

Coping with cognitive errors in adults' assumptions: an approach of transformative learning with the lens of cognitive psychotherapy

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ABSTRACT

According to Transformative Learning Theory, people interpret, assimilate and transform new experiences based on their socially shaped, taken-for-granted assumptions. People tend to reflect on their assumptions when they face a disorienting dilemma that makes those assumptions dysfunctional. The adult educator's role is to guide learners to a critical re-examination of their dysfunctional assumptions in order to adopt alternative points of view that will help them cope with that disorienting dilemma. That transformative process can be facilitated when the adult educator is able to recognize and handle several cognitive errors which are included in dysfunctional assumptions. A typology of cognitive errors in adults' reasoning can be defined with the aim of Cognitive Psychotherapy. Using that typology in a transformative learning framework is not inexpedient since both Cognitive Psychotherapy and Transformative Learning Theory share some basic premises about the transformation of adults' feelings and understanding of the world.

KEYWORDS

Cognitive errors, dysfunctional assumptions, cognitive psychotherapy, transformative learning

RÉSUMÉ

Selon la Théorie de l' Apprentissage Transformateur, les gens interprètent, assimilent et transforment de nouvelles expériences fondées sur leurs hypothèses socialement formées et prendre-pour-accordées. Les gens tendent à réfléchir sur leurs hypothèses quand ils font face à un dilemme de désorientation qui rend ces hypothèses dysfonctionnelles. Le rôle de l'éducateur des adultes est de guider des étudiants à un réexamen critique de leurs hypothèses dysfonctionnelles afin d'adopter les points de vue alternatifs qui les aideront à faire face à ce dilemme de désorientation. Ce processus transformateur peut être facilité quand l'éducateur adulte peut identifier et manipuler plusieurs erreurs cognitives qui sont incluses dans des hypothèses dysfonctionnelles. Une typologie des erreurs cognitives dans le raisonnement des adultes peut être définie dans le but de la Psychothérapie Cognitive. Utilisant cette typologie dans un cadre de l' apprentissage transformateur n'est pas inopportun puisque la Psychothérapie Cognitive et la Théorie de l' apprentissage transformateur partagent quelques lieux de base au sujet de la transformation des sentiments des adultes et de la compréhension du monde.

MOTS-CLÉS

Erreurs cognitives, hypothèses dysfonctionnelles, psychothérapie cognitive, apprentissage transformateur

INTRODUCTION

Transformative Learning Theory (TLT) was introduced by Jack Mezirow (1978) as a way of learning based on the re-evaluation and re-making of adults' understanding and feeling about the world. According to TLT, our assumptions help us construct the image of ourselves and the world surrounding us. Assumptions are taken-for-granted beliefs about the world and the place we have in it. According to Brookfield (1995, p. 2) "we are our assumptions". For TLT we often uncritically assimilate premises and beliefs from our family, social and cultural environment, which may distort our way of knowing, believing and feeling. Distortion here refers to perspectives of adults that have not fully developed (Mezirow, 1991). For Mezirow, "a distorted assumption or premise is one that leads the learner to view reality in a way that arbitrarily limits what is included, impedes differentiation, lacks permeability or openness to other ways of seeing, or does not facilitate an interpretation of experience" (Mezirow, 1991, p. 118).

Distorted assumptions affect our way of seeing, but this does not mean that we are obliged to criticize or abandon them (Cranton, 2006). In order to reflect on distorted assumptions, we must face a disorienting dilemma. In that case we feel that our assumptions are no longer functional. We examine the origins, the nature and the consequences of our thoughts and beliefs to determine whether they still remain functional for us (Mezirow, 1994). The dysfunction is evident in a person's life on a behavioural and emotional level. Recognizing a dysfunctional assumption as oppressive and inauthentic can lead us to a transformative learning process. But how can adult educators identify and handle learners' dysfunctional assumptions? The purpose of this paper is to introduce from the field of Cognitive Psychotherapy (CP) the apparatus of cognitive errors as a way of identifying the dysfunctional nature of an assumption. According to CP, cognitive errors are errors in cognitive content (meaning) and cognitive processing (Alford & Beck, 1997).

