

Features of Constructional Behaviour Therapy¹

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Introduction

Constructional Behaviour Therapy is a novel treatment of mental disorders. It has been developed in the Netherlands in the last fifteen years. It uses an entirely different approach than is usual in contemporary behaviour therapy. It tackles a disorder indirectly by means of enhancing successful behaviour. In this presentation I will acquaint you with nine features of this approach.

Feature 1: Constructional Behaviour Therapy uses knowledge coming from the experimental analysis of behaviour from the perspective of a subject

The behaviour analytic scientific tradition started in the beginning of the last century with the work of well-known scientists like Pavlov, Thorndike, Hull and Skinner.

Originally, all behaviour therapy was an application of the behaviour analytic knowledge. However, in our opinion most classical behaviour therapists have taken the wrong direction in applying that knowledge. They have designed their therapies as behavioural experiments. Their perspective has been that of an experimenter. An experimenter changes the behaviour of his subject in a deliberate and systematic way. From that perspective, mental disorders are considered as ill conditioned behaviour that has to be reconditioned.

Unfortunately, from that perspective mental disorders are often not treated adequately. In order to overcome the shortcomings, behaviour therapists turn from the environment into the organism, i.e. to organismic variables. In our opinion, the price of this is a loss of

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predictive and controlling power due to the interpretative nature of that type of heuristic explanation.

However, from another perspective behaviour analytic knowledge does offer many useful clues. We just have to look at conditioning from the angle of a subject, not that of an experimenter. A subject is permanently attempting to 'survive' i.e. to remain in a good state by reacting and acting upon his environment. When he succeeds, his behaviour can be considered existentially successful. Thus from the perspective of the subject, mental disorders are unsuccessful behaviour, i.e. failing self-maintenance.

Constructional Behaviour Therapy uses the behaviour analytic knowledge from the latter perspective. Validated results derived from experiments on animal conditioning processes in simplified, artificial environments, have been translated to human self-maintenance in complex, natural environments. That way, mental disorders can be understood sharply and treated satisfactorily.

Nowadays, cognitive theory dominates behaviour therapy. That is why this wealth of behaviour analytic knowledge has moved more and more out of the scope of most contemporary behaviour therapist.

Feature 2: Constructional Behaviour Therapy focuses on environmental stimuli

According to the behaviouristic position, the control of behaviour is localized in the environment, i.e. in stimuli. Conditional and unconditional stimuli are part of the individual's material and social environment. In case of a life promoting stimulus, e.g. food, the impact on the individual is attraction. The individual attempts to intensify the contact with the stimulus in concern, e.g. by eating. In case of a noxious stimulus, e.g. a cold rain in winter, the impact is the opposite, i.e. aversion. The individual tries to end or diminish the confrontation with it, let us say by putting up an umbrella.

So, Constructional Behaviour Therapy does not localize the control of behaviour in the organism. It is environment-oriented, not organism-oriented. Feelings and cognitions are not regarded as direct causes of behaviour, but as consequences of the confrontation with environmental stimuli.

Feature 3: Constructional Behaviour Therapy focuses on discriminative stimuli as opportunities to attain a good state

A discriminative stimulus acts as a lead for responding to another (attractive or aversive) stimulus. So, to respond to a stimulus effectively, this requires the presence of a discriminative stimulus. E.g., in order to dine in an unknown city, you have to see the sign-board of a restaurant. Otherwise, you probably pass by the place. Without this discriminative stimulus –sign-board– the attractive stimulus delicious food– cannot be responded to. And for ending the confrontation with a shower of rain, some shelter has to be present as a discriminative stimulus. Discriminative stimuli provide the individual with opportunities to effect a good state by his own action. They give grip on the situation. Therefore, discriminative stimuli are of great importance for self-maintenance.

Feature 4: Constructional Behaviour Therapy focuses on the functionality of behaviour.

What matters in this therapy is why someone acts (i.e. the function of the behaviour), not how someone acts (i.e. the structure or topography of the behaviour). There are three functions of behaviour: approach, escape and avoidance. Approach behaviour intensifies the contact with an attractive stimulus. The individual enriches himself. On the other hand, escape behaviour diminishes the confrontation with an aversive, i.e. noxious stimulus. The individual liberates himself from actual harm. Active avoidance prevents a possible confrontation with a noxious stimulus by effectuating a safety signal. By active avoidance the individual protects himself against possible harm. An example is taking an umbrella with you before going outside on a cloudy day. In this case, the dark clouds are the discriminative stimulus and the umbrella is the safety signal for not becoming wet. Each behavioural function demands the presence of a suitable discriminative stimulus in order to be successful.

The same behaviour can have different functions in different situations. For example reading a newspaper. One can read to –approach– the interesting content, to –escape– from the noise of the neighbour’s matrimonial quarrel or to –protect– oneself against being considered as an ignorant person, who does not know anything about politics. Approach, escape as well as active avoidance behaviour

result in a better state of the performer. However, they differ as to how the particular transition in internal state is experienced and reported. Where 'enjoyment' and 'pleasure' are the result of approach behaviour, 'relief' is the feeling resulting from escape behaviour. Active avoidance behaviour gives a feeling of 'security' and 'strength'. As to the quality of the transition of internal state, active avoidance produces existentially the most important state of safety. So, for all organisms well-established active avoidance is the most important behavioural function. We think that in present-day behaviour therapy the adaptive function of active avoidance is often misunderstood!

