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THE CONCEPT OF THE UNCONSCIOUS IN THE EARLY COGNITIVE THERAPY OF AARON T. BECK

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Summary

The standard narrative about the origin of cognitive therapy has it that its originator, Aaron T. Beck, broke all ties with psychoanalysis and chose the evidence-based way of formulating his theory. It seems, however, that Beck’s attitude to the issue of the role and significance of latent mental processes was much more complex. The aim of this article is to familiarize readers with current historical research on the birth of cognitive therapy and presentation of Beck’s concept of the unconscious in the early version of his theory, with special emphasis on the issues of accessing latent mental contents and processes. We suggest that the early Beck’s theory was influenced by the situation in the American psychiatric care in sixties, the Cold War rhetoric, and psychoanalytic education of Aaron T. Beck. In his early work Beck did not elaborate sufficiently on the concept of “schema” which made a gap in his theory. Also, we notice that at that time he did not describe in detail the deductive way to get to latent contents. The findings allow therapists to better understand the sources of cognitive therapy and the difficulties Beck was struggling with.

Introduction

The standard narrative about the emergence of cognitive therapy is based on the story of its creator Aaron T. Beck, who in the early 1960s planned to test in the experimental way the psychoanalytic thesis of depression as hostility against oneself. According to this story, Beck found that when depressed patients achieved little success, their self-esteem increased, while psychoanalytic theory would predict a decrease in this situation. This prompted Beck to reject the psychoanalytic hypothesis of unconscious motivation. This narrative, supported by Aaron Beck himself (e.g. in an interview with Sidney Bloch, [1]) states that the author of “Thinking and depression” strongly turned away from 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 aban-
doning the idea of the unconscious. In this article, we would like to introduce the reader to the current historical research into the rise of Beck’s theories that enrich and nuance this standard narrative. They show that Beck did not radically cut himself off from psychoanalysis, but rather in the following years faced the assumptions of the psychoanalytic concept and the concept of the unconscious.

The foundations of cognitive theory were developed in the 1960s and 1970s of the twentieth century, i.e. about twenty years before the development of experimental research on latent processes in the field of cognitive and social psychology. According to Kihlstrom [2], the rediscovery of the unconscious in psychology was relatively late, but nevertheless research into unconscious mental activity is now a rapidly developing area in this field. Despite some criticism, this research has advanced to the point where it no longer focuses on gathering evidence for the existence of latent processes, but rather on analyzing their scope and limitations. Researchers focus on unconscious perception [3], memory [4], learning [5], emotions and motivation [6, 7]. According to Timothy Wilson [8], a very important function of our mind is the ability to quickly, automatically respond to the world, which serves protecting us from threats. Therefore, according to the findings of cognitive and social psychology, most of our personality system operates outside of consciousness.

The question arises whether the idea of the unconscious, understood as a mental process (cognitive, emotional or motivational) influencing the current experience and behavior of an individual beyond his/her consciousness and volitional control, is present in the early writings of Aaron Beck, and if so, in what form? How did he define unconscious processes and contents, and the way of reaching them at an early stage in developing his theory? Has the psychodynamic way of thinking, characterized by the topographic approach to the psyche (unconscious and conscious areas, primary and secondary processes) and the embedding of the theory on motivational processes [9-11], influenced the definition of unconscious processes in Beck’s theory? We use the general term “psychodynamic” here, and not the narrower “Freudian”, as Beck has been influenced by various psychoanalysts such as Karen Horney [12], Alfred Adler [13], Franz Alexander [14], Harry Stuck Sullivan [15], David Rapaport [16] or Leon Saul [17].

A thorough analysis of the classic, early texts of Aaron T. Beck [18–21] shows that the idea of the unconscious was present in his works, but did not duplicate the psychodynamic model [22]. Already in the texts from the 1960s, there are hypotheses about automatic thoughts that are pre-conscious and cognitive schemas that are not experienced by the patient but are reached by inference [18, 19]. The partial influence of psychoanalytic thinking on Beck’s theory, such as the division into primary and secondary processes, was analyzed in detail by Rachael Rosner [23, 24], who developed Beck’s unpublished notes and drawings.

