

# Cognitive Therapy and the Ordinary Mind School of Zen

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Cognitive Therapy and the Ordinary Mind School of Zen

by Derek Ellerman

## Introduction.

Cognitive therapy emerged in the 1970's as an attempt to address the thinking aspects of psychological disorders. From the time of Freud, much of the emphasis in the therapy of depression and anxiety had focused on emotional elements, often using the Freudian psychodynamic model of repressed emotions and desires. Aaron T. Beck and Gary Emery developed in the 1970's and 80's a model of therapy focusing on the cognitive elements of these disorders, namely thinking and visual images, and couched it within a cogent and influential framework of mental processes. Cognitive Therapy is today considered the most effective therapy model for panic attack disorders and one of the most effective for depression, along with interpersonal therapy. The Cognitive Processing model which Beck and Emery outlined has been tremendously influential in psychology and other disciplines, and has spawned the extremely popular if at times less rigorous practice of "positive thinking" and visualization.

One the most interesting implications of the Cognitive Processing model, though unintended, is its promise in providing a "Western" psychological paradigm in which to understand traditionally Eastern practices like Zen Buddhism. While many psychologists may balk at terminology like Satori and No-self, these experiences can be translated into a more familiar framework using the terminology of the mind sciences. The fruitful union of the Cognitive Processing model and Zen open up exciting insights, and offer a tantalizing taste of the possibilities in the cross-disciplinary exploration of these fields.

## The Cognitive Processing Model.

The Cognitive Processing Model relies heavily on the notion of schemata, which describe integrated programs for sensory analysis or behavior that reside in the nervous system. These programs are assumed to be based in localized brain areas, as damage to specific brain areas produce specific and often predictable deficiencies in function. These hypothesized control programs of the brain allow us to organize and process large amounts of information rapidly and economically, whether it is perceiving and categorizing an object, learning a skill or executing a behavior. A common analogy is that schemata are the "software" programs of the brain, with the crucial difference that our brains are continually writing and rewriting the schemata through time, as well as executing them.

Another central concept used widely in the Cognitive Processing Model is the cognitive set. The cognitive set can be described as the primary operative schemata in a given situation, or those that tend to become activated for given situations. One function of the cognitive set is to limit and prioritize the information that reaches higher levels of consciousness and processing. The potential information flowing in through sensory channels is overwhelming, and much of the processing that filters and analyzes this information through schemata happens before anything ever reaches consciousness. This organizing and channeling process serves to prioritize the information that reaches the most complex and volitional parts of consciousness. If a person is rocking back and forth on his chair writing a paper, the rocking motion is likely to be barely conscious compared to the focus on the typing and sentence formation. When suddenly the brain detects a loss of balance, however, the sensory information channeled to consciousness change entirely as a reflex schema is activated to regain balance, while other schemata are activated that may produce a rush and increased heart-rate.

The last concept in the Cognitive Processing Model that we will examine is that of the mode. Beck posits that cognitive sets change adaptively in reference to the environment and the situation. When the cognitive set does not change from situation to situation, this is labeled as a mode. One example is a hostile mood, where a cognitive set that produces

hostile behavior can be maintained over a period of time and many different situations, predisposing that person to perceive and act in a certain manner.

### Cognitive Therapy.

Gary Emery has extensively developed the Cognitive Therapy model through clinical practice, and has outlined ten of its basic principles. Four which are relevant to Zen practice are:

Principle 1: Cognitive therapy is based on the cognitive model of emotional disorders.

Emery explains that not only does Cognitive Therapy function within the framework of the cognitive model of emotional disorders, it is important that the patients themselves understand the basic framework and how and why the therapy will work. One of the first ways a therapist gives control back to the patients is to help them understand from where their anxiety comes. Emery states that anxiety is largely maintained by the "mistaken or dysfunctional appraisal of the situation." This explanation is repeated throughout therapy, and fleshed out to include the automatic thinking mechanisms that tend to induce the mistaken appraisal. The success of the therapy correlates strongly with the ability of the patient to examine his or her own thoughts, and "catch and correct" them to reduce anxiety.

