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UNCONSCIOUS PROCESSES IN THE CONTEMPORARY COGNITIVE THERAPY OF AARON T. BECK

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Summary

In the nineties of the twentieth century Beck made public his attitude to the role of implicit representations and processes in the contemporary cognitive therapy. The aim of this article is familiarizing therapist with this, scattered across various publications, theoretical model. Beckian conceptualization of the unconscious tries to get closer to the current findings of cognitive psychology. The originator of cognitive therapy takes the mind as a continuum between conscious and unconscious (this means that a lot of representations are actually preconscious – the introspection is possible). Unconscious representations and processes have an adaptive character, they evolved to facilitate survival. Cognitive processing takes place on three levels: only the most rapid and simple processes of stimulus appraisal are fully unconscious, then there is the zone of mixed partly conscious processes, and subsequently the fully conscious reflexive level. Implicit schemas are not solely cognitive constructs, but also motivational and affective. In the article we put forward a thesis, that Beck's model does not take into account unconscious representations opposite to conscious thoughts and beliefs, which can lead to some difficulties in the process of conceptualization. We describe, how to make hypotheses about the unconscious content using the introspective and third-person perspective data. At the end we conclude that cognitive therapists may use the concept of the unconscious, however they have to remember that implicit processes in cognitive theory are simple and not very abstract in nature.

Introduction

Cognitive behavioral therapy (CBT) is called by some the "hegemon of psychotherapy" [1, p. 120]. Starting from the 1960s and 1970s, the importance of CBT has been systematically growing [2, 3]. According to the meta-analysis of Knapp, Kieling and Beck [4], it is probably the most popular therapeutic trend in the world, therefore one can ask how this very popular therapy relates to the issue underlying psychotherapy in general, i.e. to the concept of the unconscious? In the "talk therapy" initiated over a hundred years ago by Freud, the therapist's expertise was based on his knowledge of the principles of the functioning of the unconscious. As suggested by the British historian of psychotherapy, Sonu Shamdasani [5], the concept of the unconscious is an artifact of twentieth-century

psychology, which gave it its own research object. This object operates according to certain mechanisms and requires interpretation according to certain rules. It needed long-term training, but it gave the therapist some superiority over the patient. It was the therapist who was able to reach the hidden representations for the patient and it was he who could translate the client's behavior into the language of the unconscious.

The founding myth of the cognitive therapy [6] states that her father, Aaron T. Beck, long before the groundbreaking publication "Thinking and depression" [7], was a rebel who doubted the validity of psychoanalysis and its theory of the unconscious. This narrative, supported by Aaron Beck himself, says that he strongly turned his back on the analysis of unconscious content and processes, and that his decision was based on the results of experimental research. Bringing psychotherapy closer to science, therefore, required abandoning the idea of the unconscious.

A thorough analysis of the published and unpublished writings of Beck [8] suggests, however, that the creator of cognitive therapy struggled with the concept of the unconscious from the very beginning and it was not easy for him, or in fact he did not manage to completely eliminate it from the cognitive theory of psychopathology. In the nineties of the twentieth century, Beck made public his position on the role of representations and latent processes in modern cognitive therapy. The aim of this article is to familiarize therapists with this theoretical model scattered across various publications. Understanding it will enable cognitive-behavioral therapists to use a coherent language in communication with patients and will help them in gaining greater awareness of the philosophical and theoretical foundations of their psychotherapy. As Alford and Beck wrote: "Therapists must themselves possess a theoretical rationale for the specific treatment techniques. Otherwise, there is no structure on which to base the process of collaboration. Moreover, without theory the practice of psychotherapy becomes a purely technical exercise, devoid of any scientific basis" [9, p. 12].

The unconscious in modern cognitive therapy

Updated theoretical foundations for cognitive therapy were presented by Beck in the 1996 article: "Beyond belief: a theory of modes, personality and psychopathology" [10], in the book published in 1997: "The integrative power of cognitive therapy" [9] and in a 2014 article entitled "Advances in cognitive theory and therapy: the generic cognitive model" [11]. In the latter work, Beck formulated a general theory of psychopathology – the general cognitive model (GCM), which can serve as a basis for therapeutic interventions that are an alternative to traditional cognitive therapies based on protocols and models of specific disorders. Additionally, in 1997, in the article "An information processing model of anxiety: Automatic and strategic processes" [12], Beck and Clark described a theoretical model explaining the role of unconscious processes in the formation of anxiety. We will rely mainly on these publications to reconstruct Beck's position on the issue of latent processes.

