

Compare and
contrast the
approaches
existential therapy
and cognitive-
behavioural...



The purpose of this essay is to compare and contrast the approaches existential therapy and cognitive-behavioural therapy have towards understanding and working with fear and sadness.

I will also discuss which approach I prefer and feel more drawn to and why. I will look at the pros and cons of both types of therapy before concluding that the approach I'm more drawn to is existential therapy. Existential therapy Ludwig Binswanger and Medard Boss were the first people to develop existential therapy in the 1930s. They based their work on a number of existential philosophers but mainly on Martin Heidegger. (Langdridge.

pg. 126)Over the past 30 years existential therapy had made further progress and has been developed by writers and therapists such as Rollo May, Irving Yalom, Victor Frankl and Ronnie Laing. (Langdridge, pg. 127)The main existential philosophers were Nietzsche, Heidegger and Sartre. Edmund Husserl believed that a therapist should work phenomenologically; trying to see the work as it is for the client.

To adapt a phenomenological attitude a therapist must attempt to see the world as it appears to the client. They must be empathetic towards the client. If the therapist does not think in a phenomenological way, they are not working existentially. To work in a phenomenological way, one must engage in a process call epoche. There are four processes to epoche.

They are bracketing, description, horizontalisation and verification.

(Langdridge, pg. 128)Bracketing involves the therapist attempting to set aside their preconceptions so that they can, to some extent, understand the world as it appears to the client. Description seeks to describe what is going

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on rather than trying to explain why. Horizontalisation is if a client describes a problem with their relationship, we do not assume that this is more important to them than if they describe a tough day at work. Verification is trying to understand the client.

This may involve questioning or challenges to make sure that the therapist understands from the client's point of view. (Langdrige, pg. 128) The key methods in existential therapy are exploring the client's world, it's about the here and now, facing and coming to terms with issues in life by accepting them and moving on and also talking about the meaning in life. Existential therapy is generally technique free.

The therapist draws on a range of ideas from existential philosophy to inform their responses. The therapist generally has more input than might be seen in other types of therapy. In existential therapy it's believed that fear and sadness are a natural part of life, existential therapists don't see that the client is having dysfunctional thoughts or as thinking in an incorrect way, just that they are experiencing a normal process in life. They believe fear and sadness are inevitable, it's dealing with it and talking about it that helps. Cognitive-behavioural therapy Cognitive-behavioural therapy has evolved from behavioural therapy and cognitive therapy.

Becks theory was that a person would be cured by addressing the cognitive schemata that causes a person to have dysfunctional thoughts or beliefs. 'The cognitive Theory of emotion proposes that it is not the events or situations which result in emotional responses, but rather the meaning for the person involved.' (Salkovskis, pg. 147) This means that if a person thinks

that they have lost something they will experience sadness. In CBT, the idea is that client experiences problems due to irrational thoughts or how they think about things.

Their thoughts are often dysfunctional. A cbt therapist seeks to change the way a client thinks about certain situations in order for them to better deal with particular situations or their life in general in the future. The role of the therapist in CBT is to help the client to make sense of the way they think.

The therapist helps the client think about different ways of approaching and reacting to certain situations they are having problems with or problems in their life in general.

(Salkovskis, pg. 154)At the beginning of the cbt relationship, the client and therapist get to know each other. The therapist asks questions to find out how the clients problems are affecting their life. It's important that the therapist gets an idea of the client's history and how their problem came about or when it began. (Salkovskis, pg.

156)A part of CBT is using diagnostic labels. The therapist will diagnose the client's problem according to what symptoms they exhibit in order to best treat them. (Salkovskia, pg. 152)A main point in CBT is to help the client to describe their problems, how intense it is, how often, where they think it's come from and the impact it has on them.

This can help the therapist deal with symptoms. The main methods in cbt are the recording thoughts, feelings or behaviours in a diary, role plays to induce symptoms, identifying negative automatic thoughts, practising new ways of thinking and behaving. Those with anxiety often have dysfunctional or
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irrational thoughts about what might happen whilst having a panic attack or suffering from anxiety. They often think they will have a panic attack and then die. By inducing symptoms and asking the client to predict what will happen when they feel their chest tighten or breathing becomes laboured etc.

Whilst working with a client who experiences panic attacks, a CBT therapist will discuss looking for triggers. They can be internal and external triggers. A trigger is something that signals danger to the person; this in turn makes person feel apprehensive. When experiencing a panic attack, people often misinterpret signals, which are in fact natural body responses, which then can make a person think something bad is going to happen. For example if a person's heart is beating fast, they may think that they are going to have a heart attack and die.

The cbt therapist seeks to help the client develop strategies to deal with this. They will discuss safety behaviours like drinking water, talking, getting air, etc. People often believe these safety behaviour might stop something bad from happening. (D240 DVD, exert 11)A model used to help people understand panic attacks and other problems is the vicious circle. How one thing can make another thing worse and keep it going.

