

Kertas Asli/Original Articles

Depression among Adolescents: A Review of Beck's Cognitive Behaviour Theory (Kemurungan dalam Kalangan Remaja: Tinjauan terhadap Teori Kognitif Tingkah laku Beck)

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ABSTRACT

The phenomenon of depression has been a major concern recently, both nationally and globally. Depression is a disorder that involves changes in thoughts, emotions, feelings, and behaviours that make a person's daily life difficult, and if left untreated, can adversely affect individuals and society. Depression among adolescents certainly deserves attention as this group is considered as an asset that will drive the country in the future. In terms of methodology, PubMed, Science direct, and Google Scholar search engines were used which focused on psychological theories related to adolescent depression. In addition, the search also focuses on Cognitive Approach or more precisely, about Cognitive Behaviour Theory (CBT). Over the past few decades, Cognitive Behaviour Theory (CBT) has been proven to be the most dominant theory in psychological studies including depression in adolescents. As a result, it is found that, under the CBT group, Learned Helplessness Theory and Beck's Cognitive Behaviour Theory were the two most widely discussed on the concept of depression to date. Therefore, this article will discuss the background and the concept of these theories in describing depression. However, Beck's CBT has been selected as the most appropriate theory in discussing depression in adolescents because this theory is able to explain this issue further and in detail, in addition to having an extensive amount of research showing the effectiveness of Beck's CBT in helping adolescents with depression compared to Learned Helplessness Theory.

Keywords: adolescents, Beck's Cognitive Behaviour Theory, depression, Learned Helplessness Theory

ABSTRAK

Fenomena kemurungan telah menjadi topik yang mendapat perhatian akhir-akhir ini, sama ada di peringkat nasional mahupun global. Kemurungan ialah gangguan yang melibatkan perubahan dalam pemikiran, emosi, perasaan dan tingkah laku yang menyukarkan kehidupan seharian seseorang, dan jika tidak dirawat, boleh memberi kesan buruk kepada individu dan masyarakat. Kemurungan dalam kalangan remaja sememangnya wajar diberi perhatian kerana golongan ini dianggap sebagai aset yang akan memacu negara pada masa hadapan. Dari segi metodologi, enjin carian PubMed, Science direct, dan Google Scholar telah digunakan yang menumpu kepada teori psikologikal berkaitan kemurungan remaja. Selain itu, carian juga memberi tumpuan kepada Pendekatan Kognitif atau lebih tepat lagi, tentang Cognitive Behaviour Theory (CBT). Sejak beberapa dekad yang lalu, Teori Kognitif Tingkah Laku (CBT) telah terbukti sebagai teori yang paling dominan dalam kajian psikologi termasuk kemurungan dalam kalangan remaja. Dapatan kajian mendapati bahawa, di bawah kumpulan CBT, Learned Helplessness Theory dan Beck's Cognitive Behavior Theory adalah dua teori yang paling banyak membincangkan mengenai konsep kemurungan setakat ini. Oleh itu, artikel ini akan membincangkan latar belakang dan konsep teori-teori tersebut dalam menghuraikan kemurungan. Walau bagaimanapun, Beck's Cognitive Behavior Theory telah dipilih sebagai teori yang paling sesuai dalam membincangkan kemurungan dalam kalangan remaja kerana teori ini mampu untuk menjelaskan dengan lebih lanjut dan terperinci tentang isu ini, di samping telah banyak bukti yang menunjukkan keberkesanan Beck's Cognitive Behavior Theory dalam membantu remaja yang mengalami kemurungan berbanding Learned Helplessness Theory.

Kata kunci: remaja, Teori Kognitif Tingkah Laku Beck (Beck's Cognitive Behaviour Theory), kemurungan, Teori Ketidakterdayaan yang Dipelajari (Learned Helplessness Theory)

INTRODUCTION

The World Health Organization (WHO) classifies depression as the highest mental disorder experienced by humans worldwide, involving more than 264 million people regardless of developed or developing countries (WHO, 2021; Yee & Lin, 2011). The World Health Organization (WHO, 2017) report on the global health survey in 2015 found that almost half of the number consisted of the population of the Southeast Asian region (27%) and the Western Pacific region (21%) (WHO, 2017). Depression has different meanings based on a field's perspective, such as neurophysiology, pharmacology, and psychology (Ghazali, Ponnusamy, Che Din, & Mohd Khan, 2016). According to Ghazali et al. (2016), in the field of neurophysiology, depression refers to the reduction of electrophysiological activity in human organs. Meanwhile, in the field of pharmacology, depression is interpreted as the effect of drugs that reduce activity in human organs. From a psychiatrist point of view, depression is classified by the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-V) is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function lasting two weeks or more (APA, 2013).

