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Part I

INTRODUCTION

Chapter 1

Aaron T. Beck

Mind, Man, and Mentor

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Aaron T. Beck has won more than 25 prestigious special recognition awards, including 4 lifetime achievement awards. And yet even those of us who have worked closely with "Tim" (as he is known to his friends) can lose sight of how revolutionary some of his accomplishments were, and how pervasive his influence continues to be on the leaders in our field—many of whom are represented in this book as chapter authors. All the research and theories presented in this book relate to Beck's seminal ideas.

This chapter provides a frame for the remainder of the book by offering an overview of Beck's career to date in three broad areas. The first section, "Beck: Mind," provides a brief synopsis of his key conceptual, empirical, and psychotherapy contributions. Second, "Beck: Man" suggests how his personal qualities and the environmental context in which he works have fostered his wide influence. Third, to understand his sociological influence on the field, in "Beck: Mentor" I extract the values he models that mark his career and inspire all of us who follow.

Personal commentaries in this chapter are based on observations of Tim Beck since 1978. During this time, I have enjoyed a close professional relationship and friendship with him, and our interactions on various projects and at professional meetings have led to a wealth of insight-laden an-

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ecdotes. Those who are intrigued by this chapter and wish to pursue a more thorough review of Beck's life can read Weishaar's (1993) articulate biography of Beck.

The impetus for this book was a Festschrift honoring Beck in November 2001. Festschrifts are usually held in honor of people who have made great empirical or conceptual contributions to a field. Beck's conceptual and empirical contributions are considered among the greatest in the history of psychology and psychiatry. In addition, he not only introduced a new form of psychotherapy; he was a pioneer in the development of an empirically validated system of psychotherapy (Padesky & Beck, 2003).

Beck's influence on conceptualization, research, and psychotherapy in so many areas of clinical focus (e.g., depression, suicide, anxiety, schizophrenia, substance abuse, relationship anger, chronic pain) far exceeds the usual criteria for a Festschrift. Thus I propose a new term to celebrate work of such breadth and depth: a "Beckschrift." A Beckschrift would be celebrated on behalf of anyone who, in many different areas of clinical investigation, makes profound contributions in all three areas: conceptualization, empirical research, and psychotherapy. No one in the history of psychotherapy is as worthy of this recognition as Beck.

In addition to his extensive professional contributions in books and journals, Beck has spearheaded the development of an international network of researchers, clinicians, and educators. He has helped form a large, active community of those dedicated to developing and evaluating cognitive therapy. His personal effectiveness in shaping collaborative international efforts is remarkable and stands firmly with his publications as a success likely to influence the development of psychotherapy theory, practice, and research for decades to come.

BECK: MIND

An intriguing way to review Beck's publications is to recount key contributions for each decade. Since Beck was born in 1921, calendar decades roughly approximate his own personal decade shifts. In addition to indicating how old Beck was when he accomplished various career highlights, an age-related review is encouraging for younger colleagues and students, because Beck had fewer than 40 publications by the age of 50. That goal is attainable for many. For those reaching midcareer, the age tracking is more daunting: Beck published 370 articles and books between the ages of 50 and 80. At the time this volume went to press, he had already published an additional 60 articles and 2 books in the opening years of his ninth decade. He is a case study for those who argue that there is no reason why productivity needs to decline with age.

A longitudinal view also shows how Beck's ideas have evolved over time. It captures more accurately the slow pooling of innovative and substantive ideas that preceded the rapid expansion of his vision and influence. The quick expansion of cognitive therapy since 1990 is remarkable—and yet by that time cognitive therapy had already experienced nearly three decades of development, many of these years below the radar of mainstream psychology.

The 1940s

While in his 20s, Beck completed his undergraduate degree at Brown University, received a medical degree from Yale University, and completed residencies in pathology and psychiatry (Weishaar, 1993). Showing early promise as a diligent scholar, Beck won awards for scholarship and oratory at Brown and for research during his first residency.

The 1950s

During the 1950s, Beck continued his psychiatric studies—first at the Austen Riggs Center in Stockbridge, Massachusetts, and then at the Philadelphia Psychoanalytic Society, where he graduated as a psychoanalyst in 1956 (at age 35). He also began a long and fruitful career on the faculty of the University of Pennsylvania starting as an instructor in psychiatry. By the end of this decade he was an assistant professor in psychiatry. Within 40 years, the University of Pennsylvania would name him University Professor Emeritus in the Department of Psychiatry.

He published his first psychiatric articles in the 1950s. Two of these are seminal for cognitive therapy. In 1952 (at age 31) he published his first psychiatric article, a case study of treatment of schizophrenic delusion (Beck, 1952). Fifty years later, his case study was republished and discussed within the "new" framework for cognitive therapy of schizophrenia (Beck, 1952/2002a, 2002b). This was the first of many early Beck publications recognized later as a significant precursor to innovative cognitive therapy developments.

