

Cognition and Emotion in Counselling and Psychotherapy* *Robert Woolfolk

The division between reason and the passions has featured prominently in Western thought since Plato. Theories of counselling and psychotherapy have made much of this distinction, which in psychology and psychiatry appears as that between cognition and affect. The most influential forms of psychotherapy, psychoanalysis and cognitive behaviour therapy (CBT), have inclined toward prescribing a life guided by reason. Emotion-focused therapy (EFT), including various humanistic approaches, have taken an opposite tack, advocating a life of emotional sensitivity and expression. Recent research into the nature of emotion has challenged some of the assumptions of cognitive therapy and provided a complex picture of the relationship between cognition and affect.

Freud

Sigmund Freud is well-known for his view that irrational, unconscious forces dominate the psyche. For Freud these forces are the instincts humans have inherited from infrahuman ancestral species, and they include our species' most destructive, self-indulgent, and pathological proclivities. Freud believed that human rational powers, represented by the ego, are weak relative to the forces of instinct, represented by the id. He was a champion of reason, viewing the struggle between the ego and id as analogous to that between the uniquely human and the bestial, the civilised and the barbaric. Borrowing metaphors from Plato, Freud suggested that

The ego in relation to the id...is like a man on horseback, who has to hold in check the superior strength of the horse (1923: 30)

Early in his career, influenced by Helmholtz, Freud conceived of emotion in terms of rather crude physicalistic metaphors. Whereas Helmholtz had spoken of 'neurological energy' Freud analogously conceived of emotion as 'psychic energy,' as

excitation having all the attributes of a quantity...something which is capable of increase, decrease, displacement and discharge, and which extends itself over the memory-traces of an idea like an electric charge over the surface of the body (1894:75).

In his initial clinical work, especially that done in collaboration with Breuer, Freud emphasised the cathartic liberation of repressed emotion, or what he termed 'strangled affect'. Over the course of his career, however, Freud's clinical theory placed increasing emphasis on analysis, interpretation, and insight. With the advent of the tripartite model of the psyche (Freud, 1923), the goals of psychoanalytic treatment had fully evolved to be the strengthening and unfettering of ego functions so that their rational criteria could replace, in so far as possible, both the irrational indulgences of the id and the equally irrational aspirations of the super-ego. In the latter phases of his work Freud already had begun to lay the groundwork for the ego-oriented psychology that was to be fully realised in the writings of his daughter Anna Freud and those of Heinz Hartmann (Ellenberger, 1970; Rieff, 1959)

Humanistic Therapy

The psychoanalytic preference for a life of reason did not produce a unanimous privileging of cognition among all practitioners of psychotherapy. Humanistic therapies, including Client-Centred Therapy and Gestalt Therapy, took a view of emotion diametrically opposed to the psychoanalytic position. Humanistic psychotherapy stood in relation to Freudian psychoanalysis as the Romantic movement in art, literature, and philosophy, stood in relation to the classicism of the Enlightenment. Whereas psychoanalysis had sought to control and channel emotion, humanistic therapies favoured the cultivation of emotional sensitivity and expressiveness. Humanistic therapists sought to promote spontaneity, creativity, authenticity, and experiential intensity. The Apollonian values of moderation, restraint, order, reason, and sobriety often were regarded by humanists as spiritual straight-jackets placed on the psyche by a society whose strictures are inimical to the self-actualising propensities possessed by all, but thwarted in most (Woolfolk, 1998). The project of humanistic psychotherapy is to help the individual restore contact with affective experience, feelings, and sensations, and to enable that experience to be expressed without inhibition or censorship.

Cognitive Behaviour Therapy

Humanistic psychotherapy was quite influential in the 1960's and 1970's, but never supplanted psychoanalysis as the predominant school of psychotherapy. When psychoanalysis was eclipsed by another approach, its successor, although possessed of a very different picture of human functioning and a highly dissimilar therapeutic sensibility, also privileged cognition in its theory and practice. In the United States and Great Britain, cognitive behaviour therapy (CBT) currently seems well on its way to becoming the new psychotherapeutic orthodoxy. Although the wellsprings of CBT can be found in Stoic philosophy and in Buddhist and Taoist thought, CBT conceives of itself as an applied science or a psychotechnology. The standardisation of CBT treatments and their validation via the methods used to test pharmacological agents have given CBT the kind of scientific status enjoyed by biological psychiatry and gained it favour with granting institutions and managed healthcare organisations.