However, this article will elaborate aspects of depression only from a psychological point of view. According to the World Health Organization (WHO, 2017), depression is defined as a common mental disorder that exhibits characteristics such as loss of pleasure or interest, sadness, low self-esteem or guilt, sleep disorders, changes in appetite, feeling tired, and lack of concentration. In critical cases, depression is potentially the cause of a person's suicide (WHO, 2017). Apart from that, depression is also considered a symptom that indicates a lack of human performance in psychomotor activity or lack of intellectual function (Saparuddin, Md. Sham, & Hamjah, 2014). In addition, Styron (2017), in his book "Depression", has led readers to know and follow the journey of his life as a person who once suffered from depression and has now successfully overcome depression. Styron (2017) explains various problems related to the feelings of people suffering from depression, for example they have a lack of self-confidence and always feel their life is meaningless.

Adolescence is said to begin as soon as some developments are found in mental, physical, biological and reproductive aspects (Rosman & Mokhtar, 2003). According to Rosman and Mokhtar (2003), the concept of youth is also associated with the development of individual biology in general, which is divided into two stages, namely the early stage of adolescents which is from 13 to 18 years and the final stage of adolescents which is from 19 to 24 years. Yet this figure does not represent the whole of

adolescence because environmental differences also affect adolescents (Rosman & Mokhtar, 2003). The World Health Organization (WHO, 2021) places 10 to 19-year-olds as 'teenagers' and 'young people'. However, individuals between the ages of 15 and 24 are classified as 'youth', and individuals between the ages of 10 and 24 are grouped as 'young people'. Globally, about 8 to 20% of teens under the age of 18 suffer from depression (Naicker et al., 2013). Studies found that depression rates increased significantly among U.S. adolescents between the ages of 12 and 17 years old, with a prevalence of 8.7% in 2005 and grew to 12.7% in 2015 (Mojtabai, Olfson, & Han, 2016; National Institution of Mental Health, 2017). Malaysia is no exception to the increased percentage of mental disorders. In fact, depression in Malaysia has been identified as one of the most frequently reported cases of mental disorders (Mukhtar & Tian, 2011). A 2015 National Morbidity Survey done by the Ministry of Health Malaysia found that the prevalence of adults aged 16 years and above who suffer from mental disorders is 29.2 per cent.

A National Health and Morbidity Survey conducted in 2015 by the Ministry of Health confirmed that the prevalence of mental health problems among Malaysians aged 16 and above showed an increasing trend from 10.7% in 1996 to 29.2% in 2015. This survey showed that females, younger adults, other Bumiputras, and adults from low income families, seems to be at risk of mental health problems (Institute for Public Health, 2015). It is estimated that 29% of Malaysians suffer from depression in 2020, compared to only 12% of the total population who experienced depression in 2011 (Yahya & Sham, 2020). Depression among adolescents is a public health problem that needs serious attention. The younger generation determines the continuity and survival of a country and a nation. As a national asset, the government is committed in implementing various policies to ensure that efforts towards the application of positive values and the formation of positive attitudes can be nurtured among the younger generation. Through the Malaysian Youth Policy 2015, the government has set a goal to:

"...strengthen and highlight the potential of youth human capital as a driver of strategic development of the country in the future based on The Federal Constitution and the National Principles"

(Ministry of Youth and Sports, 2015: 9).

