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*Scene: Two people are involved in a minor automobile accident in which the damage to both vehicles is negligible. One person is slightly upset. The other is hysterical, exhibiting severe distress and becoming verbally and physically active. The contrast between the two is dramatic.*

Mental health professionals who are interested in cognitive theory and psychotherapy believe that one way to understand these differing reactions is to investigate the "cognitions," "self-talk," or "automatic thoughts" of the two persons. The calmer one may be thinking in a rational manner that promotes a realistic perspective. The upset individual may, in contrast, produce thoughts that inflame the emotions and lead to inappropriate actions.

In clinical situations, cognitive therapists attempt to produce desirable changes in a patient's behavior and emotional reactions through the discovery, understanding, and subsequent modification of the patient's thoughts.

It is assumed that a patient's cognitions have a greater influence on feelings and actions than the actual external occurrences or situations per se. It is also assumed that the therapist can help the patient become aware, comprehend, and correct irrational ways of thinking so that he or she is able to function better and respond to the environment more effectively and realistically.

Several types of faulty thinking often produce problems for patients:

- Magnification, the tendency to view things as more catastrophic than they are;
- arbitrary inference, drawing sweeping conclusions from insufficient or contradictory data;
- attribution, the need to blame someone, usually oneself, for everything that goes wrong;
- overgeneralization, the tendency to predict many outcomes from one instance;
- dichotomous reasoning, categorizing things solely in terms of extremes; and
- tyranny of the "shoulds," the tendency to be ruled by what "ought" or "ought not" be done.

Most individuals are unaware of many of their thoughts, even when these produce strong feelings and extreme behavior. Therapists have several methods to discover and help patients become more aware of their cognitions.

Thoughts about the therapist or the therapy may be examined during the session. The patient may keep a personal diary of his or her emotional reactions and the thoughts that precede these reactions. In the "instant replay" technique, the patient is asked to recall significant past events and the cognitions before, during, and after these events. The therapist tries to help the patient see the irrationality of his or her cognitions and understand the causal relationship between thoughts and subsequent emotional/behavioral responses.

The therapist must then help the patient correct his or her thinking, because the patient has had a multiplicity of lifelong modeling and learning experiences that led to the irrational thinking in the first place.

With some patients the cognitive therapy may be the primary treatment, while for others it may be used as one facet of an eclectic treatment approach. As is the case with all therapies, cognitive therapy is not the treatment of choice for everyone, but it has proved helpful for a wide variety of problems and diagnoses.

Aaron Beck (1976) designed an interesting cognitive therapy program for depressed patients. Highly structured, the program initially includes behavioral strategies.

Severely depressed patients are given graded task assignments, which are a series of activities beginning with the simplest behaviors and proceeding to more complex ones. Eventually, the therapist and patient formulate an activity schedule in which the various tasks are rated for "pleasure" and "mastery." The purpose of this aspect of Beck's program is to activate the depressed patient and increase his or her sense of enjoyment and power.

The cognitive phase begins as soon as the patient has greater energy and motivation. Patients are given booklets explaining the basics of cognitive theory,

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## Cognitive Psychotherapy

Jon Reck, Ph.D.

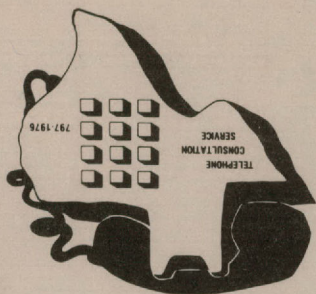
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*"Men are not moved by things but by the views they take of them."*

Epictetus  
(Greek philosopher,  
A.D. 60-117)

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editors

the relationship between their thoughts  
and their depression, and the methods  
by which they may cure themselves.

Currently, members of the mental  
health community are demonstrating a  
strong interest in cognitive theory and  
psychotherapy. While clinicians are in-  
creasingly using the cognitive approach  
with their patients, researchers are invest-  
igating the theory and its clinical applica-  
tions. The literature on the approach has  
ballooned, some studies demonstrating  
clearly that realistic cognitions produce  
not only positive emotions but higher-  
level performance in many situations.

Research has shown also that a rational  
thinking style increases satisfaction with  
life and leads to improved functioning in  
many areas.

Some significant contributors in this field are:

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