

# Cognitive therapies with schizophrenia

You are learning how to...	In the context of...
<ul style="list-style-type: none"> <li>Understand the cognitive approach to understanding and treating psychological disorders</li> </ul>	<ul style="list-style-type: none"> <li>Schizophrenia</li> </ul>

## Belief modification approaches

Cognitive psychologists believe that psychological disorders result from **irrational thinking** processes, which lead to abnormalities in feelings and behaviour. The delusional beliefs common in schizophrenia can be explained by the cognitive approach as attempts by the patient to make sense of their experiences. For example, if a person loses the ability to distinguish between their own inner speech and speech heard from others (as the 'self-monitoring' approaches to schizophrenia suggest) they may experience a voice (actually themselves) giving a running commentary on their behaviour. In an attempt to make sense of this, they may decide that someone else (perhaps a shadowy organisation like MI5) is watching them and reading their thoughts. This in itself requires an explanation – perhaps they have some secret or power that MI5 want to control... In this way, a set of delusory beliefs may emerge as the patient tries to understand the initial bizarre experience.

**Belief modification** approaches to treating delusions start from the assumption that the patient can be persuaded or maneuvered into substituting more rational interpretations for their irrational ones. This does not generally involve directly challenging the delusory beliefs but rather treating them as hypotheses and getting the patient to gather data against which they can be tested. If the evidence obtained by the patient challenges their delusory beliefs it becomes possible to present alternative explanations of their experiences that may be more adaptive for them.

**Below are some examples of delusory beliefs held by psychotic patients. For each one, suggest how the patient's beliefs might be challenged in order to start modifying them. If you can, identify a more rational set of beliefs that might be encouraged. All these examples are taken from cases described in the book 'Cognitive-Behavioural Interventions with Psychotic Disorders' edited by Haddock & Slade (1996).**

DD, an economics graduate, frequently heard a voice she believed to be the devil. The devil was using DD's telepathic powers to control the Prime Minister, making him do things that would destroy the British economy. DD tried to resist the voice every time she heard it, by saying the opposite of what the voice commanded but would always eventually give in to the voice. She monitored the economic news carefully, and always felt very guilty when the economy took a turn for the worse (Chadwick & Birchwood, 1996).

A patient complained that communists were flying over his house in planes, shooting him with invisible rays that caused abdominal churning, tension and heart palpitations (Turkington & Kingdon, 1996).

Mr X believed that other people could read his thoughts through telepathy. This belief started when a woman looked at him in a supermarket and said to her companion 'I can read his thoughts'. Mr X was convinced that other people had this power but would not admit to it. He was afraid that people would attack him because of what he was thinking, and tended to avoid situations that would bring him into contact with others (Kuipers et al, 1996).