

REVIEW ARTICLE

Values and values work in cognitive behavioral therapy

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Abstract

Values influence our thought patterns, emotions, wishes, and needs. Although individuals may be fully aware of their value systems, these often lie more or less outside the area of full consciousness. At least occasional awareness of one's priorities and set of values may be an effective means of self-regulation. Cognitive behavioral therapy is aimed at dealing with practical problems and goals in life through changes in cognitive processes, behavior, and emotional reactions. Changes to some values naturally accompany changes to these processes. Life values also underlie motivation to achieve therapeutic changes. For this reason, clarification of patients' life values is important to therapists as focusing on values aids in connecting therapeutic goals with important areas of life. In addition to a better understanding of patients' life stories and difficulties that have brought them to a psychotherapist, the identified value system may become a part of everyday CBT strategies such as time management, cognitive restructuring or accommodation of conditional assumptions.

INTRODUCTION

Traditionally, values have been a well-established topic in some psychotherapeutic schools of thought. For existential psychotherapy, values and the meaning of life are an essential element. A significant support stressed by these therapies is to realize that individuals need not passively endure suffering but even if they are unable to change their difficult situation, they always have freedom to choose an adaptive attitude to their suffering. This may be achieved by realizing values that transcend them. Thus, sufferings are relativized, life becomes meaningful, and one's example of how to cope with suffering may give strength to others (Längle 2002). Values that are the source of the meaning of life canalize motive and behavior and affect emotions when essential needs are satisfied or

frustrated (Křivohlavý 2006). They serve as a cognitive framework through which people's lives become meaningful and purposeful (Halama 2007). To a certain extent, however, one's hierarchy of values is always undergoing changes with respect to that person's particular periods of life (Längle 2002). Despite the non-negligible interindividual variability of values espoused there are values shared by many people. These are values that enable people to live together in relative peace and enjoy life (Snyder 2000). Given their significance and broad sphere of influence, values, for this reason, cannot be limited to a single psychotherapeutic school of thought. Being concerned with people's stories and suffering and accompanying clients in being able to cope with their stories, understand the sources of their suffering and make future adaptive changes to their experiencing and behavior, psycho-

therapy can hardly avoid the issue of values. Cognitive behavioral therapy (CBT) is primarily focused on solving practical problems and goals in life through changes in cognitive processes, behavior, and emotional reactions. These changes are frequently related to changes in some values. Life values also underlie motivation to achieve therapeutic changes. The paper aims to discuss the importance of values for psychotherapy, point to the potential use of values in CBT and try to outline their application in the already established psychotherapeutic strategies.

VALUES

Values may be described as fundamental attitudes guiding our mental processes and behavior. Halama (2007, p. 64) defines them as “a particular psychological phenomenon (framework, pattern) comprising particular convictions about relations and connections between various parts of an individual’s outer and inner worlds and representations of desired states and goals the person is motivated to accomplish based on these convictions”. Values produce the belief that life is meaningful and serve as a measure of how meaningful one’s actions are, that is, consistent with that person’s value system. However, values also influence emotions and their physiological correlates. Feelings emerge as feedback on one’s actions and experienced events. They facilitate orientation in the world and one’s activities there. Feelings, rather than thoughts, underlie values (Längle 2002). Awareness of a vague dissatisfaction with life often points to values that are weak or unable to satisfy the feeling of life’s meaningfulness. Similarly, a sense of joy seemingly unrelated to anything in particular often testifies to experienced meaning. However, fulfillment of values may be related to not only positive feelings. For instance, an individual respecting the value of self-sacrifice for others may voluntarily choose to suffer on behalf of others. An extreme example is self-immolation of Jan Palach, who wanted to rouse the resistance of the Czechoslovak people against the oppressive political regime one year after the 1968 occupation of the country.

A value system may be fully realized but also partly or wholly unconscious. If it is beyond the reach of consciousness, one’s actions may seem unreasonable or egodystonic. An example may be a child who is aware that his father treats his mother badly but, when adapting to traumatic situations, he identifies with the aggressor and, despite his disgust at such behavior, unconsciously internalizes and repeats his father’s life scenario and attitudes later. Alternatively, the child may avoid identification and, as an adult, act according to his realized inner convictions that are neither an accurate reflection of his parent’s convictions nor their mirror opposites.

