

Cognitive Therapy

By David Donovan

The Greek philosopher Epictetus wrote that people "are disturbed not by things but by the views which they take of them." Centuries later the psychologist Adler stated that "we do not suffer from the shock of our experiences, the so-called trauma, but we make out of them just what suits our purposes." In other words we are self-determined by the meaning we give to our experiences, not by the experiences themselves. From this tradition emerged Cognitive Therapy, which maintains that emotions and behavior are determined by our attitudes and assumptions: we learn to master life's problems and situation by re-evaluating and correcting our thinking, hopefully in a realistic and adaptive manner.

But when we are depressed our thinking is dominated by negative ideas, many of which occur as "automated thinking" or "thoughtless thinking." We may see ourselves as being somehow defective, inadequate, diseased, or deprived; the world is full of obstacles and makes exorbitant demands on us. We may feel defeated and that our difficulties will continue indefinitely with nothing but hardships, frustrations, and endless burdens.

Drug therapy notwithstanding, Cognitive Therapy offers a method of utilizing a person's own psychological resources towards coping with depression. The basic premise is that the "Automatic Thoughts" may feed or contribute to the depression.

A person who is depressed or depression-prone will frequently maintain that their automatic negative thoughts are valid in spite of evidence to the contrary. Some of these types of thoughts are:

All-or-None Thinking: This is the tendency to see things in extremes or absolutes, as "either-or" and not allowing anything in between. It involves words like "always", "never", "nothing", and "everything". A typical statement might be, "I did not do well at that so I am a total failure."

Overgeneralization: This includes taking an isolated incident, drawing a broad conclusion, and applying it to other related or unrelated situations. The incident seemingly becomes a never ending pattern of defeat and negative generalization about oneself, the world, and the entire future. For example: "I did not do a good job; I never do anything right."

Mental Filter: The person takes negative details and magnifies them while filtering out the positive aspects of a situation. They make mistakes worse than they are by blaming themselves.

Arbitrary Inference: Drawing conclusions even though there is no evidence for them. Also it may involve focusing on one detail out of context while ignoring everything else.

Mind Reading: We conclude that someone is reacting negatively to us without checking it out.

Fortune Telling: The person anticipates that things will turn out badly as though it is an established fact.

Awfulizing or Catastrophizing: Exaggerating the importance of things, such as your mistake or someone else's achievement. We hear everyday statements, such as "I can't stand it if..." or "I'll go crazy if.. "

Emotional Reasoning: The person mixes their feelings with reality and makes negative assumptions such as "I feel so bad I must be bad."

Should Statements: There is a rigid code as to how the person and other people should act. They feel guilty or angry when the rules are broken.

Labelling: Instead of describing our own or someone else's error, we use a negative label such as "I'm a loser."

Rationalizing: This perhaps most of all is something we all do to some extent. It is making excuses, frequently to make us feel better about something we have done or not done.

Entitlement: Believing that we rightfully deserve things just for being who we are, without having earned them.

We know that the thinking of depression-prone people is constricted and dominated by negative ideas, many of which have been mentioned here. They can penetrate every aspect of our lives, but not just in "depressed" people. Listen for them in "normal" people too!