

OP-ED | Too Late the Nobel Laureate: A Tribute to Aaron T. Beck, M.D.

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THERE ARE THOSE who believe that human beings actually die twice. The first time is when their bodily functions shut down and they take their last breath. The second time is when their names cease to be mentioned. While that may be the case with some people, others are clearly the exception.

This year, 2025, marks the fourth anniversary of the passing of Aaron Temkin Beck, an indisputable icon in the field of psychiatry, psychopathology, and psychotherapy. Known by friends and family as “Tim,” Beck left a legacy of outstanding research and theoretical development in the domain of mental health assessment and treatment interventions that continues to be widely used by mental health professionals throughout the world. His development of cognitive therapy has been espoused by both researchers and clinicians to treat some of the most severe emotional disturbances, including depression, suicide, and a sundry of mental illnesses. His early theories revolutionized the way depression is conceptualized, assessed, and treated and is currently the most studied form of psychotherapy in the world (Simon, 2022).

November, the month of Tim’s death, ironically coincides with the approximate time when the Alfred Nobel Awards Committee in Stockholm, Sweden, announces the annual winners for their prestigious prize in physiology or medicine, which has been bestowed upon worthy recipients since 1901. With the committee’s announcement each year, I find myself reflecting on Tim’s legacy and the impact that his work has had on the world.

Tim Beck received many accolades during the course of his illustrious 70-year career, including the Distinguished Scientific Award from the American Psychological Association in 1990 and the Heinz Award for the Human Condition for his “pioneering breakthroughs” in psychopathology in 2001. He also received the Albert Lasker clinical medical research award in 2006, the highest honor in medicine and often considered a forerunner to the Nobel Prize.

Surprisingly, he never won a Nobel Prize, although he had at one time made the short list for consideration after being nominated and endorsed by such noted colleagues and researchers as Steven D. Hollon, Ph.D. (personal communication 12/11/24). But he never advanced beyond the point of consideration, and unfortunately the Nobel Committee does not award the prize posthumously.

Shortly after Tim won the Lasker award, I asked him whether he thought it might be the penultimate step toward him receiving the Nobel Prize in medicine. He smiled wryly, as he sometimes did, and remarked, “It’s traditionally been awarded to those who work in the hard sciences such as biology, chemistry or physiology” (personal communication, 11/15/07). I was bemused by this statement. When had the field of psychiatry ever been considered a “soft science?” Did it not meet *de rigueur* of true science? The same scientific method that gave us quantum mechanics and antibiotics validated CBT’s remarkable effectiveness through careful observation, hypothesis testing, and empirical verification.

Tim was correct, though, since only a small number of psychiatrists and psychologists in the world have ever received this utmost global recognition. In 1927, the Viennese Julius Wagner-Jauregg became the first psychiatrist to receive a Nobel Prize for

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his work on induced febrile illness to treat psychosis and neurological consequences of syphilis (Weiss, 2019). Psychiatrist, neuroscientist, and biophysicist Eric R. Kandel was awarded the prize many years later in 2000 for his work on the physiological basis of memory storage in neurons (Kandel, 2006). A few psychologists received a Nobel as well. In 1981, Roger W. Sperry won the prize for his discoveries concerning the functional specialization of the cerebral hemispheres. Daniel Kahneman was awarded the Nobel memorial prize in economic sciences in 2002 in recognition for his research in the fields of psychology and economics, with a particular focus on how people make decisions. Finally, in 2014, neuroscientist John O'Keefe won for his discoveries of cells that constitute a positioning system in the brain.

Thus, out of scores of Nobel prizes awarded since 1901, only five have been awarded to psychiatrists and psychologists, despite the recognition of the field as a branch of medicine since the middle of the 19th century (Shorter, 1997). The winners are usually engaged in a much more circumscribed area of biological or physiological science related to the mind or mental processing.

It is important to note that, in general, there have been many outstanding candidates in line for consideration by the Nobel Committee, the majority of whom have contributed outstanding achievements to the field of medicine and science. Consequently, as one can imagine, the competition has always been quite brisk.

Still, many of us who worked with Tim closely undoubtedly feel that he fell into the same class as his predecessors who won the prize, but was regrettably overlooked. Why he was never selected for this honor will remain a mystery. The Nobel Committee never releases such information.

Nobel Prize Criteria

The criteria for the Nobel Award are very specific. According to the Alfred Nobel Committee (<https://www.nobelprize.org>), the prize in Physiology or Medicine is awarded to individuals who have made a "discovery of major importance in life science or medicine" that has significantly benefited humankind, meaning the discovery should be groundbreaking, paradigm-shifting, and have a clear positive impact on human health.

The key criteria for the Nobel award reads as follows:

Significant discovery: The research must represent a major breakthrough in the field of physiology or medicine.

Benefit to humankind: The discovery must demonstrably improve human health or the understanding of biological processes.