The basic change that took place in the updated version of the theory in relation to Beck's earlier publications [7, 13–15] was its approximation to the findings of modern psychology, in particular to cognitive, social and developmental psychology. As Beck repeated many

times [9, 11, 16], modern cognitive therapy no longer draws from theoretical achievements of other therapeutic trends, but mainly from psychological theories. Meanwhile, one of the biggest changes that took place at that time in this area was the rediscovery of the unconscious [17-20]. Thus, the modern cognitive theory of psychopathology and psychotherapy could not ignore the unconscious processing of meaning.

Consciousness and unconsciousness are a continuum

As early as 1976, in Beck's work, the idea of treating the human mind as a continuum extending between the conscious and the unconscious was visible: "Cognitive therapy treats awareness as a continuum rather than as a dichotomy separating conscious and unconscious experience. […] It is concerned with conscious rather than hidden symbolic meanings" [15, p. 318]. Beck's later publications support this way of thinking about the psyche. Unconscious representations are treated there as possible to be aware of, and to control and correct: "Thus, it is correct to say that cognitive therapy aims to make conscious certain processes that are initially unconscious" [9, p. 125].

So we clearly see that the cognitive theory is not talking about unconscious processes in the absolute sense, working out of hiding, but rather about processes that are temporarily beyond our consciousness and in which we can gain insight and then work on them: "Cognitive therapists operate through the conscious part of the apparatus [mental apparatus – note of the authors]; that is, they try to strengthen the conscious part, so that it gets greater leverage or greater control over the nonconscious information processing. The aim of treatment is to correct the nonconscious processing, which tends to be global and undifferentiated" [9, p. 132].

The unconscious is adaptive

The main feature of the modern Beck's theory is the belief in the adaptive function of mental processes, including those contributing to disorders: "Schemas evolved to facilitate adaptation of the person to the environment" [9, p. 17] and: "A domain-specific conscious or unconscious schematic activity, such as interpersonal interaction, emotion, or cognition, has been selected (by evolutionary processes) to facilitate specific types of processing. The type of processing selected is the one most likely to be adaptive under the environmental conditions that activated that particular mode" [9, p. 28]. Many behavioral, affective and cognitive responses that cause psychopathological symptoms at an extreme level, were originally intended for evolutionary adaptation. Fear, aggression, and sadness have played important roles in the lives of human communities and individuals for thousands of years. Beck is a supporter of the continuum hypothesis – from healthy functioning to mental disorders – the clear line between health and disease is blurred.

Archival studies of Beck's unpublished correspondence [8, 21] indicate that in the nineties he exchanged views with Seymour Epstein, the creator of the cognitive-experiential theory of "Self" [22]. In a letter of October 27, 1994, Beck writes: "I certainly appreciate your comments and am delighted over the convergent evolution of our ideas (…) I am

particularly impressed by how our observations and our putting them together in a coherent fashion are so similar" [23]. In this letter, as well as in the following, November 8, 1994, Beck states that, like Epstein, he considers the primitive process to be essentially adaptive from an evolutionary point of view and not entirely "irrational." As he writes, unconscious content is irrational only from the point of view of the conscious, current goals of the individual, but can be fully rational from another point of view.

In Beck's contemporary theory, man is therefore a being shaped by evolution, emerging from the world of nature. The author of "Thinking and depression" emphasizes the importance of processing aspects such as its flexibility, adaptability, adaptation to the current context. The unconscious in current cognitive theory is a clearly delineated concept to which it assigns evolutionary significance. Unconscious processes, structures and contents are understood the way they are recognized in contemporary cognitive and social psychology, i.e. as elements of an adaptive meaning that nature has rationally endowed us with.

