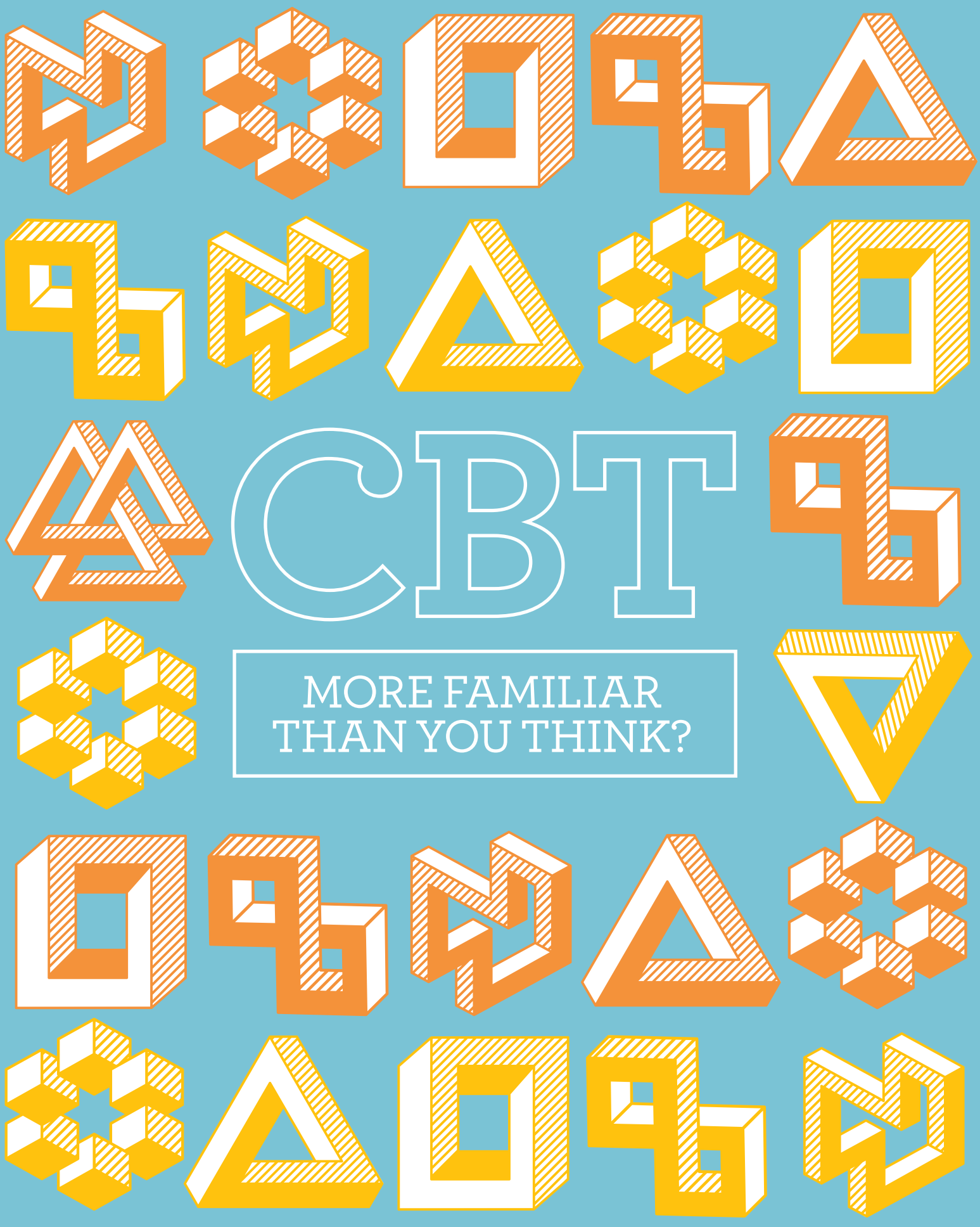

CBT
MORE FAMILIAR
THAN YOU THINK?

AS *MICHAEL OWENS* EXPLORES SOME OF THE SIMILARITIES BETWEEN THERAPEUTIC APPROACHES, HE RECKONS IT'S TIME WE PUT OUR DIFFERENCES TO ONE SIDE

During an interview with Jurist[1], Fonagy describes how factions in the psychoanalytic community have been created by his fellow practitioners. He claims that it is not pluralism to blame for the problems psychoanalysis faces; it is the attitudes of those therapists who build exclusive organisations and deride the practices of others within the field. They do this without any genuine attention to or curiosity for what the others are doing and make assumptions about the efficacy, ethics and diligence of these practices. Although he describes the state of psychoanalysis and the attitudes of its practitioners, Fonagy could be referring to the traditional conflict concerning the effectiveness and value of different therapies.

