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**DOES COGNITIVE BEHAVIOURAL THERAPY NEED TO
REDISCOVER ITS EXISTENTIAL SOUL?**

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ABSTRACT

Cognitive Behavioural Therapy (CBT) has become a relatively dominant force within the psychotherapy arena. This review critically examines the extent the what CBT neglects phenomenological components within the psychotherapeutic tradition. This paper also investigates the prevailing tendency within CBT to objectify patient's experience under the false assumption that all individuals' experience reality in the same fashion, or that there is one given perception which is acceptable or 'normal'. It is found here that treatment of mental illnesses which is based solely understanding individuals' cognitive perceptions can lead one to neglect important wider social factors impinging upon the person's mental health.

Keywords: Cognitive Behavioural Therapy, psychotherapy, phenomenology

INTRODUCTION

Cognitive Behavioural Therapy (CBT) has become a dominant psychotherapy for a wide range of mental disorders (Hofmann & Asmundson, 2008). When looking into the historical roots of CBT it becomes evident that its tradition does not emerge solely from behavioural tradition. The foundations underpinning this particular therapy are based in the notion that emotional and behavioural responses are based, influenced and moderated by the individual's perception of its surroundings (Beck, 1979; Beck *et al*, 1979). Furthermore, in terms of its epistemological underpinnings one could argue that CBT conforms to cognitive realism (Edwards, 1990).

As individuals' thoughts, personal meanings and beliefs became recognised as playing a key role in determining behaviour and emotion, the term *behaviour therapy* was superseded by *cognitive-behaviour therapy* (Edwards, 1990). It should also be evident that the historical roots of CBT are not solely embedded in the behavioural tradition. For instance, the work of Beck and Ellis is thought to have been influenced to a great extent by psychoanalytic principles developed by Adler and Horney (see Freeman, 1983). Moreover, it has been argued that phenomenology has exerted some historical influence in the development process of CBT (Shaw & Emery, 1979).

CBT has been criticised for being based on a mechanistic realism model (Hayes *et al*, 1999; Hayes *et al*, 2006). For instance, the starting point of Hayes *et al* (1999) criticism is that CBT (and Cognitive Psychology itself) underpinning assumptions are based on the computer metaphor which regards the human mind as an information-processing machine which simply stores, access, processes and retrieves information. Using the computer analogy, it is evident that one can simply replace bad memory chips with good ones, or when software becomes corrupt or obsolete it can be replaced with a new one. In this way, CBT takes the position that it is possible to eradicate a problem by adopting an "out with the bad, and in with the good" approach. One could further argue that such practices reflect and inadvertent pathologizing culture of cognitive realism, where one type of thought processes are classified as normal and acceptable whilst other types of thought must be rid from the mind.

In order for CBT to become an effective therapy it has to address all aspects of mental disorders including behaviour, emotional and cognitive experience. Here, addressing meaning and subjective experience is a *sin ne qua non* for an effective CBT intervention. More specifically, CBT health practitioners must take into account that meaning does not have an independent existence which is somehow separated from the patient. Patients' emotional experiences, although supposedly 'distorted', are meaningful and intelligible. They and convey a message about the patient's perception and emotional experience at any given time. Such perceptions and emotional experiences must be situated within the social context in which they occur (Hayes *et al*, 2006). Very often the tendency is to objectify patient's experience under the false assumption that all individuals' experience reality in the same fashion, or that there is one given perception which is acceptable or 'normal', compared to other which are deemed unacceptable, and therefore should be discarded immediately (Zettle & Hayes, 1987). One could further argue that a mechanistic approach may not provide deeper understanding of meaning involved in patients' behaviour and emotional experience.

CBT has been target of much criticism particularly in the field of marriage and family therapy. In this respect, Felgoise *et al* (2005) postulates that CBT is only effective when dealing with children with behavioral or family problems, and that health professional within this area are seen as mechanistic and very rigid in their approach. It has been argued that strategies of existential psychotherapy can enrich CBT process (Prasko *et al*, 2012). One could look for example at the work of Kelly (1962) whose ideas were adopted by several eminent psychologists who coined themselves as cognitive, psychoanalytic, existentialist or behaviourist.

Methodology

The systematic approach adopted in this review has led me to commissioning a stage-based process as means of tackling the review process more effectively. This allowed me not only assess the quality of literature included in the review but also to have a rigorous criterion to identify, critically evaluate and synthesise all selected literature. Stages included scoping, searching, selecting, analysing, synthesizing and reporting. In this way, the literature search was conducted using The Library of Medicine PubMed database and Web of Science, using the search terms 'cognitive behavioural

therapy' or 'CBT,' in combination with additional terms, including 'existential/existentialism,' 'limitations,' 'alternatives,' 'training,' 'effective' and 'efficacy.' A purposive selection strategy was used: relevant articles were sought which address aspects of the topic, such as training in CBT and its effectiveness in treatment. These subtopics of interest were revealed through close reading of key publications providing an overview, including review articles, and by referring to interviews with psychological therapy practitioners conducted before commencing the literature search. Because the debates about existential aspects of therapy go back several decades, it would be counterproductive to restrict searches by publication date. Date parameters 1990-2014 were set in searches using the search terms 'efficacy' and 'training' because historical sources on these subtopics were less relevant.

