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A critical evaluation of unified model of psychotherapy and Cognitive Behavioural Therapy

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Abstract

Cognitive therapy, also commonly referred to as Cognitive- behaviour therapy, is a form of health therapy that resides in the category of psychotherapy. Cognitive therapy and cognitive behavioural therapy are two sides of the same coin; often health therapists practice as cognitive-behavioural therapists. It is unlike psychoanalysis, whereas the therapist acts as an investigator, probing the inner psyche or unconscious and subconscious impulses within the mind of your patient. The goal of psychoanalysis includes bringing behavioural patterns in the unconscious to the surface and identifying how they influence behaviour. When most people think of psychoanalysis they think of visiting the psychologist where they may sit on a couch, prepared to answer questions that probe deep into their inner mind or psyche.

While both aim to reduce symptoms and distress, perhaps the most central difference between CBT and psychodynamic therapy is that psychodynamic therapy tries to get at *why* you feel or behave the way you do (i.e., uncover deeper and often unconscious motivations for feelings and) whereas CBT does not. CBT simply attempts to alleviate suffering as quickly as possible by training your mind to replace dysfunctional thought patterns, perceptions, and behaviour (without asking more about them) with more realistic or helpful ones in order to alter behaviour and emotions.

Advocates of psychodynamic therapy argue that for many issues, a deeper treatment is required to produce lasting change. Advocates of CBT argue that their briefer methods are just as effective. And while a subject of controversy, the research data generally support both approaches. Cognitive behavioural therapy is used to treat a wide range of issues. It's often the preferred type of psychotherapy because it can quickly help you identify and cope with specific challenges. It generally requires fewer sessions than other types of therapy and is done in a structured way.

In this paper an attempt is made to assess the effectiveness of these therapeutic measures by reviewing studies in clinical practice. In some cases, cognitive behavioural therapy is most effective when it's combined with other treatments, such as antidepressants or other medications. Clinical research generally supports the efficacy of both CBT and psychodynamic therapy. Deciding which one is better for you depends to varying extents on:

- Which approach appeals to you.
- Finding a “good fit” with a competent therapist (of either orientation).
- Your reasons for seeking therapy, your level of commitment, and your financial resources.

Keywords: Cognitive -behaviour therapy, Psychotherapy, Unconscious, Sub-conscious, Therapist, Efficacy, Health -therapy.

Psychoanalysis is a method for the investigation of mental processes inaccessible by other means. At the same time, psychoanalysis is also a therapeutic method for neurotic disorders. It's a way of tapping into the subconscious so people can deal with the root problem. As therapeutic technique, psychoanalysis is different from psychiatry and psychotherapy in general, as it stipulates the existence of a psychic unconscious and insists on analysis and the integration of the contents of unconscious as therapeutic procedure. "Cognitive -behavioural therapy" is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do." "There are several approaches to cognitive-behavioural therapy, including Rational Emotive Behaviour Therapy, Rational Behaviour Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectic Behaviour Therapy." The basic method of psychoanalysis is interpretation of the unconscious conflicts that are interfering with current -day functioning -- conflicts that are causing painful symptoms such as phobias, anxiety, depression, and compulsion.

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Cognitive behavioural therapy is a little different. It is more short-term therapy, aimed at helping patients identify patterns that cause negative thinking, and behaviours that lead to problems.

During cognitive behaviour therapy, in your role as therapist you may help a client recognize patterns of behaviour. In the process of recognizing patterns, you may work with clients to identify the thought patterns that may be harmful, irrational, or