Awareness of one’s value system need not automatically lead to behavior consistent with that. In a certain situation, an individual may, temporarily or perma-

nently, compromise or change the system, or act under the influence of a need opposed to significant values. For example, a woman to whom good manners and self-control are an important value of her self-concept gets drunk at a company party and rudely criticizes her colleagues. The next day, she feels guilty and ponders on her “failure”; later, she strives for even stricter self-control. For this reason, not only clarification and refining one’s life values but also identification of all significant needs may together promote an individual’s adequate and adaptive self-regulation and personal well-being. It is also one of the ways to authenticity.

A value system may serve as an integrating element of the whole personality, but only if the espoused values are adequately flexible and not contradictory. Conflicting needs and the related values are, for instance, a desire for close or even symbiotic relationships together with a deeply-rooted fear of abandonment, resulting in avoidance behavior of individuals with borderline features. Such a combination contributes to frequent interpersonal conflicts and disharmonious relationships in these patients.

By contrast, the presence and attainment of values having the quality of self-transcendence serve as a buffer against the negative impact of stress, anxiety or depression (Halama 2007; Frankl 1994). However, not every value system is adaptive and flexible enough to perform this protective function. Dysfunctional values are those based on early maladaptive schemas, as is often the case with individuals suffering from personality disorders (Young *et al* 2003). For this reason, when treating personality disorders, work with schemas is naturally interconnected with focus on changes in value orientation. In addition to the quality of self-transcendence, it is also desirable that the meaning of life be filled with several elements to avoid falling into despair should one of them fail (Halama 2007). It is no coincidence that one of typical features accompanying depression is a feeling of meaninglessness of life, with the loss of the meaning preceding depression (e.g. in case of the loss of a job that one was fully devoted to and took satisfaction from). A severely traumatic event may lead to reassessment of the value system or inability to include experienced events into a meaningful story (we often hear patient saying that they are “unable to think” and are so overwhelmed by hurting feelings that it is impossible for them to take a detached point of view). Values based on self-transcendence were termed as growth needs by Maslow, as opposed to deficiency needs linked to unmet needs (Maslow 1968; Křivohlavý 2006). These become the focus of attention and with increasing time of frustration, an effort to meet them becomes increasingly important for an individual. For example, during a theatrical performance, a hungry person pays more attention to his or her hunger and does not enjoy the show. Unmet needs also may not be in accordance with one’s conscious value orientation. So, for instance, if an individual is convinced that the highest value in life is

secure and independent he or she does act in accordance with that but his or her need for intimacy and belongingness will remain unmet because of realization of a need represented by that critical value. Long-term suppression of frustrated needs may result in various maladaptive attempts at their satisfaction.

NEEDS AND THEIR RELATIONSHIP TO VALUES

In CBT, a therapist focuses on goals based on needs explicitly formulated by a patient; thus, deeper values and convictions may be missed. Putting other critical values at risk in an attempt to achieve the preset goal of therapy may produce the patient's resistance, and the treatment may reach a stalemate. If more attention is paid to the patient's value system, a goal may be set that is desired by the patient and is not in conflict with his or her values and needs. Sometimes, this is referred to as the secondary gain of illness preventing successful treatment; however, the term often has negative connotations to the patient. Others characterize the resistance with the paradox "change me without me having to change". The therapist should be aware of the fact that the patient's resistance may be related to important values he or she holds. For this reason, accusations against the patient may maintain the stalemate rather than solve it. If the therapist approaches the resistance in the therapeutic relationship with an attitude of open curiosity, the situation may be an opportunity to understand the patient better and to strengthen the therapeutic relationship. For patients who behave in such a manner that they repeatedly provoke adverse reactions of others, successful management of the resistance may be a corrective emotional experience.

Thus, resistance to psychotherapy, as manifested, for instance, by unwillingness to openly talk about inner experiences or to do agreed-upon homework, may be related to the patient's values and motifs that have not been reflected in its course. These are often related to subjectively meaningful needs. As such, needs may be understood as a motivating force that starts up and maintains certain behaviors. Needs may be classified as positive, providing motivation for goal achievement (e.g. a desire), or negative, motivating for avoidance behavior (e.g. fear, anxiety or resistance). Thus, needs necessarily influence the course of psychotherapy and its outcome. Human needs may also be classified as biologically older and younger or material and spiritual. Younger needs are related to attitudes; these are referred to as schemas in CBT. Attitudes depend on values, their personal importance, and cultural adaptation, mainly to the social group the individual is positively related to. Alcohol-dependent people find it very difficult to abstain permanently when they continue to meet their friends for whom consolidation of the value of their meetings is associated with alcohol consumption.