One of the strategies that is the main focus of the 11th Malaysia Plan (RMK11) is to accelerate the development of human capital in order to make Malaysia a developed nation based on the people. However, this wish is unlikely to be realised if the young people who are the assets of the country are involved in various social problems that are

related to depression which will be discussed further in this article. Depression poses a serious risk to the physical and psychological health of adolescents related to social and behavioural problems, including social disorders (Blain-Arcaro et. al., 2016; Verboom et. al., 2014), academic failure (Kumar et. al., 2018; Quiroga et. al., 2013), drug use (Mat Isa et. al., 2018; Curry et. al., 2012), and suicide (Abdul Kadir et. al., 2018; Tuisku et. al., 2014). Furthermore, depression in adolescence may have persistent effects that cause physical and mental disorders as well as behavioural problems in adulthood (Dunn and Goodyer, 2006). Untreated depression will affect a person's ability to perform daily responsibilities and tasks as it is related to emotional problems and the human condition (Mohamed, 2001). Thus, depression has a negative impact on the individuals and requires more serious and continuous monitoring as it can lead to serious mental illness. Depression results in low self-efficacy, low self-esteem, feelings of worthlessness, external locus of control, and feelings of guilt or shame over their limitations (Wardle et. al., 2004). Therefore, untreated depression can lead to a variety of problems and effective treatment is very important to overcome depression among adolescents.

Although many theories are involved in the discussion of the concept of depression over the past few decades, such as behavioural theory (Skinner, 1953), interpersonal theory (Meyer, 1957), and cognitive behaviour theory (CBT) (Beck, 1963), this article only focuses on discussing the concept of depression from the perspective of CBT theories based on several key factors. A survey in 2015 showed that CBT is the most widely used form of therapy worldwide (Knapp, Kieling, & Beck, 2015). In the United Kingdom, CBT is the dominant therapeutic modality in the Improving Access to Psychological Therapies (IAPT) program under the National Health Service (NHS), which has treated more than 500,000 people annually with various mental health problems, including depression and anxiety (Clark, 2018). The effectiveness of CBT has also been proven in several studies related to depression in this country such as studies on international students in Malaysia who are depressed and homesick (Saravanan, Alias & Mohamad, 2017), CBT intervention for Malaysian high school students with depressive symptoms (Saw, Tam & Bonn, 2019) and the effectiveness of CBT in group counselling (Yusop et.al., 2020). CBT is known for the quality and effectiveness of its treatment which has been dubbed the "gold standard" therapy (David, Cristea, & Hofmann, 2018). To date, CBT is the most well-researched and most well-supported intervention for adolescent depression (Mukhtar & Tian, 2011; Weersing & Gonzalez, 2009).

PURPOSE OF THE STUDY

This article aims to discuss a few theories under Cognitive Behavioural Theory (CBT) related to depression, namely Learned Helplessness Model (Abramson et al., 1978) and Beck's Cognitive Behavioural Theory (Beck et. al., 1976). However, Beck's Cognitive Behavioural Theory (Beck et. al., 1976) has been selected as a theoretical base in discussing the problem of depression among adolescents based on the factors mentioned above.

METHODOLOGY

The contributions made by these theories regarding depression were studied by conducting searches in PubMed, Science Direct, and Google Scholar. The constant key phrases in the information search were "depression" and "adolescent depression," which were cross-referenced with several other key words that also agreed with the particular theory in question. Thus, information about the theoretical groups such as Behaviourist Theory, Psychodynamic Theory, and Humanistic Approaches were not included in this study (considered as an exclusion criteria) and the researcher only kept the Cognitive Approach group which focuses on Cognitive Behaviour Theory (CBT) as the inclusion criteria.

RESEARCH FINDINGS

COGNITIVE BEHAVIORAL THEORY (CBT) IN DISCUSSING THE CONCEPT OF DEPRESSION

One of the most widely studied psychotherapy approaches today is Cognitive Behavioural Theory (CBT) (Butler, Chapman, Forman, & Beck, 2006). CBT is a combination of cognitive therapy and behavioural therapy that are two types of effective psychotherapy (Penberthy, Wartella, & Vaughan, 2011). CBT emphasises the interaction between affective, behavioural, and cognitive dimensions by incorporating cognitive and behavioural concepts and techniques in its treatment (Corey, 2004). According to Gilliland and James (1998), no one can be considered a specific creator associated with the construction of different structures used in cognitive psychology. However, Ellis (1962), Beck (1963) and Meichenbaum (1977) can be considered significant contributors to the aspects referred by the cognitive therapist as the cognitive system. All the necessary components found in rational emotive behaviour therapy (REBT), cognitive therapy (CT) and cognitive behaviour modification have been incorporated into the

cognitive system. Although differing in approach, the three figures agree that the disorder arises from maladaptive thinking. They agree that dysfunctional thinking generates and maintains psychopathological symptoms. Thus, content in thought is a key determinant to behaviour and emotions (Beck, 2011).

