

1. Details of Module and its structure

Module Detail	
Subject Name	Psychology
Course Name	Psychology 03 (Class XII, Semester - 1)
Module Name/Title	Cognitive Therapy - Part 3
Module Id	lepy_10503
Pre-requisites	Understanding of several psychological models, including Cognitive and Humanistic-Existential model (including understanding of Carl Roger's and Maslow's theories)
Objectives	After going through this lesson, the learners will be able to understand the following: <ul style="list-style-type: none">To understand the use of Cognitive therapy and Humanistic-Existential therapy
Keywords	Rational Emotive Therapy, Antecedent Events, Beliefs, Irrational Beliefs, Consequence, Non Directive Questioning, Core Schemas, Dysfunctional Cognitive Structures, Bio-Psychosocial Approach, Self Actualization, Facilitator, Logotherapy, Existential Anxiety

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1. Cognitive Therapy

Cognitive therapies locate the cause of psychological distress in unrealistic ideas, irrational thoughts and beliefs that a person harbours. The immediate goal of cognitive therapy is to address symptom relief, including behavioral problems and distortions in logic. Its ultimate goal is to eliminate systematic cognitive distortions. *Cognitive therapy is present-centered, directive, active, problem-oriented.*

- Albert Ellis formulated the Rational Emotive Therapy (RET). The central thesis of this therapy is that irrational beliefs mediate between the antecedent events and their consequences. The Rational Emotive Therapy starts with the antecedent-belief-consequence (ABC) analysis.

Antecedent → Belief → Consequent

Antecedent events, which caused the psychological distress, are noted. These are the negative activating conditions which can lead to irrational belief system. For example, this can be in the form of loss of significant other, a close relationship breakup, not being able to get a right job, a physical disability due to an accident etc.

The client is also interviewed to find the irrational beliefs, which are distorting the present reality. Irrational beliefs may not be supported by empirical evidence in the environment. These beliefs are characterised by thoughts with 'musts' and 'shoulds', i.e. things 'must' and 'should' be in a particular manner. Examples of irrational beliefs are, "One should be loved by everybody all the time", "Human misery is caused by external events over which one does not have any control", everyone is getting the right job except me etc.

This distorted perception of the antecedent event due to the irrational belief leads to the consequence, i.e. negative emotions and behaviours like depression, loneliness, sadness, grief, anxiety etc. These negative emotions lead to negative and unhelpful thinking which reinstates the irrational belief system.

Irrational beliefs are assessed through questionnaires and interviews. In the process of Rational Emotive Therapy, the irrational beliefs are refuted by the therapist through a process of non-directive questioning. The nature of questioning is gentle, without probing or being directive.

The questions make the client to think deeper into her/his assumptions about life and problems. Gradually the client is able to change the irrational beliefs by making a change in her/his philosophy about life. The rational belief system replaces the irrational belief system and there is a reduction in psychological distress.

Box 1

Here are some basic irrational beliefs and assumptions that can cause maladaptive emotions and behaviors:

- It is essential for a person to be loved, liked and approved of by almost everyone for virtually everything.
- A person must be thoroughly competent, adequate, and successful in all respects.
- Certain people are bad, wicked, or villainous and should be punished for their sins.
- It is disastrous when things do not follow, or fall in line with, the way one would like them to be.
- Human emotional trauma and suffering is caused by external sources. People have little or no ability to control their sorrows or to rid themselves of negative feelings.
- It is right to be overly preoccupied with, and upset about something that may be dangerous or fearsome.
- It is easier to avoid facing many of life's difficulties and responsibilities than it is to undertake more rewarding forms of self-discipline.
- The past is all-important. Because something once strongly affected someone's life, it should continue to do so indefinitely.
- People and things should be different from the way they are. It is catastrophic if perfect solutions to the grim problems of life are not immediately found.
- Maximal human happiness can be achieved by inaction, or by living as destined, and thus suffering passively.

Consider this example

Angela: I am 25 years now and am not able to support my mother and sister.

Therapist: What kind of support do you want to give to your family?

Angela: When I was younger I could see my mother struggle to earn. I always felt that I will take up a job and provide her with financial security but I have not been able to get a job. I have no money and feel guilty all the time.

Therapist: So you are worried about your mother but your mother is in good health and has a good job.

Angela : I know but I have not been able to do anything for her. I feel like I am a failure in life .

Therapist : Instead of being guilty and thinking about not getting a job,how about working towards finding a good job? Can you strive towards enhancing your qualifications and skills?

Angela: Oh yes,I always felt so miserable that I never thought this way. Great that you told me. I feel I am capable enough to work harder to find a job.

