

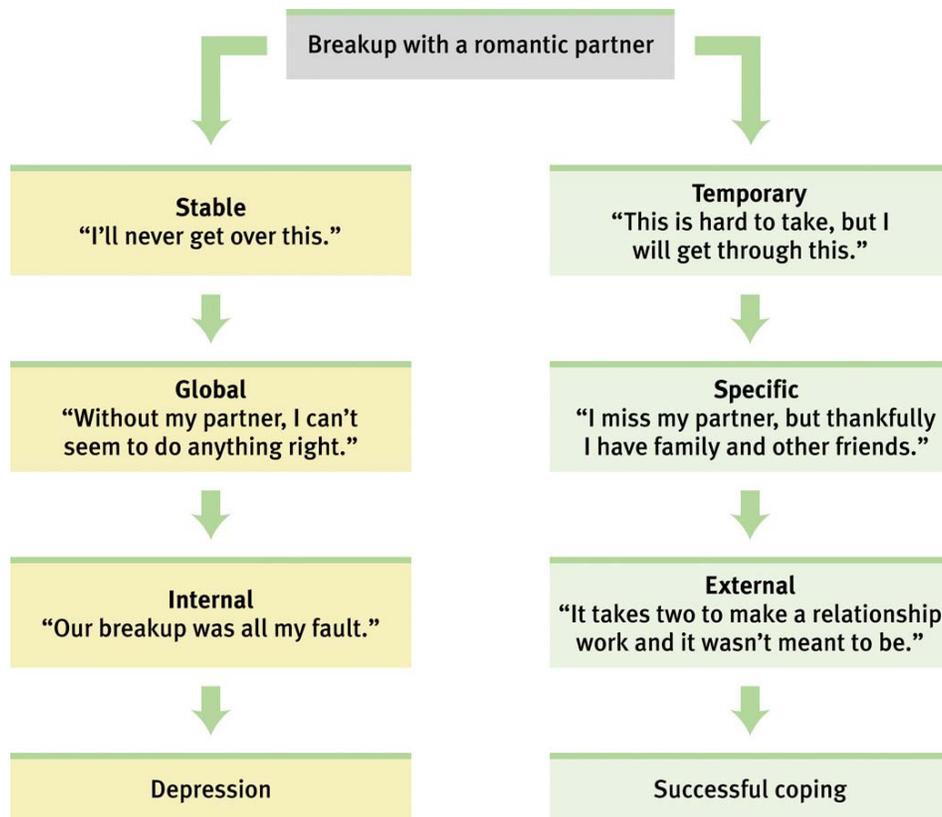
## **Cognitive Therapies**

- Albert Ellis and Rational-Emotive Therapy
- Aaron Beck and Cognitive Therapy
- Cognitive-Behavior Therapy

## Cognitive Therapies

Unlike behavior therapies that assume faulty learning is responsible for problem behavior and emotions, cognitive therapies assume that that faulty thinking is responsible.

