

## **Notes on Aaron Beck and Cognitive Therapy**

Cognitive therapy (CT) is based on idea that critical or negative automatic thoughts (AT) and unpleasant physical or emotional symptoms (sx) combine to form maladaptive cycles that maintain and exaggerate initial problematic sx, resulting in emotional disorders.

CT aims to id and then modify the negative of self-defeating AT that are maintaining the emotional disorders.

Beck's contributions to therapy that modernized therapy (tx):

1. minimized exploration of childhood
2. moved tx toward exploration of daily issues
3. focused on common sense meanings of problems, rather than generating elaborate interpretations
4. moved away from symbolism and took clients' reports at face value
5. placed importance on clients' verbalization as being right until proven otherwise
6. placed primary importance on thinking, not unconscious motives or drives

Beck: cognition involves both content and process of thought.

Benefit of CT: clients can participate in tx—in the evaluation and modification of their own thoughts. Clients have access to the primary vehicle for change in tx—their own thoughts.

Beck uses term "distorted thinking" regarding problematic thoughts, whereas Ellis uses the term "irrational beliefs."

Beck asserts that in CT, he does not believe that cognitions directly cause depression, but that cognitions are "chained" to a particular affective state, such as depression. How people feel and behave is largely determined by their cognitions, and changing how people structure their experience is the most efficient way to change disordered feelings/behaviors.

We all have idiosyncratic vulnerabilities that predispose us to psychological distress. These vulnerabilities are related to "personality structures"—a person's fundamental beliefs about themselves and the world.

These personality structures are called "cognitive schemata"—ways of organizing about ourselves and the world.

A bunch of schemas, or schemata, about a certain kind of event, like social interactions, is called a "cognitive set"—these inform how one should respond in certain situations. Cognitive sets direct or behavior somewhat automatically. Schemata and sets can group together to result in "cognitive modes", like depression or narcissism.

Beck identified 11 common cognitive distortions (CD) that people tend to have in their information processing, and these CD s lead people to faulty assumptions and

misconceptions that fuel emotional and behavioral problems. These distortions usually operate in our automatic thoughts. (see separate handout for CD list).

Overarching Goals of CT according to Beck:

1. Correct faulty information processing, modify dysfunctional beliefs and assumptions that maintain maladaptive behaviors and emotions.
2. In tx, you want people to first recognize their AT with CD, then to evaluate their CD, and then to change their AT to be more adaptive and less distorted. By focusing on AT, you can eventually see a client's faulty underlying assumptions with which they are operating.

### **Specific Goals of tx throughout the tx:**

*Initial goals:*

1. Id AT and CD.
2. Have client reality test their CD by identifying evidence that is contrary to their currently operating beliefs and conclusions.
3. Get client to observe and to admit into their information processing in subsequent situations all relevant data in a situation, not just the data that is consistent with their dysfunctional beliefs.

*Middle goals:*

4. Help clients to learn about the influence of their faulty thinking on their feelings and their behavior.
5. Develop a more realistic appraisal of situations--clients learn to do their own reality testing.
6. Do various therapy tasks: homework, gathering data on their assumptions--be their own scientist, keep records of their thoughts and activities, learn to form alternate interpretations about situations.

*Final goals:*

7. Clients learn to substitute realistic and accurate interpretations for their biased cognitions.
8. Clients learn to modify the dysfunctional beliefs and assumptions that predispose them to distort their experience.

## **Thinking Distortions (Beck)**

1. ALL-OR-NOTHING THINKING: You see things in black-and-white categories. If your performance falls short of perfect, you see yourself as a total failure.
2. OVERGENERALIZATION: You see a single negative event as a never- ending pattern of defeat.
3. MENTAL FILTER: You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water.
4. DISQUALIFYING THE POSITIVE: You reject positive experiences by insisting they "don't count" for some reason or other. In this way you can maintain a negative belief that is contradicted by your everyday experiences.
5. JUMPING TO CONCLUSIONS: You make a negative interpretation though there are no definite facts that convincingly support conclusion.
  - a. *Mind reading*: You arbitrarily conclude that someone is reacting negatively to you and you don't bother to check this out.
  - b. *The Fortune Teller Error*: You anticipate that things will turn out badly, and you feel convinced that your prediction is an already-established fact.
6. MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION: You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."
7. EMOTIONAL REASONING: You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."
8. SHOULD STATEMENTS: You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements toward others, you feel anger, frustration and resentment.
9. LABELING AND MISLABELING: This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behavior rubs you the wrong way, you attach a negative label to him: "He's a goddamn louse." Mislabeling involves describing an event with language that is highly colored and emotionally loaded.
10. PERSONALIZATION: You see yourself as the cause of some negative external event which in fact you were not primarily responsible for.
11. SELF-WORTH: You make an arbitrary decision that in order to accept yourself as worthy, okay, or to simply, feel good about your- self, you have to perform in a certain way; usually most or all the time.