CHAPTER – II

THEORETICAL PERSPECTIVES OF RATIONAL EMOTIVE BEHAVIOUR THERAPY
Chapter two deals with the basic issues underlying Rational Emotive Behaviour Therapy (REBT) as a counselling approach. Different concepts, goals, therapeutic strategies and recent elaborations of REBT have been described in this chapter along with the emphasis on the theory of personality. It also highlights its efficiency of handling various adjustment and attitudinal problems of young adults.

2.1 Distinct Features of REBT
2.2 Goals of REBT
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The originator of Rational Emotive Behaviour Therapy is Dr. Albert Ellis, a psychologist, initiated this separate therapeutic system in 1955. REBT advocates a humanistic, educative model of treatment as opposed to a medical model and "consists of a theory of personality, a system of philosophy and or technique of psychological treatment" (Ellis, 1971). Albert Ellis Institute (2001) defines REBT in the following manner:

'REBT is a practical, action-oriented approach to coping with problems and enhancing personal growth. REBT places a good deal of its focus on the present: on
currently-held attitudes, painful emotions and maladaptive behaviours that can sabotage a fuller experience of a life. REBT also provides people with an individualised set of proven techniques for helping them to solve problems. REBT practitioners work closely with people, seeking to help uncover their individual set of beliefs (attitudes, expectations and personal rules) that frequently lead to emotional distress. REBT then provides a variety of methods to help people reformulate their dysfunctional beliefs into more sensible, realistic and helpful ones by employing the powerful REBT technique called ‘disputing’. Ultimately, REBT helps people to develop a philosophy and approach to living that can increase their effectiveness and happiness at work, in living successfully with others, in parenting and educational settings, in making our community and environment healthier, and in enhancing their own health and personal welfare.’

REBT owes its philosophical origins to Stoicism, accepting the basic tenet of the philosopher Epictetus that ‘Men are disturbed not by things but by the view which they take of them’. Following the views of several early philosophers, especially Buddha, Confucius, Epicurus, Seneca, Epictetus and Marcus Aurelius, REBT holds that people are largely responsible for their emotional disturbances and that they overly and tacitly, consciously and unconsciously ‘choose’ to disturb themselves. Consequently, they can consciously and actively, for the most part, choose to ‘undisturb’ and to fulfill themselves (Ellis, 1957b, 1962, 1991e; Ellis & Dryden, 1987, 1990, 1991). One of the fundamental tenets of REBT is that human problems stem not from external events or situations but from people’s views or beliefs about them. REBT therapy involves teaching clients to replace their problematic thinking and behaviour with vitally absorbing interests aimed at long-range fulfillment rather than short-range hedonism.

Ellis has described REBT as ‘close’ to modern neoanalytic schools, ‘overlapping significantly with Adlerian theory’, ‘having much common with parts of the Jungian therapeutic outlook’, ‘being in close agreement with client-centered therapy in unconditional positive regard’, being in many respects an existentialist and as having much in common with conditioning learning therapy or behaviour modification (Ellis, 1973c).
2.1 Distinct Features of REBT

(a) **Holistic Approach:** Ellis (Ellis & Harper, 1975) stated that humans have four basic processes necessary for survival and happiness: perceiving or sensing; feeling or emoting; moving or acting and reasoning or thinking. He suggested that these processes are interrelated and human beings rarely experience any one of them in isolation. Thus, human beings function holistically perceiving, moving, thinking and emoting simultaneously.

(b) **Humanism and Existentialism:** REBT asserts (Ellis, 1973b) that people have a great many more choices than they tend to recognize and that most of their conditioning consists of self conditioning. Ellis also asserted that “REBT is one of the most humanistically oriented of all therapies” in that it emphasizes that humans can fully accept themselves just because they are alive or just because they exist and they do not have to prove their worth in any way. Thus, humans can create their own meaningful purposes and therefore they need neither “magic nor gods on whom they should rely.” Ellis contended that this humanistic existentialist approach to life is as much a part of REBT as its rational, logical and scientific methodology.

(c) **Scientific Method:** REBT may be viewed (Ellis & Abrahms, 1978) as scientific in two ways. First, it strongly advocates the use of controlled experiments to test its efficacy. Second, clients are taught to test their theories about themselves and others and to question their own ideas, retaining those that have beneficial results and discarding those that have self-defeating consequences.