According to Erich Fromm (1956), the prime motivating force in human existence is a conflict between

striving for freedom and striving for security. Fromm (1956) identified the following five existential needs: (a) a need for relatedness (a need to care for somebody or something, be responsible for others, share good and bad with them); (b) a need to be active and creative when shaping one's own life; an optimal solution is the act of creation (in production of offspring, ideas, art or material products); (c) a need for being an integral part of the world means being rooted in one's home or community since childhood; (d) a need for one's identity separates an individual from others in the sense of realizing one's real self; being aware of the boundaries between the self and the world is a prerequisite for a feeling of control over life direction and one's own active creation; being unaware of one's individuality means blind conformity in an effort to act like others and thus living a non-authentic life; and (e) a need for order (internally consistent way of interpreting the world). The frame of interpretation is made of a series of convictions allowing people to organize and understand the reality. It is often based on self-transcendence. It may be a religious belief, awareness of the meaning of life, or both. Without this transcendence, mental health is fragile.

Fromm understands the alternatives of having and being as two distinct types of orientation towards oneself and the world (Fromm 1956). These influence how an individual perceives one's own life goals and values as well as one's own identity. An individual-oriented toward having uses an external object and is oneself only if that person has something. That person is obsessed with having objects and a desire to have them. Love, reason and productive activity, on the other hand, are values that arise and grow only to the extent that they are practiced. They cannot be bought or owned but can only be performed. Unlike property, they cannot be expended but grow and increase when used.

Values were also dealt with by Viktor E. Frankl. According to this author, a mature individual makes decisions about oneself and is aware of one's responsibility for choosing and realizing one's own life journey (Frankl 1994). The fundamental life force is a desire to uncover and fulfill the meaning of life considered the highest value. An individual's life consists of a series of self-creating processes, events, and actions aimed at choosing and realizing one's meaning of life or life journey. According to Frankl, there are three types of personal values:

- a. *Creative values* (work, creating new things, etc.) can only be realized by actions. Their fulfillment depends on whether a person also holds the place he or she got from the life, how he or she works, etc.
- b. *Experiential values* (love, cognition, beauty, etc.) are actualized when the world is taken from an individual's inside and may be realized in experiencing. These include experiences such as being immersed in the beauty of a piano concerto, enjoying natural beauties, etc.

c. *Attitudinal values* (morality, meaning of suffering, etc.) are related to attitudes to situations that cannot be changed such as death, illness or loss.

Even though the possibilities to realize creative or experiential values may be limited due to, for instance, illness, it is always possible to realize attitudinal values. Frankl is convinced that humans are responsible for values; being a human means being aware and accountable.

If people run from the responsibility of choice or pin their hopes on false values, they lose the meaning of life. Existential frustration develops, leading to disturbed functioning or personality. The task of psychotherapy, referred to as existential analysis by Frankl, is to help patients in creating their own world view. The goals are both to cope with the reality (accepting losses and limits, bringing about a compromise between the demands of the unconscious and the requirements of reality) and to transform the reality when possible and relevant (Frankl 1963). People should not ask about the meaning of life but respond to it by taking over the responsibility for it. As long as creative values are at the forefront of the life task, there is a coincidence of their actualization and one's work. However, this natural relationship may be distorted if one is so busy earning the means for living that he or she forgets life itself; then, for example, the pursuit of wealth becomes an end in itself and not a means of fulfilling values.

According to other existential therapists such as Rollo May (1961), the primary source for escaping from the responsibility of choice is an individual's effort to conform to demands of the social environment. That person denies one's most personal needs, loses contact with oneself and prevents oneself from both natural satisfaction of instinctive motives and establishing open interpersonal relationships. The key source of mental distortion is alienation towards oneself and the meaning of one's life. If psychotherapy relieves the patient from symptoms and "cures" him or her by aiming at social adaptation only, it is inadequate in the long-term since the loss of one's self-awareness and self-realization are maintained or even deepened.