Philosophy and practice in CBT

Introducing a special series on the theory-practice gap in CBT, Pilecki and McKay (2013) observe that while "it is unclear whether clinicians are familiar with the underlying theories of the treatments they are practicing," it is also "unclear to what degree an understanding of the theory is necessary for effective practice." (Pilecki & McKay, 2013, p.541). The same question is raised by Abramowitz (2013). However, in relation to specific psychiatric disorders, such as psychotic disorders, training is too time-constrained to be effective and clinical training directors lack knowledge of the evidence-base that exists (Kimhy et al, 2013). The paucity of training in this area is echoed by Sivec et al (2013).

Moss (1992) carried out a historiographical review of phenomenological and existential psychiatry, noting the influence of Erwin Strauss, and how Aaron Beck's school of cognitive therapy took on board numerous themes of phenomenology, including personal experience, time and meaning. Moss (1992) and Ottens and Hanna (1998) compare cognitive and existential therapies. Ottens and Hanna argue that while they are typically viewed as so far apart as to be incompatible, it is possible to merge them, and existential therapy is helpful in understanding clients' formation of core schemas that provide the basis for unhelpful beliefs and negative biases.

Support for the claim that CBT neglects phenomenology may be inferred from the number of studies describing computerized and telehealth delivery

systems (see Colbow, 2013; Day et al, 2013; Edirippulige et al, 2013; Himelhoch, 2013; Holmqvist et al 2013; Mouthan et al, 2013; Perle et al, 2013; Sinclair et al, 2013; Thiart et al, 2013) and therapy without a therapist present (see Day et al, 2013; Ehlers et al, 2013; Koeser et al, 2013; Stott et al, 2013; Thirlwall et al, 2013), and from the prevalence of programmes where laypeople are trained to provide CBT (see Bennett et al, 2013; Moll et al, 2013; Schneider et al, 2013; Shah et al, 2013; Thirlwall et al, 2013; Willner et al, 2013; Bennet-Levy et al, 2014; Nielsen et al, 2014; Creed, 2014; Stanley et al, 2014). Furthermore, a celebrated virtue of CBT is cost-effectiveness derived from being routinized, time-limited and focused on behavioural change (see Koeser, 2013; Thirlwall et al, 2013; Stallard et al, 2013; Stott et al, 2013; Thiart et al, 2013). Hoffman (2013) and Abramowitz (2013) both comment that step-by-step instruction manuals make it possible for therapists to practice CBT without specific training.

An existential component to CBT

Peteet (2011) suggests CBT can assist clinicians in helping clients deal with 'emptiness,' a pervasive existential metaphor, and perceives a role for spiritually oriented approaches. Numerous sources commented that approaches and techniques based on 'mindfulness' have begun to be incorporated into Western psychological therapy (e.g. Brown et al, 2011; Prasko et al, 2012; Petrick et al, 2013), and studies using mindfulness approaches, techniques and exercises are reported by Kögler et al (2013): these recognize the importance of an existential element in CBT, albeit allied to Eastern rather than Western philosophy. D'Zouza and Rodrigo (2004) propose a 'need to incorporate spirituality into therapy,' and describe a Spiritually Augmented Cognitive Behaviour Therapy and 'the use of existential techniques in discovering meaning.' (D'Zouza & Rodrigo, 2004, p.148).

Brown et al (2011) compared the similarities and differences of second- and third-wave cognitive-behavioral therapists. Survey findings indicate third-wave CBT practitioners "made greater use of mindfulness and acceptance techniques" (Brown et al, 2011, p.187); second-wave practitioners made more use of cognitive restructuring and relaxation.

Dudgeon and Kelly (2014) call for refinements to be made to CBT for Aboriginal Australians, since they argue it is not culturally responsive in its present form, in response to a study by Bennett-Levy et al (2014) which acknowledged that "the prime requirement for adaptations to CBT were that they would need to fit different social and cultural contexts." (Bennett-Levy et al, 2014, p.1). Creed (2014) adds that CBT needs to be tailored to individual Aboriginal clients, implying that it is not a readily transferable therapeutic technology, which suggests a greater role for a phenomenological and experiential orientation to the therapy. Datillo and Hanna (2012) advocate a collaborative rather than directive therapeutic relationship but do not lay stress upon the existential dimension of therapy, and therefore do not present a direct challenge to the view that CBT can be reduced to a routine set of procedures and techniques.

CONCLUSION

CBT as a prominent therapeutic technique is increasingly becoming a dominant force in psychotherapy. Whilst it is important to recognise this technique in terms of its advantages and virtues, one must also recognise that it has its own flaws and weaknesses. It could be argued that CBT should be used as a complementary psychotherapeutic intervention, given that it may sometimes neglect wider social factors which may affect individuals' mental health.

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Activitas Nervosa Superior Rediviva Vol.54 (1)

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