fear-based resulting in negative outcomes and replace them with healthy and productive thought patterns. The goal of cognitive therapy includes clearing up short-term problems.
CBT sessions are aimed at short-term solutions, so sessions are set-up to revolve around your client's immediate needs.
Therapy is usually not long and drawn out. There are always exceptions to the rule. If your goal is cognitive therapy, you may set up sessions over a 16-week period.
While both aim to reduce symptoms and distress, perhaps the most central difference between CBT and psychodynamic therapy is that psychodynamic therapy tries to get at *why* you feel or behave the way you do (i.e., uncover deeper and often unconscious motivations for feelings and behaviour) whereas CBT does not. CBT simply attempts to alleviate suffering as quickly as possible by training your mind to replace dysfunctional thought patterns, perceptions, and behaviour (without asking more about them) with more realistic or helpful ones in order to alter behaviour and emotions.
Advocates of psychodynamic therapy argue that for many issues, a deeper treatment is required to produce lasting change. Advocates of CBT argue that their briefer methods are just as effective. And while a subject of controversy, the research data generally support both approaches.

Features of CBT

- It is relatively brief and time-limited (twelve weeks to six months).
- It is highly instructional in nature and homework is a central element.
- It is highly structured and directed with the therapist setting the agenda for each session (based on mutually set goals).
- It focuses on the here-and-now only and not a person's history.
- The relationship with the therapist is not a focus of the treatment.

Features of Psychodynamic Therapy

- While it can be brief, it is often longer term (six months or longer).
- It is less structured, typically without homework assignments.
- The client, not the therapist sets the agenda for the session by talking about whatever is on their mind.
- It focuses on the here-and-now as well as on personal history.
- The relationship with the therapist is included as a focus of therapy.

Clinical research generally supports the efficacy of both CBT and psychodynamic therapy. Deciding which one is better for you depends to varying extents on:

- Which approach appeals to you
- Finding a "good fit" with a competent therapist (of either orientation)
- Your reasons for seeking therapy, your level of commitment, and your financial resources

PROS of CBT

While it is collaborative, CBT fosters a more independent effort on the part of the client. As such, it involves less reliance on the therapist than psychodynamic therapy. Some people prefer this. Many people cannot afford or don't want to go to ongoing therapy (six months or longer) and prefer to try to use the more directive skills learned in a time-limited (e.g., 12-16 weeks) CBT treatment on their own. CBT is particularly good for recent onset and relatively circumscribed issues or specific goals.

CONS of CBT

While some people find CBT helpful, others dislike it, feeling they are being talked out of their emotions. Some find that CBT's focus on positive thinking feels too superficial to them, minimizing the importance of their personal history. Others find they don't like the way CBT downplays emotions while seemingly overemphasizing the logical and thought-oriented components of one's mental life. Still others find they don't get the results they desire with CBT and find that while psychodynamic therapy is more of an investment, it is more effective for them.

PROS of Psychodynamic Therapy

Those who find psychodynamic therapy a good fit tend to swear by it. It attempts to address the root causes of psychological issues compared to CBT. As such, the benefits are thought to be broader-based and longer lasting. Psychodynamic therapy is particularly good for more general distress, psychosomatic conditions, and personality patterns or tendencies such as repeated difficulties in one's work or relationships.

CONS of Psychodynamic Therapy

While psychodynamic therapy can be brief, it does tend to take more time than CBT. Some people don't find psychodynamic therapy to be a good fit. They may find it difficult to accept that factors outside of their awareness influence their thoughts and behaviours. Others are reluctant to think about their childhood or the relationship that develops with their therapist. Psychodynamic therapy is less structured than CBT and some prefer the more focused and directive approach of CBT. With clients you may set goals for your client, and provide them with homework. Consider your role much like that of a facilitator, where you help your client open their eyes to the possibility of what life could be like, when they start seeing things from a new and lighter perspective.
As a cognitive therapist you may ask your client to track and monitor their moods, reactions and feelings, as well as different ways of thinking during the course of therapy. You may identify triggers that set your client off, and help your client to readjust their reflexes so that positive outcomes may be achieved.
Some health therapists combine cognitive therapy with other forms of therapy to realize the maximum benefit from their practice. You can use cognitive therapy for specific purposes, or create a practice with a focus on cognitive therapy.
A quick glance across the field of psychotherapy reveals a fragmented mass of approaches. Yet despite the general chaos, it is also the case that there are two broad streams of thought, cognitive behavioural (CBT) and modern psychodynamic (PD), which continue to compete for overall dominance. Many practitioners describe their orientation as one or the other, many programs in professional psychology teach primarily one or the other, and there have been many research trials comparing one to the other_CBT practitioners are more dominant in the university settings because they tend to be

more tied to conducting research, and, consequently, nowadays most in professional psychology are initially trained in CBT. However, at least relative to the university setting, PD is more prominent in the world of practice. It is also the case that many programs and practitioners are "eclectic" in that there are a growing number that see the two approaches as each having value and they borrow from both.

