1. BASIC THEORY AND DEVELOPMENT OF CBT

Man can alter his life by altering his thinking
- William James

OVERVIEW

In this module, we will cover the following topics:

- Introduction to the Three Waves of Therapy
- Concepts, Theory and Practice of Psychoanalytic Therapy
- Perspectives of Behavioural Therapy
- Origins of Cognitive Behaviour Therapy
- Concepts and Theory of CBT
- Application and Efficacy of CBT

INTRODUCTION: THREE WAVES OF THERAPY

Cognitive Behavioural Therapy, or CBT, is a relatively modern approach to psychotherapy that was developed from the 1960s. In general, psychotherapy is the treatment of a client's mental health problems by talking with a psychiatrist, psychologist, licensed clinical social worker or other mental health provider. But, it can also involve expression through music, art, play, and meditation, among others. CBT was preceded by two other main perspectives, namely psychoanalytic therapy and behavioural therapy. Where psychoanalytic approaches focused on the conscious and unconscious mental functioning of a person through the lens of childhood events, behaviour therapies were only concerned with changing the person's behaviour without considering its roots or cognitive content.

With the advent of cognitive therapy the importance of automatic negative thinking on the expression of problematic behaviour was recognized. Gradually more focus was placed on the elimination of dysfunctional thoughts with the ultimate objective to change behaviour, and Cognitive Behavioural Therapy (CBT) introduced the third generation of therapies.

PSYCHOANALYTIC PSYCHOTHERAPY

Psychoanalytic theory is past-oriented, based on a disease model of pathology, and focuses on the deficits of a person as a result of the influence of past early childhood experiences on current functioning. In essence, psychoanalytic therapy is a reconstruction of a client's past in the context of adult analysis.

Psychoanalytic theory and therapy was developed by Sigmund Freud from the late 19th century, and has undergone many refinements since his work, coming to its height of prominence in the 1960s. Although its validity is now largely disputed and criticized, his examination of the development aspects of the personality produced valuable insights into the personality structure and how defence mechanisms are employed to balance the id and superego with the perceived construct of reality, whereby a healthy state of consciousness is maintained. Essentially, Freud laid the foundations of understanding the aspects of human thought and behaviour that arise from our basic instincts and subconscious mind.

From the foundations of early experiences, a person projects his or her unconscious impulses and conflicts. Therefore, in psychoanalytic psychotherapy a client is encouraged to reveal such issues with the aid of various techniques such as free association, behavioural observation, transference, and dream analysis. Freud believed that changes in personality were possible, but was questioning the practical merits of psychoanalysis to effect such a change (Ellis, Abrams, Abrams, Nussbaum & Frey, 2009). He conceded that the process of psychoanalysis is a long and difficult one that requires sophisticated verbal, intellectual, and analytical skills of the therapist, with a real possibility to provoke anxiety and distress by the exploration of a client's past.

Despite Freud's inclination to emphasize the challenges that face the psychoanalytic approach, there is empirical evidence of the efficacy of psychodynamic therapy. In addition, clients appear to maintain therapeutic gains and continue to improve after treatment completion (Shedler, 2010). A meta-analysis study by De Maat, De Jonghe, Schoevers, and Dekker (2009) also concluded that long-term psychoanalytic therapy is effective in symptom reduction, as well as personality change, and, to a lesser extent however, it is significant in terms of quality of life and relapse prevention. Nonetheless, it is clear that psychoanalytic therapy is a long journey that may not be suitable or effective for resistant and younger clients, and those patients with severe psychopathology. Freud agreed that it is a long and intricate process:

> Psychoanalytic observation, reaching back into childhood from a later time, and contemporary observation of children combine to indicate to us still other regularly active sources of sexual excitation. The direct observation of children has the disadvantage of working upon data which are easily misunderstandable; psychoanalysis are made difficult by the fact that it can only reach its data, as well as its conclusions, after long detours. But by cooperation the two methods can attain a satisfactory degree of certainty in their findings. (2000, p. 67).