A common stereotype of CBT is that its emphasis upon fostering rational cognition results in a neglect of emotion. The stereotype is true, to some extent, but also importantly misleading. In CBT negatively valenced emotions, such as fear and sadness, are viewed as core phenomena of psychopathology. What is 'cognitive' about cognitive behaviour therapy is that emotions are believed to arise out of acts of cognition and that transformations of the emotions are thought to follow from alterations in cognition. The theory of CBT maintains that the passions can be managed and controlled by reason.

Albert Ellis (1962) and Aaron Beck (1976), perhaps the most influential CBT theorists, both subscribed to cognitive-appraisal theories of emotion, which hold that emotion results from cognition and that if thinking changes, so will feeling. Emotions, it is asserted, result from cognitive appraisals of environmental situations. Thus when I see a lion charging at me, my judgement that I am in danger leads to the companion emotion of fear, which then arouses and motivates me to take various steps that are appropriate for dealing with fearsome threats to my well-being. Each emotion is assumed to possess its own cognitive topography along with correlated behavioural and motivational patterns.

Identifying cognitions

The following excerpt from a session of CBT demonstrates attempts on the part of a therapist to identify cognitions underlying emotion. The client was describing his public speaking anxiety:

- Client: When I have to talk in front of a large group, I panic, freak out.
 Therapist: The emotion you are experiencing is...?
 Client: I'm anxious, terrified, really.
 Therapist: What are your thoughts when you are experiencing this fear?
 Client: I think my presentation and ideas are ridiculous, that people are going to think what I have to say is obvious and stupid.
 Therapist: You are focused on the evaluations of the audience?
 Client: Yeah, they're going to think I'm stupid. They're going to say, 'Who is that moron?'
 Therapist: So you'll be discredited, you'll lose face.
 Client: I guess I've always thought I wasn't talented enough or intelligent enough.
 Therapist: Talented enough for what?
 Client: To do the great things expected of me.
 Therapist: Does that mean that if the talk you give isn't truly sublime, then it isn't good enough?
 Client: I guess I have very high standards. I never seem to be able to satisfy myself.
 Therapist: If every talk has to be fabulous, you have your work cut out for you.
 Client: What do you mean?
 Therapist: The threat or underlying cognition that elicits the anxiety seems to be an estimation of the probability of failure. A less than wonderful result is a failure. So it sounds like you really have a good chance to fail, given those criteria. Also, it seems that if you deliver a less than terrific talk, you believe the audience will decide you are stupid. And if they think you are stupid, you must really be stupid.
 Client: I hate it when you put it that way, but I think you're right.
 Therapist: I'm also guessing that being stupid is a very bad thing for you.
 Client: It's the worst thing in the world.

Challenging cognitions

The next excerpt from a CBT session depicts a therapist attempting to modify a client's emotions by changing her cognitions. The client believed that her recent lack of success in intimate relationships stemmed from her being 'unlovable'.

- Therapist: Let's look at your belief, that you're unlovable, more closely. Okay?
 Client: Okay.
 Therapist: What evidence do you have that you're unlovable?
 Client: Well, I feel that way.
 Therapist: Yes. I understand that you feel unlovable. Let's try to look at this belief more objectively. What objective evidence do you have that you're unlovable?
 Client: No one loves me.
 Therapist: Not one person in your life loves you? Is that true?

