Routledge Handbook of Applied Sport Psychology
A comprehensive guide for students and practitioners
Edited by Stephanie J. Hanrahan and Mark B. Andersen
Cognitive-behavioral therapy (CBT) is a collection of therapies sharing philosophical assumptions and similar techniques. Two therapies that I describe in this chapter are cognitive therapy (CT; A. Beck, 1991; J. S. Beck, 1995), and rational–emotive behavior therapy (REBT; Ellis, 1994; Walen, DiGiuseppe, & Dryden, 1992; Weinrach et al., 1995). Although students of CBT may view the theoretical contributions of CT and REBT researchers and therapists form only a contemporary vantage point, it may surprise them to learn that the development of CBT was influenced by schools of thought that occurred thousands of years ago. In particular, Albert Ellis was a student of Greek stoicism. During the golden age of Greek philosophy, Zeno of Citium proposed that man is a logical creature, and therefore could understand the physical world around him. His ideas emphasized that the root causes of problems for humanity were found within the emotions of man (Zeno’s understandably sexist language), and that to truly understand the world, man must distance himself from his emotions.

The other philosophical roots of CBT can be found within the schools of British empiricism, behaviorism, functionalism, and pragmatism. Some names that may be familiar to the students of philosophy, or history and systems of psychology are: John Locke and David Hume within the school of British empiricism in the seventeenth and eighteenth centuries, Emile Durkheim whose writings are referenced as the basis for functionalism theory, and Burrhus Frederic Skinner who revolutionized psychology by developing his school of radical behaviorism.

Why is it important to acknowledge the historical roots of CBT or any other psychology therapy? Mark Andersen (personal communication, January 6, 2009) puts the answer to this question beautifully in his description of CBT and psychological skills training (PST):

Let me try an extended analogy. Say we have an azalea bush. It has lovely flowers, leaves, branches, a main trunk, and a root system. Taking psychological skills training (PST) as a model is like focusing only on the flowers (representing the applied sport psychology techniques of imagery, relaxation, goal setting, positive self-talk, and so forth). Those flowers are part of a much more complex system that goes by the name of cognitive-behavioral therapy. Many PST practitioners may only know the flowers
of the azalea bush, and not be familiar with the dendritic and leafy aspects of the whole therapy. That azalea bush of cognitive-behavioral therapy also has deep and branching theoretical and philosophical roots going back to empiricism, pragmatism, functionalism, and early behaviorism. But do students and practitioners study the whole “plant”? Some may know something about the leaves and branches, but probably even fewer get to the roots.

And, if therapy or PST is provided without a clear understanding of the “roots,” how effective and ethical is the practitioner who applies powerful tools without any clear understanding of why these interventions are chosen and how they facilitate change? To support standards of best practice and encourage the integration of theory and application, it is important for those who use CBT approaches with athletes to be aware of the deep basin of knowledge from which these therapies have been developed.

**Basic assumptions of cognitive-behavioral therapies**

Keeping these ideas in mind, what are the basic assumptions that cognitive therapy (CT) and rational-emotive behavior therapy (REBT) have in common and how are they different? According to CBT, problems in living are (primarily) a product of faulty thinking. Terms such as mistaken assumptions, irrational thoughts and beliefs, self-defeating attitudes, and thinking errors are used to describe the sources of why people develop unhealthy ways of feeling and behaving. Thoughts by themselves are not the focus of CBT. Instead, the inter-relationships between thoughts and emotions and thoughts and behaviors are tightly woven. To understand the nature of emotions and behaviors, it is important to uncover and reveal the source from which they emerge. Both CT and REBT practitioners subscribe to the idea that a systematic assessment of one’s belief system, combined with an organized plan to work with that belief system, will promote positive change.

**Goals of therapy**

There are differences in the end goals of therapy for CT and REBT, although these differences may appear subtle to many. Ellis (1994) believed that true change occurs when people are able to modify their core-belief structures. This modification requires an overall shift in a person’s philosophy and incorporates a different view of the world and the person’s place within it. This transformation is a product of educating individuals on the powerful effects of faulty thinking. The significant point here is to ensure that people can truly be free of the erroneous “musts,” “shoulds,” and “oughts” of daily living. By disputing these harmful thoughts, attitudes, and beliefs, individuals can begin to reframe their theoretical and philosophical views of themselves and the world in which they live. By the end of therapy, a new philosophy of living is adopted that is much healthier than the client’s previous world view.

