas, beck states that dysfunctional attitudes comes first which then later on lead the person into depression.

Another contradiction of these two concepts is that one states that depression is caused by the inner thinking without the influence of another person and on the contrary, the other is cause by the surrounding people and how they behave.

Second Section

Cognitive Theory

Individuals with dysfunctional attitudes are likely to show increases in depressed mood following the occurrence of negative events which is stated in Beck`s theory. We can say that depression is caused by one's thinking from the cognitive perspective. Someone with dysfunctional attitudes tends to think negatively toward themselves. When a negative event shows up, it triggers the negative thoughts over and over again which can lead to depression.

The relationship between dysfunctional attitudes and increases in depressed mood following the occurrence of negative events is caused by negative views of the future . Beck's cognitive theory of depression has generated a vast body of empirical research. Central to Beck's theory is the construct of schemas(Beck's (1967, 1983). Beck defines schemas as stored bodies of knowledge that affect the encoding, comprehension and retrieval of information. The content and organization of different individuals' schemas vary according to their particular experiences. Once activated, depressogenic schemas provide access to a complex system of negative themes and cognitions which will lead to ‘ negative cognitive triad'(Beck's (1967, 1983). Beck defines the negative cognitive triad as a negative view of the self, the world and the future. Beck hypothesizes that the negative cognitive triad is a sufficient cause of depression and will start showing some depressive symptoms such as deficits in affective, motivational, behavioural and physiological functioning(John R. Z. Abela, 2000). Beck also states that there are three main dysfunctional belief themes (or " schemas") that dominate depressed people's thinking (Natalie Staats Reiss, Ph. D, 2007):

- I am defective or inadequate,
- All of my experiences result in defeats or failures, and
- The future is hopeless.

Together, these three themes are described as the Negative Cognitive Triad. When these beliefs are present in someone's cognition, depression is very likely to occur.

Depressed people will tend to demonstrate selective attention to information, which matches their negative expectations, and selective

inattention to information that contradicts those expectations. Faced with a mostly positive performance review, depressed people will manage to find and focus in on the one negative comment that keeps the review from being perfect. They tend to magnify the importance and meanings in the negative events, and minimize the importance and meanings in positive events. Usually this kind of situation will happen quite unconsciously which is will maintain a depressed person's core negative schemas in the face of contradictory evidence, and they will remain feeling hopeless about the future even when the evidence suggests that things will get better.

Beck hypothesizes that depressogenic schemas are typically latent in individuals which vulnerable to depression and must be activated by relevant stressors or event in order to exert their influence on information processing(Beck's (1967, 1983). In the absence of such aversive life events, depressogenic schemas remain inactive and do not exert an influence on patterns of thinking.

Based on the research done by a group of researchers from Canada, (John R. Z. Abela and David U. D'Alessandro, Department of Psychology, McGill University), they used a short-term longitudinal design in which participants' dysfunctional attitudes were assessed prior to the occurrence of a negative event. The method that they have used was 136 high school seniors applying to the University of Pennsylvania completed measures of depressed mood and dysfunctional attitudes 1-8 weeks before receiving their admissions decision and denoted as (Time 1). The assessment of dysfunctional attitudes was preceded by a primary task designed to activate latent depressogenic schemas in all participants. Participants also observed on thier depressed

mood, negative views of the self, and negative views of the future shortly after they received their admissions decision and denoted as (Time 2) and four days later as (Time 3).

The outcome from this research was consistent with the component of Beck's theory. The participants who are dysfunctional attitudes predicted increases in depressed mood immediately following a negative admissions outcome (Time 2). In addition, according to the the causal mediation component of the theory, for negative outcome students, the relationship between dysfunctional attitudes and increases in depressed mood was caused by negative views of the future. Contrary to predictions, however, this relationship was not mediated by negative views of the self. In addition, opposite to predictions, dysfunctional attitudes did not predict enduring depressed mood after a negative outcome (Time 3).

Some studies have found no support for the diathesis-stress component of the theory. For example, using a psychiatric in-patient sample, Persons and Rao (1985) reported that irrational beliefs (Ellis, 1962) did not interact with negative events to predict increases in depressive symptoms seven months after discharge. Similarly, using a three-month prospective design, Barnett and Gotlib (1988a, 1990) reported that dysfunctional attitudes did not interact with negative events to predict increases in depressive symptoms.

