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Applying Client Creativity to Recurrent Problems: Constructing Possibilities and Tolerating Doubt

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Cognitive therapists are encouraged to work with underlying assumptions rather than core beliefs when helping clients with recurrent problems. The importance of engaging client creativity to solve recurrent problems is emphasized along with three central themes: construction of new possibilities, a persistent focus on the new underlying assumptions rather than the old, and tolerance for ambiguity and doubt. A detailed case example is presented to demonstrate this approach. Also, the use of cultural or personal icons to enhance client creativity is illustrated.

Clients seek therapy for help with their problems in living. Their usual goals are to feel better, enjoy their relationships, and feel satisfied in their jobs and life. Typically, in cognitive therapy we begin by identifying problematic situations and the client's corresponding feelings and automatic thoughts. Therapist and client then collaboratively chip away at the problem areas using various empirical methods, including thought records and behavioral experiments. Much of the clinical focus is on testing the easily accessible, hot automatic thoughts associated with a specific problem and mood (Beck, Rush, Shaw & Emery, 1979; Hawton, Salkovskis, Kirk & Clark, 1989; Greenberger & Padesky, 1995).

Many clients, however, have problems in living that recur throughout their life such as multiple episodes of depression or anxiety, chronic struggles with anger management, repeated relationship difficulties, ongoing stress over employment issues, or recurring social difficulties in areas such as shyness, dating or socializing. When clients with recurrent problems seek therapy, the focus on hot thoughts tends to quickly shift to focus on core beliefs or schemas with the intent to "test and

disprove" their content. This shift occurs because of the cognitive theory that dysfunctional automatic thoughts and behaviors arise from dysfunctional core beliefs (Beck, et. al, 1990; Beck, 1995). For example, the core belief, "I am defective" may be associated with chronic depression and/or a long-standing pattern of avoiding close relationships.

Many current cognitive therapy texts advocate that, once core beliefs begin to emerge in therapy, the therapist identify, categorize, and present these beliefs to the client in the form of a conceptualization (Young, 1990; Beck et al, 1990; Beck, 1995; Layden, Newman, Freeman & Morse, 1993). The client is then collaboratively engaged in a process that progressively attempts to empirically test the validity of core beliefs. Through disconfirming evidence, the therapist hopes to convince the client that their core beliefs are erroneous and not reflective of the total of their life experiences. The hope is that a preponderance of evidence will serve to disprove the client's tightly held core belief and that the client will gradually develop a more realistic core belief (Beck, 1995) or modify and restructure their old beliefs (Layden, Newman, Freeman & Morse, 1993).

Our own work emphasizes four subtle yet critical differences from these approaches. First, we directly ask clients to define their own core beliefs, in their own words. Second, once clients identify their existing core beliefs, we ask them to develop completely new, more desirable core beliefs, again using their own words. Third, we recognize that the new core beliefs are not necessarily the thematic opposite of or linguistically linked to their existing core beliefs (e.g., "I'm unimportant" versus "I'm worthwhile"). Fourth, therapeutic efforts are spent primarily on building and strengthening these client-defined new beliefs rather than modifying the old beliefs (Padesky, 1994; Padesky & Greenberger, 1995; Padesky & Mooney, 1998).

Recurrent Problems and Underlying Assumptions

Underlying assumptions (UAs) are conditional rules and beliefs which can be stated in an "if...then" format ("If someone asks something of me, then I must try to meet that need."). Once identified, underlying assumptions can be tested through behavioral experiments[1]. When clients experience recurrent problems, we need to stay alert to the possibility that there are numerous, widespread sets of conditional rules (underlying assumptions) that govern and maintain the recurrent behavior. Instead of directing the therapeutic focus to the strongly held core beliefs (of which the client is clear and certain), we advocate a focus on underlying assumptions. This is especially helpful because UAs are more easily tested than the strongly held core belief system that fosters these rules.

In addition, we suggest that clients and therapists who wish to transform recurrent problems emphasize the construction of new underlying assumptions rather than dismantling the old rules. Just as change in core beliefs or schemas occurs more rapidly if therapist and client focus on building new schemas rather than merely testing the old schema (Padesky, 1994), we suggest more rapid change occurs if a client is focused on creating new UAs rather than simply testing the old UAs.

A focus on the new, instead of the old, has several therapeutic advantages. First, both client and therapist are collaboratively engaged from the beginning in a creative process, rather than in a revisionist process. Second, encouraging clients to create new possibilities (new rules) can actually increase client motivation and interest. Third, larger changes may occur when all possibilities are considered rather than when one's field of vision is narrowly focused on modification of old patterns.