Like Ellis, Aaron Beck (1991) understood the importance of addressing core-beliefs to promote positive change. Instead of an emphasis upon philosophical transformation, however, Beck believed that CT could help move people from their problems to their goals by a variety of means. He encouraged therapists to tap into a wide array of psychological techniques to help their clients. This flexibility and practical orientation in a therapeutic environment creates positive changes in a person’s belief system. In both CT and REBT, the
objective is to understand how beliefs can maintain problems, and by developing new ways of thinking and trying out different strategies, problems in living can be resolved. Through the techniques found in both CT and REBT, the hope is for clients and athletes to develop the skills that will allow them to carry on using these tools and other strategies themselves.

The role of the therapist

In CBT, the role of the therapist is important to the success of the therapy. The therapist serves as a guide, a coach, an advocate, and someone who questions, disputes, and identifies the irrational thoughts that are harming the person. There is the expectation that clients will fulfill their part of the work in and outside of meetings with the therapist. These efforts include completing homework assignments and participating in life experiments. The therapist is directive, verbal, and active. It is important for therapists to have good rapport with clients with whom they are working and strive for a collaborative relationship. The relationship, however, is not critical nor is it the focus for CBT practitioners.

Time orientation

The temporal focus of CBT is the present. Past experiences can be addressed, but only if they have bearing on understanding and changing how a person is thinking and behaving now. The focus stays on current problems and ways that thoughts can perpetuate these problems in the here and now.

Therapeutic practice and skills training

To link these ideas to the practice setting, it is helpful to understand that the success of CBT stems from the openness and the motivation of people who are willing and able to learn about the theoretical assumptions of these therapies, and consistently practise the techniques that go with them. Cognitive-behavioral therapy is a short-term therapy, lasting anywhere from a few hours to a few months. As clients learn about their faulty thinking patterns and work toward changing them, positive consequences to these changes can occur quickly.

Applying REBT

As described earlier, how one ascribes meaning to events can have direct consequences to feelings and behaviors. To illustrate how important this assumption is to REBT, it is helpful to learn the therapy’s ABCs. Here are some definitions of terms.

A is the activating event. This event can be something that is external (it has already happened or is about to happen) or internal (an image or a memory, for example). The activating event is often referred to as a trigger.

B is the belief, which includes one’s thoughts, attitudes, and what meaning an individual has ascribed to the external and internal life events. In problem formation, these beliefs are “irrational.”

C comprises the emotional and behavioral consequences that stem from the belief.
A common misconception is that these consequences stem directly from the activating event. In the REBT model, however, it is the belief that one has about the activating event that creates the consequences that follow the event.

Most individuals assume that it is the activating event (A) that causes the emotional or behavioral consequences (C), and our language is filled with many examples where we perceive our experiences to be a result of something happening to us.

An example is an elite basketball player saying, “I am angry (C) because I missed that key shot” (A). In other words, A caused C. If we break this statement down into the ABCs – A being a missed shot, C being angry – it is difficult to see how B (beliefs) factor into this experience, at least from the athlete’s point of view. Nevertheless, the B in this scenario may be about not being good enough: “I should have made it, what’s wrong with me?” It’s the meaning and how the athlete interprets that missed shot that results in feelings of anger, and any corresponding behaviors.

Because of the importance of beliefs, it is critical for the rational–emotive behavior therapist to identify thinking errors and help the client or athlete become skilled at recognizing the B to C connection. Once this connecting task is accomplished, changing the irrational beliefs becomes an active exercise of disputing, questioning, and challenging the beliefs that are leading to distress in feelings and discomfort in behavior. The other parts of learning the ABCs are D and E.

D is disputing the irrational beliefs: Arguing against the beliefs and proposing alternate ways of thinking about A, and

E makes up the new effects or consequences from changing the irrational beliefs.