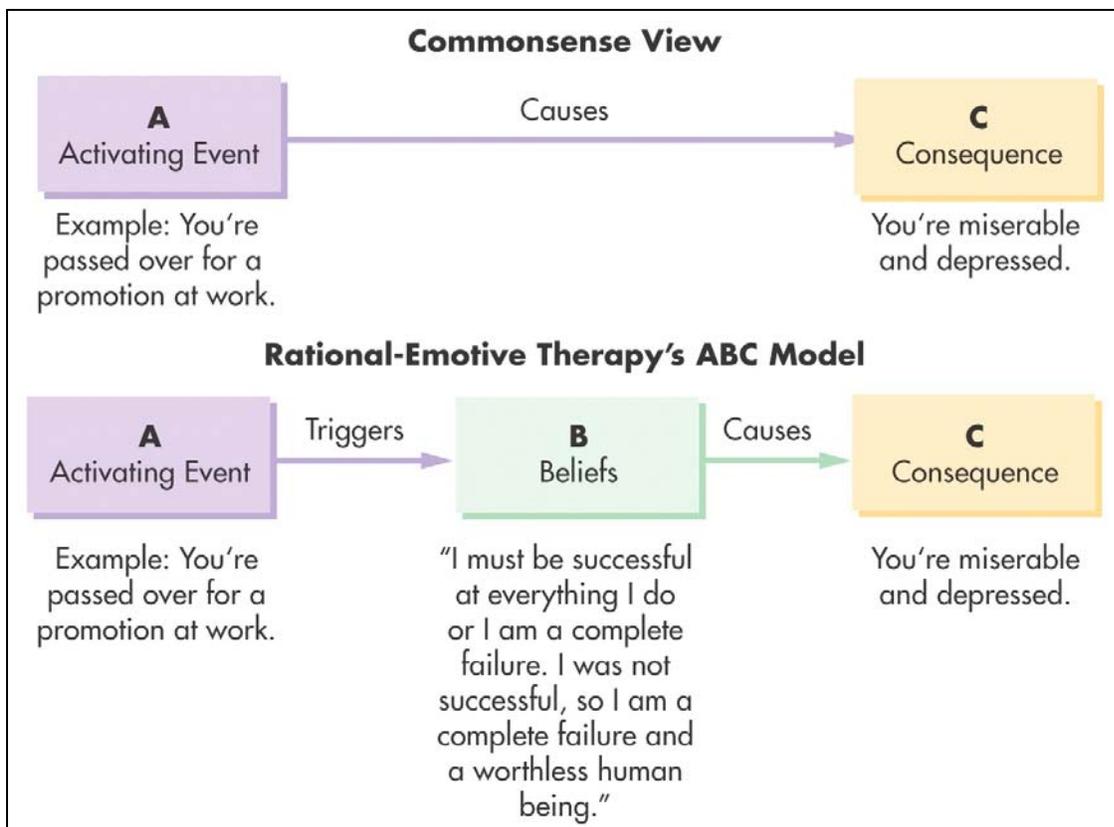
Most people blame their unhappiness and problems on external events and situations. Cognitive therapies view the real cause of unhappiness as the way a person thinks about the events, not the events themselves. Therefore cognitive therapies focus on the faulty patterns of thinking that they believe people use to cause them psychological problems. Once the faulty patterns have been identified, then one needs to change them to more adaptive and healthy patterns of thinking (page 632).



## Albert Ellis and Rational-Emotive Therapy

Albert Ellis was trained as a clinical psychologist and a psychoanalyst. As a psychoanalyst, Ellis seemed to find that it didn't work. People gained insight into their problems, but they didn't seem to get better.

In the 1950s, Ellis began a more active and directive role in his therapy sessions. He developed rational-emotive therapy (RET). RET is based on the assumption that people are not disturbed by things, but rather their view of things. People's difficulties are caused by their faulty expectations and irrational beliefs. RET focuses on changing these patterns of irrational thinking that cause the client's emotional distress (page 643).



## **Rational-Emotive Therapy: Irrational Beliefs**

The key step in rational-emotive therapy is to identify the core irrational beliefs that form the basis of personal distress. Many irrational beliefs we have reflect “musts” and “shoulds” that are absolutes such as “I should like everyone”. Table 15.4 illustrates other irrational beliefs we might have.

Table	15.4
<b>Irrational Beliefs</b>	
<ol style="list-style-type: none"><li>1. It is a dire necessity for you to be loved or approved by virtually everyone in your community.</li><li>2. You must be thoroughly competent, adequate, and achieving in all possible respects if you are to consider yourself worthwhile.</li><li>3. Certain people are bad, wicked, or villainous, and they should be severely blamed and punished for their villainy. You should become extremely upset over other people's wrongdoings.</li><li>4. It is awful and catastrophic when things are not the way you would very much like them to be.</li><li>5. Human unhappiness is externally caused, and you have little or no ability to control your bad feelings and emotions.</li><li>6. It is easier to avoid than to face difficulties and responsibilities. Avoiding difficulties whenever possible is more likely to lead to happiness than facing difficulties.</li><li>7. You need to rely on someone stronger than yourself.</li><li>8. Your past history is an all-important determinant of your present behavior. Because something once strongly affected your life, it should indefinitely have a similar effect.</li><li>9. You should become extremely upset over other people's problems.</li><li>10. There is a single perfect solution to all human problems, and it is catastrophic if this perfect solution is not found.</li></ol>	
SOURCE: Based on Ellis (1991).	

Holding on to irrational beliefs can lead to unhealthy negative emotions, like extreme anger, despair, resentment and feelings of worthlessness. In addition, they feel that they are unable to control or cope with upsetting situations.

To confront these irrational beliefs, the rational-emotive therapist tends to be very direct and can be perceived as being confrontational.

- The therapist tries to use logical and reason to help the client recognize their own irrational beliefs.
- As a client in rational-emotive therapy, the client must first admit their irrational beliefs and accept the fact that these beliefs are irrational and unhealthy. If these beliefs are woven into your self-concept, it may be difficult to tease them out.