Information is processed on three levels

We see the clearest impact of modern cognitive psychology and the computer metaphor present in it on Beck's theory in his model of information processing in anxiety disorders, published together with Clark [12]. Beck and Clark distinguish three levels of information processing: a) level one – initial registration, b) level two – immediate preparation, c) level three – secondary elaboration.

At the first level, completely unconscious and inaccessible to introspection, information processing is simple and quick, and mainly leads to the assessment of whether a given stimulus has a positive, neutral or negative significance for the individual. In other publications, Beck also uses the terms "orienting schema" [10] or "protoschema" [11] in relation to the lowest level – both serve to check whether a given stimulus fits a predetermined pattern of a threatening stimulus requiring a specific, quick response. If we apply the question of Loftus and Klinger [24] to such unconscious processes, "Is the unconscious smart or dumb?", it is easy to see in this case that it is neither particularly complex nor intelligent.

At the second level, information processing is partially automatic and partially controlled. It is fast, not very flexible, dependent on environmental stimuli, but at the same time based on some semantic analysis and requiring attention resources. This can be processing outside the consciousness of the individual, or processing in the form of simple and quick automatic thoughts. At the second level, containing simple schemas, we can also find motivational schemas [10], i.e. automatic impulses prompting an individual to act or cease to act, to flee, freeze, fight, meet sexual needs or satisfy hunger.

At the third level, processing requires effort and the full activation of attention and meaning processes. This processing is much slower, but also more flexible, taking into account the ratio of the activated primal schemas to the current goals, resources and self-reflection of the individual. At this level, the unit is able to run the so-called metacognitive mode, that is, thinking about thinking – can evaluate their anxious thoughts, emotions and sensations and implement a more constructive assessment of the situation.

As we can see, the three levels described above are an extension of the conscious-unconscious continuum hypothesis. Only the most primitive and simplest processes are fully unconscious, followed by a mixed zone of partially conscious processes, and finally a fully conscious reflective level.

The schemas organize themselves into modes

Latent elements that operate automatically beyond the scope of our consciousness are, in Beck's theory, schemas that are placed in broader structures called modes. A person can move from one mode to another depending on external conditions and his/her own interpretation of the situation. Examples of modes are: flight, depressed state, paranoid state, manic state. Some of the modes are consciously controlled and flexible, but many are activated and processed largely automatically: "The present model asserts that much data is processed implicitly (outside awareness) by the mode while those data requiring conscious implementation become conscious" [10, p. 9]. The unconscious is thus included here as a set of adaptive processes: only some of them become conscious when it is necessary.

Beck vividly characterizes the speed at which the modes are activated: "The term >>motivation<<, used here as opposed to >>conscious intention<<, applies to the automatic involuntary impulses and inhibitions that are tied to the primal strategies (…) the construct of motivation includes the biological >>drives<< (…) the spontaneous urges to attack or flee, and the >>involuntary<< pressures to avoid or suppress >>risky<< actions (…) These structures are triggered automatically and rapidly" [10, p. 6]. In an earlier article [16] he states that the cognitive processing of negative stimuli is as unconscious as the functioning of internal organs.

Beck defines modes as networks composed of cognitive, affective, motivational, and behavioral schemas that allow an individual to cope with a variety of situations. Note that the schemas are no longer just cognitive constructs, as they were in the early version of the theory. We are also dealing here with motivational and affective schemas. Thus, we can deduce that Beck in the new version of the theory recognizes the existence of unconscious motivations and emotions. For example, in the depressive mode, there are triggered automatic patterns of sadness and withdrawal reactions, and in the hostility mode – emotional patterns of anger and motivational desire to punish someone [10]. However, these are not motivations and emotions in the Freudian sense – complex, abstract, and intelligent. Beck understands them rather as primal, simple internal reactions prompting us to flee, attack, freeze. Terms such as unconscious inclination or mobilization seem to be more appropriate than motivation or intention [25].

Beck's theory does not cover the issues of contradiction and conflict

In the concept of the unconscious in Beck's cognitive therapy, various levels of information processing and the interaction of cognitive, affective, motivational and behavioral schemas take place. However, this theory ignores the issue of possible contradiction be-

tween conscious and unconscious representations and possible conflict between different motivational systems driving behavior.