Several techniques are used to explore those aspects of the self that are not fully known as they are manifested and influenced in the therapist-client relationship. In psychoanalysis, the focus areas of exploration are (Shedler, 2010):

1. **Affect and expression of emotion**: The psychoanalytic therapist helps the client to describe unpleasant, contradictory, threatening, troubling, and repressed feelings to cultivate emotional insight.

2. **Attempts to avoid distressing thoughts and feelings**: Mechanisms of defence and resistance that are deliberately or inadvertently applied to avoid aspects of undesired experiences are focused on as avoidance is significantly related to negative feelings and problematic behaviour. The client's affect and role in shaping events are examined directly and without compromise.

3. **Recurring themes and patterns**: A client may be unaware of, or aware but unable to manage painful or self-defeating recurring themes and patterns in their thoughts, feelings, self-concept, relationships, and life experiences. The psychoanalytic therapist guides the client to recognize and understand these.

4. **Past experience**: Our present experience is significantly affected by past events, especially early experiences of attachment figures. Therefore, the focus is on the past in relation to present problems and the client is encouraged to explore and understand the effects in order to free themselves from the bonds of the past.

5. **Interpersonal relations**: When object and attachment relationships are unsatisfying and do not meet emotional needs, psychological difficulties often arise. The client is assisted to establish adaptive personality and self-concept aspects to improve prosocial skills and attitudes.

6. **Therapy relationship**: The therapist-client relationship is considered vital in the psychoanalytic therapy process as problematic themes and patterns tend to emerge in some form in the therapeutic relationship. These aspects of transference and countertransference provide an opportunity to explore and analyse a client's interpersonal themes in vivo.

7. **Fantasy life**: Clients are encouraged to speak freely and engage in free association that provides a rich source of information of their thoughts, desires, fears, fantasies, dreams and hopes, which signals their views of themselves, others and the world, as well as aspects of experiential avoidance and their interpretation of reality.

It follows that psychoanalytic therapy sessions are largely unstructured, without a predetermined agenda, and open-ended. The excessive long and costly nature of psychoanalytic therapy, together with the potential to harm a client by deeply intrusive explorations and an unrelenting focus on psychopathology as an illness that can increase internal conflict and instability, have caused sustained criticism over time.

As an application of the principle of the cause and effect of human behaviour, psychoanalytic theory arguably remains valuable in the sense that it explained the many features of behaviour as the products of circumstances in the past experiences of an individual (Skinner, 1954). However, Freud's conception also "encouraged misinterpretation and misunderstanding" (p. 77) because of its complex and abstract nature that are thought to have obscured important details among the variables of which human behaviour is a function. The most unfortunate effect of all, however, is the neglect of analysis of behaviour as a telling manifestation of inner experiences. Therefore, there is an unquantifiable sense of psychoanalytic theory that largely ignores the dynamic nature of behavioural processes in a constant flux in favour of the notion of fixations on early stages of development.

However, the conception of defence mechanisms that are at first short-term solutions to cope with distress and deprivation of emotional needs but are reinforced and firmly established through repetition and overutilization, have remained valid and useful in the development of modern cognitive theories. In that sense, it is true that the past lives on in the present. In other words, we view the present through the lens of past experience and therefore tend to distort the present reality by repeating and recreating aspects of our past.

Exercise 1.1

Name at least two advantages and disadvantages of the psychoanalytic psychotherapy approach.

Answers can be found at the end of the module

Now watch this video

Psychotherapy and Psychoanalysis: A Dialogue

https://www.youtube.com/watch?v=ux0eer14fx8 [22:10]

BEHAVIOURAL THERAPY

It is already more than a century since Freud proposed the three-layered model of the human mind and science has not yet provided any evidence to support it. With the progress in neuroscience and the advent of cognitive psychology, however, a more complex view of non-conscious processes are possible. But first, behaviour therapies were developed based on the need for an effective short-term therapy for anxiety, depression and other emotional adjustments that veterans of the Second World War faced on their return home. Behavioural learning theory was the initial basis of the wave of behaviour therapy, which was considered a revolutionary challenge to psychoanalytic therapy.