There is a long-standing mistrust between the therapies which has largely been based on assumptions, poor definitions and contempt for each other's models[2]. This situation has been exacerbated in the case of the cognitive behavioural therapies (CBT) after the recommendation of CBT as the treatment of choice for a variety of psychological disorders in the IAPT programme[3]. Emphasis on 'non-CBT' approaches within IAPT is gradually increasing as the range of treatment options is widened, but CBT still dominates, with only 30 per cent of high-intensity therapists capable of delivering alternatives to CBT[3]. This has created a divisive landscape within the profession; any common ground between therapies can be obscured or easily ignored, which limits the potential for understanding, communication and unification.

What if the contentious issues about CBT – its association with NICE guidelines, the IAPT programme, and randomised control trials – could be set aside momentarily? Could there be a dialogue about the parallels between CBT and the other modalities? There is an increasing body of work exploring the connections between therapeutic approaches and the advantages of adopting a respectful appreciation of other models. Perhaps this might provide an opportunity for an open debate about the theories and practices of psychological therapy with a view to improving all of them.

What follows is a brief comparison of CBT with the person-centred approach, psychodynamic counselling and existential-phenomenological therapy. The features examined here relate to the unconscious and levels of cognition, instinctual drives and inherent tendencies, and the therapeutic relationship. Some of the similarities are obvious and others less so, some are common to all the disciplines, whilst others are more specific, but there are plenty of them.

Before embarking on the comparisons, though, it is important to provide a working definition of the CBT being used here, namely Beck's cognitive therapy.

DEFINITION OF CBT

Cognitive behavioural therapies explore the interaction between thoughts, feelings, behaviour and physical sensations in relation to clients' problems through structured, collaborative and directive sessions. Clients and therapists often form a goal-oriented, time-limited working alliance to develop a mutual understanding of the problems and identify strategies for tackling the issues. The approach regards psychological and emotional difficulties as exaggerations of normal processing and tends to focus on these issues in the here and now. The process is designed to empower the client by employing their own resources. Therefore, clients can take credit for improving their circumstances, which will assist relapse prevention beyond the therapy[4,5].

THE UNCONSCIOUS AND LEVELS OF COGNITION

Beck and his co-authors[6] credit Freud with the central premise that unconscious ideas fuel our emotions and presenting symptoms. Compare the description of the levels of cognition below with Freud's distinction between the three levels of mental activity: the

conscious, consisting of current thoughts and feelings; the pre-conscious, accessible and recalled in the form of memories; and the unconscious, which is unknowable but may be accessed indirectly, through inference and translation into a conscious form. The unconscious is described as an 'image' or 'metaphor' which outlines certain entities that defy accurate description. Within the unconscious are thoughts, feelings and experiences which are hidden from the conscious self as they are 'too threatening or too painful'[7] to accept, appreciate or experience. This may exert an influence on a client's experience of the present through his reaction to certain stimuli. Therapy aims to bring the unconscious into consciousness, which will help the client to be aware of his thoughts, feelings and behaviour and exercise greater control over them[7].

CBT commonly describes cognitive content as being made up of three levels: negative automatic thoughts (NATs), dysfunctional assumptions, and schemas. The thought patterns at each level can undermine a client, limiting his ability to cope with difficulties. These thoughts are programmed and involuntary, so he may not be aware of them and how invasive they can be. NATs are persistent, spontaneous thoughts connected to specific situations: 'My colleagues must think I'm stupid' or, 'This therapy won't work'. Dysfunctional assumptions are conditional rules, often forming 'if/then' statements: 'If I take on a challenge, then I'm going to fail' or, 'If I make a mistake, then I'm useless'. Schemas are essential cognitive patterns which develop to assist a client in making sense of his experiences in the world. These mental structures provide a template for processing information about different situations so that a client can anticipate events and respond appropriately. Schemas are relatively stable, though they allow enough flexibility for a client to be able to integrate new experiences and change expectations. Schemas also incorporate core beliefs, which tend to be deep-rooted, generalised statements about the self, others and the world. They are often about worth, qualities and abilities: 'I'm worthless', 'I'm vulnerable', or 'I'm a failure', and like the schemas, they may only be accessible through the interpretation of thoughts and behaviours[5,8,9].