It is important to delineate the position of the idea of the unconscious in Aaron Beck’s early writings because the standard narrative does not take into account the theoretical difficulties he grappled with. According to the hypothesis of Rachael Rosner [23, 24], Beck operated from the very beginning on the interface between psychoanalysis and experimental psychology. This second path of his experimental and scientific research is,
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Our article consists of several parts. Firstly, the context in which the early version of Beck’s theory was developed will be presented – institutional and socio-cultural factors which in various ways brought Beck closer to or distanced himself from psychoanalysis and influenced the conceptualization of unconscious processes. Second, we will describe in detail the characteristics of latent processes in Beck’s early theory and the routes taken by him to reach the unconscious. Next, we provide some critical arguments about the early theory that inspired Beck to develop an elaborate a later version of it.

Institutional and socio-cultural background of Beck’s early theory

According to Rachael Rosner [24], Aaron Beck’s scientific career from the very beginning ran at the interface between psychoanalysis and experimental science. In 1954, he received a post in the Department of Psychiatry at the University of Pennsylvania. His immediate supervisor was Kenneth E. Appel, a supporter of mental hygiene and psychodynamic psychiatry. Since the department was at the time a marginal institution – no research, no outpatient clinic, no full-time psychiatrist – Appel’s goal was to raise his profile through research. He encouraged employees to master statistics and undertake psychoanalytical training. Beck’s early research fell within this paradigm – experimental or questionnaire attempts to confirm psychoanalytical theses. The Pennsylvania Department of Psychiatry operated on the basis of “theory trumps data points” – which means that the obtained data was not supposed to go beyond the psychoanalytical base [24].

The situation changed when Appel announced his retirement in 1960. Due to the crisis in the scientific status of psychiatry at the time, the University authorities favored their candidate for the position of Appel. It was Eli Robins, a staunch opponent of psychoanalysis, who, according to rumor, kept Freud’s image above his urinal [24]. This caused outrage among the faculty staff. Young workers were forced to take a stand against the new candidate. The resulting animosities meant that, in the end, Beck did not take any position, and Albert J. Stunkard became the head of the Department, also a harbinger of the revolution, because he was a behaviorist (and at the same time a Buddhist and had no wife, which was unusual at that time). It was he who persuaded Beck to go on a few years’ vacation.

At that time, Beck faced the unsolvable, as it may be assumed, task of reconciling the psychoanalytical theses promoted by his mentors and friends with the requirements of modern science. From the 1960s, there was a pressure on psychiatry to make the research more reliable, its results published in peer-reviewed journals, and the treatment targeted at specific disease entities, and at the same time effective and as cheap as possible [25]. It has been argued that dynamic psychiatry has nothing to offer more than what psychologists
can do cheaper. Insurance companies have been increasingly reluctant to finance unproven long-term psychoanalytic therapy. The FDA demanded that mental disorders be treated as physical diseases and psychotherapy as a drug that removes them.

The socio-cultural context in which his theory was created was also important for it. The Cold War rhetoric widespread in the media at that time also penetrated the language of philosophy of science and psychology. According to the prevailing ideology, the minds of people in totalitarian states were thus defined as dogmatic, passive, closed, rigid, conformist, irrational, not accepting new empirical facts [26]. They were contrasted with the active, creative, flexible, autonomous and rational mind of a citizen of a democratic country. As a result, creative and autonomous thinking was initially considered better, then correct, and then the only way of functioning of the mind. According to Cohen-Cole, this became one of the causes of the cognitive revolution. Aaron Beck reading Jerome Bruner’s works has undoubtedly been infected with this mindset. In this way, the mind constructing its own vision of the world and capable of flexible, rational change of this vision became a model for Beck.

