

This handout is based on information in Finlay, L. (2015). *Relational Integrative Psychotherapy: Process and Theory in Practice*, Chichester, Sussex: Wiley.

Chapter 11 Cognitive-orientated therapy

Approaches to psychotherapy across all modalities work with clients' thoughts and beliefs enabling them to develop new ways to thinking about themselves and their worlds, e.g.:

- **transactional analysis** - Here a key cognitive focus is on nurturing or decontaminating 'the Adult' and helping clients recognise the nature of any distorted or child-like 'magical' thinking.
- **psychoanalytical** work - Therapists aim to explore conscious versus unconscious experience
- **humanistic** approaches - Therapists work with clients to make sense of experience and meanings along with enabling the client's self-esteem.
- **systemic work** - Therapists focus on the contextual dynamics which influence thinking-feeling-behaviour.
- **cognitive-behavioural therapy (CBT)** – Therapists work cognitively by homing in on the dysfunctional nature of clients' thoughts and see these as influencing behaviour.

Two specifically designed models of *integrative cognitively-orientated therapy* are Cognitive Analytic therapy (CAT) from the UK and Dialectical Behavior Therapy (DBT) from the US. Otherwise, any cognitive model (such as Beck's Cognitive Therapy (CT), and Ellis' Rational Emotive Behavior Therapy (REBT)) might be combined into an integrative programme.

Principles underlying the cognitive tradition

The cognitive tradition encompasses a diverse range of theories, models and techniques spanning the fields of CBT, mindfulness, cognitive science, and positive psychology. They all share the view that cognition (i.e. our ability to think, attend, remember, perceive, problem-solve) are implicated in all human activities, and that changing cognition alters feelings and behaviour.

The **cognitive-behavioural therapy (CBT)** approach itself spans two distinct psychology traditions: the cognitive field celebrating the central role played by cognition, and the behavioural one which applies learning theory to modify behaviour. Blending the two in practice, therapists aim to replace clients' problematic maladaptive behaviours, thoughts, and beliefs with new adaptive ones; and dominant negative, self-defeating, unrealistic, distorted thoughts with more positive, rational ones. For instance, a person with an eating disorder might say of herself, "Once I'm slim, I'll be happy" or "I'm fat so I'm an awful person". Through CBT they would be encouraged instead to say, "I can be happy even if I'm overweight" or "I may be big but I am still an okay, worthy person". To give a different example: A grieving mother who says, "it's my fault she died" might be enabled to move to: "I didn't kill her; her illness did".

Taking a CBT perspective, the extreme emotional distress characteristic of disorders such as depression and anxiety is seen as primarily the result of unrealistic, negative *schemas* which impact on feelings, behaviour and physiological responses. For instance, anxiety can spiral when negative thoughts ("I can't do this. I need to leave. If I don't I'll have a panic attack") lead to bodily hyper-arousal (increased heart rate and palpitations), which in turns triggers 'catastrophic thoughts' ("I'm having a heart attack"), which escalates the original anxiety. CBT argues that by controlling one part of the system – that relating to cognition -- other parts are eased.

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These principles have been applied widely in therapy as seen in various programmes to manage anxiety, depression and anger; manage anger; and to teach social skills and other coping skills through assertiveness training, meditation etc. CBT principles have been utilised in short-term **Brief therapy** work, which offers a directive, structured, time-limited, resource- and solution-focused approach to therapy based on a **psycho-educational** model.

Mindfulness

Most psychotherapy encourages clients to step back in order to observe and describe their experience and become more aware of their process. Recently, cognitively-orientated therapists have sought to integrate self-awareness via mindfulness techniques.

Arising from spiritual traditions such as Buddhism and Hinduism, mindfulness means to be **present**. Through such techniques as meditation, breathing exercises and yoga, it attempts to help us become more aware of our thoughts and feelings so that, instead of being overwhelmed by them, we're better able to manage them. If we are concentrating on being mindful, there is less room left for emotional turmoil.

The aim of mindfulness is to change our relationship with thoughts and feelings -- and thereby with our self. The art is to allow our mind to roam in a non-judgmental, compassionate and effortless way; while aware of passing thoughts, we do not try to stop or change them.

Concluding reflections

Over the last fifty years or so, CBT has emerged as one of psychotherapy's success stories. Part of its success lies in the way therapy outcomes can be behaviourally measured towards showing symptom reduction. A mass of validating research has drawn on these behavioural measures to demonstrate the efficacy of our treatments. CBT- with its associated scientifically-validated technical procedures and manualised protocols - has been embraced in our market-driven healthcare context as a cheap, comparatively quick solution.

Even outside this specific political context, CBT has its passionate devotees and its equally passionate detractors. Something of a divide has opened up between therapists offering CBT and advocates of more holistic approaches, with the latter at times tending to stereotype CBT as reductionist, formulaic and unsuited to relational ways of working.

Such competitive in-fighting between modalities has resulted in a confusing fragmentation of the field which has proved destructive and I'm saddened by this. For any integrative practitioner with a knee-jerk reaction against CBT, it's worth emphasising that CBT techniques are part of our therapy 'tool bag' of resources. We can and do work cognitively! The challenge for us lies in finding ways to integrate cognitive aspects *holistically, relationally* and *mindfully*.