In both approaches, there is some agreement that a client's perception of experience is formulated from an interactive structure in the mind. Parts of these structures are directly accessible and some less so, to the point where the deepest part of the structures and their origins are unknowable and may only be inferred through symptomatic behaviour. In both cases, no matter how (or why) the information is stored or organised, it is past experience which may stimulate the responses in the present.

To see how this applies in practice, Persons and her co-authors[10] suggest a 'top down/bottom up' comparison in the CBT and psychodynamic approaches. Psychodynamic therapy aims to create awareness through bringing the unconscious into consciousness. This 'bottom up' approach explores the deeper processes with a view to fostering a lasting change in the client[7,10]. However, CBT often deals with symptom removal at the most accessible level of cognition, which means focusing on an aspect of the client's perception before understanding it[10]. This 'top down' method is based on a similar ideology about the mechanisms which maintain the symptoms from a much deeper level through schemas and core beliefs. As the client begins to perceive himself in a different way when tackling the negative automatic thoughts and dysfunctional assumptions, the client's core beliefs and schemas may be challenged, and change may take place at a fundamental level too[10].

Beck and his colleagues also acknowledge Adler's contribution to the development of cognitive therapy: the importance of the client's phenomenological perspective in the therapeutic process[6,11]. The notion that it is not the events which trigger emotional and behavioural responses, but the client's interpretation of those events, sits at the heart of cognitive behavioural theory. Claessens[12] also argues that CBT is phenomenological as it aims to increase the client's awareness of the thoughts, feelings, behaviour and sensations he experiences following a triggering event[12]. As the client gains a greater awareness of his own phenomenology and the limitations of this subjective conscious experience, he can begin to take a 'sceptical, tentative'[12] view of his beliefs about life. This increases his potential to adapt to situations in a healthy, flexible manner rather than repeating unhealthy, fixed reactions.

This constructivist approach clashes with what Van Bilsen describes as the 'fourth wave' of CBT[13]. Fourth wave practitioners rely on a diagnosis derived from the *DSM* and/or *ICD*-10 classifications of mental health disorders, more akin to a medical model of diagnosis and treatment, instead of individualised treatment plans. Several authors within the CBT community acknowledge that clients present an idiosyncratic account of their problems and they advocate a bespoke treatment plan which functions within the scope of each client's unique perspective[9,10,13]. As Van Bilsen states, clients rarely fit into the distinct categories found in manuals of classification and often present therapists with, 'a mixed bag of problems'[13].

INSTINCTS, DRIVES AND TENDENCIES

There are parallels between the instinctual drives Freud identified – Eros and Thanatos – and the tendencies towards formation and entropy that Rogers proposed[2]. Eros drives growth within the organism: learning, development, experience, love and reproduction are its fundamental expressions. Thanatos is described as the death drive or instinct. Thanatos is a destructive force, disabling the drive to grow and experience, impeding

progress, and ultimately dismantling the organism and returning it to a lifeless state[14]. These drives may explain a broad range of human preoccupations and behaviour. Education, relationships and starting families, which relate to the creative Eros, are widely accepted and encouraged within human society. Self-destructive behaviours, addictions and suicides are still commonly misunderstood, and even feared, in society, though Thanatos might explain their presence in the human experience.

Rogers[15] also identified similar tendencies in human beings and throughout all forms of life. He acknowledged the inevitable decay of life, and, so clearly charted by physical science, even the universe itself. However, he gave equal weight to the constructive, creative force that urges life to fulfil its potential, even in the most inhospitable conditions. As an example of this, Rogers remembered seeing the winter store of potatoes in the basement of his childhood home. The potatoes would not be planted or nurtured into maturity, and yet, they continued to develop inadequate shoots which would reach towards the basement window as they struggled to realise their potential. In the most desperate and futile circumstances, Rogers asserted that life does not surrender its determination to grow. Transposing these ideas into his therapeutic work, Rogers created the basis for his practice – to trust in the client's tendency to learn, organise, and progress, no matter how distorted the existence[15].

