

Beck's cognitive theory of depression essay sample



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Depression is a “ clinical syndrome” that affects many people in our society today, and has been documented for influencing humanity for over two-thousand-years (Beck, 1967, p. 3). Various pursuits have been initiated in effort to understand, diagnose, and treat this prevailing disorder. Although numerous attempts have been executed and several studies have assisted in the advancement of knowledge regarding depression, an adequate, comprehensive vindication of its' perplexing and inconsistent characteristics cease to be established (Beck, 1967).

One particular clinical application utilizes cognitive psychotherapy to treat psychosomatic distortions within depressed patients. Cognitive therapy offers cohesive techniques that are condensed and refined to both assess and modify circumstances of the depressed patient (Beck, Shaw, Rush, & Emery, 1979).

With this research I have provided the historical origins and definitions of depression as well as cognitive therapy. In addition, I have enclosed a detailed insight on the process of cognitive therapy, application techniques and the resulting analysis.

Historical Origin of Depression

“ Supernatural intervention” was the perceptual cause of depression in ancient writings (Ainsworth, 2000, p. 48). This paranormal interference was predominantly religious in disposition and varied throughout different cultures. In the ancient Hindu culture it was believed that the Gods persecuted individuals with depression, while exemplifying good and evil wars and rivalry against one another. Ancient Babylonian and Egyptian

cultures believed that the Gods disciplined individuals with the “depressive curse” as a result of wrongdoings (Ainsworth, 2000, p. 48). And in the Ancient Hebrew culture it was believed that Yahweh (Hebrew God) rendered depression upon individuals as a reflection of his discontentment (Ainsworth, 2000).

In Ancient and Medieval physiology there were four humors consisting of bodily fluids, each of which represented one of four basic environmental elements. Blood symbolized air that promoted vitality, phlegm symbolized water that functioned as both a coolant and lubricant, choler or yellow bile symbolized fire that promoted digestion, and black bile symbolized earth that functioned as a pigment to darken other fluids or bodily parts (American Heritage (Eds.), 2000). These four bodily humors structured the “humoral theory,” which determined an individual’s disposition and general health depending upon the relative proportions of each particular humor (Ainsworth, 2000, p. 48; American Heritage (Eds.), 2000).

In the ancient Greek culture depression was referred to as “melancholia,” an illness formulated due to a surplus of “black bile” (Ainsworth, 2000, p. 48). Hippocrates was the first to clinically describe melancholia in the Fourth Century B. C. (as cited in Beck, 1973). When presented in excess, black bile was believed to cause depression or melancholy, thus referenced as melancholia (American Heritage (Eds.), 2000).

In the Middle Ages it was believed that God had condemned depression upon individuals as a punishment for their sins. In addition, the devil was also assumed to have controlled the souls of those who were condemned with

depression. This thought process that was the ultimate precursor to witch-hunts throughout the Middle Ages. The witch-hunts brutally punished the mentally ill, including the depressed, with accusations of being in association with Satan (Ainsworth, 2000).

In the late Nineteenth and early Twentieth centuries, the religious disposition on depression came to a halt. Instead, a medical pursuit for the source of depression turned to studies of the human body and mind. Emil Kraepelin, a Western scientist, examined and observed the course of depression. He was able to formulate a sophisticated and comprehensive classification system for the illness with his biological theories of mood disorder (Ainsworth, 2000; Nolen-Hoeksema, 2004). Within his theories of mood disorders, four distinct biological factors are stated. The biological factors are noted in Susan Nolen-Hoeksema's *Abnormal Psychology, Third Edition* (2004):

Theory1: Genetic Theory

Description: Disordered genes predispose people to depression or bipolar disorder.

Theory 2: Neurotransmitter Theories

Description: Dysregulation of neurotransmitters and their receptors causes depression and mania.

Theory 3: Neurophysiological Abnormalities

Description: Altered brain-wave activity during sleep, overactivation in the nondominant side of the brain, atrophy in the cerebral cortex, and metabolic activity in the brain may correlate with mood.

Theory 4: Neuroendocrine Abnormalities

Description: Depressed people show chronic hyperactivity in the hypothalamic-pituitary-adrenal axis and slow return to baseline after a stressor, which affect the functioning of neurotransmitters (p. 291).

Sigmund Freud, an Austrian neurologist, developed a theory identified as Psychoanalysis (Wade, Tavris, 2006). The Psychoanalytic Theory was based on an individual's personality in addition to their natural and internal bodily compulsions, or instincts (Ainsworth, 2000; Nolen-Hoeksema, 2004).

Psychoanalysis focused on one's unconscious motives and conflicts, better known as urges, which were usually characterized as sexual or aggressive in manner (Wade, Tavris, 2006).

In today's society, the characteristics of depression are prominently representative to those of melancholia from the ancient Greek cultures. There subsists a minimal number of clinical descriptions and characteristics of psychiatric conditions that have remained sequentially perpetual throughout history. Thus, in more recent years it has become customary to designate this depressive condition as an " affective disorder" or a " primary mood disorder" due to the consistency in features from past to present times (Beck, 1973, p. 5).

Overview of Depression

Depression is defined as having perceptual internal characteristics such as: distressed moods, despondency, feelings of irrelevance and insignificance, self- detestation, indignity and guiltiness. It is also defined as having biological external characteristics such as: weight loss, insomnia, fatigue,

loss of appetite, loss of energy, loss of libido, and difficulties with attentiveness (Clark, Beck, & Alford, 1999; Beck, 1967; Ainsworth, 2000).

