

# A Comparison of Cognitive Therapy and Inquiry Based Stress Reduction

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Cognitive Therapy	The Work
Psychotherapy requiring a licensed professional. Is therapeutic.	Not psychotherapy. Does not require licensed professional. Is therapeutic.
Cognitive distortions cause depression and anxiety	Uninvestigated stressful thoughts cause suffering including depression and anxiety
Empirical evidence: client gets more from answering the questions themselves.	Empirical evidence: The Work works only if the client answers the questions for themselves.
Negative emotions such as sadness, regret and concern can be healthy. Stress can be helpful in certain circumstances.	Negative emotions alert the client to stressful underlying thoughts. When taken to Inquiry the client notices that the stressful belief is not true. In this sense, negative emotions are a gift.
Bad things do happen and it doesn't mean you need to get depressed over it. Feelings can be tolerated and thinking errors can be modified.	The universe is kind. Nothing that happens is bad- only our thinking makes it so. How do we know it should have happened? It did. The worst that has ever happened is a thought projecting a future. When I argue with reality, I suffer.
Negative emotions are traced back to self-defeating assumptions: client gains insight and identifies reasons for cognitive distortion.	Negative emotions are traced back to underlying beliefs. Through Inquiry, the client identifies turnarounds that are as true or truer than the original belief.

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Cognitive Therapy	The Work
Cognitive distortions are “modified” and replaced by client. Dysfunctional thinking and behavior is replaced with more positive thinking and functional behavior. Scope of investigation is limited to thoughts that deviate from conventional beliefs.	All concepts that cause stress can be taken to inquiry. There is no need to modify thoughts. The Turnarounds allow the mind to see that opposing beliefs are as or more true. Mind loosens its hold of the original concept and the thought “lets go of you”.
There is reality that you cannot change.	There is no need to change reality. Reality is kind.
You have the power to change your beliefs and improve your psychological health	You have only one choice: to believe what you are thinking or inquire.
CT therapist helps to identify the cognitive distortion and modify. Knows more than the client.	Facilitator of The Work understands that the client is as wise as they are and are capable of finding the answers that are true for them. 3
Therapist will start working with self-judgments.	Client is encouraged to Work on judgements of others first.
Therapist redirects client if they are wasting time.	Facilitator reminds clients that the Work stops working any time they move into justification or defense. 3
Homework: Daily record of dysfunctional thoughts on worksheet with recording of rational response and emotion reduction	Lifework: Worksheets done for breakfast, lunch and dinner

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Cognitive Therapy	The Work
Sessions are called “interviews” and there is termination at end of treatment.	Sessions are called facilitations. Clients continue to do The Work as long as stressful beliefs arise.
<p>Therapist encouraged to deal with own self defeating negative cognitions when dealing with difficult clients. Encouraged to be optimistic</p> <p>Therapist is not responsible for clients counter- productivity</p>	<p>Facilitator understands there are no new stressful thoughts. Encouraged to see “difficult client” as self and use the opportunity to go deeper into self inquiry.</p> <p>The client’s work is their business.</p>
I can do things for my clients.	Everything that I do is for me.
<p>Suggestions for dealing with difficult clients: therapist should expect to be “thwarted”.</p> <p>He/She should maintain a high level of frustration tolerance and not blame self.</p> <p>Defensive and stoic</p>	<p>Suggestions for dealing with difficult clients: Client is your mirror. Identify the stressful beliefs about the client and take them to inquiry.</p> <p>Non-defensive, non-blaming, non-stressed.</p> <p>All war belongs on paper.</p>
Therapist doesn’t use positive affirmations. Clients need accurate information in order to make adaptive decisions.	Facilitator does not “teach: or do “therapy”. Facilitator asks the 4 questions. Clients already have all the information they need to make adaptive decisions.

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Cognitive Therapy	The Work
Used primarily with adults	Works well with children and adults
Dreams can be used	Dreams can be used
Mind can affect body/brain	Mind changes, body follows
If client goes off on tangent or is redundant they are redirected.	If client “goes in story” they are brought back to inquiry by repeating the one-liner. Invited to “notice” when they “leave the work”. “The Work stops working when you don’t answer the questions”.
Effects of CT have been measured and reported.  Many published studies validating efficacy.	Effects of the Work can be measured.  No published studies as yet. An empirical longitudinal study has been completed with positive results.
Training standards: Specialized post-graduate training available. Competency Checklist for Cognitive Therapists.  No requirement that Cognitive Therapists utilize CT in their own development.	Certification Program began 2007.  A requirement for facilitators is that “you have a personal foundation in The Work by working with your own thoughts on a regular basis, both on your own and/or with a facilitator or client assigned to you by the Institute.” 3

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Cognitive Therapy	The Work
Ethical standards established by profession. Code of conduct established and published.	Ethical requirement is that “you have a strong desire to serve yourself by sharing The Work with others. That, as a priority, you not want anything above the gift of understanding, and of sharing with others that The Work works when the questions are answered.” 3
Spiral Dynamic stage: up to orange (scientific/values rational, logical, linear thinking/empiricism.) 5	The Work can be used by a person in any stage of development. Rational to transrational, pre-conventional to post-conventional, compatible with meditative and non-dual orientations. 5
Subject to The Myth of the Given, which consists of the claim, central to both phenomenology and sense-data theories of knowledge, that we can know things about our perceptual experiences independently of and in some important sense prior to the conceptual apparatus which we use to perceive objects. 4	We can not absolutely know that anything is true.
Brain areas employed: More “left” brain approach.	Brain areas employed: right and left hemispheres, appeals to artists, visual thinkers as well as logical/linear thinkers.
Cultural Appeal: Conventional and highly respected/validated treatment for mild to moderate depression and anxiety.	Cultural Appeal: Can be used in any culture or group including prisoners, vets, mentally ill, artists and any religious persuasion.

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Cognitive Therapy	The Work
Adjunctively used with Mindfulness Training(MBCT). Time limited	The Work is meditation.  Lifetime practice.

1. Cognitive Therapy of Depression, by Aaron Beck, MD, John Rush, Brian Shaw and Gary Emory, The Guilford Press 1979
2. Loving What Is, by Byron Katie, 2002
3. Requirements for Facilitators for The Work of Byron Katie available by download at <http://instituteforthework.com/community/downloads/candidates/facilitatorreq.pdf>
4. Empiricism and the Philosophy of Mind by Wilfrid Sellars, 1956 ( <http://ditext.com/sellars/epm.html>)
5. Spiral Dynamics by Don Beck, <http://www.spiraldynamics.net/>
6. [http://en.wikipedia.org/wiki/Spiral\\_Dynamics](http://en.wikipedia.org/wiki/Spiral_Dynamics)

General Reference:

[http://en.wikipedia.org/wiki/Cognitive\\_therapy](http://en.wikipedia.org/wiki/Cognitive_therapy)

\* The Work of Byron Katie is a simple, yet powerful self- help method of investigating stressful beliefs. It is not recognized as a “psychotherapy” and this comparison is not intended to suggest that it is. I have prepared this chart because many people upon learning about The Work think that it is like cognitive therapy and I wanted to point out the commonalities and differences.