Cognitive Therapy and
Case Conceptualization of William J. Murray

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Abstract

This paper examines the life of William J. Murray, son of outspoken atheist Madalyn Murray O'Hair, who was successful in removing prayer from public schools. The author's focus on cognitive psychotherapy paints this autobiographical sketch into a meaningful analysis of a child reared with oppressive beliefs and a domineering mother. First, the concepts of cognitive therapy are reviewed. The methodology is presented in a step by step approach, moving from the conceptual model to the treatment plan, covering the assessment, working conceptualization, and interventions. Then, to illustrate the application of the theory, a hypothesis regarding Mr. Murray's life is presented, touching on a problem list, treatment strategies and techniques.

I   Introduction

This paper discusses the concepts and working model of cognitive therapy.   This method of psychotherapy was chosen as the basis of this paper because of its increasing importance over the last two decades. Seligman (1992) called this "the golden age of cognitive therapy". Dattilio and Freeman (1992) said that one of the most influential therapies among practitioners is cognitive therapy and that it has made a tremendous impact on the field. It behooves any serious student of counseling theory to gain a deeper understanding of this powerful type of therapy. Additionally, the author is drawn to this type of therapy due to its use of structure and systematic problem solving methods.

After discussing the theory of cognitive therapy, the life of William J. Murray is examined. Mr. Murray was chosen as the subject for this case study because of his discordant family life and chaotic upbringing, which provide ample material for case development.

II   Cognitive Therapy

Concepts and Assumptions

The basic premise of Cognitive Therapy is that cognitions affect feelings and behavior and that cognitions may be altered, thus changing feelings and behavior. Cognitions are comprised of automatic thoughts, and include "… perceptions, memories, expectations, standards, images, attributions, plans, goals, and tacit beliefs" (Freeman, Reinecke, 1995, p. 188).

Contemporary cognitive therapy is based upon the cognitive-constructivist model. This model states that while the mind processes input to produce output, it does not merely collect the

input but rather also produces the input to a large extent (Guidano, 1988). The individual actively creates his personal reality. As Mahoney (1988, p. 369) put it, "…constructivists … portray the brain as an active sculptor of experience, proactively projecting its expectations onto each next millimoment of development".

Based upon the research which Aaron Beck did in the 1960's, cognitive therapy presents a model associating three factors with psychological disorders (Freeman, Reinecke, 1995). These factors are

1)   *Cognitive triad*

The thoughts of emotional disorders can be categorized into three domains, which describe thoughts related to: the client, his world, and the future. By examining the client's thoughts in regard to this triad, areas of concern that are key to the emotional distress may be identified and assessed (DeRubeis, Beck, 1988).

2)   *Schema*

These are defined as "cognitive structures that organize and process incoming information" and "represent the thought patterns acquired early in an individual's development" (Dobson, Block, 1988, p.17). They are built by personal, cultural, familial, religious, gender and age related factors. "These schema are believed to represent the core of the cognitive disturbance and can be called 'core beliefs' " (DeRubeis, Beck, 1988, p. 275).

During therapy, schema are identified and examined so that the patient can recognize situations in which these core beliefs manifest and, in doing so, may employ alternatives. By continually challenging a belief, the patient learns to substitute it with a new belief(s). Freeman (1993, p. 63) called this a process of "cognitive reorganization and of belated maturation".

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3)   Cognitive Distortions

An individual may distort perceptions, memories and thoughts in a number of systematic ways, which are either adaptive or maladaptive. One of the goals in therapy is to uncover these distortions so that the patient may realize their effect.

