Historical and Philosophical Basis of Cognitive Behavioral Therapy

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The chief developmental stages of cognitive behavior therapy and rational emotive behavior therapy can be explained in the history leading to cognitive science as they are represented in Greek philosophy, rationalism, empiricism, Darwinism, behaviorism and, recently, the machine metaphor in the guise of the computer, with the corresponding conceptual variables of information processing. The historical critical method and philosophy, according to Wilson(2004), explains specifically approaches to research which are applicable to cognitive behavioral therapy and rational behavioral therapy.

Cognitive psychology is the science of how the mind is organized to produce intelligent thought and how it is realized in the brain. Cognitive behavioral therapy can be traced to early pioneers of psychology, but cognitive counseling, as it is practiced today, was developed in the nineteen fifties and sixties. Beginning in the nineteen eighties and continuing through today, there has been growing interest in cognitive behavioral counseling because of its proven effectiveness and because this form of treatment can be administered in a briefer amount of time than traditional psychoanalysis.

Beck (1995) realized that the link between thoughts and feelings was very important. She invented the term automatic thoughts to describe emotion-filled thoughts that might pop up in the mind. Beck found that people weren't always fully aware of such thoughts but could learn to identify and report them. If a person is feeling upset in some way, the thoughts are usually negative and neither realistic nor helpful. Beck found that identifying these thoughts was the key to the client's understanding and overcoming his or her difficulties. Cognitive behavioral therapy is a form of psychotherapy, commonly perceived as a unified term for numerous psychotherapies and works at changing and offering realistic, optimistic thoughts to irrational beliefs. This theory, which was introduced by Beck, stands as a premier psychological treatment used effectively against various mental disorders. As a treatment approach, cognitive behavior therapy addresses the importance of ways of thinking, interpreting emotional expressions of feeling and behavior. The three fundamental propositions of cognitive behavior therapy are that (1) cognitive activity affects behavior; (2) cognitive activity may be monitored and altered; and (3) assessment of cognitive activity is a prelude to the alteration of cognitive ability and that desired behavior may be affected through cognitive change (Dobson, 2010, p. 5).

Beck (1995, p. 5) states principles that underlie cognitive therapy as treatment for counseling patients. The first principle is that cognitive therapy is based on an ever-evolving formulation of the patient and problems in cognitive terms. The second principle is that cognitive therapy requires a sound therapeutic alliance. The third principle is that cognition therapy emphasizes collaboration and active participation. The fourth principle is that cognitive therapy is goal-oriented and problem-focused. The fifth principle is that cognitive therapy initially emphasizes the present. The sixth principle is that cognitive therapy is educative with aims to teach the patient to be their own therapist and emphasizing relapse prevention. The seventh
principle is that cognitive therapy aims to be time limited in treating counselees. The eighth principle is that cognitive sessions are structured. The ninth principle is that cognitive therapy teaches patients to identify, evaluate and respond to their thoughts and beliefs. Another principle is that cognitive therapy uses a variety of techniques to change thinking, mood, and behavior.

Rational emotive behavior therapy, another classification of cognitive behavior therapy, was developed by Albert Ellis in the 1950s. Ellis' approach is that the human tendency is such that the person always wants to remain happy, but life does not allow it. His revelations state that unlike cognitive behavior therapy, it is not always the events or circumstances that bring the feelings of sadness or sorrow, but such feelings of negation are also factored by the thought process and beliefs of the person. This form of cognitive therapy is an opportunity for the patient to learn of current distortions and successfully eliminate them. Rational emotive behavior therapy is regarded as the premiere example of the cognitive behavioral approach. Ellis questioned whether personal insight led to therapeutic change and results in durable changes in behavior (Ellis, 1962, p. 9). Cognitive behavioral theory and rational emotional therapy are useful to provide services as a counselor, consultant, teacher, and trainer.

The counseling process places large emphasis on the clients' beliefs in who they are and what is their purpose and place in this world. The focus in contrasting cognitive behavior therapy and rational emotive behavioral therapy is to increase "satisfaction with life" rather than just decreasing negative emotions. Most counseling should be a teaching and educating experience by giving counselees opportunity to re-examine what they have been told to what in reality is true about them. Identifying and practicing skills, including goal setting and problem solving, will allow practices to yield long-term results. The assumption of patient control is another similarity of cognitive behavior therapy and rational emotive behavior therapy. This commonality has to do with the fact that both are by nature either explicitly or implicitly educative.

One of the major differences between rational emotive behavior therapy and other cognitive behavioral approaches lies in its philosophical emphasis. Ellis' (1980) distinct philosophical outlook is reflected in what he identified as the major goals of self-interest, social interest, self-direction, tolerance of self and others, flexibility, acceptance of uncertainty, commitment to vital interests, self-acceptance, and scientific thinking. Rational emotive behavior therapy assumes that "individuals who adopt this type of rational philosophy will experience a minimum of emotional disturbance" (Dobson, 2010, p. 13).

A historical analysis and description have been made on practices of cognitive behavioral therapy, and rational emotive behavioral therapy with discussions on similarities and differences. Many different facets of the cognition behavioral processes may be attended to, identified, and altered within the overarching definitions of approaches. Dobson (2010, p. 29) investigates that by comparing and contrasting different approaches in the context of different problems, it may be possible to suggest preferred treatment methods for specific patient problems. The outcome research has enabled cognitive behavioral practitioner and emotive behavioral therapy to make progress in counseling research and practice and will certainly lead to continued improvements with the desire to know how to effectively apply counseling practices in treating clients in distress or emotive imbalance and learning about approaches that have made significant contributions.

References


**About the Author**

My autobiography explains aspects of my personal and professional background, including research interests. My name is Dr. Alusine M. Kanu. I am a native of Sierra Leone, West Africa. I migrated 33 years ago to the United States with the goal of furthering my education. I am a three-time graduate of George Mason University in Fairfax, Virginia with course work in communication, human resource training and development (Interdisciplinary Studies) and a doctorate in Community College Education, with course work in Communication Instruction. I am currently pursuing a second doctorate (D.Ed.) in Community Counseling at Argosy University. My career experiences include working as an elementary school teacher, a counselor, librarian, radio announcer and producer, public relations, legal research and instructor for a workshop called "Training the Trainer." In addition to 25 years' experience teaching communication in the United States, I am a "Who's Who" in North America and I am secretary of the diaspora of the Lunsar Marampa Descendants Association.

I am a full-time professor in Communication at Northern Virginia Community College in Annandale, Virginia, and I am adjunct faculty at George Mason University. I teach Introduction to Speech Communication, Interpersonal Communication, Small Group Communication, Public Speaking, Business Communication, Intercultural Communication, Organizational Communication, Mass Communication and Oral interpretation. My career development pursuit is that I am the visionary for the establishment of a community college system in Sierra Leone with great support of the International Community College Town Center Model developed by Dr. Gail Kettlewell of George Mason University as the plan of action for Community College Centers in Kono, Lunsar, Makeni, and Pujeahun. I am also CEO and founder of Alusine Multicultural Family Services program in Lanham, Maryland. www.alusinemulticultural.org.