- Client: Well, no, not if you're talking about my family. But they don't count. That's not what I mean. And, I'm not talking about my best friend, Sue, either.
- Therapist: Okay. So, let's be clear about what you mean.
- Client: I don't have a husband or boyfriend. I'm not in a relationship.
- Therapist: So, there's no one in your life these days who loves you in a romantic way. Right? Has that always been the case? Have you never had a boyfriend?
- Client: Well, no. I had boyfriends in the past. But I don't think they really loved me.
- Therapist: Okay, so you've had romantic relationships in the past. And, did any one or more of those men say he loved you back then?
- Client: Yes. But it didn't last. It wasn't forever.
- Therapist: The fact that the relationships didn't last, does that mean that the guys didn't have real feelings for you?
- Client: Not the kind of love I want.
- Therapist: Have you ever fallen out of love with someone you were in love with?
- Client: What do you mean?
- Therapist: Did romantic feelings you felt for a person ever change or disappear entirely?
- Client: Yes. That's happened before.
- Therapist: Were the feelings of love that you had felt for those people real and genuine?
- Client: I thought so at the time.
- Therapist: Were those people lovable?
- Client: Sure.
- Therapist: Let me summarise. Right now you are not in a relationship. Presently, your family and best friend find you loveable. And, in the past, you've been involved with men who said they loved you. So, it sounds like former boyfriends must have found you loveable in the past, even though those relationships did not last. Your conclusion that you are unlovable is contradicted by quite a bit of evidence.
- Client: I know. I just wish I felt more lovable.

Contemporary emotion theory

Recent research in the psychology of emotion has suggested that the cognitive-appraisal theory of emotion upon which CBT is based is in need of revision. Robert Zajonc's (1984) work demonstrated that emotional responses to a variety of events occur almost immediately, before the event is processed cognitively. This work showed that we can and do respond emotionally to subliminal stimuli that are so brief as to bypass conscious awareness. Joseph LeDoux's (1996) research has showed that in mammalian brains the amygdala processes incoming sensory information directly from the thalamus, taking a 'first pass' at the information before it registers in the neocortex for the bulk of its processing. The amygdala quickly evaluates the perceptual information and makes a preliminary good-bad or approach-avoid judgement. When the stimulus is assessed as a threat, both physiological arousal and avoidance responses may be triggered. The initial assessment can be subsequently revised, as when one flinches and is startled by a loud noise only to realise that it is an automobile backfire and not the report of a weapon. The research cited above has demonstrated that the appraisal theory of emotion and, therefore, the theory underlying cognitive approaches to counselling and therapy, are flawed. But just what are the practical implications of these

findings, and the revised picture of emotional life that they entail, for those helping professions to whom confused or distressed people bring their emotionally-charged issues?

One clear implication is that searching for beliefs that correspond to every feeling may not be fruitful. An article of faith in both Ellis's Rational-Emotive Behaviour Therapy and Beck's Cognitive Therapy is that for any emotion there is a cognition that is either manifest or latent. And cognitive therapists frequently will infer the presence of a cognition from an emotion, when the client is unable to articulate the cognition. The revisionist view of emotion suggests that such an activity may lead to an erroneous and overly intellectualised picture of clients' desires and proclivities.

Another implication is that the emotions may provide an indication of the individual's tendencies to respond to the world, tendencies that are not redundant with cognitive appraisals. In fact, much psychological conflict and inconsistencies of thought and action may result from the fact that thinking and feeling do not always originate in the same cortical systems. For example, even though I thoroughly believe that intercontinental air travel involves trivial risks and may confidently be able to cite the statistics, I may, nevertheless, be terrified to fly over an ocean. I may have decided to avoid the sumptuous piece of chocolate cake on the desert tray, but even as I ruminate about the reasons not to eat it, I find myself telling the waiter, 'Sure, I'll have a small piece.' Clearly, in situations like these, cognition, motivation, and behaviour do not fall in line. Cognitive therapists tend to see situations such as these as reflecting conflicting cognitions, but the contemporary revisionist accounts of emotion suggest that the opposition may lie elsewhere.

The distinction between cognitive processing of information and forms of information processing that are more primitive and elemental has proved to be a useful one in psychological theory and research. For example, infants of three weeks smile at a human face and display anger in pain at eight weeks. In these cases, the infants process (probably subcortically) and respond to an emotion-evoking pattern of stimulation but in the absence of the cognitive processes of representation, memory, matching, or comparison, of which they are not capable (Harris, 1983). Where one chooses to draw the line between cognitive and non-cognitive processing, ultimately, may prove to be somewhat arbitrary. Most authorities, e.g. Izard (1993) would limit cognition to processes involved in learning, memory, symbol manipulation, and thinking.