Another cognitive therapy is that of Aaron Beck. In order to function in different life situations we are continuously dependent on observing, taking in, interpreting and storing data from our environment . The therapist helps the clients to obtain information on their own. This will lead them to discard their inaccurate thinking through a process of cognitive appraisals i.e. evaluate situations themselves in terms of memories, values,beliefs,thoughts and expectations.

Further, we rely on feedback to inform us as to the accuracy or utility of our interpretations and the outcome of the actions we take in response to these interpretations . Without a reasonable method of abstracting and appraising the information regarding the nature and demands of a particular situation, the client could not exhibit the appropriate behaviours to deal with it . Hence the client discovered more appropriate ways of thinking about themselves and others.

Beck's theory of psychological distress characterised by anxiety or depression, states that childhood experiences provided by the family and society develop core schemas or systems, which include beliefs and action patterns in the individual. The existence of these structures, that is schemas ,account for the repetitiveness of the same type of thinking in a given individual with each recurrence of depression and also has striking similarities of nature of thinking pattern from one individual to the other. These core schemas determine the basis in information processing and ultimately shape the interpretations of experience and expectations. These mental processing constructions are predominantly 'schema driven' rather than 'data driven' as in normal appraisals Thus, a client, who was neglected by the parents as a child, develops the core schema of "I am not wanted". During the course of life, a critical incident occurs in her/his life. S/he is publicly ridiculed by the teacher in school. This critical incident triggers the core schema of "I am not wanted" leading to the development of negative automatic thoughts. Negative thoughts are persistent irrational thoughts such as "nobody loves me", "I am ugly", "I am stupid", "I will not succeed", etc. Such negative automatic thoughts are characterised by cognitive distortions.

Box 2

Common cognitive distortions

Dichotomous thinking :you are either perfect or extremely useless.

Mental filter : magnifying the negative aspects of something.

Mind reading: you know exactly what other people are thinking .

Catastrophic exaggeration : thinking that your worst fear will come true .

Controlled beliefs : believing that destiny plays an upper hand , so you are helpless.

Cognitive distortions are ways of thinking which are general in nature but which distort the reality in a negative manner. These patterns of thought are called dysfunctional cognitive structures. They lead to errors of cognition about the social reality. Repeated occurrence of these thoughts leads to the development of feelings of anxiety and depression. The therapist uses questioning, which is gentle, non-threatening disputation of the client's beliefs and thoughts. Examples of such question would be, "Why should everyone love you?", "What does it mean to you to succeed?", etc. The questions make the client think in a direction opposite to that of the negative automatic thoughts whereby s/he gains insight into the nature of her/his dysfunctional schemas, and is able to alter her/his cognitive structures. The aim of the therapy is to achieve this cognitive restructuring which, in turn, reduces anxiety and depression.

Case

A 46 year old woman's son's left leg had to be amputated after a plane he was flying crashed. She felt miserable and helpless. Her family tried to help her but she could not be consoled. She held herself responsible for her son's decision to join the Air Force. She thought of herself as the worst mother. She felt that all bad things happen to her. This distress let her into depression. Her family tried to make her feel calm and composed but she said she felt that her loss was irreparable.

The following is the dialogue between the therapist and her ,where the therapist points out in a friendly questioning manner.

Therapist : Your thought was your son lost his leg because of you .And that you are the worst mother. All bad things happen to you.

Patient : Yes, this is what I feel.

Therapist : So you mean to say that your helpful act in letting your son make career choice is wrong .Moreover nothing good has happened over these yours to you.

Patient : Yes

Therapist: Think of a worse situation where your son could have met with severe injuries of the brain,sight or even death.Could there have been worse injuries?

Patient: Yes

Therapist:So has something good happened to you?

Similar to behaviour therapy, cognitive therapy focuses on solving a specific problem of the client. Unlike psycho-dynamic therapy, behaviour therapy is open, i.e. the therapist shares her/his method with the client. It is short, lasting between 10–20 sessions.

Thus to conclude it is observed that cognitive therapy is best for patients who can relate thoughts, behavior, and feelings well are comfortable with self-help. The main emphasis of cognitive therapy is to be realistic and accurate in assessing oneself.

Psychologist Donald Meichenbaum pioneered the self-instructional, or "self-talk," approach to cognitive-behavioral therapy in the 1970s. This approach focuses on changing what people say to themselves, both internally and out loud. It is based on the belief that an individual's actions follow directly from this self-talk. This type of therapy emphasizes teaching patients coping skills that they can use in a variety of situations to help themselves. The technique used to accomplish this is self-instructional inner dialogue, a method of talking through a problem or situation as it occurs.

Self—instructional training, first used with hyperactive children to change maladaptive thinking processes, and stress inoculation training, used successfully with both clinical and high risk non—clinical population to help them alter conceptualizations, employ coping skills and successfully confront stressful situations.

