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# Cognitive behavioural therapy and depression

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**Abstract**
Depression is a mood disorder that affects a person's thoughts, behaviors, feelings, and life at large. People diagnosed with depression experience cluster of symptoms ranging from sad mood, dysphoria, suicidal ideation, hopelessness, helplessness and low self-esteem and often exhibit pessimistic explanatory style. Depression is considered the major cause of disability worldwide and is known as a psychiatric cold. According to World Health Organisation, 350 million people that are approximately 5 percent of the world population are suffering from depression. Women are more often diagnosed with depression than men. The aim of the present paper is to present a general overview cognitive behavior therapy (CBT) in treating depression and the results that this therapy has gained during the past decade. Research studies carried out during the last decades have consistently shown that CBT is efficacious in treating adolescent mental disorders such as depression, anxiety. CBT is based on the interrelations of thoughts, actions, and feelings and in order to work with people under therapy, the aim of therapy remains to identify the pattern of thoughts and feelings that underline the mood and restructuring these thoughts.

**Keywords:** depression, dysphoria, CBT, cognitive restructuring

## Introduction

Depression is the most discussed and most talked about problem in modern times. With the changing world dynamics and fast-growing economies, the health outcomes are particularly negative. From working in high corporate jobs to MNC's (Multi-national Companies) and to problems in everyday academic, social and personal life, depression is usually the end result. The global statistics regarding the depression says that 350 million people worldwide suffer from depression. At least 10-15 percent women went through the postpartum depression and about 20 percent people with MDD develop psychotic symptoms (NAMI).

Human reaction to the events of sadness and grief are normal. These feelings and episodes of despair are usually short and for time being. Every human reacts to different negative events differently, but when the sadness persists for longer periods it hampers the individual day to day activities of life. Diagnostic criteria set forth for depression and another mental health problem requires a strict procedure for labeling the tag of any disorder. The latest edition of Diagnostic and Statistical Manual for Disorder OF Mental Disorders (DSM V 2013) [10] specified the criteria for depression under the heading of depressive disorders that includes include disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance / medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and imspecified depressive disorder. The common element in all of these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect individuals daily functioning. The time duration, time of onset and presumed etiology differs them from one another.

Major depressive disorder (MDD) represents the classic condition in this group of disorders.

It is characterized by discrete episodes of at least 2 weeks' duration (although most episodes last considerably longer) involving clear-cut changes in affect, cognition, and neurovegetative functions and inter-episode remissions. Major depressive disorder can be diagnosed if a single depressive episode had happened although it is more pervasive in the majority of cases. Particular emphasis should be given to separate normal sadness and grief reactions from major depressive disorder. Bereavement may induce great suffering, but it does not typically induce an episode of major depressive disorder.

Cognitive behavior therapy (CBT) has been found to be an effective intervention for such problems (Klein, Jacobs and Reinecke, 2007 [15]; Cartwright-Hatton, Roberts, Chitsabesan, Fothergill and Harrington, 2004; Ishikawa, Okajima, Matsuoka and Sakano, 2007). UK National Institute for Clinical Excellence has recommended CBT therapies for the treatment of depression, obsessive-compulsive disorder and posttraumatic stress disorder in children and adolescents (NICE, 2005a, b, c). According to Martin, the simple idea is that our unique patterns of thinking, feeling, and behaving are significant factors in our experiences, both good and bad. Since these patterns have such a significant impact on our experiences, it follows that altering these patterns can change our experiences (Martin, 2016).

Cognitive behavioral therapy is working on the premises that the person's mood is directly linked to his pattern of thoughts, feelings, and actions. The goal of cognitive behavioral therapy is to help an individual to identify his pattern of negative thinking, evaluate their validity, and replace these faulty

patterns with more healthy and developmental thinking style. Mental health therapists who practice CBT aim to help their patients change patterns of those behaviors that were based on negative thinking. Negative thoughts and behavior predispose an individual to depression and make it nearly impossible to escape its downward spiral. CBT practitioners believe that when the underline thought pattern of moods change, the mood of a person also changes in a positive way.

CBT is different from other forms of talk therapy and it involves an active role from both client and therapist. In the cognitive restructuring task both the client and therapist work towards changing the thinking pattern and behavioral activation. The client learns to overcome obstacles to participating in enjoyable activities. Cognitive restructuring is an interactive process in which a therapist identify and challenge the faulty and inaccurate negative thoughts and thinking pattern that contribute to the development of depression. Cognitive restructuring is often done collaboratively between the client and therapist in the form of a dialogue.

