

# Aaron beck's cognitive behavior therapy for depression



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It is believed that much can be said about how a person reacts to a situation. In times of successes and positive moments, most people celebrate with joyous reactions. However, in troubled times, people react with different shades of negative emotions. Some spring back right away and take positive action while others dwell in doom and even fall into a dark depressive state. For these people, how do they find their way back to the light?

This paper outlines Aaron Beck's model of depression as culled from research. It shall discuss some major components in his Cognitive theories and identify strategies used in Cognitive Behavior Therapy.

Clients suffering from psychological problems are assumed to focus more on their flaws that pull them down than on their potentials that may spur them up to success. Aaron Beck agrees that much of our psychological problems are caused by "cognitive distortions" due to our acknowledged human fallibility. "In depressed people, these belief systems, or assumptions, develop from negative early experiences such as the loss of a parent, rejection from peers, an unrelenting succession of tragedies, criticism from teachers, parents or peers, or even the depressed behaviour of a parent. These negative experiences lead to the development of dysfunctional beliefs about the world, which are triggered by critical incidents in the future." (Field, 2000).

Beck (1987) came up with the concept of "negative cognitive triad" that describes the pattern that triggers depression. In the first component of the triad, the client exhibits a negative view of himself. He is convinced that he is to blame for whatever pathetic state he is currently in because of his

personal inadequacies. Secondly, the client shows negative view of the world, hence, a tendency to interpret experiences in a negative manner. He nurtures a subjective feeling of not able to cope with the demands of the environment. Third and lastly, the client projects a gloomy vision of the future. He can only anticipate failure in the future.

Beck (1975) developed a model to treat depression. He writes that, in the broadest sense, “cognitive therapy consists of all of the approaches that alleviate psychological distress through the medium of correcting faulty conceptions and self-signals” (p. 214) Specifically, it goes to the root of depressive self-schemata. “Depressive self-schemata have been defined as maladaptive cognitive structures, consisting of networks of information about the self, formed through developmental processes and social learning experiences, that negatively bias information processing and emotional and behavioral responding” (Beck, 1987; Brewer & Nakamura, 1984; Denny & Kuiper, 1981; Kovacs & Beck, 1978; Segal, 1988 as mentioned in Pace and Dixon, 1993, p. 288).

Once the negative schema is activated this leads to a stream of what Beck called negative automatic thoughts (NATs). Eventually, the person will have no voluntary control over such thoughts. These negative thoughts then become accepted as true, leading to other negative thoughts. It is this negative stream of consciousness that leads to depressive symptoms (Field, 2000). These distorted automatic thoughts, maladaptive assumptions and negative schemas.

are what need to be corrected in the perspective of the client with the help of the therapist.

The goal of therapy is to help the client realize that reorganizing the way they view situations will call for a corresponding reorganization in behavior. In therapy, clients are taught Thought Catching or the process of recognizing, observing and monitoring their own thoughts and assumptions and catch themselves especially their negative automatic thoughts when they dwell on it. Once they are aware of how their negativity affects them, they are trained to check if these automatic thoughts are valid by examining and weighing the evidence for and against them.

The therapist uses a variety of therapeutic strategies depending on what he decides will work on his particular client. He also delegates responsibility to his client by expecting him to do homework outside the therapy sessions. Homework or Task Assignment is aimed at positive behavior that brings about emotional and attitudinal change (Corey, 2005). Therapists also engage in Socratic dialogues with the clients, throwing questions that encourage introspection with the goal of the client arriving at his own conclusions. Reality Testing lets the client do tasks to disprove negative beliefs such as phoning a friend to disprove the belief that no one wants to speak to him. (Field, 2000)

Therapy for depressed clients focuses on their specific problem areas and involves doing activities to deeply process the problem and probable solutions.