Case

Mohammad Asif is a school student who is in a stressful situation. He is unable to concentrate and falls into self doubting thought patterns like the following :

Mohammad Asif : I'm really scared. My mind goes blank. I can say I might fail the exams, forget about getting a decent grade. I cannot keep my mind calm.

Self instructional training is used to teach the relevance of monologues like

“I will be able to cope with this exam”.

” I can meditate and be calm.”

“I will read one question at a time and if I get anxious I will try to take long deep breaths and reduce the level of anxiety to the best of my understanding. “

The effectiveness of this positive self talk has been observed in reducing anxiety ,enhancing self control and acknowledging achievement deficits.

The most popular therapy presently is the **Cognitive Behaviour Therapy (CBT)**. Cognitive behaviour therapy generally provides both direct action and cognitive coping techniques which differ from one situation to the next .Direct action modes include such activities as changing the environment ,engaging in various therapeutic activities and learning relaxation skills . Emphasis of cognitive behaviour perspective is to assist patients in developing a problem solving task oriented set of coping strategies in which they think of each stressful, painful or symptomatic situation as a problem having response alternatives rather than as a threat or provocation .. Research into the outcome and effectiveness of psychotherapy has conclusively established Cognitive Behaviour Therapy to be a short and efficacious treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks, and borderline personality, etc.

Cognitive Behaviour Therapy adopts a bio-psychosocial approach to the delineation of psychopathology. It combines cognitive therapy with behavioural techniques.The rationale is that the client’s distress has its origins in the biological, psychological, and social realms. Hence, addressing them as follows:

- i. Biological aspects through relaxation procedures,
- ii. The psychological ones through behaviour therapy and cognitive therapy techniques and the social ones with environmental manipulations

This bio-psychosocial approach makes Cognitive Behaviour Therapy a comprehensive technique which is easy to use, applicable to a variety of disorders, and has proven efficacy.

*Thus through 'Guided Discovery'*the therapist elucidates behavioral problems and faulty thinking by designing new experiences that lead to acquisition of new skills and perspectives. Through both cognitive and behavioral methods, the patient discovers more adaptive ways of thinking and coping with environmental stressors by correcting cognitive processing.

Box 3

In clinical settings, an intake interview or evaluation is required before a patient begins therapy. The intake interview is used to evaluate the patient and assign him or her to a

therapist. It may be conducted by a psychiatric nurse, counsellor, or social worker. Because the patient and therapist work closely together to achieve specific therapeutic objectives, it is important that their working relationship is comfortable and their goals are compatible. The rapport between the two should be developed to enhance the comfort level of the person. Before beginning treatment, the patient and therapist should meet for a consultation session, or mutual interview. The consultation gives the therapist an opportunity to make an initial assessment of the patient and recommend a course of treatment and goals for therapy. It also gives the patient an opportunity to find out important details about the therapist's approach to treatment, professional credentials, and any other issues of interest.

2. Humanistic-existential Therapy

Humanistic psychologists generally do not deny the importance of many principles of behaviorism and psychoanalysis. They value the awareness of antecedents to behavior as well as the importance of childhood experiences and unconscious psychological processes. Humanistic psychologists would argue, however, that humans are more than the collection of behaviors or objects of unconscious forces.

Humanistic existential therapy emphasises on understanding human experience and focuses on the client rather than the symptoms. Psychological problems (including substance abuse disorders) are viewed as the result of inhibited ability to make authentic, meaningful, and self-directed choices about how to live. The emphasis for many humanistic therapists is to establish a therapeutic relationship that is accepting, and honours the unique world in which the client lives. The humanistic approach is also holistic in that it assumes an interrelatedness between the client's psychological, biological, social, and spiritual dimensions.

Humanistic psychology assumes that people have an innate capacity toward self-understanding and psychological health. Consequently, interventions are aimed at increasing client's self-awareness and self-understanding. Humanists draw on the perspective that we have control of our own behaviour and we can make choices about the kind of life we want to live. It is up to us to solve the difficulties we encounter in our daily lives.

The humanistic-existential therapies thus postulate that psychological distress arises from feelings of loneliness, alienation, and an inability to find meaning and genuine fulfilment in life. Human beings are motivated by the desire for personal growth and self-actualisation, and an innate need to grow emotionally. When these needs are curbed by society and family, human beings experience psychological distress. For the humanistic therapist, not being one's true self

is the source of problems. They seek to help people understand themselves and find ways to come closer to the ideals they hold for themselves .

