

6. COGNITIVE APPROACHES

6.1 WHAT IS A COGNITIVE APPROACH: The cognitive approach is an area of psychology that focuses on mental processes, perception, and language as a way of explaining and understanding human behavior. It started to develop in the 1960s, and by the end of the 20th century, it had become the dominant school of thought in psychology. Psychotherapy based on this approach attempts to alter behavior by attempting to change the behavior's underlying cognition, or thought processes.

There are a few assumptions that are central to the cognitive approach. One is that human behavior can be understood by scientific processes. Unlike Freudian psychology, cognitive psychology developed through empirical testing. Another assumption is that human behavior is a series of responses to external stimuli mitigated by people's thoughts, perceptions, moods, and desires.

Cognitive psychology differs from the older, behaviorist approach to human behavior. Behaviorists believe that all people are essentially the same at birth, but their personality is affected and formed by environmental factors and outside stimuli. They also believe that behavior can be permanently altered by changing the environment. Behaviorism views people as blank slates passively reacting to their surroundings.

The cognitive approach, on the other hand, considers thought processes as the primary determinant of behavior. These thought processes include reasoning, intelligence, memory, attention, and sensory perception. Language and how it is used in mental processing is also considered. This approach builds on behaviorism by assuming that people's behavior is a result of external stimuli, but argues that the way a person's mind actively processes his or her environment is what determines behavior and personality.

Behaviorism is not entirely rejected in psychological treatment that is based on this school of thought. Cognitive behavioral therapy, or CBT, attempts to combine the two approaches to treat patients. For example, a psychologist might treat a phobia by examining the mental processes that are causing the irrational fear. Rather than attempt to directly change a person's behavior or environment, the psychologist might work on getting the patient to identify and alter the thought processes that are causing the fear.

There are some criticisms of the cognitive approach. Human thinking is an invisible process, and therefore cognitive processes are hypothetical constructs.

Another important criticism is that biology, genetics, culture, and past experience have not been sufficiently tested as factors in mental processing. In cognitive psychology, human information processing is likened to computers, which perhaps oversimplifies the human mind.

6.2 ALBERT ELLIS: R.E.B.T.: Rational Emotive Behavior Therapy:

Rational emotive behavior therapy, also known as REBT, is a type of cognitive-behavioral therapy developed by psychologist Albert Ellis. REBT is focused on helping clients change irrational beliefs.

History of Rational Emotive Behavior Therapy

Ellis had trained as a clinical psychologist. As he treated patients, he became increasingly dissatisfied with the results offered by traditional psychoanalytic therapy. He noted that while his patients were able to become aware of their underlying problems, their behavior did not actually change.

By the 1950s, Ellis had started experimenting with other types of psychotherapy and was heavily influenced by philosophers and psychologists including Karen Horney and Alfred Adler as well as the work of behavioral therapists. Ellis's goal was to develop an action-oriented approach to psychotherapy designed to produce results by helping clients manage their emotions, cognitions, and behaviors.

According to Ellis, "people are not disturbed by things but rather by their view of things." The fundamental assertion of Rational Emotive Therapy is that the way people feel is largely influenced by how they think. When people hold irrational beliefs about themselves or the world, problems result. Because of this, the goal of REBT is to help people alter illogical beliefs and negative thinking patterns in order to overcome psychological problems and mental distress.

Rational emotive behavior therapy was one of the very first types of cognitive therapies. Ellis first began developing REBT during the early 1950s and initially called his approach rational therapy. In 1959, the technique was redubbed rational emotive therapy and later rechristened rational emotive behavior therapy in 1992. Ellis continued to work on REBT until his death in 2007.

The ABC Model

Ellis suggested that people mistakenly blame external events for unhappiness. He argued, however, that it is our *interpretation* of these events that truly lies at the heart of our psychological distress. To explain this process, Ellis developed what he referred to as the ABC Model:

- **A – Activating Event:** Something happens in the environment around you.
- **B – Beliefs:** You hold a belief about the event or situation.
- **C – Consequence:** You have an emotional response to your belief.