There are several types of cognitive-behavioural therapies that have similar characteristics but differ in concepts and methods of treatment. These include dialectical behaviour therapy, problem-solving therapy, acceptance and commitment therapy, exposure therapy, cognitive processing therapy, cognitive behavioural analysis system of psychotherapy, behavioural activation, and others (Beck, 2011). Therefore, CBT is considered as 'umbrella' for the therapy group, although it has different concepts, but it shares the same idea that thoughts affect the emotions and behaviour of an individual (Beck, 2007). However, under the theory of cognitive behavioural, Learn Helplessness Model (Abramson et al., 1978) and Beck's Cognitive Behavioural Theory (Beck et. al., 1976) are the two most widely used to date in describing depression (Vázquez, Muñoz & Becoña, 2000; Bernaras, Jaureguizar, & Garaigordobil, 2019). Therefore, researchers will explain these two theories from the perspective of background, concept, and treatment used based on the evidence obtained from the previous studies. Next, the justification for the selection of Beck's Cognitive Behaviour Theory to explain depression among adolescents will also be clarified.

LEARNED HELPLESSNESS MODEL

The phenomenon of learn helplessness was first proposed and studied by Seligman and Maier (1967). The Learned Helplessness Model has been considered one of the most useful animal depression models. Originally, the theory stated that organisms show helplessness as a reaction to uncontrolled conditions. Experimental studies conducted on animals previously found that animals exposed to unavoidable situations knew which reactions and results were independent of each other. In an experimental study conducted on animals for the first time over 50 years ago, several dogs were given inescapable shock situations; the dogs were confined to a hammock and got 64 mild-moderate electric shocks to their back paws, every shock was heralded by a tone. Then, twenty-four hours later, the dogs were given a few more shock situations that they could easily escape with just a simple barrier jump. However, the dogs rarely tried to escape; they received passive shock after shock without whimpering, and even if they managed to escape once or twice, they did not learn from that experience (Maier & Seligman, 2016). The decrease in motivation, learning, and emotional reactions

is described as learned? helplessness. It is not the shock itself that interferes with the animal's response, but the fact that they will not be able to control it. The dogs have learned to be helpless (Maier, Seligman & Solomon, 1969). In other words, individuals prone to unresolved long-term problems find that responses and events are irrelevant. The learning gained in this situation impairs future learning and leads to passive behaviour (no response to the event). This causes the individual to be failed at solving the future problem, although there is a solution to the problem (Mohanty et.al. 2015).

Seligman argues that the animal response in his study can be modelled or integrated in the case of human depression and suggests a link between helplessness and depression (Seligman, 1975). Non-helpless and helpless individuals differ in dealing with problems. Helpless individuals see problems as insurmountable, feeling ineffective and unable to influence events in life. Individuals do not see the relationship between what they do and what happens to them, whether good or bad. When something bad happens, this gives further evidence that the effort is useless. Thus, the helpless individual assumes there will be a failure no matter what he does. And when it comes to success, individuals associate it with fate or other external causes. Non-helpless and helpless individuals overcome failure in different ways. Non-helpless individuals work harder and increase their efforts by designing alternative strategies to solve problems. Meanwhile, individuals who are helpless give in, they become passive, discouraged, and incompetent. The helpless individual punishes himself for failure rather than rewarding in return for success (Gurian, 2016).

Mohanty et al. (2015) clarify, based on this model, when a person sees results that are not related to a given response, then the following three interrelated things will decrease, namely motivation, cognitive and emotional. Deficiency of motivation consists of impaired voluntary initial response. This reduces the motivation to control the outcome and gives rise to the idea that responding is useless. From the view of cognitive deficiency, one finds it difficult to learn a response with an effect or outcome. In fact, it disrupts the learning process since responses can control outcomes. Then, in emotional deficit, the effects of depression are shown when individuals know that there is no correlation between response and outcome (Mohanty et.al. 2015). However, this original model calls for a lot of discussions. Studies show that helplessness in the context of laboratory studies is very common (Hiroto & Seligman, 1975) and there are times when bad events cause depressive reactions that are sometimes temporary, sometimes lasting or sometimes none (Lloyd, 1980). These findings make it difficult to detect the factors that determine the chronic or general state of helplessness and depression. Thus, new

variables were incorporated into this theory by Abramson, Seligman, and Teasdale (1978) which involved an individual's interpretation of bad event. The model is called the explanatory or attributional style. These changes play an important role in clarifying the idea of helplessness or hopelessness symptoms and also the development of depression (Henkel et al., 2002).

