Evaluation of Behavioral and Cognitive Behavioral Theories and Interventions

Looking back to my undergraduate and graduate years in Korea, it is surprising how much I had been exposed to behaviorism and cognitive behaviorism without being fully aware of it at the time. Psychology was defined as a "scientific study of human behavior" with a strong emphasis on the "scientific" part (i.e., rigorous methodology), and the goal of the discipline was to better understand and predict human behavior. Although these statements may also be compatible with other theories in the field, they sound more like what a behaviorist might say. I also remember that "behavior" was often separated into three components, thinking, feeling, and external behavior (which I now see as a very Western way of looking at behavior. I will explain this in more detail later when I discuss the limitations of behaviorism). The Theories course this term was a good opportunity to review behavioral and cognitive behavioral theories and interventions, clarify my misunderstandings about these theories, and become more sensitive to the influences of behaviorism in the field.

Here I will describe my assessment of behavioral and cognitive behavioral theories and interventions from the readings this term. The specific questions that will be addressed include: ⑴ What issues and areas have been most important contributions of these theories? What issues and areas have been least useful and/or explanatory? ⑵ How do my reactions to these theories compare to my reactions to previous theories and models of behavior presented in the theories course? How do I understand the differences I have experienced? ⑶ What do I see as the strengths and weaknesses in applying behavioral principles in clinical contexts?

1. The contributions and limitations of behavioral and cognitive behavioral theories

In my opinion, the most important contribution of behavioral theories is the emphasis on the *environment*. Most of other theories in the field focus mainly on the individual. For example, psychodynamic theories emphasize a person's developmental history and unconscious dynamics, and how they determine his or her current functioning. There is a consideration of interpersonal relationships (especially with the primary caretaker), but the focus seems to be more on how these environmental factors affect dynamics within an individual. Cognitive theories examine how a person's thinking influence his or her feelings and behavior. Environment is often mentioned, but what matters is how the person subjectively *perceives* it and not the environment per se. Individual-focused theories such as psychodynamic and cognitive theories naturally see individual as the target of intervention. An individual is not adjusting well because of his

or her rigid defense mechanism or irrational thinking. Individuals get the blame. The aim of psychotherapy is to change the *individual* to better adapt to the environment.

Behavioral theories removed the blame from the individual. A person's behavior is determined by the environment he or she is exposed to. No matter whether this statement is right or wrong (although I think that this kind of decision cannot even be made), I see this as an important shift. Behavioral therapy intervenes at the environmental level in order to change the individual. Again, I do not mean to say that changing the environment is easier or more effective. However, since this is something that had been very much overlooked in other theories, behaviorism has contributed a lot to the field by emphasizing the environment. By focusing on the influences of the environment, it became possible to carry out interventions to target problems that would be hard to deal with just by treating the individual (e.g., difficulties due to low SES). A good example of such intervention is the Juniper Gardens Children's Project. In sum, I think behavioral theories have helped to come closer to the balance between individual and environment, although I think the field is still more oriented towards the individual.

Another contribution of behavioral and cognitive behavioral theories is their heavy emphasis on research and "scientific" methodology (although too much emphasis may backfire and lead to limitations of these theories; this will be discussed later). Although I do not agree with the argument that only the observables should be the focus of research, I do think there is a value in putting emphasis on giving clear definition of the variables and how exactly they are measured (e.g., what is "self-esteem"? How is it defined in this particular article?), and having a logical link between the hypothesis and intervention (functional analysis in behavioral intervention is a good example). I think behavioral and cognitive behavioral theories did a good job in explicitly stating what a good research should be like (but again, I do think they have done too far in trying to be "perfectly scientific"). Moreover, with their strong emphasis on research, behavioral and cognitive behavioral theories have contributed to the field with abundant research on the effectiveness of psychotherapy as well.