Principle 5: Cognitive therapy primarily uses the Socratic Method.

The Cognitive Therapist uses questions whenever possible as opposed to direct suggestions so that the patients:

- a) become aware of what their thoughts are
- b) learn to examine them for cognitive distortions
- c) substitute more balanced thoughts

and d) make plans to develop new thought patterns. This is part of the cognitive therapy's continual stress on self-examination and observation to increase control and therefore reduce dysfunctional thinking and behavioral patterns. One of the reasons questions are used is to "enhance the patient's observing self."

Principle 9: Cognitive Therapy relies on the Inductive Method.

Principle 9 relates to principle 5, encouraging patients and therapists to use questioning and experimentation throughout the process. The patient in particular is encouraged to use the experimental process to evaluate beliefs and thoughts, treating them as hypotheses, and then examining all relevant data and tests to determine whether the beliefs are justified. The emphasis is always on "getting the facts" and therefore regrounding the patient in reality.

Principle 10: Homework is a Central Feature of Cognitive Therapy.

Because the success of Cognitive Therapy relies on restructuring thinking patterns, the work cannot be effective when constrained to one session a week. The emphasis on doing "homework" outside of the therapy session encourages the patients to be self-directed, autonomous, and apply the techniques they learn in the real world. Again the primacy of the patient's role of experimenter and observer is stressed as crucial to the effectiveness of the therapy.

### Cognitive Therapy and the Role of Awareness.

The ability of the patients to control their awareness and use it to illuminate otherwise subconscious thinking is fundamental to cognitive therapeutic strategy. Emery writes:

An initial goal in therapy is to help a patient restructure his thinking by first becoming more aware of his thought processes. The therapist stresses that learning to catch one's thoughts is a necessary step in correcting distortions. The patient frequently finds that increasing self-awareness is sufficient to start correcting his thinking errors. Self-awareness allows him to distance himself from faulty thinking and develop a more objective perspective on the situation. As the patient begins to collect automatic thoughts, the therapist gains a greater understanding of.. the specific schemas that control [the patient's] perception of a feared situation.

Cognitive Therapy has a slew of techniques that aide the patient in becoming increasing aware of his or her thinking processes and making these processes functional. Four which relate to Eastern practices like Zen are:

a) Counting Automatic Thoughts

When a patient is unable to restructure his thoughts because they are coming too fast, the patient is encouraged to count them. This allows the patient to "distance himself...and recognize their automatic quality, rather than accepting them as an accurate reflection of external reality."

b) Turn-off Technique

When intrusive images or thoughts occur and are adding to the anxiety, the patient can use the "turn-off technique. Here the patient "is coached to concentrate on his immediate environment..." This is simply a process of shifting the attention, and when the attention is no longer on the intrusive thought or image, it fades.

c) Self-observation (concentration)

This technique seems to sum up much of the underlying mechanisms for dealing with the automatic thinking that produces anxiety and other disorders. Emery writes that the patient should learn to "engage and enhance the observing self." This self is "nonjudgmental and not caught up in the subjective drama of the anxiety." Emery concludes by saying that the "awareness brings the person back to present. Anxiety is a result of projecting oneself into a dangerous situation in the future. As long as the person in the present, there is no danger...Rather than thinking, 'I am anxious,' one sees, 'I have anxiety.'"

d) Identifying Assumptions and Major Issues

Beck and Emery write that underlying assumptions and beliefs often predispose a person to be vulnerable to anxiety. They divide these maladaptive beliefs into 3 categories, of acceptance, competence, and control. Some examples of dysfunctional acceptance beliefs are : I have to be cared for by someone else. A competence belief might be: There are only winners and losers in life. A control assumption might be: I have to be perfect to be in control. These underlying beliefs and assumptions can become "major issues." Beck and Emery describe a major issue as a mode of dysfunctional thinking and therefore acting that has become habitualized and automatic. The major issue can become "so overpracticed and overlearned that it has developed a life of it's own." These issues can become dominant forces in shaping a life, like the example given of a woman focused on acceptance, who maintains a series of relationships where she strives to be accepted to a level of dysfunctionality.

