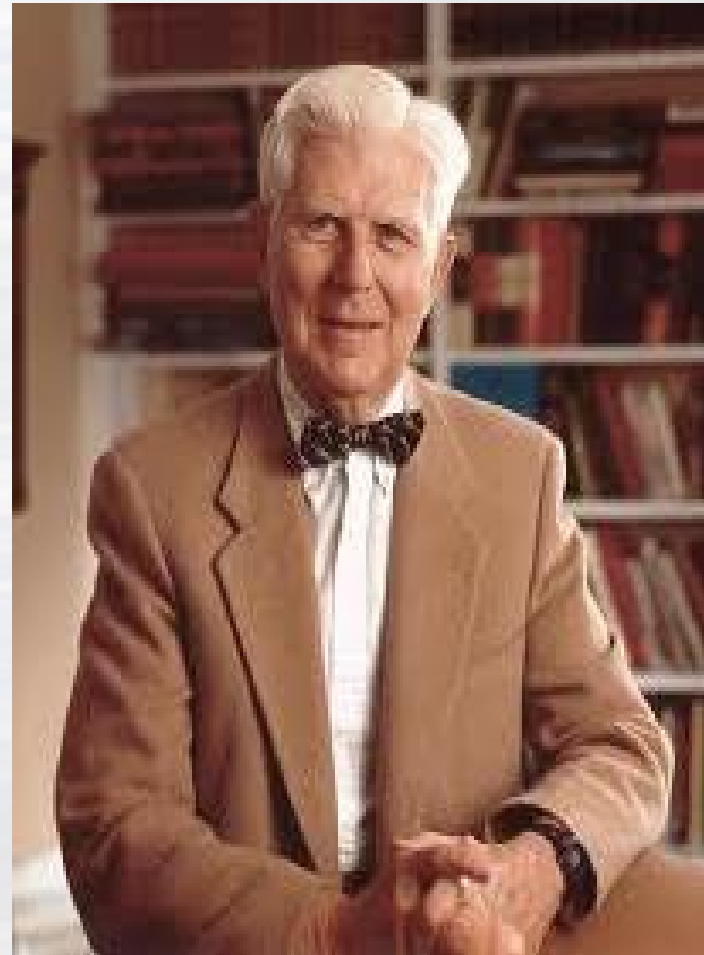




# Cognitive Psychotherapy

# Biographical Sketch of Aaron Beck

- He was born in 1921 in Rhode Island, USA, the **youngest of four siblings**.
- He had fewer than **40 publications** by the age of 50.
- Then he published **370 articles and books** between the ages **50 and 80**.
- In the opening of his **9<sup>th</sup> decade**, he published **60 articles and 2 books**.



# 1940s

- In his 20s, he completed his **undergraduate** degree at **Brown University**, then he received a medical degree from **Yale University**, and completed residencies in pathology and psychiatry. During his first residency, Beck already won **awards** for scholarship and oratory at Brown University.

# 1950's

- Beck went on with his **psychiatric studies**—first at the Austen Riggs Center in Stockbridge, Massachusetts, and then at the Philadelphia Psychoanalytic Society.
- He also began a lengthy and prolific career on the faculty of the **University of Pennsylvania**, where he started as an instructor in psychiatry. By the end of this decade he was an **assistant professor in psychiatry**.

## Contd...

- He published his first **articles in psychiatry**.
- In 1952, he published his first psychiatric article, **a case study** about treatment of **schizophrenic delusion**. It was the first of numerous publications he made that were later on recognized as significant **precursor to the development of cognitive therapy**.

# Contd....

- As the decade neared its end, it also became the **end of his psychoanalytic career and the commencement of cognitive therapy.**
  - He set out to **empirically demonstrate** the psychoanalytic theory that **depression is anger turned inward**. In attempting to provide empirical support for certain psychodynamic formulations of depression, **found some anomalies**—phenomena inconsistent with the psychoanalytic model. Specifically, the psychoanalytic conceptualization asserts that depressed patients manifest retroflected hostility, expressed as "masochism" or a "need to suffer." Yet, **in response to success experiences (graded task assignments in a laboratory setting), depressed patients appeared to improve rather than to resist such experiences.**



# 1960s

- He made the **Beck Depression Inventory**- The tool does not only capture signature **changes in mood**, but it also taps changes in **motivation, physical functioning, and cognitive features** of depression.
- He went deeper in his studies regarding depression. His empirical observation led him to **see depression as a thinking disorder**. His observations and clinical findings were published in 1967- **Depression: Clinical, Experimental, and Theoretical Aspects**, and was later republished as **Depression: Causes and Treatment**.