Self-actualisation is defined as an innate or inborn force that moves the person to become more complex, balanced, and integrated, i.e. achieving the complexity and balance without being fragmented. Integrated means a sense of whole, being a complete person, being in essence the same person in spite of the variety of experiences that one is subjected to. Just as lack of food or water causes distress, frustration of self-actualisation also causes distress. Healing occurs when the client is able to perceive the obstacles to self-actualisation in her/his life and is able to remove them. Self-actualisation requires free emotional expression. The family and society curb emotional expression, as it is feared that a free expression of emotions can harm society by unleashing destructive forces. This curb leads to destructive behaviour and negative emotions by thwarting the process of emotional integration. Therefore, the therapy creates a permissive, non-judgmental and accepting atmosphere in which the client's emotions can be freely expressed and the complexity, balance and integration could be achieved. The fundamental assumption is that the client has the freedom and responsibility to control her/his own behaviour. The therapist is merely a facilitator and guide. The therapist must be willing and able to engage the client in a genuine and authentic manner, in order to help the client make meaningful change. It is the client who is responsible for the success of therapy. The chief aim of the therapy is to expand the client's awareness. Healing takes place by a process of understanding the unique personal experience of the client by herself/himself. The client initiates the process of self-growth through which healing takes place. The therapeutic relationship serves as a vehicle or context in which the process of psychological growth is fostered.

Existential Therapy

The most imperative notions that humanistic therapist propagate are acceptance and growth, whereas those for existential therapist are the client's responsibility and freedom. The core question addressed in existential therapy is "How do I exist?" in the face of uncertainty, conflict, or death.

Box 4

Show a cartoon where two people are talking.

Person 1 : "Why do we exist ?"

Person 2 : " I am here in this world to look after my father, what about you."

Existential psychotherapy involves teaching the person in therapy to grow and embrace his or her own life and to exist in it with wonder and curiosity. By doing so, a person is able to view his or her life experience as a journey rather than a trial, and can eradicate the fear associated with difficult and tragic life situations.

As one of the first existential philosophers, Existential therapy is a very collaborative approach. Because of the focus on genuineness, authenticity, and awareness, it requires the therapist to be emotionally present and available. An individual achieves authenticity through courage and is thus able to define and discover his own meaning in the present and the future.

Authentic living means being true to oneself and honest about one's own possibilities and limitations, continually creating one's own identity even in the face of deep uncertainty about everything in the future. Individuals who are interested in self examination and who view their concerns as issues of living rather than symptoms of a illness are more likely to benefit from this approach to counselling.

Soren Kierkegaard theorized that human discontent could only be overcome through internal wisdom. Therefore, people are free to choose among alternatives available to them in living and have a large role in shaping their own personal destinies. The manner in which we live and what we become are results of our choices and people must take responsibility for directing their own lives. Existential therapy is also well suited to those facing issues of existence, for example those with a terminal illness, those contemplating suicide, or even those going through a transition in their life.

The theories recognize at least four primary existential givens:

- Freedom and associated responsibility
- Death
- Isolation
- Meaninglessness

These four existential realities are the root of most psychological problems and have no ultimate answers.

Victor Frankl, a psychiatrist and neurologist propounded the Logotherapy. Logos is the Greek word for soul and Logotherapy means treatment for the soul. Frankl calls this process of finding meaning even in life-threatening circumstances as the process of meaning making. The basis of meaning making is a person's quest for finding the spiritual truth of one's existence. The client creates meaning in their own emotions, thoughts, beliefs, and personal history.. Just as there is

an unconscious, which is the repository of instincts, there is a spiritual unconscious, which is the storehouse of love, aesthetic awareness, and values of life. Neurotic anxieties arise when the problems of life are attached to the physical, psychological or spiritual aspects of one's existence. Frankl emphasised the role of spiritual anxieties in leading to meaninglessness and hence it may be called an existential anxiety, i.e. neurotic anxiety of spiritual origin. The goal of logotherapy is to help the patients to find meaning and responsibility in their life irrespective of their life circumstances. The therapist emphasises the unique nature of the patient's life and encourages them to find meaning in their life.

Box 5

****(here we can show a person with a therapist. The person is shown as upset but the therapist is comforting by stating “ find the meaning of your existence.”)****

In Logotherapy, the therapist is open and shares her/his feelings, values and his/her own existence with the client. The emphasis is on here and now. Transference is actively discouraged. The therapist reminds the client about the immediacy of the present. The goal is to facilitate the client to find the meaning of her/his being.

From Viktor Frankl's life (1905-1997)

Everything can be taken from a man or a woman but one thing: the last of human freedoms to choose one's attitude in any given set of circumstances, to choose one's own way. – V. Frankl

In 1942 Frankl, along with his wife and parents were deported to a Nazi concentration camp. In 1944 his wife and parents died; Frankl was liberated in 1945. He and his sister (who escaped Europe before the war) were the only survivors of his immediate relatives.

Because of the suffering experienced in this camp – his own and others – he came to the conclusion that even in the bleakest of situations, life can be meaningful. Hence, there can be meaning in suffering. He called his particular approach Logotherapy.