Modifying Delusions:
The Role of Empirical Testing

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Planned empirical testing of beliefs (reality testing) is used in all cognitive therapies and is thought to be the single most effective way to change beliefs. In the present study we first subjected delusions to a period of reality testing, and followed this with a period of conventional verbal challenge. Four people with long-standing delusions took part in a multiple-baseline across-subjects design. Reality testing appeared to be a weak initial intervention, producing temporary or insubstantial effects. These effects were considerably less impressive than those observed when verbal challenge has been used as an opening intervention, and they challenge the assumption that reality testing is the most efficacious way to weaken beliefs. However, by the close of the verbal challenge period, three of the four patients reported substantial reductions in belief conviction, adding further evidence that delusions may be responsive to cognitive therapy.

Cognitive therapy pursues cognitive change in two main ways: through verbal challenge and empirical testing (Beck, Rush, Shaw, & Emery, 1979). The verbal challenge involves disputing the reliability and validity of a belief; the belief is considered alongside an established data set (the "facts") to determine whether it corresponds with "reality" or distorts it. If the belief is found wanting, the
person is encouraged to generate alternative interpretations that tally better with the facts. Also, there is usually a discussion of how strongly held beliefs may become self-fulfilling as a result of bias and distortion. This procedure is followed mainly to promote an understanding that any dysfunctional belief is simply one interpretation among many and should be viewed as a hypothesis rather than an article of faith (Williams, 1992).

Empirical testing differs in that it involves planning and performing an activity that validates or invalidates a belief or part of a belief. Beck et al. (1979) called these activities "behavioral experiments," conveying that they are performed in order to test a hypothesis. Although such activities can have direct therapeutic effects, the primary purpose of a cognitive therapist's using empirical testing is to gain cognitive change. For example, in one of our earlier studies (Chadwick & Lowe, 1990), one man claimed to be able to know in advance what was about to be said on television; for him the reality test involved putting a video recording on "pause" at set times and asking him to say what was coming up next.

It is commonly held that a well-planned and executed empirical test is the most powerful way to induce a person to change a belief (e.g., Piasecki & Hollon, 1987). As Beck puts it: "There is no way to 'talk the patient out' of his conclusions that he is weak, inept, or vacuous. . . . By helping the patient change certain behaviors, the therapist may demonstrate to the patient that his negative, overgeneralized conclusions were incorrect" (Beck et al., 1979, p. 118. Beck et al.'s emphasis). But this is a claim that has not yet been established, and, what is more, gathering empirical support for it is rendered difficult by a second claim that is often made about empirical testing. This is that an empirical test of a belief works best once the belief has already been disputed (Trower, Casey, & Dryden, 1988). Thus, clients are first made aware that their beliefs are potentially fallible constructions of reality, that there is much evidence that does not support them; and then follows the final telling blow—an empirical refutation. Intuitively, this, too, would appear a convincing account of the way empirical testing should work.

However, there is a problem with making these claims in tandem. If it is true that an empirical test is most potent when it follows a verbal challenge, then it would be impossible to refute the idea that empirical testing is the most powerful way to induce cognitive change, because any effect that occurs during the testing period must be attributable jointly to verbal challenge and testing. An important starting point, therefore, is to determine if empirical testing is, on its own, efficacious and more powerful than verbal challenge and then if its potency is indeed weaker when it precedes rather than follows verbal challenge.

In two earlier studies on the modification of delusions, we reported results demonstrating that, for many individuals, verbal challenge is a powerful means of weakening delusional belief conviction and that, for those individuals who respond less well to verbal challenge, a subsequent period of reality testing can produce substantial effects. In one study (Chadwick & Lowe, 1990), which used an across-subjects multiple-baseline design, six individuals received verbal challenge, and, in a second phase, three of them went on to receive reality
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