Applying Client Creativity to Recurrent Problems

In teaching advanced workshops for cognitive therapists, we observe that many therapists do a preponderance of the clinical work (Padesky & Mooney, 1996; Padesky & Mooney, 1997; Padesky & Mooney, 1998). Although collaboratively engaged with their clients in the tasks of therapy, they develop a cognitive conceptualization and identify underlying assumptions and core beliefs for their clients. When creating new underlying assumptions, it is important that the content be developed by the client for several reasons. The client is an expert in the ways and means of her or his life. They also are the only one who can truly know what hopes and dreams they hold. If the therapist were to construct the conditional rules, the therapist would place him or herself in the role of arbiter who knows what is best for the client. Rather than the therapist leading the way, it is better for the client to be the architect of her or his new constructs. In so doing, we utilize a potent resource, the most important resource in therapy, the client and the client's creative potential (Tallman & Bohart, 1999).

Clients who experience recurrent problems generally have spent a great deal of time, emotional energy and physical effort trying to change how they feel and how they experience their lives. They seek therapy because of their continued lack of success in effecting long lasting change. They are plagued with a myriad of beliefs that change is impossible or even that they are inherently defective. To many therapists, our recommendation that the client creatively develop new rules for living, upon first inspection, seems quite unrealistic. Therapists are awash in doubt at the ambiguity of this process and uncomfortable with asking their client to do things that may lead to additional discomfort. However, reliance on our client's creativity and tolerance of ambiguity and doubt are central to the therapeutic process we propose.

Client Creativity. Random House Webster's College Dictionary (1991) defines "create" as "to evolve from one's imagination." Cognitive therapy through a lens of creativity involves appealing to clients' hopes, wishes, dreams and imagination for how life could be and then helping them define and create that new life vision. The creative process explores possibilities while leaving probabilities in the background. We ask clients to construct a new system of behavior and thought

which they would like to have. By asking the client to reach forward in time to construct a new future we focus on helping the client develop and implement this new way of being rather than spending time deconstructing and revising their past and present. We use a model and methods with clients that can facilitate a paradigm shift (Kuhn, 1970) rather than a retrofit of old ideas. Cognitive therapy methods can then focus on helping the client develop and implement this new way of being.

The Role of Ambiguity and Doubt. For the creative process to occur, a person needs to allow for new possibilities. In the process of creating something new, however, we evoke doubt. With recurrent problems, clients feel quite certain that they know what will happen if they do something the same way. They know how they will feel and they think they know how others will behave. They may not like their system, but they know and understand it extremely well. Their world is predictable.

As soon as we ask clients to create something new, they must abandon the certainty and clarity of their way of being. It is this uncertainty and ambiguity which we embrace in the process of creating new possibilities. Instead of representing danger and difficulty, we reframe ambiguity and doubt as signposts that we are in new territory and not just rehashing the predictable old system. When outcome is uncertain, the response is unknown. The unknown harbors great potential; it is potentialities that we strive for when trying to help clients change recurrent problems and patterns. Physicist and Nobel Laureate Richard Feynman emphasized the critical importance of combining empiricism with tolerance of doubt.

> All scientific knowledge is uncertain. This experience with doubt and uncertainty is important. I believe that it is of very great value, and one that extends beyond the sciences. I believe that to solve any problem that has never been solved before, you have to leave the door to the unknown ajar. You have to permit the possibility that you do not have it exactly right. Otherwise, if you have made up your mind already, you might not solve it. (Feynman, 1998, pp 26-27).

Ambiguity and doubt can be accompanied by anxiety in the therapist as well as the client. We agree with Mahoney's recommendation (1988, p. 312) that therapists "painstakingly tolerate and harvest (rather than eliminate) ambiguity ... thoroughly question both the answers and the questions by which they inquire." Some therapists find it difficult to faithfully adhere to the language of hypothesis and true discovery, to remain open to the unknown and unexpected. Therapists can be lured by the "certainty" of speaking in the language of probabilities and find the language of possibility uncomfortable.

Yet, as appealing as probability statements may be, they hold limited potential for changing clients' recurrent problems, especially if change is linked to strong emotions. Epstein (1994) describes the existence of two systems of knowing: an experiential system (which is more intuitive and emotional) and a rational system (which is more logical and evidence-based). When there is a conflict between these two systems of knowing, people respond more to their experiential mind (which is more closely linked to emotion), than they do to purely rational arguments (Epstein,

1994, p. 719). When people are emotionally aroused, there is an even greater preference for experiential knowledge over rational knowledge.

