



## **The Man with the Red Bow Tie:**

### **In Honour of Professor Aaron T. Beck**

Professor Aaron T. Beck (commonly known as Tim), the father of cognitive behaviour therapy, died peacefully in his sleep early on the morning of November 1<sup>st</sup>, at the age of 100.

This was a man not only respected and admired for his extraordinary work, his intellectual curiosity and his investigative spirit, but also deeply appreciated for his generosity, warmth, kindness, and his determination to disseminate cognitive behaviour therapy (CBT) and to support and encourage younger researchers and clinicians in their endeavours.

### **The legacy**

I first encountered CBT when in 1979 I joined John Teasdale as a research clinician on one of the first clinical trials of cognitive therapy. At that stage, this was a treatment solely for depression, though “Cognitive Therapy and the Emotional Disorders” (1976) suggested that it might have a wider potential application. Only one clinical trial had been completed (in the United States), and in the UK there was no printed manual – we operated from a typed version. The dominant models of treatment at the time were medication, behaviour therapy and psychoanalytic psychotherapy (Beck himself originally trained as an analyst but found it did not sit well with his scientific case of mind).

How things have changed! Beck transformed psychological therapy with a practical, down to earth approach to fundamental human issues (emotional wellbeing, relationships, how best to live, sense of self). CBT has become an evidence-based treatment of choice for a huge range of psychological problems and chronic physical conditions, across the lifespan and worldwide. How has this been possible? What is it about the approach that has allowed it to adapt and develop in such an extraordinary way? How come it is flexible enough to give rise to a rich variety of elegant and effective cognitive-behavioural models and treatment protocols, precisely tailored for specific difficulties and disorders? And, at the same time, how come it is robust enough to ensure that these remain true to its conceptual and theoretical roots?

In essence, the strength and beauty of CBT lies in the nature of the core principles on which it was founded by Beck and his colleagues more than 40 years ago. Their power lies in their capacity to promote effective learning, regardless of diagnosis or disorder – learning which is deeply processed, accurately recalled, and can be flexibly applied even after therapy ends, to lasting effect. So what are these principles?

Firstly, CBT is not simply a ragbag of ideas and techniques, but soundly based on a coherent, elaborated theory of how distress arises and the processes that maintain it. This is not simply a disorder-based model, nor indeed simply a model of psychological pathology. Rather it offers a framework for understanding how human beings operate in the broadest sense. Importantly, the

theory underlying CBT is not an abstraction, but rather a product of close clinical observation. It allows us as therapists to help patients understand how their problems developed and why they persist. Theory and practice are brought together with precision through shared formulations, expressed in everyday language that resonates with patients' experience.

Secondly, CBT is based on a warm, empathic, respectful and above all collaborative therapeutic relationship. At its best, this is true team work. The relationship provides a safe base from which to venture out into exploration and experimentation. In addition, therapists model curiosity, a willingness to question and to explore new possibilities, kindness and compassion – precisely the stance we hope that patients will adopt towards themselves.

Thirdly, CBT is empirical, in two key ways – progress through scientific investigation and (for patients) behavioural experiments. Therapy proceeds through an interweaving of close inquiry and learning from direct experience. This process involves acquiring three core skills: awareness (how can you change things if you don't know what is going on?), re-thinking (questioning habitual thought patterns and seeking more helpful alternatives) and experiments (taking action to test and validate old and new perspectives). The precise content and flavour of these varies from diagnosis to diagnosis and from problem to problem, but the learning process itself transcends diagnostic boundaries.

The outcome of this marvellously conceived approach has been astonishing. Since the 1970's, Tim Beck's CBT, and his commitment to research, innovation and dissemination, have revolutionised psychological treatment. He has been a source of inspiration to younger therapists and researchers in countries all over the world. And so the health and wellbeing of thousands has been enduringly transformed.

Thank you, Tim. May you rest in peace.

*Melanie Fennell*