Carl R. Rogers stated that the core of human nature is inherently constructive, realistic, purposive and forward moving (Rogers 1951). In his opinion, a human being is an active, energetic and self-directed force of energy-oriented towards future goals. Rogers optimistically assumed an underlying flow of movement towards "constructive fulfillment" of their inherent possibilities in humans. For Rogers, such fulfillment was a significant general value. He was convinced that people have a natural tendency towards independence, social responsibility, creativity, and maturity. According to Rogers (1961), one's behavior is controlled by interpretation of stimulus situations. Past experiences influence the meaning of present ones; current behavior always depends on current perception and understanding and predictions of the future. Self-concept, the way people

think about themselves, is developed in the process of interaction with others. It is a combination of diversely perceived and experienced images of self (parents, partner, employee, athlete, etc.) actualized in various contexts and roles. Apart from our perception of what we think we are like, self-concept also involves our perception of what we would like to, or could, be like (an ideal self). The term conscious self-concept (Rogers 1969) includes: (a) a need to experience oneself in accordance with this self-concept; (b) a need for positive regard from others, in particular significant others; (c) a need for positive self-acceptance. Since self-concept and self-appraisal result from contacts with people and human possibilities are limited, an "existential conflict" may develop between these needs, paralyzing potential self-actualization (Rogers 1951).

According to Abraham Maslow, the most significant possibility of humans is their unique need for self-realization (Maslow 1968). This is an individual's desire to fulfill oneself and converting oneself into what one potentially is or could be. This need is considered a "growth need" by Maslow; the other classes of needs are referred to as deficiency. In his theory, the activation of behavior is determined by one or more unmet needs. If lower hierarchy needs are unsatisfied, they tend to predominate while the most advanced needs recede. For example, while patients suffer from severe symptoms of acute anxiety and experience fear, a need for security is greater for them than a necessity of acceptance or self-realization. Experiences from therapy evidence this; for example, patients with panic disorder or depression are not interested in solving relationship problems as long as they suffer from significant symptoms (Praško *et al* 2007). Only after all deficiency needs are met, their behavior starts to be determined by the higher, growth needs for self-actualization. Maslow believed that people are motivated to seek and realize personal goals that make their lives meaningful and rewarding. According to Maslow, needs are inherent and may be hierarchically classified into the following five categories:

1. *Physiological needs* related to the biological survival of an individual as an organism (e.g. to eat, drink, breathe, sleep, be warm, dispose of body waste or be free from pain). If any of them is unmet, it rapidly starts to predominate while the others lose their importance and become secondary.
2. *Safety and security needs* (e.g. search for certainty, stability and reliability; a necessity of structure, limits, and order; avoidance of unknown and threatening). Although most apparent in children, they are manifested throughout the lifespan, being evoked by confrontation with real danger.
3. *Affiliation needs* (e.g. for solidarity, affection, and love, to belong somewhere and to somebody, have a home, accept and be accepted, and love and be loved). If these are unmet, an individual experiences painful loneliness, ostracism, hostility and rejection.

4. *Recognition, respect and self-respect needs* (e.g. for achievement, prestige, appreciation from others and self-esteem).
5. *Self-actualizing needs* (e.g. for full use of one's potential for growth and development). Needs to become everything an individual is capable of, use one's talents, capacities, and potentialities. These needs are related to the need for knowledge and understanding as well as esthetic needs.

When a lower level need in the hierarchy is satisfied it loses its motivating force and higher needs emerge, producing restlessness and discontent and leading to a change in interests and learning new ways of doing things until satisfied. Often, however, humans typically are willing to resist satisfying the lower needs (e.g. to starve or, in extreme cases, even to die) in order to satisfy higher needs (e.g. self-esteem, belongingness or self-actualization) (Maslow 1968). Maslow was convinced that the achievement of self-actualization allows, to a great extent, subordination of deficiency motivation to goals resulting from growth motivation.

COGNITIVE BEHAVIORAL THERAPY AND VALUES

In any treatment, including CBT, changing unhealthy ways of thinking (cognition), emotional reactions or habitual behaviors is not easy if patients are not motivated enough. Similarly, it is demotivating for patients if the goals of therapy are so far from the actual reality that they are unable to imagine how many steps they would have to do to reach them. In addition, changes achieved in therapy tend to be transient if they are not consistent with the patients' life values.

Moreover, it is the assessment of patients' life values and connecting the therapy goals with their satisfaction that is one of important sources of motivation for patients to undergo demanding and often emotionally unpleasant experiences necessarily associated with psychotherapy, with CBT being no exception.

The original therapy, as described by, for example, Wolpe (1969) and Marks (1988), was not at all concerned with patients' values; it only focused on overt behavior and the methods to influence it.

Classical cognitive therapy, as defined by Ellis (1962) and Beck (1976), dealt with patients' values rather implicitly, in the form of the so-called cognitive schemata, core beliefs, conditional rules, irrational ways of thinking, masturbation, etc. Even though these authors focused on investigating and changing the forms of cognitive processed assumed to maintain mental disorders and increase patients' suffering, the term "values" was only exceptionally used in their works.