# 1970s

- He worked with many colleagues, students, and residents at the University of Pennsylvania to detail and refine the ideas he presented in the late 1960s, and published them at the end of 1970s in **Cognitive Therapy for Depression**.
- As he introduced new concepts that transformed the dialogues on depression, he also brought forth to **novel ideas that proved to be revolutionary in the practice of psychotherapy- collaborative empiricism**; reduced the long term need for a therapist.



# Contd...

- Beck also developed international renown in the theory and prediction of **suicide**. He recognized hopelessness as a key cognitive predictor of suicide. He developed and validated a sequence of scales to help measure suicide risk, including the **Beck Hopelessness Scale**, the **Beck Suicide Intent Scale**, and the **Beck Scale for Suicidal Ideation**.
- Still in the same decade, he made his **first book** that was written for lay readers, **Cognitive Therapy and the Emotional Disorders**.

# 1980s

- In this decade, Beck and his colleagues made new frameworks on understanding **anxiety, substance abuse and relationship conflicts**. It is his contributions in the study of anxiety that became the highlight of this decade for Beck.
- Beck also created considerable time and effort in this decade to build an **interactive and visible international community of scholars**.
- He also worked with colleagues to apply the **cognitive theory to stress and anger**. This resulted to his popular press book, **Love Is Never Enough**, which is applied to **couples in conflict**.

# 1990s

- More **refinements** and research were made for the treatments of depression, suicide and anxiety disorders, and Beck increasingly turned his attention to **applications of cognitive therapy to more complex problems.**
- He also published **Cognitive Therapy of Personality Disorders**, wherein he proposed his **first version** of a long-term cognitive therapy on personality disorders—diagnoses usually considered treatment-resistant.

# Contd...

- In the latter half of this decade, Beck wrote **Prisoners of Hate: The Cognitive Basis of Anger, Hostility, and Violence** to show how the cognitive model for anger can explain larger conflicts as well as it describes interfamilial **interpersonal conflicts**.

# 2000s

- He started this decade by publishing his book **Bipolar Disorder: A Cognitive Therapy Approach**. This was one of nearly 40 publications for him in 2001 and 2002, spanning the topics of **depression, suicide, panic disorder, personality disorders, schizophrenia, obsessive–compulsive disorder, geriatric medical outpatients, and the Clark–Beck Obsessive–Compulsive Inventory**.
- He also made the **Beck Youth Inventories of Emotional and Social Impairment**, which assess symptoms of depression, anxiety, anger, disruptive behavior, and self-concept in children.

# Contd...

- He launched the **second edition of Cognitive Therapy of Personality Disorders**, which further articulated his theory of personality and elaborated the cognitive therapy treatment of personality disorders.
- Beck continues to this day to refine his conceptual model for depression, informed by new research and psychotherapy practices.



# Cognitive Theory of Psychopathology

- The cognitive theory of psychopathology is based on an **information processing model** which posits that **during psychological distress** a person's thinking becomes more rigid and distorted, judgements become overgeneralized and absolute, and the person's **basic beliefs about the self, others and the world become fixed**.
- Cognitive theory claims that the central pathway to psychological functioning or adaptation consists of the **meaning-making structures of cognition**, termed **schemas**.
  - **All psychological systems**—cognitive, behavioral, affective, and motivational—is composed of structures known as *schemas*.

# Contd...

- "Meaning" refers to the person's interpretation of a given context and of that context's relationship to the self.
  - The function of meaning assignment is to control the various psychological systems (e.g., behavioral, emotional, attentional, and memory).
  - Thus, meaning activates strategies for adaptation.

# Contd...

- Psychopathology results from maladaptive meanings.
  - Self
  - Environmental Context (experience)
  - Future (goals)

## COGNITIVE TRIAD

# Contd...

- **Depression**

- All three components are interpreted negatively in depression.

