

# Module: Psychological Foundations of Mental Health

## Week 5

### Psychological therapies: from behaviour modification to behaviour therapy

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#### Topic 2

#### The second wave – the role of cognition and the emergence of cognitive therapy – Part 2 of 3

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#### Lecture transcript

##### Slide 2

The contribution of negative thinking in maintaining depression is one important component that makes Beck's model a cognitive one. The second component, however, is not only that negative thoughts occur in people who are depressed, but that they are often biased or illogical. In particular, they are often inconsistent with the available evidence of the past or present. The student who thinks that she will never pass the exam or that she is stupid may be ignoring past evidence. For example, when she had previously passed an exam after resitting or where she had got good grades that demonstrate that she is far from stupid.

We are all prone to illogical and irrational thinking. We do it all the time. We saw in earlier weeks how our thinking and interpretation of events is based on a wide range of factors. Some of these may be built into how our brain works, while others are based on personal and social factors. Together they contribute to the schema that, although often useful, can create biases in our perceptions, memory, and appraisal. This, in turn, can shape our attitudes, but also help explain why two different people can have quite different thoughts about the same event and react in quite different ways.

However, in emotional disorders such as depression, the co-operative model proposes that the schema increases the chance of negative thoughts and appraisals. Such features are typically called cognitive distortions. When described to patients in therapy, they are more typically labelled as unhelpful thinking styles. Many such distortions have been described. We will look here at just some of them. You will find a fuller list with descriptions on the Keats page for you this week.

##### Slide 3

First, we can consider all or nothing thinking. This has many alternative names such as splitting, or dichotomous reasoning, polarised, or black and white thinking. This thinking style categorises outcomes and interpretations as either good or bad, positive or negative, with no shades of grey in between. Such thinking is often seen in relation to a person's assessment of their own performance, whether in an exam, at an interview, or in relationships with friends.

In people who set high standards for themselves, even something that would be seen as a great result by some people would be seen as a failure by a perfectionist. Given that nothing or no one can

never be perfect every time, an all or nothing thinking style sets a person up to be disappointed and feel a failure at regular intervals. Equally, when they do succeed, it is typically not something that they celebrate. Such thinking can be motivating. Always striving to hit a self-imposed goal. However, it can also cause a person to give up trying if they feel they are likely to be disappointed and self-critical with what they see as failure.

#### **Slide 4**

Second, let's look at mental filtering, sometimes called selective abstraction. This refers to a common cognitive bias that of paying more attention to events and outcomes that support our existing views and ideas, rather than those that contradict them. We are all prone to this confirmatory bias. In depression, however, the filtering applies to events that support a person's negative thoughts about themselves, the future, and the world. This means that a person may notice their failures, absolute or relative, while ignoring instances of success. This filtering may happen in the moment or when the events are recorded later.

Even in a single task, a person may pick out only a small fraction of their performance and ignore other evidence. For example, a teacher's feedback on an essay may point out strengths as well as areas that could be improved. Filtering would result in the student only focusing on the latter, which might be seen as failures and, therefore, leading to disappointment.

#### **Slide 5**

Filtering often goes hand-in-hand with another pair of biases, magnification and minimisation. These refer to the fact that we not only attend to negative evidence more than positive, but that we magnify the significance of the negative giving it greater weight and importance and, at the same time, minimising the positive. For example, you go out on a first date and knock over a glass of water. Later that is all that you can think about and conclude that the date was ruined. You do not think about the rest of the dinner or the fact that your friend said how much she enjoyed the evening.

Minimising something can also involve a further conscious bias called disqualifying the positive. For example, when the date suggested that maybe you could meet up again, you tell yourself that she was just being polite. She didn't mean it.

#### **Slide 6**

Catastrophising is an extreme form of maximising. This is where the significance of a perceived negative event is blurred out of all proportion as illustrated here. Catastrophising involves an illogical leap from one event to a disastrous future outcome. Some intervening thoughts are shown here that may lead the person rapidly to the final, seemingly inevitable, outcome. Catastrophising is also evident in the language that we use to label events and outcomes in our thoughts and how we describe them to others. Something that is unfortunate becomes a disaster. Something that is merely difficult becomes impossible.

#### **Slide 7**

Personalisation is a form of bias where the individual assumes personal responsibility for events or outcomes, even those which they have no control or only partial control. Often these involve other people and a perceived failure or a negative outcome translates into feelings of guilt and low self-worth. Here's a couple of examples.

Jill and Tom have not seen each other for years and decide to meet up for the weekend. Jill wants to go out for a meal, but Tom suggests that they go out for a picnic instead. Jill agrees, but while out, it rains and they both get soaked. Jill does not say anything, but Tom thinks later that it was his fault that the picnic was a washout and the weekend ruined. Next, Julie's son is having problems at school and not doing so well as the children of her friends who are in the same class. Jill believes it is her fault. She blames herself for being a bad mother.

### **Slide 8**

Over generalisation describes where a person draws a hasty conclusion from partial information. Again, this is something that we are all prone to. In depression, those conclusions tend to be negative and sometimes catastrophic. Overgeneralised thoughts often contain the words always or whenever as illustrated here. They seldom contain qualifying words such as might, as in might never, or might always, or words describing intermediate or more likely outcomes such as sometimes. This is similar to the polarised or all or nothing thinking that we saw earlier.

### **Slide 9**

Let's look up one more cognitive distortion common in depressive thinking, that of emotional reasoning. Stated simply, this is where we equate how we feel with what is real. Our feelings and emotions and the language that we use to define them have power to influence what we believe to be a fact. It can be hard to separate the two, especially when combined with other biases such as filtering, personalisation, over generalisation, and so on.

A person with depression would tend to express such statements, shown on the right, such as I am a failure. They are not expressed as a subjective experience, I feel like a failure. Also, we can see that emotional reasoning transforms an episode of negative emotion into a concrete label. Such labels are powerful shorthand descriptions of the person. They tend to imply a constant and enduring feature rather than the emotion which, however unpleasant, is transient. We will come back to this when we consider core beliefs in the next topic.

### **Slide 10**

You will have sense from these illustrations that the language of our thinking in depression is often marked by polarisation, whether referring to ourselves, our future, or our world. Whereas such as always or never, all or nothing, succeed or fail, right or wrong. Others that we have not looked at include words such as must, should, and ought, all the negatives. These are all words that describe unbendable expectations about a person's behaviour or outcomes. They can also be combined to make them even more extreme such as must always succeed, should never fail.