

# Beck's Cognitive Model of Depression: Evolution, Modern Evidence and Critical Appraisal

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## Abstract

This paper aims to critically evaluate Beck's cognitive model of depression, analyzing its foundational concepts, its application in modern mental health care, and its relevance in the context of current therapeutic practices. The current study seeks to explore how the model has progressed, analyze its strengths, and examine the critiques that challenge its applicability in a variety of mental health conditions. A thorough review of the literature was conducted, including studies supporting the model's efficacy in treating depression through Cognitive Behavioral Therapy (CBT), as well as critiques focusing on the model's emphasis on cognitive factors while overlooking biological, emotional, and sociocultural dimensions. The findings indicate that Beck's cognitive model has been a cornerstone in shaping therapeutic interventions for depression as well as for other mental health disorders. However, with the emergence of other therapies and models, the wider adoption of the model and usefulness in modern practice has been encountered with skepticism. Furthermore, several limitations were identified, including its limited emphasis on emotion regulation, a lack of consideration for cultural and individual differences, and its unsuitability for addressing all types of disorders. The paper emphasizes the evolution of Beck's cognitive model, practical effect on clinical practice, the supporting evidence validating its effectiveness, its influence in other psychotherapeutic approaches and its continued relevance in the treatment of a mental health disorders.

## Keywords

CBT, Depression, Beck's Cognitive Model, Emerging Therapies, Psychological Disorders

## 1. Introduction

Depression is a psychological disorder that has one of the greatest morbidities in

the global population. Researchers have estimated that more than one in ten adults are affected at some point in their lives with depression serious enough to require psychological and/or pharmacological treatment (Kelland, 2017). Beck's (1967, 1976) cognitive theory of depression stresses that the way in which an individual mentally views and construes their adverse life events can have an effect on their feelings towards those events as well as how the individual attempts to deal with and overcome them. Beck points out that depression and other serious psychological problems are due to beliefs that are not accurate and to information processing that is maladjusted. Beck's cognitive model of depression has led to practical therapeutic applications, under the umbrella term of "cognitive therapy", which attempt to remove the individual's dysphoria and ameliorate their maladaptive beliefs by providing ways for individuals to assess what they think and what they believe, and by helping them to compare and contrast those thoughts and beliefs against their behavior, so as to establish whether those thoughts and beliefs are valid (Hollon, 2021).

Beck's cognitive model has been developed through theoretical and clinical research and its basis is the onset of maladaptive thoughts and beliefs which include dysfunctional attitudes, cognitive errors, negative automatic thoughts, and the cognitive triad (Beck, 1967, 1976; Beck & Freeman, 1990; Beck et al., 1979; Beck & Weishaar, 2005; Pretzer & Beck, 2005). Dysfunctional attitudes are organizational structures that endure and that lead how the individual processes information in different situations. An example of a dysfunctional attitude is that "If I am wrong about this other will be disappointed in me". When a distressing situation activates dysfunctional attitudes, these attitudes pave the way for cognitive errors that lead the individual to develop thoughts and percepts that may be inordinately intense, negative and not realistic.

Catastrophizing, overgeneralizing and personalizing are some types of cognitive errors proposed by Beck (1976). Catastrophizing is a tendency of the individual to believe that an action or life event will have extremely negative repercussions for themselves. In this way, the individual starts to think negatively about themselves, for example "I am never going to succeed", about the social world, for example, "The world is evil", and about their future, for example, "Life will always be negative". This trifecta of negative and largely unrealistic cognitions comprises the cognitive triad, and it encompasses negative automatic thoughts, which are fleeting, unemotional thoughts that may seem warranted under specific conditions and that in turn influence the physical, affective and motivational aspects of depressive symptomatology.

There are three main interpretations of Beck's cognitive model. The first is as a causal mediational model (Alloy, Clements, & Kolden, 1985), where there is a sequential structure of cognitive elements as they lead to depressive symptomatology. Specifically, dysfunctional attitudes come first and affect cognitive errors, which come second. The cognitive triad then is affected by the cognitive errors, which in turn affects the onset of negative automatic thoughts that lead to depressive symptoms. In this sense, dysfunctional attitudes have a direct effect on

cognitive errors but not on the cognitive triad, the negative automatic thoughts or the symptoms of depression (Pössel, 2017).