Paradigm shift: Not for lifetime achievement: The prize is awarded for a specific discovery, not for a researcher's overall contributions during the course of a lifetime, and the discovery should have significantly changed the way scientists think about a particular area of medicine.

High-quality research: The recipient's research must be empirically sound and rigorously conducted with strong experimental evidence.

Award Selection Process

A Nobel Prize recipient in Medicine or Physiology is chosen through a nomination process in which eligible individuals are proposed by experts. The expert assessors of the Nobel Assembly at the Karolinska Institute in Stockholm, Sweden then vote on the most deserving candidate based on their significant contributions to the field of medicine or physiology. The selection of the laureate is not based on a simple rating system

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but rather a comprehensive and copious evaluation of the nominee's research impact (<https://www.nobelprize.org>).

In observance of how Tim’s accomplishments measured up to the existing award criteria, the development of his theories in the area of therapeutic treatment, particularly with depression, has truly been “groundbreaking.” Tim’s work qualifies as a “paradigm shift” in that it departed from traditional modes of psychotherapy and psychopharmacology. The paradigm shift involved a more specific focus on the distortion that human beings selectively engage in that generates mood and physiological disturbances. Tim developed “collaborative empiricism” and “cognitive restructuring” techniques to guide a patient to examine the accuracy of their beliefs, using the patient’s logic and his or her own observations of the world or their memories (Beck, 1952, 1963, 1964; Beck et al., 1979). Tim discovered that helping individuals shift their thinking and behavior also inadvertently affected the neurophysiology of their moods. Millions of people have benefited from CBT via a clear positive impact on their mental health.

The theory of cognitive therapy significantly changed the way researchers and practitioners of mental health think about mood, anxiety and psychopathology. As a result, practitioners place more emphasis on change by addressing cognitive, behavioral, and affective components. This is particularly so with schema restructuring, which addresses the sometimes rigid belief systems that become ingrained in one’s mind and significantly contribute to dysfunctional mood and behavior.

Tim’s research was of the highest quality and involved rigorous methodologies with strong evidence to support the outcome. He was a strong empiricist. To quote his memoir in an earlier edition of *the Behavior Therapist* (Hollon & DeRubeis, 2021), “Tim was first and foremost an empiricist; he did not care what the truth turned out to be, but he wanted to know the truth whatever it was” (p. 428). Tim’s empirical research in the early clinical trials comparing cognitive therapy to pharmacotherapy serves as a true benchmark of the effectiveness of cognitive therapy with depression (Blackburn et al., 1981; Cuijpers et al., 2013; Rush et al., 1977). His pioneering work with depression, suicide, anxiety, and other disorders advanced the clinical field significantly from where it had been prior to the 1980s and 1990s (Hollon, 2021). In summary, it appears that Tim certainly met the existing criteria outlined by the Nobel Award Committee (Beck, 2019; Beck & Flemming, 2021).

A Man of Compassion

The ancient Greeks never wrote obituaries, they only asked one question after a person died: *Did they have compassion?* While Tim was noted to be a diligent researcher, educator, and clinician, he was also a very compassionate human being.

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His snowy white hair and signature bow ties befit his often avuncular style with people. Tim offered life advice to many of us who worked with him, particularly when we needed it the most. This was usually during impromptu moments when we were trudging through the snow returning to the clinic from lunch or during other casual interludes. I recall a time when I was struggling with a particular patient, and he said, "People who experience cognitive distortion are sometimes looking through the wrong end of the binoculars." His sage advice sparked an idea about another approach I could take. Tim's advice on life was always a welcomed insight.

On a more personal note, when I became stricken with a viral neuropathy known as Guillain-Barré syndrome in the 1990s, Tim called me at home to see how I was doing. He shared his familiarity with my disorder since he had firsthand experience with it, having practiced neurology for years prior to his work in psychiatry. I was awestruck by his sensitivity and empathy for my physical pain, which could be excruciating at times. He politely chided me for working too hard and told me I needed to slow down. He said, "We all have bad times in life, Frank, but they usually wake us up to the good things we weren't paying attention to." As usual, Tim was right on the mark.

While Nobel Prizes have recognized transformative achievements, the committee overlooked one of the most impactful therapeutic innovations of the 20th century—one that emerged not just from a laboratory but also from the office of a compassionate psychiatrist who listened to what his patients were really saying. As a therapist, Tim surely knew his instrument and knew how to make it work. Tim Beck was never bestowed the honor of a Nobel Prize, nor did he ever complain about it. But I guess it's not always about winning prizes as much as it is about the lives that we touch along the way during our time on this earth. I like to think that Tim was worthy of a much more befitting award—the honor of saving countless lives and reducing human suffering through his tireless research and clinical efforts. That was truly his quest anyway: that he leave the world a better place than he found it.

The great Aaron T. Beck left the world with an enduring armamentarium of therapeutic tools and interventions as a guideline to help others help themselves. He was a beacon of light for all of us, and his memory will surely be revered for a long time to come. For his valiancy and humanitarianism, Tim will forever remain in our hearts as our "Noble Laureate."

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