

Summary of the study :

Introduction :

The present study examined cognitive-behavioral therapy as the newest therapeutic technique in treating neurotic depressed patients.

Since the cognitive therapy misunderstanding with Rational-emotive therapy and behavior therapy, we have dusting wish briefly between them.

Ellis's (1962) Rational-Emotive therapy (R.E.T.) assumed that Human largely create their own emotional and behavioral disturbances by absolute irrational beliefs. This assumption his theory A.B.C.D.e. play a central role. According to "Ellis", the person he has assume that an event (A.) n his live automatically lead to an behavioral or emotional consequence (C). but he put a stress at the same time on (C) dose not follow automatically from (A) "Activating event". Rather, behavioral or emotional consequence is caused by the strong believing in things at (B) "person's belief system". In other word, what the person is saying to himself at (B) about (A) determines (C). At the same time, if the person experiencing an behavioral or emotional disturbance at (C), it is the result of domination irrational disturbance beliefs at (B). Here, the therapist help the patient to identify-or in R.E.T. Jargon-detect-his irrational and self defeating beliefs. Then, the therapist teach the patient to replace his irrational beliefs with more adaptive ones (cognitive

restructuring). The Rational emotive therapist does this through the use of the "logic empirical method of scientific questioning, challenging and depating.

This process is called disputing (D) and it consists of training the patient to use this kinds of cognitive restructuring detecting, depating, discriminating and semantic defining. Also, the rational emotive therapist employs emotional-evocative methods (i.e, rational emotive imagery, shame-attacking exercises). the goal of all this is a deep philosophical change or a new effect (E.).

On the other hand, despite the fact that behavior therapy is based primarily on learning theory whereas the cognitive therapy is rooted more in cognitive theory. A major common assumption of both cognitive therapy and behavior therapy is that the patient has acquired maladaptive reaction patterns that can be unlearned. But, the cognitive therapy and behavior therapy different at the stress on effect range maladaptive cognitive processes and/or environmental determines that is responsible on maladaptive behavior, also the stress about the employe cognitive and/or behavior technique to result a behavior change.

Cognitive therapy a psychotherapieutic approach based on the concept that emotional problems are the result of faulty ways of thinking and distorted attitude toward onself and others. In cognitive therapy is structured, active and time-limited approach. The therapist designed

behavioral and cognitive techniques to teach patients to monitor their negative thoughts (Automatic thoughts), to examine the evidence for and against their distorted (negative) thinking, to substitute more reality-oriented interpretations for negative thinking, and to begin to alter the dysfunctional beliefs and life style associated with negative thinking.

Cognitive therapy is determine the cognition at three aspects the first, cognitive events that occur at conscious stream (Automatic thoughts), the second, cognitive processes that transform and interpretate the new stimuli, and the third, cognitive structures: schemata that probably originated in childhood from painful experiences.

Beck argued that neurosis is character by a group of cognitive distortions as misinterpretation, selective abstraction, over generalization, personalization, magnification, shoulds statements and all-or-nothing thinking.

Cognitive therapy is based on a number of principles in respect of therapist accurate empathy, warmth and genuinness is importance. In relation to therapeutic relationship between patient and therapist; trust, Rapport, and therapeutic collaboration. Cognitive therapist employes a number of strategy within cognitive framework to result a change in patient's cognition. For

example, self-monitoring, Alternative therapy, scheduling activates, pleasure and master therapy, tricolumn technique, cognitive rehearsal, and role playing.

Beck argued that depression is characterized by cognitive traid of negative thinking about the self, the situation and the future. The thought patterns of depressed are considered to be distorted in the sense of illogical inferences of factor in support of self-derecating beliefs. The correction of these concepts are probably to relief the depressive symptoms that is, a drive toward examine the effectiveness of cognitive therapy in treating depressive symptoms is occurred.

Definition of terms :

- 1- Cognitive-behavior therapy : A way in psychotherapy developed by "A. Beck" (1960) it consists of self monitoring of negative thoughts, logical analysis of these cognitions, and empirical testing of these assumption and attitudes.
- 2- Depression: depression is primarily a disorder of thinking rather than affect. That is the affective, motivational, and behavioral symptoms of depression to follow from the negative thinking. The depression is characterized by the cognitive traid that arises from schemas that probably originated in childhood.
- 3- Depressive: the subject which suffered severely from depression from the student of faculty of education Benha University.

Sample of the study :

Consists of 20 volunteer male and 20 volunteer females students which suffered severely from depression.

The sample is divided into four groups as follow :

- 1- Ten male experimental group.
- 2- Ten male control group.
- 3- Ten female experimental group.
- 4- Ten female control group.

Tools of the study :

- 1- Beck depression inventory : prepared of translated by:
Rashad Mosa
- 2- Personal interview : prepared by: Salah Mekhamer.
- 3- Therapeutic program : prepared by: Salah Eraky.
- 4- Homework lists : prepared by: Salah Eraky.

Hypotheses of the study :

- 1- There are statistical significant differences between experimental group and control group after treatment on favour of both male and female experimental group after treatment.
- 2- There are statistical significant differences between experimental group and control group after the end of follow up stage in treatment on favour of both male and female experimental group after the end of follow-up in treatment.
- 3- There are on statistical significant differences between experimental group after treatment and experimental group in follow-up treatment.

Procedures of the study :

- 1- Practice Beck depression inventory on 598 students of faculty of education Benha. aged 21.5 years.
- 2- Chosen randomly 160 lists which suffered severely from depression and divided to matched four group, each group contained 10 subject (two experimental group and two control group).
- 3- The researcher has receipted experimental group individual in the office of Mental Hygiene at faculty.
- 4- Practice the therapeutic programs individually as it occurring in chapter 5-on experimental group individual.

Results of the study :

- 1- It was found that there were statistical significant differences between experimental group and control group after treatment on favour of both male and female experimental group.
- 2- It was found that there were statistical significant differences between experimental group and control group in follow-up treatment on favour of both male and female experimental group.
- 3- It was found that there were no statistical significant differences between male experimental group and female experimental group after treatment.
- 4- It was found that there were no statistical significant differences between male experimental group and female experimental group in follow up treatment.

- 5- It was found that there were statistical significant differences between male experimental group after treatment and experimental group in follow-up on favour of both male and female experimental group in follow up treatment.
- 6- It was found that there were no statistical significant differences between control group before and after treatment.
- 7- It was found that there were no statistical significant differences between control group before and follow-up treatment.
- 8- It was found that there were no statistical significant differences between control group after and follow-up treatment.

Results discussion :

Results of present study demonstrates that cognitive behavior therapy involved self-monitoring that involved teaching subjects to monitor their dysfunctional thought and assumptions and to note the covariation of cognition and emotion, logical analysis that involved teaching subjects to evaluate and correct negative beliefs through means, alternative responses to dysfunctional thoughts, distinguish between thought and facts, examine of consequences of dysfunctional thoughts, and recognize the processes which make dysfunctional thoughts illogical and learn to respond more appropriately, and hypothesis testing which involved helped the subjects to correct their negative beliefs by designing experiments. Encouraged subjects to conceptualize their thoughts as

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