The Ordinary Mind School of Zen.

The main force behind the Ordinary Mind School of Zen is Joko Beck ("J. Beck" to distinguish from A. Beck), author of *Everyday Zen* and *Nothing Special*. J. Beck began practicing Zen in her forties with Maezumi Roshi, Yasutani Roshi and Soen Roshi. In 1983 she was designated Maezumi Roshi's third Dharma Heir, and she moved to the Zen Center of San Diego where she currently lives and teaches.

J. Beck describes Zen essentially as a process of deconditioning, where through observing the working of the mind and constantly returning the awareness to the present moment, practitioners learn to see their conditioned thinking and ways of looking at the world as just that: habitualized thought. The practitioner in time is able to see the thoughts as simply thoughts and not a reality or their identity. She writes:

The best way to let go is to notice the thoughts as they come up and to acknowledge them. 'Oh, yes, I'm doing that one again,' and without judging, return to the clear experience of the present moment&hellip; the value of our practice is the constant return of the mind into the present, over and over and over&hellip; Since [thoughts] basically are not real, at some point they get dimmer and less imperative and we find there are periods when they tend to fade out because we see they are not real.

This is the essential core of J. Beck's practice. Techniques are used to aide the practitioner, the most common of which is "thought-labeling." The function of thought-labeling is to become better acquainted with what are the dominant thoughts one is having, and to create the distance and awareness of the thinking that makes it less and less real and insistent. J. Beck writes, "The [thoughts] begin to quiet down... When they quiet down we return to the experience of body and breath over and over and over." The other function enables practitioners to begin to observe formerly unconscious thinking patterns that determine their perceptions and behavior.

The gruesome part of sitting&hellip; is to begin to see what is really going on in our mind. It is a shocker for us all. We see that we are violent, prejudiced, and selfish. We are all those things because a conditioned life based on false thinking leads to these states.

J. Beck repeatedly refers to the observing self being cultivated through Zen practice. By shifting attention continually to the present moment and de-identifying with thinking, the non-involved, non-judgmental observing self is strengthened. J. Beck goes on to describe it as, "empty. Instead of separate observer, we should say there is just observing...we learn that not only is the observer empty, but that which is observed is also empty." This perhaps the ultimate state of deconditioning, where there is little higher level processing, and the attention is almost solely on pure sensory input.

Building a Bridge of Understanding:

Similarities between CT and J. Beck's Zen

Traditionally Eastern mind and body practices like Zen are gaining more and more acceptance in the West, especially when physical correlates are found like relaxation, that are then used for therapeutic functions. A great deal of work still needs to be done, however, addressing the more subjective aspects of Zen and those with ontological implications. Because the human brain is by and large very similar, there is a high degree of probability that Western and Eastern disciplines overlap, and that here terminology and context create differences where there are few. Cognitive Therapy and its theoretical underpinnings and the Ordinary Mind School of Zen are just one place where a bridge of understanding can be created.

Schemata and Deconditioning.

Both the work of A. Beck and J. Beck is based heavily on the notion that much of the mind's functioning occurs through habituated "programs", or schemata as A. Beck calls them. Due to the tremendous amount of information that must be processed by the brain, the vast majority of these schemata are unconscious, like those that translate raw perceptual information into the world which our consciousness perceives. The tool of conscious attention is in a sense a highly precious and scarce commodity, and is "saved" for higher level processing tasks. Through a mix of genetically determined and learned schemata, the raw data of perception is categorized and overlaid with a superstructure from our thought patterns. These thought patterns (schemata) determine our sense of self and how we perceive and relate to the world. They layer a sense of time and continuity over our experience, create a sense of continuity with a "self", even divide the world into what is beneficial and what is not, and what is potentially beneficial or not.

