

Cognitive reframing in psychotherapy and health care

Prim. MUDr. Karel Nešpor, CSc.

Introduction

Cognitive reframing means different conception of reality and finding new possibilities of conceptualizing these facts. Besides the term "cognitive reframing", also the term "cognitive restructuring" is used. Cognitive restructuring refers rather to a therapeutic techniques and cognitive reframing to the process that occurs in the mind.

Cognitive reframing and cognitive restructuring in psychotherapy

These methods are widely used in cognitive behavioral therapy. Numerous examples can be also found in the work of M. H. Erickson and his followers and in other psychotherapists. According to Steigerwald and Stone (1999), cognitive restructuring occurs even at AA meetings. In this context they mention the 12 steps of the AA program. Even in insight-oriented psychotherapy, the cognitive reframing can become one of the effective steps. The cognitive reframing also occurs when working with motivation. Using appropriate questions, the therapist helps the patient become aware of e.g. the problems caused by tobacco smoking and the advantages of non-smoking. Things that were once seen as positive become disadvantageous when shown in a different light.

Negative and positive cognitive reframing

The negative changes in relational frame often occur in depressed patients or after experiencing a stressful life event. It is also one of the factors that increases the risk of suicidal behavior in adolescents (Chagon, 2007). During therapy, the aim is to induce a positive change in relational frame.

Examples of use in therapy

- Cognitive restructuring is beneficial for those who care for people with dementia (Vernooij-Dassen et al., 2011 overview).
- According to Grossoehme et al. (2012), the effect of spiritual care in patients suffering from cystic fibrosis can be explained by cognitive reframing.
- Cognitive restructuring is also recommended in treatment of addictive disorders, such as pathological gambling (Fortune and Goodie, 2012).
- Cognitive restructuring is also helpful in preventing and managing aggression in adolescents. It is usually combined with other techniques such as relaxation training, decision-making training, social skills training and prosocial behavior training (Blake and Hamrin, 2007).
- Larsen and Christenfeld (2011) consider the cognitive restructuring, such as replacing anger with compassion, a factor that together with the thought flexibility contributes to a faster heart recovery after experiencing stress. Besides cognitive restructuring, the study mentions other methods such as cognitive distance, physical activity and relaxing music.
- Relational frame is important also in anger. The inclination to anger outbreaks and hostility towards the surroundings increases the cardiovascular stress and other related risks (e.g. Siegman et al., 2000).
 Surprisingly, the cardiovascular stress is during a constructively manifesting anger lowered (Davidson et al., 2000).



• McCaffrey et al. (2005) used cognitive restructuring for relieving anxiety in student nurses.

Practical application and personal experience

Cognitive flexibility in therapist

It is not easy to provide detailed instructions on how to use cognitive restructuring. The therapist should be able to look at a problem from different angles. This does not deny the patient's perception of reality; it shows that it is possible to perceive reality differently.

Let's suppose that after a long relationship, the husband left his middle-aged wife.

Therapist may note: "When he was young and handsome, he lived with you. It would not be the same now anyway. Let him go!" Such a remark may sometimes cause laughter, but sometimes it may be inappropriate. Therefore, the therapist should be sensitive and should be able to estimate what is still acceptable.

Another example from our practice: abstaining man who is addicted to alcohol has found a job. Shortly before joining the new employment he was notified that the place is already taken. A strong craving for alcohol appeared. It would have been insensitive to blame him. It would be also factually incorrect, because stress clearly increases the relapse risk.

The therapist should respond to this situation as follows: "I understand your feelings. Since you do not have a job, you will be probably living on a tight budget for a while. It would be better to avoid unnecessary expenses, right? And water is much cheaper than alcohol."

Spirituality

When using spirituality the cognitive restructuring occurs (overview – e. g. Nešpor, 2009). In Christian patients, it might be beneficial to talk about the necessity to "carry your cross" or that when God gives a task, He also gives the strength to complete it. In other cases it is more appropriate to talk about karma and what kind of karma is created by a certain behavior. Another time we can say that hardship accompanies mankind since the beginning of time. Managing difficulties helped people to separate from the animal kingdom. Finally, sometimes it is best to work with other motivational sources and leave this area alone.

Humor and laughter

Very effective and pleasant way to perform cognitive restructuring is the use of humor and laughter. The essence of humor is, to a great extent, a fact that it offers surprising view from a different angle or in a different context (see Nešpor, 2010). Humor, work with motivation and cognitive restructuring can be very well combined. E.g. it is possible to ask a young man who was admitted for institutional treatment because of his methamphetamine addiction whether he sees Martians and which Secret Service is after him. If he does not experience similar problems, he would most likely laugh. At the same time, he may remember an experience called "bad trip" (which means a psychedelic crisis). This increases the motivation to overcome addictive diseases.



Family therapy

J. Hadley described the situation in young families addicted to psychoactive substances as false individualism. Teenager or adolescent addicted to drugs shows distain for their parents' opinions and their lifestyle. At the same time, the child is more dependent on the family than his or her peers. Well-intended support from the family in this case does not help, but rather worsens the problem. After the explanation, many parents are willing to change the approach and provide help only when it is used, not abused.

