4.7 The Cognitive Approach to Depression: Beck, Ellis and CBT

AQA 7182 · about 60 minutes · Write-in edition

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Explain what is meant by a negative self-schema in Beck's cognitive explanation of depression, and how a negative self-schema affects information processing about the self.

(Total for Question 1 is 4 marks)

2 Outline two cognitive distortions commonly associated with depression, for example overgeneralisation and catastrophising. Define each and explain briefly how each could help maintain depressive thinking.

(Total for Question 2 is 4 marks)

3 Ellis's ABC model explains how an Activating event leads to emotional Consequences via Beliefs. State what A, B and C stand for and give a brief original example linking an activating event to an irrational belief and the emotional consequence.

(Total for Question 3 is 4 marks)

4 Explain one major methodological limitation of cognitive explanations of depression concerning cause and effect, and give one way researchers could address this limitation.

(Total for Question 4 is 4 marks)

5 Discuss cognitive explanations and/or the cognitive approach to treating depression. Refer to Beck, Ellis and CBT and include evidence and evaluation where appropriate.

(Total for Question 5 is 16 marks)

6 Using Ellis's ABC model, apply the theory to the scenario below.

Prompt: Amelia is turned down for promotion at work. She thinks to herself, 'If I dont get promoted I am a complete failure and everyone will think less of me.' She avoids her colleagues and stops applying for new roles.

Part (a): Identify the Activating event (A), state a plausible irrational belief (B) in Ellis's terms that Amelia could hold about the event, and explain how that belief leads to the emotional and behavioural Consequences shown (C).

(Total for Question 6 is 6 marks)

7 Outline the main components of cognitive behaviour therapy (CBT) as applied to treating depression, including identification and challenging of negative thoughts and schema, Ellis's empirical and logical arguments, and behavioural activation.

(Total for Question 7 is 6 marks)

8 Outline one piece of empirical evidence that supports the effectiveness of CBT for treating depression. State the study or type of evidence and explain briefly how it supports CBT.

(Total for Question 8 is 4 marks)

Mark scheme · 4.7 The Cognitive Approach to Depression: Beck, Ellis and CBT

Question 1

defines schema as a cognitive framework that organises knowledge and expectations oe	**M1**
applies this to a negative self-schema: a stable set of negative beliefs about oneself oe	**A1**
explains that a negative self-schema causes biased processing, attending to negative information and ignoring positive information oe	**A1**
explains that this biased processing maintains negative self-beliefs and low self-esteem over time oe	**A1**

Answer: A schema is a cognitive framework; a negative self-schema is a stable set of negative beliefs about the self that leads to biased processing, so negative information is noticed and positive information discounted, which helps maintain depressive thinking.

Question 2

names and defines one distortion correctly, e.g. overgeneralisation: drawing a broad, negative conclusion from a single event oe	**M1**
names and defines a second distortion correctly, e.g. catastrophising: expecting the worst possible outcome from a minor setback oe	**M1**
explains how one distortion biases thinking to maintain depression, e.g. overgeneralisation makes one see failure everywhere oe	**A1**
explains how the other distortion biases thinking to maintain depression, e.g. catastrophising increases hopelessness by exaggerating future threat oe	**A1**

Answer: Overgeneralisation is taking one negative event as evidence of a general pattern, so a single failure is seen as proof of overall inability. Catastrophising is imagining the worst outcome from a problem, increasing hopelessness. Both distortions bias thinking towards negativity and help maintain depression.

Question 3

A: Activating event, an external trigger such as a setback or rejection oe	**M1**
B: Beliefs, the persons interpretation, which may be irrational or rational oe	**M1**
C: Consequences, the emotional and behavioural outcomes that follow the belief oe	**M1**
gives a coherent mini-example linking A, B and C, e.g. being criticised at work (A) -> 'I must be perfect or Im worthless' (B) -> depressed mood and avoidance (C) oe	**A1**

Answer: A = Activating event, an external trigger. B = Beliefs, the interpretation often irrational. C = Consequences, emotional and behavioural outcomes. Example: being criticised at work (A) -> 'I must be perfect or Im worthless' (B) -> feelings of hopelessness and withdrawal (C).

Question 4

identifies the limitation: it is unclear whether negative thinking causes depression or is a consequence of it, so direction of causality is ambiguous oe	**M1**
explains why this matters, e.g. interventions targeting cognition may treat a symptom rather than the cause, limiting explanatory power oe	**A1**
suggests a research method to address it, e.g. longitudinal studies tracking cognition before onset, or experimental manipulation of cognition to test causal effects oe	**M1**
explains how this would help, e.g. longitudinal designs can show whether negative cognitions precede depressive episodes, supporting a causal role oe	**A1**

Answer: Limitation: the direction of causality is ambiguous, since negative thinking may be a symptom rather than a cause. Researchers can use longitudinal studies or experimental manipulation of beliefs to test whether cognitive changes precede or produce mood changes, clarifying causality.

