

Self-talk Identification, Questioning & Revision (SIQR)

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Self-talk Identification, Questioning & Revision (SIQR) is a set of specific techniques within the general rubrics of cognitive-behavioral, experiential and "neuropsychological" therapies guided by late 20th and early 21st century research on brain function.

Therapeutic Objectives

As is the case with other cognitive therapies, the principal goal of SIQR is to assist the patient suffering from belief-induced anxiety, depression, compulsion, addiction or other unpleasant or troubling emotions and/or behaviors to look for, identify, examine, question and then revise, reformulate, or even wholly reject and replace the cognitive schemas that cause such emotions and behaviors. Unlike the earlier cognitive therapies, however, the precise methods are designed to trigger specific linkages of neural networks between various portions of the limbic systems and cerebral cortices in both brain hemispheres.

The neurological objective of SIQR is similar to that of eye movement desensitization and reprocessing (EMDR; see McNally, Ruoanzoin, and Shapiro) in that it attempts to link previously disconnected emotional and sensory memory centers in one hemisphere with language processing locations in what is usually the opposite hemisphere. While EMDR stimulates via visual, auditory and tactile sensory channels, SIQR utilizes fine motor control and tactile sensory channels.

Developmental Influences

SIQR's cognitive components point back to the Rational Emotive Behavioral Therapy (REBT) of Albert Ellis; the cognitive-behavioral therapy (CBT) of Aaron Beck, Arthur Freeman and Donald Meichenbaum; the cognitive appraisal therapy (CAT) of Richard Wessler, Sheena Hankin and Jonathan Stern; the multi-modal therapy (MMT) of Arnold Lazarus; the values clarification techniques of Sidney Simon; and the schematherapy (ST) methods of Jeffrey Young. Cognitive theoretical (belief system and value system) influences include the work of Noam Chomsky, Richard Lazarus, Alfred Adler (in Lundin, and in Mosac), Sigmund Freud and Anna Freud (specifically on defense mechanisms), Alfred Korsybski (on lingual symbolism), Julian Rotter (on locus of control), James Flavell (on metacognition), and Martin Seligman and Bernard Weiner (on attribution theory).

SIQR developer Rodger Garrett's writing about cognitive therapy appears most deeply rooted in Wessler, Hankin and Stern's CAT. In his writing, Garrett often repeats the theme of core beliefs, values, idea(l)s, assumptions, convictions and attitudes influencing affective states (e.g.: anxiety, anger, depression, mania) that combine with the core schemata to influence perceptions, appraisals, interpretations, evaluations, assessments, analyses of, and attributions of meaning to, events in the environment (see Garrett online).

The therapy's neurophysiological components are grounded in the work of Neil Carlson, Louis Cozolino, M. DeBellis, M. Driessen, R. Duman, Michael Gazzaniga, C. Heim, Paul Huttenlocher, Alfred Kaszniak, J. Kaufman, Joseph LeDoux, Jaak Panksepp, Mark Rosenzweig, Alan Schore, Daniel Seigel, Francine Shapiro, Otfried Spreen, M. Stein, Bessel Van der Kolk, E. Vermetten, Douglas Watt and other brain mapping and function researchers using computer-aided tomography, magnetic resonance imaging, proton emission tomography, small partial emission tomography and other brain scanning techniques.

Garrett's interpretation of the sum total of millennial era brain mapping and functional research is similar to Shapiro's with regard to her bi-lateral EMDR therapy: That specific methods can be used to link the affective memories of trauma stored largely in one brain hemisphere with the symbolic language processing centers in the opposite hemisphere (see Shapiro, 2001).

Method

SIQR is conducted in six phases:

Motivational interviewing as per William Miller and Stephen Rollnick on a platform of client-centered principles (see Rogers) to develop a trust-based collaboration between therapist and patient.

Indoctrination (usually by means of psychoeducational handouts) in cognitive behavioral concepts developed by Ellis et al., Beck et al., Meichenbaum, Seligman, Simon et al., Weiner, Wessler et al., and Young; in the concept of defense mechanisms originally developed by the Freuds; in the concept of theory of mind developed by Premack; in critical thinking as described by Ruggiero; the concepts of shame and guilt as described by Tangney and Dearing; and in the logical fallacies or errors of reasoning developed by Socrates and the Enlightenment philosophers.

Indoctrination and introductory practice in the use of mindfulness skills (see Dimeff and Koerner, Hayes et al., Linehan, Kabat-Zinn, Ludwig, Marra, and Ogden) leading to capacity to place oneself in a state of conscious awareness of one's momentary affects (emotions, sensations, feelings) for the sake of both distress tolerance and systematic desensitization (see Johnson, and Schiraldi).

Usage of Ellis's twelve "bad ideas" in the SIQR format of writing out with the non-dominant hand (preferred because of the stimulation of the motor and sensory neural networks in the non-dominant brain hemisphere usually associated with affect storage) or by typing (which, using both hands, has somewhat the same effect), then converting the original statement into a question asking "Is it true that...", then asserting that the statement is true, then asserting that the statement is not true. The patient then switches to dominant handwriting (or continues to type) to report the affects experienced while writing the four versions of the "bad idea," and follows that up with a brief essay on his realizations during the process. Examples of the process may be seen in numerous articles by Garrett available online.

Usage of Beck's and Freeman's typical beliefs of the major personality disorders (as selected by

the therapist) in the same fashion. The SIQR therapist who is solidly grounded in personality theory (see Clarkin and Lenzenweger, Ekleberry, Kelly, Livesley, Masterson, Millon, and Stone) may elect to draw from his or her understanding of the cognitive underpinnings of the personality disorders to develop new "bad ideas" for the patient to work through as described above. Several sessions may be devoted to this process.

Development of the patient's own notions of his logical fallacies based on evolving awareness (or "mindfulness") into self-devised sentences to be worked through in the same fashion as stages four and five above.

Mechanisms of Cognitive and Behavioral Change

From psychodynamic or object relations standpoint (see Bion in Symington, Branden, Colby, Fairbairn, Freud in Gay, Horney, Karpman, Kernberg, Klein in Mitchell, Kohut in Siegel, Meissner, Miller, Scharff and Scharff, Searles, Sullivan, Sullivan in Evans, Winnicott, and Winnicott in Dodi), SIQR is designed to produce rapid movement from unconscious domination of cognition (or ego operations) by a punishing, ineffectual or otherwise dysfunctional superego introjected from behavioral modeling by early life authority figures including parents, older siblings, playmates, teachers, etc.

From an experiential (more or less "gestalt") standpoint (see Alpert, Laing, Perls, and Polster and Polster), SIQR is designed to demonstrate the connections between introjected but unconscious core beliefs, values, idea(l)s, assumptions, convictions and/or attitudes; the patient's affects; and the patient's perception, appraisal, evaluation, interpretation, assessment, analysis and/or attribution of meaning to events in his life.

From a behavioristic standpoint (see Hayes et al., Linehan, Skinner, and Watson), SIQR is designed to deliver a method - and rewarding and strong reinforcing experience therewith - to the patient that the patient can use when he or she experiences dysphoria in the future. Quoting Garrett quoting others, "Give a man a fish and he eats today; teach a man how to fish and he eats from now on."

The combinations of psychodynamic and experiential revelations place the patient at ever-increasing capacity for conscious choice of behavior, as opposed to unconsciously automated, "knee-jerk" reactivity (see Bandura, Hayes et al., Linehan, and Mansell).