The middle of this decade comprises 3 of the 6 "missing years" of Beck's presence in psychiatry. There have been only 6 years since 1952 in which he did not publish at least one paper. These years are 1955, 1957, 1958, 1960, 1965, and 1966. It is not coincidental that Tim's children were born in 1952, 1954, 1956, and 1959. Apparently one child is compatible with publishing, but several toddlers and young children make publishing more difficult. His active role as a parent accounts for a publishing decline in his 30s. The lack of publications in 1965 and 1966 reflects years dedicated to writing his first book.

A study at the end of this decade (Beck & Hurvich, 1959) foreshadowed the end of his psychoanalytic career and the beginning of cognitive therapy, even though no one, including Beck, foresaw its significance at the time. Beck set out to empirically demonstrate the psychoanalytic theory that depression is anger turned inward. He predicted that the dreams of depressed patients would support this theory. In fact, his hypothesis was not supported. The content of dreams in depressed patients was similar to the content of their waking thoughts (self-critical, pessimistic, and negative). To his credit, Beck did not discard these unexpected data. Instead, over the next decade, his belief in the psychoanalytic theory of depression gradually eroded, and Beck set out to develop a new empirically derived theory of depression.

The 1960s

As he approached age 40, Beck began to take a new look at depression and developed a new instrument to measure it—the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Over time, this simple self-report scale became one of the most widely used measures of depression, updated in 1996 as the Beck Depression Inventory—II (Beck & Steer, 1996). The Beck Depression Inventory not only captures signature changes in mood, but also taps changes in motivation, physical functioning, and cognitive features of depression.

He began to notice characteristic "cognitive distortions" that occur in depression (Beck, 1963). His empirical observations led Beck to begin to view this "mood" disorder as primarily a thinking disorder. Beck's clinical observations and empirical findings were published in 1967 in a landmark book—*Depression: Clinical, Experimental, and Theoretical Aspects* (Beck, 1967), republished a few years later as *Depression: Causes and Treatment* (Beck, 1967/1972). In this text he reviewed the current biological and psychological theories of depression (including "manic–depression," now called "bipolar disorder") and the empirical evidence in favor of each. Then he outlined a new cognitive theory of depression, based on findings in his own research and the related research of others.

Many new and enduring concepts related to depression were introduced in this book. Beck coined the term "automatic thoughts" to describe the thoughts that occur spontaneously throughout the day. He showed how, in depression, these thoughts are characteristically negative and include many negative cognitive distortions. He demonstrated how a "negative cognitive triad" (the negative beliefs depressed people hold about themselves, the world, and the future) could lead to the emotional and motivational symptoms in depression. His book also proposed a new "schema" theory to describe systematic interactions between cognition and

emotion. The final sentence of his theoretical presentation of his cognitive model quietly upended the psychoanalytic theory he had set out to support a decade earlier: "The relative absence of anger in depression is attributed to the displacement of schemas relevant to blaming others by schemas of self-blame" (Beck, 1967, p. 290).

The 1970s

Beck's contributions increased exponentially after he turned 50 in 1971. In the final 12 pages of Beck's 1967 book, he outlined some broad ideas about how cognitive therapy for depression might work, including the importance of identifying and testing the beliefs maintaining the depression. During the 1970s he worked with many colleagues, students, and residents at the University of Pennsylvania to detail and refine these ideas, published at the end of the decade in *Cognitive Therapy for Depression* (Beck, Rush, Shaw, & Emery, 1979).

Just as Beck's book on the cognitive theory of depression introduced new concepts that transformed professional dialogues about depression, the new treatment manual included ideas that were revolutionary in psychotherapy practice. Behavior therapists had introduced empirical data collection into psychotherapy, but in most cases in behavior therapy at that time, the therapist was the empiricist in treatment; the client was a source of data or a data collector. Beck introduced the concept of "collaborative empiricism" to convey that the therapist and client could form an equal working partnership. Both therapist and client devise experiments and proposed ideas about how to test key beliefs and evaluate the effectiveness of particular behavioral strategies. Therapists were urged to encourage clients' curiosity and active engagement in therapy procedures.

