

Theoretical foundation of a t beck's ct and a. ellis rebt

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Introduction

This essay is going to compare and contrast the theoretical foundations of A. T. Beck's Cognitive therapy (CT) and A. Ellis's Rational Emotional Behavioral Therapy (REBT). The first is going to bring out and emphasize on the similarities, the second paragraphs is going to focus on the differences in their theories that makes them pioneers in their own field, Paragraph four is going to talk and argue the strength and limitations of CT and paragraph five will argue the strength and weaknesses of REBT theories and the sixth paragraph will summarize the essay as a whole.

Both theories (CT and REBT) share some common characteristics. They both believe in cognition which stresses on our thoughts and beliefs, emphasising on how our feelings are not caused directly by a situation or event, but by the meaning we attach to the situation. They both focus on treatment planning and case conceptualization, CT is formulation driven and REBT disputes irrational beliefs. Both theories believe that peoples thoughts, beliefs and interpretations about themselves is the notion they will have in their life event (Westbrook D. et al 2007, p. 3), i. e. what we think and do affect how we feel. Becks CT and Ellis's REBT both deals more on here and now than the past, for they prefer to tackle problems directly by focusing on those factors that are presently accommodating the problem and then changing the whole process (Westbrook D. et al , 2007, p. 5.), rather than digging into the past that has no significant effect on the present issue. They are both goal focussed, REBT is aimed at re-educating client so their lifephilosophy is rational. While CT focuses on how thinking and behaviour

play an important role in people's emotional difficulties. The theories both have structured agendas and set homework (Westbrook et al) and (Collins, need to know). Despite all this similarities, their base (origin) is different, which has brought some differences in their theories.

The most important difference between A T Becks CT and A Ellis's REBT is that CT is empirically based (science) psychotherapy. It believes that it is not a particular situation or event that directly causes problems, but the meaning we attach to the situation, while REBT is philosophically based (Padesky C A 2005) which focuses on negative thoughts. This difference in them has brought about division in the initial therapies that were formally in existence.

Becks therapy centres on automatic thoughts and how dysfunctional a belief can be by teaching clients the skills that will enable them to caution their belief (Padesky & Beck, 2003, p. 215). Beck uses Socratic methods and collaborative (guided discovery) to help client ascertain and test their own belief by experiment and personal observation, While Ellis based his theory on Irrationality focusing on negative thoughts and helps client to separate functional from dysfunctional thoughts (Padesky & Beck, 2003, p. 218). Ellis uses ABC model (A= activating event /what you are aware of, B= belief/ negative thought about the situation and C= consequences/emotional reaction), which indicates that an events or situation you are aware of, triggers to set off a negative belief about a situation and leads to consequence (emotional reaction). REBT approach stressed actively working to change a client's self-defeating beliefs and behaviour by demonstrating

their irrationality, self-defeatism and rigidity. Ellis believed that through rational analysis and cognitive reconstruction, people could understand their self-defeatingness in light of their core irrational beliefs and then develop more rational constructs. Ellis uses varieties of methods which seem to be more effective to change underlying assumptions ("shoulds and musts") by directly going against what he calls Irrational Beliefs (Padesky & Beck, 2003, p. 217) by engaging in row with the client.

Beck has been consistent with scientific (empirical) findings regarding particular problems and focusing on thought consistency. Ellis's REBT theory leads to more empirical investigation in individual clients than CT theory probably does.

CT has different models for specific problems and disorders such as Depression (Beck et al, 1979), Social Anxiety (Clark and Wells, 1995) and Low self-esteem (Fennel, 1998). It focuses on whatever levels of thought are needed to alleviate the problem, while REBT challenges factual statements and inferences more than should.

Having looked at the similarities and differences between CT and REBT, it will be ideal to also look at their individual strengths and limitations. CT has become the most popular and most validated form of CBT. It is widely known and largely in use worldwide and it has in the recent decade spread more rapidly than REBT (Padesky & Beck, 2003, p.211) due to lack of extensive research on REBT. Beck's CT has scientifically certified treatment and made diagnosis on so many problems including Anxiety and Depression which are very

common problems that require counselling. CT is ethical and evidence based, in the sense that it builds confidence in the end users on how effective the treatment they are going to get is going to be (Westbrook et al, 2007, p6). CT is collaborative by discouraging dependence on counsellors by allowing clients to be experts on their own problems while the therapist, guide the client to re-discover themselves by working as a team with each party standing as an expert in its own field. But with REBT, the therapist is an expert all the way in the client's problem.

Ellis's REBT also has some strengths and limitations attached to it. REBT emphasizes basic understanding of thinking processes and learned skills to reduce relapse more, probably, than does CT (Padesky & Beck, 2003, p. 216). REBT stresses the direct disputation of beliefs, especially when irrational beliefs are shown to client and disputed by the therapist, clients are shown other cognitive, experiential, and behavioural way of discovering and disputing them. REBT shows the client that "must & should" is likely lying behind their word when the client belief cannot be formulated in their own words (Padesky & Beck, 2003, p. 16). But REBT falls in the danger of imposing its own philosophy on client, it doesn't emphasize emotions much and focuses too much on thought and also fails to explain why one clings on to their beliefs.

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