Now, I will turn to the limitations of behavioral and cognitive behavioral theories. I mentioned above that these theories contributed to the field by emphasizing research and methodology. This, however, leads to their limitations as well. For example, behaviorists disregard changes that cannot be objectively measured. Some changes are internal and may not be examined from outside. Behaviorists tried to explain this by stating that the change in the environment affects the *probability* of the occurrence of certain behavior, but it is unclear what factors determine this probability (maybe

personality, contexts, etc). It seems that behaviorists are limiting their subject of research by focusing only on the observable behaviors, which is solely determined by the environment.

Moreover, I think behavioral and cognitive behavioral theories are limited in their depth. Although it is important to propose parsimonious explanation of human behavior, these theories seem to miss a lot by focusing on general principles based on observable behavior. For example, in my case presentation on childhood stealing, the focus of the intervention for Karen was much too narrow in that it overlooked some important aspects of her maladaptive behavior. The functional analysis was carried out (which I think is strength of behavioral treatment) and it was hypothesized that she was stealing in order to get attention from adults. Her behavior made sense to some extent given her developmental history (having been placed in several different homes, etc). Up to this point I thought was good. However, the intervention after this analysis was solely about eliminating adult attention after stealing, and not at all about giving Karen what she wants – adult attention. I was thinking that she would eventually find some other ways (which may also be inappropriate) to get attention from others in order to fulfill her need. In this respect, behavioral theories seem too narrow and shallow to capture the whole individual.

Another important limitation of behavioral and cognitive behavioral theories is the absence of culture. As is mentioned in the articles by Landrine and Klonoff ("Cultural diversity and the silence of behavioral therapy"), behavioral ad cognitive behavioral theories do not give much attention to the culture. These theories, however, have several assumptions that may and may not make sense to people, depending on the cultural background they come from (although there will be large individual differences within the same culture). They include that cognition can be separated from emotion, and that cognition can be modified and this will lead to changes in emotion and behavior. I do not think other people from non-Western cultures would necessarily believe these assumptions to be the case. As Chris had mentioned in class, CBT (and all other forms of theories and therapies) is a unique phenomenon that originated in particular time and place in history, and this may not always apply to other contexts.

For example, I have heard from CBT therapists in Korea that in many cases people do not see cognition and emotion as separable, nor do they believe that cognition comes before emotion and that changes in cognition will lead to changes in emotion. Another widely spread belief in Korea is the importance of developmental history and parenting, which is more or less neglected in behavioral and cognitive behavioral theories and intervention. I am aware that a lot of CBT work in Korea has incorporated these

more "psychodynamic" components into therapy, since they are more compatible with cultural beliefs. In sum, I think it would be important for behavioral and cognitive behavioral theories to take culture into account. It is surprising that such theories with an emphasis on the environment did not regard culture as an essential part of individuals' environment (maybe this was because of their emphasis on what can be observed and measured).

In addition, the specific CBT strategies may need to be modified to better work for the in individual, and culture can play a role here too. For example, social reinforcement such as giving praises or attention may work better for a person from an interdependent culture (e.g., East Asia), where other people's opinions are more important. Not only culture as defined mainly by racial and/or national groups, but also other factors may be important in determining what reinforcement would work well for a particular individual. For instance, what is rewarding enough to bring about behavioral changes may depend on the individual's socioeconomic status, gender (as discussed in Kantrowitz and Ballou's "A feminist critique of cognitive-behavioral therapy"), peer groups, etc. Although I believe that these factors will be taken into account in clinical settings, there is not much discussion in the literature about them in behavioral and cognitive behavioral theories (especially behavioral theories), and I see this as a limitation. To take this discussion a step further, these theories neglect the uniqueness of the individual in its search for general principles. As Skinner had admitted in his book "About behaviorism," behavioral theories focus more on extracting general laws of behavior and not so much on individual differences (which is not what Pavlovian origins of behavior therapy was like with appreciation of individual personality types affecting people's behavior).

