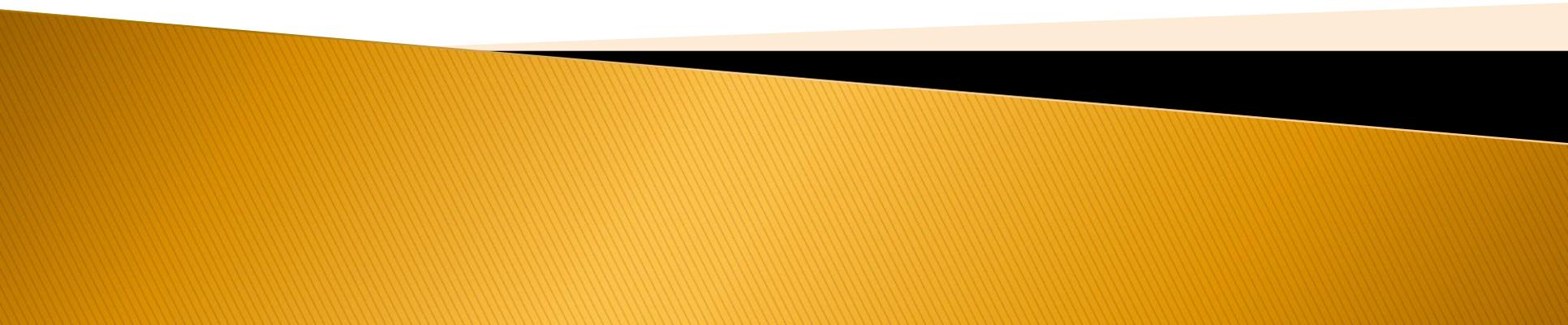


# Psychological Models of Depression



# Beck's Cognitive Model

- ▶ Cognitive triad: negative view of future, world, and self.
- ▶ Cognitive distortions—faulty information processing
- ▶ Core irrational beliefs which create a psychological vulnerability to depression. Typically these are conditional beliefs such as I'm worthwhile if I'm loved or if I am achieving adequately.

# Some Important Themes from this Model

- ▶ Primacy of cognitive factors in depression
- ▶ Importance of perception of future in depression:
  - Mild depression: discouraged about the future
  - Moderate depression: dismal future
  - Severe depression: no future
- ▶ Importance of view of self. Self-devaluation/lower sense of self-worth a key factor in depression.

# Two Important Principles

- ▶ **Maintaining causes vs. original causes.**
  - Original cause is what started the problem.
  - Maintaining cause is what keeps it going.
- ▶ Cognitive–behavior therapy focuses therapeutically on maintaining causes. This is one reason why dramatic results can be attained with short–term therapy.

- ▶ **The cognitive model of emotion:** The way we feel is based on the meaning we give to things. Consequently if we understand the person's perception of the world, which is based on their beliefs, then the way they feel makes sense. For example if someone is depressed and truly believes that nothing will work out for them or that they will always be depressed then their depression makes complete sense.

- ▶ Beck's cognitive model of emotional disorders: Each disorder has a specific pattern of distorted thinking that is the key maintaining cause of the disorder and which is the appropriate focus of therapy.
    - Panic disorder: catastrophic misattribution of bodily sensations
    - Depression; cognitive triad, cognitive distortions, core beliefs
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# Seligman's Attribution Model

- ▶ The meaning given to negative events will determine the risk of depression.
- ▶ The three attributional dimensions are
  - Internal vs. External; Global v. Specific; and Stable vs. Unstable
- ▶ If negative events are interpreted as internal, global, and stable then clinical depression becomes a significant probability.

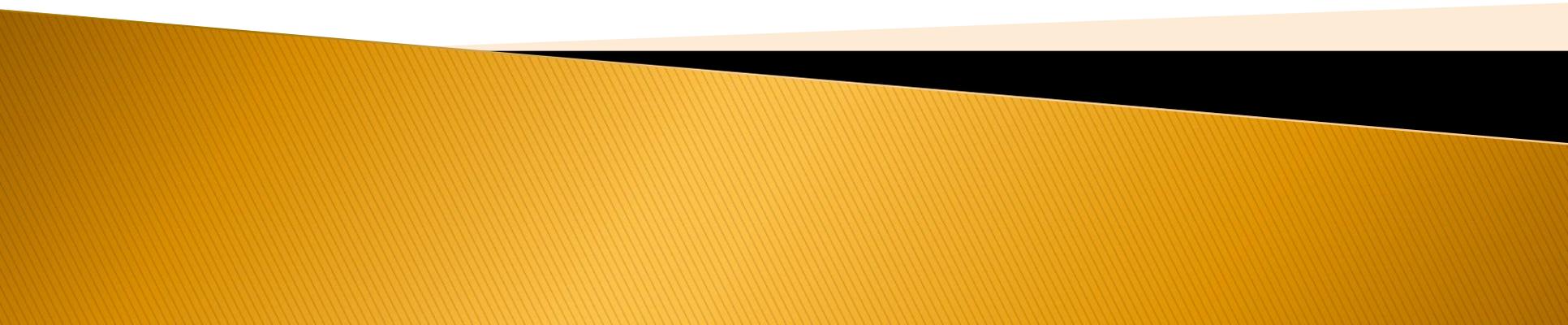
- ▶ For example if someone loses a job, and they attribute it to some failing on their part (internal), see things as similarly not working out for them in other areas (global), and see a long term pattern of failure and disappointment in the future (stable) they are likely to become depressed.
  - ▶ However if they were to see this as due to circumstances beyond their control (external), as an event that was unique to this situation (specific), and as something that did not represent any future pattern (unstable) they should be able to handle this well emotionally.
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# Using This Model Therapeutically