(d) **Semantic Approach:** Ellis (Ellis & Harper, 1975) has described REBT as a form of semantic therapy because individuals tell themselves both “sane” and “insane” things and because these beliefs take the form of internalized sentences or “self-talk”, one of the most powerful and elegant modalities for change consists of understanding, disputing and acting against these internal
verbalizations. Ellis (1962, 1973b, 1985, 1989a, 1989b) has always credited general semantic theory and the work of Korzybski (1933) as providing some of the philosophical foundations for REBT.

(e) **Self-acceptance**: REBT contends that self-esteem and self-confidence are built on a person’s accomplishment, so that when an individual performs well, the result is increased self-esteem. However, if someone derives a sense of self-esteem from good performance, then that person suffers a loss of self-esteem with failure. Thus, even if the individual manages to fail rarely, there is always the possibility of future failure and along with it a decrease in self-esteem. Ellis (Ellis, 1971; Ellis & Abrahms, 1978) endorsed the concept of “unconditional self-acceptance” which means that “one accepts oneself - one’s existence, one’s aliveness, without any requirements or conditions whatever”.

Further, REBT states that it is nonsensical to give humans global ratings since they are complex and ever changing organisms who defy such ratings. As an alternative, REBT therapists urge clients to accept themselves as fallible human beings and also encourage them to rate their traits, aspects and behaviour but not their selves.

(f) **Distinction between Healthy and Unhealthy Emotions**: REBT states that irrational beliefs will tend to lead an individual to experience unhealthy emotional responses when faced with negative life events. Rational beliefs on the other hand, will usually lead an individual to experience healthy (although still negative) emotional responses to these same events. REBT counsellors do not encourage their clients to change their healthy negative emotions, as these are regarded healthy reactions to negative events.

(g) **Insights**: The following three kinds of insights are critical to REBT and collectively or individually, may need to be discovered by clients before progress can occur.
**Insight one:** Self defeating or disturbed consequences have definite antecedent causes not in the past events, but rather in the present. The cause of the disturbed behaviour lies in the person’s present belief system and in the activating experience about which he or she has a certain belief.

**Insight two:** No matter how we originally become disturbed, we become upset today because we are still indoctrinating ourselves with the same kinds of irrational beliefs that we laboured under in the past.

**Insight three:** Even if we achieve insights one and two, we do not automatically change. Only if we constantly work and practice to think, feel and act against these irrational beliefs, we can make ourselves less disturbed.

### 2.2 Goals of REBT

The major goal of REBT is “minimizing the client’s self-defeating outlook and acquiring a more realistic, tolerant philosophy of life”. (Ellis, 1984c). Other important therapeutic goals include reducing a tendency for blaming oneself or others for what goes wrong in life and teaching clients different ways to effectively deal with future difficulties. Following are criteria of psychological health given by Ellis (1979c) toward which REBT therapist works with their clients and help them to achieve it. Helping the clients to fulfill the criteria of psychological health are the other specific goals toward which REBT therapist works with their clients.

**(a) Self-interest:** Without becoming completely absorbed in themselves, emotionally healthy people have the capacity to be interested in themselves.

**(b) Social interest:** Humans rarely choose a lonely existence and they have an interest in living effectively with others in a social group.

**(c) Self-direction:** Although emotionally healthy people may prefer the cooperation and support of others, they do not demand this support. They are
able to assume responsibility for their own life and they can work at solving independently most of their own problems.

(d) High frustration tolerance: Mature people are able to allow others to make mistakes or to be wrong and they do not condemn themselves for such behaviour.

(e) Flexibility: Healthy people remain flexible in their ideas and are open to change and have an unbigoted view of others.

(f) Acceptance of uncertainty: Mature individuals realize that they live in an uncertain world. Although they might enjoy a good degree of order, they do not whiningly demand this order and a false sense of certainty.

(g) Commitment to creative pursuits: Healthy individuals have the capacity to become vitally absorbed in something outside themselves.

(h) Scientific thinking: Mature people can feel deep and act concertedly. However, they can also regulate their emotions and actions by reflecting on them and their consequences.

(i) Self-acceptance: Healthy people accept themselves because they are alive and they avoid measuring their basic worth by their external achievements or the evaluations of others.