Cognitive restructuring and false conclusion correction

Correction of false conclusions is often used in depression and anxiety psychotherapy. Here, an example of pathological gambling psychotherapy will be described. According to a certain theory, a gambler becomes addicted to neurotransmitters produced during the excitement of gambling. Although this statement is rather simplistic, a number of pathologic gamblers admit that the arousal was a frequent motive for addictive behavior.

We can note: "What is so exciting about gambling? A person who gambles eventually loses everything. It does not matter whether the gambling lasts an hour or a whole night. The result is always the same. It would be better to send a money order to the casino owner."

Cognitive restructuring and self-help organizations such as Alcoholics Anonymous

There are many self-help organizations like AA around the world: Gamblers Anonymous, Narcotics Anonymous, Workaholics Anonymous, even Sex Addicts Anonymous, etc. In case of alcohol addiction, these meetings have proven to be an effective form of assistance (overview – e.g. Nešpor, 2002).

The first step of the AA is admitting the powerlessness over alcohol. This is sometimes interpreted as an elegant therapeutic paradox. The addicted tried to prove that he has the alcohol consumption under control but the situation worsened. Instead, he admits the powerlessness over alcohol, abstains and his or her personal situation is improving. At the same time, this is the cognitive restructuring.

Alcoholics Anonymous recommends each morning asking the higher power (Nature, Space, collective consciousness, etc.) for sobriety for that day. They thank for it in the evening. Abstaining from alcohol for one day is easy. It is also more rational then seeking an unsolvable answer to the question "How can I spend the rest of my life without alcohol?" Sobriety will then seem like a more achievable goal.

Combining multiple procedures

Cognitive restructuring is often combined with other procedures which increases its effect (e.g. Vernooij-Dassen et al., 2011). For example combining the cognitive restructuring with music therapy using the soothing music (Kerr et al., 2001) or with relaxation is very appropriate.



Conclusions

Cognitive restructuring and cognitive reframing are effective therapy factors. Their influence is applied in various types of psychotherapy, even when the therapist does not speak or know about it. Cognitive restructuring must be carried out sensitively. The therapist should respect the individual peculiarities, values and motivations.

Literature

- Blake CS, Hamrin V. Current approaches to the assessment and management of anger and aggression in youth: a review. J Child Adolesc Psychiatr Nurs. 2007;20(4):209-21.
- Davidson K, MacGregor MW, Stuhr J, Dixon K, MacLean D. Constructive anger verbal behavior predicts blood pressure in a population-based sample. Health Psychol. 2000;19(1):55-64.
- Fortune EE, Goodie AS. Cognitive distortions as a component and treatment focus of pathological gambling: a review. Psychol Addict Behav. 2012;26(2):298-310.
- Grossoehme DH, Ragsdale JR, Cotton S, Meyers MA, Clancy JP, Seid M, Joseph PM. Using spirituality after an adult CF diagnosis: cognitive reframing and adherence motivation. J Health Care Chaplain. 2012;18(3-4):110-20.
- Chagnon F. Coping mechanisms, stressful events and suicidal behavior among youth admitted to juvenile justice and child welfare services. Suicide Life Threat Behav. 2007;37(4):439-52.
- Kerr T, Walsh J, Marshall A. Emotional change processes in music-assisted reframing. J Music Ther. 2001;38(3):193-211.
- Larsen BA, Christenfeld NJ. Cognitive distancing, cognitive restructuring, and cardiovascular recovery from stress. Biol Psychol. 2011;86(2):143-8.
- McCaffrey R, Zerwekh J, Keller K. Pain management: cognitive restructuring as a model for teaching nursing students. Nurse Educ. 2005;30(5):226-30.
- Nešpor K. Organizace Anonymní alkoholici přestavuje efektivní pomoc závislým. Alkoholizmus a drogové závislosti (Bratislava). 2002; 37:167-175
- Nešpor K. Co je to spiritualita a čemu prospívá. Čas. Lék. čes., 2009; 148:209-210.
- Nešpor K. Léčivá moc smíchu. 4. rozšířené vydání. Praha: Vyšehrad 2010; 174.
- Siegman AW, Townsend ST, Civelek AC, Blumenthal RS. Antagonistic behavior, dominance, hostility, and coronary heart disease.
- Psychosom Med. 2000;62(2):248-57.
- Steigerwald F, Stone D. Cognitive restructuring and the 12-step program of Alcoholics Anonymous. J Subst Abuse Treat. 1999 16(4):321-7.



Vernooij-Dassen M, Draskovic I, McCleery J, Downs M. Cognitive reframing for carers of people with dementia. Cochrane Database Syst Rev. 2011 Nov 9;(11):CD005318.

Prim. MUDr. Karel Nešpor, CSc. www.drnespor.eu www.youtube.com/drnespor Department of Addiction Treatment – Men Section Psychiatric Hospital Prague – Bohnice 181 02 Prague 8