Abramson et al. (1978) stated that there are three dimensions of explanation that are relevant to a bad event that occurs i) internal-external, ii) stable-unstable, and iii) global-specific. According to Abramson et al. (1978), if the depression persons have an internal dimension, they tend to relate an event to self (consider themselves to be the cause of uncontrolled expectations). This causes a decrease in self-esteem. Depressed persons also think that a bad event will happen in the long term (stable) compared to the short term (unstable). Finally, they will assume that negative outcomes will have a major impact (global) on a general basis rather than specifically or relevant to a particular group. Individuals who tend to associate bad events experienced with internal, stable, and global dimensions are likely to be helpless and depressed when a bad event occurs (Abramson, Seligman & Teasdale, 1978). In contrast, individuals who associate bad events with external, unstable, and specific dimensions will not likely be depressed (Gurian, 2016).

Depression according to this model, stems from expectations of responses and outcomes that are independent of each other. It is characterised by passive nature, a negative cognitive set and treatable stress with therapeutic procedures designed to treat infertility (Mohanty et al., 2015). Eleven years later, Abramson and colleagues expanded and determined the reformulation of the learned helplessness hypothesis and this revision was called the "hopelessness theory of depression" (Abramson et al., 1989). In this theory, hopelessness is seen as a subset of helplessness. This means that if hopelessness occurs, then helplessness also occurs, but not the other way around. Furthermore, it is hypothesised that there is a correlation between negative attributional style and depressive symptoms only if negative life events occur, but not if there are no negative life events (Henkel et al., 2002). Short, learned helplessness has stated that an organism develops helplessness as a reaction to uncontrolled situations. Depressed organism will experience deficiencies in terms of motivation, learning, and emotions. Learned helplessness is also related to cognitive attributions, which can be specific/global, internal/external, and stable/unstable (Hiroto & Seligman, 1975; Abramson et al., 1978).

BECK'S COGNITIVE BEHAVIOURAL THEORY

Derubeis, Tang dan Beck, (2001) point out, the basic theory in cognitive models related to emotional disorders states that it is important to focus on the cognitive content of an individual's response to disturbing events or his flow of thoughts in order to understand overall emotion or disorder. Aaron Beck developed a form of psychotherapy in the early 1960s called 'cognitive therapy-CT'. 'Cognitive therapy-CT' is now used synonymously as 'cognitive behavioural therapy-CBT' by various fields of psychotherapy, and this is the last term used so far (Beck, 2011). Sharf (2019) explains that Beck has changed the term "cognitive therapy" to "cognitive behavioural therapy", where such change proves that behavioural therapy has been utilised together with cognitive therapy in his therapeutic work. In the context of depression, Beck (1963) states that depressed individuals experience disruption in the information processing phase in their mind, which in turn generates consistently negative views of themselves, the future and the world (Derubeis et al., 2001). Beck recommends that depression reflects a triad of cognitive distortions that refer to negative schemes about self, future, and the world (Fromme, 2011). Further, Fromme (2011) adds that individuals with depression have a negative view of every component where they see themselves as imperfect and unable to meet their needs while others around them do not care and reject them; they also see the future gloomy. Figure 1 illustrates Beck's cognitive triad.

According to Porter (2014), CBT approach is time-limited, structured, active and focusing on the "here and now" situations that allow clients to give meaning to their life experiences. CBT suggests that a person's behaviour and mood are determined by how the person views the world psychologically. The main focus of this therapy is to identify the beliefs, basic assumptions and personal philosophies that influence a person's interpretation of his life experience. CBT examines a person's perception of a problematic situation and its consequences in terms of ideas and thoughts. This therapy believes that cognitive, beliefs, assumptions and basic philosophies cause adaptive and maladaptive feelings and behaviours. In Beck's cognitive model of depression (Figure 2), a person's interpretation of an event or experience is closely related to automatic thinking, which arises at the time the event occurs or after the event occurs. Beck explains that this automatic thinking occurs at a conscious level and is accessible to individuals, although they may not be actively aware of it because they do not focus on that thought. The assessment that takes place in a particular situation greatly determines a person's emotional and behavioural responses, and this sequence is referred as the link of Events-Thought-Feeling-Behaviour (Tacchi & Scott, 2017).