This can result not only in a client feeling better but also behaving in more effective ways. Clients feel overwhelmed with all their responsibilities and their inability to attend to all the details of their lives lead them to be depressed. The therapist usually needs to take the lead in helping clients make a list of their responsibilities, set priorities and develop a realistic plan of action. “ Because carrying out such a plan is often inhibited by self-defeating thoughts, it is well for therapists to use Cognitive Rehearsal techniques in both identifying and changing negative thoughts. If clients can learn to combat their self-doubts in the therapy session, they may be able to apply their newly acquired cognitive and behavioral skills in real-life situations.” (Corey, 2005, p. 291)

Another technique in Cognitive Behaviour Therapy is Alternative Therapy. It focuses on coping options. Clients are encouraged to generate a number of alternative solutions or courses of action to given situations which might render them helpless. This brainstorming welcomes even ridiculous or counter-productive ideas, as the benefits and costs of each alternative is discussed anyway. This exercise makes the clients realize that they can be in control of situations after all. (Field, 2000)

Finally, in Dealing with Underlying Fears and Beliefs, the therapist makes the client go to the core and origin of such beliefs and discuss the vulnerability factors that exist with it. These beliefs are then challenged again using tasks (Field, 2000).

After undergoing intensive CBT, relapse prevention is essential. All throughout treatment, clients are encouraged to integrate the techniques

they have learned in therapy in their daily lives with the goal of keeping CBT effective even when therapy ends (Roth, Eng and Heimberg, 2002).

However, clients are also warned that they might still encounter difficult times in the future even after successful treatment but their newly acquired skills at dispelling negative thoughts and reactions must be at their disposal to use whenever they would need them and maintain the belief that a single difficult event is not a failure on their part. " An important goal of therapy should be to ensure that clients can apply cognitive and behavioral techniques on their own, with less reliance on the therapist over time, thus facilitating relapse prevention efforts." (Roth, Eng and Heimberg, 2002, p. 453)

Pace and Dixon (1993) have done a study to confirm that brief individual cognitive therapy, as compared with a no-treatment control condition, was effective in reducing depressive symptoms and the number of negative self-referent judgments. for mildly and moderately depressed college students. Depressed people appear to be more likely than non-depressed people to actively distort information about the self in negative ways that are consistent with the depressive features of their self-schemata (Haaga et al., 1991).

However, no matter how effective Cognitive therapy seems to be, it should be noted that it s not a psychotherapeutic panacea for depression. It may suit some clients and not others, so appropriateness for each particular case needs to be evaluated well (Dobson, 1989). For example, for depressed geriatric patients, pharmacotherapy, or the use of anti-depressants to treat their depression may be more effective " because the nature of their  
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symptomatology is often characterized by the so-called vegetative, or physical, signs" (Bielski & Friedel, 1976 as mentioned in Dobson, 1989, p. 418). " Although the use of CBT as the sole treatment for unipolar depression has certainly been advocated, CBT is viewed as an adjunct to pharmacotherapy in the treatment of bipolar disorder." (Roth, Eng & Heimberg, 2002, p. 455)

Beck's Cognitive Therapy has been criticized for focusing too much thinking positively; being too superficial and simplistic and not putting enough emphasis on the client's past. It is also criticized for being too technique-oriented, thereby not maximizing the therapeutic relationship between client and therapist. It was claimed to work only on eliminating symptoms but not entirely exploring the root causes of the client's difficulties. Ignoring the role of the unconscious factors and neglecting the role of feelings are likewise criticisms of this therapeutic approach (Corey, 2005). Cognitive therapy practitioners are quick to defend that although they are straightforward in their approach and seek simpler instead of more complicated solutions does not imply that the practice of cognitive therapy is simplistic. They also argue that they do not explore the unconscious or underlying conflicts but work with the clients' present circumstances to be able to bring about the necessary schematic changes. They also deny that they do not give importance to the clients' past, as most of their issues spring from earlier experiences. (Corey, 2005) Cognitive Behavior Therapists admit that Cognitive Behavior Therapy places central emphasis on the client's cognition and behavior, but does not ignore emotions in the therapy process, rather, it is considered a by-product of cognition and behavior (Corey, 2005).

Like other therapeutic models, Beck's Cognitive Behavior Therapy has its limitations, but nevertheless proves to be effective in most cases of depression. Its premise of changing the way one thinks about things brings about changes in behavior and feelings is one simple but wise advice worth following.