- **Anxiety**

- the self is seen as inadequate (because of deficient resources), the context is thought to be dangerous, and the future appears uncertain.

- **Paranoid disorders**

- the self is interpreted as mistreated or abused by others, and the world is seen as unfair and opposing one's interests.

# Common Information-Processing Distortion

- **Arbitrary Inference:** This distortion is akin to jumping to conclusions wherein the person concludes without any supporting or relevant evidence that the worst possible outcome will happen.
- **Selective Abstraction:** In this distortion, most relevant information about a situation is ignored while one minor detail provides the basis for a negative conclusion.
- **Personalization:** This distortion is sometimes referred to as *self-referencing*. Victims of this distortion take everything personally.

# Contd...

- **Dichotomous or Polarized Thinking:** This distorted thinking style is common among clients with borderline or narcissistic personality traits. People and situations are usually evaluated as black or white, good or bad.
- **Labeling and Mislabeled:** All humans use labels to describe themselves and others. Unfortunately, sometimes people hang onto inaccurate or maladaptive labels, despite their lack of utility; i.e. flawless or defective, saint or sinner,



# Contd....

- **Magnification and Minimization:** This distortion is also referred to as *overestimation and underestimation*. It occurs when a client makes a mountain out of a molehill (and vice versa).
- **Overgeneralization:** This distortion occurs when an individual generalizes and comes to a strong conclusion on the basis of a single or small number of incidents. Obviously, when overgeneralization occurs, the conclusion may be unwarranted.

# Hierarchical organisation of thinking



# Hierarchical Organization of Thinking

- **Automatic Thoughts**

- These are thoughts that come rapidly, automatically and involuntarily to mind. It operates simultaneously with the more obvious, surface level of thinking.

- **Underlying assumptions**

- These are the often unarticulated beliefs that guide our everyday behaviour, set our standards and values, and establish our rules for living.

– are often identified by their **'if ... then'** or **'unless ... then'** construction (for example, 'If not I'm respected by others then I can never have self-respect'). Rules are often expressed in **'should'** and **'must'** statements ('I must never show any weaknesses'; 'I should always be there for my friends when they need me').

# Assumptions

- Underlying assumptions and rules apply across a range of situations. **Assumptions and rules are also called intermediate beliefs as they link automatic thoughts with core beliefs.**
- \_ Beck suggested that maladaptive assumptions often focus on **three major issues**: acceptance (e.g. ‘I’m nothing unless I’m loved’); competence (e.g. ‘I am what I accomplish’); and control (e.g. ‘I can’t ask for help’).

# Contd...

- As long as the terms of these rules, standards and positive assumptions are met, individuals remain relatively stable and productive and thereby avoid activating the 'bottom line' – core belief.

# Core beliefs

- \_ These are the fundamental beliefs about **ourselves** (e.g. 'I'm weak'), **others** (e.g. 'People will walk all over me') and the **world** (e.g. 'It's harsh and uncaring') that help us to make sense of our life experiences.
- \_ Core beliefs are usually formed through early learning experiences and become instrumental in shaping our outlook.
- The most central or core beliefs are understandings that are so fundamental and deep that people often do not articulate the core belief, even to themselves. These ideas are regarded by the person as absolute truths, just the way things "are."
- Core beliefs can also be recently acquired, such as by experiencing a traumatic incident or accident.



# Maintaining Behaviours

- Person's behaviour is consistent with thought processes.
- Example: A **depressive person** who believes that he will always fail does not try anything ,thus confirms the negative belief.
- In **panic**, a belief of dying from heart attack will result in taking the strain of heart attack and doing nothing.

# Cognitive Content Specificity

- The meanings made by a person have implications that are translated into specific patterns of emotion, attention, memory and behaviour. This proposes that each emotional disorder has its own typical cognitive content or theme.
  - For example, devaluation or loss in depression; danger or threat in anxiety; unjustified intrusion in paranoia; transgression of one's rules in anger; moral lapse in guilt.
- Cognitive content specificity has been refined to pinpoint key themes in each of the anxiety disorders, such as an imminent physical catastrophe in **panic** (e.g. **Fear** of dying, going mad, passing out) or losing mental or behavioural **control** that results in harm to oneself or others in **obsessive-compulsive disorder** (e.g. violent thoughts will be acted upon if not suppressed).

