CLINICAL BRIEF · PATH TO FREEDOM ALONGSIDE

Cognitive Behavioral Therapy

Beliefs, rules, and the question of authorship

Cognitive behavioral therapy treats emotional and behavioral difficulty as maintained by appraisals, assumptions, and avoidance, and works by testing and revising them. The Path to Freedom takes up a neighboring question about the same material: who wrote the belief, when, and for whose protection. The two operate at different levels of one structure and can be held side by side by a client under a clinician's direction.

Clinical frame

- Cognitive model: automatic thoughts, intermediate beliefs (rules and assumptions), and core beliefs shape affect and behavior
- Collaborative empiricism: beliefs are treated as hypotheses and tested
- Techniques include psychoeducation, cognitive restructuring, behavioral activation, behavioral experiments, and graded exposure
- Structured, goal oriented, and typically time limited, with practice between sessions

Path to Freedom frame

- Masks: roles adopted to be safe or accepted, held long enough to feel like identity
- Invisible contracts: inherited rules the person never explicitly agreed to and still keeps
- Self inquiry through reflection and plain statements of what is true, done alone and at the person's pace
- No diagnosis, no case formulation, and no symptom targets

Points of conceptual fit

Intermediate beliefs and invisible contracts

DISCOVERY

CBT evaluates a rule by its accuracy and its cost. The path adds provenance: where the rule came from and whose interest it served. Provenance may loosen the sense that a rule is simply true of the person.

Behavioral experiments and Refinement

REFINEMENT

A behavioral experiment tests a prediction. Refinement tests a discovered self against ordinary conditions. A client may bring what they have found into an experiment the clinician designs.

Core beliefs and the recognized self

DISCOVERY, ALIGNMENT

Core belief work often builds a more balanced alternative belief. The path offers a complementary reference point, a self recognized beneath the adopted layers, from which the client may draw language in session.

Division of labor

The clinician

- Assessment and case formulation
- Restructuring, activation, exposure, and homework
- Decisions about pace and risk

The path

- Reflection on the authorship of beliefs and roles
- Between session self inquiry, at the client's option
- Pointing the client back to the clinician

Coordination and cautions

Reflection can drift into rumination, and self focused attention maintains distress in several presentations, so the clinician may set limits on when and how long a client reflects. Clients can be asked to bring findings as raw material and not as conclusions to defend.

Return to the clinician when a memory returns with more force than reflection can hold, when sleep, appetite, or functioning change sharply, when panic, numbness, or a sense of being unreal appears, when there is fear of someone in the person's life, or when there are thoughts of ending life or harming someone (988 in the United States).

A proposed conceptual integration offered by The Autonomy Commission. It is not a manualized protocol and has not been empirically evaluated. The Path to Freedom is not psychotherapy, offers no diagnosis or treatment, and defers to the treating clinician on every clinical decision. Nothing is shared without the client's written consent.

An institute for the self that was always there.

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