Whatever terminological conventions one chooses to describe the phenomena of perception, cognition, affection, and motivation, it is clear that interactions among processing systems are reciprocal and quite complex. For instance we know that what were once thought to be reflexive somatic responses can be shaped and controlled via cognitive mechanisms. Physiological arousal, for example, can be lowered by various cognitively based activities, such as meditation (Woolfolk, 1975). Cognitive appraisals sometimes can override the more rapid processing that occurs in the amygdala as when we reframe or inquire more deeply into and thereby form a cognitive representation of an emotion-provoking event.

The view that emotion and cognition originate in different parts of the brain that function as separate mental processing systems resonates with the theoretical work on emotional intelligence. This work began with Howard Gardner and his Theory of Multiple Intelligences (1983). Gardner contends that the manifold capacities possessed by human beings can be placed into a category scheme that describes our diverse talents. He sets forth the standard categories of intellectual aptitude, e.g. spatial relations ability, but also delineates a category that comprises emotional know-how. Gardner hypothesises that this kind of ability, which he labels 'intrapersonal intelligence', is directed towards practical self-understanding and self-knowledge. Gardner stresses, as

central to this ability, self-awareness and, especially, awareness of one's emotions. High intrapersonal intelligence involves the ability to make discriminations among one's feelings and to label them, and to draw upon them as a means of understanding and guiding one's behaviour. 'Emotional intelligence', a term coined by Salovey and Mayer (1990) and popularised by Goleman (1995), is very similar to Gardner's concept of intrapersonal intelligence. Some very recent empirical research also has suggested that emotional awareness and expression of feelings can benefit both psychological and physical well-being (Gross & Levenson, 1997; Petrie, Booth, & Pennebaker, 1998).

The increased emphasis the emotions have received in recent psychological theory and research has been accompanied by a renewal of interest in emotion-focused approaches to psychotherapy, approaches that are contemporary renditions of techniques appropriated from humanistic therapies. Today's EFT (Beutler et al., 1991; Greenberg & Safran, 1989), as did its humanistic precursors, emphasises the exploration, differentiation, labelling, and expression of affect.

Emotional exploration

In the following session of emotion-focused therapy, the therapist attempts to keep the client's attention on her emotional reactions. Together they explore and identify the client's emotional responses to the events in her life, in this particular case, how she reacts to her husband's conduct.

- Client: My husband is acting like a real jerk.
 Therapist: What is he doing?
 Client: He criticises everything I do, my cooking, my grammar, my driving, even in front of the children. He is a jerk.
 Therapist: Let's focus on your reactions to his criticism. For example, what do you feel when he criticises your grammar?
 Client: I feel he is an arrogant, conceited know-it-all. And it's disrespectful.
 Therapist: What emotions or feelings do you experience when John criticises your grammar?
 Client: It irritates the hell out of me.
 Therapist: So you feel angry.
 Client: Not really angry, just annoyed.
 Therapist: Is it all right if we stipulate that feelings like annoyance and irritation are forms of anger? I know anger may not be an acceptable emotion, but I think when we are in the realm of peeved, miffed, and ticked off, most authorities would consider these states to be mild forms of anger.
 Client: I can see that.
 Therapist: Did you feel any other emotions when John criticised your grammar?
 Client: I was upset.
 Therapist: Upset in what way? What other emotions did you experience?
 Client: I guess it bothered me that he would put me down.
 Therapist: (Notices client's eyes watering). You look as though you are feeling something right here and right now.
 Client: I am feeling kind of choked up.
 Therapist: Are you sad?
 Client: Yeah.
 Therapist: What your husband did hurt you. You were hurt and sad and you got angry at him. Is that right?
 Client: Yes, that happens a lot.