The second interpretation of Beck's cognitive theory is that of a symptom model, where the steps of the causal mediational model are reversed (Brewin, 1985). Specifically, symptoms of depression are viewed as a primary cause, leading to negative automatic thoughts, cognitive triad, cognitive errors and dysfunctional attitudes in succession (Kwon & Oei, 1992). In this vein, the bodily, affective and motivational depressive symptomatology lead to a sequence of negative cognitive effects (Pössel, 2017).

A third approach to cognitive model of depression combines the causal mediational and symptom models and is a bidirectional cognitive model. In fact, Beck agreed that there is a bidirectionality of the depressive symptomatology and negative cognitive events (Beck, 1967, 1996; Beck & Weishaar, 2005). Beck (1967) argued that activating negative cognitive effects leads to the appearance of symptoms of depression, conceived as a top-down process, and this process activates and strengthens the preexisting maladjusted attitudes and beliefs, which comprises a bottom-up process.

### **Current Study**

The aim of this current study is to critically review the evolution of Aaron Beck's cognitive model of depression, examining the modern empirical evidence supporting its validity and application. Through this literature review, we will highlight the model's strengths, explore its integration with other psychological frameworks, and assess its relevance in the current landscape of depression and mental health research and treatment. By evaluating Beck's model in light of recent findings, this paper seeks to provide a comprehensive understanding of its impact and potential areas for further development. While Beck's Cognitive Model has been widely validated and forms the basis of many therapeutic interventions, there remain key gaps in its application (Beck Institute, 2021). There are ongoing questions about the generalizability of Beck's model across various populations, the practical impact in clinical practice, its validity and acceptance by the broader research society, its ability to encompass the full range of depressive experiences, and how it integrates with other psychological frameworks. This paper examines Beck's model in light of current research, aiming to broaden its scope, enhance its relevance, and refine its therapeutic effectiveness.

## **2. How Beck's Cognitive Model Has Evolved over Time**

As soon as Beck (1967, 1976) elaborated his full cognitive model of depression during the decade of the 1970s, many theoreticians and therapists/researchers, who had been trained in behaviorism and psychoanalysis (Clark & Beck, 1999). In the 1980s, the cognitive theory of depression gained significant recognition and was seen to be a highly valid model of depression, that was based on scientific evidence and that was suitable as a conceptualization to base therapeutic

interventions on.

In the 1990s, Beck and his coworkers argued that schemas and their physiological, affective, motivational and behavioral aspects, together with individuals' thoughts and beliefs, could be related to modes which have a larger scope and effect (Clark & Beck, 1999; Beck, 1996). Modes comprise sets of schemas that are related to each other, and include deep beliefs, expectations and regulations of the person, along with psychological constructs like self-esteem. In this sense, a mode can comprise a number of schema constructs, deeply-held thoughts and beliefs, expectations and assumptions, as well as negative automatic thoughts (Beck, 1996; Needleman, 1999).

### **2.1. Recent Advances in Beck's Cognitive Model**

More recently, a generic cognitive theory was suggested by Beck & Haigh (2014). This builds on previous renditions of the cognitive theory and stresses that most psychological disorders, along with depression, are due to problematic and erroneous information processing (Beck & Haigh, 2014). The generic cognitive model utilizes concepts from earlier incarnations of the theory and adds new constructs that include dual information processing and attentional focus, as well as schema energization and cognitive specificity.

To discuss two of these new constructs, dual information processing details that in order for an individual to effectively process information, two subsystems need to function properly; these are automatic, primary information processing, and reflective, or secondary, information processing. The subsystem of automatic information processing is an effective and efficacious system; however, it is based on heuristics or cognitive shortcuts and is vulnerable to errors of judgment. The second construct of attentional focus is related to automatized attention to social contexts and details, and this automated focus informs the secondary information processing and affects the individuals' behaviors and responses to environmental stimuli. While attentional focus that accurately processes environmental stimuli can lead to well-adjusted behaviors and responses, automated focus which is not flexible and/or not appropriate per environmental stimuli can cause the individual to respond in maladjusted ways (Beck & Haigh, 2014).