An individual suffering from depression possesses an astounding disparity between their personal vision of themselves and detached reality (Beck, 1973). These depressed individuals perceive themselves on a more subjective level than they are actually viewed by rational society. They abrasively degrade themselves with a shameful and undignified demeanor, feeling as if they do not deserve certain providential aspects in life, and that their existence is unworthy of bearing the satisfactory elements of humanity (Beck, 1967).

With these specified attitudes and behaviors, depressed individuals are inclined to execute action that develop and intensify their affliction, without being influenced or persuaded by rational clarification or by factual verification of their irrational thoughts (Beck, 1973). This particular concept of thought and manner of conduct oppose the basic proposition of human nature—the “pleasure principle,” which states that a typical individual inquires to maximize satisfaction in addition to minimizing one's suffering (Beck 1967). The loss of interest or inability to experience pleasure is known as “anhedonia” (American Heritage (Eds.), 2000; Clark et al., 1999). This characteristic is the essential and significant symptom of depression (Clark et al., 1999).

There are several forms of depression; three significant categories include: dysthymic disorder, major depression, and double depression (Nolen-Hoeksema, 2004). These disorders are distinguished by two factors. First, the

duration of the symptoms—the extent of time the patient endures indications of the disorder. Secondly, the impairment of the symptoms—the level of functional destruction the patient endures both socially and occupationally resulting from symptoms of the disorder (Beck, 1973).

Dysthymic disorder is a lesser form of depression in comparison to major depression; however, this type of depression is more chronic. The symptomatic duration requirement to qualify for a diagnosis is a minimum of two years. For the phase of two years, these symptoms cannot cease or diminish within a consecutive period of two months or longer (Nolen-Hoeksema, 2004). The required quantities of present symptoms to be identified as a disorder are anhedonia along with two other symptoms of depression (Nolen-Hoeksema, 2004; Clark et al., 1999).

Major depression diagnosis requires a minimum duration of symptoms lasting continuously for a two-week period. The symptoms must contain a severity of daily functional interference. Requirements for symptoms consist of either loss of interest in typical activities or a depressive mood trait. In addition, four other chronically depressive symptoms must be present to be identified as a disorder (Clark et al., 1999; Nolen-Hoeksema, 2004).

Double depression is a disorder in which the individual cycles between dysthymic disorder and major depression. Throughout the duration of this disease, the individual will chronically be dysthymic with occasional episodes of major depression. Individuals with double depression are particularly incapacitated in comparison to those with dysthymia or major depression, resulting from deficient recovery commencing the occasional major

depression episodes. As major depression gradually decreases, this individual will revert to the dysthymic stage without a normal mood recovery period. Because of this, an individual's response to treatment is less likely (Nolen-Hoeksema, 2004).

Historical Origin of Cognitive Theory

As stated by David G. Payne and Michael J. Wenger (1998), cognitive psychology is defined as, " an empirical research science that has as its primary goal understanding the processes that underlie the workings of the human mind" (p. 3). Cognitive theories study human cognitions within two categories, involving both physiological and behavioral approaches. Multiple research techniques are utilized in order to gather observations. These techniques include psychological processes such as: attentiveness, consciousness, perceptiveness, linguistics, and mentality as well as one's ability to learn and recall specific information, reason and make decisions, and categorize data (Payne, Wenger, 1998).

Overview of Cognitive Model Theory of Depression

The cognitive therapy approach is utilized to manage various psychiatric disorders in addition to depression, and is applied as a dynamic, instructional, and structuralized method of treatment. The basis of cognitive theory centers on the fundamentals of " theoretical rationale," implying that an individual's influence and actions are heavily constructed by their perceptual composition of the world around them (as cited in Beck et al., 1979, p. 3). An individual's verbal or pictorial events within their flow of consciousness are referred to as their " cognitions," and an individual's

attitudes or assumptions are referred to as their "schemas" (Beck et al., 1979, p. 3).

The foundations of an individual's cognitions are established on schemas and derived from preceding encounters of the world around them (Beck et al., 1979). Aaron T. Beck et al. (1979) portrayed an example to identify with this concept in his book titled *Cognitive Therapy of Depression*:

If a person interprets all his experiences in terms of whether he is competent and adequate, his thinking may be dominated by the schema, "Unless I do everything perfectly, I'm a failure." Consequently, he retreats to situations in terms of adequacy even when they are unrelated to whether or not he is personally competent (p. 3).

Specific methods are utilized to enhance and improve our comprehension of the brain's provisions and conceptions of intelligence. Methods focus on the three negative schemas or underlying dysfunctional beliefs about one's self, the world around them, and their future. These distortions are then brought into consciousness of the depressed individual in an attempt to alter their perceptions and attitude towards themselves as well as their interactions with others and expectations (Payne, Wegner, 1998).

Application Techniques and Resulting Analysis

Aaron T. Beck's cognitive therapy is deemed one of the most successful forms of treatment for depression. Through various studies, cognitive therapy has shown to be not only effective, but also a superior alternative intervention for depression. The likelihood for relapse or need for further treatment subsequent to concluding the initial cognitive therapy was half

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that of those seeking pharmacotherapy alone. Moreover, cognitive therapy is the most extensive treatment utilized throughout our society today (as cited in Nolen-Hoeksema, 2004).

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