Behaviour therapy is narrowly focused on changing a client's behaviour by engaging in positive or socially reinforcing behaviour. It is a structured approach that carefully monitors what a person is doing in order to identify opportunities for positive experiences. The focus is present-oriented on current causes of distress or maintenance of improvements. As such, it is problem-oriented and goal directed with the only objective to change behaviour, theory based rather than individualized, and the therapist-client relationship follows a top-down strategy of information processing and knowledge sharing. Classical behaviour therapy is a set of clinical procedures that

are based on principles of learning that are systematically applied to achieve specific treatment goals that are measurable by focusing on the client's current behaviour problems. The four main aspects of classical behaviour therapy are:

1. **Exposure and desensitization**: In vivo desensitization involves a brief and graduated exposure to an accrual fear situation or event or a prolonged and intensive in vivo or imaginal exposure to anxiety-evoking stimuli without the opportunity to avoid it (flooding). In addition, Eye Movement Desensitization and Reprocessing (EMDR) applies rhythmic eye movements and other bilateral stimulation to manage fearful memories.

2. **Classical conditioning**: It is a type of learning that was originally described by Ivan Pavlov that occurs through interactions with the environment in an instinctive reflex instead of being mediated by controlled thoughts, feelings, and emotions. By producing a conditioned response, fears and phobias can be managed and aversions stimulated by manipulating the environment.

3. **Operant conditioning**: It is also a learning process, but occurs through awards and punishments for behaviour by an association between the behaviour and its consequence. Its first proponent, behaviourist B. F. Skinner believed that external, observable causes of human behaviour and the consequences directly associated with it, explain behaviour instead of thoughts, feelings, and emotions. Operant conditioning is commonly used in everyday life with the promise or possibility of rewards and punishment and is effectively a reaction to past consequences.

4. **Social learning**: It is a process of learning whereby others' behaviour, attitudes, and outcomes of behaviours are observed and imitated or used as a model for appropriate or desired behaviour. In this sense, there is a continuous reciprocal interaction between cognitive, behavioural and environmental influences.

It is important to realize that behaviour therapy is only designed to change behaviour and not an underlying personal characteristic or trait (Miltenberger, 2012). As such, it is not concerned with the associated clinical condition, but only undesirable and observable behavioural excesses or deficits. There is a strong emphasis on current environmental events that are associated with the problematic behaviour, and once these controlling events have been identified, they are altered to achieve a behavioural goal. Essentially, it is a self-regulatory process with the therapist acting as facilitator.

But, even more importantly, there is a de-emphasis on the relevance of past events on current behaviour, and therefore underlying causes are rejected. It is outside the scope of this module to engage with more detail of classical behaviour therapies, but for now it suffices to note that the main limitations and criticisms of behaviour therapy are that cognitive processes and experiences (and their correlation with behaviour) are de-emphasized, relational factors are largely ignored, symptoms are treated rather than causes, and it does not provide a deeper insight into factors that may be contributing to internal distress and problematic behaviour.

It is considered by many scholars and practitioners to be standardized and mechanistic with the therapist applying control and manipulation to affect behaviour change. As such, it lacks the promotion of internal growth and meaningful impact and an identification and understanding of the real problem that is required to achieve and maintain positive change and prevent relapse.

COGNITIVE BEHAVIOURAL THERAPY AND THE THIRD WAVE

The third generation, or third wave, therapies developed from cognitive therapy in the 1960s when Aaron Beck recognized the importance of thinking patterns and unconscious mental processes in shaping and motivating behaviour. Up to that time, cognitive processes were not afforded much prominence in psychotherapy. The limitations of not considering thought, feelings, beliefs, and interpretations that obviously played an important role to motivate behaviour, caused dissatisfaction with the purely behavioural approach (Westbrook, Kennerley & Kirk, 2011).