Unfortunately, as schemata are conditioned with the original goal of making us more adaptable to our environment, schemata which are functional in one setting become learned and perpetuate in settings where they may be dysfunctional. As well, at least in the eyes of Zen, the very functioning of the self as it does, evolved as it increased the fitness of our species, creates major obstacles to correctly perceiving reality now that selfishness is not such a necessity for survival. A. Beck and Gary Emery's work addresses what happens when these schemata are no longer functional, as in the case of excessive anxiety, phobias or panic attacks. J. Beck's Zen addresses distortions caused by the schemata themselves, in particular those that create and maintain the sense of self. While Cognitive Therapy is consciously time-limited and goal-directed to change specific behaviors or reactions, Zen springs more from an impulse to uncover the true nature of reality and the self, and posits that the very problems which therapies like Cognitive Therapy seek to solve by tweaking thinking patterns are caused by the thinking itself. To use a Zen analogy, rather than build a better fence to contain a bull, it is better to remove all fences, and then the bull will always be controlled.

The places where the two disciplines do overlap, however, are many, and deserve greater exploration. It may well be a case of the classic parable of blind men feeling different parts of the same elephant. It is significant alone that J. Beck's Zen and CT share a similar structural analysis of how the mind and thinking works. What is more significant, however, is that their basic methodology of "therapy" (though it is too narrow to apply to Zen) is much the same. Both J. Beck's Zen and CT use the attention as a tool to bring subconscious thinking schemata into awareness in order to see their true nature.

Strengthening the Observer.

CT stops short of its own logical conclusions by targeting only thought patterns it has labeled as dysfunctional, and uses the power of awareness to create detachment as well as to try to change the thinking pattern as the true nature of the thinking is revealed. CT is content to see that certain dysfunctional thinking patterns that have been learned are not in

congruence with reality, and lack any reality of their own beyond being a thought. Zen carries this observation to its logical, or practical, conclusion, to the point where the self and the superstructure with which the mind overlays sensory data is revealed as empty.

To quote A. Beck once more:

An initial goal in therapy is to help a patient restructure his thinking by first becoming more aware of his thought processes. The therapist stresses that learning to catch one's thoughts is a necessary step in correcting distortions. The patient frequently finds that increasing self-awareness is sufficient to start correcting his thinking errors. Self-awareness allows him to distance himself from faulty thinking and develop a more objective perspective on the situation.

To use the example of CT in relation to panic attacks, the patient is taught to simply observe the automatic thoughts that arise before and during an attack. A. Beck writes, "The crucial element in anxiety states...may take the form of an automatic thought or image that appears ...after the initial stimulus, that seems plausible, and that is followed by a wave of anxiety." The thought pairs a stimulus like shortness of breath with an image of a heart attack, and precipitates a panic attack. The ability to observe those thoughts and see their lack of reality is a tremendously healing process that gives control back to the patient and away from the conditioned schemata. As A. Beck and Emery write later, this is essentially a process to "engage and enhance the observing self."

The development of this more objective perspective is what J. Beck emphasizes throughout her writings. The cultivation of this objectivity correlates with the cultivation of the observer, or the observing self. J. Beck writes, "...the way of practice that I have found to be most effective is to increase the power of the observer...when we can be the observer, we can watch any drama with interest and affection, but without being upset." She goes on to write that the aim of practice is to increase this "impersonal space", and while it sounds cold, it does not produce cold people. Her words are echoed by Emery when he describes the observing self as, "nonjudgmental and not caught up in the subjective drama of the anxiety."

#### Focusing on the Present Moment.

Another method which is used in tandem with bringing attention back to subconscious schemata is bring awareness back to the present moment. J. Beck writes, "When we are experiencing nonverbally we are walking the razor's edge- we are the present moment...the razor's edge is what Zen practice is." In CT, techniques like turning off bring the awareness of the patient back to the present moment, back to reality, and away from thoughts and projections of danger. To quote Emery once more: "Awareness brings the person back to present. Anxiety is a result of projecting oneself into a dangerous situation in the future. As long as the person is in the present, there is no danger...Rather than thinking, 'I am anxious,' one sees, 'I have anxiety.'" The patient is at once de-identifying with his or her thinking, and grounding the awareness in reality.