New therapy procedures included imagination exercises to capture automatic thoughts linked to depression; thought records to identify and test these automatic thoughts; and behavioral experiments to evaluate beliefs related to motivation and coping strategies. These procedures were intertwined with a new interviewing style that Beck called "Socratic questioning." Socratic questioning requires a therapist to ask a client questions to retrieve information relevant to depressed automatic thoughts that is out of awareness in the depressed state, but easily accessible with prompting. For example, a depressed client who thinks, "I never do anything right," is asked questions to recall prior and current accomplishments. New information, once considered, helps balance depressive conclusions about self, world, and future (the negative cognitive triad) and temporarily lifts mood. Furthermore, cognitive therapy took a bold step in asserting that clients can learn to do this process themselves, to reduce the long-term need for a therapist and to prevent relapse. The self-help nature of cognitive therapy con-

tradicted the Zeitgeist of the time that only highly trained therapists could understand and treat psychological problems.

Cognitive Therapy for Depression was one of the first attempts to detail step-by-step therapy procedures. In addition, prior to its publication, Beck and colleagues conducted a treatment outcome study to evaluate and demonstrate its effectiveness (Rush, Beck, Kovacs, & Hollon, 1977). Other clinical research teams also empirically evaluated the treatment protocol and found it to be an effective treatment for depression (cf. Blackburn, Bishop, Glen, Whalley, & Christie, 1981)—the first psychotherapy treatment to do as well as or better than pharmacological treatments of depression.

The combination of a detailed treatment protocol manual with outcome research was an innovation in psychotherapy practice that had only previously been attempted by behavior therapists in treating discrete behavioral problems. By accomplishing the same feat with a more complex set of clinical interventions that included cognitive, emotional, and behavioral components, Beck pioneered a model for what psychologists many years later defined as an "empirically validated psychological treatment" (Task Force on Promotion and Dissemination of Psychological Procedures, 1995; Task Force on Psychological Intervention Guidelines, 1995).

Beck also developed international renown in the theory and prediction of suicide. He identified hopelessness as a key cognitive predictor of suicide (Beck, Brown, & Steer, 1989; Beck, Kovacs, & Weissman, 1975; Minkoff, Bergman, Beck, & Beck, 1973), even when suicide was studied in the context of drug abuse (Weissman, Beck, & Kovacs, 1979) or other factors previously recognized as prime correlates of suicide. He developed and validated a series of scales to help measure suicide risk, including the Beck Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974), the Beck Suicide Intent Scale (Beck, Schuyler, & Herman, 1974), and the Beck Scale for Suicidal Ideation (Beck, Kovacs, & Weissman, 1979). Work begun in this decade continues to shape the profession's understanding of suicide and clinical interventions designed to prevent suicide (cf. Brown, Beck, Steer, & Grisham, 2000; Weishaar, 1996, 2004; Weishaar & Beck, 1992).

Simultaneously with these in-depth explorations of depression and suicide, Beck proposed wider applications of his cognitive theory and methods. In his first book written for lay readers, *Cognitive Therapy and the Emotional Disorders* (Beck, 1976), Beck eloquently described his therapy and cognitive theory of emotions. He proposed that clinical depression and anxiety are on a continuum with normal emotional experiences, and that all emotional experiences are linked to cognitions. Beck outlined his theory of cognitive specificity, in which each emotion is associated with particular cognitive themes. Depression is paired with cognitive themes of pessimism, self-criticism, and hopelessness. Anxiety is accompanied by cognitive

themes of threat, danger, and vulnerability. Anger is marked by themes of violation and hurt, along with perceptions of others as malevolent.

The 1980s

Just as Beck dramatically transformed psychological views of depression and suicide in the 1970s, in the 1980s he and his colleagues created new frameworks for understanding anxiety, substance abuse, and relationship conflict. In addition, Beck devoted significant time and energy during this decade to creation of an interactive and visible international community of scholars. Beck initiated an international meeting of cognitive therapists and researchers in Philadelphia (1983) and encouraged subsequent meetings in Umeå, Sweden (1986) and Oxford, England (1989) for the increasingly well-attended World Congresses of Cognitive Therapy. Beck made it clear to colleagues that he was as committed to collaborative empiricism among researchers and therapists as between therapists and clients.

His cognitive model of anxiety (Beck & Emery with Greenberg, 1985) is his best-known contribution of this decade. Using an evolutionary model to demonstrate the adaptive nature of anxiety, Beck proposed that all anxiety results from overestimations of danger and/or underestimations of coping and resources. Based on empirical findings (Beck, Laude, & Bohnert, 1974), he also noted that anxiety is often accompanied by images. Therefore, methods for identifying and testing images were elaborated in greater detail in this anxiety text than in previous cognitive therapy texts.

Just as he had done for depression, Beck developed and validated a scale for measuring anxiety, the Beck Anxiety Inventory (Beck, Epstein, Brown & Steer, 1988; Beck & Steer, 1990). Despite the strength of Beck's general cognitive theory of anxiety, he did not develop a single protocol for treating anxiety. Due to the idiosyncratic nature of specific cognitions in various anxiety disorders, specific treatment protocols were developed for each of the anxiety disorder diagnoses. Many researchers and theorists contributed to development and empirical evaluation of these treatment models, as described in detail in Chapters 4, 5, 7, 8, and 9 of this book.

