Rational Emotive Therapy & Cognitive Therapy Ordinary People Paper

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Cognitive behavior therapy and cognitive therapy are founded on the assumption that beliefs, behaviors, emotions, and physical reactions are reciprocally connected. A change in beliefs is not the only target of therapy, but enduring changes usually require a change in beliefs (Corey, 2015). The various cognitive behavioral approaches share the following attributes and characteristics: (1) a collaborative relationship between client and therapist, (2) the premise that cognitive processes often maintain psychological distress, (3) a focus on changing cognitions to produce desired changes in effect and behavior, (4) a present-centered, time-limited focus, (5) an active and directive stance by the therapist, and (6) an educational treatment focusing on specific and structured target problems (Corey, 2015). Therapists using these approaches help clients examine how they understand themselves and their world and suggest ways clients experiment with new ways of behaving. Early in 1955, Albert Ellis developed an approach to psychotherapy that he called rational therapy and later rational emotive therapy, now referred to as rational emotive behavior therapy. Ellis has rightly been referred to as the grandfather of cognitive behavior therapy (Corey, 2015).

REBT was the first of the cognitive behavior therapies, and presently it continues to be a huge cognitive behavioral approach. REBT assumes that people contribute to their own psychological problems and specific symptoms through the rigid and extreme beliefs they hold about events and situations (Corey, 2015). It also assumes that cognitions, emotions, and behaviors interact and have a reciprocal cause-and-effect relationship. REBT is a holistic and integrative approach because it emphasizes all three modalities and their interactions. Aaron Temkin Beck founded cognitive therapy (CT), an approach based on empirical research. CT is known to be an insight-focused therapy emphasizing changing negative thoughts and maladaptive beliefs. From this perspective, clients' distorted beliefs result from cognitive errors,

and psychological problems are an exaggeration of adaptive responses resulting from commonplace cognitive distortions.

The main character Conrad in the film *Ordinary People* (1980), experienced the tragic loss of his older brother Buck in a boat accident. Unfortunately, Conrad was present when the accident happened. Since then, Conrad has been deeply wounded emotionally and mentally and scarred and traumatized to the point of attempting suicide. It was clear that Conrad was showing signs of survivor's guilt and dealing with post-traumatic stress disorder (PTSD) due to being directly exposed to the traumatic event. Conrad's symptoms in the film were recurring nightmares and flashbacks, lack of motivation, sleep, and interest in normal activities, loss of appetite, difficulty focusing in class, and feeling isolated and alone. Through the lens of CT, CBT, and REBT, one could conclude that Conrad could also be contributing to his own psychological problems and symptoms by the rigid and extreme beliefs (negative pattern of thinking) he holds about the traumatic event he had with his brother and the present situations he is now facing after the tragic event of his brother's passing. Conrad was also dealing with irritational beliefs about himself regarding what should have happened during the traumatic event. In the end, Conrad feels immense guilt and anger towards himself and his brother because he believes he should have saved his brother from drowning after his brother let go of his hand during the boat accident. This way of thinking contributed to Conrad's self-defeating, self-sabotaging, and self-harm behaviors.

The A-B-C framework can help us understand how Conrad's traumatic event caused an unhealthy emotional and behavioral reaction in Conrad due to his beliefs/perception about the event itself. If I were Dr. Berger (Conrad's therapist), I would use therapeutic techniques such as disputing irrational beliefs, cognitive homework, and role play. These techniques can help

Conrad overcome self-defeating, irrational beliefs about his traumatic past, build resilience, and learn to process his internal feelings about himself and the world (self-reflection). During this therapeutic process, Conrad will learn to differentiate between realistic and unrealistic goals and between self-defeating and life-enhancing goals. I would assist him in the process of achieving unconditional self-acceptance, unconditional other-acceptance, and unconditional life acceptance.

References

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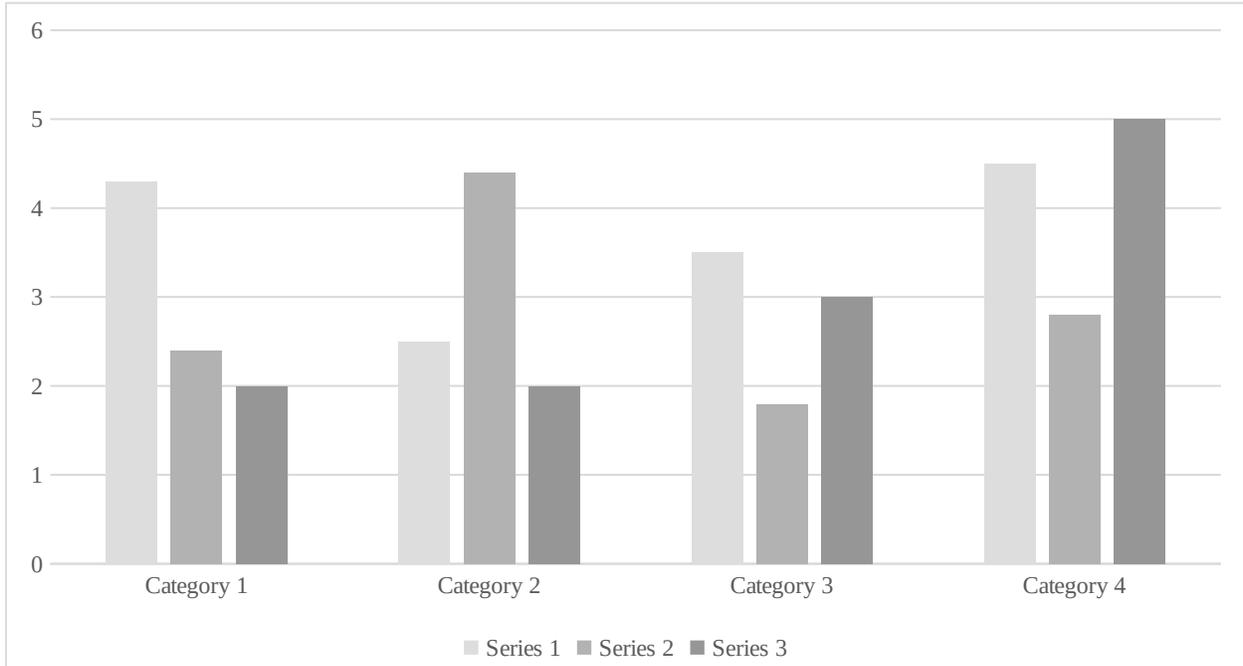
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