In the 1970s, the recognition of the shortcomings of behavioural approaches lead to what has become known as the "cognitive revolution" whereby cognitive phenomena were brought into the theoretical and practical framework of modern psychotherapy methods.
Beyond classical CBT, there are many similarities, third wave CBT therapists base themselves in empirical research, they acknowledge the important role of behaviour just as much, if not more so, than traditional CBT, most also continue to acknowledge the important role of cognitions (thinking). So what is different? Some of the main theoretical differences seem to be about control and emotional avoidance. The question became whether trying to control our thoughts and emotions is part of the solution or the problem. Up to recently the focus was only on the contents of thoughts rather than their context or the thinking process itself.

As the developer of Acceptance and Commitment Therapy (ACT), Prof. Steven C. Hayes of the University of Nevada explains:

> Grounded in an empirical, principle-focused approach, the third wave of behavioral and cognitive therapy is particularly sensitive to the context and functions of psychological phenomena, not just their form, and thus tends to emphasize contextual and experiential change strategies in addition to more direct and didactic ones. These treatments tend to seek the construction of broad, flexible and effective repertoires over an eliminative approach to narrowly defined problems, and to emphasize the relevance of the issues they examine for clinicians as well as clients. The third wave reformulates and synthesizes previous generations of behavioral and cognitive therapy and carries them forward into questions, issues, and domains previously addressed primarily by other traditions, in hopes of improving both understanding and outcomes. (Hayes, 2004, p. 659.)

The third generation, or third wave, of therapies is a loose affiliation of cognitive behavioural-based approaches that are not defined by any specific criteria and their inclusion are sometimes disputed by their developers. Well-known examples that are increasingly attracting empirical research and new applications are Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), Schema Therapy, Mindfulness-based Cognitive Therapy (MBCT), and Mode Deactivation Therapy (MDT). As psychoanalytic perspectives gave way to behaviour therapies in an attempt to deal with psychological problems more quickly and directly, cognitive behavioural approaches again recognized that a significant piece of the behavioural puzzle would remain unaddressed if thinking patterns were ignored. In an important sense, behaviour follows cognitions.

Cognitive Behavioural Therapy (CBT) is a goal-directed, short-term treatment that is based on Dr. Aaron T. Beck's observations in the 1960s, and in which the therapist and client work collaboratively to resolve the client's problematic behaviours and emotions by solving problematic thinking. Its goal is to change patterns of clients' thinking and behaviour that are the source of their difficulties. Beck recognized the significance of the link between thoughts and feelings and the fact that people are often not fully aware of these thoughts. Thus, he invented the term automatic thoughts, but theorized that people can be guided to become aware of and identify such thoughts. As behavioural techniques were employed as well, the approach became known as Cognitive Behavioural Therapy, or CBT. Since then, CBT has been applied to a growing variety of problems and has spawned many derivative approaches that are often referred to as third generation, or third wave, therapies.

CBT was originally conceptualized by exploring psychoanalytic concepts of depression when Dr. Beck found that depressed patients experienced streams of negative thoughts that seemed to arise spontaneously. These negative thoughts were often unrealistic views of themselves, others and the world. By providing assistance to clients to become aware of and evaluate these thoughts, clients were able to think more realistically and, as a result, felt better emotionally and behaved more functionally.

In 1964 Beck wrote two important papers in which he explained the link between thinking and depression in terms of idiosyncratic content and cognitive distortions of thoughts and how he related these concepts to theory and practice by way of the schema concept. Beck found that deviation from logical and realistic thinking forms a thematic content that can distinguish clinical groups and that a thought disorder may be common to all types of psychopathology. In particular, arbitrary inference, selective abstraction, overgeneralization, magnification and minimization were identified as dysfunctional thinking processes (Beck, 1964a).

He also argued that the disturbance seemed to be secondary to the thinking disorder as the distorted ideas appeared immediately before arousal of the problematic affect, although there may also be a reciprocal interaction between the dysfunctional cognition and affect. Furthermore, it was concluded that idiosyncratic schemas

underlay these irrational thought processes, whereby flexibility and an appropriate response to environmental stimuli was ultimately sacrificed.