To better understand Beck's cognitive model of depression, the concepts of automatic thinking and schema formation are described as follows:

AUTOMATIC THOUGHTS

Automatic thought is one of the important fundamentals in cognitive behavioural therapy (CBT). Automatic thoughts emerge spontaneously, very fast and do not need to be forced. For individuals with psychological disorders, automatic thoughts are often twisted, extreme or inaccurate (Sharf, 2019). This automatic thoughts and negative beliefs are also related to emotions. When there is one negative thought in mind, it will be followed by more other negative thoughts, and they are interconnected. This thought is stimulated when an individual has a negative emotion and is constantly focused on it (Mukhtar & Tian, 2011). Some automatic thoughts can be obtained after a person's thinking process is carefully observed. By rearranging these automated thoughts, a set of beliefs or schemes can be expressed (Sharf, 2019).

SCHEME FORMATION

Cognitive behavioral therapists argue that a person's beliefs are related to past experiences of childhood and will develop throughout life. Childhood experiences will lead to the basic beliefs about self and others. These beliefs can be structured into cognitive schemes (Sharf, 2019). According to Sharf (2019), beliefs are nurtured as the individual grows, and when associated with critical incidents or traumatic experiences, it will affect the individual's belief system. The negative experiences in turn will form a negative cognitive scheme. How a person thinks about their world as well as their important beliefs and assumptions about others, events and the environment is a cognitive scheme. There are two basic types of cognitive schemes: positive (adaptive) and negative (maladaptive). A person can have both types of schemes depending on the situation experienced. Basic cognitive schemes whether adaptive or maladaptive are considered true by an individual. This scheme does not change and causes difficulties in the life of the individual. According to Sharf (2019), the scheme is activated by events that occur in a person's life. Based on the Cognitive Model of Depression, individuals' emotions, behaviours, and physiological responses are influenced by their perceptions of an event. As mentioned by Beck (1964) in Beck (2011), it is not the situation that determines how an individual feels, but how they interpret the situation.

Another key concept in Beck's CBT in describing client thinking is 'thinking error' or 'cognitive distortion'.

Cognitive distortion is defined as the existence of the concept of deviant and unrealistic thinking in an individual because, as according to Beck, cognitive distortion is:

"... idiosyncratic thought content indicative of distorted or unrealistic conceptualizations"

(Beck, 1963: 324).

Beck (1967) in Sharf (2019) explains that major beliefs or schemes are related to cognitive distortion. Since schemas are formed during childhood, the thought processes that support schemes may reflect early errors in reasoning. Cognitive distortion occurs when information is processed inaccurately or ineffectively. Table 1 describes the 'thinking error' or 'cognitive distortion' (Beck et al., 1979).

In brief, Beck (1963) states that depressed individuals experience indiscretions while processing information in their minds, which in turns generate negative views of themselves, the future and the world. Depressed individuals also believe that these cognitive processes form the basis of affective and behaviour, which trigger depressive symptoms (Derubeis et.al., 2001). CBT believes that cognitive, beliefs, assumptions and basic philosophies are the cause of adaptive and maladaptive feelings and behaviours. In describing depression, the concepts of automatic thinking, schema formation and cognitive errors also play an important role.

THE REASON WHY BECK'S CBT IS THE MOST APPROPRIATE THEORY IN DISCUSSING DEPRESSION AMONG ADOLESCENTS COMPARED TO LEARNED HELPLESSNESS THEORY

According to literature review, Learned Helplessness Theory (Seligman & Maier, 1967) and Beck's Cognitive Behaviour Theory (Beck, 1963) are commonly used by most previous researchers to explain depression (Vázquez et al., 2000; Bernaras et al., 2019; Merry et al., 2012). However, in this study, researchers have chosen Beck's Cognitive Behaviour Theory to explain depression in adolescents based on several justifications.

