Cognitive–Behavior Therapy: Folktales and the Unexpurgated History

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A personal account of how the journal Cognitive Therapy and Research was begun is offered. How both personal and professional influences congealed is highlighted. How both the zeitgeists of the times and the sociology of knowledge acted as a backdrop to the development of Cognitive Therapy and Research is considered.

KEY WORDS: cognitive therapy and research.

Psychotherapists get paid to listen to patients tell their stories. Historians get paid for telling stories. Both patients and historians have several different ways to tell their stories. They can use a life-span developmental perspective highlighting the sequence of events; or they can focus on major landmark events reflecting sensitivity to social context; or they can tell their stories thematically highlighting a specific organizing framework with major motifs where the central figures are characterized as being heroes or victims.

The occasion of the 25th anniversary of the journal Cognitive Therapy and Research (CTR) is an opportune time to tell a story about the origins of cognitive–behavior therapy (CBT). The format adapted for this unexpurgated version of CBT is that of an interview with a Therapist/Historian (TH). Let the session begin!

TH: Dr. Meichenbaum, I am pleased to have an opportunity for you to share your story about the origins of CBT. Is it okay if I call you Don?

Don Meichenbaum (DM): Yes, of course. I gather my answers have to be somewhat brief, given that you are covered by managed care and the length of our session is limited. Nevertheless, I will convey those aspects of the story that often go unreported. You may find them interesting.

TH: Where do you think we should begin?

DM: Two different lines of association come to mind. One is my personal involvement in the development of CBT, and the second is my association with colleagues who helped develop the journal CTR.

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TH: Are you saying you have folktales to share?
DM: Yes, and they all begin with my mother.
TH: Of course!
DM: I once wrote a chapter entitled “The personal journey of a psychotherapist and his mother.” (Meichenbaum, 1993). In that chapter I traced the intellectual origins of CBT from Immanual Kant to Dubois, Freud, Adler, Kelly, Ellis and Beck, all the way up to my mother.
TH: Where does she fit in?
DM: My mother, Florence, was a very interesting person who had a very special way of telling stories. At dinnertime, as I was growing up, she would not only ask about how your day went, she would also share with you her daily experiences. But, not only did she share what happened to her, but she would also include comments on her accompanying feelings and thoughts. Moreover, she would provide a running commentary on which were useful, adaptive thoughts and which were unproductive thoughts, and highlights what she could have said differently to herself and to others. In short, she provided examples of cognitive modeling with dinner.

As a clinician, I came to realize that my mother was intuitively a cognitive behavior therapist, and moreover, that I ate dinner with her daily for some 20 years. In fact, I came to appreciate that my entire research career was in some way a means of validating my socialization process.

TH: But didn’t you grow up in New York City, not far from where Woody Allen grew up?
DM: Yes, and it is not unusual for New Yorkers to talk to themselves, even before the events of September 11. For example, if you needed to get from the subway station to your house without getting mugged, talking to yourself or being cognitively strategic and “street smart” were adaptive skills.
TH: Then how did this upbringing influence your research and clinical practice?
DM: Well, from City College of New York, I went to the University of Illinois in Champaign for graduate school. For my doctoral dissertation, I taught people with schizophrenia to talk to themselves. They were doing this anyway, so I thought that perhaps I could influence the content, nature and impact of what they said to themselves (Meichenbaum & Cameron, 1973).
TH: What happened next?
DM: I went to the University of Waterloo in Ontario, Canada and I got involved in teaching a wide variety of clinical populations to talk to themselves (namely how to appraise situations differently, as well as nurturing their abilities to cope). These clinical groups included children with impulse-control problems, anxious and depressed individuals, individuals with anger-control problems, those with pain-related disorders. We also worked with individuals who have been victimized and we helped them tell themselves and others different “stories” embracing a constructive narrative perspective (Meichenbaum 1977, 1997, 2002).
TH: Are you saying CBT is a form of “New York Therapy”?