2. My reactions to different theories and models of behavior

My reactions to behavioral and cognitive behavioral theories were somewhat different from my reactions to previous theories and models of behavior presented in the Theories course (biological theories and family systems theories). Behavioral and cognitive behavioral theories were unique in that I thought I knew more about them compared to other theories before I actually took the course. This was peculiar since the only formal exposure I had to behavioral and cognitive behavioral theories was having taken one course on cognitive therapy with little focus on the behavioral aspect. On the other hand, I had taken three courses on biological and/or neurological models of human behavior prior to taking Patty's course. Nevertheless, I did not feel that I knew a lot about biological theories.

This was probably because I had more exposure to behavioral and cognitive behavioral theories in my training (in my research and practice experiences), and that led to my subjective feeling that I knew a lot about them. Throughout the course, however, I became more aware of what I did not know or did not know correctly about these theories. Therefore, whereas other courses (especially the family systems theories course) were more of learning what I did not know before (or what I did not remember despite repeated exposure for biological theories course), behavioral and cognitive behavioral theories course was more of systematically reviewing what I knew or partly knew, and clarifying my misunderstandings of these theories.

I think these different reactions to different theories are because of their level of analysis. Biological theories focus on the micro level such as cell, neurotransmitter, and the brain structure. Behavioral and cognitive behavioral is interested in the individual level (although its emphasis on the environment is noteworthy, what matters is how the environment influences individual's behavior; therefore the focus is still on the individual). Family systems theories focus on how individuals interact with one another a functional group (e.g., family). I have been more interested in and familiar with the individual level of analysis, and this may be the reason I felt more comfortable with behavioral and cognitive behavioral theories compared to the other two.

3. The strengths and weaknesses of behavioral principles in clinical contexts

Finally, I will discuss what I see as potential strengths and weaknesses in applying behavioral principles in clinical contexts. First of all, one of the most important strength of behavioral therapy is that it can be applied to a wide range of clients for whom other therapies may not work well. For example, behavioral principles can work with children and people with low cognitive functioning. Other approaches such as psychoanalytic and cognitive theories may have difficulty working with such clients. Secondly, behavioral principles are easy to understand and the strategy of therapy is explicitly proposed. There is nothing mysterious going on in therapy that clients do not know. I can see clients feeling more comfortable being in a therapy in which they know what to expect than in a therapy in which they do not have clear idea of what is coming (e.g., psychodynamic therapy). Thirdly, since behavioral principles are relatively easy to understand and implement, the therapeutic intervention is more likely to be continued after the therapy ends with cooperation from others. For example, parents and teachers may carry on with providing appropriate reinforcement for the child not to engage in maladaptive behaviors. Fourthly, a teacher-like role of the therapist may be a merit in cultures where clients expect the therapists to be that way. In some cultures,

clients come to therapy thinking that the therapist will have something to offer (whether that is new information or more effective way of dealing with their problems), and for these clients the CBT may be a good choice. Lastly, the CBT gives the client a sense of control (this may not apply so much to behavioral therapy). Clients in cognitive therapy learn that thinking can be modified with effort and that feeling and behavior will change accordingly. In contrast, the locus of control for change is in past childhood or the unconsciousness in psychodynamic therapy, and in the environment in behavioral therapy. Having a sense of control will help the client to maintain motivation for adaptive change.

However, there are also some weaknesses of behavioral principles. Firstly, as I mentioned above in the discussion of limitations, behavioral principles takes little into account the developmental history of the individual and what might be the "real" cause of the manifesting problematic behavior. Just by treating the observable behavior may lead to relapse of the same problem (e.g., Karen may stop stealing but start fighting with her friends to get adult attention). Secondly, the behavioral principles' being very simple and easy to understand (which I mentioned as strength) may backfire, and there may be clients who do not come back for treatment, thinking that they now know all they need to know to change. Thirdly, behavioral principles may not be effective for some problems. For example, it is hard to see personality disorders being treated effectively in a short-term behavior therapy. Lastly, behavioral and cognitive behavioral therapies may not work well in cultures where the basic assumptions of these therapies are not part of their belief system. Furthermore, little regard for individual differences in search for general principles is also a limitation of behavioral therapy. Behavioral principles should be tailored to the individual taking into account the client's developmental history, external environment (SES etc), and personality.