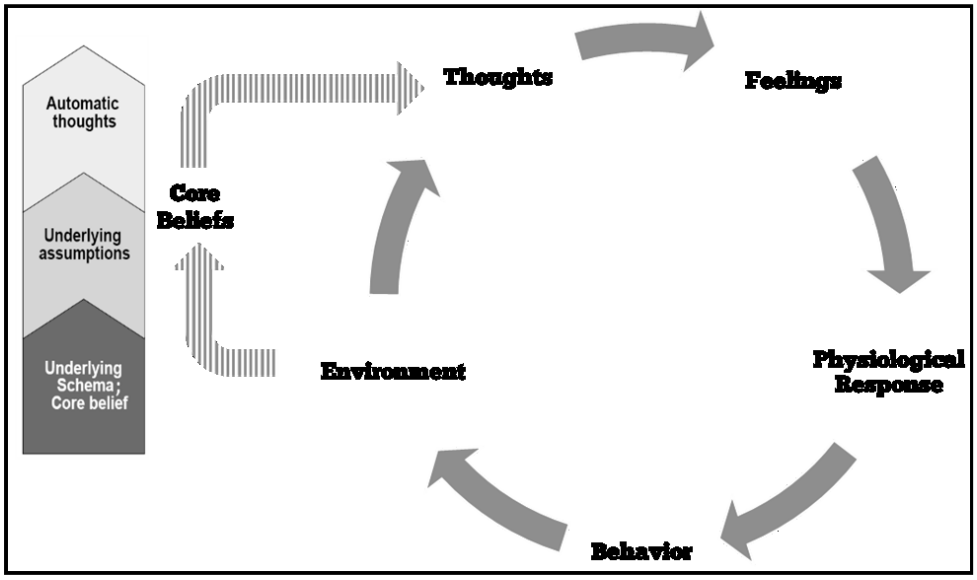
Beck defined schemas as "stereotyped or repetitive patterns of conceptualizing" that are regarded as "manifestations of cognitive organizations or structures" that are relatively enduring components of cognition (1964b, p. 562). In other words, a schema is a structure that is involved in the screening, coding, and evaluating of incoming stimuli. In essence, it presents the way that an individual interprets experiences meaningfully, adapts to external reality and responds accordingly. Raw input data is moulded into thoughts and feelings to act as motivators for behaviour, but may not necessarily be effective or appropriate in the new circumstances. Schemas are not directly observable, but can be inferred by observing behaviour and exploring thoughts and feelings. According to Beck (1964b):

> The most striking characteristic of the schemas is their content. The content is generally in the form of a generalization and corresponds to the individual's attitudes, goals, values, and conceptions. The contents of the idiosyncratic schemas found in psychopathology is reflected in the typical chronic misconceptions, distorted attitudes, invalid premises, and unrealistic goals and expectations (p. 563).

As such, the main objective of Cognitive Behavioural Therapy (CBT) is to identify the content of a client's schemas by an analysis of their ways of structuring and expressing experiences, from recurrent themes in thoughts, free associations and ruminations, from thematic dream content, from direct questioning about attitudes, values, beliefs and expectations, and, lastly, by psychological test instruments designed to measure fears and beliefs about themselves, others and the world.

As the distortions in a person's thinking and judgment lead to psychological distress and dysfunctional behaviour, those thoughts, assumptions and beliefs that underlie problematic feelings and responses to events are identified and modified in CBT with the objective to eliminate maladaptive behaviour and emotions. In fact, thoughts, feelings and behaviours are continually interrelated in the context of core beliefs whereby cycles have an amplifying and perpetuating effect on symptoms while reinforcing existing core beliefs at the same time. The basic cognitive organization structure is illustrated in Figure 1.1.

Figure 1.1: *Organization of Beliefs, Thoughts, and Behaviour*



Here, an external event acts as a trigger to activate the underlying schema or core belief based on underlying assumptions that the interpretation is real, logical, and meaningful. Automatic thoughts are constantly generated, much outside our conscious awareness. Yet, they have a powerful impact on our conscious thinking, feelings and physiological responses that are all designed to test reality and respond appropriately, but in the context of severe or chronic distress, it is common to lose the ability and balance of objective examination when coping defences kick in to meet emotional needs (Beck, 2011).