Casemore and Tudway[2] suggest that the creative and destructive tendencies found in the work of Freud and Rogers are reflected in CBT: the struggle between the rational and irrational. According to cognitive theory, there are at least 10 cognitive distortions arising from poor appraisals of a situation[5]. These are usually involuntary generalisations which undermine clients through an overestimation (or underestimation) of threat, incomplete assumptions about a situation and its consequences, and a narrow selection of options for response. One example of a cognitive distortion is 'All or nothing thinking', where situations with many possible implications are viewed as either exclusively positive or utterly negative eg achieving less than top of the class in an exam is regarded as a total failure[5]. An irrational perspective of a situation may be based on a biased, negative view of the client's past efforts, can be influenced by emotional distress, and could stem from core beliefs and schemas. These distorted thought patterns provide the client with 'evidence' which reinforces self-defeating behaviours and could affect the client's future performance.

CBT encourages the client to develop his ability to perceive events accurately and to accept that individual perception is impermanent and imperfect[9,12]. Maintaining a rational perspective is very difficult as it requires the client to critically evaluate his initial appraisal of a situation. This requires an assessment of his reactions (thoughts, emotions, behaviours, physical sensations) as well as assessing the environment: the dynamics of the relationships, cultural norms, traditional customs and organisational context. This fresh appraisal requires time, motivation, education and reflection – a lot of insight and effort, in other words! It is also comparable with the openness Rogers imagined if it could be possible to perceive each moment as entirely fresh, allowing the moment to occur without judgment or preconception. The result would be a client contributing to the experience and observing it simultaneously without a fixed notion of what should happen next or how he should think or feel about it[16]. Both approaches promote an enhanced responsiveness and flexibility to experience life through a dual process of introspection and inspection[6,16].

The duality of the constructive and destructive instincts and the capacity for rationality and irrationality is reflected in Casemore and Tudway's statements about clients' determination to change: even though clients may be highly motivated to change, they can experience a great resistance to therapy[2]. Perhaps this may be explained by Fried's claim[17] that Freud believed in a 'creative Eros that is in fundamental, unavoidable conflict with destructiveness'.

The expression of Eros, the constructive attempt to heal and develop in therapy, could be thwarted by the self-destructive instinct within us. Even though Fried[17] states that Thanatos eventually dominates, just as entropy will undo the universe, he does offer some hope. It is possible to derive meaning from life and the collected meanings accumulate to provide an ever-evolving response to the challenge of living.

THERAPEUTIC RELATIONSHIP

The relationship between client and counsellor is a vital element of the therapeutic process, which is established through the counsellor's genuine concern for the client's wellbeing and focused attention on his subjective experience. Whilst the therapeutic relationship is regarded as the essential component for psychological change in person-centred and psychodynamic work, it is not sufficient to produce a positive outcome in CBT[2,7,12].

This genuine concern and focused attention can be promoted through certain conditions, which are generally accepted as being: congruence, acceptance and empathy. Rogers[16] described congruence as the ability to feel what is happening at any given moment and communicate this if necessary. He maintained that this quality of genuineness embodied the trustworthiness of the therapist. Next, he discussed the therapist's acceptance of the client, most importantly, without conditions. The therapist's positive regard for the client eschews any judgment and disapproval, and allows the client to fully experience the emotions he

feels. Thus, the client begins to experience congruence within himself. Finally, Rogers described empathic understanding: the therapist comprehends the meanings and feelings the client experiences 'as if' those values and emotions were his own[16].

With such emphasis on the scientific enquiry of cognitive therapy, Beck and his co-authors warn against ignoring the human aspect of the therapeutic interaction and propose that the core conditions of warmth, accurate empathy and genuineness are necessary for the application of the therapy[6]. Jacobs[7] also makes reference to at least one of the core conditions described by Rogers – unconditional positive regard. He states that, from a psychodynamic perspective, unconditional positive regard is the counsellor's way of transferring all the positive attributes of the parent-child relationship onto the therapeutic interaction. Therefore, a good parent will function genuinely in the parent-child relationship, accept the child as he is and try to understand the child's perspective of himself in the world as accurately as possible.