There is a close similarity as well between A. Beck's description of anxiety disorders arising from a problem of falsely appraising the situation and J. Beck's description of thinking and a sense of self being by and large an obstacle to correct perception of reality. J. Beck writes that, "fear arises from this false picture...Once we have "sized up" a situation or person we may act, but the action tends to be based on error-a falsity of thinking that there is an "I" separate from the action."

#### Long-term Deconditioning.

Another similarity springs from the basic common methodology of deconditioning. Therapy and practice are not going to be effective in the small sessions, either a session with the therapist or a sitting period. The bulk and meat of therapy and practice is everyday usage of the techniques by the practitioner, preferably throughout the day. This is reflected by A. Beck's emphasis on "homework" and J. Beck's emphasis on Everyday Zen. The nature of the process is retraining the mind and dehabitualizing strong schemata, and this by necessity entails repetition and some measure of consistency over time until new responses can be learned and/or the old ones seen through.

#### Examining Major Assumptions and Seeing Through the Superstructure.

CT does not go as far as J. Beck's Zen in perceiving the "illusionary nature" of all thinking and therefore of the self as well. The closest point to which they come, however, is in addressing what they call "major issues" or assumptions that often underlie patient's disorders and predispose them to anxiety. Here CT is targeting a much larger superstructure than

the normally circumscribed arena of a specific dysfunction, an arena approaching the "superstructure" of beliefs of which J. Beck speaks. CT on this level addresses assumptions and beliefs that effect much of a person's life- assumptions like, "People must like me or I'm not OK." or "I am what I achieve." These ideals are not based in reality and can be tremendously dysfunctional when a person measures reality against an unachievable. J. Beck writes, "Let's realize that our ideals are the superstructure. When we are attached to the way we think we should be...we can have little appreciation of life as it is. Practice must shatter those ideals."

The Remaining Divide:

Differences between J. Beck's Zen and Cognitive Therapy

Despite the similarities between J. Beck's Zen and CT, a great divide remains, the most fundamental of which is the therapeutic/medical model in CT operates as opposed to the enlightenment focus of Zen. Ironically, Zen operates closer to the scientific model questing for truth in comparison to the far more narrow goals of CT. But because CT rests on a foundation of theory, it remains to be seen whether further elaboration of the Cognitive Processing Model will bring it into greater congruence with the Zen framework.

Goal Orientations.

One of the principles of CT as Emery outlines is its time-limited and task-oriented nature. Emery recommends five to twenty sessions, with twenty sessions to be used with only very severe cases of anxiety. This allows the patient to see that the problem can be overcome in a relatively short amount of time, while encouraging self-sufficiency. The approach is reflective of the therapeutic and medical model of alleviating specific disorders as efficiently as possible. The tools and techniques of CT exist essentially for this purpose, and the therapeutic foundation is built largely to functionally aid the therapy process. The over-riding goal of CT and its underlying theory is to increase the functionality and happiness of the patient's self.

J. Beck, on the other hand, is very clear that her practice is not about, "producing psychological change, intellectual understanding of the physical nature of the universe, feeling good as opposed to feeling bad," although practice tends to bring about all those things. This separates her Zen from the goals driving CT, both in theory and practice. J. Beck is not shy about acknowledging that practice may create new anxieties and discomforts as old defenses are stripped away. She likens it to opening Pandora's box, where at times in practice, anxiety, fear and pain normally suppressed will rise up as the ego structures weaken.

Throughout J. Beck's writings, she stresses tearing down and seeing through the defenses and boundaries thinking erects to block out basic fears and discomfort. At certain times this will undoubtedly produce more anxiety and discomfort, but the practice is to grow more comfortable being with the pain rather than escaping. Emery describes a similar process in CT, which entails identifying and stopping "protective mechanisms". The rationale for this technique in the therapeutic context is that, "nearly every patient must confront the anxiety-provoking situation to modify the dysfunctional thoughts and beliefs." The therapist needs to demonstrate repeatedly that the inclination to protect oneself from anxiety is self-defeating. Emery stresses the importance of avoiding escape. While the theme of defeating escapist impulses to aid the process is similar in technique, the application is different, again as a result of the goal framework of CT and Zen.