(j) Risk taking: Emotionally healthy people tend to be adventurous though not foolhardy.

(k) Non-utopianism: Mature and emotionally healthy people accept the fact that they will never achieve a utopian existence. They realize that they will never get everything they want, nor will they completely avoid everything they do not want.

(l) Long range hedonism: It is the philosophy of seeking of pleasure not only for today but also for tomorrow.
Self responsibility for own emotional disturbance: Healthy people accept the responsibility of their emotional disturbance and not blame others or situation for it.

2.3 Theory of Personality

REBT proposes that humans teach themselves irrational beliefs and are biologically prone to do so, as characterized by such attributes as inertia, negativism, habituation, moodiness, comfort striving and excitement seeking, all of which interfere with productive thinking and planning and result in errors of judgment and self defeating behaviour (Dryden, 1984 ; Ellis, 1991b). Ellis (1976a) offers the following points to substantiate this controversial view:

- Virtually all humans show evidence of major irrationalities.
- No social or cultural group is devoid of irrational behaviour.
- Many irrationalities run counter to teaching by significant others and society at large.
- Irrationality is not exclusive to the stupid or retarded; bright and gifted humans can act irrationally.
- Those who may oppose irrational activity and be most aware of it may also fall prey to it.
- People often adopt new irrationalities after giving up old ones or go back to old irrational activity after working hard to overcome it.

As a theory of personality, REBT takes two forms. In its inelegant or non preferential form, it employs for theoretical and practical reasons, a large variety of cognitive, affective and behavioural methods of personality changes. It is called inelegant as it brings about more limited and situationally specific changes. It helps the client even if he/she is not able to achieve philosophical changes. In its elegant or preferential form, REBT emphasizes on profound philosophical changes and persistent work to strong preferences instead of grandiose demands.

As an active-directive psychotherapy REBT makes extensive use of Socratic dialogue and cognitive restructuring. The REBT views emotional disturbances as
Ellis theorizes that emotions and self-evaluative thoughts are virtually one and the same thing. Arnold (1968) in support of Ellis, characterizes an emotion as a felt tendency toward an object (behavioural-motoric component) judged suitable or unsuitable (cognitive component), reinforced by specific bodily changes according to the type of affect (physiological-bodily component). Moreover, the Ellis-Arnold views are consistent with social psychological definitions of attitude. Attitude also is considered a tendency to evaluate an object or symbol in a certain way (Katz & Statland, 1959), with an affective as well as pre-dispositional response or behavioural component (Loft, 1973). Moreover, a person’s belief or value system viewed as a higher-order organization of various attitudes is designed to enhance self-regard (Rokeach, 1968). REBT hypothesizes that a person committed to a rational-beliefs system is more likely to accept himself unconditionally than a person who holds a distorted or irrational-beliefs system.

The REBT counsellors confront forcefully, vigorously and authoritatively their client’s self-defeating thoughts, emotions and behavioural or irrational attitudes. They then proceed to assist their client in the cognitive reconstruction of distorted ideas, thoughts, beliefs and philosophies to go to the root of his or her emotional disturbance. Ultimately, they facilitate the client’s self-directed cognitive and behavioural activity or rational self-management. Phased out in stages, the client proceeds to develop awareness of his/her self-defeating thoughts, irrational thinking or attitudes, explores his/her irrational ideas and finally commits himself/herself to the development of skills for rational self-management (Tosi, 1974).
2.4 ABCDE Model of REBT Theory

Albert Ellis (1962) presented, not only a system of psychotherapy but also a theory of development of psychopathology. Central to his conception is the notion that thought must inevitably precede and accompany emotion and that irrational "self-talk" maintains negative and self-defeating emotions. These ideas have been summarized into the ABC theory of emotional disturbances, where A is the objective situation or stimulus configuration. B is the cortical evaluation of the stimulus and C is the emotional response. Point B is often loaded with culturally or parentally induced irrational and fallacious ideas; their repeated usage is the direct cause of emotional disturbance. 'D' leads to disputation of irrational beliefs. 'E' is the effect of disputation which gives the person or an insight of the philosophy of life.