The topic of life values, in connection with searching for ways of motivating patients' motivation and improving the effectiveness of CBT in patients who fail to respond to standard CBT methods, was studied

in detailed by authors representing the so-called third wave of CBT such as S. C. Hayes (acceptance and commitment therapy), M. M. Linehan (dialectical behavior therapy) or J. Young (schema therapy).

According to the CBT theory, every individual lives his or her own life as a unique human being. Their core beliefs or schemata, usually created during early childhood, format the fundamental pattern for appraisal of oneself, other people and the world around, as well as expectations for the future (Beck 1976). Under the influence of further life experiences, these schemata may be changed or strengthened and in particular situations, they are either active or dormant. In the same person, schemata may be activated in various situations that may be contradictory; for example, at work they think and act according to the scheme "people cannot be trusted", while among the loved ones, the scheme "people are trustworthy" is active. During CBT, these schemata are gradually uncovered and usually are found to be closely related to the value system. To a great extent, values and schemata are taken from the surroundings, being relatively stable, critically undisputed and only partly realized by the person. However, they are open to awareness, the limits of their validity and usefulness may be examined, and may be changed by therapy.

Clarification of life values may be crucial in CBT, particularly in patients confused by their thoughts and feelings that tend to suppress or avoid painful emotions and thus lose the opportunity to choose meaningful and value-based actions. Only if they can fully realize their struggles and long-term values, they can find more energy inside themselves, allowing them to face unpleasant situations, increase their psychological flexibility and find meaning in their lives. Therapists should help these people clarify their personal values and reconcile them with behavior and life goal choices. The essential questions may be "What gives your life meaning and what are your important values?" It is also important that patients learn to distinguish values from goals and systematically train behavior that leads to the set objectives and fulfills their values at the same time.

Some patients, in particular those suffering from mental problems for a long time, refuse to believe that they could do something valuable in their lives unless their symptoms recede. If therapists are successful in clarifying their client's critical values and adjust the therapy goals to them, patients are motivated to strive to achieve the goals despite persisting symptoms and their activity may lead to relief of the symptoms. For example, a depressed woman finds it difficult to make herself get up and start doing something in the morning. However, if her significant value is being a good mother, it is easier for her to overcome her reluctance as her task would be to make her children's breakfast and get them ready for school. This activity in turn improves her self-appraisal and reduces her "I am useless" depressogenic belief. This mechanism of increas-

ing motivation to important life values is the basis of a therapeutic approach called behavioral activation (Martell et al., 2001) that has proved successful in treating chronic depression. Together with their patients, therapists carefully plan their daily activities and make sure that the patients gradually increase their activity and that for the patients the activities are either pleasant or unpleasant (unavoidable obligation) but consistent with their life values. So, at the end of the day, the depressed patient comes to the conclusion that she was downhearted throughout the morning and nothing brought her pleasure but, in accordance with her value of being a good mother, she get her children ready for school and praised herself for that; together with other activities, this process decreases the level of her depression in the long term.

Working with values is also an integral part of the so-called acceptance and commitment therapy (ACT; Hayes *et al* 1999). Hayes uses a metaphor to describe the difference between treatment goals and values. Goals are like particular places in the countryside. A goal may be, for instance, climbing a specific hill. A value is like a compass showing the patient the direction to go to feel that he or she has a meaningful life. So a value may be “going south”. If the selected goal – the hill – is in the south, the patient is more motivated to expend the effort associated with reaching it than he would be if the therapist wanted him to train his climbing skills on hill located in the west. The metaphor also suggests that a goal may be reached at a particular moment, or we can tell that it has not achieved yet. On the other hand, a value can never be achieved (there is no “South”, only the south direction); it can only be more or less fulfilled every day, depending on whether we are heading more or less south. Naturally, there may be obstacles in our life that make us change the direction but if we have the compass or a value, we can continue in the right direction as soon as the circumstances permit. If a patient’s value is, say, “being a good father to my children,” there is no moment at which he could say that the goal has definitely been attained. His task may be to read the children a bedtime story, and his therapeutic goal may be to do it at least three times a week for the next six months. A task may be accomplished, and a goal may be achieved, but a value is like a horizon that keeps receding as we approach it. However, it may or may not be fulfilled by our particular actions every day.