In addition to anxiety, Beck worked with colleagues to develop cognitive models of stress (Pretzer, Beck, & Newman, 1989) and anger (Beck, 1988). His cognitive model of anger was applied to couple conflict in his popular press book *Love Is Never Enough* (Beck, 1988). In this book, he demonstrates how the same principles of cognitive distortion delineated for depression and anxiety can operate within close relationships and turn love into hate. Furthermore, he shows how cognitive therapy principles can help calm the turmoil in relationships, and can restore and maintain positive relationships.

Beck also was principal investigator or coinvestigator for several large national research grants examining the utility of cognitive therapy with substance abuse, particularly heroin, cocaine, and alcohol abuse. Although his involvement in substance abuse research began as an adjunct to his studies of suicide (Beck, Steer, & Shaw, 1984; Beck, Weissman, & Kovacs, 1976; Weissman et al., 1979), Beck's work in this area gradually shifted to development of a cognitive model for understanding addiction and delineation of successful treatment methods (Beck, Wright, Newman, & Liese, 1993).

The 1990s

By the 1990s, cognitive therapy was no longer a novel therapy; it had become a mainstream choice for effective brief therapy for depression and anxiety among therapists in North America and the United Kingdom. As Beck entered his 70s, cognitive therapy for depression had been so widely studied that a new book summarizing the empirical findings relevant to cognitive theory and therapy was merited: *Scientific Foundations of Cognitive Theory and Therapy of Depression* (Clark & Beck with Alford, 1999). The publication of *Cognitive Therapy with Inpatients: Developing a Cognitive Milieu* (Wright, Thase, Beck, & Ludgate, 1993) recognized that cognitive therapy was becoming a widely disseminated model for inpatient programs. In addition, cognitive therapy was rapidly spreading throughout the world, as cognitive therapy texts were translated into many different languages.

While continuing his research and refinements of the treatments for depression, suicide, and anxiety disorders, Beck increasingly turned his attention to applications of cognitive therapy to more complex problems. To do so, he both articulated new aspects of cognitive theory and clarified how traditional cognitive concepts could explain such diverse human experiences as panic disorder and schizophrenia (Alford & Beck, 1997).

Cognitive Therapy of Personality Disorders (Beck, Freeman, et al., 1990) offered the first vision of longer-term cognitive therapy as applied to personality disorders—diagnoses usually considered treatment-resistant. In this book Beck employed his schema theory to provide a detailed developmental cognitive theory of personality. Several years later he expanded his schema theory to include the concepts of "modes," defined as "networks of cognitive, affective, motivational, and behavioral components," and "charges," which "explain the fluctuations in the intensity gradients of cognitive structures" (Beck, 1996, p. 2). Early research findings regarding cognitive therapy for personality disorders are encouraging (Pretzer & Beck, 1996; Beck, Freeman, et al., 2004). The demonstration that beliefs alone could differentially discriminate among personality disorder diagno-

ses lent some empirical support for his cognitive theory of personality (Beck et al., 2001). Chapter 14 of this volume reviews the current status of this still-evolving cognitive therapy application.

In the latter half of this decade, Beck wrote *Prisoners of Hate: The Cognitive Basis of Anger, Hostility, and Violence* (Beck, 1999) to show how the cognitive model for anger can explain larger conflicts as well as it describes interfamilial interpersonal conflicts. He then offers concrete ideas derived from cognitive theory and therapy for healing broad global, national, religious, and ethnic divisions.

Beck increasingly focused his attention on new cognitive models and therapies for schizophrenia as the 20th century came to a close (Alford & Beck, 1994; Beck, 1994; Beck & Rector, 1998). His first psychiatric paper as a young psychiatrist had addressed therapy for schizophrenic delusions (Beck, 1952). Preliminary research was demonstrating that his modern cognitive therapy might prove a mighty intervention for all schizophrenic symptoms (Beck, 2000).

The 2000s

Hearing Beck speak about cognitive therapy of schizophrenia, one would not think he has been thinking, writing, and practicing psychiatry for more than 50 years. He expresses the enthusiasm of someone newly discovering cognitive therapy when he describes the growing empirical evidence that cognitive therapy can effectively help persons with schizophrenia (Beck & Rector, 2002; Morrison, 2002; Rector & Beck, 2001, 2002; Warman & Beck, 2003).

