

Mechanism of CBT in Patients with Depression: The Role of Transforming Negative Thinking

Yian Chen^{1,a,*}

¹*New York University, 50 W 4th St, New York, NY, 10012, USA*

a. yianchen12@aol.com

**corresponding author*

Abstract: Depression, as a prevalent and serious mental health issue, profoundly impacts an individual's daily life and social functioning. Among various treatment methods, Cognitive Behavioral Therapy (CBT) is widely recognized for its evidence-based effectiveness. The core philosophy of CBT lies in the belief that cognitive processes—particularly negative thinking—play a crucial role in the development and maintenance of depression. However, despite its widespread application in clinical practice, the mechanisms by which CBT treats depression remain a subject of debate. Some studies highlight the role of CBT in altering automatic negative thinking, a pattern of thought commonly encountered in individuals with depression. Other research suggests that repetitive negative thinking, such as persistent worry and rumination, is a key characteristic of depression. CBT has shown potential effectiveness in disrupting these repetitive thought patterns. Additionally, defensive negative thinking is also a focus of CBT. This is a pattern of thought developed to avoid emotional pain, leading individuals to avoid facing real issues, thereby maintaining or exacerbating symptoms of depression. Therefore, one of the goals of CBT is to help patients recognize the presence of this defensive thinking and transform it into more adaptive thought patterns through various strategies. This paper aims to delve into the role of CBT in treating depression, especially how it corrects various types of negative thinking to achieve therapeutic effects. Through a critical analysis of existing literature, this paper will provide a more comprehensive understanding of the mechanisms of CBT and guide effective practices in treating depression with CBT.

Keywords: Cognitive Behavioral Therapy, Depression, Negative Thinking, Treatment Mechanisms, Mental Health

1. Introduction

Depression, as a prevalent and serious mental health issue, profoundly impacts an individual's daily life and social functioning. According to reports from the World Health Organization, depression has become one of the leading causes of disability worldwide, affecting the quality of life of millions. Among various treatment methods, Cognitive Behavioral Therapy (CBT) is widely recognized for its evidence-based effectiveness. The core philosophy of CBT lies in the belief that cognitive processes particularly negative thinking, play a crucial role in the development and maintenance of depression. However, despite its widespread application in clinical practice, the mechanisms by which CBT treats depression remain a subject of debate. Some studies highlight the role of CBT in altering automatic

negative thinking, a pattern of thought commonly encountered in individuals with depression. For instance, Seeley et al. [1] in their study noted that CBT, by identifying and challenging these automatic negative cognitions, helps patients develop more positive and realistic ways of thinking, thereby alleviating symptoms of depression. Other research suggests that repetitive negative thinking, such as persistent worry and rumination, is a key characteristic of depression. CBT has shown potential effectiveness in disrupting these repetitive thought patterns. As demonstrated in the study by Kim and Hwang [2], CBT effectively reduced the frequency of repetitive negative thinking and achieved positive therapeutic outcomes. Additionally, defensive negative thinking is also a focus of CBT. This is a pattern of thought developed to avoid emotional pain, leading individuals to evade facing real issues, thereby maintaining or exacerbating symptoms of depression. Therefore, one of the goals of CBT is to help patients recognize the presence of this defensive thinking and transform it into more adaptive thought patterns through various strategies.

Nonetheless, the applicability and effectiveness of CBT across different populations still require further exploration. For example, CBT for adolescents and adults may necessitate different approaches and focuses. Moreover, cultural factors might also influence the acceptance and effectiveness of CBT, which is particularly important in multicultural societies. This paper aims to delve into the role of CBT in treating depression, especially how it corrects various types of negative thinking to achieve therapeutic effects. Through a critical analysis of existing literature, this paper will provide a more comprehensive understanding of the mechanisms of CBT and guide effective practices in treating depression with CBT.

2. How CBT Treats Depression by Correcting Negative Thinking

2.1. Reducing Automatic Negative Thinking

In the application of Cognitive Behavioral Therapy (CBT), reducing automatic negative thinking is a key component in treating depression. Automatic negative thinking, typically unconscious and deeply ingrained, profoundly affects the emotions and behaviors of individuals with depression. These thought patterns are often pessimistic, including negative evaluations of oneself, the future, and the surrounding world. Due to their subconscious nature, patients may initially find it difficult to recognize these patterns. Even when identified, changing these deeply rooted thought patterns requires time and sustained effort.

CBT employs a structured and goal-oriented approach in addressing these automatic negative thoughts. Through cognitive restructuring, CBT helps patients identify, challenge, and change these negative automatic thoughts. For example, according to the research by Moorey and Hollon [3], CBT, with the strongest evidence base in psychological treatment for depression, emphasizes that all CBT models assume emotional states are created and maintained through learned patterns of thoughts and behaviors. Although CBT has been successful in changing automatic negative thinking, its effectiveness can vary due to individual differences. This requires therapists to demonstrate great patience and empathy during the treatment process, along with active participation and continuous self-reflection from patients.

2.2. Stopping Repetitive Negative Thinking Mechanisms

Within the framework of Cognitive Behavioral Therapy (CBT), disrupting and changing repetitive negative thinking mechanisms is a crucial treatment step for individuals with depression. Repetitive negative thinking, such as persistent worry and rumination, not only deepens depressive emotions but can also lead patients into a vicious cycle of negative emotions. CBT uses techniques like cognitive restructuring and attention shifting to help patients identify these patterns and take measures to interrupt them.