- ▶ First of all what is the actual reality? We might not know exactly, but we do know that even if a negative internal attribution were accurate there is no reason that it would have to generalize to everything else (global) and be a mistake that goes on forever (stable).
  - ▶ So the “global” attribution is always based on overgeneralization while the “stable” attribution is also based on overgeneralization as well as an irrational negative fatalism.
  - ▶ So we can therapeutically explore the internal–external dimension, and if there is an accurate negative internal element they can learn from that making future success more likely.
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- ▶ On the other hand the global and the stable attributions are always based on overgeneralization and catastrophizing and represent a negatively distorted view of reality.
  - ▶ Can also ask them about something that turned out positive due to their own efforts (internal) and that continued to work out (stable) and had some positive effects in other areas (global).
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# Joseph Wolpe's Model of Neurotic Depression



# Some Background Information

- ▶ Wolpe often considered to be the founder of behavior therapy believed that the key problem in most nonpsychotic disorders was maladaptive anxiety. He believed that most maladaptive anxiety was acquired through classical conditioning, although some was cognitively based.
  - ▶ The stimulant antecedents of maladaptive anxiety were always in the environment and had to be determined by a careful history and clinical interview which he called behavioral analysis.
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# Two Common Misconceptions about Behavior Therapy

- ▶ *Behavior therapy is about changing behavior.*

Wolpe always saw the problem as maladaptive anxiety not behavior. The goal of behavior therapy was to eliminate maladaptive anxiety, that is anxiety that is not useful. Even in the case of a specific phobia he did not see the avoidance behavior as the problem but rather the maladaptive anxiety which is what motivated the avoidance. Behavior modification is about changing behavior which is based on an operant conditioning model. Wolpe's behavior therapy is designed for treating what were then called symptomatic neuroses and is based on a classical conditioning model.

- ▶ *Behavior therapy is for very clearly defined problems such as specific phobias.*
- ▶ Wolpe believed that all nonpsychotic problems could be reduced to specific fears. This was just as true in cases of generalized anxiety disorder and depression. In such cases the specific causes of the maladaptive anxiety are not as obviously apparent but can just as certainly be determined. Also he found that by far the most common cause of maladaptive anxiety was social anxiety.

- ▶ Wolpe believed that depression was often secondary to maladaptive anxiety. He saw four ways this occurred.
  - ▶ As secondary to a severe and prolonged conditioned anxiety.
  - ▶ As a consequence of a cognitively based anxiety.
  - ▶ As secondary to social anxiety or to a feeling of interpersonal intimidation.
  - ▶ As a result of unresolved bereavement
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- ▶ Once the focus of the maladaptive anxiety has been identified it should be treated as an anxiety problem which should also resolve the depression.

# Meta Thoughts as Key Maintaining Factors in Depression

- ▶ Meta thoughts are second level thoughts about the problem or the symptoms of the problem.
- ▶ The two most common meta thoughts in depression are:
  - ▶ Future projection of depression.
    - When people are depressed they often cannot imagine not being depressed and feeling normal again. This means they see the possibility of eternal suffering.

- ▶ Self-downing/self-criticism for being depressed.
    - They may actually believe that if they are hard enough on themselves they will shame themselves out of being depressed. If they do this when they are depressed they probably have unreasonable standards even when not depressed, so this actually represents a therapeutic opportunity for a broader cognitive restructuring.
  - ▶ Since loss of hope and self-devaluation are characteristic features of depression, feeling hopeless about becoming undepressed and putting themselves down for being depressed become key factors in maintaining their depression.
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# Depression as Overthinking & Underacting

- ▶ This idea comes from Gary Emery.
  - ▶ People attempt to analyze their depression as a way of figuring it out and solving it, but this keeps them focused on their depression and keeps them depressed.
  - ▶ When we become depressed our thinking becomes distorted in that we see things as worse than they actually are. Therefore keep this higher perspective in mind and don't take your thinking seriously when you are depressed.
  - ▶ Increase your activity level even though you may not feel like it.
  - ▶ Exercise is particularly good for depression and likely provides both biological and psychological benefits.
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# Depression and Acceptance

- ▶ Depression can be seen as resulting from a perceived loss that we are not accepting.
  - ▶ Accept the reality of what has happened.
  - ▶ Accept yourself even though you feel depressed and accept that for now you feel depressed.
  - ▶ The acceptance paradox: When we accept something in the psychological world we let go of it.
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