In 2001, Beck celebrated his 80th birthday. This landmark is often accompanied by fond memories of a life well lived. Beck marked the start of his ninth decade with the publication of his 15th book, *Bipolar Disorder: A Cognitive Therapy Approach* (Newman, Leahy, Beck, Reilly-Harrington, & Gyulai, 2002). This was one of nearly 40 publications for him in 2001 and 2002, spanning the topics of depression, suicide, panic disorder, personality disorders, schizophrenia, obsessive–compulsive disorder, geriatric medical outpatients, and the Clark–Beck Obsessive–Compulsive Inventory (Clark & Beck, 2002).

The *Beck Youth Inventories of Emotional and Social Impairment* (J. S. Beck & Beck with Jolly, 2001) assess symptoms of depression, anxiety, anger, disruptive behavior, and self-concept in children. These measures suggest an additional emphasis for Beck and colleagues on using cognitive theory and therapy with children for purposes of prevention, early identification, and treatment of problems.

As evidenced by the publications just described, as well as his first book on cognitive therapy for chronic pain (Winterowd, Beck, & Gruener,

2003), Beck continues to expand, elaborate, refine, and conduct empirical research on the many implications and applications of his cognitive theory and therapy. The second edition of *Cognitive Therapy of Personality Disorders* (Beck et al., 2004) further articulated his theory of personality and elaborated the cognitive therapy treatment of personality disorders. Between 1952 and the time the present volume went to press, he has published 17 books and more than 450 articles and book chapters. Surely Beck is one of the most prolific thinkers and writers in the history of psychiatry.

Of course, the quality of what one publishes is more important than the quantity. Beck's career models the exponential effectiveness of working equally hard in the areas of conceptualization, empirical research, and therapy applications. His discoveries and innovations in each area are enhanced by knowledge gained in the other two areas.

For example, beginning with the 1959 paper on dream content of depressed patients (Beck & Hurvich, 1959), his *empirical* work in the area of depression preceded development of his cognitive *theory* of depression, first published in 1967. His *therapy*, so familiar to us today, developed over the next 15 years; principles of that therapy protocol were first published between 1974 and 1979. Yet, even while the psychotherapy was developing, the empirical work continued with carefully constructed outcome studies. Beck continues to this day to refine his conceptual model for depression, informed by new research and psychotherapy practices (Clark et al., 1999).

Table 1.1 summarizes the links among his contributions in the areas of conceptualization, empiricism, and development of his psychotherapy. Each date listed in Table 1.1 is generally that of the first published work in which the concept or finding was described by Beck. In some cases, a date range is cited because his ideas developed and were elaborated in print over a time span. A scan of Table 1.1 shows how empirical studies occur before and after conceptual breakthroughs. Psychotherapy developments both follow and lead research and new conceptual models. Furthermore, Beck continues to be active in all these areas today. For example, in 2003 he published works related to anxiety, depression, schizophrenia, psychosis, personality disorders, suicide, and chronic pain.

BECK: MAN

It is not only the sheer brilliance of his *mind* that has led to Beck's central role in the evolution of psychotherapy over the past 50 years. Early in his career, Beck envisioned a science of mind, emotion, behavior, and social context to stand proudly alongside the sciences of biochemistry and neuroscience that also inform psychiatry. Beck helped form this new cognitively based biopsychosocial science; he also gave birth to a movement and a

TABLE 1.1. Beck's Original Contributions on Selected Topics

Focus	Conceptual innovations	Empirical contributions	Psychotherapy
Depression	Cognitive distortions (1963) Cognitive model (1967) Automatic thoughts (1967) Cognitive triad (1970)	Dream content not masochistic (1959) Beck Depression Inventory (1961–1996) Outcome studies (1977–1982)	Cognitive therapy (CT) for depression (1974–1979): "Collaborative empiricism" Thought records Behavioral experiments Socratic questioning
Anxiety disorders	Cognitive model of anxiety (1972–1979): Overestimations of danger Underestimations of coping/ resources Cognitive specificity (1976–1994)	Beck Anxiety Inventory (1988) Outcome studies (1988–1997) Clark–Beck Obsessive–Compulsive Inventory (2002)	CT principles of treatment (1976–1985) Idiosyncratic nature of automatic thoughts Importance of imagery
Schizophrenia	Cognitive model of schizophrenia (1979–present)	Case study (1952) Outcome studies (1994–present)	CT of schizophrenia (1994–present)
Suicide	Hopelessness as key (1973)	Predictors of suicide (1971–2001) Beck Hopelessness Scale (1974) Suicidal Intent Scale (1974) Scale for Suicidal Ideation (1979)	CT for suicidal behavior (1990)
Personality	Schema theory (1967) Cognitive model (1990) Theory of modes (1996)	Dysfunctional Attitude Scale (1991) Sociotropy and Autonomy Scales (1991) Personality Belief Questionnaire (1995)	CT for personality disorders (1990–present)
Addictions	Links to depression (1977–present) Links to suicide (1975–present)	Links to depression (1977–present) Links to suicide (1975–present) Outcome studies (1997–1999)	CT for substance abuse (1983–2001)

community of researchers, educators, and therapists loyal to him and his vision.