**Cognitive revolution and psychoanalysis**

The works related to cognitive revolution in psychology had a significant impact on the early form of Beck’s model of psychopathology. As he himself states in his groundbreaking article “Thinking and depression” [18, 19], he was inspired by the idea of “coding” by Jerome Bruner and the notion of “category” by Leo Postman – the creators of the New Look I trend. Researchers from this circle were moving towards constructivism and mentalism. Their contribution consisted in drawing attention to the fact that perception is not a strictly objective and passive process, but rather an active and subjective one. It is subordinated to the goals of the individual, the most important of which is to be prepared for threats. Beck was also familiar with Festinger’s theory of cognitive dissonance, George Kelly’s theory of personal constructs, and Jean Piaget’s theory of intellectual development stages. All these researchers shared the idea of a scientist’s mind as a model of correct thinking and even a model of human nature [26]. Its characteristic feature was an attitude towards empiricism, independent thinking, aversion to dogmatism and rationality: “In contrast to psychoanalysis, cognitive therapy deals with what is immediately derivable from conscious experience. The cognitive therapist does not look for hidden meanings in the patient’s thoughts, whereas the psychoanalyst deals with them as symbolic transformations of unconscious fantasies […]”. Discussions center around concepts that are essentially within the patient’s awareness, the therapist’s inferences, connections and generalizations are readily comprehensible to the patient […] may be continually tested, rejected or refined by the patient” [21, p. 317].

The psychoanalytic underpinnings of Beck’s theory are rarely emphasized. Beck himself wrote in a letter to John Bowlby in 1981: “I would consider my theoretical work as deriva-
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tive from ego psychology rather than from cognitive psychology or learning theory. At the present time in fact I am trying to reformulate many of the basic psychoanalytic concepts into cognitive terms” [23, p. 2] and in a 1994 letter to Seymour Epstein: “I will draw on psychodynamics whenever it suits my purpose! I do feel that many of Freud’s observations were right on target” [23, p. 15]. The basic element common to psychoanalysis and cognitive therapy is the understanding of “I” – it is “I”, the aim of which is to dominate the primary, irrational processes in the psyche, the “I” rational, seeking conscious control, effective. Psychodynamic theories [11, 12, 16, 17] assume the possibility of self-control through rational processes, and not a mechanism of suppression or repression, and this direction was continued by Aaron Beck. Safran [27] calls it self-domination ideology. In the drawings created by Beck in the years 1964–1965 [23], a “topographic” division into what is higher (rational) and lower (primitive, primal), and what is extreme (extremely optimistic and extremely negative, manic and depressive, “total success” and “total failure”), and balanced, set in the middle. All these parts of the psyche do not work together harmoniously. Primitive elements are tested and possibly rejected by mature processes. The cognitive organization as a whole seems to be composed of primitive systems, i.e. relatively primitive cognitive structures (similar to Freud’s primary process [9]) and more mature systems consisting of more complex and flexible structures (the equivalent of a secondary process): “Many of the primitive concepts are idiosyncratic and unrealistic […] Peculiar or irrational cognitions emanating from the primitive system are generally tested, authenticated, and rejected by the higher centers. However, when the cognitive organization is dislocated, as in depression, anxiety, or paranoid states, this idiosyncratic concepts are hyperactive” [20, p. 352].

It is thus evident that cognitive theory, at least in the bug, had some dynamics (schema dynamics, vertical or horizontal topography). However, the ideas related to this dynamic were abandoned by Beck and not developed. Although there is a clear division into the primary process (primary schemas) and the secondary process (rational thoughts), Beck did not pursue the idea of the “mechanics” of schemas and did not emphasize the fact that they are unconscious. He also treated them in a unipolar manner, as in the description of the depressive triad, despite the fact that they were originally bipolar, dynamic constructs.

Why were certain elements of the theory so excluded? It can be assumed that it was related to the reception of Beck’s works. They were received positively, even enthusiastically, by behaviorists, and coldly by psychoanalytical circles. Further developing of the more abstract parts of the theory could be risky and difficult to reconcile with the demands of science.