The Basic Steps in Rational Emotive Behavior Therapy

1. Identifying the underlying irrational thought patterns and beliefs.

The very first step in the process is to identify the irrational thoughts, feelings, and beliefs that lead to psychological distress. In many cases, these irrational beliefs are reflected as absolutes, as in "I must," "I should," or "I cannot." According to Ellis, some of the most common irrational beliefs include:

- Feeling excessively upset over other people's mistakes or misconduct.
- Believing that you must be 100 percent competent and successful in everything to be valued and worthwhile.
- Believing that you will be happier if you avoid life's difficulties or challenges.
- Feeling that you have no control over your own happiness; that your contentment and joy are dependent upon external forces.

By holding such unyielding beliefs, it becomes almost impossible to respond to situations in a psychologically healthy way. Possessing such rigid expectations of ourselves and others only leads to disappointment, recrimination, regret, and anxiety.

2. Challenging the irrational beliefs.

Once these underlying feelings have been identified, the next step is to challenge these mistaken beliefs. In order to do this, the therapist must dispute these beliefs using very direct and even confrontational methods. Ellis suggested that rather than simply being warm and supportive, the therapist needs to be blunt, honest, and logical in order to push people toward changing their thoughts and behaviors.

3. Gaining Insight and Recognizing Irrational Thought Patterns

As you might imagine, REBT can be a daunting process for the client. Facing irrational thought patterns can be difficult, especially because accepting these

beliefs as unhealthy is far from easy. Once the client has identified the problematic beliefs, the process of actually changing these thoughts can be even more difficult.

While it is perfectly normal to feel upset when you make a mistake, the goal of REBT is to help people respond rationally to such situations. When faced with this type of situation in the future, the emotionally healthy response would be to realize that while it would be wonderful to be perfect and never make mistakes, it is not realistic to expect success in every endeavor. You made a mistake. But that's okay because everyone makes mistakes. All you can do is learn from the situation and move on.

It is also important to recognize that while rational emotive behavior therapy utilizes cognitive strategies to help clients, it also focuses on emotions and behaviors as well. In addition to identifying and disputing irrational beliefs, therapists and clients also work together to target the emotional responses that accompany problematic thoughts. Clients are also encouraged to change unwanted behaviors using such things as meditation, journaling, and guided imagery.

REBT can be effective in the treatment of a range of psychological disorders including anxiety disorders and phobias as well as specific behaviors such as severe shyness and excessive approval seeking.

6.3 ARON BECK COGNITIVE THERAPY: Developed by Dr. Aaron T. Beck, Cognitive Therapy (CT), or Cognitive Behavior Therapy (CBT), is a form of psychotherapy in which the therapist and the client work together as a team to identify and solve problems. Therapists help clients to overcome their difficulties by changing their thinking, behavior, and emotional responses.

A System of Psychotherapy

Cognitive therapy is a comprehensive system of psychotherapy, and treatment is based on an elaborated and empirically supported theory of psychopathology and personality. It has been found to be effective in more than 400 outcome studies for a myriad of psychiatric disorders, including depression, anxiety disorders, eating disorders, and substance abuse, among others, and it is currently being tested for personality disorders. It has also been demonstrated to be effective as an adjunctive treatment to medication for serious mental disorders such as bipolar disorder and schizophrenia. Cognitive therapy has been extended to and studied for adolescents

and children, couples, and families. Its efficacy has also been established in the treatment of certain medical disorders, such as irritable bowel syndrome, chronic fatigue syndrome, hypertension, fibromyalgia, post-myocardial infarction depression, non-cardiac chest pain, cancer, diabetes, migraine, and other chronic pain disorders.