Furthermore, why do educators have to undertake such a task? The detection of cognitive errors that lie in dysfunctional assumptions may be helpful for educators in their effort to lead learners to critical reflection. Knowledge of those errors can help the educators in orienting better the dialogical transformative process in order to support the learners in gaining awareness of barriers in their reasoning process.

In section 2 we argue that CP is a therapeutic approach that has some crucial similarities with TLT which allow us to adapt and use tools of the former in the learning context of the latter. In section 3 we define by examples a set of ten cognitive errors that can be detected during a dialogical process. In section 4 we present a discussion scenario that takes place in a transformative learning framework, in which we show how a trainer takes advantage of those errors to better support the guidance of the transformative process in a conversational context. We also present some counter-examples in which the trainer, by overlooking cognitive errors, confronts difficulties in leading smoothly the trainers in a reflective re-examination of their assumptions.

CONVERGENCES OF TRANSFORMATIVE LEARNING THEORY AND COGNITIVE PSYCHOTHERAPY

Transformative learning aims at modifying those beliefs of adults that are considered ineffective for problem solving. This approach considers learning as a process by which someone's existing knowledge is transformed in order to adopt a new point of view.

A core concept for TLT is the "frame of reference". Frames of reference are "[...] structures of assumptions through which we understand our experiences. They selectively shape and delimit expectations, perceptions, cognition, and feelings" (Mezirow, 1997, p. 5). They influence the ways we define, understand and act upon our experience. They also determine the image we constitute for ourselves and the way we feel about them.

Frames of reference consist of habits of mind and points of view (Mezirow, 2000). The term "habits of mind" refers to the set of the broader assumptions and predispositions that act as a filter for interpreting experience (e.g., sociolinguistic, moral-ethical, psychological, aesthetic assumptions, etc.). A habit of mind is expressed as a point of view. A point of view comprises clusters of meaning schemes that direct and shape the way we feel, judge and act upon the world. What is more, when our meaning schemes are inadequate to explain new experiences, anxiety and discomfort overwhelm us (Mezirow, 1991).

According to Mezirow (2000), habits of mind do not easily change; they are characterized by stability and they are not easily called into question. Therefore, when some assumptions do not match a person's habit of mind, (s)he usually rejected them as unfounded, unreliable or false. Nevertheless, TLT argues that we can change our point of view by learning and interacting with others.

The need for someone to evaluate a point of view is triggered by a disorienting dilemma, that is an activating event which "[...] exposes a discrepancy between what a person has always assumed to be true and what has just been experienced, heard or read" (Cranton, 2002, p. 66). In order to cope with that dilemma, the adult has to undertake a guided process through which (s)he recognizes and examines his/her feelings and assess his/her taken-for-granted assumptions. Through critical reflection the adult is gradually led to adopt alternative points of view and new habits of mind. This process is sustained through a thoughtful dialogue (Mezirow, 2000) which provides the necessary evidence and alternatives for understanding and justifying assumptions and testing the validity of new concepts. As a further step during the transformative process, the adult searches for, or designs, alternative plans of action to address the dilemma he faced and acquires knowledge and skill for acting new roles and implementing those plans. By the end of the process the adult has built a new frame of reference that is more functional.

On the other hand, CP is a therapeutic model introduced by Aaron Beck (1967), which aims at transforming dysfunctional behavior and emotions by modifying dysfunctional beliefs. This model considers human behavior and emotions as the result of the way in which people perceive and structure the world around them (Beck, Rush, Shaw & Emery, 1979). Our beliefs are mainly responsible for what we feel and how we react, rather than what actually happens in a circumstance (Burns, 1980). Our perceptual system constructs representations of reality in order to understand ourselves and the world surrounding us. Through this procedure several schemata are structured.