**Unconscious processes in Beck’s early theory**

In works such as “Thinking and depression” [18, 19] or later “Cognitive therapy and the emotional disorders” [21] Beck distinguishes two main levels of personality organization: automatic thoughts and schemas. The former may (or may not) be unconscious, while the
latter is almost always latent. Note that both automatic thoughts and schemas are cognitive components. In his early theory, Beck therefore considers only cognitive elements to be pre-conscious and unconscious, excluding, for example, unconscious motivation or unconscious emotions.

Automatic thoughts are defined by Beck as spontaneously appearing short sentences and pictures with a specific and distinct subject [21]. They are not the result of reasoning or reflection, but appear suddenly, without effort on the part of the patient: “The idiosyncratic cognitions (whether pictorial or verbal) are very rapid and often may contain an elaborate idea compressed into a very short period of time, even into a split second” [20, p. 348]. They are idiosyncratic, i.e. specific to a given person. While they may be clearly conscious, they are extremely often on the verge of consciousness. However, with a little effort and introspection, they can be activated. It seems reasonable to classify them as preconscious or halfconscious cognitive events.

The very name suggests that automatic thoughts are involuntary. Patients often confess that these thoughts arise even if they decide to “not have them” or actively try to avoid them [18, p. 329]. Besides, without some purposeful focus, automatic thoughts often pass unnoticed, we are not aware of them – Beck uses the category of “not fully aware” [21, p. 31] or “not fully conscious” [21, p. 34] to describe this state.

Schemas are even more latent and automatic. Beck defines them as persistent cognitive structures used to select information, encode it and evaluate it [19]. They are responsible for the repetitive, stereotypical patterns of interpreting events by the patient. An important feature of schemas is that they are hypothetical constructs – the main way to get to their content is inference. Beck’s understanding of schemas resemble Freud’s “primary process” [9] – they are primitive, immature, inflexible, unrealistic, specific to a given person, and often irrational. Therefore, Beck also adopts an appropriate topography – in his visualizations, schemas are located lower than the centers of rational thinking. The continuation of Freudian thought is clearly visible here.

On the basis of unpublished drawings of Beck, it is possible to follow the evolution of the idea of the unconscious schema [24]. In 1964, he distinguished two extreme poles: the manic, characterized by the desire for omnipotence, and the depressive, characterized by the desire for passivity. However, Beck considers these wishful characteristics to be problematic, so in the next drawing he describes two poles as “omnipotent – good” and “impotent – bad”, without volitional features. Two weeks later, Beck defines the “impotent” pole by assigning it the following automatic thoughts: “I want desperately to die, I hate myself, I am helpless, and life is empty” [23, p. 6-7]. In another note from 1964, Beck clearly separates the lower area, where are located the previously mentioned extremes, and the upper area, the rational sphere. In the figure from 1965, he describes the higher area called “intermediate points” as characterized by a distance and balance in assessing, as opposed to the original extremes “bad-good”. Despite the fact that the schemas in Beck’s cognitive theory are unconscious constructs, they are cognitive-affective in nature, and are deprived of motivational and volitional elements.
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This issue has been a difficult problem for Beck from the very beginning. The concept of unconscious motivation seems unacceptable due to the fact that it deprives the patient of autonomy – only an outsider (therapist) can determine its character. Such interpretations may have seemed risky and too abstract, but on the other hand, the question arose, what does energize negative, primitive patterns? Beck finds the answer in the notion of cathexia, which is rarely associated with him: “I have struggled with the concept of energetics, cathexis, charge, and so forth for a long time [...] I have found that there is no way I can satisfy myself with an adequate explanatory model unless I do bring in these concepts.” [from a letter to S. Epstein, 1994, after: 23, p. 15]. Unconscious schemas can activate, gain a certain potential, intensity. The more the psyche is dominated by these schemas, the more its content resembles a dream: “In the more severe states of depression, the patient appear to have lost voluntary control over his thinking processes [...] In such severe cases, the cognitive processes may be analogous to the processes during dreaming” [19, p. 566]. The concept of cathexia seems sketchy, however, only outlined and is not developed or refined by Beck.