As defined by Epstein, experiential knowledge is more closely linked to fantasy, metaphor, narrative, and images than to the specific words and logic that characterize rational thought. The language of probability speaks primarily to the analytical mind. A benefit for therapists who learn to tolerate ambiguity and doubt is that the language of possibility speaks to a clients' experiential mind and, thus, is more likely to speak to their heart (Padesky & Mooney, 1998). Substantial change in the face of recurrent problems requires a commitment of heart as well as mind.

Writing New Rules (Underlying Assumptions). Instead of the therapist construing the content of the client's belief system (core beliefs) and rules governing that system (underlying assumptions), we advocate directly asking the client to construct these for us. In the early stages of therapy, clients help us identify their current underlying assumptions (along with automatic thoughts and core beliefs) which maintain recurrent problems. We then ask clients to construct new possibilities for themselves. We ask them, "How would you like it to be? What do you want to be like?"

Clients frequently are dumbfounded and quickly revert to reality based responses, rational reasoning, and/or hopelessness. "How could things be different? This is how I am." Or, "That's just how life is." This client response prompts many therapists to become more directive and recommend new beliefs to the client. At this critical juncture the therapist needs to direct energy, support, and encouragement toward the client's creative efforts to construct new possibilities. The therapist needs to resist the temptation of doing this part for the client, or of leading them in the direction they (the therapist) believe the client needs to head.

We advocate the therapist encourage the client to consider <u>all</u> possibilities. Cultural icons or role models can help clients break through creative impasses. We ask clients, "Is there anyone you know who lives their life the way you would like to live yours? Or is there any fictional or mythic character who you would like to be like, no matter how improbable?" In the case example we present, the therapist uses a variety of techniques to accomplish this goal with a continuing emphasis on encouraging the client's creativity. The details and nuances of new beliefs emerge from the client. In fostering client creativity, both client and therapist need to tolerate ambiguity and doubt.

In sum, when working with clients who have recurrent problems, we strongly recommend that the therapist

1. focus on the development of new underlying assumptions,
2. foster client creativity, and
3. welcome ambiguity and doubt as clues that new psychological territory is being explored.

We illustrate these themes with a brief case example.

Case Example

Rena, a 35 year old single woman, struggles with chronic dysthymia. She complains to her therapist that she is always committed to too many things and is chronically behind on her work and personal responsibilities. For example, she frequently pays bills late even when she has the money, she has stacks of papers and partially completed projects all around her office and home, and she typically hands in her work assignments late.

Rena has difficulty sleeping, concentrating, and vacillates between overeating and fad diets. She occasionally feels suicidal but has never acted upon it. She enjoys going out in the evening with friends but thinks they don't pay enough attention to her. Recently, she began dating someone who is expressing increasing interest in her. When she thinks of her life-long dream of having a family, she becomes very despondent, "I can't manage my own life, how can I manage a family?" She received standard cognitive therapy for depression several years ago and found it very helpful. She left therapy as soon as she learned to use thought records and started to feel better. Now she is returning to therapy and saying, "what's the use in continuing to put forth all this effort to feel better? I'm so far behind in everything, I'll never get caught up."

Recurrent Problems Versus Possibilities

Clients often enter therapy feeling quite dragged down by their problems. A therapist working with Rena is likely to see the first task as making choices about where to begin. To help in this process, we often make a problem list and define goals in relation to these problems (Persons, 1989). The goals are initially quite vague but offer us possibilities of how Rena would like her life to be. Imagine the difference for Rena between making a problem list and a possibility list (see Table 1). When Rena looked at her problem list, she felt discouraged and overwhelmed. When she looked at her possibility list, she felt a spark of hope and increased desire to have a life like this. Creation of a possibility list implicitly suggests that deep change is possible.

Table 1. ***Rena's Problem and Possibility Lists***

Problems	Possibilities
Low mood	An organized life
Too many things to do	Time to relax
Always behind (e.g., late bills)	Feel good about myself
Sleep troubles	Enjoy time with friends
Eating problems	Get married
Suicidal thoughts	Have a child
Friends ignore me	

After reviewing her possibility list, Rena chose "an organized life" as the thing she most desired. She believed many of the problems on her problem list would disappear if only she had "an organized life". Also, if her life were more organized, she believed the other possibilities on her list would be easier to achieve. The possibility of being organized keeps hope alive for Rena while, at the same time, since she has been unable to achieve this goal for years, she still feels hopeless. Thus the possibility for change eludes her.