Beck's cognitive behaviour therapy (CBT) is one of the earliest and best cognitive behavioural interventions (Hollon & Beck, 2004). Moreover, CBT has become one of the most widely studied psychosocial interventions and is also more successful than other psychosocial interventions (DeRubeis & Crits-Christoph, 2001). Over the years, CBT has been used to treat a variety of psychological disorders. It effectively treats major depressive disorder, social phobia, generalised anxiety disorder, substance abuse,

obsessive compulsive disorder (OCD), and couple/marriage problems (Turner & Susan, 2010). According to See (2009), CBT is a simple approach, and it has proven its strength and effectiveness. The advantages of this therapy are that it is easy to use, has a high success rate, has many tasks and has reading materials. This makes this approach widespread and often used among professionals. In fact, CBT is a simple approach and clients usually experience changes in a short time and the progress achieved can last a long time. CBT therapy assumes that a person with depression has a form of thought or behaviour that is not adaptive or negative. For example, depressed persons often avoid situations that cause nervousness. Thus, by understanding and changing these forms of thinking and behaviour, a person will make a positive change in the function of the mind and can manage his or her depressive symptoms better (Mukhtar & Tian, 2011).

A meta-analysis of 27 separate studies involving 34 comparisons of cognitive therapy with other forms of treatment or a wait-list control was conducted by Dobson (1989). His analysis showed that Beck's CBT was far superior to other treatments, including behaviour therapy, psychodynamic therapy, nondirective therapy, and other psychotherapies, and certainly Beck's CBT was superior to no treatment. Beck's CBT was found to be superior to pharmacotherapy as well; this comparison also includes the results of a collaborative study by the National Institute of Mental Health (NIMH) on the treatment of depression (Elkin et al., 1989). Although the results at the end of this trial treatment did not show a strong effect of Beck's CBT compared with the other groups, Beck's CBT appears to have a more lasting effect after treatment was concluded. Furthermore, the effectiveness of Beck's CBT has also been proven in various groups of adolescents with depression. For example, the effectiveness of CBT interventions for adolescents' depression and anxiety in type II diabetic patients (Alahyari, Bayazi & Rajaei, 2021), the effectiveness of CBT on depression of college students in Nigeria (Ede et al., 2019) and the effectiveness of counselling programs using Beck's theory of depression on the reduction of the depression level and improvement of the psychological adjustment level of university students (Ibraheem & Basma, 2017).

Other than that, caring, attentive and empathetic attitudes are among the factors that contribute to a positive therapeutic relationship in turn encouraging a spirit of cooperation especially with adolescent clients. CBT focuses on helping clients identify harmful thoughts as well as dysfunctional emotions and behaviours in order to transform those harmful thoughts into healthy thoughts, adaptive abilities and subsequently form healthier emotions and behaviours (Porter, 2014). In Beck's CBT, therapists and clients will work collaboratively in achieving the

session goals. This is done through a combination of Socratic questions and experimental or behavioural tasks. The therapists and clients work together to determine the accuracy (or inaccuracy) of a client's thoughts and beliefs. Socratic questions are used to understand the clients' concerns and encourage them to question themselves. (Turner & Susan, 2010).

In addition, this therapy also emphasises psycho-educational methods to create active collaboration between therapists and clients (Corey, 2004). The purpose of therapy is to teach clients to be able to treat themselves and not be utterly dependent on the therapist. This is done so that the effects of therapy will last longer and prevent the recurrence or relapse of depression. CBT helps individuals to replace old reactions and develop new reactions by altering their cognitive responses. Furthermore, CBT is a structured and directive form of therapy (Beck, 2011). Each CBT session has a specific agenda or goal in accordance with its time-limited concept. This method helps the client to easily adapt to the activities of each session and even the method learned can be used by the client even outside the session time. Therapists and clients set a collaborative agenda by constantly reminding clients of the goals of each session. CBT also uses homework, a task that must be completed by the client between therapy sessions. These exercises encourage the client to be actively involved in coping with depression.