Schemata are the organizing principles that contribute to the understanding of our experiences (Young, Klosko & Weishar, 2003). More specifically, schemata are the cognitive structures that are responsible for the selection, recording and evaluation of stimuli (Beck, 1967). Schemata are constructed at an early age in a person's life and they are characterized by stability. They do not

change because people tend to keep constant the image of themselves and the world around them, even if their subsequent experience contradicts such an image (Young et al., 2003). We can say that there is a similarity between schemata and habits of mind with respect to their immunity to change.

Like TLT refers to distorted assumptions that have been adopted uncritically, so CP refers to silent assumptions. A silent assumption is “an equation with which you define your personal worth. It represents your value system, your personal philosophy, the stuff on which you base your self- esteem” (Burns, 1980, p. 262) Silent assumptions, like distorted assumptions, may distort our way of knowing, believing and feeling without being necessarily dysfunctional. Nevertheless, from a therapeutic point of view, they reveal an inclination to dysfunction. For a dysfunction to be triggered, it is necessary to have a stimuli factor, which is called activating event or activator (Ellis & Dryden, 2007). Such activators can be either a strong experience or many small experiences of similar relevance in a person's life, which can bring him/her into conflict with the beliefs (s)he had so far.

According to CP, thinking is the content of schemata, and it can be modelled in three categories: automatic thoughts, intermediate and core beliefs. Automatic thoughts are thoughts which are “preconscious” (Alford & Beck 1997, p. 20) or, to put it in a slightly different language, a patient is not directly aware of them and they cross his mind in an automatic way. Intermediate beliefs are several unarticulated assumptions that guide our everyday behaviour and shape our evaluation, judging and acting upon the world. Thus, intermediate beliefs establish rules and standards for living. Core beliefs are strong assumptions related to self- image and are a direct expression of schemata. In dysfunctional thinking, thoughts and beliefs include cognitive errors. The therapist teaches the patient to recognize those errors that are included in his dysfunctional thoughts, in order to challenge and modify the latter. The ultimate goals of therapy are: a) the adoption by the patient of a more functional way of thinking and b) the overall reorganization of his mind.

To achieve the treatment's goals, a variety of techniques are used, but dialogue is the most standout among them. It is a dialogue with specific characteristics, which is consisted of questions and answers and it incorporates narratives and discussions from everyday life (Labov & Fanshel, 1977).

Another similarity between these two approaches is the way they perceive the roles of educator and therapist respectively. For TLT the educator must be able to discern the ways his learners respond to a situation by following particular assumptive rules. The educator facilitates the transformative process providing learners with different ways of responding, through the adoption of alternative rules, to a problematic situation (Mezirow, 1991). Through critical reflection (that is, through awareness of the nature and origin of their assumptions), learners become more active by investigating and testing new roles and actions. This process takes place in a critical discourse context empowered by dialogue and conversation towards a mutual understanding (Mezirow, 2003).

In a similar vein, CP emphasizes “psychoeducation” (Friedman, Thase & Wright, 2008): the cognitive therapist encourages the patients' active participation and helps them organize their thoughts and behaviours through an interactive process based on dialogue. Above all, the cognitive therapist helps his patients to manage the issues arising in their everyday life by building more functional beliefs. Furthermore, the therapist must have specific properties such as warmth, empathy and authenticity (Beck et al., 1979). The relationship between the therapist and the patient is cooperative. It is a partnership which encourages the active participation of the patient in the common effort of understanding and problem solving.

Despite their different context of implementation, TLT and CP share a common premise: people interpret, assimilate, transform new experiences and develop habitual expectations based on their taken-for-granted assumptions that have been shaped by their socio-cultural environments. During this meaning-giving process several assumptions may become dysfunctional, so through a dialogical process learners or patients respectively are encouraged to reflect on them and to modify them.