Identifying Underlying Assumptions. Once a client has engaged in identifying a possibility list, how can a therapist help the client begin to realize these possibilities and set new more specific goals? As stated above, when clients have recurrent behavioral patterns, often the most effective therapeutic focus is on underlying assumptions. This is because the conditional rules we hold dictate our behavioral patterns.

Rena presents an excellent opportunity to look at the rules that bind her to her current life patterns and blind her to possibilities for change. Her recurrent maladaptive patterns give us a clue that there is a system of rules that she is following that support the very behaviors she wants to change. The key to change is to

1. identify the rules that support the status quo, and
2. figure out what new rules could help support the behaviors and feelings she want to achieve

First, how can the therapist help Rena identify her underlying assumptions? Since UAs can be stated as "If... then..." rules, one way to help a client identify them is to give a series of "if...." statements which describe the client's recurrent behaviors and ask the client to complete the "then..." portion of the rule. It is quite easy to help clients identify underlying assumptions. Clients are often fascinated to identify the rules by which they operate. However, it is important to *focus on those underlying assumptions which are central to the recurrent patterns* the client wishes to change. One way to keep this focus is to prompt identification of rules directly related to behaviors which the client identifies as centrally important in maintaining the status quo.

For example, Rena identified one behavior which contributed to the chaos of papers in her office. When she received her daily mail, she stacked any piece which looked interesting in a corner of her desk for processing later. When this stack reached about 8" high, she would put it in a box. She currently had three boxes of pending mail in her office.

Her therapist helped Rena identify an underlying assumption by beginning a rule, "If something is interesting I have to set it aside so ...." and Rena quickly completed, "I can thoroughly read it later." Next, since Rena commented she had stacks of reading related to her work piled up in her living room, her therapist prompted, "If I have something to read for work, then...." Rena explained, "I'll

read it later when I can better concentrate. It will probably take awhile because it is important." Rena and her therapist wrote the following summary:

> Situation: Office paper work is chaotic and stacked everywhere.
>
> Rules: "If something is interesting I have to set it aside so I can thoroughly read it later." "If I have something to read for work, then I'll read it later when I can better concentrate. It will probably take awhile because it is important."

At this point it was crucial to identify the costs and benefits that these rules provided. See Table 2 for the benefits and costs which Rena identified. Generally, it is best to look at benefits first because this helps both client and therapist take a compassionate view of Rena's longstanding patterns. It also helps reduce client shame regarding behavior patterns which seemingly bring nothing but trouble.

Critical Importance of Constructing New Underlying Assumptions. Benefits and costs identified by the client provide a framework for the client to form a goal related to new possibilities. The therapist can intrigue the client by asking, "What goal might you have which would keep some of these benefits, yet eliminate some of these costs?" The new goal needs to be a more specific example of the broader possibilities desired by the client. Rena's first priority among her possibilities was to be better organized. In light of the specific costs and benefits of her current behaviors, Rena chose as her goal "to keep interesting and important information" (but a much smaller amount of it) organized, so she could find it when she wanted it.

Table 2. Rena's Old and New Rules Linked to Problem and New Goal

Problem	Sacks of paper pile up
Behavior	Constantly setting paperwork aside
Rules that support this behavior	"If something is interesting I have to set it aside so I can thoroughly read it later." "If I have something to read for work, then I'll read it later when I can better concentrate. It will probably take awhile because it is important."
Benefits	Keep information that might prove interesting or important.
Costs	Accumulate so much information that it cannot be easily located when needed. Feel too overwhelmed because of the large stacks of reading material.
New Goal	Keep interesting and important information (but a much smaller amount of it) organized, so it is easily located.
New Rules	"If something is interesting then I can set up a file and save it." "If there is something I have to read for work, I will read it as soon as it comes across my desk. It may or may not be important."

With this new goal in mind, the therapist asked Rena, "What rules might help make this dream a reality for you?" Intrigued, Rena suggested the following rules would be helpful: "If something is interesting then I can set up a file and save it." "If there is something I have to read for work, I will read it as soon as it comes across my desk. It may or may not be important."