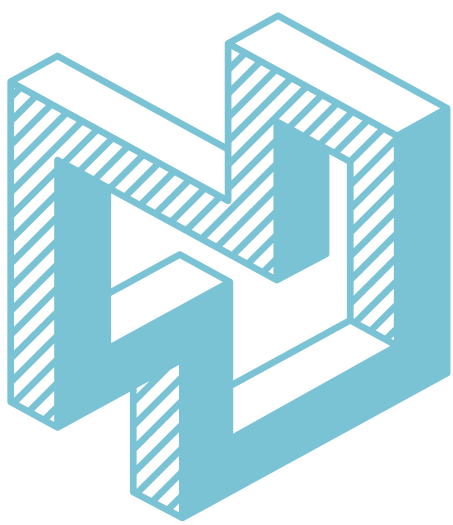
There is an increasing body of work exploring the connections between therapeutic approaches and the advantages of adopting a respectful appreciation of other models

Transference occurs when a client relates to others in the present by repeating the ways they related to significant others from their past. Therefore, a client may relate to the counsellor in the same way as he related to his parents. Psychodynamically, this is viewed as an opportunity to help the client to work through the difficulties and losses experienced in early childhood[7]. CBT practitioners may also identify transference and treat this as a distortion in the therapeutic relationship. Falling in love with the therapist, regarding her as a saviour, expecting rejection from her and making the therapist the focus for hostility are common forms of this distortion in the therapeutic alliance[6].

Persons and co-authors[10] give a useful example of how a cognitive behavioural therapist can use the transferential aspects or distortions in the therapeutic relationship to develop an alternative to the established pattern of behaviour. In the example, the therapist notices the pattern of their interactions and challenges the client to re-evaluate expectations of the therapist and the process. In doing this, they establish how the client's need for care and freedom from responsibility conflicts with the desire for independence. This process follows the learning cycle of the CBT process, but the client learns, 'not via intellectual disputation, but *through her experience with the therapist*' [original italics][10].

The idea that the therapeutic relationship between counsellor and client could stimulate positive change by itself has been promoted since the 1940s by psychoanalysts such as Fenchiel, and Alexander and French[18]. These writers asserted that a client in therapy might learn from an opportunity to confront his fears and reduce them without the need for a deeper analysis and resolution of past experiences. This focus upon the here and now in the therapeutic interaction is echoed in person-centred and cognitive behavioural approaches, which could stimulate change without necessarily gaining insight into a client's past.

In spite of the willingness to acknowledge and treat the transferential aspects of the working alliance, it is important to note that CBT practitioners do not view the therapeutic relationship as representing a former connection with a significant other. The CBT alliance is described as a, 'relationship in its own right', which can make the client aware of his potential in other circumstances outside the therapy sessions[5].



CONCLUSION

Each of the therapies has the same purpose: to help clients tackle their problems effectively and improve their health, welfare and quality of life. Therefore, it should not come as a surprise that there are many similarities between the approaches.

It would appear that the influence of the past upon the present is not restricted to clients and their problems. Two of the key figures within CBT, Ellis and Beck, developed their ideas about cognitive therapies as a reaction to their dissatisfaction with psychoanalysis and its results (notably, Rogers encountered a similar frustration and forged his own path with the person-centred approach)[2]. Certain elements of their initial training provided the foundation for these new theorems and their influence endures throughout the pluralism of the present[2].

A greater understanding of the different disciplines and their similarities encourages therapists to reflect on the decision to remain loyal to a particular approach (or integrate it with other ideas or even abandon it altogether). Casemore and Tudway[2] state that their CBT course for person-centred counsellors reinforced the students' previous commitment to their model rather than altering their practice with a new direction. This knowledge dispelled many of their preconceptions about CBT and gave them a fresh perception of the therapeutic relationship. Several of them used a CBT-led theoretical understanding of the client's complex thought processes whilst they continued to practise the person-centred approach.

Whilst the spirit of Eros is alive and well, stimulating growth and invention and sustaining pluralism within the profession, its destructive counterpart is also at work, causing dissonance and disorder. Hence, Fonagy, in his dialogue with Jurist[1], does not condemn pluralism. The criticism he aims at the divisive factions within psychoanalysis is a potent microcosm of the whole profession. His complaint suggests a state of incongruence within the therapeutic world: therapists go to a great deal of trouble to understand clients and their phenomenology, whilst prematurely dismissing the perspectives being used and developed by colleagues in other modalities. Ultimately, Fonagy's appeal is that we value each other with the same respect we show our clients.

Please note that, for clarity, the therapist is referred to as 'she' and the client 'he' throughout this article.

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READER RESPONSE

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