COGNITIVE ERRORS IN REASONING PROCESS

As it was mentioned in the introduction, cognitive errors refer to cognitive processing and cognitive content. Cognitive processes are rules by which our mind organizes, revokes, preserves and uses the incoming information in order to understand the world surrounding us. During this elaboration, distortions often occur, which are reflected in the content of our thoughts (cognitive content). Beck (1967) was the first who used the term ‘cognitive errors’. He argued that they are errors which are often detected in depressed patients’ reasoning and he divided them into six categories. Burns (1980) in turn extended Beck’s theory and classified cognitive errors in ten categories. Taking into account their considerations, those cognitive errors are defined and exemplified in the following paragraphs.

Arbitrary influence or jumping to conclusions

It is the process by which people arrive at a conclusion, but they do not have sufficient evidence to support it. People often insist on adopting arbitrary conclusions, although all the evidence contradicts them (Beck et al., 1979). This happens either because these conclusions confirm a deep, nuclear mental structure or because people need time to get used to an alternative perspective which would be a measure for weighting external reality. We discern two cases of arbitrary conclusions: the ‘mind reading’ error and the ‘fortune telling’ error (Burns, 1980).

“Mind reading” occurs when someone tries to predict thoughts, moods and feelings of other people, by arbitrarily presuming that they are reacting negatively to him/her, without bothering to check it out. For example, during an oral examination a tutor is expecting an urgent phone call, so he often looks at his mobile phone. A student who participates in the examination and commits this kind of error he might think: “He is looking at his mobile all the time because he is bored. My answers did not satisfy him. He doesn’t like me at all!”

In the “fortune teller” error, people anticipate that things will turn out badly and they believe that their prediction is an already established fact. In the abovementioned example, a student committing this kind of error he might think: “He is looking at his mobile all the time because he is bored. My performance is terrible. Definitely he will mark a low grade in his Gradebook when I’ll leave the room”.

Mental filter or selective abstraction

This kind of cognitive error consists in taking a small event and focus on it exclusively in order to draw conclusions. In particular, the person who commits this error picks out only the negative details of the event or situation and dwells on them exclusively (Beck et al., 1979; Burns, 1980). Other positive aspects of the event / situation, or relevant information, are overlooked on purpose. For example, a student receives a good grade on an assignment with a written comment from his/her tutor to read more carefully some papers in order to elucidate some aspects of the subject

matter. Yet, the student focuses exclusively on tutor's suggestion ("more carefully") and (s)he thinks: "I feel ashamed. It seems that I am dim. I'm not a good student".

Overgeneralization

In this cognitive error, a person takes a single negative event or characteristic and turns it into a general pattern or rule. The person acts and feels as if that general rule or pattern controls his life (Burns, 1980). The distortion here pertains not only to the generalization of a single event, but also to the creation of an imaginary chain of dissimilar events and settings that are inappropriately seen as reflecting a rule, although they can significantly differ from the original negative event (Beck et al., 1979). Overgeneralization is usually detected through expressions like 'never', 'always' etc. whereby an experience is generalized to other facts. As an example, consider the case of a mother who has a difficult time with her teenage boy and she thinks: "I will never be a good mother".

Magnification / minimization

These cognitive errors are mainly related to the evaluation of weight or importance of an event (Beck et al., 1979). Usually magnification is about mistakes or fears while minimization is about someone's positive characteristics or achievements (Burns 1980). In both cases, an event or a characteristic is perceived in a greater or lesser light than it truly deserves. A classic example of magnification is catastrophizing, that is, people's tendency to magnify a negative event in an all-encompassing disaster focusing on the worst possible outcome and make it to appear gigantic. In the case of minimization, a person understates positives characteristics of his/her self and minimizes them as unimportant. For example, someone who missed a phone call thinks: "I didn't answer the phone call. Jesus! If it was something important, then I'm in a big trouble! Who knows what's going to happen. I'll be fired!"

Personalization

The term refers to a person's tendency to associate the negative outcomes of external events to himself, believing that he is personally responsible for them, even when there is no evidence for making this connection (Beck et al., 1979). Due to this unrealistic connection, other factors that may play a crucial role in the negative outcomes are neglected and the person is gradually led to intense anxiety or feelings of guilt and shame. Consider for example the case of an abused woman who thinks: "If only I was a better woman in bed, he wouldn't have bitten me!"