For this reason, to increase and maintain a patient’s motivation to undertake therapeutic tasks and to set and achieve therapeutic goals, it is important for the CBT therapist to clarify the patient’s particular values.

However, the clarification of life values must be accompanied by the therapist’s assessment of the client’s current skills. If, for example, the client’s social skills are inadequate and he or she does not know how to respond to criticism or start a conversation, then, despite being motivated to participate more in society, it is necessary

to pick up the skills first in therapy through assertiveness training before using them in real-life situations.

The clarification of critical values helps to enhance the desirable change as it interconnects problematic behavior with its valuable result. For example, in exposure therapy that is most effective in phobias and obsessive-compulsive disorder, the problem may be a patient’s avoidance and assurance behaviors to evade unpleasant experiences such as anxiety or disgust. If the therapist succeeds in interconnecting a graded exposure plan with the patient’s essential life values, he or she is more able to cope with these unpleasant emotions (Wilson & Murrell 2004) and the effectiveness of exposure is higher.

When clarifying life values, however, several problems may be encountered.

- First, patients report values that are responses to the outer pressure from the environment (family, colleagues, peers or therapists) rather than their own values. For example, a student states that she wants to finish her college education not because of herself but to satisfy her parents. Even though to a certain extent, the choice of values is also determined by other people’s demands, they should be mostly the patients’ own choice. For this reason, it is important that therapists encourage the patients to disclose their own authentic values openly.
- Another problem is that initially, patients themselves actually do not know which values are important to them as they are not used to think about them. This is the case in patients whose current situation and severity of symptoms is so overwhelming that they want to “just survive” and thinking about other values seems strange to them (Miller & Rollnick 2002). In such patients, therapists should focus on symptom relief and emotional calming and postpone the search of goals consistent with life values to a later time when the primary goals are achieved.
- Sometimes values chosen by the client may be in conflict with the therapist’s values. These are often values that are in conflict with the moral principles as well. Such values are, for example, a need for revenge or a need to show others that they are worse. These values mostly occur in response to real or alleged injustice. If the client’s goal is to do harm to others, a way must be found to understand the deeper primary need and the value hidden under this motivation.

VALUES CLARIFICATION

Values are a guide for decisions as to what is right, good, meaningful or valid for a particular person. Difficulties with clarification of values may produce stress and feelings of confusion, anxiety or helplessness. Values clarification us a strategy that may help patients better understand their feelings and motifs and, at the same time, better orient towards future steps. It also allows

them to reflect on moral dilemmas. Values clarification is not only necessary for improving their conditions and increasing their well-being, but it may also influence their contacts with other people and improve their quality of life. In values clarification, a step-by-step approach is advisable since the process is a complex internal reflection that cannot be handled by patients at once. Twohig and Crosby (2008) recommend the following seven steps:

1. *Creating distance from social pressures.* A patient's behavior may be determined by external rules and not by his or her free choice. The first step is to help the patient distinguish between their motivation and what "should be done". After clarification of the social pressure the therapist helps the patient adapt his or her own attitude, that is, what he or she really wants.
2. *Defining the concept of values with the patient.* The therapist and the patient clarify that values are different from goals but at a particular moment, an effort can be made to pursue an individual value. Values cannot be achieved, but they aid in setting meaningful goals and working towards them in a valuable way. In therapy, personal values are most important, not those imposed from outside.
3. *Defining personal values.* The therapist's aim is to make the client realize what he or she values in various areas of life. The client should be offered a table with the main areas of life values that he or she can consider (Table 1).
4. *Importance (significance) of individual values.* Then, the therapist discusses with the patients how important is each of ten areas of values for him or her personally. The patient's assessment should "come from the heart" rather than be a logical consideration of pros and cons. Each of the areas should be rated on a scale of 1 to 10, where 1 means not at all important, and 10 means most significant. The therapist encourages the patient to choose freely and not according to general expectations or to obtain the therapist's approval.
5. *Determining how the patient's current actions are consistent with the relevant areas of values.* For each of the selected areas of values, the patient rates how consistent his or her current actions are with that. Once again, the 1 to 10 scales is used, where 1 means not at all consistent, and 10 means completely consistent. The aim is to make the patient realize in which area he or she would like to make some changes, not think critically about himself or herself. If there is considerable inconsistency between personal importance of a particular area and the patient's current behavior, which are may become a target for further psychotherapeutic interventions.
6. *Choosing immediate goals consistent with values.* Similar to other CBT techniques, defining goals consistent with values should be specific. Consistency between objectives and values is emphasized.