'A' (the activating event) does not cause 'C' (consequence). Instead 'B' which is the person's belief about 'A' largely causes 'C', the emotional reaction. Thus, human beings are largely responsible for creating their own emotional reactions and disturbances. Showing people how they can change the irrational beliefs that directly cause their disturbed emotional consequences is the heart of REBT (Ellis, 1979d).

After the A-B-C comes 'D' disputing. Essentially 'D' is the application of the scientific method to help clients, challenge their irrational beliefs. After 'D' comes 'E' or the effect of disputing, that is, the relinquishing of self-destructive ideologies, the acquisition of a more rational and realistic philosophy of life and a greater acceptance of oneself, of others and of the inevitable frustrations of everyday life.

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<th>Table 2.1: ABC Theory</th>
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<td><strong>A</strong> (Activating Event)</td>
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(a) **Innovations in Model**

As REBT is always scientific in its theory and practice, it focuses on critically assessing theories and trying to learn by falsifying them rather than striving for their ‘truth’ or ‘validity’.

- **Phadake’s Contribution (1982)**

Mr. Phadake (1982), a brilliant associate of Dr. Ellis gave some special thoughts to point D, C and B as follows:

**Denotation of D**

Mr. Phadake broke down ‘D’ into three main components:

- Detection
- Debating
- Discriminating

Ellis (1977) agreed that this distinction was found to be very useful in REBT practice.

**Redefinition of C**

In the classic theory of REBT, ‘C’ is the consequences but Mr. Phadake made it more precise by renaming it ‘Choice blocking consequences’. This not only gives extra significance to the letter ‘C’ in the ABC theory but also creates a good background for demonstrating the liberating and beneficial effects of REBT.

**Enlargement of B**

In the ABC theory, the letter ‘B’ stands for the belief system. Mr. Phadake interpreted the letter ‘B’ to mean the ‘Bedrock of bio-social forces’ in order to make it more comprehensive and to accommodate our beliefs as well as our motives.
Wessler and Wessler’s Contribution (1980)

Wessler and Wessler (1980) developed the emotional episode and partitioned the ABC paradigm into eight distinct components (Wessler, 1986). A is composed of (1) an internal or external objective stimulus, which starts the sequence. The person then becomes (2) aware of its existence and (3) defines and describes it. Then a cognitive (4) interpretation is inferred about unobservable and unknown aspects of the objective event. This inference has the potential to lead to irrational ideation because there is no factual evidence to support it.

The B component is (5) an evaluation of the objective stimulus as positive, negative or neutral. Further complicating matters, Wessler (1986) proposes that there are at least four objects of evaluation – the action, its intent, the consequences of the action, and the actor. Typically, individuals do not separate these entities and make singular, all-inclusive evaluations among them. When the belief is irrational, this singular evaluation becomes all-inclusively catastrophic.

The resulting C may be divided into (6) affective arousal and (7) overt behaviour that may or may not follow arousal. However, for the emotionally disturbed individual, negative affective arousal and negative overt behaviour are almost always guaranteed. This circular cognitive chain is completed by (8) reinforcing consequences that may influence and strengthen future episodes of the event (Wessler, 1986).

DiGiuseppe’s Contribution (1986)

DiGiuseppe (1986) amended the Wessler and Wessler model by hypothesizing a cognitive structure that organizes the cognitive processes in their model. He proposed a construct underlying perceptual, inferential and evaluative processes called personal paradigms and described them as personal theories or underlying assumptions that people construct to explain and manoeuvre their way in the world. He envisioned perceptual processes as A in the ABC
Personal paradigms represent core belief systems that are not always apparent to the individual, instead they are nonconscious, which is similar to conceptualizations of core cognitive structures proposed by other theorists (Beck & Emery, 1985; Guidano & Liotti, 1983).

- **David's Contribution (2003)**

Recently, the ABCDE model was further expanded by including concept of preconscious information processing (David, 2003). More precisely, sometimes beliefs are not consciously accessible, being represented in the implicit rather than the explicit memory system. However, this concept has not yet received a definite inclusion in the model and still debatable.