- Therapist: Did you feel other emotions?
 Client: I guess I was a bit embarrassed in front of my children.
 Therapist: Are these reactions you could share with your husband?
 Client: He knows I'm annoyed when he treats me like a fool.
 Therapist: Does he know that you feel sad and embarrassed?
 Client: I'm not sure.

It is instructive to contrast the session of emotion-focused therapy depicted above with CBT. In the vignette the aim of EFT is to fully explore the emotional components of the client's reaction to her husband, to label the emotions, and to ascertain whether the emotions have been assimilated and expressed. A likely direction for a cognitive-behaviour therapist would be that of identifying the appraisals associated with the client's anger toward her husband and attempting to alter those appraisals:

- Client: I feel he is an arrogant, conceited know-it-all. And it's disrespectful.
 Therapist: What emotions or feelings do you experience when John criticises your grammar?
 Client: It irritates the hell out of me.
 Therapist: OK Let's take a look at what you must be thinking about this situation, at the cognitions that give rise to the emotions. You see John as arrogant and disrespectful.
 Client: That's right. He shouldn't act that way.
 Therapist: Now we are getting somewhere. Emotions such as anger arise from the view or appraisal we take of events, not from the events themselves.
 Client: Yeah. But John is making me angry.
 Therapist: Perhaps. But the immediate cause of your anger is probably your own view that he is mistreating you, that he is doing something wrong or unfair to you.
 Client: But isn't he?
 Therapist: The issue in our work is how to change the feelings. If you look at John's behaviour from what one might call a moralising point of view and label what he does in language using 'shoulds' and 'oughts', you will create and intensify emotions like anger. To reduce anger you need to change the way you think about his conduct, for example, to say to yourself, 'I prefer not to be belittled', instead of 'This is a terribly wrong, unfair, and horrible way for my husband to behave.'

The emphasis in CBT has been on experiencing and understanding emotions only to the degree necessary to modify them, whereas emotion-focused therapies believe that emotional self-awareness is an important aspect of what it means to be a flourishing human being. This difference between the two therapeutic approaches perhaps stems from the different cultures that gave rise to them and also from the therapeutic arenas in which they have tended to operate. CBT has been applied mainly in clinical, quasi-medical settings, often with mood disorders, conditions in which aversive emotional experience is frequent and intense. Thus the aim of CBT frequently has been to provide rapid attenuation of anxiety and depression. EFT, on the other hand, often is orchestrated within a 'personal growth' framework in non-medical settings. CBT has tended to be problem-oriented and directed toward the reduction of pathology, while EFT is typically less focused and aims at the enhancement of human potential or self-actualisation. Although both approaches result in the acquisition of greater self-understanding, in CBT self-knowledge is valued less as an end in itself than as a means of self-fashioning. Each approach seems to share something with philosophical

counselling: CBT in its emphasis on reason and rationality, and EFT in both the intrinsic value placed upon self-knowledge and in its non-medical, humanistic sensibility.

Conclusion

Historically most theory and practice in counselling and psychotherapy have sought to increase the influence of reason and cognition at the expense of the passions. The latest example of this trend, CBT, has assumed that emotion results from cognitive appraisals and has sought to control of negative emotions through cognition. Recent research and theory, however, have called key assumptions of the cognitive-appraisal theory of emotion into question. Studies demonstrating affect to be partially independent of cognition and the research delineating the construct of emotional intelligence point to the potential limitations of approaches to self-understanding that neglect the emotions.

Our emotions are guides to comprehending our reactions to the world, our values, and what we care about. They provide a pathway to self-knowledge that is different from that granted by an exploration of one's beliefs and opinions. Emotional exploration can complement and inform other work conducted by counsellors and therapists. In his approach, one noted philosophical counsellor (Marinoff, 1999) regularly assesses the emotional components of issues addressed in philosophical counselling. Many of the questions philosophical counsellors address have relevant emotional concomitants: crises of meaning, resolutions of ethical dilemmas, choosing among life options, and the identification of basic preferences. The examination of one's life, if it is to be thorough and comprehensive, one could argue, should include not only an exploration of one's beliefs and actions, but of one's emotions as well.

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