All-or-nothing thinking or absolutistic dichotomous thinking

This kind of cognitive distortion refers to a person's tendency to place all of his experiences in one of two polarized categories that could be likened to the extremes of a continuous (Beck et al., 1979). This categorization is misleading since someone's attention is focused only on the extremes and ignores all the intermediate states. According to Burns (1980), all-or-nothing thinking posits black-or-white categories and forms the basis for perfectionism. So, people who commit this cognitive error tend endlessly to discredit themselves, insofar as their actions do not allow much room for any imperfection because they are based on exaggerated expectations. Consider for example a salesman who thinks: "The last three months I failed to reach my company's sales numbers. I'm a total loser!"

Disqualifying the positive

In this kind of cognitive distortion a person ignores or invalidates positive experiences. What is more, positive experiences are transformed to negative ones. A typical example of disqualifying the positive is clearly expressed in cases where a person disqualifies compliments for him /her with expressions such as: "It was really nothing", "I don't deserve this", etc.

Emotional reasoning

It refers to those cases where someone exclusively takes his emotions as evidence for the truth. The reasoning behind that cognitive error can be expressed with the sentence: "Since I feel the way I feel, so this is how it really is". This kind of distortion blurs the difference between feelings and thoughts. Thus, the person's reasoning is misleading and has no credibility at all because his feelings reflect his thoughts and beliefs and they cannot be considered objective representations of reality (Burns, 1980). Consider for example someone who thinks: "I feel guilty. Therefore, what I've done must be something bad".

Should Statements

This cognitive error refers to a set of rules posited by a person to his self. These rules are often numerous, rigid, and they can be detected in speech through expressions such as "must", "ought", "have to", "need to" etc. Positing these statements, the person feels stressed and pressured due to the lack of alternative flexible choices. What is more, he fails to follow these rules because they are non-realistic and this fact triggers more intense feelings of guilty, shame and resentment. In his/her attempt to follow the rules, the person produces new rules in a vicious circle (Burns, 1980). For example, a mother might think: "I must communicate with my children most creatively. I shouldn't get angry with them".

Labeling and Mislabeling

In this kind of cognitive distortion a person makes negative characterizations of his self, based on his mistakes (Burns, 1980). The person creates a negative and distorted image of his/her self through the use of overgeneralized labels. Usually this kind of distortion can be detected in expressions like: "I'm useless", "I am a failure", etc. Such characterizations, through simplistic negative labels, are often expressed in a language that is highly colored and emotionally loaded. For example, instead of describing an error: "I forgot to pay the phone bill," a person attaches a negative label to his/her self: "I'm such an idiot!"

FOSTERING TRANSFORMATIVE LEARNING BY IDENTIFYING AND HANDLING COGNITIVE ERRORS: A DISCUSSION SCENARIO

In this section, a discussion scenario as regards a trainer and a group of eight abused women is presented. The topic of discussion is domestic violence, occasioned by the International Day for the Elimination of Violence against Women. During the discussion of ways in which the problem of domestic violence could be resolved, the trainer realizes that there is a disorienting dilemma: although the women express their will to live a life free from violence, they consider that this perspective is unattainable for them. The trainer then decides to collect some of their assumptions and he tries to lead them to critical reflection. Firstly, he shows them a picture of a woman with obvious signs of abuse. To prompt discussion, the educator implements an activity that resembles the "circle of voices" technique (Brookfield & Preskill, 2005). More specifically, he gives the

participants three minutes of silent time to organize their thoughts concerning that picture. When time is over, the trainer makes an open question and the dialogue starts, as it can be seen in the following excerpt (Tr: trainer/ Te: trainee).

Excerpt 1

Tr.: *How do you think this woman feels?*

Te₁: *Fear.*

Te₂: *Shame.*

.....