### **2.2. Understanding the Practical Impact of the Model's Evolution in Clinical Practice**

Beck's cognitive model has undoubtedly influenced modern health care both in terms of research as well as clinical practice. CBT has been widely validated as a highly effective treatment not only for depression but also for a range of other disorders, including anxiety disorders, PTSD, OCD, and social phobias. Its structured framework, focus on skill-building, and emphasis on problem-solving make it a versatile and adaptable psychotherapeutic approach suitable for diverse populations (Hofmann et al., 2012). Moreover, a variety of trauma focused therapies such as Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical

Behavior Therapy (DBT) have adopted main principles of CBT. These methods effectively treat disorders such as PTSD and borderline personality disorder by combining cognitive restructuring with emotion regulation and targeted exposure techniques helping patients combat the negative thoughts and beliefs by regaining a sense of control. Beyond the therapeutic treatment, Beck's cognitive model has an impact on larger organizational and cultural contexts. CBT concepts have influenced workplace wellness initiatives, instructing staff members on how to avoid burnout and manage stress by recognizing harmful thought patterns, like worrying excessively about deadlines and priorities (Beck & Haigh, 2014).

For instance, CBT approaches are included into programs like Mindfulness-Based Cognitive Therapy (MBCT) to assist employees in managing their emotions, develop emotional intelligence and developing resilience, which enhances their well-being and productivity (Beck & Haigh, 2014; Dobson & Dozois, 2019). The model's societal impact is reflected directly in public health efforts like the UK's Improving Access to Psychological Therapies (IAPT) program. Through a systematic, economical strategy that places an emphasis on early intervention and recovery, IAPT offers scalable CBT-based therapies, reaching millions of people with anxiety and depression annually. These applications highlight the lasting adaptability and significance of Beck's cognitive model, which continues to develop and shape areas such as the workplace and public policy. Its wide-ranging impact highlights how crucial it is as a pillar of modern psychology theory and social development (Clark, Layard, Smithies, Richards, Suckling, & Wright, 2009).

A number of noteworthy changes in clinical practice have resulted from the development of Beck's cognitive model, which offers more specialized and thorough treatments for a range of mental health issues. The growing emphasis on cognitive-behavioral case formulation, which highlights the importance of unique client characteristics like life history and personal schemas, is one significant advancement. By taking into account the particular circumstances of each client's challenges, this more tailored approach improves treatment efficacy by enabling a specific targeting of maladaptive patterns and cognitive distortions (Persons, 2008). Furthermore, behavioral strategies like exposure treatment are increasingly being included into the cognitive framework. For instance, exposure-based therapies have been used by mental health professionals to treat anxiety disorders by helping patients face their distorted thoughts and anxious situations (Beck & Emery, 1985). A thorough meta-analysis was carried out by Hofmann et al. (2012) to investigate the effectiveness of Cognitive Behavioral Therapy (CBT) in treating a variety of mental health conditions. Their results confirmed CBT's efficacy in treating a variety of illnesses, such as mood disorders, anxiety, and depression, as well as its capacity to manage comorbidities. The authors demonstrated that CBT, particularly when used in conjunction with Beck's cognitive model, consistently produced favorable outcomes. Because of its widespread effectiveness, Beck's cognitive model has developed into a transdiagnostic approach, which means that it may be used for a variety of mental health issues rather than just treating certain disorders. Because of its transdiagnostic nature, cognitive behavioral therapy

(CBT) has become a fundamental technique in contemporary psychology, impacting both clinical treatment and research.

### 3. Evidence for the Validity of Beck's Cognitive Model

While several studies have tested Beck's cognitive theory in adults (Beck, 1996; Beck & Weishaar, 2005), still the scientific evidence for its efficacy is not considered to be complete. Research has examined the causal mediational model and the symptom model of Beck's cognitive theory in adults; however, results have been inconclusive (Oei & Kwon, 2007). Pössel and Winkeljohn Black (2014) recently examined the dependability of all three models, including the bidirectional cognitive model, in young adults. In their longitudinal research, Pössel and Winkeljohn Black (2014) confirmed that the best model was the bidirectional model with partial mediations. This research did not confirm the sequential effects of the cognitive constructs to depressive symptomatology, but instead found that the cognitive variables tended to affect each other non-sequentially, and to work together to influence the onset of symptoms of depression. Nevertheless, cognitive errors were found to be the only significant mediator of the cognitive constructs included in Beck's cognitive model. Precisely, the results of their study suggested that partial mediation in psychology highlights how an independent variable, such as a stressful life event, impacts a psychological outcome, like depression, through a mediator, such as coping strategies. However, the mediator only partially explains the relationship, suggesting that other factors—like personality traits or biological predispositions—also contribute directly to the outcome. This partial mediation model is crucial in psychology as it emphasizes the complexity of mental health, where multiple pathways, both indirect (mediated) and direct, shape psychological outcomes. Understanding these nuances can improve therapeutic interventions by addressing not just mediators, but also the direct influences on mental health (Pössel & Winkeljohn Black, 2014).

