

# Psychotherapy

## A Cognitive Approach

Mark J. Berber, MD

“Dr. Mark Berber has written an excellent brief approach to psychotherapy. If you use Dr. Berber’s booklet you can appreciably help yourself with your thinking and feeling problems...and sometimes in a surprisingly short period of time!”

**Albert Ellis, PhD**  
**Albert Ellis Institute for**  
**Rational Emotive Behaviour Therapy**

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## A Cognitive Approach

by Mark J. Berber, MD

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### Psychotherapy

Psychotherapy is the treatment of emotional problems using psychological techniques. Psychotherapy requires a good therapist-patient relationship in which the therapist is seen as caring, understanding, and supportive.

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### Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a type of psychotherapy based on the idea that our feelings and behaviors are determined by the way we think. In other words, if we think gloomy thoughts we feel down and depressed and behave in a negative way. Similarly, if we constantly think that something terrible is about to happen we feel anxious, fearful and worried.

In CBT, we learn to identify negative thoughts and to replace them with positive and reasonable thoughts. By recognizing and changing this depressing way of thinking, we learn to feel better about ourselves, others, and the world around us.

The idea that our feelings are controlled by our thoughts is very old. Almost 2000 years ago the Greek philosopher Epictetus laid the groundwork for Cognitive Behavioral Therapy when he wrote “it is not things themselves that disturb men, but their judgments about these things.”

Figure 1:



Much later, the playwright William Shakespeare noted how our thoughts determine feelings when he wrote “there is nothing either good or bad, but thinking makes it so.”

The medical profession was introduced to the cognitive approach to psychotherapy in 1906 when Dr. Paul Dubois, a Swiss neurologist, described the strong links between thoughts, feelings, and behaviors.

Our thoughts determine how we feel and how we behave. Similarly, our feelings and behavior affects our thoughts. Figure 1 illustrates all the possible connections and feedbacks that can occur.

CBT helps patients to identify and change not only the self-talk characteristic of depression but also the negative self-talk that occurs in anxiety. The cognitive techniques are effective whether the anxiety occurs as part of an anxiety disorder (e.g. generalized anxiety disorder), or as part of a depressive illness.

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## The ABC's Of Psychotherapy

Psychologist Dr. Albert Ellis was one of the first pioneers of a cognitive (or thinking) approach to treating psychological problems. Cognition is another word for thought and the word cognitive refers to the thoughts that are often unreasonable in psychological disturbances.

Dr. Ellis' approach to therapy can be remembered using the letters: **ABCDE**

- A** **A** stands for the **activating event (or adversity)** confronting the patient.
- B** **B** stands for the **beliefs (and thoughts)** that the patient has about the activating event.
- C** **C** stands for the emotional **consequences** that result from the thoughts and beliefs. If the beliefs and thoughts are reasonable and balanced, an appropriate emotional

response will follow. If however, the beliefs and thoughts about the activating event are distorted or unreasonable, the patient will feel sad, anxious, or depressed.

For example, if one believes that perfection must always be attained, a score of 75% on a school test may lead to disappointment, sadness and anxiety.

**D** **D** stands for **disputing (or challenging)** the unreasonable beliefs and thoughts.

**E** **E** stands for the **effective outcome** (i.e. feeling happier and less upset).

Progress can be monitored by using a form identifying **(A)** activating events, **(B)** beliefs and thoughts, **(C)** consequences, **(D)** disputing techniques, and **(E)** effective new outcomes (Figure 2).

Figure 2:

ACTIVATING EVENT	BELIEFS & THOUGHTS	CONSEQUENCES (Feelings & Behaviors)	DISPUTING (or challenging)	EFFECTIVE OUTCOME
What is the event or situation that is upsetting you?	What are your thoughts about "A"?	What is your emotional response?	What is the evidence for and against the thoughts (and beliefs)?	Feeling better after a balanced assessment of evidence.

When activating events occur we usually have thoughts that occur like a reflex. These reflex thoughts occur because of deeper beliefs.

When filling in the **ABCDE** form we write down our thoughts and our beliefs and sometimes it is difficult to separate these.

When no activating event can be identified, the patient begins by recording the beliefs and thoughts in the second column.



### Unhealthy Self-Talk

People upset themselves by developing the habit of viewing things in a negative and unreasonable manner. The phrase **BAD MOODS** identifies the destructive types of self-talk that makes people feel depressed and anxious (Figure 3).