The way the individual structures these cognitions determines his emotional state, hence an emotional disorder may result from distorted cognitions. There is also a reciprocal relation between the cognitions and the affective state such that one tends to reinforce the other, magnifying the emotional state and the cognitive disorder (Dobson, Block, 1988). Examples of cognitive distortions are:

Dichotomous thinking	Personalization
Overgeneralization	Selective abstraction
Arbitrary inferences	Magnification and minimization
Labeling and mislabeling	

Therapeutic Approach

The definitive factors in cognitive therapy are the structures, focus and problem orientation of the model, which include all of the following elements (Freeman, Reinecke, 1995, p.193):

- Is structured, active, and problem oriented
- Is time limited and strategic
- Employs a collaborative therapeutic relationship
- Incorporates psychoeducational techniques
- Assists in skill acquisition
- Utilizes Socratic questioning
- Is based on constructivist models of thought and behavior
- Employs both coping and mastery models

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The relationship and rapport between the therapist and patient is extremely important as the cognitive therapy process makes liberal use of collaboration, as well as a warm, active listening approach by the therapist. Trust between the parties is essential with both parties sharing responsibility. The patient is considered the expert of his own feelings, emotions, thoughts, and meanings of events and must take an active part in the treatment. The patient is also expected to complete homework between sessions.

Sessions are structured and follow an agenda, which is determined collaboratively. A typical session might consist of the following agenda:

a)   Review the past week's events and prior session

b)   Review homework assignments

c)   Discuss current problems/skills which need work or examine dysfunctional cognitions

d)   Recap the main points of the session

e)   Establish a homework assignment

Treatment

In order to develop an effective treatment plan, there are two essential steps:

1)   *Conduct a comprehensive assessment*

Numerous techniques and instruments may be utilized for performing an assessment. They include self-report inventories, questionnaires, recording private speech, videotaping, free association, self-monitoring procedures, clinical interviews, as well as standardized assessment instruments. Reports from previous therapists or professionals may also be helpful.

Vulnerability factors must also be assessed as they may increase both stress and tendencies toward dysfunctional cognitions. Awareness of them contributes to developing a more effective treatment plan. Vulnerability factors (Freeman, 1995) include:

Illness	Health problems	Hunger	Anger
Fatigue	Loneliness	Substance abuse	Major life stress

2.   *Build a working conceptualization*

A conceptualization is the therapist's working hypothesis regarding the patient's problems. An important point that Persons (1993) made is that the therapist have a flexible attitude towards the conceptualization. As the sessions progress, it may need to be revised; one indicator of this is poor treatment outcome. The conceptualization aids in understanding the patient and guides in the choice of interventions. It helps to establish and carry out an effective treatment plan.

The starting point is a problem list, which is then prioritized and includes problems that do not appear to be psychological in nature. From the problem list, the primary focus of the therapy is selected and thus the initial treatment goals are established. The therapist must hypothesize about the underlying mechanisms that are causing the dysfunctional behavior. Once this is done, strategies and interventions are chosen to meet the treatment goals. There are many cognitive techniques which may be utilized during the course of therapy. The reader is referred to Freeman and Reinecke (1995, pp. 199-204) for a discussion of the more common techniques which apply across a wide range of problems.

III   Application of cognitive therapy to William J. Murray

Assessment

The assessment step was done based solely on William J. Murray's self-report narrative, as published in his autobiography (Murray, 1982). A summation of his story follows.

William was born in 1946 to single mother, Madalyn, and has no happy memories of his young life. He lived with his mother, grandfather, grandmother, uncle, and subsequently his younger brother, Garth; he met his father on only one occasion. From the age of six he remembers awakening in the morning to loud arguments. He describes his mother as remote, not someone he went to when he needed something or someone he talked to, and was 8 years old when he realized she really was his mother. This occurred one day when she instructed him to call her mother instead of Madalyn.

Madalyn frequently called her son stupid, and an idiot, although he received good grades and was fairly intelligent. She often said that she wished she had had an abortion than have given birth to him. Arguments in the household were frequent, with much cursing and screaming, and sometimes became ferociously violent. One memorable argument occurred when Madalyn threw a cup of fruit cocktail in her son's face and then bit his arm deep enough to draw blood. The arguments, which involved the adults of the house, were mostly about Madalyn's radical causes such as Marxism, Socialism, pro-Castroism, anti-American values, and the non-existence of God. The arguments, the antics, and the projects into which Madalyn delved caused their home to be filled with chaos.