An early evaluation of Beck's cognitive model was performed by Haaga, Dyck and Ernst (1991). They found evidence to accept most elements of the theory, including the cognitive triad and faulty information processing. On the other hand, as Garratt et al. (2007) point out, Haaga et al.'s (1991) found less evidence for the causes described in the cognitive theory. They questioned the cognitive triad, which proposes that depression derives from negative thoughts about oneself, the world and the future. Although the authors found a correlation between the cognitive triad and depression the results didn't support the fact that it is the main precursor of the disorder. In addition, they argued that the distortions are just symptoms of depression rather than the main causes. Regarding the theory of self-schemas and self-biases Haaga and his colleagues stated that while they can be commonly found in depressed population there was insufficient evidence to proclaim them as causal factors. Equally, the learned helplessness theory which suggests that depression is the result of lack of control over events was challenged stating that more context-dependent factors and develop and maintain depression.

Although they proposed that cognitive factors play a key role in the development of depression, they suggested that there is a further need of research in order to clarify their causal role (Haaga, Dyck and Ernst, 1991).

Consequently, the argument that cognitive processes need to be modified in order to ameliorate the symptomatology of depression was only partly accepted, especially as other research has shown that depression symptoms can subside without improving the cognitive function or the individual or changing the individual's schemas (Mathews & MacLeod, 2005; Gotlib et al., 2004).

As seen earlier, Beck's cognitive theory of depression is grounded on the hypothesis that psychological disorder is due to cognitive difficulties like negative schemas, and that these cognitive problems are energized when environmental stressors are present. This hypothesis, called the stress-diathesis approach, has been confirmed in experiments (Abela & D'Alessandro, 2002; Scher, Ingram, & Segal, 2005) showing that environmental stressors cause negative schemas to be energized. Other studies have found that the activation of negative schemas is causally connected with depressive symptomatology, and that negative schemas may affect the resurfacing of symptoms of depression (Segal et al., 2006).

### **The Impact of Conflicting Evidence on the Broader Acceptance and Applicability of the Model Today**

Nonetheless, critics suggest that studies like the above that focus on the incarnations of Beck's cognitive model suffer from wide differences in methodology, in measures of cognitive constructs, and in methods of statistical analysis (Garratt et al., 2007). One of the key aspects that they identified is the sample bias in which the sample may not represent the broader population leading to lack of generalizability. Equally, the lack of control groups plays a pivotal role in undermining the potential to make causal conclusions. In their research Garratt et al. (2007) highlighted that inconsistent measurement tools meaning different instruments to measure similar constructs across studies can lead to conflicting results and inadequate statistical analysis can misrepresent the relationship between variables impacting the credibility of a research work. Additionally, many of the relevant studies are cross-sectional and not longitudinal, and this type of design may not be the most appropriate choice in order to test the cause-and-effect relationships expounded in the cognitive model (Abela & D'Alessandro, 2002).

The necessity for a more nuanced and context-dependent implementation of the model is highlighted by numerous conflicting research results. A recent study emphasized the significance of well-designed and personalized homework tasks in enhancing patient engagement and improving their learning capacity (Kazantzis, 2018). On the contrary, Hofmann et al. (2012) stated that CBT is less effective for complex and persistent mental health disorders such as PTSD or personality disorders where trauma-focused therapies might be more effective. Furthermore, Naeem et al. (2015) emphasized on the cultural constraints of cognitive behavioral therapy (CBT), arguing that its emphasis on individual cognitive

patterns might not be appropriate in collectivist countries where relationship and group dynamics play a more significant role in mental health.

These contradictory results highlight how crucial it is to modify CBT to fit certain circumstances and cultural settings in order to ensure its wider applicability, efficacy and broader acceptance. The notion that cognitive behavioral therapy is a one-size-fits-all treatment is called into question by this evidence, which encourages practitioners to modify and tailor their methods to better suit the needs of a wide range of clients. Supporting the above-mentioned findings, research conducted by Wampold (2015) suggested that cognitive behavioral therapy (CBT) is commonly acknowledged to be beneficial for disorders such as depression and anxiety. However, because CBT focuses more on cognitive restructuring and behavioral change than on more profound emotional, biological or interpersonal problems, it may be less beneficial for people with complex, long-standing conditions like severe personality disorders, complex trauma, or chronic mental health issues.