J. Beck clearly articulates what Zen is not about, but purposely avoids placing concrete goals out before practitioners. Because dropping goals is part of practice, the emphasis is on the details of the process, and the meditators are allowed to draw their own insights from the practice. However, the techniques are to be rigorously applied to all situations, not simply those the practitioner feels are "dysfunctional". The approach stems from the Buddhist emphasis on inquiry into the nature of self and reality and the freedom this inquiry produces. This basic orientation acts as a great divide between J. Beck's Zen and CT.

The difference is perhaps nowhere better illustrated than in the use of "positive thinking" and fantasy techniques, an approach supported by CT when useful but never by J. Beck. Emery writes that it is often useful for patients to "substitute positive imagery" to replace the automatic images preceding an anxiety or panic attack. "When a patient experiences anxiety-producing imagery, he can first use the "stop" technique, then recall the positive imagery." Similarly, the patient can use positive thinking, where negative thoughts are replaced with positive ones designed to increase confidence and lower anxiety. J. Beck, however, makes the argument that the unreal "on which these thinking patterns are based will in the end prove dysfunctional. She writes, "A way of practice (which I view as poor) is to substitute a positive thought for a negative one; to substitute one conditioning for another is to miss the point; that all thoughts and emotions are empty." She continues by saying that the unreal nature of the thinking and self on which it is based will not hold up to the pressures of life, whether the thinking is positive or negative. While J. Beck is partially making an

argument of functionality, the stress is on correctly examining the nature of reality.

### Implications of Cognitive Therapy and J. Beck's Zen.

Though CT is grounded in the inductive methodology, to be open to new knowledge derived from experimentation and logic, the therapeutic model has set imposing artificial constraints. The strict functionality-focused rather than knowledge or inquiry-focused orientation of CT creates obstacles to reaching the logical conclusions of the theoretical foundation of CT. While CT is willing to acknowledge the unreality of dysfunctional thinking patterns, that can be essentially "seen through" by strengthening the observer, it fails to ask the same of "functional" thinking patterns. CT goes as far as explaining the development of schemata that comprise a human self as arising from evolutionary forces, but fails to examine the implications as regards the reality of the self. If the emotions of anxiety rely so heavily on the cognitive schemata to maintain, what of love, anger or even the sense of continuity of the self? CT has made the key observation in breaking down the "anatomy" of an anxiety and its disorders, and has left the question dangling: If this part of the human self can be deconstructed and seen as essentially unreal, what of the rest?

J. Beck's Zen gives the answer that the self is nothing more than CT has described, an amalgam of schemata and the physical and behavioral correlates. With observation and returning the attention to reality, the mode in which a panic attack patient finds him or herself is shown to be merely a construct of thoughts, images and bodily reactions. With observations and a similar use of the attention, the self is shown to be a construct of nothing more as well.

Within CT's framework of goals, the conclusions which Zen makes are not necessarily relevant however. If CT can make the claim that by building a stronger self, rather than working to see through it, the patient is able to be happier, more successful and more functional, then according to the therapeutic model CT is the better "therapy". Interestingly, though, the functionality argument could be made in support of J. Beck's Zen practice, because while anxiety levels may temporarily rise, the mix of meditation and systematically seeing through automatic thinking patterns probably produces a greater reduction in anxiety, both general and situation specific, than CT in the long run. Absent research, however, this remains a conjecture.

### Conclusion.

Joko Beck is an American born and raised Zen master. The language she uses to speak of the same experience as her predecessors is more familiar and readily translatable conceptually to those in the mind sciences. This is a time when more and more we will integrate "East" and "West" as we realize it is much the same beast with which we tackle, the same mind-brain across the species. J. Beck and CT is one such place where the promise of interdisciplinary exploration rich, and as technology and our understanding of neurology advances, so too will brain sciences be increasingly relevant. The challenge to the academic disciplines is to expand their scope beyond the narrow medical or "functionality" analysis, and begin to follow some of the conclusions to their end. Hopefully, the work that has been done before in Buddhism and other disciplines of the mind will have paved the way for this very process.