
Back to Beck: Implications for Creative CBT in Practice and Training

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There must be times when every therapist throws up her/his hands and says “this therapy doesn't work, there must be a better way” and heads off to a workshop in the latest therapy with a fancy TLA (Three Letter Acronym). Having headed in that direction many times, and having learnt and practised several different therapies, I still find myself returning to cognitive behavioural therapy (CBT) and referring back to the cognitive therapy (CT) of Aaron T. Beck.¹ This is partly due to working in a University Clinic where CBT is the predominant model practised, and recognising the value of assisting trainee psychologists to master one therapy initially rather than dabbling in many. It is also due to seeing good results for many clients with CBT.

The more I learn about Beck, the more I am convinced that a vast range of therapy tools can be used creatively under a CBT umbrella. In many cases it makes much more sense to stay with the CBT model than change modality. Learning more about the life and work of Beck himself has given me confidence to practice creative CBT. Beck's biography (Weisharr, 1993) is an inspiring read. His own history and words provide me with information to arm myself against those who insist that true CBT is only that what is found in narrow, manualised programs.

The following are some of my favourite quotes and snippets - words that have supported me in developing my own creative and responsive style of CBT.

¹ Beck refers to his therapy as cognitive therapy. I have adopted the term cognitive behavioural therapy as it more accurately reflects my practice and is the term in more common usage in New Zealand.

“With the theory of cognitive therapy in place, we can turn to other systems of psychotherapy as a rich source of therapeutic procedures” (Beck, 1991, p. 191). Beck's daughter, Judith, states this even more forcefully: “It is not the techniques that make it cognitive therapy, but the conceptualisation: It is interesting that many people label themselves cognitive therapists who use cognitive techniques but don't have a cognitive conceptualisation. I think that is backwards. If you use a cognitive conceptualization, then probably whatever you are doing is cognitive therapy” (Judith Beck cited in Weisharr, 1993, p. 108). So you are “permitted” to use a wealth of methods in CBT. I find that CBT particularly benefits from the inclusion of emotive and experiential techniques and these can be integrated within CBT's theoretical framework. There are even straightforward guidelines for integrating techniques from other therapies into CBT:

“Techniques can be selected from other psychotherapeutic approaches, provided that the following criteria are met:

- 1. The methods are consistent with cognitive therapy principles and are logically related to the theory of therapeutic change.**
- 2. The choice of techniques is based on a comprehensive case conceptualisation that takes into account the patient's characteristics (introspective capacity, problem-solving abilities, etc.)**

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3. Collaborative empiricism and guided discovery are employed.

4. The standard interview structure is followed, unless there are factors that argue very strongly against the standard format.”

(Beck, 1979, p. 195)

In practice I have found that most of the vast collection of therapy techniques I have learnt over the years can be used within these guidelines.

“Change can only occur if the patient is engaged in the problematic situation and *experiences affective arousal*” (Beck & Weisharr, 1989, p. 29, italics in the original).

Note that emotion is not only recommended but required in CBT for change to occur. Dry textbook exercises with no emotion are NOT good CBT. (That is not to say that textbook exercises are always dry – a well timed, well conducted thought challenge can be a very emotional experience for some clients.)

“Some depressed patients experience considerable relief after ventilating their feelings and concerns to the therapist. The emotional release produced by crying occasionally produces a notable alleviation of the symptoms” (Beck, 1967, p. 316).

Beck makes it clear that good therapists need to be able to do more than just help clients ventilate. However, he also recognises the value of simple expression and sharing. Sometimes we need to make space for the client to express his or her feelings. This can be part of good CBT. Sometimes one human being really listening and caring for another human being is sufficient.

Beck himself was highly informed about transference and counter transference, with superb interpersonal skills (Weisharr, 1993).

I have frequently encountered the naïve belief that somehow CBT therapists do not attend to relationship. Beck clearly states

that the techniques of CT are intended to be applied in “tactful, therapeutic, and human manner by a fallible person – the therapist” (Beck, Rush, Shaw, & Emery, 1967, p. 46). He also states the importance of warmth, accurate empathy, and genuineness. I initially puzzled about why Beck does not write about relationships in more detail and then was reminded that when Beck first introduced his ideas in the 1960s, psychoanalysis was the norm. Beck himself completed analysis, and every serious therapist at that time would have been aware of transference, counter transference, and the importance of relationships. Beck's focus was on his new, and at that time, radical ideas about CT. That does not mean that relationship is not important in CBT. In Beck's biography, his collaborator, Jeff Young, spells out the importance of relationship: “You have to acknowledge that no matter what therapy you do the relationship is going to be at least 50%. If you lose that 50%, no matter what techniques you are using, you are losing half the potency of the therapy as a whole,” (Young, cited in Weisharr, 1993, p. 124).

“The cognitive perspective is often misunderstood as taking only a ‘realist’ perspective. However, the cognitive perspective posits at the same time the dual existence of objective reality and a personal, subjective, phenomenological reality” (Alford & Beck, 1997, p. 22).

Subjective human experience including “unrealistic” or “unjustified” emotions and thoughts are part of the complexity of human experience. They cannot be simply argued away in a thought challenge. The therapist needs to get alongside clients and at times enter their phenomenological reality – to see it as the client sees it, to understand what is not rational. It is only from this position that truly collaborative work can occur.

“We are one with all humankind” (Beck 2005).

In a dialogue with the Dalai Lama, Beck noted that, “Buddhism is the philosophy

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and psychology closest to Cognitive Therapy” (Beck, 2005). This perspective suggests that we are more similar to our clients than different from them, and a compassionate approach towards ourselves and clients is essential. CBT conducted with this awareness is humble rather than superior. We all have cognitive distortions, we all have schema.

Beck withdrew support from studies that did not allow sufficient training time - around one year of intensive supervision for “cognitively minded therapists” (Weisharr, 1993).

Tell this one to the managers: good CBT training takes *time*. If training time is too short then people focus on techniques and the subtle interpersonal and emotional aspects are lost. Practitioners become technicians rather than good therapists. The CBT that is shown to be effective in research studies is conducted by well trained, well supervised clinicians. It is not the “trained in a weekend” variety.

There are those who believe that CBT is a narrow, unemotional, technical therapy and that it can be prescribed cookbook fashion with little attention to relationship. There may be times when poor training and

organisational pressures see therapy practised that way, but don't mistake inferior “technical CBT” for the real thing. At its conception CBT was innovative, perceptive, and creative, and it was practised by a therapist highly skilled in the art of relationship. Let's get back to Beck.

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