Summarizing the first period of Beck’s work, it should be noted that unconscious processes and contents were included in his theory in two ways. First, as preconscious automatic thoughts, and second, as unconscious schemas. Although the schemas were defined as hypothetical constructs that we reach by inference, the mechanism of their activation, the concept of cathexia and the role of the therapist’s hypotheses about the content not consciously experienced by the patient were not particularly emphasized by Beck at that time. It seems, therefore, that the existence of the unconscious was merely signaled in Beck’s early theory, outlined in a sketchy way, although in fact schemas constituted its foundation. Latent processes consisted mainly of unconscious meaning attributing, while the aspect of unconscious motivation was eliminated from them, presumably due to the unverifiability of such a construct. As in psychodynamic theories, the understanding of the concept of the unconscious was based on the opposition of irrational primary processes to conscious, rational and balanced ones. The goal of psychotherapy was to activate conscious processes and to gain self-control by the individual.

The sacrifice, or rather insufficient development of certain aspects of the theory for the sake of scientificity and objectivity, made Beck avoid metaphysics – which the psychiatrist and philosopher Andrzej Leder called “a priori of drives” and “archaic source of meanings” [28, pp. 166-167]. At this stage, the Enlightenment features of Beck’s thinking came to the fore. They were defined by Arthur Lovejoy [29] as the assumption that simple and concise solutions to problems can be found, as the striving for intellectual modesty and for the reduction of general concepts to concrete ones, and the belief that human nature is easily penetrated. The unconscious in the Freudian or Romantic sense did not fit in any way to this picture.
The way of reaching the unconscious

It is now worth looking at how Beck justifies the possibility of reaching the unconscious. It is generally believed that there are two basic ways to reach the psychologically understood unconscious or two ways of reasoning to justify the existence of unconscious mental processes. These methods appeared in the eighteenth and nineteenth centuries and are still more or less officially used by researchers dealing with the problem of latent psychological processes.

The first one, related to the older philosophical tradition, uses the perspective of an internal observer and is based primarily on an introspective analysis of the stream of consciousness. The psyche is, therefore, in this view of the continuum, extending from those mental processes that are directly available, that is are seen clearly and plainly, through data processes that are less clear and distinct (semi-conscious, subconscious), to completely hypothetical inaccessible to the observer, yet still retaining the mental character, processes and contents.

The second way to reach the unconscious is based on reasoning that compares data obtained from the perspective of an internal and external observer, and then draws a conclusion from this comparison. The point is that the observed person is characterized by a decrease or a lack of self-knowledge in relation to the genesis, course, and even the occurrence of behaviors that, from the perspective of an external observer, show similarity to conscious and therefore purposeful and meaningful behavior. Erdelyi [30] calls this route the “dissociation paradigm” because there is a specific split, a discrepancy between the lack of a conscious goal of the patient or the examined person and the deliberate nature of their behavior. It is a paradigm also used in experimental research on the unconscious.

In his early conception of therapy, Beck [18, 19] provides several ways to reach pre-conscious automatic thoughts and unconscious patterns. In the article “Thinking and depression” [19, p. 564] he lists: (a) an analysis of the ways in which the patient interprets (structures) his experiences, (b) recurring themes of free associations and ruminations, (c) repeating threads in the patient’s dreams, (d) directly asking the patient about his views, beliefs, assumptions, expectations, (e) answers in psychological tests examining concepts about himself and the world.

It seems that among these methods there are both, those based on introspection and the idea of the continuum of consciousness and unconsciousness, as well as those based on deduction, inference. There are many statements in the early writings that suggest that Beck tends to be more introspective, e.g., “Although the patient may not be immediately aware of the content of his maladaptive attitudes and patterns, this concept is not >>unconscious<< in the psychoanalytic sense and is accessible to the patient’s introspection” [20, p. 346]. However, there is also the statement that the patient cannot experience schemas: “The theory I will present in this section deals with entities (hypothetical constructs) not experienced by the patient as such, but whose existence is postulated to account for
the regularities and predictabilities in his behavior. These hypothetical constructs include cognitive structures and energy” [31, p. 281].