# Cognitive Vulnerability to Psychological Disturbance

- Individuals are predisposed to specific faulty cognitive constructions. Specific cognitive vulnerability predisposes persons to specific syndromes; **cognitive specificity and cognitive vulnerability are interrelated.**
- One's cognitive vulnerability is said to be a stable characteristic that remains latent until activated by a precipitating event.



# Continuum of Emotional Reactions

- CT suggests there is a line of continuity **between normal emotional and behavioural reactions to life events and excessive emotional and behavioural reactions** found in psychopathology.
- The cognitive content of syndromes (e.g. anxiety disorders, depression) have the same theme (danger or loss, respectively) as found in 'normal' experience, but **cognitive distortions are more extreme** and, consequently, so are affect [emotion] and behavior. Also, **physiological reactions (such as increased heart rate) would be similar** if the perceived threat was psychosocial (making mistakes in front of others) or physical (being threatened in the street).
- The CT message is that **no one is immune** from experiencing psychological difficulties (therapists included).

# Theory of Personality

- The role of the human evolutionary history in shaping our patterns of thinking, feeling, and acting.
- The **prototypes of personality patterns** could be derived from our phylogenetic heritage.
- Strategy – Personality **Traits**
  - forms of programmed behaviour that are designed to serve biological goals.
    - The ultimate goals are **survival and reproduction**

- The evaluation of the particular demands of a situation precedes and **triggers an adaptive (or maladaptive) strategy.**
- The psychological sequence progresses then from evaluation to affective and motivational arousal, and finally to selection and implementation of a relevant strategy.
- **Schema** is considered as the fundamental units of personality. Healthy schemas are flexible whereas unhealthy ones are rigid, absolute and overgeneralised.



# Contd....

- Personality “traits”
  - “dependent,” “withdrawn,” “arrogant,” or “extraverted”
  - the **overt expression of the schema**
- By assigning **meanings to events**, the cognitive structures start a **chain reaction** culminating in the kinds of overt behaviour (strategies) that are attributed to personality traits.
- Behavioural patterns that are commonly ascribed to **personality traits** or dispositions (“honest,” “shy,” “outgoing”) consequently represent **interpersonal strategies** developed from the interaction between innate dispositions and environmental influences.

# Contd...

- Most of observed behaviour in animals is generally considered as “programmed.”
  - expressed as overt behaviours.



- The **programs involved in cognitive processing, affect, arousal, and motivation** may have evolved as a result of their ability to sustain life and promote reproduction.

A bad fit of adaptive strategies to the rapidly changing social milieu results to a personality disorder

- Highly developed predatory or competitive strategies



- Exhibitionistic display





# References

- Beck, A. T., Freeman, A., & Davis, D. (2004). *Cognitive Therapy of Personality Disorders 2<sup>nd</sup> Ed.* Guilford Publication Inc. New York.
- Beck, A. T., & Weishaar, M. E. (2009). *Cognitive Therapy. Current Psychotherapies 8<sup>th</sup> Ed.* Thomson Brooks/Cole. USA.
- Beck, J. S., & Pretzer, James. (2004). *Cognitive Therapy of Personality Disorders: Twenty Years of Progress. Contemporary Cognitive Therapy, Theory, Research and Practice.* The Guilford Press. New York.
- Padesky, C. (2004) Aaron T. Beck: Mind, Man, and Mentor. *Contemporary Cognitive Therapy, Theory, Research and Practice.* The Guilford Press. New York.
- Neenan, M., & Dryden, W. (2004). *Cognitive Therapy: 100 Key Points and Techniques.* Brunner-Routledge. East Sussex.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy of Depression.* Guilford Press. New York.
- Beck, J. (1995). *Cognitive Therapy: Basics and Beyond.* The Guilford Press. New York



- Beck, A. T., & Alford, B. A. (1997). *The Integrative Power of Cognitive Therapy*. The Guilford Press. New York.
- Corey, Gerald (2009). *Theory and Practice of Counseling and Psychotherapy*. Thomson Brooks/Cole. USA.
- Flanagan, J. S., & Flanagan, R. S. (2004). *Counseling and Psychotherapy Theories in Context and Practice*. John Wiley & Sons, Inc. New Jersey.

Thank you for listening!