Social Theory

The early onset of depression commonly recalled by depressed adults. (Burke, Burke, Regier, & Rae, 1990) The increasing rate of depression in youngsters is significantly impairing and it indicates recurrence and

continuity into adulthood. One of the best empirically supported predictors of depression in youth is having a depressed mother.

There is no single unifying social model of depression but rather various empirical and theoretical developments that emphasize interpersonal cognitions and behaviors. As for the mother, a key characteristic of the interpersonal perspective is a particular emphasis on the dysfunctional, abnormal or unhealthy interpersonal behavior or interaction within a group transaction between the person and the social environment. (Joiner & Coyne, 1999) Depressed individuals often function poorly in marriages and relationships with family members. (Barnett & Gotlib, 1988; Rao, Hammen, & Daley, 1999; Weissman & Paykel, 1974) They may engage maladaptively, adapting poorly to a situation with others in ways that contribute to the occurrence of interpersonal stressful life events, which eventually might cause further depression. (Davila, Hammen, Burge, Pa-ley, & Daley, 1995; Hammen, 1991)

Depressed people are often dependent on others and seek confidence in ways that distance others.(Barnett & Gotlib, 1988; Joiner & Metalsky, 1995) They often overvalue relationships as sources of self-worth but may also have acquired negative beliefs about the availability and trustworthiness of others . In turn, prolong course of depression may be due to negative attitudes by family members. (Hooley, Orley, & Teasdale, 1986; Hooley & Teasdale, 1989; Keitner et al., 1995)

Although many of the interpersonal deficiencies noted in depressed individuals may be depressive state dependent, a number of the cited

studies have indicated enduring difficulties even when the person is not currently depressed. Obviously not all depressive disorders are functionally linked to maladaptive interpersonal relationships; but research strongly suggests the importance of the contribution of social behaviors and beliefs in promoting depression and its recurrence.

The acquisition of dysfunctional schemas about the self and others, and the deficiencies in interpersonal skills, may set the stage for vulnerability to depression, particularly when stressors are encountered that deplete or challenge the child's sense of worth, competence, and social relatedness.

The depressed children of depressed mothers were also highly likely to have elevated rates of interpersonal and conflict life events, reflecting at least in part their relative difficulties in negotiating interpersonal relationships. The depressed adolescents of depressed mothers were also more likely to have dysfunctional cognitions about their social selves and world. They more likely compared to depressed children of non depressed women to report fewer friends and social activities.

In my opinion, social vulnerabilities of offspring of depressed women may contribute to earlier onset of depressive disorders and worse clinical features. Although biological and genetic factors may heighten risk for early onset, acquisition of interpersonal vulnerabilities may also result in early experiences of depressive disorders.

The homogeneity permits evaluation of differences between groups that are not mistaken with age effects. Moreover, young adolescence is a

developmental period during which social activities and alliances outside of the family take on increasing importance.

The most noticeable differences among the groups occurred in interpersonal functioning. Indicators of ongoing social role performance revealed more impaired functioning in social domains, with a particularly marked problem, not surprisingly, in relationships with family members for depressed youth of depressed mothers. The depressed children of depressed mothers were also highly likely to have elevated rates of interpersonal and conflict life events, reflecting at least in part their relative difficulties in negotiating interpersonal relationships. The depressed adolescents of depressed mothers were also more likely to evidence dysfunctional cognitions about their social selves and worlds. They were significantly more likely than depressed children of non depressed women to report fewer friends and social activities.

However, It is interesting that depressed children of depressed mothers were more positive about their romantic appeal than depressed children of non depressed women, possibly indicating earlier involvement or greater. (Gotlib, Lewinsohn, & Seeley, 1998)

An important implication of subgroup differences may be that the depressed youth of depressed women, because of interpersonal difficulties, will have earlier and more frequent recurrences of depression, which could result from stressors associated with inability to adapt to social demand. Moreover, it might be speculated that youth interpersonal difficulties might lead to adult social difficulties, including dysfunctional marital relationships and even transmission of depression to their own offspring.

From the study, it is interesting that there was a tendency for a higher male proportion among the outcome of depressed women, while most of the depressed children of non depressed women were girls.