The hypothesis of Rachael Rosner [23] seems to be correct here, saying that in the writings of Aaron Beck we can see two coexisting threads: experimental and psychoanalytical. According to this author, Beck emphasizes the experimental thread much more strongly, while the psychoanalytical thread remains in the background. Also in this case, the introspective (for Beck, a more credible) way of reaching the unconscious is in the foreground, while the deductive way (also used by psychoanalysts) is less emphasized. This may suggest his need to emphasize his distinctiveness from psychoanalysis.

**Criticism of Aaron Beck’s early theory**

The model of psychopathology created by Aaron Beck in 1963–1976 is much simpler and less subtle than the model he presented in later years [32, 33]. His theory was developed and changed in the nineties on the basis of some critical arguments. Until then, as Beck himself wrote in a letter to Jeremy Safran in 1985 [34], unconscious processing was one of the underdeveloped areas in his theory (“the many silent areas such as unconscious processing”). Teasdale [35] points out that this model was expressed in everyday language, which limits his ability to explaining phenomena and developing. The early form of Beck’s theory, according to Teasdale, did not fit the language of cognitive psychology and cognitive science of the late twentieth century. Beck’s early model also did not take into account the later increase in research into unconscious processing and the simultaneous nature of many mental operations [2, 36]. According to Teasdale, models of psychopathology or personality organization should be a platform for communication between clinicians and academic psychologists. Meanwhile, the working hypotheses created by therapists during their work could not be expressed in terms of Beck’s original model, because, according to Teasdale, it was not subtle and complex enough, and lacking precision.

**Summary**

According to the narrative promoted by Aaron Beck himself[e.g. 1]), he, guided by the results of experimental research, rejected the idea of the unconscious and this concept has become unnecessary in the new, evidence-based therapeutic trend. However, according to the unofficial narrative, appearing, for example, in private correspondence or interviews [23, 34], Beck tried to reconcile his familiar psychodynamic thinking with the requirements of science, and struggled to reformulate Freud’s theories and ideas. Both traditional psychoanalysis and Beck’s cognitive theory are embedded in a mentalist paradigm, both of them try to explore the structure and operation of hypothetical structures within the human mind. In both cases, the therapeutic work aims to gain insight into internal mechanisms and to develop a rational dominance of the conscious “me” over the more primal elements.
At the same time, Beck tried to avoid all references to unconscious motivations and to overly abstract hypotheses about the internal mechanics of schemes. This was probably due to his reluctance to make claims that could not be empirically verified at that time. Concepts such as unconscious motivation, unconscious emotions, and denial were thus excluded from Beck’s early theory.

The rejection of unconscious motivation and denial, however, does not mean that Beck has completely rejected the notion of the unconscious and that he has not struggled with it. First, for several years he developed a cognitive understanding of the schema, gradually moving from motivational structures to purely cognitive and descriptive [23]. The final version of the concept of a schema was descriptive, for example, “I am a failure”, “I cannot be loved”, “I am weak”, without any dynamics, but filled with mental energy (cathexia). So it took the author of “Thinking and depression” a long time to come up with a sufficiently explanatory theory without motivational elements.

Secondly, we can say that Beck retained the concept of the unconscious in the form of often hidden, inaccessible to experience schemas, which can be reached, for example, by means of deduction (making hypotheses). However, this part of the early theory is not only underdeveloped, but also not too much underlined. Only single references in Beck’s work suggest that the schemas remain beyond the reach of conscious experience.

In conclusion, we would like to emphasize that getting rid of the notions of unconscious motivation and denial in the mentalist paradigm in which Beck operated all the time and whose categories he thought, was not easy for him. The main challenge for the creator of cognitive therapy was to reconcile the familiar way of conducting therapy by his mentors and friends with the requirements of modern science and his own egalitarian style. Unconscious motivation must have fallen victim to this challenge.

**Literature**


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