Ordinary People Application Paper: Behavior Therapy

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Behavior therapy began in the 1950s as a counseling approach that applied principles of traditional learning theory to the treatment of psychological problems (Wilson, 2008, as cited in Tan, 2011). With a deterministic view of human nature, it proposed that human behavior was controlled by classical and operant conditioning to environmental factors that precede and follow the behavior (Tan, 2011). Psychopathology was therefore viewed as learned maladaptive habits that are debilitating or harmful to oneself and/or to others. Behavior therapy has since evolved through the years to incorporate the cognitive dimension of individuals. With the introduction of the social-cognitive theory by Bandura, behaviorists started to emphasize the importance of thinking processes, attitudes, and values in shaping the individual's perception and interpretation of environmental events that influence behavior (Corey, 2017). This resulted in a more complex view of human nature, one in which people have some capacity for choice and for self-directed behavior change (Tan, 2011). Presently, the mainstream of contemporary behavior therapy is cognitive behavior therapy (Corey, 2017). Based on the assumption that "what people believe influences how they act and feel" (p. 236), it now views psychopathology as maladaptive behavior and feelings with underlying problematic cognition (Tan, 2011). Such detrimental thinking is usually negative, extreme, and irrational, and manifests as internal dialogues or the "self-talk" of the individual. Self-criticism or self-contempt, in particular, can bring about "much emotional pain and problem behaviors" (p. 216). Consequently, behavior therapists nowadays help people to change behavior, feel better, and exercise more choices in life through modifying both thoughts and external factors.

In the eyes of a contemporary behavior therapist, Conrad from the movie "Ordinary People" is a young man living a restricted life with great emotional pain due to maladaptive

behavior and faulty thinking. His maladaptive behavior is most prominent in his interpersonal relationships and in social situations. Unsure of how to interact appropriately with others, Conrad often displays avoidant and unassertive behaviors such as making poor eye contact, hunching his back, restlessly shaking his legs, speaking hesitantly, and keeping to himself (i.e., eating lunch alone at school and staying mostly in his room while at home) (Redford, 1980). He also has extreme difficulty expressing his negative emotions in appropriate ways- he either suppresses them (acts passively and denies their existence when asked by others) or aggressively explodes (i.e., lashes out at others with angry words, physically cuts himself as a suicide attempt). These problem behaviors are partly learned from interactions with the environment. He observed his mother model avoidance behavior and poor communication skills in emotionally uncomfortable situations (*social learning*) and he learned to avoid social situations that make him feel anxious (*operant conditioning*). The other contributing factor to Conrad's poor personal functioning is his maladaptive thoughts and beliefs. Self-critical and with low *self-efficacy*, he believes he is inferior and less capable when compared with others, and thus, underserving of love and acceptance. As a result of detrimental behavior and debilitating cognition, Conrad comes to therapy struggling with unsatisfactory interpersonal relationships and feelings of isolation, anxiety, depression, and helplessness.

Behavior therapy may be appealing to Conrad because it is a problem-solving approach that addresses what seems most pressing and relevant to him now- his current environmental situation and his psychosocial problems/symptoms- without requiring him to first achieve insight, delve into past trauma, or explore his buried negative feelings (Tan, 2011). He would benefit from many of its concrete, short-term, action-oriented interventions that have been empirically shown to be effective in bringing about actual behavioral change and in treating

various psychological disorders such as anxiety and depression. Conrad, being someone who is passive and unsure of himself, would also appreciate having a directive behavior therapist who teaches and coaches him through the process of making changes in his life.

If I were Conrad's behavior therapist, I would try to help him learn new and adaptive behaviors to replace the old, maladaptive ones. Since he exhibits avoidant and unassertive behaviors in social situations, he would benefit from social skills training and assertiveness training. I would teach and model for him more effective ways of interacting with others, especially appropriately assertive behaviors (Tan, 2011). Conrad would get to rehearse and role-play the new behaviors with my feedback until they are learned and applied well in real life. Equipped with better interpersonal skills, he would hopefully have less social anxiety, improve his relationships with his parents and friends, and feel less isolated and more in control of his life. Another intervention I would use to help Conrad is the acceptance and commitment therapy (ACT). He would be taught to focus on his present experience and be aware of his negative cognitions (*mindfulness*); instead of denying or identifying with them, he would learn to accept them without judgment (*acceptance*) (Corey, 2017). Meanwhile, I would also work with Conrad to choose values he wants to live by and to commit to taking specific action steps toward these goals. This therapy would hopefully help him cope with his negative thinking, lessening its detrimental effect on his emotions and behaviors, and direct him toward positive life changes.

References

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