Again, it is not the intention to provide a detailed account of the theory and practice of CBT here, but rather to highlight principles, differences and issues that were important in the development of Cognitive Behavioural Therapy (CBT). Westbrook, Kennerley, and Kirk (2011), summarized the basic principles of CBT as follows (p. 8):

- The cognitive principle involves interpretations of events, but not the events themselves, which are a crucial distinction in CBT.
- The behavioural principle emphasizes that what we do has a powerful influence on our thoughts and emotions.
- In the continuum principle mental health problems are best conceptualized as exaggerations or avoidance of normal processes.

- In CBT the focus is strongly on the here-and-now principle as it is usually considered to be more fruitful to focus on current processes instead of past experiences.
- In the interacting-systems principle problems are viewed as interactions between thoughts, emotions, physiology and behaviour, and the environment in which the person operates.
- CBT is based on the empirical principle whereby an evidence base is established for the theory and practice.

Now we will briefly consider the important stages of CBT treatment. There are many variations in methodology and applications, but according to Turk and Flor (2013), the "traditional" CBT methodology has six basic phases, namely (1) assessment, (2) reconceptualization, (3) skills acquisition, (4) skills consolidation and application training, (5) generalization and maintenance, and (6) post-treatment assessment follow-up.

1. The assessment stage involves interviews with patients and their families that are supplemented by a series of psychological self-report test instruments to identify the degree and nature of the psychological impairment, including the automatic thoughts or irrational beliefs that underlie it. The most appropriate course of action is determined.
2. Reconceptualization involves the disputation and challenging of automatic negative thoughts and irrational beliefs. Clients are asked to provide evidence attesting to the truth or falseness of their beliefs, to consider whether they are logical or not, and contemplate the functionality of new alternative beliefs. CBT holds that irrational beliefs are inconsistent with reality, therefore illogical, and yield negative results. By developing and considering functional alternative beliefs cognitive restructuring takes place.
3. In the skills acquisition phase, behavioural activation is enabled as the client is guided to improve social and cognitive skills in order to execute the cognitive restructuring. Skill use is an important mechanism of change that contributes to positive treatment outcomes. Examples of skills are communication, time management and planning, awareness, motivation, and prosocial behaviour.
4. In the skills consolidation and application training step, clients are given homework to help reinforce the skills that they have acquired in the previous stage. Homework is reviewed at each following session, and serves to provide feedback on progress and the practical application of the different tools, skills and techniques. The quality and quantity of homework is considered an important predictor of treatment outcome.
5. Generalization and maintenance is conducted by discussing the future and ensuring that clients are well equipped to cope after treatment completion.

6. In post-treatment assessment follow-up clients are monitored and evaluated to determine how effectively they continue to apply CBT skills and techniques in their everyday lives and day-to-day functioning.

Already, in the brief discussion of the important principles and practices of standard CBT, several points worth noting stand out. In general there are two main criticisms. Firstly, CBT provides a model of cognitive restructuring and learning, but takes minimal consideration of early development and the effect that past experiences have on psychological and personality structures. However, a person's temperamental characteristics and beliefs that form the essence of his personality have a profound effect on his interaction and attachment with others, especially in the home, first as a child, then later on as a parent. The repetition over time of early patterns of interaction anchors perceptions, thoughts, feelings, beliefs, values, attitudes and behaviours that are constantly reciprocally influenced by anticipated or actual responses from others.

Secondly, the fact that beliefs and cognitions are treated as irrational can be deeply invalidating and negatively affect aspects that are essential change agents, including self-concept, therapeutic alliance, cooperation and commitment. These concerns were the basic impetuses for most of the third generation therapies that followed, most notably the integration of concepts of acceptance and mindfulness that will be discussed further in module 5.
The effectiveness of CBT has been well established for adults with a variety of psychological conditions, in particular depressive disorders, anxiety disorders, post-traumatic stress disorder (PTSD) and other dysfunctional behaviours such as aggression, substance abuse, addictions, general stress, eating disorders and self-injurious behaviour. Literally thousands of trials proved that CBT is currently the best established and most widely used therapeutic approach, although more work is needed to verify results for specific populations such as children, elderly people, ethnic minorities, and low-income samples.

