Rational Emotive Therapy and Cognitive Therapy: of "Ordinary People"

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With the emphasis on the cognition, the origin of maladaptive behaviors originates from the irrational and dysfunctional thoughts, usually self-condemning or rigid "absolute should, oughts, and musts" (Corey, 2015. P. 274). Being ruled by these thoughts lead to self-sabotaging emotions that become beliefs of "negative cognitive triad…the self (self-criticism), the world (pessimism), and the future (hopelessness)" (Corey, 2015. P. 282) that dictate behavior. The core beliefs may have originated as protective mechanisms for the client but it has blown out of proportion to distortions, commonly ranging from "arbitrary inferences, selective abstraction, overgeneralization, magnification, minimization, personalization, labeling/mislabeling, or dichotomous thinking" (Corey, 2015. Pp.283-4). With strong emphasis on evidence, there is considerable evaluating and reassessing once goals are collaboratively established. New skills training in the therapy session with exposure to triggering situations are learnt, recorded, and applied as homework tailored directly for the client. Although the framework does not ignore insight compared to behavior therapy, it is only discussed to the extent that is helpful in tackling self-defeating beliefs.

Slight variations of cognitive therapy evolved with the incorporation of a strength based model, liked to person-centered therapy which views the client as empowered to make the necessary modifications. Also narrative integration focuses on the language used when examining the self. The progressive approaches emphasize the prevention of relapse into the maladaptive behaviors.

In regard to Conrad, "examining cognition among individual family members as well as on what may be termed the family schemata" (Corey, 2015. P. 288) would be helpful in explaining why he attempted suicide. With the huge disruption in the loss of Buck, a reorientation of the new family dynamic could bring to light even a conversation on how each

one stands in relation to another. There are considerable presumptions that might not be entirely accurate. For instance, Conrad believes his mother loves Bucky more than him could just be the mother's coping technique to the death and not exactly an accurate representation of how she feels towards Conrad. The partial reason why Conrad might have committed suicide could have derived from feelings of worthlessness or even the fact that his mother preferred Conrad to die over Bucky. To avoid another suicide attempt in "high-risk, stressful situations" (Corey, 2015 p. 296), stress inoculation training phases of consolidation and follow-through could be beneficial. There is such a denial and avoidance of discussing anything that Conrad has no outlet except to appear fine and effortless in going about his life as if nothing happened.

As Dr. Burger, the importance of examining Conrad's automatic thoughts would be the initial task alongside establishing a genuine rapport amidst the emphasis on superficiality in the wealthy society Conrad lives in. By having a friendship and viewing Dr. Burger as a teacher, a "cognitive restructuring could assist in examining the evidence that seems to support or contradict his core belifes….as hypotheses to be tested" (Corey, 2015. P. 300). It would serve Conrad well to have homework, such as writing a journal, in bringing about awareness of what situations distress him and tackling it in therapy.

The benefit of CBT would be bringing to awareness what Conrad is actually thinking or believing because it would benefit him greatly to understand why he committed suicide and how to ensure he never does it again no matter what situation he confronts, such as the death of his friend Karen or loss of any loved one. The balance of examining cognition and emotion with the actual doing could fortify Conrad's progress to change rather than merely a passive discussion approach and empowering him in the long-run.

References

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