How is it that he has been able to form such a vibrant and active community of scientist-practitioners? How has Beck generated such enthusiasm with his ideas, often simple, such as the link between thoughts and emotion? Others have proposed similar ideas over the years, and yet they do not stand as tall in our minds as Beck does. In this section, Beck's personal qualities and the environmental contexts in which he has lived are linked to his ability to build a robust community of cognitive therapists and researchers.

Curiosity

The fruits of his mind have already been reviewed. What qualities of mind contribute to such productive efforts? It goes without saying that Beck is highly intelligent. One of the most important features of Beck's intelligence is curiosity. Those who know him well expect every encounter to include questions and exploration of new ideas. I have enjoyed listening to Beck question servers in restaurants, graduate students at conferences, and tennis players at courtside to gather information relevant to his theories. Since his theories strive to account for all human experiences, his insatiable curiosity serves him well.

Flexibility

Equally important, his thinking is flexible. It is rare for a leader in any field to be so open to changing his own theory and models based on empirical evidence. And yet Beck has done so again and again, firmly convinced that the best ideas are shaped by data. He is a positive thinker—not in the genre of Norman Vincent Peale, but in the school of those who see every obstacle as a problem waiting to be solved.

Vision

Beck envisioned revolutions in psychiatric theory and in psychotherapy. He envisioned wide acceptance of a theory of emotion that focused on beliefs. He envisioned an empirically based psychotherapy that would be short-term, would be effective, and could actively engage the client in solving problems. These visions have been achieved with greater professional and public acceptance than most would have expected. And yet his vision seems to be ever expanding. By the time cognitive therapy achieves a vision he held 10 years earlier, Beck has already increased his visionary efforts to encompass new challenges and applications. For this reason, Beck's vision-

ary ideas hold the respect of his colleagues, even if some seem a bit improbable. Last decade's improbable ideas are already this decade's proudest achievements.

Personal Awareness

Beck is an active participant in the world. He uses lessons and opportunities throughout his life to build better models of theory, research, and therapy. Beck is aware of his own moods and is willing to learn from them. Many principles central to cognitive theory were derived from careful observation of his own moods and those of people around him. Just as is done in cognitive therapy, Beck tries to understand his own emotional reactions and use these constructively. He observes his own thinking processes and notes which experiences are convergent with and which are divergent from his theories. Such personal observations are then compared with the self-reports of others before empirical studies are constructed.

Persistence

Beck is renowned for his stamina, maintained by regular exercise, meditation, and a moderate diet. His work pace and the demands he places on those who work with him exhaust many of his younger colleagues. Even more important than physical endurance, Beck has great emotional and cognitive persistence. During the first 20 years he taught them, his cognitive therapy lectures and workshops were attended by only a handful of people, and these colleagues often arrived with great reservations toward and vocal criticism of his ideas. Yet he continued talking about cognitive theory with anyone who would accommodate him.

Audiences grew with cognitive therapy's success, yet even in the mid-1980s Beck's presentations were attended by skeptics and challenged by antagonistic voices. His simple ideas were revolutionary in their challenge of current theories and treatments, and he evoked the ire that revolutionary voices often do. Yet Beck persisted, encouraged by data when personal support was not forthcoming.

Environmental Contexts

Despite the antagonism of some colleagues, Beck benefited from the larger social and intellectual environments in which he worked. The spirit of collaboration in cognitive therapy was influenced by and received a receptive audience, in part because of the human empowerment movements of the 1960s and 1970s—civil rights, women's rights, and gay liberation. During the evolution of cognitive therapy, empiricism was on the rise in psychol-

ogy, due at least in part to a burgeoning respect for behaviorism. Cognitive theory and therapy emerged at the dawn of a cognitive revolution in psychology and an emerging information-processing Zeitgeist in public discourse. Cognitive therapy is one of the few health-related services to benefit from financial constraints on the health care marketplace at the beginning of the 21st century. With fewer dollars, leading care providers started paying greater attention to brief therapies with empirically proven effectiveness. Most of the time, this has meant that cognitive therapy is a preferred therapy.

Community Leadership

However advantageous the environment, the spread of enthusiasm for cognitive therapy has been greatly enhanced by Beck's own behavior. His career is marked by productive collaborations with people in many countries around the world. His interactions with colleagues are marked by generosity, loyalty, and kindness. As such, he has helped create a community of cognitive therapists that lives by those values to the benefit of all.