Feature 5: Constructional Behaviour Therapy focuses on a client's successful behaviour

This focus on successful behaviour is the main and most striking feature of the approach. A Constructional Behaviour Therapy does not focus on the disordered or problematic part of the client's existence. Successful behaviour is not behaviour other people consider successful, nor is it behaviour that therapists think the client should engage in more often. Behaviour is successful when it contributes to a good state of the performer. Only the client himself knows if a certain action was successful, because he feels the resulting change in his internal state.

The opportunity to behave successfully depends on the presence of suitable discriminative stimuli in the situation. E.g., if someone is usually satisfied when he helps another person, the situation has to provide someone who needs help in order to perform this successful behaviour.

Due to a continuous, never ending process of conditioning, the individual acquires in the interaction with his environment an own specific pattern of successful behaviour, which is characterized by a matching pattern of controlling discriminative stimuli.

Feature 6: Constructional Behaviour Therapy is based on the Theory of Dominant Active Avoidance

This is the most important feature. When successful behaviour of individuals suffering from a mental disorder is analysed systematically -as we have done in the Netherlands-, particular regularities are found. First, active avoidance dominates over approach and escape.

Moreover, the active avoidance is delimited. It is controlled by a particular class of stimuli related to the threat of being socially expelled. Those stimuli concern a social disqualification, the content of which differs from client to client. A social disqualification, such as being *egoistic*, *weak*, *cold* or *dull*. Next, because of the dominance of this active avoidance behaviour, approach and escape behaviour are suppressed or weak. The regularities found are summarized in the Theory of Dominant Active Avoidance (Bakker-de Pree, 1984, 1987a, 1987b, 1989, 1998). Note, that the dominant active avoidance concerns successful behaviour, in other words, behaviour that promotes well-being. It differs from the maladaptive or pathological avoidance, which is a characteristic of many mental disorders, e.g. withdrawal from social or public situations in a social phobia and an agoraphobia. Although pathological avoidance effects some security too, it does so to the high cost of response restriction of successful behaviour. The person attains a worse state after all.

Feature 7: Constructional Behaviour Therapy attributes the occurrence of a mental disorder to the absence of discriminative stimuli for successful behaviour

It does not attribute the occurrence of a mental disorder to the presence of some disorder provoking stimulus or to some behavioural deficit. The opportunity to behave successfully depends on the presence of at least one suitable discriminative stimulus in the situation. A discriminative stimulus is suitable if it matches the person's pattern of successful behaviour. Consequently, the absence of all suitable discriminative stimuli in a situation implies a momentary restriction of the successful behaviour. In case of individuals suffering from mental disorders, this implies a restriction of their active avoidance behaviour, because active avoidance is dominant in the pattern of their successful behaviour. Because of this dominance, the individual cannot switch to functionally alternative behaviour. A behavioural vacuum (in the form of disordered behaviour) is the result. And since active avoidance behaviour protects against possible harm, the response restriction results in a state of extreme insecurity too. All this manifests itself as some type of mental disorder. The type of disorder varies from person to person and depends on the individual's physiological sensitivities and on the characteristics of the

response restricting situation. For instance, one can speculate that a client whose successful behaviour mainly consists of helping people, can develop a fear of being alone, if he is sensitive for physiological arousal.

Feature 8: Constructional Behaviour Therapy uses a constructional approach to treatment

Because successful behaviour effects a good state, it is incompatible with the occurrence of any type of disorder. So expansion of the client's successful behaviour will prevent the occurrence of the disorder. To achieve that, the individual's range of discriminative stimuli controlling his successful behaviour has to be extended. By expansion of the successful behaviour, the symptoms of the mental disorder fade away without any intervention directed at the disorder itself. Therefore, a constructional approach effects a process of construction (of successful behaviour) instead of a process of elimination (of disordered behaviour).

Feature 9: Constructional Behaviour Therapy is carried out according to a detailed protocol, which is the same for all types of disorder

The protocol consists of ten interrelated, novel techniques. Since the therapy focuses on the expansion of successful behaviour (and not on direct intervention in the disordered behaviour), the same protocol can be used with any type of mental disorder. There are two therapy strategies.

The first strategy is called Basic Treatment. It concerns the restoration and expansion of the present (i.e. habitual) pattern of successful behaviour. The dominant active avoidance behaviour is optimised. It decreases the chance of response restriction and with that the chance of the symptoms of the mental disorder to a considerable extent. Depending on the client's manoeuvring space in his environment, this result can already be established after a few therapy sessions.

The second, more effort demanding strategy is called Extended Treatment. In this treatment, the pattern of successful behaviour is functionally diversified. This is done by strengthening approach and escape behaviour as an alternative to the restricted active avoidance

behaviour. The dominance of the active avoidance behaviour is removed. That way any response restriction of active avoidance behaviour does not result in a state of disorder anymore. The client can now switch to functionally alternative behaviour. Nevertheless, the active avoidance function keeps playing its indispensable role in the self maintenance.

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