Treatment Plan Comparison of Existential and Cognitive theories

TraciAnne Atkinson

Argosy University

Abstract

 Existential and cognitive theories are two very different theories. Existential theory is an non-structured theory that focuses on the awareness of being, meaning, death and choice. Cognitive theory is an extremely structured theory that focuses on changing the way a client thinks or believes in order to improve the way they feel or act. The author prefers cognitive theory because of its structure, ability to work in a short time frame and logical progression.

Introduction

Existential theory and cognitive theory are two very different theories. Even though both rely on the bond created between the counselor and the client the structures used by these two therapies and the goals presented by them are very different. Cognitive therapy is a highly structuralized method of therapy whereas existential theory is so loosely organized as to have virtually no structure at all but rather a gathering of similar ideas and principles that inform how therapists using this method treat their clients.

Existential Theory

Existential theory did not originate from any one author or any one place. It is a collection of principles and ideas upon which counselors who practice this theory base their treatment. Some criticize existentialism for being to open and claim it to be a theory where anything goes, however existentialisms proponent refute this. Proponents of the theory claim that although the theory can work with a variety of techniques and can incorporate many principles from other theories, there are a set of principle sand ideas in which all existential thoughts are grounded. (Langdridge, 2012)

One of these principles revolves around the idea of being and an awareness of that being. One of the first schools of existential psychology to be created is called Daseinanalysis. It explores the concept of man; how he is the only being who knows that he exists and can take a position regarding his own existence. It also encompasses an individuals potential to grow and views the word being as a verb that connotes the potential to grow, to become something. Dasienanalysis originated in Europe and was created by Medard Boss and Ludwig Binswanger. (May, Angel, & Ellenberger, 1958)

Another principle is man’s search for meaning relative to his being. It explores man’s search for the meaning behind his existence. One individual whose work focused on this concept was Viktor Frankl. Viktor Frankl was a prisoner in the Nazi concentration camps where he lost his mother, father, brother, wife and children. These experiences largely shaped his view of life and he came to believe that man’s search for meaning is his primary motivation in his existence. Viktor Frankl developed a type of existential therapy called logotherapy that explores this search for meaning and works with clients to help them create meaning in their lives (Seligman, Reichenberg, 2013)

In contrast to Frankl’s conclusion that man creates the meanings in the lives are the ideas of Irvin Yalom. Irvin Yalom is an existentialist psychiatrist who was born in 1931. Irvin Yalom, like, Viktor Frankl focused on man’s search for meaning but believed that the universe ultimately held no meaning and that most individual’s conflicts were a reflection of the conflict between man’s search for meaning and the meaninglessness of the universe. Yalom also concentrated on the aloneness of man and the inevitability of his death. He believed that people had to confront their fear of this inevitable death in order to live a rich and meaningful life. He also explored the freedom of choice and an individual’s ability to make life what they will. (Seligman, Reichenberg, 2013)

Rollo May was born in 1909. His book of existentialism *Existence: A New Dimension of Psychiatry and Psychology*, helped to establish existentialism in the United States. His work explored all of the existential principles explained in this paper. He also explored topics such as love, evil, intention and loneliness. (Seligman, Reichenberg, 2013)

The ultimate goal of existential theory is to help the client find their purpose and meaning in their life and not necessarily to relive symptoms. Existentialists believe that the client and the counselor are fellows on the journey through life and that through their meetings and their relationship with one another their purpose and meaning can be found. No specific techniques or structure is required for existential therapy. (Seligman, Reichenberg, 2013)

Existential theory with multicultural clients

Overall existential theory is a very open theory and thus can be applied to a wide variety of people coming from a multitude of different cultures. This means that it can be very useful in working with clients whose culture may differ from the counselor. It should be noted however, that because existentialism does require a great amount of emotional self-disclosure it might not be suited to certain cultures that deem it inappropriate to share personal or family information with individuals outside of the family. These cultures include come African cultures and cultures of people belonging to South East Asian countries. (Seligman, Reichenberg, 2013)

Existential treatment plan

Case conceptualization:

Jane is struggling to accept the possibility of her husband’s upcoming death and is not able to grapple with the emotions this possibility creates within her. She is struggling to create a sense of being in herself that is separate from him and with creating a meaning in her life other than surviving. Her inability to deal with his death has led her to distance herself from the possibility of his death as evidenced by her lack of knowledge about the cancer that her husband is struggling against. Jane displaced emotions are affecting her sleep, appetite, and work. Jane’s unstable sense of self causes her to overly rely on her daughter, who is 19 years old.

Treatment goals:

There are two short-term goals for Jane’s treatment. The first goal in Jane’s treatment is to increase rapport between Jane and her counselor. This will be accomplished through a variety of rapport building exercises and through introducing Jane to the concept of the counselor as a fellow traveler through life’s challenges. The second will be to increase Jane’s knowledge about her husband’s specific kind of cancer. The counselor will assign Jane the homework of finding out more about her husband’s cancer and recording her feelings about her findings in a journal. Jane will share her thoughts and feelings with the counselor when reporting back about the homework and they will work together to address the feelings and thoughts this homework assignment evokes..