In conclusion, the results are consistent with the perspective that depression among children of depressed mothers is especially likely to occur in the context of difficulties in their interpersonal skills and perceptions of others towards them. The youths' difficulties may represent a mechanism of intergenerational transmission of depression that results in part from the parents' own interpersonal difficulties acquired in their childhood family environments. Last but not least, aggressive treatment of the social dysfunctions has to be taken.

Third Section

Depression / Major depressive disorder

Depression is a medical illness that involves the mind and body. It also known as major depression, major depressive disorder and clinical depression which is by an all-encompassing low mood accompanied by low self-esteem, and loss of interest or pleasure in normally enjoyable activities.. It affects patients' feel, think and behave which lead to a variety of emotional and physical problems. Major depression is a disabling condition which adversely affects a person's family, work or school life, sleeping and eating habits, and general health.

Subtypes

There are five further subtypes of major depressive disorder called specifiers to nothing the length, severity and presence of psychotic features:

- Melancholic depression - loss of pleasure in most or all activities, a failure of reactivity to pleasurable stimuli, a quality of depressed mood more pronounced than that of grief or loss, a worsening of symptoms in the morning hours, early morning waking, psychomotor retardation, excessive weight or excessive guilt.
- Atypical depression - mood reactivity (paradoxical anhedonia) and positivity, significant weight gain or increased appetite (comfort eating), excessive sleep or sleepiness (hypersomnia), a sensation of heaviness in limbs known as leaden paralysis, and significant social impairment as a consequence of hypersensitivity to perceived interpersonal rejection.
- Catatonic depression - a rare and severe form of major depression involving disturbances of motor behavior and other symptoms. The person is mute and almost stuporose, and either remains immobile or exhibits purposeless or even bizarre movements. Catatonic symptoms also occur in schizophrenia or in manic episodes, or may be caused by neuroleptic malignant syndrome.
- Postpartum depression (Mild mental and behavioral disorders associated with the puerperium) refers to the intense, sustained and sometimes disabling depression experienced by women after giving birth.
- Seasonal affective disorder (SAD) is a form of depression in which depressive episodes come on in the autumn or winter, and resolve in spring. The diagnosis is made if at least two episodes have occurred in colder months with none at other times, over a two-year period or longer.

Causes of Depression

Depression has no single cause; often, it results from a combination of things. Whatever its cause, depression is not just a state of mind. It is related to physical changes in the brain, and connected to an imbalance of a type of chemical that carries signals in your brain and nerves. These chemicals are called neurotransmitters. Some of others factors involved in depression are:

Family history

Genetics play an important part in depression. It can run in families for generations.

Trauma and stress

Things like financial problems, the breakup of a relationship, or the death of a loved one can bring on depression. People can become depressed after any unwelcome change in life patterns, like starting a new job, graduating from school, or getting married can trigger a depressive episode.[1]

Pessimistic personality

People who have low self-esteem and a negative outlook are at higher risk of becoming depressed. These traits may actually be caused by low-level depression.

Physical conditions

Serious medical conditions like heart disease, cancer, and HIV can contribute to depression, partly because of the physical weakness and stress they bring on. Depression can make medical conditions worse, since it weakens the immune system and can make pain harder to bear. In some cases, depression can be caused by medications used to treat medical conditions. For example, some medications that are used to treat high blood pressure,

cancer, seizures, extreme pain, and to achieve contraception can result in depression. Even some psychiatric medications like some sleep aids and medications to treat alcoholism and anxiety can contribute to the development of depression.

Lack of neurochemicals

the depressive disorders appears to be associated with altered brain serotonin and norepinephrine systems. The different types of schizophrenia are associated with an imbalance of dopamine (too much) and serotonin (poorly regulated) in certain areas of brain. Both neurochemicals (serotonin and norepinephrine) are lower in depressed people.

