

Module: Psychological Foundations of Mental Health

Week 5

Psychological therapies: from behaviour modification to behaviour therapy

Topic 2

The second wave – the role of cognition and the emergence of cognitive therapy – Part 3 of 3

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Lecture transcript

Slide 2

We have used the term “cognitive model” a few times to refer to Beck’s theory. This diagram shows a simple version of that model. This simple cycle shows the interplay between our thoughts, the feelings that arrive from them, and the subsequent behaviour.

Typically, the model assumes a triggering event that initiates one or more negative automatic thoughts. The trigger may be an actual external event. Or it may be self-generated, such as remembering a previous event.

Finally, the behaviour that results from the thoughts and feelings can provide the basis of additional triggers, maintaining the cycle. All of this takes place in the environment in which the person lives.

This model is obviously very different from the behaviourist one that we saw earlier, with the deterministic link between the antecedent triggering event and the resultant behaviour and its consequence.

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The simple model that we have just seen, although a useful approximation, does not really capture the complexity of what results from the antecedent trigger. First, one part is missing, namely, the physical responses that the person experiences accompanying their emotion.

We saw earlier that various physical symptoms accompany depression. In anxiety, anger, and other negative emotions, different physical reactions occur, from sweating to quickened heart rate. All of these are part of the individual’s overall response and, in turn, can trigger further thoughts.

Thus, a person whose heart is racing in a frightening situation may have a catastrophic thought that they are having a heart attack. And that can further amplify their anxiety. This is what can happen in some people during a panic attack.

The second modification to the model is that the one directional cycle of relationships is probably inaccurate. Instead, it is more likely that the links are bi-directional. Thus, thoughts can provoke

feelings, and feelings can provoke thoughts. Likewise, feelings and behaviour and so on.

Finally, for completeness, we can hypothesise cross links between feelings and physical sensations, and between thoughts and behaviour. This model is sometimes called the hot cross bun model, because of its characteristic pattern and shape.

What we see in this more general model is that there is no specific direction of flow. There's a dynamic system with huge potential for so-called vicious cycles of unhelpful thoughts, behaviours, emotions, and feelings to build up, feeding on each other, and driving the maladaptive processes further.

Slide 4

We have almost finished describing the basic features of the cognitive model as first proposed by Beck and elaborated by later researchers. We can complete the model by adding the schema, with its underlying negative cognitive triad. This reminds us that it is not the triggering event itself that is important, but the way in which that information is processed and appraised.

Some major negative life event, such as losing a job, the breakup of a relationship, or death of a loved one, may affect most people adversely. However, people can react very differently to more day-to-day challenges, stresses, and threats, things such as having an argument with a friend, a disappointment with a job application, or putting on weight during a diet.

For some people, they are minor upsets or disappointments that are soon forgotten. But for others, they can trigger a long lasting cascade of negative thoughts, feelings, and behaviours and physical sensations. An event is, therefore, just an event. It is not yet a trigger, until it has passed through the filter and been transformed by the schema.

Finally, the schema is not static. It updates with new information from our thoughts, feelings, and behaviour. However, if these are shaped by a negative schema, the updating will serve to reinforce it. Here, we have the essential elements of Beck's cognitive model. It describes a basic system that, in certain conditions, can become maladaptive and increase the risk of depression and maintain the symptoms over time.

In the next topic, we will look at some of the cognitive therapy techniques that Beck and others have developed to tackle this maladaptive system.

Slide 5

Before we leave Beck's model for now, let's consider briefly where the negative schema may come from in depression. When a person is depressed, the negative schema is dominant. This may simply reflect a state-based association. In other words, our schema has become biased by our low mood to negatively appraise and filter information negatively.

However, Beck and others have suggested that people who become depressed have a predisposition to depression. This arises because they have developed a schema over the course of their lives that biases their thinking in a particular way. Even if not showing the symptoms of depression, the schema increases their vulnerability to depression in the context of subsequent stressors. For this reason, the schema in depression is sometimes referred to as a depressogenic trait.

We see here a model from a recent paper, in which Aaron Beck and Keith Bredemeier integrate evidence from a range of areas to account for how depressogenic beliefs, the cognitive triad, may develop and so increase vulnerability to depression.

The model suggests that the cognitive triad develops from the combined and interacting influence of factors including genetic risk; early experience, including trauma; information processing biases; and biological stress reactivity. When the beliefs are activated by stressful events in the person's life, they

can, in turn, feedback and further strengthen the information processing biases and stress reactivity.

You will find a discussion of this model and the evidence behind it in Beck and Bredemeier's paper. It also provides an excellent summary of this topic's content.