

### R e f l e c t i o n

Frequently, the source of humor in a story is a character's rigidity or irrationality. Think of television comedies or films that focus on an irrational character's flaws. For example, on *Friends*, Monica's uptightness and her perfectionism create funny situations. Do you think it's true that we find funniest the flaws that we ourselves share to some extent? Are your favorite humorous stories based on some of your own qualities?

In spite of Ellis's somewhat harsh view of human cognition and his sense of the ridiculousness of many human pursuits, he insists, "I am really an optimist about mental health. I have written hundreds of articles, chapters, and books and have recorded scores of cassettes on how people have enormous power to think about their thinking, to use rationality and the scientific method, and to radically control and change their emotional destiny—providing they really work at doing so. . . . I believe that, along with their powerful self-defeating and self-destructive tendencies, humans also have great self-changing and self-actualizing powers" (1987, p. 374).

#### *Aaron Beck's Cognitive Therapy*

Beck and Ellis, in the same country and during the same period, arrived at surprisingly similar conclusions about the role of cognition in clinical psychological problems, and the teachability of new, adaptive cognitions. However, Beck's work has attracted more attention among psychologists, partly because his writing is more scholarly and partly because his early efforts were toward treating depression, which had remained beyond behavioral treatment so far (Rachman, 1997). I myself have drawn from Beck's writing several times in the introduction to this chapter.

**Errors in Information Processing** Parallel to Ellis's irrational beliefs, Beck created a list of faults in information processing. These are flaws in perception and interpretation that maintain negative beliefs even when evidence is scant or absent.

1. **Arbitrary inference:** Drawing a specific conclusion in the absence of supporting evidence or in the presence of contrary evidence. For instance, a client might say that he's lazy, even though he's never missed a deadline and is widely known for his energetic productiveness.
2. **Selective abstraction:** Focusing on a detail taken out of context, ignoring other meaningful features of the situation, and labeling the whole experience

on the basis of this fragment. Sera, in my earlier example, focused on Nick's choice of after-dinner cigar, out of a whole set of circumstances that suggested the couple would be following their normal pattern for the evening.

3. **Overgeneralization:** Drawing a general rule or conclusion on the basis of one or more isolated incidents and applying the concept across the board to related and unrelated situations. Sera decided that Nick was inconsiderate (a general conclusion) based on his choice of after-dinner cigar (an isolated incident). Then, she decided he was not going to help in the cleaning-up, based on his inconsiderateness (applying the concept to another situation).
4. **Magnification and minimization:** Errors in evaluating the significance or magnitude of an event. These errors are so gross that they distort the event. For example, if your Uncle Ned got drunk and foolish at your reception, you would be *magnifying* to say that your whole wedding was ruined. If your fiancé drunkenly addressed you by the wrong name as you said your vows, you'd be *minimizing* to say that everything went perfectly.
5. **Personalization:** A tendency to relate external events to yourself when there is no basis for making such a connection. Some people take bad weather as a personal insult, or think that their vehicle attracts heavy traffic, or perceive long waiting lines as assaults.
6. **Absolutist dichotomous thinking:** Placing all experiences in one of two opposite categories: flawless or defective, immaculate or filthy, saint or sinner. You read about this type of thinking among *splitters* in psychodynamic theory. Often, a client describes himself or herself using a negative and extreme category. (Adapted from Beck, Rush, Shaw, & Emery, 1979, p. 14)

Beck thinks that we all operate from our own **core schemas**, which are systems of beliefs that are related in a network. Our schemas give us consistent ways of looking at situations: As suggested earlier, Kelly (Chapter 2) would call the same things *personal constructs*. These schemas develop from past experiences such as our *upbringing and particular traumas*, and Beck remains closer to the psychodynamic tradition than Ellis does. We may have a *negative core schema* that usually lies dormant but becomes activated by some outer or inner situation that resembles its psychodynamic source. For example, I am hypersensitive to signs of violence, and I recently broke out into hives when my partner was swearing furiously at a stubborn electrical repair. Though his rage was not in the slightest related to me, my body responded as though I were in danger.

In cognitive therapy (CT), a relapse prevention stage at the end of therapy identifies early maladaptive schemas, emphasizing developmental patterns and long-term interpersonal difficulties that may signify dangerous relapse situations (Young, Beck, & Weinberger, 1993). An important distinction between approaches is that, unlike Ellis, Beck does not apply the same set of irrational beliefs to all disorders. Rather, Beck has identified core schemas that underpin specific clinical problems. Several of these take the form of the information-processing biases shown in Table 9.1.

**The Cognitive Triad** Beck's close observation of the symptoms and basic beliefs of depressed people generated the most theoretically coherent and empirically supported treatments for depression (Hollon & Beck, 1994). As noted in Chapter 1, empirically supported treatments (ESTs) are therapies that have been validated in controlled research experiments. In Beck's model, depressed people are plagued by a **cognitive triad** of beliefs:

1. They see the *self* as "defective, inadequate, diseased, and deprived" (Beck, Rush, Shaw, & Emery, 1979, p. 11).
2. They interpret *experience* as negative, even when evidence exists for a neutral or positive interpretation instead, or a mixed viewpoint. They see life making outrageous demands and placing impossible obstacles in their paths, and everyday tasks appear extremely difficult and taxing.
3. They see the *future* as continuing in this grim fashion and expect failure to be inevitable.

The Beck Depression Inventory (BDI; Beck, 1987) is a twenty-one-item scale that is widely used as a research and clinical assessment tool. Each item inquires into a particular aspect of depression, including elements of the cognitive triad and seven bodily symptoms (such as appetite and sleep changes).

### *R e f l e c t i o n*

If possible, find a copy of the BDI. Your professor might bring one to class, and there's one in the appendix of Beck, Rush, Shaw, and Emery (1987) in other books in your school library, and in self-help books at the store. Take the inventory for yourself. The higher the overall score, the more depression is indicated. Cutoffs for mild depression have been set at 10 to 13 points (Lezak, 1995). Describe your reaction as you took the inventory. Put yourself in a client's place—what might the client think of it? What could you do as a counselor to prepare a client to take the BDI comfortably and accurately?

**The Process of Cognitive Therapy** Like REBT, CT seeks to identify, challenge, and change dysfunctional thought patterns. Beck's emphasis is on **collaborative empiricism**, in which client and therapist treat automatic thoughts as hypotheses that can be tested out in behavioral experiments and be subjected to logical scrutiny. A questioning technique called **Socratic dialog** is used in the verbal collaboration, in which the therapist asks a series of questions that elicit exceptions and counterarguments to challenge the client's original assertions about self, experience, and the future. Thus CT clients are not directly