In rational-emotive therapy, responding “rationally” to unpleasant situations does not mean to ignore your feelings. It is appropriate to feel sad when rejected or happy when the situation is appropriate.

## **Aaron Beck and Cognitive Therapy**

Like Ellis, Aaron Beck was trained as a psychoanalyst. Beck's cognitive therapy (CT) grew out of his attempts to collect data on the psychoanalytic assumption that depressed patients "have the need to suffer". What he found was that his depressed patients did not have a need to suffer, but went to great lengths to avoid being rejected by others.

What Beck discovered was that depressed people have an extremely negative view of the past, present and future. Rather than realistically evaluating their situation, depressed individuals have developed a negative cognitive bias that consistently distorts their perception of their experiences in a negative way such as

- I can't do anything right
- I'm worthless
- I'm unlovable

Beck's cognitive therapy essentially focuses on correcting the cognitive biases that underlie depression (page 645).

Table 15.5

**Cognitive Biases in Depression**

<b>Cognitive Bias (Error)</b>	<b>Description</b>	<b>Example</b>
Arbitrary inference	Drawing a negative conclusion when there is little or no evidence to support it.	When Joan calls Jim to cancel their lunch date because she has an important meeting at work, Jim concludes that she is probably going out to lunch with another man.
Selective abstraction	Focusing on a single negative detail taken out of context, ignoring the more important aspects of the situation.	During Jacqueline's annual review, her manager praises her job performance but notes that she could be a little more confident when she deals with customers over the phone. Jacqueline leaves her manager's office thinking that he is on the verge of firing her because of her poor telephone skills.
Overgeneralization	Drawing a sweeping, global conclusion based on an isolated incident and applying that conclusion to other unrelated areas of life.	Tony spills coffee on his final exam. He apologizes to his instructor but can't stop thinking about the incident. He concludes that he is a klutz who will never be able to succeed in a professional career.
Magnification and minimization	Grossly overestimating the impact of negative events and grossly underestimating the impact of positive events so that small, bad events are magnified, but good, large events are minimized.	One week after Emily acs all her midterms, she worries about flunking out of college when she gets a B on an in-class quiz.
Personalization	Taking responsibility, blaming oneself, or applying external events to oneself when there is no basis or evidence for making the connection.	Richard becomes extremely upset when his instructor warns the class about plagiarism. He thinks the instructor's warning was aimed at him, and he concludes that the instructor suspects him of plagiarizing parts of his term paper.

SOURCE: Based on Beck & others (1979), p. 14.

Like rational-emotive therapy, cognitive therapy believes that how people think creates their moods and emotions and the role of the therapist is to identify faulty thinking and replace them with healthier ones. However, unlike RET, CT views depression as a result of faulty thinking and unrealistic beliefs, not irrational beliefs.

In cognitive therapy, the first step is for the client to recognize and monitor the automatic thoughts that occur without conscious effort or control. These automatic thinking processes can influence your emotions and reactions to the events without your awareness.

Next once the client has learned how to recognize their negative automatic thoughts, the therapist helps the client learn how to assess these thoughts.

## **Group and Family Therapy**

Individual psychotherapy offers a personal relationship between a client and a therapist that is focused on a single client's problems, thoughts and emotions. However individual psychotherapy has limitations. The therapist sees the client in isolation, rather than within the context of the client's interactions with others and therefore the therapist must rely on the client's interpretation of reality and the client's description of relationship with others (page 648)

Group therapy involves one or more therapist working with several people simultaneously. Groups may be as small as 3 or 4 people or as large as 10 or more people. Group therapy has several advantages over individual psychotherapy (page 648, 649):

- It is less expensive to run. A single therapist can work simultaneous with several people
- Rather than relying on a client's self-perception of how they relate to other people, the therapist can observe their actual interactions with others
- The support and encouragement provided by others in the group may help the person feel less alone and understand that their problems are not unique.
- Other group members may provide each other with helpful, practical advice for solving common problems and can act as models for overcoming problems
- Working within a group gives people an opportunity to try out new behaviors in a safe, supportive environment.

## **Family and Couple Therapy**

Unlike most group therapies and most forms of psychotherapy that tend to focus on an individual and their problems, family and couple therapy focuses on the whole family and not the individual.

The major goal of family therapy is to alter and improve the ongoing interactions among family members. Typically, family therapy involves every member of the family including young children and may include the extended family (page 649)