For example if the client becomes short of breath, the consequence might be they then think they are going to pass out or die, they then become scared and their original shortness of breath or chest pain may become more powerful and continue the panic attack. The therapist will discuss this with the client and ask them if that makes sense to them. (Salkovskia, pg.

159) Compare, contrast and own opinion. Whilst the theories and beliefs of existentialism and cbt differ, they are both focused to helping the client.

They believe that different techniques work but ultimately do the same thing, help the client move on from a difficult time. A similarity of existential and CBT is that they both started out from two different approaches. Both therapies were influenced by behaviourism but chose different paths and developed differently. Cognitive-behavioural therapy developed from cognitive therapy and behavioural therapy.

Existential therapy developed from phenomenological and philosophy. Both therapies can be conducted on a one to one basis or via group or family therapy. In both therapies the client and therapists relationship is never equal. Neither therapy dwells on the past.

They are both pretty forward looking therapies that deal with current issues and moving on. They are both person centred and want the client to be able to deal with difficult situations and/or change for the better. Both recognise that anxiety is a real emotion yet differ on how they think it occurs and how they treat it. One of the differences between CBT and existential therapy is that CBT has a very structured framework for all therapists to follow, this way a client knows what to expect when starting CBT. All therapists should mainly do the same things to treat the client. In existential therapy there's no specific structured framework.

Success totally depends on the therapist Another difference associated with this, is that in existential therapy the success of helping clients depends on the individual therapist. Whereas in CBT, the framework is easy to follow, <https://assignbuster.com/compare-and-contrast-the-approaches-existential-therapy-and-cognitive-behavioural-therapy-essay/>

therefore results are easier and not dependant on the therapist so much as long they are following the framework. More input is seen from existential therapists than cognitive-behavioural therapists. An advantage of CBT is homework, it's a good tool as the client continues to think about their treatment and continues to be self aware outside the counselling room.

However, it's also a disadvantage as some clients may not do the homework set. The therapist would expect the client to have done the homework that they had set, if the client had failed to do their homework it may make them miss the next session. Existential therapy has no homework. CBT has been proven to be very successful in treated phobias and panic disorders and many other things, it's not proven to be any more effective in treating other problems than different types of therapy. (Salkovskis, pg.

165)An advantage of existential therapy is that the therapist looks at the clients thoughts as a normal part of life. In CBT the client's thoughts are seen as dysfunctional. An advantage of existential therapy is the being in time exercise. This exercise is based on drawing lots of circles and writing an important event or part of your life in each circle from your past, present and where you want to be in the future.

This is a definite advantage for a client as it may help them to find the reason for why they are suffering (if they do not already know) it can also help them move on from the past and look to the future. (Langdrige, pg. 139)Existential therapists think in a certain way and their responses are influenced by existential philosophy that might not always be helpful to

clients. As aspect of cognitive behavioural therapy that I particularly like is the exercises to induce symptoms.

The example on the DVD is very good; the therapist asks a client who has been suffering with anxiety to start breathing very fast. After a short while the client starting experiencing similar feelings and symptoms to that of when she suffers a panic attack. This showed the client that although she thought she was going to pass out or even die, she didn't. The CBT therapist asked the client to predict what would happen at different stages of her breathing. This helps by showing the client that the chances of them passing out or dying are very unlikely.

(D240 DVD, Exert 11)After considering the advantages and disadvantages of both existential therapy and cognitive behavioural therapy, I find that I'm more drawn to existential therapy. The main factor influencing my decision is the fact that existential therapists try to see the world as it appears to the client. If you can understand a person's problems, it's easier to help them. Another reason is that existential therapists believe that fear and sadness is a natural part of life that everybody experiences.

CBT therapists seek to change how a client thinks as if they think in an incorrect way (dysfunctional thoughts). Everybody goes through difficult periods in their life, seeing this as normal is more natural to me than looking at everyone with fear, sadness, depression, anxiety etc as thinking in an incorrect way. Some people need CBT to change or deal with their problems, but I feel most benefit from existential therapy where these feelings are seen as normal progression. ConclusionFrom studying cognitive behavioural

therapy and existential therapy, I find that there are parts of both therapies that appeal to me. I like the idea of being pro active in doing different exercises that can help the client deal with their problems and therefore change the client's dysfunctional thoughts. The idea in existential therapy that I like is that therapists don't see fear and sadness as dysfunctional thoughts or something that needs changing, they see it as a totally normal, natural part of life.

Self reflectionI've found it really interesting looking at the different types of therapy and the way each approach has things that I'm drawn to but also that I dislike. The part of this assignment that I didn't enjoy was making a definite choice about which therapeutic approach I was more drawn too, I found this difficult as there are for me advantages and disadvantages of both. I can appreciate how they would both work.