#### **4. Comparing Beck's Cognitive Model to Alternative Frameworks and Its Application in Emerging Therapies**

As comprehensively described previously, one of the most influential theories in psychology, Beck's cognitive model of depression, holds that negative thought patterns—specifically, the cognitive triad, which consists of pessimistic views of the self, the world, and the future—are essential to the emergence and persistence of depressive symptoms (Beck, 1967). On the other hand, Seligman's (1975) learned helplessness hypothesis emphasizes how depression develops as a result of outside, uncontrollable circumstances. According to Seligman's concept, people who are frequently put in circumstances over which they have no control eventually feel that their efforts are ineffectual, which results in a sense of apathy and relinquishment—two characteristics that are central to depression. The learned helplessness model highlights the lack of control over one's surroundings, while Beck highlights the role of cognitive distortions in forming depressed thoughts. Both models imply that depression may be exacerbated by a perceived lack of control, either over one's thoughts or over outside circumstances. Furthermore, the psychodynamic model of depression, which is based on Freudian theory, views depression as the outcome of unresolved unconscious conflicts, especially those associated with early trauma or loss experiences (Freud, 1917). This paradigm states that when people internalize sentiments of loss and anger that are suppressed or unconscious, depression symptoms appear. In contrast to Beck's more cognitively oriented approach, the psychodynamic theory places more emphasis on investigating unconscious tensions and early experiences as the cause of depression.

An alternative compelling perspective developed by Bowlby (1969) proposed that insecure or disordered attachment styles throughout childhood increase the likelihood of maladaptive tendencies, such as depression, in later life. These

people may find it difficult to build safe, healthy connections and may feel abandoned, lonely, or unstable emotionally, all of which can exacerbate depression symptoms. Moreover, the quality of early attachment relationships has a big impact on how people see themselves and other people. If these early links are disrupted, it can cause problems with emotional control and social interactions as an adult. Although internalizing Unpleasant events is acknowledged by both models, Bowlby's attachment theory emphasizes the influence of early emotional attachments, while Beck's cognitive model concentrates on cognitive distortions and dysfunctional thought processes. While Bowlby's attachment theory informs therapeutic treatments that focus on enhancing attachment stability and treating early relational difficulties, Beck's model tackles depression by using cognitive behavioral therapy (CBT) to transform negative beliefs and behaviors. All of the above-mentioned frameworks offer valuable insights and since depression is a complex disorder, an integrated strategy that incorporates perspectives from cognitive, affective, behavioral, social, and biological domains is frequently seen to be the most fruitful (Dobson & Dozois, 2019).

As research progresses, new and innovative therapies continue to be developed. In her recent work Judith Beck (2023) proposed that the recovery movement, which emphasizes on people's values and strengths in treatment as well as the mechanisms of change in recovery-oriented interventions will become more evident as research advances. She also emphasized how crucial it is to make CBT more widely available and reasonably priced, especially by integrating therapy into national health systems and using effective models like the UK's IAPT program. Equally, Beck emphasized the need for more study in fields that could improve the efficacy and accessibility of CBT, including telehealth, computer-assisted treatment, smartphone apps relating to CBT, and artificial intelligence (Beck, 2023).

In early 2010, the effectiveness of Virtual Reality Exposure Therapy (VRET) in treating trauma-related diseases, including PTSD and phobias, has been greatly increased by the use of Beck's cognitive model. Beck's concept places a strong emphasis on how cognitive distortions contribute to the persistence of symptoms associated with anxiety and trauma. VRET gives clients the opportunity to confront their traumatic memories in a safe and immersive manner by exposing them to virtual surroundings that mimic stressful events (such as battle or accident scenes). The therapist assists patients in recognizing and confronting maladaptive thoughts, such as "I can't trust anyone" or "I'm in constant danger," which are at the core of the cognitive distortions that underlie PTSD (Rothbaum & Rizzo, 2011). VRET helps challenge and reframe the distorted beliefs, particularly those related to control and threat, through virtual exposure and cognitive restructuring. By doing so, it facilitates a shift toward more balanced and realistic thought patterns, in line with Beck's approach to cognitive therapy (Beck, 1967).