Figure 3:

- B** Black and white thinking
- A** "Awfulizing"
- D** Discounting the positives
- M** Maximizing the negatives
- O** Overgeneralization
- O** Overestimating likelihood of negative outcome
- D** Demanding
- S** Self-blame event.

**Black and White Thinking** is the tendency to look at things in extreme (all or nothing) terms. Things are either completely good or completely bad. The patient fails to understand that both good and bad qualities are present in many events and people.

There is no balanced view and words such as “always” or “never” are used.

Black and white thinking not only occurs in depression but also leads to anxiety when the patient sees situations as completely safe or completely unsafe, finding it difficult to accept uncertainty.

**“Awfulizing,”** a term introduced by Dr. Ellis, is the labeling of things as awful or terrible. Rather than accept disappointments as unfortunate, uncomfortable and frustrating, each event is reacted to as if it is a catastrophe.

**Discounting the Positives & Maximizing the Negatives** occur when positive and good events are ignored or minimized while the negative aspects of an event are exaggerated and focused upon.

In **Overgeneralization** a small negative event is allowed to darken one’s outlook completely like a drop of ink in a glass of water.

**Overestimating the likelihood of a negative outcome** occurs when the patient predicts that the worst possible outcome imaginable will occur. This type of self-talk is often found in anxiety disorders when the patient constantly worries that everything will go wrong and that life will turn out badly.

**Demanding** is the use of the words **should** and **must** to describe what is expected of oneself and others. “I must not fail.” “Others should treat me fairly.”

Therapy aims at changing the inappropriate demands to more reasonable preferences and desires.

**Self-Blame** occurs when one is self-critical and unfairly blames oneself for something bad that has happened.

Having recorded beliefs and thoughts on the ABCDE form, the phrase BAD MOODS is then used to identify underlying patterns of negative self-talk. For example, do the



recorded beliefs and thoughts suggest that there is overgeneralization? Are the recorded beliefs and thoughts based on the conviction that everything will turn out awful? Do the recorded beliefs and thoughts focus on negative factors with discounting of positive events in the environment?

Having identified the destructive inner dialogue, therapy helps replace negative self-talk with a more balanced and reasonable assessment of oneself and one's situation.

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## Case Example

John, a happily married 40 year old computer engineer, unexpectedly loses his job. John immediately reacts by thinking, "My situation is awful. It is a catastrophe that I lost my job and it only shows what a loser I am." John's negative thoughts result in him feeling sad and hopeless.

Anxiety is a common feature of depression. As well as feeling depressed, John feels anxious and worried. He predicts the worst possible outcome convincing himself that he will never find another job, that his wife will leave him and that he will lose his home.

John tells himself that he should have worked harder to avoid losing his job and blames himself for everything including the poor economy and company downsizing.

John believes that the loss of his job confirms his failure as a father and husband. John discounts the positives in his life, minimizing the wonderful, caring relationship that he and his wife have shared for twenty years. He discounts the fact that his three children still consider him to be the best Dad in the world!

The therapist **disputes** John's negative thought pattern by asking 2 key questions:

"What is the evidence for these thoughts?" and

"What is the evidence against these thoughts?"

Therapy revealed that there was little evidence to support John’s pessimistic outlook. It became clear that John’s reputation as a talented computer engineer would make a job search relatively easy. John was financially sound with no mortgage, significant savings, and a supportive wife who earned a good salary herself. Slowly but surely, therapy helped John appreciate that there was little evidence supporting his negative beliefs. The effective outcome included John’s recognition and correction of his faulty self-talk. When thoughts and beliefs became more reasonable, John’s depression and anxiety began to fade.

John’s almost completed ABC form is shown in Figure 4.

Figure 4:

ACTIVATING EVENT	BELIEFS & THOUGHTS	CONSEQUENCES (Feelings & Behaviors)	DISPUTING (or challenging)	EFFECTIVE OUTCOME
<i>I lost my job.</i>	<i>This is terrible. I am a loser. My wife will leave me. I'll never find a new job.</i>	<i>I feel sad. I feel hopeless. I feel worried. I feel anxious.</i>	<i>Evidence for my thoughts? I was happy at my job. Evidence against? I'm talented. My wife loves me. I'm financially secure.</i>	<i>Brighter. Hopeful.</i>

## Record of Daily Activities

Just as our thoughts and feelings determine our behavior, our behavior also affects the way we think and feel. If day after day is spent lying in bed or moping around the house, a person will eventually think that he or she is useless and wasting life away. This type of thinking results in feelings of sadness and depression.

Daily behaviors and activities can be monitored using the form provided (Figure 5).

