

Rational Emotive Therapy and Cognitive Therapy applied to Conrad in Ordinary People

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Rational Emotive Therapy and Cognitive Therapy Overview

Rational Emotive Behavior Therapy (REBT) as well as Cognitive Therapy (CT) are both considered cognitive behavior therapies (CBT) in that “the underlying principles assume that beliefs, behaviors, emotions, and physical reactions are all reciprocally linked” (Corey, 2017).

In addition to both therapies emphasizing a strong collaboration between therapist and client, the client is also expected to play an active role in conducting ongoing learning outside of therapy, as well as in doing homework.

Underpinning the basic philosophy of REBT is that people create and perpetuate their own problems by how they perceive the circumstances in their lives. REBT is based on the idea that we learn faulty beliefs from significant others during childhood and then re-create those beliefs throughout our lifetime.

Like REBT, CT emphasizes identifying and rethinking unreasonable thoughts and maladaptive beliefs. However, Cognitive therapy (CT) purports that these maladaptive responses result from cognitive distortions in our perceptions, rather than necessarily a re-creation of what we learned in childhood. Further, CT places more value on the client’s role in identifying misconceptions, rather than being instructed by the therapist.

The over-arching distinction between the two, however, is that “Ellis developed REBT based on philosophical tenets, whereas Beck’s CT was based on empirical research” (Padesky & Beck, as quoted in Corey, 2017).

Application

Cognitive therapy programs have been designed for all ages and client populations to treat depression, anxiety disorders, eating disorders, insomnia, and chronic pain, amongst other ailments (Chambless & Peterman; Dattilio & Kendall, Hofmann et al., Riskind, as cited in Corey, 2017).

In applying REBT, the A-B-C framework is central to its theory and practice. In this model, the therapist can help the client flesh out what is the B (belief) that underlies the C (consequence) of an event, and not just the A (activating event).

Techniques

Therapists, such as Dr. Berger in *Ordinary People*, could make use of Socratic questioning to get Conrad to question his own irrational belief, such as “It must be someone’s fault” (Redford, 1980). Dr. Berger might also get Conrad to evoke emotive imagery to envision what might be the worst thing that might happen to him if he asks his high school classmate out on a date. Dr. Berger might also even try to get Conrad to take himself less seriously, and start to appreciate that he was strong in holding onto the boat, and that he doesn’t need to feel guilty for an accident for which he wasn’t at fault.

As therapy progresses, Dr. Berger might ask Conrad to record his thoughts, and develop an action plan for his specific goals.

Benefits

Therapy can assist clients in changing beliefs and behaviors that maintain their problems and teach them skills that serve to prevent reoccurrence. In addition, the psychoeducational approaches of these therapies provide clients with a playbook to continue their journey.

In particular, CT is considered the “gold standard” due to the evidence showing improvement in many disorders including PTSD, depression, panic disorder, as well as distress due to other general medical problems (Hofmann, et al. as cited in Corey, 2017).

These improvements are applicable to a wide swath of the population, including children and adolescents, and have application in many cultures and group settings.

References

Redford, R. (1980), *Ordinary People*. Wildwood Enterprises Inc.

Corey G., (2017). *Theory and Practice of Counseling and Psychotherapy*, (10th ed.). Cengage Learning