

Theories and Modes

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In his work on the Theory of Modes, Beck (1996) suggested that there were flaws with his cognitive theory. He suggested that though there are shortcomings to his cognitive theory, there were not similar shortcomings to the practice of Cognitive Therapy. The author suggests that if there are shortcomings to cognitive theory the same shortcomings may apply to cognitive therapy. The author cites some work that suggest these same shortcomings and a modification to cognitive therapy, or, mode deactivation therapy.

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The conversion of Beck's (1996) theory of modes to an applied methodology has been difficult, in that, it suggests that there are limitations to standard schematic processing for clinical interventions. The suggestion that there are limitations to an empirically validated methodology requires carefully constructed theoretical and clinical content as an alternative methodology. Beck (1996) introduced the concept of modes to address the criticisms and shortcomings of cognitive theory. Cognitive theory and Cognitive Behavior Therapy have shown limitations when addressing specific phonon within the context of clinical and experimental findings. "It has become apparent over the years that the theory (schematic processing) does not fully explain many clinical phenomena and experimental findings." Beck's words are powerful and pose many questions for the cognitive therapists and theorists. If the theoretical constructs that cognitive therapy is based on do not fully explain these clinical phenomena; then is it not logical that the clinical methodology is flawed in treating individuals who pose clinical syndromes similar to what Beck describes? The recurring question that must be addresses is, If cognitive theory has shortcomings, does it not follow then that Cognitive Behavior Therapy has limitations as well?

To answer the question posed, it is necessary to examine specific issues that Beck (1996) suggests are problems not adequately addressed by the model of schematic processing. These problems are specifically the eleven items detailed by Beck on pages 1-2. These items will be reviewed; as they suggest that possibly a more adaptive methodology needs to be provided to address the shortcomings of schematic processing.

The shortcomings of his schematic processing theory are as follows:

1. The multiplicity of related symptoms encompassing the cognitive, affective, motivational and behavioral domains in psychopathological conditions.
2. Evidence of systematic biases across many domains suggesting that a more global and complex organization of schemas is involved in intense psychological reactions.
3. The findings of a specific vulnerability (or diathesis) to specific stressors that are congruent with a particular disorder.
4. The great variety of "normal" psychological reactions evoked by the myriad of life's circumstances.
5. The relation of content, structure and function in personality.
6. Observations of the variations in the intensity of an individuals' specific reaction to a given set of circumstances over time.

7. The phenomena of sensitization ("kindling phenomenon"): successive recurrences of a disorder (e.g. Depression) triggered by progressively less intense experiences.
8. The remission of symptoms by either pharmacotherapy or psychotherapy.
9. The apparent continuity of many psychopathological phenomena with personality.
10. The relevance of the model to normal "*moods*."
11. The relationship among consciousness and unconscious processing of information.

These are substantial problems presented by the originator of the theory and archetype of the clinical application of the schematic processing mode. If as Beck states there are a need to expand the theoretical mode, then there might be an equal need to expand the clinical model of intervention to adapt to the theoretical considerations in an applied methodology. First, it is important to examine Beck's list of problems with the schematic processing model, from a global perspective. In this paper a methodology of cognitive behavior therapy is suggested to expand the model of CBT and incorporate Beck's system of modes, "Beyond Belief." The attempt in this paper is to expand the model of schema processing and respond to Beck's suggestions of Modes, which offers a more global construct than Cognitive theory and additional refinements related to progress in the field.

When reviewing Beck's point one, the question raised is relate to the multiplicity of related symptoms, it can be surmised that Beck is referring to the complications and multi-axil issues, of both the Axis I and Axis II as they merge into the multiplicity of symptoms. He suggests that there is a schema overload because to the interplay of these type of symptoms and behaviors. It may be that the ability of schema processing is limited in explaining the volatility of the nature of these disorders, as well as, the blurring of the cognitive, affective and motivational systems because of the nature of the psychopathological conditions.

When Beck discusses "specific vulnerability or diathesis" he seems to refer to specific stressors or psychological vulnerabilities that appear to be congruent with a particular disorder. These disorders serve as charges for Beck's concept of modes. He continues to examine the great variety of "normal" psychological problems evoked by the "myriad of life's circumstances," that affect the mode. These life circumstances of normal individuals appear to activate what Beck refers to as normal psychological problems. If individuals have experienced abnormal trauma, or harsh life's experiences, it is safe to assume that these circumstances would be inherently more complicated.