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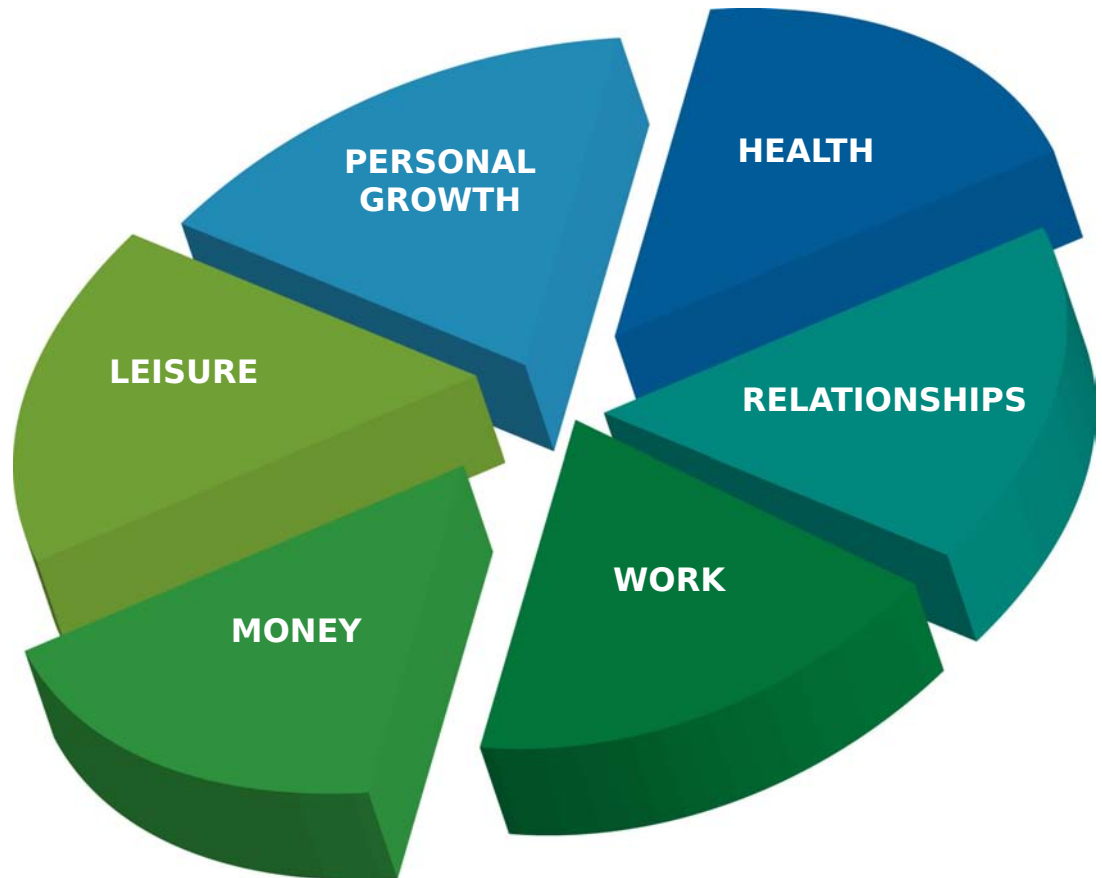
Figure 5:

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							

### A Balanced Life

There are 6 **Life Zones** which need attending to (Figure 6). When there are problems or deficits in one zone a person feels “out of sorts.” Becoming aware of and nurturing all 6 **Life Zones** will leave a person less disturbed when a loss occurs in one particular area. When John lost his job, his work **Life Zone** was dealt a big blow. However, because John had balanced his life by developing all 6 **Life Zones** he tolerated the job-loss quite well.

Figure 6:



## The Role of Medication

In depression, the aim of therapy is complete removal of all symptoms and full recovery of function in every area of life. Although cognitive behavioral strategies alone are sometimes effective, antidepressant medication is often needed. Several studies have shown that the best results may be obtained when treatment includes both psychological and pharmacological strategies.

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## Recommended Reading for Patients

***How to Make Yourself Happy and Remarkably Less Disturbable*** by Albert Ellis. Impact Publishers Inc. 1999

***The Anxiety and Phobia Workbook*** by Edmund J. Bourne. New Harbinger Publications Inc. 1995

***Feeling Better, Getting Better, Staying Better: Profound Self-Help Therapy for Your Emotions*** by Albert Ellis. Impact Publishers Inc. 2001

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## References

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Paul Dubois. ***The Psychic Treatment of Nervous Disorders***. Funk and Wagnalls Co. New York and London 1906

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