Exercise 1.2

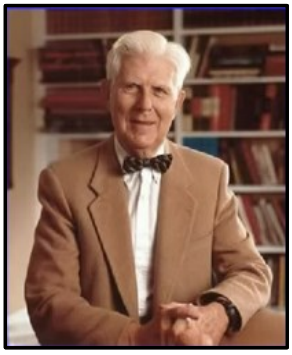
In retrospect, CBT seems like a natural extension from behavioural therapy. To what insight did Dr. Aaron Beck arrive at when he conceptualized CBT?

Answers can be found at the end of the module

Now watch this video

An Introduction of Cognitive Behavioural Therapy and the Work of Aaron Beck

http://www.youtube.com/watch?v=KyluZW23m0U [17:47]



In the next module, the distinctive characteristics of CBT will be described in more detail, including the skills and strategies that are employed to overcome psychological problems such as depression, anxiety and more.

EMPHASIS BOX

Cognitive Behavioural Therapy, or CBT, focuses on thoughts and feelings that underlie behaviour in the present.

CBT is the most widely used and researched psychotherapy method.

CBT is a structured, systematic and relative brief approach to improve psychological functioning.

CBT is present-oriented and does not focus on possible past roots of current problems.

CBT identifies, disputes and modifies automatic negative thoughts.

REMINDER

Have you completed the following exercises?

☐ Exercise 1.1

☐ Exercise 1.2

Tick each box when you have completed the exercises, then you can move on to the next module.

SUMMARY

1. The Cognitive Behavioural Therapy method was preceded by psychoanalytic and behavioural therapies.
2. Psychoanalytic therapy places current problems in perspective by exploring their roots in the past.
3. Behaviour therapy is narrowly focused on changing a client's behaviour by engaging in positive or socially reinforcing behaviour.
4. Behaviour therapy largely ignores cognitive processes and inner experiences and their role in activating and sustaining behaviour.
5. CBT was developed when the importance of thinking patterns and unconscious mental processes in shaping and motivating behaviour was realized.
6. The therapeutic relationship and therapist-client collaboration are the most important building blocks of effective CBT.
7. Automatic negative thoughts, or ANTs, are at the core of CBT and are recurrent themes of thinking that contain unrealistic views of the self, others and the world.
8. Distortions in a person's thinking and judgment that lead to psychological distress and dysfunctional behaviour are identified, challenged and modified in the CBT process.
9. The six most common stages in CBT are (1) assessment, (2) reconceptualization, (3) skills acquisition, (4) skills consolidation and application training, (5) generalization and maintenance, and (6) post-treatment assessment follow-up.

NEXT STEPS

Well done! You have completed module 1.

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EXERCISE ANSWERS

EXERCISE 1.1 ANSWERS

Name at least two advantages and disadvantages of psychoanalytic psychotherapy.

Advantages:

- Explores the root causes of psychological issues
- Benefits are thought to be deeper and more durable
- Suitable for deep-rooted issues such as personality disorders
- Encourages free expression
- Explicitly analyses the therapeutic relationship

Disadvantages:

- Takes long and is therefore not considered as cost-effective
- Some people may find a revisiting of their past traumatic
- It is not structured and is less focused and goal directed
- Requires much subjective interpretation from the therapist
- Difficult to test and validate empirically

EXERCISE 1.2 ANSWERS

In retrospect, CBT seems like a natural extension from behavioural therapy. To what insight did Dr. Aaron Beck arrive at when he conceptualized CBT?

In treating his patients with depression, Dr. Beck realized that their problematic behaviour, such as social withdrawal, compulsions, addictions, irritability, aggression and poor daily functioning, is preceded by problematic thought patterns. Thereby, he was able to link themes of thinking to unpleasant emotions and feelings, which caused behaviour dysfunction. He theorized that identifying and challenging these negative cognitions, or thoughts, would lead to improved behaviour. Therefore, he deemed it more logical and useful to focus on the cognitions instead of only attempting to correct behaviour.