How does one go about disputing irrational beliefs that appear to be strong and seem to be ingrained in a person’s view about self? In REBT, the disputing of beliefs can be aggressive. The purpose is to take away catastrophic thinking regarding a person’s belief about self. It’s moving away from the “awfulizing” to acceptance of oneself and the situation (Ellis, 2001). Extreme beliefs that are rigid are signified by words such as “should,” “must,” “need,” “ought,” and “have to.” Some of the guiding questions or strategies that can help dispute irrational beliefs are:

1. Are you being realistic? Could there be alternative explanations for what is happening?
2. Lead with your head and not with your heart. Emotions are strong, but are not always the best barometer of reality.
3. What is your evidence to support your thinking? Make sure that your evidence is concrete and reliable.
4. Avoid labeling and overgeneralizing. Your thoughts can make labels true. So, if it’s “unfair” out there, you may act defensively and be suspicious of others.
5. Acknowledge that life can be complex and always changing.
6. It’s normal to have bad days, but it doesn’t mean it is the end of the world.

The practitioner of REBT, through a Socratic style of dialogue (i.e., the practitioner does not give information directly but instead asks a series of questions, with the result that the client comes to the desired knowledge by answering the questions), helps someone with irrational beliefs identify and then dispute these cognitions aggressively, pursuing a philosophical shift that (one hopes) will maintain the gains for healthier and more adaptive living. Putting in the time and effort to practise REBT is important to keep problems from surfacing. This task is rarely easy. Irrational beliefs are overlearned through years of
experience and reinforcement, and that is why it is important for practitioners to give homework to athletes and find ways that the principles of this philosophy can be tested and reinforced. Athletes can continue to make progress using REBT by reviewing goals, keeping track of the ABCs, and continuing to evaluate and change irrational beliefs to realistic and growth-enhancing ones.

**Applying CT**

How then are the CBT strategies and techniques different for cognitive therapy, when there are similar assumptions about beliefs being forerunners to emotions and behaviors? Cognitive therapy practitioners acknowledge that core beliefs (or schemas) are developed through early childhood experiences and reinforced through learning. These schemas do not necessarily cause, but can be linked to, specific problems in mental health such as depression, panic disorder, and addictions, to name just a few (J. S. Beck, 1995). For CT to help people live healthier lives, it is important to identify what the cognitive distortions (or thinking distortions) are, and then help modify them through cognitive and experiential strategies. The problems and strategies below are only brief examples of the array of interventions used in CT. The cognitive distortions that have been most identified in the research associated with CT are:

1. **All or nothing thinking**: Extreme thinking results in black-and-white categories. If your performance falls short of perfect, you see yourself as a total failure.
   - **Strategies**:
     - Work on being realistic.
     - Reframe mistakes as lessons for improvement.
     - Remind yourself that you can still succeed in your goals, even with some setbacks.
     - Acknowledge that life is not perfect and move on.

2. **Overgeneralization**: From a single negative event, you conclude that this event proves a never-ending pattern of problems for yourself.
   - **Strategies**:
     - Avoid using words such as “always” or “never.”
     - Remind yourself that your experiences are not unique. For example, you are not the first person who has been cut from a starting position, and even top performers have “off” days.
     - Collect more information about the event before making a judgment about yourself or others.

3. **Mental filter**: You pick out information that confirms the beliefs that you hold. By dwelling on only this kind of information, you can easily keep your opinions from ever changing.
   - **Strategies**:
     - Play devil’s advocate and look for evidence that contradicts your beliefs.
     - Remind yourself that just because you don’t believe the evidence, doesn’t mean that it isn’t there.
     - Use a visual image to help stay open to new information and experiences: Opening petals on a flower, a pupil dilating, or several streams flowing into a deep pool.

4. **Disqualifying the positive**: You reject positive experiences by believing that they “don’t count.” In this way you can keep a negative belief about yourself that is (at least partially) contradicted by your experiences.
Strategies:

■ Practise accepting positive feedback about yourself and others. If this task is difficult, develop your skills by taking an assertiveness class that focuses on giving and accepting compliments freely.

■ If you begin to transform a positive experience to something that is negative, use the technique of “thought-stopping.” By telling yourself to stop, or wearing a rubber band around your wrist and snapping it while you say “Stop!” you can prevent yourself from escalating into this kind of processing.

■ Begin to turn negative experiences into positive or neutral ones through reframing the experience.

5. Jumping to conclusions: You make a negative interpretation, though there are no definite facts that convincingly support your conclusion.
   a. Mind reading: You assume that others are reacting negatively to you or have negative intentions or motives toward you.
   b. The fortune teller error: You predict that things will turn out negatively, and you feel that the outcome of your prediction is an already-established fact.