Unfortunately, Learned Helplessness Theory (Seligman & Maier, 1967) is seen as a less suitable theory to explain depression in adolescents in this study due to some limitations. The original idea of "learned helplessness" that is said to serve as a model of depression in humans has caused controversy. The rapid and spontaneous "remission" from the induced deficits is one of the main restrictions of this animal model (Henkel et al., 2002). In the 1980s, critics emerged, noting that the learned helplessness model and its reformulation lacked predictive effectiveness because they did not specify conditions in which the attributions of specific causes were more likely than others. Also, subjects tend to regard noncontingent reinforcements as contingent reinforcements, making the model experimentally unstable (Henkel et al., 2002).

Revision was critiqued to be made based on three main problems when applying a learned helplessness theory to depressed humans: i) the theory did not distinguish between cases in which outcomes are uncontrollable for all people and cases in which outcomes are uncontrollable only for some people (universal versus personal helplessness), ii) the theory did not explain when helplessness is specific and when it is general, and iii) the theory did not explain when helplessness is acute and when it is chronic (Abramson et al., 1978). According to the learned helplessness model of depression, the essence of depressed thought is

the expectation that one's outcomes and responses are not dependent on each other (Seligman, 1975; Maier & Watkins, 2000). Therefore, the type of depression mentioned in this learned helplessness model is considered unclear (Mohanty et al. 2015). There may be types of depression that are consistent with symptoms, etiology and prevention to disability. Other than that, the clinical symptoms of depression require a long period of at least two weeks, however, symptoms of learned helplessness are usually considered to last only a few days (Forgeard et al., 2011). This view is in line with the original study of learned helplessness, which showed a chronic form of learned helplessness in mice and dogs exhibited in a few days. This raises whether a person is considered depressed if symptoms are shown in just a few days.

DISCUSSION AND CONCLUSION

The study found that CBT has several characteristics that are suitable in discussing depression in adolescents. First, cognitive models (Beck, 1976) is the basis of CBT which says that feelings and behaviors are rooted in thoughts, not from external factors. This sets the stage that the assumptions put forward by CBT provide hope, in which individuals with depression can change their feelings and behaviours, even when faced with difficult situations. Second, CBT is a form of therapy that involves limited time. Unlike psychoanalysis that involves sessions that last for years, CBT lasts on average for 16 sessions. Treatment for depression and anxiety is usually between four to 14 sessions. This limited time therapy can be used for children, adolescents, and adults (Beck, 2011). Thus, the use of this limited-time therapy helps the client achieve the objectives faster. Third, although an effective therapeutic relationship between therapist and client is not a major focus in CBT treatment, it is also considered important. Furthermore, CBT has received recognition for its quality and efficacy of treatment, particularly for depression in adolescents, and has been the subject of the most research to date (David, Cristea, & Hofmann, 2018; Mukhtar & Tian, 2011; Weersing & Gonzalez, 2009).

However, the study of learned helplessness is seen as more appropriate to be conducted in a clinical than psychological setting because the study done by Maier and Seligman (2016) found that neuroscience elements also play a role in this theory. The notion that neuroscience tools are already available may allow for a more detailed understanding of how the brain produces behaviour from uncontrolled events. The study found that the phenomenon of learned helplessness is based (underlying) on neural circuits indicating that helplessness is not learned in the

original experiment. In contrast, passive nature and increased anxiety are the default reactions to a prolonged bad event. What can be learned involves the cortical aspect - that bad events will be manageable or controllable in the future. To inhibit this default, the top-down circuit descending from the ventromedial prefrontal cortex to the dorsal raphe nucleus and other structures will play its role (Maier & Seligman, 2016).

Based on the above explanation, it is clear that Beck's Cognitive Behaviour Theory is the most appropriate psychological theory to explain the concept of depression in adolescents. After a comparison is made with Learned Helplessness Theory, in which these two theories are most reported to discuss the concept of depression (Vázquez et al., 2000; Bernaras et al., 2019; Merry et al., 2012), it is found that Beck's CBT explains clearly and in detail about depression among adolescents based on the justifications mentioned. Therefore, Beck's CBT is chosen based on its compatibility and the advantages it has over other psychological theories.

For future studies, it is suggested that other psychological theories such as Behaviorist Theory, Psychodynamic Theory, and Humanist Approach are also explored to discuss adolescent depression. Apart from psychological theories, depression among adolescents can also be reviewed from the aspect of biological theory to get a different perspective on this issue.

DECLARATION OF CONFLICTING INTERESTS

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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