Te₈: *Angry at herself.*

Based on participants' answers, the trainer in turn tries to elicit their assumptions through a "sentence completion" exercise (Brookfield & Preskill, 2005), that is by asking each one learner to complete a sentence in any way he deems appropriate. In this way, he helps them focus on the topic of discussion and gain greater access to their thoughts:

Excerpt 2

Tr: *She feels fear because...*

Te₁: *Because she knows nothing will change.*

Tr: *One reason she feels ashamed is because...*

Te₂: *Others will feel sorry for her when they find out she is being abused.*

.....

Tr: *She couldn't feel nothing but anger because...*

Te₈: *Because she is defenseless.*

In this way, the trainer collects some of their assumptions and writes them on the whiteboard. Then he focuses on the cognitive errors that are connected to each assumption. These errors are the following:

- All- or- nothing thinking: "Because she knows **nothing** will change"
- Arbitrary conclusion- mind reading: "**Others will feel sorry for her** when they find out she is being abused".
- Labeling and mislabeling: "Because she is **defenseless**".

The trainer's next step is to help the group critically examine those assumptions. The following three dialogues are indicative of the process:

Excerpt 3

(Concerning the assumption: "Because she knows **nothing** will change")

Tr: *What do you mean by "nothing"?*

Te₁: *I mean nothing! Her husband will continue to abuse her.*

To refute the cognitive error, the trainer wants to make the trainee to reflect on her assumption, thus he posits two hypothetical questions:

Tr: *What do you think will happen if she speaks to no one about it?*

Te₁: *Most likely she will continue being abused.*

Tr: *What do you think will happen if she talks to the police, a counselor or somebody else?*

Te₁: *I'm not sure. Maybe her husband will get angrier and beat her more.*

Te₄: *Or she might find a way to protect herself.*

The trainees' answers showed the trainer that he achieved to challenge the formers' absolute assumptions since they admitted that something will change either for worse (Te₁) or for better (Te₄). So, the trainer returns to the trainees' initial assumption in order to re-evaluate it:

Tr: *So, how valid is that nothing is going to change, either for the better or for the worse? whatever she does?*

Te₁: *Ok, something might change.*

.....

Excerpt 4

(Concerning the assumption: "***Others will feel sorry for her*** when they find out she is being abused").

Tr: *Why do you say that?*

Te₂: *I just know it! Battered wives are stigmatized!*

Te₃: *Yes, that's true!*

The educator wants to show the trainees that they cannot know other people's feelings with respect to an abused woman. So, he initially tries to lead them to a general reflection that shakes the cognitive error: Can we safely predict other people's feelings?

Tr: *Ok but do we all feel the same in various situations?*

Te₂: *Not always.*

Te₅: *True.*

.....

At this point, the trainer brings as evidence to the trainees the answers they gave him with respect to possible feelings of the woman in the picture. In this way he shifts from general claims about predicting someone's feelings to the particular case of the abused woman:

Tr: *I asked you earlier to describe the woman's feelings in the photo. Each one of you told me something different. So yes, some people might feel sorry for her, but everyone do the same?*

Te₂: *No. Some might but some others will react differently.*

.....

Tr: *So, if you have different feelings about the abused woman in the photo, how can you be sure that everyone else will take pity on an abused woman?*

.....

Excerpt 5

(Concerning the assumption: "*she is defenseless*").

At first, the trainer tries to detect what helplessness means for the trainees:

Tr: *If I asked you to describe a defenseless person, what would you say?*

Te5: *One who cannot help themselves, who cannot find solutions to their problems or face any kind of difficulties coming their way.*

Te6: *It's true. A battered woman cannot help herself.*

The trainer, in order to shake the cognitive error, tries to lead the group to the following reflection: Help comes only from ourselves or we can also being helped by other people?