One long-term treatment goal for Jane will be increasing her acceptance of the inevitability of death and of the feelings that death will cause her to experience. The counselor will work with Jane to explore the concept of death and to try to identify what part of her husband’s possible death is unacceptable to her in order to help Jane confront her worries and to work through them. Another long-term goal in Jane’s treatment plan will be to decrease her emotional dependence upon her daughter. This will be accomplished by providing an alternative method for Jane to express her feelings through therapy, by assigning Jane an ongoing homework assignment of writing in a journal and by discussing and processingthe thoughts and feelings that Jane feels comfortable sharing with her counselor from her recordings in her journal. A third treatment goal for Jane will be to increase her sense of being, her awareness of her potential for growth and to help her identify her purpose of being. This will be accomplished by confronting Jane’s fears about her meaninglessness once her husband is gone and by helping Jane to become aware of all of the choices she will still have available to her. (Seligman, Reichenberg, 2013)

Cognitive Theory

Aaron Beck originally developed cognitive theory in the 1960s. Beck was born in 1921 to Russian Jewish immigrants to the United States. Early on in his career Aaron Beck studied psychoanalysis but was dissatisfied with it. Beck originally developed cognitive therapy as a short-term structured therapy to treat depression. Since its original development however, cognitive therapy has been proven to be an effective treatment for a variety of other disorders such as anxiety disorders, substance abuse disorders and personality disorders. It has also proven effective in a variety of settings from individual therapy to couples, group or family therapy. Aaron Beck’s daughter, Judith S. Beck now leads the Beck Institute for Cognitive Therapy and Research that he founded. She also has written a comprehensive book about the development of cognitive theory which is in its second edition and is entitled *Cognitive Behavior Therapy: The Basics and Beyond.* (2011; Seligman, Reichenberg, 2013)

Treatment based in cognitive theory focuses on problems and is goal oriented. Cognitive therapy treats problems that are present in the here-and-now rather than focusing on pact events. Unlike existential theory, cognitive theory is highly structured. Cognitive therapy is also an educational model that introduces a great deal of information to the client in a short period of time. In order to be effective it is essential that the client understand the information that is being presented to him or her. (Beck, 2011)

Cognitive theory counselors believe that it is not a situation that causes a person to act or feel a certain way but rather the way in which they think about the situation. When an individual has an inaccurate or faulty way of thinking about a situation it is called a cognitive distortion. Cognitive therapy allows individuals to examine their thoughts and beliefs for cognitive distortions and to change them in order to improve the consequences of those thoughts: their emotions and behaviors. The ultimate goal of cognitive therapy is to allow individuals to recognize and correct their cognitive distortions. (Beck, 2011; Seligman, Reichenberg, 2013)

Cognitive theory with multicultural clients

Cognitive theory can be very effective with a wide variety of individuals from different backgrounds. (Beck, 2011) It is especially useful with those cultures where existential theory is weak, those who are not comfortable becoming emotional or sharing a great deal of information with an individual outside of their family. More research is required in this area, however as an overwhelming majority of counselors treating clients with this method are from a European American background. If more research could be accomplished studying cognitive theory’s use by culturally diverse counselors with culturally diverse clients its efficacy could be more firmly established. (Seligman, Reichenberg, 2013)

Cognitive treatment plan

Case conceptualization:

 Jane is experiencing a high level of distress, a low mood and physical symptoms due to her concern about her husband’s upcoming surgery and yet she knows little about her husband’s cancer. Jane seems to have the core belief that what can go wrong, will go wrong. . It is likely that Jane is catastrophizing the outcome of her husband’s surgery or of his cancer. Jane’s actions and symptoms indicate that she believes that her husband will die either from his cancer or from the third surgery that he is scheduled to have in two weeks. This belief is causing a high amount of distress over the surgery, problems with sleep, a lack of appetite, and a generally low mood. Jane’s belief that all that can go wrong will go wrong may have been formed due to the events of her childhood such as her parents multiple marriages and her childhood divorce. Her own previous divorce to her current fiancé may also be informing her belief. Jane came to therapy before because she says it gave her a place to “say what I need to say and share my pain”. This could indicate that Jane is simply looking for an audience to her catastrophizing that would prove to be an obstacle to effective treatment.

Treatment goals:

 There are three short-term goals for Jane’s treatment plan. The first goal is to establish trust and a therapeutic bond that will be established through rapport building exercises. The second goal is to educate Jane about the cognitive model of treatment so that she can understand the relation between activating events, thoughts or beliefs and consequences such as behaviors or emotions. The third short term goal will be to assist Jane in identifying her specific cognitive distortions. This will be accomplished through Socratic questioning and through Jane’s commitment to a homework assignment of keeping a journal of her thoughts.

 One long-term goal for Jane will be to correct the different cognitive distortions that are identified through the short-term goals. Another long-term goal will be to correct Jane’s core belief that everything that can go wrong will go wrong. A variety of different techniques will be used to meet these goals including activity scheduling, challenging absolute statements, diary keeping, and reframing. (Seligman, Reichenberg, 2013)

Preference of theory

Although I believe that both theories explored in this paper can be useful I prefer to use cognitive theory. One reason I prefer cognitive theory is its structure. Existential theory has almost no structure and so it would be hard to measure how successfully or unsuccessfully I would be at employing it. Cognitive theory follows a structure so it is easier to measure results and effectiveness and to employ it in a session. Another reason I prefer cognitive theory is that it was originally developed to be effective in a short period of time with the client. Client’s are often unable to afford to attend therapy for an extended period of time so a theory that can be employed in a shorter period of time is more likely to make a meaningful impact in their life than one such as existential that can go on for a long period of time. A third reason I prefer cognitive theory is that it has a logical progression that the client can easily follow even after counseling has stopped whereas to reproduce the results of existential therapy in a new situation the client would have to reenter therapy or struggle to apply past lessons to a new situation. Cognitive theories framework and progression can easily be applied to new situations once the client is in the habit of recognizing cognitive distortions which makes its potential benefits greater than that of existential therapy.

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