The Cognitive Model

Cognitive therapy is based on a cognitive theory of psychopathology. The cognitive model describes how people's perceptions of, or spontaneous thoughts about, situations influence their emotional, behavioral (and often physiological) reactions. Individuals' perceptions are often distorted and dysfunctional when they are distressed. They can learn to identify and evaluate their "automatic thoughts" (spontaneously occurring verbal or imaginal cognitions), and to correct their thinking so that it more closely resembles reality. When they do so, their distress usually decreases, they are able to behave more functionally, and (especially in anxiety cases), their physiological arousal abates.

Individuals also learn to identify and modify their distorted beliefs: their basic understanding of themselves, their worlds, and other people. These distorted beliefs influence their processing of information, and give rise to their distorted thoughts. Thus, the cognitive model explains individuals' emotional, physiological, and behavioral responses as mediated by their perceptions of experience, which are influenced by their beliefs and by their characteristic ways of interacting with the world, as well as by the experiences themselves. Therapists use a gentle Socratic questioning process to help patients evaluate and respond to their automatic thoughts and beliefs—and they also teach them to engage in this evaluation process themselves. Therapists may also help patients design behavioral experiments to carry out between sessions to test cognitions that are in the form of predictions. When patients' thoughts are valid, therapists do problem solving, evaluate patients' conclusions, and work with them to accept their difficulties.

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The Goal of Cognitive Therapy

The goals of cognitive therapy are to help individuals achieve a remission of their disorder and to prevent relapse. Much of the work in sessions involves aiding individuals in solving their real-life problems and teaching them to modify their distorted thinking, dysfunctional behavior, and distressing affect. Therapists plan treatment on the basis of a cognitive formulation of patients' disorders and an ongoing individualized cognitive conceptualization of patients and their difficulties. A developmental framework is used to understand how life events and experiences led to the development of core beliefs, underlying assumptions, and coping strategies, particularly in patients with personality disorders.

A strong therapeutic alliance is a key feature of cognitive therapy. Therapists are collaborative and function as a team with patients. They provide rationales and seek patients' agreement when undertaking interventions. They make mutual decisions about how time will be spent in a session, which problems will be discussed, and which homework assignments patients believe will be helpful. They engage patients in a process of collaborative empiricism to investigate the validity of the patient's thoughts and beliefs.

Cognitive therapy is educative, and patients are taught cognitive, behavioral, and emotional-regulation skills so they can, in essence, become their own therapists.

This allows cognitive therapy to be time-limited for many patients; those with straightforward cases of anxiety or unipolar depression often need only 6 to 12 sessions. Patients with personality disorders, comorbidity, or chronic or severe mental illness usually need longer courses of treatment (6 months to 1 year or more) with additional periodic booster sessions.

Cognitive therapists elicit patients' goals at the beginning of treatment. They explain their treatment plan and interventions to help patients understand how they will be able to reach their goals and feel better. At every session, they elicit and help patients solve problems that are of greatest distress. They do so through a structure that seeks to maximize efficiency, learning, and therapeutic change. Important parts of each session include a mood check, a bridge between sessions, prioritizing an agenda, discussing specific problems and teaching skills in the context of solving these problems, setting of self-help assignments, summary, and feedback.

Effectiveness of Cognitive Behavior Therapy

In hundreds of clinical trials, CBT has been demonstrated to be an effective treatment for a wide variety of disorders. To name just a few, it has been found useful for:

- ***psychiatric disorders*** such as depression, the full range of anxiety disorders, eating disorders, substance abuse, personality disorders, and (along with medication) bipolar disorder and schizophrenia;
- ***medical disorders with a psychological component***, including several conditions involving chronic or acute pain, chronic fatigue syndrome, premenstrual syndrome, colitis, sleep disorders, obesity, Gulf War syndrome, and somatoform disorders; and
- ***psychological problems*** such as anger, relationship difficulties, and compulsive gambling.

CBT is also used to address stress, low self-esteem, grief and loss, work-related problems and problems associated with aging.

Studies have shown that CBT is effective for children and adolescents, adults, and older adults. It is used in individual, couples, family, and group formats and in a wide variety of settings, such as schools, correctional facilities, outpatient, inpatient, and partial hospitalization units.