Frequently, a step-by-step approach to the goals is chosen, especially if behavior consistent with a particular value is new or difficult.

7. *Behaving in accordance with objectives and values.* The patient gradually tries to change his or her behavior to be able to pursue his or her values better. The therapist helps him or her using several standard CBT techniques such as time planning, social skills training, problem-solving, graded exposure, systematic homework, etc.

Knowing the patient's life values may be beneficial in many basic CBT techniques, for example in:

- *Time management.* Many clients with mental health issues have problems prioritizing. They typically change from one activity to another and live chaotic lives. Meaningful planning of activities may be of considerable help to anxious and depressed clients and those with borderline personality disorder (Praško *et al* 2007). Mechanical hour-by-hour plan is necessary for clients with severe depression who are apathetic and lacking energy. The following questions may be helpful: What could you do today that is important to you in the long-term perspective? What value does it serve? What sense does it have in the long term? What do you expect from your life in the long term? In what life roles can you fulfill that? What is important for you in your family, job, relations? What can you do in the following week to realize that? Discussion on life priorities may focus on topics such as personal life roles (mother, wife, partner, daughter, employee, the human being, experiencing person, etc.). The therapist must transfer the patient's long-term priorities into individual small steps in the patient's daily plan.
- *Cognitive restructuring.* The method may be used for the patient's growth (Sharoff 2002). It is useful for overcoming blocks in the self-actualization tendency. By testing the validity of one's own automatic thoughts and attitudes as though from a distance, the patient gains more freedom and may better decide which cognitive processes to accept and which to try and change in accordance with his or her values. When working with schemas and derived assumptions, the patient may realize that some of his or her values are based on unrealistic attitudes (e.g. "I must be perfect") and he or she only follows the values to avoid or compensate for his or her core beliefs of being unloved, useless, etc. "Perfection," however, is not that much of a value in their lives.
- *Accommodation of conditional assumptions.* In the client's life, numerous conditional assumptions may act as value frameworks created in childhood that are no longer beneficial, for example "Everybody must like me", "I must not make a mistake" or "I always have everything under control". Learned in childhood and adolescence, these assumptions significantly influence the patient's life and usually are

Tab. 1. Life values clarification.