### 2.5 Irrational Beliefs

REBT maintains that virtually all humans frequently have several important irrational beliefs that interfere with healthy thoughts, emotions and behaviour and when they change these beliefs, the dysfunctional behaviour also tends to significantly change. According to Ellis (1973b) an irrational belief is related to magical, empirically unvalidatable hypotheses for which there is no factual evidence whereas a rational belief is supported by data and is appropriate to the reality that is occurring. Irrational beliefs lead to self defeating emotional and behavioural consequences and are almost always expressed as unqualified shoulds / oughts / musts / demands / commands. Ellis, has referred to these beliefs as a form of ‘musturbatory thinking’. He indicated that if people hold rigid views and beliefs about how they, others and the world should or must be under all circumstances, then they are likely to experience some form of disturbance. Beliefs that are expressed not as demands but as preferences and that are defined as rational and lead to more adaptive levels of emotionality and appropriate behaviour.

In terms of the ABC model, rational beliefs generally lead to moderate emotions that enable clients to achieve their future goals by facilitating constructive behaviour. Irrational beliefs lead to stressful emotional consequences and behavioural reactions which make it quite difficult for the individual to improve the situation.
Table 2.2: Criteria for Rational Thinking

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<tr>
<td>1.</td>
<td>Rational thinking is based on obvious facts.</td>
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<tr>
<td>2.</td>
<td>Rational thinking best helps you protect your life and health.</td>
</tr>
<tr>
<td>3.</td>
<td>Rational thinking best helps you achieve your short-term and long-term goals.</td>
</tr>
<tr>
<td>4.</td>
<td>Rational thinking best helps avoid your most undesirable conflicts with other people.</td>
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<tr>
<td>5.</td>
<td>Rational thinking best helps you feel the emotions you want to feel.</td>
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</table>

Belief system consists of two sets of beliefs – one set consists of rational beliefs (rBs) and the other set of beliefs, that lead to emotional disturbance are irrational beliefs (iBs). Some of the main irrational ideas originally stated by Ellis (1962) that lead to self-defeat are as follows:

- We must have love or approval from all people, we find significant.
- We must prove to be thoroughly competent, adequate and achieving.
- When people act obnoxiously and unfairly we should blame and damn them and see them as bad, wicked or rotten.
- We have to view things as catastrophic when we are seriously frustrated or treated unfairly or are rejected.
- Emotionally misery comes from external pressures and we have little ability to control or change our feelings.
- If something seems dangerous or fearsome, we must become preoccupied with it and make ourselves anxious about it.
- It is easier to avoid facing life’s difficulties and responsibilities than to undertake more rewarding forms of self-discipline.
- One should be dependent on others and needs someone stronger than oneself on whom to rely.
- Our past remains all-important and because something once strongly influenced our life, it has to keep determining our feelings today.
- One should become quite upset over other people’s problems and disturbances.
- There is invariably a right, precise and perfect solution to human problems and that it is catastrophic if this perfect solution is not found.
(a) **Recent Additions to Irrational Beliefs**

- **Three core irrational beliefs:**

  Ellis (1962) originally listed eleven irrational beliefs that people largely use to upset themselves and modified them to twelve (Ellis, 1977) or ten (Ellis & Harper, 1975). These beliefs have been put into more than 30 tests of irrational or dysfunctional beliefs and literally hundreds of studies have shown that disturbed people do acknowledge holding many of these beliefs. However, after using REBT for a few years, Ellis and Dryden (Dryden, 1995) found that though the above eleven irrational beliefs still occupy the important place in the therapy, they could be put under three core categories and that each of these core irrational beliefs included an absolutistic, rigid should or must. These irrational beliefs are as follows:

  **Self:** I must perform absolutely well and win approval of significant others or else I am an inadequate, worthless person.

  **Other:** Other people must under all conditions and at all times be nice and fair to me or else you are a rotten horrible person.

  **World:** Under which I live must be absolutely comfortable, safe and advantageous or else the world is a rotten place. I can't stand it and life is hardly worth living.

- **Alternative Rational Beliefs**

  Alternative rational beliefs for the above mentioned three core irrational beliefs are as follows:

  **Self:** I strongly wish to be outstanding, successful, loved and approved. I specially want this from those close to me at home and at work. However, there is no reason why this has to be, as I want it to be. Not getting what I want can be disappointing. I may even fail to achieve most of the things I want to. Such failure is not the end of the world for me and I can still accept myself, believe in my worth, be happy and pursue my goals anew.
**Others:** I certainly prefer that others treat me fairly and with kindness. However, I don’t need it. I can choose to be fair even if I am not treated fairly. Even more, I do not need to see others pay for their poor behaviour towards me and I can bear it if they do not respond the way I expect them to.