In suggesting a "systematic bias" Beck is referring to a more complex and global organization of schemas that are confounded in intense psychological responses. This might suggest that in clinical practice that these disorders are not neatly ensconced in a single delineated schema. They appear to be a product of the blending of the complexities of Axis I and Axis II disorders. Depression for instance may be schematically blended with anxiety and cluster B disorders. These complex schemas may be dormant waiting for charge to activate them. These schemas are only a part of a complex system of modes that transcend currently held concepts of cognitive therapy.

When Beck suggests that schematic processing does not take into account the relation of current structure and function in personality, he might be pointing to these as indices that thinking and belief alone do not explain nor do they offer much promise for effective treatment.

We might want to examine what the function that the content and structure of the personality serve. How do they really maintain the behaviors by the reinforcing qualities of several layers of these structures?

Also important as a problem is the "variations in the intensity of an individuals' specific reaction to a given set of circumstances are time," the reaction that many might include the activity of psychological and other indices in the mode.

The two most important of the remainder of the points is the relationship between the unconscious and conscious processing of information. The current mode examines only the conscious processes. Also, important is that these are unconscious "triggers" that ignite the activation of psychological and related reactions, prior to the "negative thought."

This also accounts for why Beck suggests that there is a kindling phenomenon that activates the trigger to disorders with less intense experiences. This phenomenon is not explained by current theoretical or applied methodologies in cognitive theory or cognitive therapy.

Beck discusses the relationship between conscious and unconscious processing as part of his cognitive theory. Information processing takes into account the conscious processing of information, although it does not account for the unconscious learning. Experiential learning takes place in the cognitive unconscious. It is the process of learning from one's life experiences, both positive and negative. If that learning is negative or invalidating then the individuals beliefs are shaped to account for the dangers and invalidation of their world. They view the world as dangerous and their experiences have been, or as dangerous as their perceptions of the world. These perceptions and the reaction to these perceptions are triggers for a system of primitive responses as well as, fears and beliefs that activate their survival response, or survival mode. Beck (1996) clearly opened the possibility, that individual process information, but also learn from their unconscious experiences and therefore it might be necessary to address both levels of learning in therapy, rather than simply thinking as the cognitive model address.

If these problems are inherent in the current schematic processing models, what alternative methodologies might be more inclusive of Beck's theories of modes? It appears that there has been developments in there of addressing modes in more complex disorders in both adults (Young, et.al. 2003) and adolescents (Apsche & Bailey, 2003,2004). The limits of Beck's information processing theory appear to have limits in clinical application of his theory as well that might require consideration when treating complex populations with Axis I and Axis II diagnosis.

For a specific type of adolescent, methodology Beck's theory of modes have been operationalized into an applied methodology known as Mode Deactivation Therapy (MDT) (Apsche & Ward Bailey 2003, 2004.).

MDT was developed to address the difficulties in treating adolescents with reactive conduct disorders and personality disorders, traits or beliefs. MDT follows Beck's (1996) theory of modes, both theoretically and in its clinical application. MDT has been shown to be superior to CBT in an applied descriptive study of 10 adolescent clients in a residential treatment facility (Apsche & Ward Bailey 2003). MDT was designed to operationalize Beck's theory of Modes. Apsche & Ward Bailey 2003, 2004 and Apsche, Ward and Evile 2003 have demonstrated the MDT methodology in a series of articles and case studies. Apsche, Ward Bailey and Bass are currently writing an article on a comparison of MDT, CBT and TAU for 60 adolescents, 20 clients in each treatment group. The initial results show that CBT is superior to TAU and that MDT is significantly superior to both groups.

It appears that it is possible to adapt Beck's (1996) theory of modes to applied methodology as MDT, (Apsche & Ward 2003; Apsche & Ward Bailey 2004; Apsche & Ward and Evile, 2003), as MDT takes into account the proposed shortcomings of cognitive theory. The expansions of Beck's theory of modes, "Beyond Belief" suggests that there might be an equally important expansion of Cognitive Therapy and Cognitive Behavior Therapy as well. Hopefully, MDT might be the first step in the process of expanding Cognitive and Cognitive Behavior Therapy "Beyond Belief," to look at complex individuals as a sum to their experiences and well as their thinking and beliefs. This would enhance the standard CBT methodology to include Beck's (1996) theory of Modes.

References

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