His professional generosity is legendary. Many of today's leading cognitive therapists and researchers can point to early career advancements that came about because of Beck. He has invited young scholars to participate in prestigious research projects, offered talented clinicians the opportunity to coteach workshops with him, and written numerous letters of recommendation for professionals around the globe.

My first invitation to coteach with Beck came in 1984, when I was a recent PhD and 31 years old—the same age Beck was when he wrote his first psychiatric paper. He invited me to coteach with him in Washington, D.C., at a large workshop at the annual meeting of the Association for Advancement of Behavior Therapy. This and subsequent coteaching invitations literally launched my career as a cognitive therapy workshop presenter.

He is loyal and encourages loyalty among the cognitive therapy community. He has traveled thousands of miles to support the openings of cognitive therapy clinics and research institutes. He rarely makes negative comments about colleagues and privately takes to task cognitive therapists who do. When he does offer criticism of a position or behavior among cognitive therapists, such comments are backed by empirical evidence and bracketed by an effort at understanding the other therapists' position.

His kindness toward colleagues is only surpassed by his kindness toward clients and other people in the community who might benefit from cognitive therapy. In the hundreds of hours I have spent with Beck teaching workshops, attending conferences, discussing theory, and having casual conversations, he has never made a negative comment about a client. His

compassionate caring for others is the engine that drives his passion to improve cognitive therapy.

One personal story best illustrates the sincerity of Tim's personal caring. He and I were featured at an evening presentation for several hundred psychiatrists. At this event, we interviewed a volunteer patient from a local cognitive therapy psychiatric inpatient program, to discuss what she had learned about her depression during her stay in the hospital. She spoke about the suicide attempt that had led to her hospitalization and about the new hope cognitive therapy offered her.

The following morning, I met Tim at his hotel, and he asked me to drive him to the hospital before we began our planned activities. At the hospital, he and I met in a private consultation room with the woman who had been on stage with us the night before. Tim talked to her with gentle concern about the issues that had brought her into the hospital. He discussed her plans following discharge. Toward the end of this private meeting, he took out a piece of paper and began writing something down. He would often do this in conversations, so I assumed some new idea had occurred to him that he did not want to forget. At the end of our meeting, he handed the woman the piece of paper. "This is my home telephone number," he told her with a smile. "I want you to call me after you have been home a few weeks, to let me know how it is going for you." As we drove away from the hospital, all he said to me was this: "She was so generous in talking about her life so others can learn. This is a small thing I can do for her in return."

Community Vision

Beck's personal attitude toward patients is mirrored in the vision he holds for the cognitive therapy community. He strives to create a community that is global, inclusive, collaborative, empowering, and benevolent.

Global

Beck's vision for cognitive therapy has always been global. He never wanted to start an American Cognitive Therapy Association. Instead, he hosted the first World Congress of Cognitive Therapy in Philadelphia. He inspired the foundation of the International Association of Cognitive Psychotherapy. He was instrumental in the establishment of a global Academy of Cognitive Therapy to credential qualified cognitive therapists. And before any of these existed, he personally linked cognitive researchers, therapists and educators around the world. He nudged us to write, travel, and meet each other, encouraging friendships as well as work collaborations.

Inclusive

His community vision for cognitive therapy is inclusive, welcoming people from diverse educational and professional backgrounds (e.g., psychiatrists, psychologists, social workers, nurses, occupational therapists, pastoral counselors, drug abuse counselors), of all ages, races, ethnic identifications, sexual orientations, and religions. His inclusive values have led to dialogue and collaboration between colleagues from quite different cultural and professional communities.

In one cognitive therapy meeting, cognitive therapists from Israel offered to collaborate with cognitive therapists from neighboring Arab countries, even though the home nations of these cognitive therapists were politically hostile. Such interchanges please Beck enormously, because he wants cognitive therapists to form a single community with diverse membership. He dreams that cognitive theory as described in *Prisoners of Hate* (Beck, 1999) might contribute to world healing of divisions.

Collaborative

Beck encourages collaboration. Furthermore, he performs a matchmaking service to bring together colleagues for projects that he thinks would be improved by collaborative efforts. He models the strength inherent in sharing ideas by freely sharing his own ideas. When Beck speaks about cognitive therapy, he acknowledges the contributions of colleagues within and outside of cognitive therapy:

> In formulating my first theory of depression, I drew on some of the early cognitive psychologists such as Allport, Piaget, and particularly George Kelly. I was also influenced by the work of Karen Horney and Alfred Adler. Up to this point, I was not aware of the work of Ellis, which had been published primarily in papers in psychology journals (which I had not subscribed to) and in books. After my 1963 and 1964 papers were published, I was introduced to Ellis's work by a letter from Ellis, himself, who noted our work was similar. (Beck, personal communication, October 15, 2002)

In formal presentations, he describes the work of other cognitive therapists with such enthusiasm that a naïve listener may not recognize Beck's own work as the origin of novel advances.