Other psychological disorders

Anxiety disorders, eating disorders, schizophrenia, persistent deprivation in infancy, physical or sexual abuse, clusters of certain personality traits, and inadequate ways of coping (maladaptive coping mechanisms) can increase the frequency and severity of depressive disorders

Symptoms

- Feelings of sadness or unhappiness
- Irritability or frustration, even over small matters
- Loss of interest or pleasure in normal activities
- Insomnia or excessive sleeping
- Changes in appetite — depression often causes decreased appetite and weight loss, but in some people it causes increased cravings for food and weight gain
- Agitation or restlessness — for example, pacing, hand-wringing or an inability to sit still

- Fatigue, tiredness and loss of energy — even small tasks may seem to require a lot of effort
- Feelings of worthlessness or guilt, fixating on past failures or blaming yourself when things aren't going right
- Slowed in thinking, speaking or body movements, concentrating, making decisions and remembering things
- Frequent thoughts of death, dying or suicide
- Unexplained physical problems, such as back pain or headaches

Treatments and Suggestion

Psychotherapy

Psychotherapy can be delivered to individuals or groups by mental health professionals including psychotherapists, psychiatrists, psychologists, clinical social workers, counselors, and psychiatric nurses. *Talking* the[2]rapies help patients gain insight into their problems and resolve them through verbal give-and-take with the therapist. It reduces the recurrence of depression even after it has been terminated or replaced by occasional booster sessions.

Types of therapy:

Cognitive behavioral therapy (CBT)

can help to identify and change thought and behavior patterns that contribute to depression. People who are depressed tend to think negatively. Therefore, cognitive behavioral therapy teaches patients how to identify and challenge the negative thoughts and helps to obtain more satisfaction and rewards through their own actions.

Interpersonal therapy

looks at how depression can be connected to troubled emotional relationships. Interpersonal therapists focus on the patient's disturbed personal relationships that both cause and exacerbate the depression.

Psychodynamic therapy

links depression to traumas and conflicts that happened earlier in your life, especially during childhood. It can be a short-term treatment, although it is often a longer process. The therapists focus on resolving the patient's internal psychological conflicts that are typically thought to be rooted in childhood. Long-term psychodynamic therapies are particularly important if there seems to be a lifelong history and pattern of inadequate ways of coping (maladaptive coping mechanisms) in negative or self-injurious behavior.

Group therapy

allows you and other people with depression—or people with the same issues that contributed to your depression—to meet together with a therapist and share experiences.

Antidepressants

Antidepressants are treatment method by the help of medication to treat the physical state in the brain. Psychologists identified that when certain chemicals in the brain (such as serotonin, norepinephrine, and dopamine) are out of balance, depression can occur. People with chronic depression may need to take medication indefinitely to avoid relapse. Hence, antidepressants can be help to improve the symptoms of depression by bringing those chemicals back into balance.

Some of the major types of antidepressants are discussed below:

NDRIs (Norepinephrine and dopamine reuptake inhibitors) are a type of antidepressant that increases the levels of norepinephrine and dopamine by blocking their " reuptake" in the brain. Buproprion is the only antidepressant within this class of drugs approved by the FDA. Side effects may include weight loss, loss of appetite, and dry mouth.

SSRIs (Selective Serotonin Reuptake Inhibitors) such as sertraline, escitalopram, fluoxetine, paroxetine, and citalopram are a widely used type of antidepressant. SSRIs increase serotonin in the brain by blocking " serotonin reuptake" in the brain. These types of antidepressants can cause sexual side effects.

SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors) work in much the same way as an SSRI. SNRIs block the " reuptake" of both serotonin and norepinephrine. SNRIs may also cause side effects similar to SSRIs.

Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a procedure whereby pulses of electricity are sent through the brain via two electrodes, usually one on each temple, to induce a seizure while the patient is under a short general anaesthetic. ECT can have a quicker effect than antidepressant therapy and thus may be the treatment of choice in emergencies such as catatonic depression where the patient has stopped eating and drinking, or where a patient is severely suicidal. ECT is useful for certain patients, particularly for those who cannot take or have not responded to a number of antidepressants. ECT often is effective in cases where trials of a number of antidepressant medications do

not provide sufficient relief of symptoms. This procedure probably works, as previously mentioned, by a massive neurochemical release in the brain due to the controlled seizure.

Opinion

In my opinion, there is more than one way to skin a mongoose. There are a lot of difference perspectives to look at the causes of depression. There might be environmental, biological, psychological, physical, or some incidents that cause individual to depress. It is quite difficult to differentiate between a depressed people from a normal one. Hence, by looking at the symptom of depression is one of the ways to diagnose the disease.