Strategies:

■ Generate some alternative explanations for what you are experiencing or observing.

■ Acknowledge that your beliefs may be wrong, and collect evidence to support your beliefs before thinking that they are facts.

■ Avoid creating a self-fulfilling prophecy about your beliefs by taking actions that would provide opportunities for you to determine what is true or not: Experiment, and test out your predictions. Although this tactic does require openness to risk, focus your thoughts on the rewards and benefits of your actions rather than on your fears and anxieties.

6. Catastrophizing: From one small event, you create all kinds of disastrous thoughts and scenarios.

Strategies:

■ What is your evidence to support your catastrophic assumption? Look for any reasons that would contradict your beliefs.

■ Consider alternative explanations for why things in your life are occurring.

■ Even in the worst case scenarios, others are not as interested in your experiences as you are. Keep the bigger picture in mind, instead of focusing on extreme ideas and emotions.

7. Emotional reasoning: You assume that your feelings are reality. So, if you have strong emotions, then you believe they prove how things really are: “I feel it, therefore it must be true.” If you believe that your feelings are valid criteria of reality, then you will be reluctant to search out alternative information.

Strategies:

■ Remember to tell yourself that feelings are not facts.

■ Identify the thoughts that are linked to the feelings that you have, and ask yourself if you would be feeling differently if you were thinking differently. Ask yourself, when I am feeling better, what am I thinking?

■ If your emotions are distressing, give yourself time to calm down and reevaluate your perceptions about your situation.

■ Recognize when you begin to rely too much on your “gut” instead of your head.
8. **“Should” statements:** You motivate yourself with extreme and rigid beliefs such as “shoulds,” “musts,” and “oughts.” These inflexible demands that you place upon yourself, and those around you, keep you from adapting to reality and create consequences such as guilt, anger, frustration, and resentment.

**Strategies:**
- Change language by replacing “ought to” with “like to,” or “should have” with “want to.”
- Acknowledge that no matter how much you value certain behaviors, not everyone shares that same value. Avoid disappointment by not expecting others to live up to your standards.
- Practise flexibility by not insisting that you or others have to act a certain way.
- Recognize when you place demands upon yourself and observe what the consequences are for you and how these demands may influence others.

9. **Labeling:** This problem goes beyond general descriptors for self and others. This thinking distortion takes something that is complex and categorizes it into a single definition.

Labels have a powerful influence on your belief system and result in problems that often are associated with you believing, and then feeling, that you and/or others are inferior. Some common labels are words such as worthless, loser, unfair, incompetent, and slacker.

**Strategies:**
- Work toward accepting yourself and others. Understand that people are complex and should not be easily judged.
- Reinforce the idea that labels are overgeneralizations and they can impair your view of reality.
- Labels are powerful and can lead to a self-fulfilling prophecy of poor performance.
- Avoid labeling, and instead, use other language to describe what you are observing about yourself or others. For example, instead of saying, “I’m useless,” say, “I’m having a hard time focusing now, but I’ll see how I do after I take a break.”

10. **Personalization:** You take responsibility for the cause of some negative external event, and believe that this event is related to you personally. If everything is somehow associated with you, then you are easily able to take the blame or feel emotionally upset for those experiences that do not go well.

**Strategies:**
- Acknowledge that what happens to others is outside of your control.
- Just because something goes wrong doesn’t mean that the event is directly related to you.
- Look for alternative explanations for what is happening without bringing yourself into the scenario.

### Additional cognitive-behavioral strategies

Cognitive therapists and REBT practitioners strive to educate their clients about the importance of identifying thoughts that interfere with healthy living, and to work on changing
those cognitions. Record keeping is an important tool to help the practitioner and client in this educational process and is a means for monitoring progress as change occurs. Keeping a log of the ABCs, including the various ways of disputing the irrational or distorted belief system and consequences of such thinking, is usually a first step to understanding and identifying problematic cognitive patterns.

Another strategy is adopting the role of a behavioral scientist. Both REBT and CT promote experimenting and testing ideas in real life, rather than just talking about them. People have good intentions, but intentions are not reliable predictors of change. To encourage action, the therapist and client collaborate on setting up, conducting, and recording experiments.