When William was in the ninth grade, Madalyn found out that his school had a morning prayer time and then began her infamous battle to remove prayers from public schools, thrusting William in the center. During his high school years, as the courts deliberated the issue, William

often became the center of media attention. Students mocked him and treated him violently, with punches and bullying. In William's words "for years, I had wanted to escape from home but now it became a burning, driving desire that nearly possessed me" (p. 63).

As an adult, William's life was filled with instability. He married and divorced twice, had an abusive cohabitative relationship, moved frequently, changed jobs often, became alcoholic, and continued to receive criticism and verbal abuse from Madalyn whenever they were together.

At the age of 33, William converted to Christianity. He looked back at the devastation in his life and realized that his mother and he had "left a path of ruin behind us – ruined ideals, ruined lives" (p. 246).

Working Conceptualization

Problem List

1. *Alcoholism and drug use*

From the age of 18, William was a drug user. In Hawaii, while looking for a job, he recalls, "I didn't want work to interfere too much with my dope use, so I started driving a cab" (p. 153). As he grew older, he drank more and more. In reaction to moving near Madalyn in Texas, he realized he had become an alcoholic. Two years later, he was even more dependent on alcohol and writes, "each day I thirsted for a drink. I wanted to escape from the reality of who and what I was" (p. 236).

2. *Difficulties with spouse and significant others*.

William had gone through two marriages and one long-term relationship. Each of these was tumultuous. He had a strong need for a partner in his life and had said that he could not stand to be alone. Yet, with each one, the relationship had been unsteady and abusive. William slapped

them around and had been unfaithful. As he said about one of his partners, "I needed Linda, she knew how to argue with me" (p. 199).

3. *Inability to settle for long in one place.*

William's life from 18 years old on, consisted of frenetic moves across the United States (including Hawaii), Mexico, and Canada. He left and returned to some cities more than once. Some of the moves as a young adult (age 18-19) were due to Madalyn's moving the family.

When William broke from following Madalyn, he began his own odyssey: New York, Hawaii, San Francisco, Austin, Canada, Boston, Texas, Denver, Texas, Arizona, etc. Most of these moves were spontaneous, not planned or prepared. Three times he moved to Texas, where Madalyn now resided, and each time the results were disastrous. As William says, "…the foul, hate-filled environment we shared would help me refine my own vices" (p. 211).

At age 26, he had three goals in his life, one of which was "to go far enough away from Madalyn Murray O'Hair that no one could link me to her. This goal, too, seemed unreachable" (p. 199).

4. *Inability to hold jobs.*

William had numerous jobs (at least 15) and failed business ventures (at least 5) interspersed with lengthy bouts of unemployment, plus 2 years in the army. Some, but not all, of the job changes were tied to his impulsive relocations. Other reasons to leave were to get better pay or as the result of arguments with fellow employees or the boss. Several job changes were because a story would run in the local paper about 'the atheist's son' and William would sense coolness and pressure from fellow employees and then quit. When in the army, he was grilled by supervisors regarding Madalyn's anti-American beliefs and once broke down in tears, "I just don't want to be punished for my mother anymore" (p. 190).

Madalyn continued to berate him regarding business decisions and would make venemous comments to emphasize his failed attempts.

4. *Ineffectual relationship with first daughter Robin.*

William longed to have a relationship with his daughter Robin, but appeared unable to commit himself to her. When she was 1 year old, William obtained custody of her, but within a year, he asked Madalyn to care for her because of his financial difficulties. He recalls his guilty conscience, "you are letting what happened to you happen to Robin" (p. 170).