Empowering

Beck empowers cognitive therapists around the world by supporting funding for cognitive therapy research; publicly recognizing others' contributions; citing international contributions in his own publications; and offering advice and other forms of help via e-mail, telephone, and in-person

conversations. Such recognition by someone of Beck's stature can boost a researcher's standing in a university department or call public attention to a clinician's special skill. He also empowers others by encouraging them to undertake research, develop psychotherapy innovations, and initiate writing projects. Once, at lunch, he urged a graduate student to develop her own questionnaire rather than continue searching fruitlessly in the literature for an existing questionnaire related to her topic. Beck wrote the student's ideas on a napkin and endorsed her ideas as being as worthy of research as those in published questionnaires.

Benevolent

Finally, his vision is that the cognitive therapy community will be benevolent. He models behavior that is benevolent toward colleagues; he respects diverse ideas and helps others advance in their work. His therapy is designed to be benevolent toward and empowering of clients. He encourages cognitive therapists in conflict to work out disagreements amicably.

BECK: MENTOR

What can we learn from Beck as a mentor? When I think over the first 25 years of my relationship with Tim, I am struck by his intensity and focus. There is ferocity in his pursuit of ideas and research. And yet his ferocity is counterbalanced by respect for divergent ideas, and his intensity is counterbalanced by a sweetness of celebration when goals are met. Although he makes great demands on colleagues and students, he also offers great encouragement and enthusiasm when tasks are overwhelming.

The lesson I draw from observing Tim is that no single personal quality is as potent alone as in combination with a counterbalancing quality. In my opinion, Tim's great success is fostered by a combination of qualities that are remarkable in their coexistence. Table 1.2 shows paired qualities that I believe exemplify Beck in his work. These qualities can offer guidance to those who want to learn from Beck as a model for their own professional lives.

TABLE 1.2. Paired Beck Qualities

Visionary	Humble
Tenacious	Flexible
Independent	Collaborative
Data-driven	Heartfelt
Theoretical	Practical applications
Individualistic	Community-minded
Proud	Appreciative

Beck is visionary, and he also is humble. Those who want to emulate him should envision the big picture of human potential in order to reinvent and go beyond current theories. Yet it is equally important to stay humble to data and to what our clients, colleagues, and personal experience teach us.

Beck has terrific tenacity, and he also is flexible. To walk in his footsteps is to prepare for a marathon. To match his contributions, one should be tenacious in research projects, theory and therapy development, and dissemination of information to others. While being a persistent champion of what has been accomplished, it is equally important to stay flexible and integrate new ideas if they are backed by empirical support.

Beck has been an independent thinker, and he also collaborates with many. Independence of thought can be difficult. For many years, Beck had only a few colleagues who took his ideas seriously. And yet it is important to be willing to work hard—alone, if necessary—if one wants to chart new territory. It is also critical to the growth of ideas to collaborate with others when possible, so that ideas gain added strength and diversity of application.

Beck has followed the data, and he also has followed his heart. In this way, Beck is a humanistic scientist. Those who imitate him will be firmly wedded to the empirical foundations of theories and practice. Yet there is no conflict between a scientific commitment and careful concern for the human implications of work. Deep caring for the people with whom we work and whom our work touches ennobles the work we do. A focus on human need also provides a wise road map to those committed to making important career contributions.

This chapter illustrates how Beck exemplifies the balance of theory and practice more fully than most. Few people will be able to make such balanced and innovative contributions to theory, clinical practice, and empirical research. Yet each professional in a mental health field can make a commitment to learn more about theory, practice, and research, and to reflect each of these in his or her work.

Finally, Tim Beck has always been proud of his contributions, and at the same time very publicly appreciative of others' help and their influence on his work. All the contributors to this book are justifiably proud of all that has been accomplished during their careers. And we are also appreciative of and indebted to Tim Beck, who is one of very few who have given so much and contributed to so many areas of inquiry and service.

I end this chapter with a challenge to readers of this book, especially students and those at the beginning of their careers. If what you read leads you to greater appreciation of Beck's contributions, demonstrate your respect for him in ways that will be very meaningful to him. Try to emulate aspects of Beck's varied and valuable career to date: (1) Maintain a more

curious mind; (2) learn from your own moods; (3) work with greater stamina; (4) learn to benefit from the environment in which you live and work; (5) be more collaborative, generous, and kind; (6) empower others; and (7) practice these steps with a global vision. These are ways we can all begin to thank Aaron T. Beck for his invaluable and enduring contributions to our field.

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