Beck's theory explains simple situations where, for example, the automatic thoughts of depressed people are in line with deeply embedded, unconscious cognitive patterns: "I am a failure", "I cannot be loved." This method of explaining, however, becomes more difficult when we are dealing with a narcissistic person who consciously believes that he is "exceptional and above average", and unconsciously (as indicated by his behavior, but not introspection) that he is "flawed and worse". Motivations and needs can also be contradictory, for example when a person has a natural need to express emotions and opinions, and on the other hand, a need for a bond with the punishing parent who requires absolute obedience and suppression of individual expression, which can result in social anxiety. Similarly, there may be a conflict between unconscious modes of avoiding threats or hostility and conscious goals, such as harmonious interpersonal relations [23, sketch "Cognitive Set" of June 13, 1983].

Understanding consciousness and the unconscious as a continuum is not the only possibility in psychology. In the paradigm of research on explicit and implicit memory [26], the conscious and unconscious system is characterized by functional dissociation and stochastic independence. Similarly, there are studies in the field of social psychology on explicit and implicit beliefs [27–33], which may be contradictory. This means that the unconscious representation (belief) opposite to the conscious representation can influence the behavior of the individual without his knowledge.

Beck's conceptualization of the unconscious therefore seems incomplete and does not fully use the potential of this concept (although it can be said that the burden of therapy is simply based on other areas of exploration). The unconscious as an idea, is used to explain behavior which is irrational and meaningless without accepting the unconscious hypothesis. It gives explanatory power in cases when the patient's introspection is insufficient to explain the behavior. It can be said about Beck's theory that the unconscious does not play the main and important role in it, but is rather a supporting protagonist, which causes that in selected therapeutic situations, conceptualization can become very complex. According to Westen [34], cognitive psychologists add redundant work to themselves when they choose long and complicated cognitive explanations where the motivational model would be more effective and helpful.

How to reach preconscious and unconscious representations?

At first glance, it may seem that in Beck's more recent works the problem of reaching the unconscious elements of the psyche has not been developed. In texts from the sixties and seventies there are references to the therapist reaching certain contents by means of deduction or inferring. In more recent works, these words do not appear at all, and indeed Beck states: "Cognitive therapy was in part derived from and in part a reaction against classical psychoanalysis (…) The emphasis on meanings, the role of symbols, and the generalization of reaction patterns across diverse situations were all derivative. However, the meanings were found to be available through introspection, and not to re-

quire the penetration or circumvention of a wall of repression in order to be elucidated" 9, p. 109]. On closer examination, it turns out that deduction and inference have probably been replaced by terms such as "developing hypotheses", "developing case formulation", "conceptualizing" [11, p. 19].

Of course, one of the main tenets of cognitive therapy is the pursuit of collaborative empiricism. This means that, ultimately, hypotheses about a person's beliefs, behavioral patterns, lists of problems, and goals should be shared by the patient and the therapist. Cognitive therapy is exceptionally sensitive to "interpretive violence", i.e. it emphasizes the therapist's sensitivity to the distinctiveness of the patient. The therapist cannot impose his conceptualization and "add" to the patient's thoughts. At the same time, however, he/she is one step further than the patient as he/she focuses intensely on creating a dynamic, flexible conceptualization.

Beck points to the case formulation approach described by Jacqueline Persons [35]. According to Persons, the therapist who conceptualizes "tells a story", whether verbally or visually, using a diagram. He adopts certain hypotheses about the patient's schemas, his beliefs, how the patient sees himself and his life, how it came about, what are the patient's actual problems requiring work, what are his therapeutic goals. These hypotheses help the therapist understand the patient, predict their behavior, and undertake therapeutic measures. They are a certain structure that unites, synthesizes and organizes the therapist's way of thinking.