Area	Value	Processing	Importance 1-10	Consistency 1-10	Life deviation
Marriage / couples / intimate relations	What kind of person would you like to be in your intimate relationship? It may be helpful if you think about how you would like to behave in such a relationship and then derive the values that motivate you to such behavior. What are the motives? How do they reflect what you appreciate in the relationship? Do not state particular goals (e.g. "I would like to get married") as there will be an opportunity to do that later.	Sensitive to the other person, tolerant, non-suspicious. Values – leave others free, help others. In a relationship, I appreciate freedom and reciprocity.	10	5	5 – Now, after the split, I have no partner, but when we lived together, I guess I tried to fulfill that a lot, I just was jealous and suspicious of her.
Parenting	Think about what being a father/mother means to you. What would you be like in that role? You may answer the question even if you do not have children. What would you be like in the role of someone who is a support to others?	A loving father, providing support and freedom. To be interested in the children and their problems, call them and write to them, support their studies, but let them choose freely how and what they want to study, what partners they would like to have or what they will do.	10	7	3 – I do not keep in regular touch with them as I work too much.
Other family relations	This area is concerned with the extended family, that is, not only the husband/wife and children but also other family relations. Think about what kind of a son/daughter, uncle/aunt, grandfather/grandmother, father-in-law/mother-in-law, etc. you would like to be. What would you like to be like in your family relations? You can consider either the extended or the immediate family. What values should be manifested in this area of your life?	Decent and helpful, not interfering in other people's lives but interested in the relatives. A value again: let others exercise their right to determination and help them if I can and if they ask for it.	6	5	1 – I neglect them, I help when they need it but I do not actively maintain contact with them.
Friendships / social relations	Friendship is another area of personal relations that most people appreciate. What kind of friend would you like to be? Think about your best friends and see if you are able to use the relations to derive values important to you in that area.	A true friend giving open feedback and supporting friends, independent of others, self-reliant, not needing their help much, rather exchanging opinions with them and supporting each other emotionally.	8	5	3 – Recently, I have neglected my friends, I feel ashamed of the split, I work all the time, I stopped seeing some of them after the split.
Career / employment	To most people, work and career are important as they spend a great deal of time in this area. No matter whether your work is easy or highly specialized, the values in this area are a relevant issue. What kind of employee would you like to be? What do you care most about in your work? What would you like to achieve in your career?	I would like to be a good boss that others can talk to, able to solve problems in the workplace and of the subordinates, and able to define needs of the whole. I want to be a loyal and faithful employee as long as I can trust my bosses. Most of all, I care about having good job and harmonious workplace relations. I would appreciate if some things that I or we know were transferred to other settings.	10	8	2 – I work a lot but pay less attention to workplace relations – I prefer performance to humanity and I would like to do something about it.
Education / training / personal growth	This area includes all types of education and personal development. School education is just one example. The area involves everything you learn in your life. This includes the effort required when reading a book. What kind of student would you like to be? How would you like to be engaged in this area of your life?	I would like to continue with my training to keep in touch with the latest developments in the field. There is no "must" in that, I learn with joy and freely what I am really interested in and I would like to continue with that. I am not considering formal education but I cannot rule out that in the future I might try and get a degree. I would like to learn a bit more about psychology and to join a psychotherapy group – to get to know myself as well as others not to harm them.	6	5	1 – I could put more stress on education but I do not feel that need at the moment. I feel the need to better understand human psychology, therefore, I will start with therapy, preferably group therapy.
Leisure / recreation / hobbies	Leisure time, recreation and hobbies are important for most of us. In this area of our lives we recharge our batteries; during these activities, we often meet friends or relatives. Think about what meaning your hobbies, sports activities, games, trips and other recreational activities have to you? What values should be manifested during these activities in your life?	I like books, sports, movies, theatre and sightseeing. I do that for myself as I am interested in all these things, for the feelings of enrichment and beauty, but I also do it together with my children and I love to see that they enjoy it, I feel as if I impart something of that to them – this gives me one of the most meaningful feelings.	7	3	4 – I will spend less time doing sports and travelling with my children now that Jolana has left me but we try to find a reasonable compromise.
Spirituality	Spirituality not necessarily means organized religion although it definitely is included in this area. Spirituality is everything that helps us feel connected with something that transcends you, evokes feelings of miraculousness or transcendence. This includes what you believe in, your spiritual and religious practices and your relations with others in this area. What would you like to be like in this area of your life?	I am not a believer and I even do not properly know what transcendence is, I get feelings from miraculousness from love to my wife (unfortunately she has just passed away) and love to my children, I also get feelings of miraculousness from nature, animals and people as well because everybody is interesting. I can share that with my children and friends but I probably do not want anything else in this area.	4	2	2 – I do not feel and perceive that sense as important for me unless it means enjoying life on the earth as that is what I do.
Citizenship	How would you like to be of help to society? What kind of member of a community would you like to be? What would you like to be like in the social/political/charity/social areas?	I would like to be of help to society but I do not know how. I try to help people around me and give some money to poor people begging, sometimes I donate money to charity. I could do more as helping others is my value.	7	2	5 - Now I have more opportunities to think of the unfortunate people who are disabled and to do something for them.
Health / physical well-being	We are all physical beings and another important area of our lives is caring for our bodies through exercise, healthy diet and reasonable physical habits. What values do you follow in this area or your life?	I want to be healthy, this is an important value for me, therefore I try to exercise and eat regularly although I am not always successful. The main value in this area is that I want to keep good health for myself and also to be able to help my family so that they do not have to take care of me if I am ill.	6	4	4 – There is plenty to improve on even though this is not that important to me. I could exercise regularly, not just occasionally, and buy more fruit and vegetables.

one of the sources of excessive stress and inability to act in accordance with mature values. Accommodation is a process in which conditional assumptions are clarified, their origin and impact on the current life are determined and the related emotional states are processed to allow the patient to adopt a new, more beneficial, attitude. This new position is more stable if it is consistent with the patient's values. If, for example, the original conditional assumption leading to the patient's emotional exhaustion and depression is described by the statement "I have to do everything perfectly or I do not gain respect from others" and the significant value was "perfect work", after reconsideration of the original assumption the new assumption was described as "I want to do things that are meaningful to me and fulfill me" and was related to the value "to live a meaningful life".

CONCLUSIONS

Identification and assessment of life values and their use in the course of therapy is a process that increases patients' motivation to face unpleasant emotions and make careful steps in CBT in order to achieve therapeutic goals. Knowing the patient's life values may help the therapist set therapeutic goals that are associated with significant areas of the patient's life. Together with other CBT techniques, this value-oriented approach increases the effectiveness of therapy and durability of its outcomes after its completion.

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