

Ordinary People Application Paper: Rational Emotive Therapy & Cognitive Therapy

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As a broadened extension of traditional behavior therapy, cognitive behavior therapy (CBT) is now the fastest growing, most popular, and most empirically researched of all psychotherapeutic systems available, with two of its major approaches being Albert Ellis' rational emotive behavior therapy (REBT) and Aaron Beck's cognitive therapy (CT) (Tan, 2011). These cognitive behavioral approaches all share the premise that cognitions, emotions, and behaviors are reciprocally and causally linked, and therefore, "changes in one area lead to changes in the other areas" (Corey, 2017, p. 270). Maladaptive or dysfunctional thinking (*cognitive distortions*) is viewed as the crucial factor in the development and maintenance of psychopathology. In other words, when we think in distorted ways, we experience emotional distress and exaggerated behavioral reactions. REBT specifically focuses on irrational and self-defeating beliefs (acquired early in life from significant others and then perpetuated through self-repetition) that people rigidly cling onto as "shoulds," "musts," and "oughts." Ellis also asserts that we often are emotionally disturbed because we blame ourselves and others. On the other hand, CT emphasizes detrimental automatic thoughts or internal dialogues based on faulty cognitive processing and interpretation of life events (i.e., overgeneralization, selective abstraction). Though human beings are held partially, if not largely, responsible for sabotaging their own emotional well-being, they are also believed to have the ability to change. Therefore, cognitive behavioral therapists, through structured, psychoeducational, and collaborative interventions, strive to help clients to recognize and alter their own maladaptive cognition so they can better cope with present and future problems.

Through the cognitive behavioral lens, Conrad from the movie "Ordinary People" is a young man shrouded in distorted beliefs and thinking. Some of the irrational, dogmatic beliefs he

repeats to himself are the following: 1) “I must behave well, be achieving and perfectly competent to be considered worthwhile and be loved”; 2) “I always have to be strong; having and showing feelings is a sign of weakness”; 3) “It is too hard to face certain difficulties and responsibilities”; 4) “I have no control over outside circumstances and cannot erase the influence of my past on me” (Corey, 2017). Probably learned from his parents and from earlier life experiences, these indoctrinated beliefs affect the way Conrad perceives himself and interprets events and relationships in his life, leaving him with negative thoughts and self-defeating attitudes. In addition, he also possesses some faulty cognitive processing of information, such as *selective abstraction* and *overgeneralization* (“Since I couldn’t do what was necessary to save my brother in the accident, I am to blame for his death, and I cannot do anything right”- and *labeling/mislabeling* (i.e., allowing imperfections and past mistakes to define his identity as being inferior and worthless). Conrad cannot accept himself and believes others cannot either. He is apologetic for his existence. As a result of his dysfunctional cognition, Conrad is emotionally distressed with symptoms of depression and anxiety and behaves in detrimental ways (i.e., self-harm, self-isolation, unassertive communication) (Redford, 1980).

Cognitive behavior therapy is a sensible approach to treating Conrad because it concurrently addresses his problematic thinking, emotions, and behaviors. Utilizing an arsenal of evidence-based interventions proven to be effective with a wide array of psychological disorders; it would systematically help him to first identify his dysfunctional thoughts and beliefs and to understand how they cause him to feel distress and to behave maladaptively. CBT would then focus on changing Conrad’s way of thinking into something more rational, adaptive, and health-promoting. This cognitive restructuring would be “the most efficient way to bring about lasting emotional and behavioral change” (A. Ellis & Ellis, 2011, 2014, as cited in Corey, 2017).

As Conrad's cognitive behavior therapist, I would engage in Socratic dialogue (cognitive therapy) with Conrad to gently help him discover and modify his irrational beliefs and distorted cognitive processes. Using open-ended questions, I would ask him to explore the evidence for and against particular beliefs, to see if he is making extreme conclusions about situations, and to come up with alternative views or explanations of events (Tan, 2011). Another cognitive technique I would employ is homework assignments. In between therapy sessions, Conrad is expected to write a daily thought record as a way to label and keep track of his dysfunctional beliefs and negative automatic thoughts as they occur. Doing homework like this gives him opportunities to practice and to reinforce what he has learned during therapy (Corey, 2017).

(CT) Uses socratic dialogue, posing open-ended questions with the aim of getting clients

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.

References

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