A focus on new rules and strategies transforms work, which could seem like undoing drudge, into a more creative process. Rena and her therapist can collaborate to begin immediately testing alternative approaches to her problems and daily life experiences.

Behavioral Experiments

Rena and her therapist next decided to devise a behavioral experiment to test out her new rules. The object was to identify new behaviors supported by her new rules and discover whether these new behaviors move her toward her goal of having an organized life. Since behavioral experiments require new behaviors with unknown outcomes, anxiety and discomfort levels are expected to increase. At this point the therapist and client need to stay alert to the positive role ambiguity and doubt serve. It is not a true experiment if Rena or her therapist know the outcome. Rena and her therapist can make predictions of what outcomes might occur, but the emphasis needs to be on trying new behaviors and observing the outcome. Rena decided to set up the following experiment:

> On Monday when she returns to work, she will process all of the mail in her mailbox (this conforms to her new rule, "If there is something I have to read for work, I will read it as soon as it comes across my desk. It may or may not be important."). She will decide what items are for reading and what items are for her current work project. If an item is one that needs reading time, Rena will immediately look over the article and see what is relevant to her job needs. If it is relevant she will continue to read, take brief notes and then pass the article along (as she is supposed to do). If it is not relevant, she will skim the article and pass it along.
>
> Rena predicts that she will feel anxious and worry, "I may miss something important. I may not have time to read what needs to be read." However, she is willing to try the experiment because it does directly lead to her goal of having a more organized life. The therapist points out that her concerns about this experiment are different than the ones that brought her to therapy, "what's the use in continuing to put forth all this effort to feel better. I'm so far behind in everything I'll never get caught up." Rena comments that she feels a little hopeful that an experiment like this one, if successful, could lead to her not being so far behind. She sees many benefits in the outcome of the experiment but the potential costs are increased anxiety and worry that she will overlook something.

Contrast this experiment on the new underlying assumption with an experiment we could have constructed using the old UA of "If something is interesting I have to set it aside so I can thoroughly read it later." Rena could do a similar experiment to test this old UA by not setting something aside and seeing what the experience was like. But if this experiment was done merely to test the old UA, the potential costs (anxiety and worry) would not be balanced by a focus on the potential gain (an organized life). The experiment may seem too risky without the context of new

possibilities. Setting up behavioral experiments in relationship to new rules increases the likelihood that the client will explore new territory with new hopes and expectations.

When Rena returned from her week of experimentation, she reported that she was able to read some of the things that came across her desk but that she started to worry that she was missing some things. She began making copies of parts of articles and saving parts of them to read later. She was afraid she would make a mistake.

The therapist asked her, "So if you make a mistake, then what?" to which Rena replied, "Then I will cause problems and others will be disappointed with me."

Rather than disputing these predicted consequences or the need to avoid mistakes, this is an opportune time to appeal to the client's creativity in solving this problem. The therapist can inquire about any organized people in Rena's life whom she respects and admires. How do they cope with mistakes, the possibilities of overlooking something, other people's disappointment? What rules do they use?

Rena described a colleague at work, Diane, who always seems organized. She realized she had never even considered that Diane might overlook something or make mistakes at times. The therapist encouraged Rena's use of Diane as a role model. "How do you think Diane would handle it if she made a mistake and discarded something important?" Rena puzzled for awhile and then replied, "I think Diane would come to the team and say, 'I don't have the information on these insurance rates, does anyone else have it?'" The therapist prompted, "What rules must Diane hold in order to do this?" After some thought, Rena conjectured, "If she doesn't have all the information she needs, then it's OK to ask for help." To keep the focus on Rena's creativity, the therapist asked, "Would you find it helpful to have a rule like that or would you choose a different one?"

In this way, Rena and her therapist continued to develop new rules to support Rena's behavior change. Rena continued daily experiments processing her mail and added small experiments with asking for help to obtain missing information. Her new experiments thus incorporated examination of strategies she could use to cope with missing information or mistakes.

The therapist encouraged Rena to stay focused on experimenting with the new without going back to revise her old rules or to avoid feeling uncomfortable. Rena agreed to continue. As this focus on the new continues, Rena has the opportunity to approach the things that are making her uncomfortable, to make decisions, and to learn to cope with the results of those decisions. Her old system protected her from having to decide what was important and what was not. Using the old rules she could convince herself that by saving the important readings, she would not miss anything. In reality, she missed everything because she never had the time to read all her stacks of papers. While this could

be demonstrated by testing the old assumptions, we assert that Rena will learn much more rapidly and effectively if she is encouraged to create a new system and make it workable. She has had too many years of experience justifying her old system of rules to easily change that system from within.