There are several factors to consider in developing a reality-based experiment as part of CBT. First, it is helpful to be clear about what the definition of the problem is. State the problem in the person’s own language that identifies the distorted thinking or negative meaning ascribed to the situation. For example, an athlete may state, “my problem is that my teammates don’t respect my opinions, so I can’t express how I truly feel.” Here are some questions that the practitioners may ask themselves and their athletes, that might help clarify what the problem is: What is (are) the irrational belief(s) underlying this statement? What is the evidence for making this statement? What are the consequences that arise from this belief? How does the athlete cope with this situation, and are the strategies effective? What do you and the athlete want to know by the end of the experiment that will be useful for change?

Second, develop a hypothesis or hypotheses for the experiment. What will happen if the athlete tests out a new way of thinking and behaving? The hypothesis should be a prediction that leaves an unambiguous outcome. By testing it, the outcome will be a confirmation or disconfirmation of the belief.

In the above example, one hypothesis may be, “If I say what I honestly think, or disagree with someone on the team, my teammates will respect me less.” Come up with criteria that would prove or disprove the hypothesis. In this case, how would the athlete know if the teammates are less respectful? Out of being 100% confident, what percentage does the athlete believe in the confirmation of the hypothesis? And, if the prediction comes true or not, how will the athlete respond? Review possible thinking biases that could get in the way and strategies to help avoid pitfalls that would cloud an honest appraisal of the results during the experiment. For example, instead of focusing on what people might think, focus instead on what people actually say and do.

Third, develop a way to test out the new belief or behavior in a realistic way. You want the experiment to be somewhat challenging, but also successful. Skills training would be helpful prior to executing the experiment, if this tactic would improve the opportunities for the person to successfully follow through with it. Some of these skills might be role-playing, mental rehearsal, assertiveness training, arousal control in the face of anxiety, and so forth. The plan for execution of the experiment needs to be clear about where and when it will take place, how it will be carried out, and who will be involved.

Finally, it is important to record and process the results of the experiment. Was the hypothesis confirmed or not? What are the conclusions from running the experiment? If the hypothesis was not confirmed, what does this outcome mean, and what is to be learned from this exercise? How much has the confidence rating changed in the prediction for the athlete? What other experiments can be conducted to gain further information and exploration? The life scientist approach can be useful when describing the nature of the evidence to support the realistic belief systems complementary to healthy life philosophies.
Conclusion

Cognitive-behavioral therapy has great application to both clinical as well as sport psychology settings. Because this approach is short-term and focuses upon the practical everyday problems that confront people, its role as part of an overall psychological skills training program would seem to be beneficial for athletes who are focused on short-term, leading to long-term, improvements. Those who have the propensity to grasp the concepts of the theory and who are motivated to integrate the assumptions into their life experiences will do well with this approach. Those who are inclined to seek more in-depth forms of therapy as a vehicle for change may be less open and more skeptical about the focus or strategies of this therapy. In addition, it is prudent to acknowledge that CBT may have limited application within certain multicultural contexts. As described at the beginning of this chapter, CBT is derived from an Anglo-European philosophical foundation. The practitioner needs to be sensitive to the world views of those who do not share the definitions or values found within this philosophy, including those concepts associated with problem formation and characteristics of healthy thinking. See Box 14.1 for some take-home messages from this chapter.

Box 14.1

Take-home messages about CBT for practitioners

- Teach the ABCs: Activating Event–Beliefs–Consequences.
- Develop record sheets to track these components.
- Have athletes begin recording their ABCs.
- Identify irrational beliefs and cognitive distortions.
- Examine the consequences of each.
- Actively dispute the irrational beliefs.
  - Reinforce that thoughts and feelings are not facts.
  - Ask for the evidence that supports the belief.
  - Prevent language that “awfulizes” and “catastrophizes” self and others.
  - Eliminate labels and black-and-white thinking.
  - Watch for mental filtering and overgeneralizing.
  - Give feedback when distorted thinking emerges.
- Have the athlete write down new beliefs that are healthy and positive in a log.
- Record benefits and new consequences of these healthier thoughts.
- Collaborate as life scientists.
  - Develop hypotheses that would prove or disprove beliefs.
  - Create experiments that would test these beliefs in real-life situations.
  - Record the outcomes of these experiments and learning points.
  - Reassess goals.
- Encourage your athletes.
  - You want your clients to take responsibility for implementing CBT strategies.
References