Therefore, we will discussion about how depress symptom appears and may leads to occurrence of depression. At first, we choose to use cognitive theory as an approach to explain how people get depressed which can be apply in most cases. Cognitive theory saying that depression results from maladaptive, faulty, or irrational cognitions taking the form of distorted thoughts and judgments. Depressed people think differently than non-depressed people, and it is this difference in thinking that causes them to become depressed. For example, depressed people tend to view themselves, their environment, and the future negative, pessimistic light. As a result, depressed people tend to misinterpret facts in negative ways and blame themselves for any misfortune that occurs. This negative thinking and judgment style functions as a negative bias; it makes it easy for depressed people to see situation as being much worse than they really are, and increases the risk that such people will develop depressive symptoms in response to stressful situations.

The depressive symptoms are also the cognitive approach to the depressive individual where all the symptoms are causes by themselves. For example, they have feelings of sadness or unhappiness, irri[3]tability or frustration, even over small matters, loss of interest or pleasure in normal activities, insomnia or excessive sleeping and others. All the symptoms are from patient mind. They tend to ignore positive information, pay exaggerated attention to negative information, and to engage in overgeneralization, which occurs when people assume that because some local and isolated event has turned out badly, this means that all events will turn out badly. For example, depressed people may refuse to see that they have at least a few friends, or that they have had some successes across their lifetime (ignoring the positive). Or they might dwell on and blow out of proportion the hurts they have suffered (exaggerating the negative). Other depressed people may convince themselves that nobody loves them or they always mess up (overgeneralizing).

In addition, cognitive theory also suggested that people are shaped by the interactions between their behaviors, thoughts, and environmental events. Each piece in the puzzle can and does affect the shape of the other pieces. Human behavior ends up being largely a product of learning, which may occur vicariously, as well as through direct experience. Depressed people's self-concepts are different from non-depressed people's self-concepts as we mention earlier. They tend to hold themselves solely responsible for bad things in their lives and are full of self-recrimination and self-blame. They also tend to have low levels of self-efficacy (a person's belief that they are capable of influencing their situation). Therefore, they tend to set their

personal goals too high, and then fall short of reaching them. Repeated failure further reduces feelings of self-efficacy and leads to depression.

Nevertheless, of all the factors which by the depressed individual, they are just feeling directed toward themselves for blaming the failure and uselessness. However, there also a cause to major depression which is appearing of a stressful event triggered their depressive episode. The stressful event initiate depressive episodes create changes in the brain's chemistry that make it more likely that future episodes of depression will develop. The stressful experiences often take away a person's sense of control and can cause great emotional upheaval and pain. Sometimes, even positive life changes such as getting married or having a baby can trigger a depressive episode.

Another approach of theory which I personally think is very important causes to depression is by using Behavioral Theories. Behavioral Theories uses principles of learning theory to explain human behavior. Therefore, according to behavioral theory, we can say that dysfunctional or unhelpful behavior such as depression is learned.

A person can be depressing because of the environmental stressors cause them to receive a low rate of positive reinforcement. Positive reinforcement occurs when people fo something they find pleasurable and rewarding. When people receive positive reinforcement, it wills increases the chances that people will repeat the sorts of actions they have taken that led them to receive that reinforcement. In other words, people will tend to repeat those behaviors that get reinforced. However, depressed people do not know how

to cope with the fact that they are no longer receiving positive reinforcements like they were before. A depressed people typically have a heightened state of self-awareness about their lack of coping skills that often leads them to self-criticize and withdraw from other people. For example, a man who has been fired from his job and encounters difficulty finding a new job might become depressed.

In a nutshell, depression can be cause by the internal and external factors such as people's thoughts, perceptions, evaluations, expectations, behavior and so on. Hence, at the last part of our research on depression, we had generated an equation for the causes of depression by using cognitive theory and behavioral theory which applicable for most of the depression cases.

DEPRESSION = f { stressful events, dysfunctional attitudes, depressive symptoms, loss of positive reinforcement }

[1] Subtypes of Depression—Diagnosis and Medical Management. Retrieved March 6, 2010 from http://www. ncbi. nlm. nih. gov/pmc/articles/PMC1237582/

[2] Understanding Depression Signs, Symptoms, Causes and Help. Retrieved March 6 2010 from http://www. helpguide. org/mental/depression_signs_types_diagnosis_treatment. htm

[3] Depression Treatment. Therapy, Medication, and Lifestyle Changes That Can Help. Retrieved from 6 March 2010 from http://www. helpguide. org/mental/treatment_strategies_depression. htm