Tr: *Can someone who is defenseless seek help from someone else?*

Te7: *If someone can help them... and that's not easy...*

Tr: *In that the other people around him will be as defenseless as he?*

Te8: *I guess not.*

Tr: *A defenseless person, who seeks and gets help, remains defenseless? Overall, how defenseless are they?*

Te8: *They are not.*

Tr: *Is there anyone who can live without any help at all? Think of small daily problems. How possible is it for someone to fix a broken plug or a leaking pipe, to educate their kids completely on their own? With no help whatsoever?*

Te8: *Impossible!* (laughter)

Finally, the trainer posits a new question to the participants in order to make them re-evaluate their initial assumption:

Tr: *So why does someone, anyone have to find a solution to a problem, even a serious one, like domestic abuse, all alone?*

.....

Using the abovementioned examples we showed how a trainer tried to help learners re-examine their assumptions. The trainer used different types of questions (Brookfield, 2005), based on cognitive errors' identification, and he tried to help the trainees enter in a critical reflection process. In general, we argue that ignoring cognitive errors, several problems may arise in a conversational context during the transformation process. This can be seen in the following counter-examples:

Excerpt 6

(Concerning the assumption: "*Because she knows **nothing** will change*").

Tr: *How do you know that nothing will change?*

Te1: *Believe me! I know!*

Tr: *What proof do you have?*

Te1: *Proof? You want proof? Take my entire married life! I've tried it all...I have cried, begged, showed indifference ... but nothing. Nothing ever changed!*

.....

In the above dialogue the trainer did not focus on the cognitive error (all-or-nothing thinking). He asked from the trainee to submit evidence for the assumption's correctness. However, this choice led the trainee to refer to her experiences and in this way she rather strengthened her assumption than critically examining it.

Excerpt 7

(Concerning the assumption: “*Others will feel sorry for her when they find out she is being abused*”).

Tr: *Why do you think they will feel sorry for her?*

Te₂: *Because that’s what always happens.*

Tr: *What do you mean?*

Te₂: *When a woman is abused she is automatically stigmatized.*

Tr: *Why do you say that?*

Te₂: *Many times I have heard people saying: “the poor thing...the hell she is going through...”*

Te₅: *Yes! And that’s not nice at all! Like your problem is not big enough, you have the pity of others.*

.....

In the above dialogue, the trainer did not focus on the cognitive error (arbitrary conclusion- mind reading) but he asked the trainee to justify her claim. As a result, the latter brought her life experiences at the foreground. So, the trainer in turn has to struggle more to challenge that dysfunctional assumption.

Excerpt 8

(Concerning the assumption: “*She is defenseless*”).

Tr: *Why do you think she can’t defend herself?*

Te₈: *For lots of reasons.*

Tr: *Can you name some?*

Te₈: *She is not strong enough.*

Te₅: *Maybe she isn’t financially secure so she can’t afford to leave with him.*

Te₇: *Maybe she is afraid of the impact it will have on her kids.*

.....

The trainer did not take into consideration the fact that the assumption includes the overgeneralized label “defenseless” (labeling and mislabeling). Instead, he asked for potential reasons that make the woman in the picture to not defend herself. As a result, he received answers about potential difficulties she might have confronted. Therefore, the trainer has to challenge every answer separately, in order to help the group to think critically about that assumption.

CONCLUSION

Both Transformative Learning and Cognitive Psychotherapy, although they are implemented in different contexts, share some common premises with respect to adults’ feelings and understanding of the world. Adults filter the way they interpret the world and build assumptions, either through habits of mind or through schemata. Both of those meaning-giving structures tend to resist change, thus new assumptions that do not match them, usually are rejected. Assumptions are taken-for-granted beliefs that may distort our way of feeling, knowing and believing, without being necessarily dysfunctional. An assumption becomes dysfunctional when adults face an

activating event or a disorienting dilemma which brings them into conflict with the beliefs they had so far. Both Transformative Learning and Cognitive Psychotherapy encourage adults to reflect on their dysfunctional assumptions and modify them. What is more, Cognitive Psychotherapy teaches adults to recognize the cognitive errors which are included in dysfunctional assumptions. We argued, through an extensive example, that those errors can also be detected during the initial stages of transformative learning process and when they are identified and handled appropriately by the adult educator, the latter can effectively orient adult learners in the critical re-examination of their assumptions.

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