Question 5

Level 4 Knowledge of cognitive explanations and treatments is accurate and detailed. Discussion and evaluation are thorough and well balanced, showing clear understanding of Beck and Ellis and CBT, and integrating empirical evidence and methodological critique. There is clear, sustained argument and effective use of relevant terminology and application.	**13-16**
Level 3 Knowledge is clear with good detail. Discussion and evaluation are relevant and mostly balanced, but may lack depth in places. Some integration of evidence and theory is present, and terminology is used appropriately.	**9-12**
Level 2 Knowledge is present but limited. Evaluation is superficial or one-sided. Application or use of evidence is limited. Terminology may be used inconsistently and arguments may be organised but not developed.	**5-8**
Level 1 Knowledge is very limited. Little or no relevant evaluation. Answers may be fragmented or list-like and lack clarity in argument and use of terminology.	**1-4**
Level 0 No creditworthy material.	**0**

Indicative content:

- AO1: Beck's cognitive explanation includes the cognitive triad of negative views of the self, the world and the future, negative self-schemas and cognitive distortions such as overgeneralisation and catastrophising.
- AO1: Ellis's ABC model explains emotional consequences as arising from irrational beliefs after an activating event, with musturbatory beliefs such as 'I must be loved/approved by everyone'.
- AO1: CBT aims to identify and challenge negative automatic thoughts and dysfunctional schema, using techniques such as behavioural experiments, Socratic questioning, empirical and logical disputation (Ellis) and behavioural activation.
- AO2: Apply theory to example situations, showing how Beck explains biased information processing and how Ellis links specific irrational beliefs to depressive consequences; show how CBT intervenes to alter thinking and behaviour.
- AO3: Evaluate empirical support for cognitive models, including evidence from randomised controlled trials that CBT reduces symptoms and from experimental or longitudinal studies that examine cognitive predictors of depression.
- AO3: Consider methodological limitations such as the direction of causality problem, reliance on self-report measures, and potential therapist effects in CBT outcomes.
- AO3: Consider alternative explanations, notably biological factors like genetic vulnerability and neurotransmitter changes, and evidence that combined drug and psychological treatments can be effective.
- AO3: Practical implications and ethical issues, for example CBTs practical value, accessibility, training needs, and whether focusing on cognition may blame the patient for their thinking.
- AO3: A balanced conclusion that weighs theoretical contribution, clinical utility and limitations, suggesting integration with biological approaches and need for further causal research.

Question 6

identifies the Activating event correctly as being turned down for promotion (A) cao	**M1**
states a plausible irrational belief in Ellis terms, for example musturbatory belief such as 'I must be promoted or Im worthless' or 'If Im not promoted everyone will think less of me' oe	**M1**
links the irrational belief to an emotional consequence, e.g. feeling depressed, worthless or anxious oe	**M1**
explains how the belief causes the shown behavioural consequence: avoidance of colleagues and stopping applications as a result of feeling worthless or fearing negative evaluation oe	**A1**
notes that the belief, being irrational, magnifies the event and maintains the negative consequences beyond what the event alone would cause oe	**A1**
uses wording from the scenario to show specific application, e.g. connects 'everyone will think less of me' to social withdrawal and reduced job-seeking oe	**A1**

Answer: A = turned down for promotion. B = irrational musturbatory belief such as 'If I dont get promoted Im a complete failure and everyone will think less of me'. C = emotional consequence: feeling worthless/depressed and behavioural consequence: avoiding colleagues and stopping applying for roles. The irrational belief exaggerates the meaning of the event and directly produces withdrawal and reduced job-seeking.

Question 7

identifies identification of negative automatic thoughts and negative schema as a CBT component oe	**M1**
explains challenging/disputing irrational beliefs, including Ellis techniques using empirical and logical argument oe	**M1**
identifies behavioural activation as encouraging activity to counter withdrawal and increase positive reinforcement oe	**M1**
explains how empirical argument works, e.g. asking for evidence for the belief and testing it against reality oe	**A1**
explains how logical argument works, e.g. showing beliefs are inconsistent or illogical and reframing them oe	**A1**
explains that CBT is collaborative and time-limited and integrates cognitive and behavioural techniques to reduce symptoms and prevent relapse oe	**A1**

Answer: CBT involves identifying negative automatic thoughts and underlying negative schema, then challenging irrational beliefs using empirical argument (testing evidence) and logical argument (showing inconsistencies), plus behavioural activation to increase activity and positive reinforcement. It is a collaborative, time-limited therapy combining cognitive restructuring with behavioural change.

Question 8

identifies relevant empirical evidence e.g. randomised controlled trials showing CBT reduces depressive symptoms compared with no treatment or with medication in some studies oe	**M1**
explains the finding, e.g. participants receiving CBT show greater symptom reduction or lower relapse rates than controls oe	**A1**
states why this supports CBT, e.g. demonstrates that changing cognition and behaviour can reduce depression and has practical clinical benefit oe	**M1**
notes any caveat such as variability between studies or the role of therapist competence affecting outcomes oe	**A1**

Answer: Randomised controlled trials have found CBT leads to greater reductions in depressive symptoms than waiting-list controls and comparable outcomes to antidepressant medication, supporting CBT as an effective treatment. However, outcomes vary by study and depend on therapist skill and adherence.