As highlighted previously, an important evidence-based psychotherapy discipline is Dialectical Behavior Therapy (DBT) that has been greatly impacted by

Beck's Cognitive Model, especially in the way it treats emotional dysregulation and cognitive distortions. According to Beck (1976), emotional discomfort is greatly exacerbated by distorted thought processes such as catastrophizing and black-and-white thinking. These cognitive concepts are integrated by DBT, which was created by Linehan (1993) and assists people in recognizing, disputing, and changing unhelpful thought patterns. Furthermore, by combining acceptance and mindfulness practices, DBT goes beyond conventional cognitive-behavioral methods, enabling clients to analyze their thoughts objectively and gain more emotional flexibility. One of DBT's contributions in treating personality disorders, mood disorders, suicidal thoughts or behavioral patterns like substance abuse and self-harm is the integration of cognitive restructuring with mindfulness-based techniques, which improves clients' capacity to cope with stress and develop more constructive coping strategies. The purpose of DBT is the collaboration between the therapist and the patient in utilizing strategies focused on both acceptance and change. The goal is to integrate and balance these strategies to achieve a harmonious outcome (Linehan, 1993).

Another pioneering therapy based on Aaron Beck's cognitive model of depression is the Recovery-Oriented Cognitive Therapy (CT-R). It is a therapy technique designed to help people with severe mental health issues become more resilient, empowered, and rehabilitated. It helps people set meaningful objectives, follow individually meaningful dreams, and take part in activities that lead to a joyful life. The CT-R formulation process explains challenges in context of a person's passions, fundamental beliefs, and life aspirations. The original purpose of CT-R was to aid in the recovery of those who were having a hard time finding motivation (Feldman et al., 2019). Moreover, similarly to Beck's cognitive model CT-R was created to deactivate maladaptive beliefs and promote more adaptive ones that promote empowerment and recovery, taking into account the importance of these beliefs in influencing motivation and community involvement (Thomas et al., 2017). A randomized clinical trial was conducted by Grant et al. (2012) that CT-R surpassed standard treatment in improving motivation, reducing negative symptoms, and fostering greater community engagement signifying the importance of Beck's cognitive model in emerging therapies and observations.

A groundbreaking therapy rooted in Aaron Beck's cognitive model is the Compassion-Focused Therapy (CFT), developed by Paul Gilbert (2010) it combines elements of Beck's cognitive model such as self-doubt, catastrophizing, overgeneralization, cognitive distortions that cause the distress, CFT builds on this by assisting people in identifying and reframing these false ideas, with a special emphasis on how shame and self-criticism sustain emotional distress. Through self-compassion activities, individuals are taught to adopt more balanced and self-caring attitudes towards themselves, perceive their challenges with better understanding, and soften harsh self-judgments. Ultimately, this approach fosters well-being and emotional resilience, a conclusion later verified by Gilbert, who found that the therapeutic benefits endure for up to six months after therapy has ended.

However, further research is required to explore its long-term effectiveness and broader applicability (Gilbert, 2017).

## 5. Conclusion

Beck's cognitive theory of depression has been developed for a number of decades with theoretical and research studies (Apsche & Ward Bailey, 2003; Ingram & Hollon, 1986; Beck, 1995, 2005, 2011), and many of the original constructs and components remain central and relevant in the theory, particularly those which show that negative non-realistic and maladjusted cognitions related to environmental stressors can have a negative impact on the physical, affective and behavioral experiences of the individual.

Beck's work has significantly advanced the cognitive model of depression, broadening its scope to address a variety of psychological disorders. Initially focused on depression, Beck's model introduced the concept of the cognitive triad, which involves negative thoughts about the self, the world, and the future, and how these distortions contribute to depressive symptoms (Dobson, Poole, & Beck, 2018). Over the years, Beck expanded cognitive therapy (CT) to treat other conditions, such as anxiety, PTSD, and personality disorders, thereby enriching therapeutic protocols and interventions. While cognitive therapy has been shown to be effective across different therapeutic regimens, the empirical support for the theory itself, particularly in terms of its underlying structure and components, remains less robust. Future research might be conducted with experimental studies in large and diverse clinical populations. Our literature review is limited and needs to be broadened with qualitative or quantitative research designs that could offer a more comprehensive understanding of the model's applicability as well as synthesis with other psychological approaches hence being instrumental in advancing clinical practices further (Beck, 2008). In conclusion, Beck's work has had a profound impact on the field, influencing both the practice of psychotherapy and the understanding of mental health disorders.

## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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