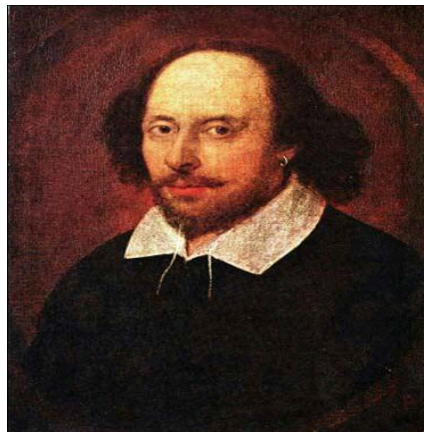


THE COGNITIVE APPROACH TO PSYCHOPATHOLOGY

Introduction

The cognitive approach to psychopathology arose as a result of a 'new' way of looking at human beings. In 1956, at a conference in the United States, psychologists came to the agreement that how humans behave is very similar the workings of a *computer*. With computers, we put information in (*input*), the computer then stores the information (*storage*), and a later date we retrieve the information (*retrieval*). Humans operate in a very similar way, and this came to be known as be known as *the information processing approach* to understanding behaviour.

The cognitive model put the importance of 'thinking' back into Psychology. The model assumes that the way we *think* about things, the *expectations* we have about things, and our *attitude* towards things determines how we behave. If we think about things *rationally*, then our behaviour will be *rational*. As William Shakespeare wrote in *Hamlet*: 'There is nothing either good or bad, but thinking makes it so.'



Shakespeare - A supporter of the cognitive approach

The cognitive approach to the causes of abnormality

The cognitive approach says that abnormality is caused by 'faulty thinking'. The issue itself is not the problem. Instead, it is the way we think about it that determines whether our behaviour is normal or abnormal. Faulty and irrational assumptions prevent us from behaving adaptively, and hence our behaviour is 'abnormal'.

Consider, for example, meeting a friend in the *middle* of the summer holidays. 'Only three weeks left' says your friend gloomily. 'Only three weeks gone', you reply cheerfully. The same stimulus (three weeks of a holiday) is being perceived differently by two different people. We might say one is a 'pessimistic thinker' and the other an 'optimistic thinker', and it's fairly easy to predict which style of thinking is likely to lead to the abnormality we call *depression*.



Half full or half empty?

Beck (1967) calls the faulty and maladaptive thoughts and assumptions '**cognitive errors**'. His research showed that some people have a negative view of *themselves* (e.g. 'I am helpless and inadequate'). The same people tend to have a negative view of their *circumstances* (e.g. 'The world is against me'), and of the *future* (e.g. 'It won't change, and there's nothing I can do about it'). This style of thinking is also strongly correlated with *depression*.

Meichenbaum (1976) has identified several types of faulty thinking which he calls '**counter-productive self-statements**'. The following are examples of such self-statements:

- 'This will be a disaster' (**catastrophising** or **predicting the worse**)
- 'People will think I look stupid' (**mind reading** or **guessing what others might think**)
- 'I'm an idiot' (**labelling** or **attaching highly negative emotional labels to yourself**)
- 'I only got a C in Maths' (**magnifying weaknesses** and **minimising successes**)

Evaluating the cognitive approach to the causes of abnormality

The cognitive approach to abnormality has many supporters, largely because of its emphasis on the role that 'thinking' plays in determining our behaviour. The major strength of the cognitive approach is that research has shown that *some* mental disorders to seem to be caused by faulty thinking. For example, it is now widely accepted that some kinds of depression are caused by the kind of thinking styles identified by Beck.

However, the major weakness of the cognitive approach is that it is less good at explaining the causes of disorders like schizophrenia. This is because it ignores the possibility that some disorders actually *are* caused by biological factors such as brain damage or the faulty regulation of brain biochemistry.