CBT focuses on the immediate present: what and how a person thinks more than why a person thinks that way. Another feature of CBT is that it is goal specific. The session goals were decided in advance by the therapist and the client was asked to define goals for each session as well as longer-term goals. Longer-term goals are may take several weeks or months to achieve. Some goals may even be targeted for completion after the sessions come to an end.

CBT is a combination of both cognitive and behavioral therapies and are quite effective in the treating depression and anxiety disorders. (Chambless & Ollendick, 2001; DeRubeis & Crits Christoph, 1998) [9]. The basic premise of CBT is that emotions are difficult to change direction, so CBT targets emotions by changing thoughts and behaviors that are contributing to the distressing emotions. CBT builds a set of skills that enable an individual to be aware of thoughts and emotions; identify how situations, thoughts, and behaviors influence emotions; and improve feelings by changing dysfunctional thoughts and behaviors. The process of CBT skill acquisition is collaborative. Skill acquisition and homework assignments are what set CBT apart from "talk therapies." A therapist should use session time to teach skills to address the presenting problem and not simply to discuss the issue with the patient or offer advice. CBT employs multiple strategies, including Socratic questioning, role playing, imagery, guided discovery, and behavioural experiments.

The formulation is used in therapy to help the client and therapist to identify goals and priorities for therapy and to guide change. Early in therapy there is a focus on monitoring moods and behaviours, identifying negative thoughts, increasing behaviours, and symptom management. Behavioural work is likely to occur early in therapy. Subsequently the therapist and client make links, between the client's thoughts, feelings and behaviours, and they work on breaking the negative cycles between these. Typically the therapist will use a range of exercises (behavioural experiments) within sessions and homework tasks between sessions to challenge automatic thoughts, generate alternatives, and evaluate the validity of different thoughts. Clients are encouraged to shift their perspective away from negative automatic thoughts and towards alternatives. As therapy progresses clients are encouraged to become more autonomous, to develop new skills and to consider how to solve problems which may arise in the future. With some clients therapy becomes more focused on the central beliefs and philosophy of the individual (their core schema). In recent years research and clinical work have contributed to new therapeutic techniques such as mindfulness, compassionate mind work, schema focused therapy and acceptance.

Brief CBT is the compression of CBT material and the reduction of the average 12-20 sessions into four to eight sessions. In Brief CBT the concentration is on specific treatments for a limited number of the patient's problems. Specificity of the treatment is required because of the limited number of sessions and because the patient is required to be diligent in using extra reading materials and homework to assist in his or her therapeutic growth. Brief CBT can range in duration from patient to patient and provider to provider. You are encouraged to think flexibly in determining the length of treatment. Time-limited therapy may offer an additional incentive for patients and therapists to work efficiently and effectively. However, the exact length of treatment will likely be determined by a host of factors involving the therapist, patient, and treatment setting. It is not expected to rigidly adhere to a "set schedule" of progress or topics but rather should be flexible and adaptive in approaching all brief CBT applications. For example, it is often helpful to work within a "session-limited framework" where the patient receives four to six sessions of "active" treatment, followed by one or more follow-up sessions that occur at increasing intervals after the active-treatment phase (e.g., 2 weeks post treatment with an additional booster 4 weeks after that).

Bergstrom *et al*., 2008; Craske *et al*., 2009; Kessler *et al*., 2009; Learmonth, Trosh, Rai, Sewell and Cavanagh, 2008; Titov, Andrews, Schwencke, Drobny and Einstein, 2008; Warmerdam, van Straten, Jongsma, Twisk and Cuijpers, 2010 [30]; Whitfield, Hinshelwood, Pashely, Campsie and Williams, 2006) and reviews and meta analyses (Barak, Hen, Boniel-Nissim and Shapira, 2008 [3]; Cuijpers *et al*., 2009; Reger and Gahm, 2009; Spek *et al*., 2007) [27] have demonstrated the effectiveness of computerized CBT (cCBT) for depression and anxiety disorders.

**Conclusion**

Cognitive behavioural therapy is seen very effective in treatment of depression. Being a global concern of health and well-being the CBT treatment techniques for Depression are showing efficacious results and is very effective in changing the thought pattern and negative thinking of a depressive person. More advanced techniques in CBT are required to gain more desirous results in the treatment process. The studies so far conducted on CBT in relation to the treatment of depression are very positive. Practitioners, counsellors and mental health therapists need to gain more expertise in CBT to more effectively provide the therapeutic help to people with depression.

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