**World:** I prefer to experience pleasure rather than pain but there is no reason why this has to be the case. Even if I have to bear more pain or discomfort to achieve my goals than I would like to, this is not awful, horrible or unbearable and life is still worthwhile.

### 2.6 Irrational Beliefs of Young Adults

In a new generation of young adults, the influence of irrational beliefs is much more than that of rational beliefs. It has been found that the violence reaches its optimal level during young adulthood. Many young adults grow up with violence as a fact of daily life. Failures in dating, love affairs, marriage, examinations, work-relationships lead them to suicidal tendencies or violence against others. Young adults are more likely to die from violent causes - suicide or homicide than from diseases (Fuchs, 1974). The leading causes of death among 15-24 years olds are accidents, homicide and suicide (USDHHS, 1996). The percentage of suicidal attempts during young adulthood is increasing day by day.

Recent research (Kir, 2000) says that, today Indian young adults are facing the following prevalent problems:

- Depression
- High anxiety
- Low self-esteem
- Pessimism
- Dissatisfaction
- Low tolerance level
- Anti-social tendencies
- Withdrawal symptoms.
Most of the above personality problems stem from the harmful way they think about things, which is irrational. A study conducted by Ellias (1989) reveals that considerable percentage of young girls was having personality problems. Percentages of the young girls with personality problems are shown in Table 2.3.

Table 2.3: Percentage of 5,500 High School Senior Girls (age 16 yrs. +) having Personality Problems

<table>
<thead>
<tr>
<th>PERSONALITY PROBLEMS</th>
<th>PERCENTAGES OF GIRLS</th>
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<tbody>
<tr>
<td>Losing temper</td>
<td>48.4%</td>
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<tr>
<td>Unable to talk to people</td>
<td>41.7%</td>
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<tr>
<td>Having an inferiority complex</td>
<td>37.5%</td>
</tr>
<tr>
<td>Low self-confidence</td>
<td>29.1%</td>
</tr>
<tr>
<td>Worrying too much</td>
<td>28.8%</td>
</tr>
<tr>
<td>Do not have many friends</td>
<td>23.9%</td>
</tr>
<tr>
<td>Being too nervous</td>
<td>21.3%</td>
</tr>
<tr>
<td>Being uncomfortable at parties</td>
<td>19.5%</td>
</tr>
<tr>
<td>Sometimes think of suicide</td>
<td>11.2%</td>
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According to one research, about 5% of young people suffer from depressive symptoms such as persistent sadness, falling academic performance and a lack of interest in previously enjoyable tasks (Fritz, 1995). Research has also found a correlation between major depression in adolescence and the likelihood of depression in young adulthood (Rao, 1999). Serious social-adjustment problems plagued these individuals as they moved into adulthood. The most commonly reported psychosomatic symptoms are headaches, digestive problems, sleep disturbances, muscle aches or muscle tensions and fatigue. The most common psychological symptoms in this age group are nervousness, anxiety, tenseness, anger, irritability and depression (Lamarine, 1995).

There has been research conducted to verify the fact that adherence to irrational beliefs is a precursor of emotional stress. In a series of studies reported by MacDonald and Games (1972), the relationship between endorsement of Ellis's eleven irrational beliefs and adjustments among college students was investigated. Scores for total irrationality correlated significantly and negatively with ten of eighteen California Psychological Inventory Subscales and negatively with neuroticism and anxiety as measured by the Eysenck and Taylor's instrument.
2.7 Application of REBT to Young Adults

Rational emotive behaviour therapist (Ellis & Harper, 1975) believe that people have the power to change their self-defeating habits, but such change requires actively working at modifying thoughts, behaviours and feelings. The three main barriers to effective thinking and emoting are: (1) lack of intelligence, (2) lack of knowledge about how to think intelligently and (3) inability because of neurotic behaviour to put intelligence and knowledge to good use.