These hypotheses are based on [35]:

- recurring automatic thoughts, themes, behaviors, and mood
- content obtained using the "down arrow" technique
- statements of facts from the patient's life (e.g. problems in the family of origin, professional problems, problems in interpersonal relations)
- test results and questionnaires
- patient's body language and behavior during the session

It can therefore be said that the therapist's hypotheses partly come from introspective, conscious and pre-conscious data (automatic thoughts, beliefs), but also result from the use of the third person perspective (facts from patient's life and his/her behavior during the session). A therapist who looks for meaningful relations between what a person says, what happened in their life and how they behave during the session, practices a kind of hermeneutics. There must inevitably appear a certain gap between what the patient knows and what the therapist is assuming. The therapist's assumptions may even more accurately and coherently explain the patient's problem than the latter can, but, as Persons [35] suggested, it is neither possible nor even useful to share with the patient every hypothesis assumed by the therapist.

The therapist's hypotheses must be as simple as possible, close to the clinical material, not too abstract, and also be easily understandable for the patient: "they may be continually tested, rejected and refined" by him [15, p. 317]. The validity of hypotheses about unconscious content is therefore determined by two circumstances: (1) the hypotheses explain repetitive mechanisms in the patient's behavior well and in the most economical and simple way, (2) the patient agrees with the hypotheses and they are credible for him.

It can therefore be concluded that there is a certain area of the unconscious in modern cognitive-behavioral therapy. The processes that led to the psychopathological symptoms as well as the structures organizing behavior and feeling (schemas) are probably unconscious. The way to reach these processes and structures is to hypothesize, understand and describe them. Cognition in cognitive-behavioral therapy can therefore be understood as a constant change, a succession of the first-person (introspective data from the patient) and the third-person (therapist's hypothesis) perspective. While the first-person perspective was clearly emphasized by Beck, the role of cognition in the third-person form was not so clearly articulated.

Conclusions

Sometimes it is assumed in popular narrative that Beck has rejected unconscious processes from his theory and practice because their study reduces the scientific value of psychotherapy, they are too abstract and irrational, and lead to unprovable hypotheses. An analysis of the contemporary works of Beck and his associates [9–12] shows, however, that unconscious processes and representations have their place in cognitive theory, but this place is slightly different than in psychodynamic therapies.

A CBT therapist should know that when it comes to philosophical foundations, cognitive and psychoanalytical theory share some common base, which is the mentalistic view of the psyche. It is based on the assumption that there are intra-mental representations and processes by which we can explain and predict behavior. These processes are not physical in nature, they are not visible to the naked eye, and yet they are objects of scientific research. In both theories, therefore, there is room for the concept of the unconscious.

Can cognitive psychotherapists use the concept of the unconscious when communicating with the patient? Definitely yes, because unconscious processes are part of the cognitive theory underlying this approach to psychotherapy, and moreover, many aspects of unconscious processing are well researched [18, 19]. However, they must remember that the unconscious in cognitive theory is simple, not very abstract, its operation is fast and automatic, not very "intelligent". Cognitive therapists should therefore not use this concept to create impressive and surprising interpretations that attribute intentional and complex actions to unconscious processes. Also, when it comes to motivations, cognitive therapists may talk to the patient about simple unconscious tendencies to fight, avoid, or freeze reactions, but they should not assume that the unconscious like a "hidden agent" creates complex plans of action. If the therapist wants to adhere to the theory of the creator of cognitive therapy, Aaron Beck, then he/she should also remember about the continuity of conscious and unconscious processes, i.e. assume that many of them can be introspected with some effort.

In this article, we also sensitize to the fact that some selected situations and cases for conceptualisation may hardly fit into Beck's model (we are talking about conflictual needs and representations), which is not the therapist's fault, but rather a deficiency of the model and which may require the use of other theories. The issues of contradiction between conscious and unconscious representations are obviously conceptualized in psychodynamic

theories and also eclectic theories, such as Seymour Epstein's [36] cognitive-experiential theory of personality, or Mardi Horowitz's theory of control processes [37]. However, if the therapist would not like to go beyond the area of cognitive-behavioral therapies, then he/she should use the contemporary behavioral theory (understanding the unconscious in behaviorism is described in more detail in [38]). We hope that despite this difficulty, such a reconstructed place of the unconscious in Beck's cognitive theory will give therapists greater clarity of mind, the opportunity to work within a transparent theoretical model, and thus greater comfort.

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