After several weeks, Rena reported that she was much less worried about making a mistake or missing something important. She had several opportunities to deal with mistakes and her new rules seemed to work quite well. After six weeks of therapy, Rena had conducted many experiments with her new rules. These experiments also allowed her to see how her old rules could not help her reach her goals.

Role of Ambiguity and Doubt. As apparent in this case example, ambiguity and doubt actually enhance the creative process when they are embraced rather than rationalized away. Rena's experiences with ambiguity ("What if I miss something?") and doubt ("I might make a mistake") led to identification of additional rules which maintained her disorganized habits. Instead of trying to eliminate these fears by disputing the risk of making mistakes or the catastrophic meaning of mistakes, the therapist encouraged Rena to tolerate ambiguity and doubt and asked, "How can I handle these experiences? What if I do make a mistake? How will that be? How will I be?" Instead of exploring the probabilities of mistakes and their catastrophic outcomes, the therapist invited Rena to focus on the possibilities inherent in such occurrences. By asking Rena to bring to mind a role model, her co-worker Diane, the therapist helped Rena find a new creative path for managing this potential roadblock to change.

Engaging Client Creativity. While Rena was easily able to identify a role model to help her problem solve, some clients may balk at this idea. Hopeless, highly rational, or very modest thinkers may have difficulty dreaming of new ways of being. Rather than the therapist placing his or her own dreams onto the client, the therapist can ask the client to think of stories, fairytales, movies, icons, or other people (real or imagined) who exemplify the client's life wishes, even if these seem outlandish at this time to the client.

Words such as "possibilities" and "dreams" can be used and the client can be asked, "In a perfect world, how would you like (you, others, the world) to be?" Once a client tentatively identifies an ideal figure, the therapist can encourage the client to explore this potential icon by expressing interest and curiosity in how this figure may be representative of some helpful insight for the client. For example, one client could not imagine acting with courage in the face of fear until she imagined Eleanor Roosevelt. One man used Davy Crockett as an ideal of a family man, taking care of daily obligations while holding true to his convictions.

Some therapists have greater trouble with clients they experience as overly exuberant in their dreams. Use of role models or icons is a creativity exercise and it is important not to rein in clients' dreams. A client who wants to be a successful writer

can be encouraged to hold a dream of being like a famous writer even if the therapist does not think this is realistic. On the other hand, if the client's favorite dreams are filled with changes for others to make, the therapist can encourage the client to come up with possibilities which are more within the client's control. For example, instead of a dream that "People will always agree with me," a client might be asked, "How are we going to get everyone in the world to go along with this? We don't know them, they are all so different. I'm here to help you even when people disagree with you. How would you like to be even when someone disagrees with you?" The client may offer, "I can learn to manage disagreement with grace like Jessica Fletcher (a television character)."

SUMMARY

We have tried to explain and demonstrate in this article several elements of importance in working with clients who have recurrent problems. We emphasize the construction of possibilities which foster hope. We encourage the ongoing use of client creativity to produce new rules for living that support and maintain a client's new vision of being and feeling. And finally we maintain that ambiguity and doubt are critical ingredients in creative change. A focus on the future allows us to explore possibilities not yet imagined, to problem solve their application in our everyday life, and to experience a transformational shift in the paradigmatic ways we experience our world. Constructing possibilities, focusing on the new, fostering client creativity, and embracing ambiguity and doubt help clients integrate cognitive/analytical insights and emotional/experiential knowledge. These are processes that help clients use both head and heart to defeat recurrent problems in everyday living.

NOTE

[1]We encourage clinicians to distinguish among three levels of thought when they are working with beliefs in cognitive therapy (Padesky & Greenberger, 1995): automatic thoughts, underlying assumptions, and core beliefs (or schemas). The advantage of doing so is that there are particular clinical interventions which are ideally suited to testing beliefs at each level. Automatic thoughts (situational thoughts that occur spontaneously throughout the day) can be formally tested on ATRs (Greenberger & Padesky, 1995). Underlying assumptions, conditional "if...then..." rules, are best tested with behavioral experiments. Core beliefs are absolute beliefs about the self, others, or the world ("I am defective; Others are critical; the world demands unreasonable sacrifices") and can be best tested through use of a continuum and core belief logs (Padesky, 1994; Padesky & Greenberger, 1995).

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