

COGNITIVE INSULATION THERAPY: A NOVEL PSYCHOLOGICAL INTERVENTION APPROACH

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Abstract

Psychological disorders such as Erectile Dysfunction (ED) and others need effective, efficient and result-oriented psychotherapeutic intervention. Cognitive Insulation Therapy (CIT) is a cognitive psychotherapeutic approach developed for managing and treating ED as well as several other disorders; CIT through its principles, chronological steps, sequence of application and delivery ensures the expected interventional outcomes. Its Cognitive Displacement, Cognitive Insertion, and Cognitive Stabilisation procedures arm every therapist and counsellor with the necessary treatment protocols to achieve the required psychoemobehavioural outcomes (PEBO).

Keywords: Cognitive Insulation Therapy, Psychological Intervention, Psychotherapy, PEBO

Background to the study

Cognitive Insulation Therapy (CIT) is a cognitive psychotherapeutic approach that focuses on displacing negative cognitive apparatus, inserting and stabilising the positive ones in order to achieve the expected psychological, emotional and behavioural outcomes. These outcomes are otherwise known as psychoemobehavioural outcomes (PEBO) while, the cognitive apparatus means; the cognitive sets, the thinking patterns and the belief systems, which usually interface with the physical and biological factors (Umeaku, 2025b). Cognitive Insulation Therapy (CIT) is the third step of Pocket-Penis Model (PPM) of psychological intervention, which was developed to treat erectile dysfunction, but can also be used to treat several other psychological disorders. The PPM intervention is a robust treatment model with three-step approach (Umeaku, 2025ab), but CIT is a self-isolated comprehensive treatment approach that can stand alone with enormous efficacious results via scientific chronological steps of application and delivery (Prochaska & Velicer, 1997).

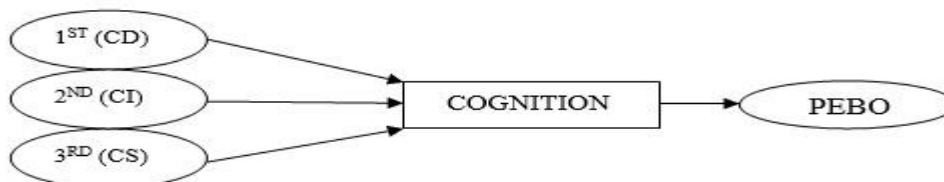
The Components of Cognitive Insulation Therapy (CIT)

Cognitive Insulation Therapy (CIT) has three major components otherwise known as the ‘Three Bold Steps’ (TBS). These steps which spell out the treatment-sequence trajectory are: Cognitive Displacement (CD), Cognitive Insertion (CI) and Cognitive Stabilisation (CS). The Cognitive Displacement involves dislodging of the identified negative cognitive sets (the already stored negative information), negative thinking patterns (the way information are negatively processed) and negative belief systems (the already accepted negative way of life); Cognitive Insertion involves introducing positive cognitive sets, thinking patterns and belief systems to replace the negative ones, and Cognitive Stabilisation involves making constant or consolidating (insulating) the inserted positive cognitive sets, thinking patterns and belief systems in order to achieve consistent, adjusted, acceptable, and normal (CAAN) psychological, emotional and behavioural outcomes (Umeaku, 2025b).

The Principles of Cognitive Insulation Therapy (CIT)

There are four major principles of CIT. They are; 1) Cognitive Sets (CS) influence the direction of thinking patterns, 2) Belief Systems (BS) influence the direction of thinking patterns, 3) Thinking Patterns (TP) is the outputs of the combination of CS and BS, and 4) The CS, BS and TP influence psychological, emotional and behavioural outcomes.

The Diagram of Cognitive Insulation Therapy (CIT)



The Application of Cognitive Insulation Therapy (CIT)

The step-by-step delivery or application of CIT follows the presentation of its three components in chronological sequence. The first is Cognitive Displacement. Here, the therapist upon establishing rapport and identifying the points of negative valences which are mostly connected with the cognitive apparatus of the patient (Umeaku, 2025b), engages in the process of displacing, dislodging and disarticulating the negative cognitive apparatus (negative cognitive sets, thinking patterns and belief systems); this is done through the process of measuring, attenuating and timing (MAT) via a thorough evidential proofs, facts and figures to ensure that they are removed and replaced with the positive ones. The examples of CS, TP and BS are; 'women are wicked', 'being suspicious of women' and 'a man is useless without money' respectively.

The second is Cognitive Insertion. Here, upon displacing the negative cognitive apparatus; the therapist provides the alternatives for replacement; this is done through the process of solution-based, heart-felt and empathic-stance (SHE) dialogues, discussions and conversations. The provided replacements are inserted (cognitive insertion) through the process of SHE approach to ensure that they become the new way of thinking and believing. These Displacements (step 1) and Insertions (step 2) enable the patient/client to have a new positive feeling which will affect the overall covert and overt behaviours (Wang et al., 2025).

The third and final step is Cognitive Stabilisation. Here, once there is a successful navigation of step one and step two, the therapist and the patient engage in different assignments, activities and practices through the process of consistency, understanding and purpose (CUP) to stabilise, secure and consolidate the newly inserted positive cognitive apparatus as the new consistent way of life for the patient by ensuring that they are insulated (well protected) to prevent the reversal of the displaced negative cognitions or cognitive apparatus; this insulation will lead to normal cognitive, emotional and behavioural outcomes as a result of elevated self-confidence, self-awareness, self-worth, self-efficacy and self-esteem (Beck, 2008).

Conclusion

Cognitive insulation therapy (CIT) is a cognitive-oriented psychological tool for managing and treating ED as well as several other mental illnesses. Its well streamlined procedures and steps enable a therapist or counsellor to adopt and apply it in order to achieve the expected results and outcomes for the total wellbeing of patients. A good understanding of its principles, and conscientious delivery of its three chronological formats; Cognitive Displacement, Cognitive Insertion, and Cognitive Stabilisation, produces a new positive insulated cognitive apparatus that transform the totality of a patient's overt and covert behaviour which is otherwise known as psychoemobehavioural outcomes.

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