Some studies have emphasized the effectiveness of CBT in disrupting repetitive negative thinking. For instance, research by Spinhoven et al. [4] indicates that CBT treatments targeting repetitive negative thinking (RNT) may have more pronounced effects than treatments not specifically targeting rumination. By teaching patients how to identify and challenge these repetitive negative thoughts, CBT helps reduce the severity of depressive symptoms. The core of this method is making patients aware of their thought patterns and encouraging the development of healthier thinking habits. Repetitive negative thinking is often a long-term habit deeply rooted in an individual's core beliefs and life experiences, so changing these thoughts might encounter resistance. This process requires therapists not only to teach skills but also to combine personalized methods and a deep understanding of individual differences to provide emotional support and encouragement.

2.3. Transforming Defensive Negative Thinking

Defensive negative thinking is typically a pattern of thought developed by individuals to avoid emotional pain, including self-deprecation, pessimistic expectations, or overgeneralization. While this thinking pattern might offer short-term psychological protection, it can lead to the persistence and exacerbation of emotional issues in the long term. This thinking pattern may be closely related to an individual's self-identity, so changing these thoughts might encounter additional obstacles. CBT takes a proactive approach in transforming this defensive negative thinking, helping patients identify these patterns and challenge their rationality and effectiveness. For example, according to the study by Bulut and Gümüşsoy [5], the foundational theory of CBT is that all psychological disturbances depend on dysfunctional thinking. Patients might be taught to recognize overgeneralization patterns and learn to replace them with more specific and realistic thoughts. Some patients may benefit quickly from CBT, while others may need more time to see significant changes. These differences might relate to individual psychological resilience, life circumstances, and social support systems.

3. Discussion

In discussing the efficacy of Cognitive Behavioral Therapy (CBT) for patients with depression, particularly in terms of transforming negative thinking, it is crucial to adopt a critical perspective to evaluate its effectiveness and limitations. CBT, widely used in treating depression, primarily focuses on helping patients identify and change illogical or unrealistic negative thought patterns. However, the complexity of this process and individual differences demand a deeper understanding of its mechanisms and influencing factors.

CBT has achieved certain success in reducing automatic negative thinking, interrupting repetitive negative thinking, and transforming defensive negative thinking. For instance, Jessica Price's [6] case study illustrates how a patient managed to alleviate symptoms of depression by learning to question thoughts, take assertive actions, and handle relapses. Such changes are not always direct or immediate. Individual differences, such as cognitive styles, life experiences, and treatment expectations, can significantly impact the treatment's effectiveness. Moreover, the success of CBT is also influenced by patient engagement and therapist skills. As J. Matthews [7] points out, the level of patient commitment and the professional skills of the therapist are key factors affecting the outcomes of CBT. The empathy, patience, and understanding of individual differences by therapists are vital for successful treatment.

However, CBT may have limitations in addressing deep-seated emotional issues and core beliefs. For example, K. Dobson's [8] research discusses the development and effectiveness of Cognitive Therapy (CT), emphasizing the importance of core negative beliefs in the onset of depression. While CBT is significantly effective in changing superficial negative thinking, it might need to be combined with other treatment methods for better outcomes with deep-rooted core beliefs and emotional issues.

This suggests that CBT alone may not be sufficient to comprehensively resolve the problems of some patients.

4. Conclusion

In this paper, we have explored the application of Cognitive Behavioral Therapy (CBT) in treating depression, especially its role in transforming negative thinking. CBT effectively helps patients change their negative thought patterns through cognitive restructuring, thereby alleviating symptoms of depression. This indicates the significant value of CBT in addressing automatic negative thinking, repetitive negative thinking, and defensive negative thinking. However, despite its notable effectiveness in altering superficial negative thinking, the success of CBT is influenced by patient engagement and therapist skills, meaning that the success of the treatment depends not only on the method itself but also on the interaction between the patient and the therapist.

5. Research Limitations and Future Directions in Cognitive Behavioral Therapy for Depression

Exploring the effectiveness of Cognitive Behavioral Therapy (CBT) in treating depression, especially its role in altering negative thinking, requires a critical perspective that acknowledges the current research's limitations and anticipates future research directions.

One significant limitation in the existing research on CBT is the insufficient consideration of individual differences. Studies often generalize the effectiveness of CBT across diverse populations without adequately accounting for variations in cognitive styles, life experiences, and treatment expectations of individual patients. This oversight can lead to a skewed understanding of CBT's effectiveness and applicability. Another area where current research falls short is in addressing deep-seated emotional issues and core beliefs. Much of the focus has been on modifying surface-level negative thinking, potentially overlooking the more profound, underlying emotional and cognitive patterns that contribute to depression. This gap highlights the need for a more nuanced approach to CBT that can effectively address these deeper aspects. Additionally, there is a lack of extensive research on the long-term effects and sustainability of CBT. While short-term benefits are well-documented, understanding how CBT contributes to long-lasting change and prevents relapse is crucial for its broader application in clinical settings.

Looking ahead, future research should prioritize developing more personalized CBT approaches. Tailoring treatment to individual needs, considering their unique backgrounds and specific circumstances, could enhance the therapy's effectiveness and relevance. Integrating CBT with other treatment modalities is another promising direction. Combining CBT with pharmacotherapy, psychodynamic therapy, or other therapeutic approaches could offer a more holistic treatment for depression, addressing a wider range of symptoms and underlying causes. Finally, future studies should focus on the long-term outcomes of CBT. Investigating how CBT impacts patients over extended periods and its role in maintaining treatment gains and preventing relapse will be crucial for establishing its long-term efficacy and guiding clinical practice.

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