Assessment of vulnerability factors

Both the alcohol abuse and lack of love and support from Madalyn, lower William's ability to cope in a effective manner with life stress situations. There is an enormous amount of rage toward Madalyn and the media for the lifelong title of 'son of the atheist'.

Automatic thoughts:

I am fundamentally defective. I am a failure.

People dislike me for who I am. Others will not support me.

People will be angry and hurt me if they find out about my mother.

I need to escape where no one can discover who I really am.

Schema:

Self: I am worthless.

World: The world is critical and attacking.

Future: No one will nurture and protect me. I must keep running.

Cognitive distortions:

Mind reading: They will disapprove of me because of who my mother is.

Overgeneralization: Drinking is the only way to escape from my situation.
Everyone disapproves of me when they find out about my mother.

Selective abstraction: My mother's beliefs are working against me, it doesn't matter that
I have good qualities of my own.

Dichotomous thinking: They are either for me or against me.

Treatment strategies

1) The initial goal is to establish trust and rapport within the therapist-client relationship. Since

the therapeutic approach is collaborative, the therapist will be the role model for nurturance

and empathy, which will be very supportive throughout the therapy.

2) Address the alcohol abuse. William had periodically given up drinking, but returned to it. To

be successful in therapy, he needs the clarity of a drug-free mind.

3) Educate William about the nature of schema and help him to develop a shared understanding

of his problems and core beliefs.

4) Address the core schema.

a)   Address the emotional deprivation and lack of nurturance and protection. The

therapist will demonstrate genuine warmth, but William must learn to give and

receive these from others also.

b)   Modify cognitive distortions concerning the fear that all people will turn against

him and the anticipation of rejection and criticism. Help William to develop

skills to cope with the situations in which people do not agree with Madalyn's

beliefs.

c)   Guide William in developing a sense of self-worth.

d)   Help William to modify his expectations concerning failure.

Techniques

1)   Alcohol rehabilitation.

Instruct William to attend an alcohol rehabilitation program.

2)   Bibliotherapy.

Give William reading assignments that will educate him regarding the cognitive model

and provide support and alternative ways of thinking.

3)   Rational responding.

Have William keep a Daily Record of Dysfunctional Thoughts. After the thought have

been identified, conduct a systematic examination, challenging the validity of the beliefs.

Develop alternative beliefs and identify behavioral changes.

2)   Explore schema of rejection and lack of support. Use the downward arrow technique and

Socratic questioning to uncover underlying assumptions.

3)   Reattribution.

Help William to realize that his actions, and not just Madalyn's, affect his relationships

and successes in life.

4)   Examining options.

Work with William to generate alternatives when faced with life situations. Assist him to

develop and evaluate options in place of the 'flight' syndrome.

5)   Build relationship skills.

Introduce behavioral techniques that will develop his communication skills within a

relationship.

6)   Advantages and disadvantages.

To help steer away from dichotomous thinking, instruct William to list pros and cons of a situation in order to balance the perspective.

7) Cognitive rehearsal and behavioral rehearsal.

With the first technique, have William visualize someone confronting him regarding Madalyn's beliefs and then have him visualize himself responding in a manner to produce the desired results. In the second technique, the therapist and William will practice the actual behavior so that he can develop and reinforce his skill.

8) Homework.

Give self-help assignments each session tailored to specific issues and which support the therapy sessions.

Conclusion

The aspects of this case, which are not well addressed by Cognitive Therapy, are the issues of self-worth and the incongruence between thoughts and actions. For example, William longed to be with his daughter Robin, but never tried to regain custody. He regretted the separation, but did not take steps to change it. Cognitive therapy will help in the building skills and modifying cognitions, but William also needs to do some deep inner work.

I would also use Person-Centered therapy with William. This therapy will work on issues of incongruence, so that he learns to listen to all of his inner voices. Also, Person-Centered therapy "is more a process of creation than of repair" (Bohart, 1995, p.110). His traumatic experiences will be worked through so that he may relate to them in new ways and gain a sense of strength from them.

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