Unfortunately, all of this is an asinine way of thinking about these issues and is bad for the future of psychotherapy. Why? Because the essence of CBT, boiled down to its core, is a set of technologies that foster training skills to reduce problematic psychological symptoms. PD, at its core, is about gaining insight into one's identity and relationship patterns in a way that fosters deeper awareness and more adaptive living. Is it better for psychotherapy to focus on strategies that reduce problematic symptoms or is it better to focus on gaining deeper insight into one's identity and relationship patterns?

A proper understanding of both the science of human psychology and the research in psychotherapy makes it obvious that the "CBT versus PD" framing of training, approaches, outcomes, etc. is completely wrongheaded.

Why do we have such a misguided division, entrenched in the training and practice of psychotherapy? Because the philosophical and theoretical frameworks and communities that CBT and PD historically emerged from are distinct, and both carry important truths and significant errors. As such, both have value and both are limited. In addition, the strengths in one approach tend to parallel the weaknesses in the other, and vice versa. Thus, not unlike political parties, these paradigms have grown as competing ideologies that became defined against one another in the battle for prestige, power and legitimacy. And now the most enlightened say that both have strengths and we can draw on both. Yet even this approach is problematic because it implicitly legitimizes the root problem. It isn't that we should "teach them both." Instead, we should have an understanding of human psychology that allows us to see how silly it was that they have been defined against one another for so long in the first place.

First, we need to teach students an integrative meta-theoretical framework that allows them to assimilate and integrate the findings from human psychology into a coherent way.

Second, we need to recognize psychotherapy as a formal relationship established with a professional trained in the values, knowledge base, and skills in applying the science of human psychology with the purpose of assisting the individual toward what the participants deem to be more valued and adaptive ways of being.

Third, we need to see individual psychotherapy as fostering character adaptation, in various ways and levels of depth. Your character is your identity and the process by which you interact with your environment (you also have temperamental and ability dispositions as part of your personality). There are five systems of character adaptation: 1) the habit system; 2) the experiential system; 3) the relationship system; 4) the defensive system; and 5) the justification system. Via this lens, one can see in a straight forward way that the major systems of psychotherapy line up with the systems of adaptation. Specifically, the behavioral tradition corresponds to the habit system, the experiential and emotion focused traditions correspond to the experiential system, the psychodynamic tradition corresponds to the relational and defensive systems, and the justification system corresponds to the cognitive and existential traditions.

Understood this way, one sees that the two dominant models of psychotherapy as emphasizing different systems of character adaptation. CBT tends to emphasize change via the habit and justification systems (i.e., actions and beliefs). In contrast, modern PD practitioners tend to emphasize the experiential, relational, and defensive systems of adaptation (i.e., core feelings, primary relationship schema, and subconscious processes), although there are times in which it might be appropriate to focus more on one system relative to the other, each person and each problem is made up of all these systems of adaptation operating in a socio-historical-organic context and practitioners should be able to assess and treat all of these systems.

One of my favourite quotes from Jeffrey Magnavita, who is a pioneer in advocating for unified approaches to the field of psychotherapy…

Psychotherapists behave like members of competing tribes, with different esoteric languages and rituals. Unification assumes that we all work in the same realm with the same processes regardless of the subsystem or specific domain we emphasize and specialize in. A unified model encourages us all to be aware of the larger picture and even if domain-specific treatment is undertaken, an understanding of the system and interconnections of domains and processes keep us alert to other possibilities for further developments.

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