(a) Dysfunctional Attitudes Among Youth

REBT deals with dysfunctional attitudes, which lead to low adjustment and common among youngsters are as follows:

- **Musturbation:**
  REBT's most important premise about irrational thoughts springs from unconditional shoulds, oughts and musts, people say to themselves about events. These explicitly commanding and demanding words generate, what Ellis calls, 'musturbation’. It occurs when one moves from preferences, desires, and wishes about what is happening to absolutes and a necessity about what is happening. Most of the young adults use following musturbatory distortions:

  **Awfulizing:** Since I must absolutely succeed at work, and I have not succeeded as I should, it is awful, it is terrible, it is horrible!

  **I can not stand it:** Because you must completely approve of and respect me, and you have now treated me shabbily as you ought not, I can not bear it I can not tolerate it, and I might as well die.

  **Damnation:** Since I should have absolutely acted nicely to you and I did not do as well as I ought to do, I am a damnable, rotten person who deserves no joy on earth and perhaps should be damned for eternity!

  **All-or none-thinking:** If I fail at any important task, as I must not, I am a total failure and completely unlovable!
**Jumping to conclusions and negative non-sequiturs:** Since they have seen me fail dismally, as I should not have done, they will view me as an incompetent worm! And they are right!

**Fortune telling:** Because they are laughing at what I did, I know that they are putting me down. They know that I should have succeeded and they will despise me forever!

**Focusing on the negative:** Because I can not stand things going wrong as they must not, I can not see any good that is happening in my life.

**Disqualifying the positive:** When they compliment me on the good things I have done, they are only being kind to me and are forgetting the foolish things that I should not have done.

**Allness and neverness:** Because conditions of living ought to be good and actually are so bad and so intolerable, they will always be this way and I will never have any happiness!

**Minimization:** My good shots in this game were lucky and unimportant. But my bad shots, which I should never have made, were as bad as could be and were totally unforgivable.

**Emotional reasoning:** Because I performed so poorly, as I should not have done, I feel like a total nincompoop, and my strong feeling really proves that I am no damned good!

**Labeling and overgeneralizing:** Because I must not fail at important work but have done so, I am a complete loser and failure.

**Personalizing:** Since I am acting far worse than I should act and since I see they are laughing, I am sure they are laughing only at me; and that is terrible! It shows that I am really no good!

**Phoneyism:** When I don’t do as well as I ought to do and they still praise and accept me, I am a real ‘phony’ and will soon fall on my face and show them how despicable I am!
**Perfectionism:** I realize that I did fairly well, but I should have absolutely done much better on a task like this, and I am therefore really an incompetent person!

Dryden (1995) comments that we often construct these musturbatory beliefs in early childhood when we tend to think badly, rigidly and crookedly. Then we may carry them on, in spite of evidence that they are not valid and do not work for ever. But we may also easily construct many of them during adolescence and adulthood and conversely can also change or surrender them as we get older and wiser.

Moreover, REBT states that emotionally disturbed people will typically experience both primary and secondary symptoms. When people do construct these musturbatory beliefs and act, they frequently create secondary disturbances or disturbances about their disturbances. Thus, they make themselves anxious about their anxiety, depressed about their depression or self-hating about their anger at others (Dryden, 1990a, 1990b; Ellis, 1962, 1971, 1991a, 1991e; Ellis & Dryden, 1987, 1990, 1991).

So, REBT investigates both primary and secondary disturbances and if they exist, helps clients uproot these disturbances (Ellis, 1980a).

- **Cold, Warm and Hot Cognitions:**
  Cold cognitions are unemotional description of facts. For example, ‘this is a deadly gun’. Warm cognitions are evaluations of facts and emphasize preferences and non-preferences rather than necessities and absolutes. For example, ‘I dislike this deadly gun’. Hot cognitions are forceful evaluations of the fact and constitutes a demand rather than a desire. For example, I think this gun has to be immediately destroyed, along with all other guns like it. So hot cognitions are heavily laden emotional demand statements that usually lead to dysfunctional behaviour such as anxiety or depression (Ellis, 1984). Hot cognitions may take a variety of forms – over-generalizing, catastrophizing, magnification, non-sequiturs, personalizing, labeling and all-or-none
thinking. These are all unrealistic statements because no empirical evidence exists to substantiate them (Ellis, 1984). It is these hot-cognitions with which, REBT is mainly concerned.

**Disturbances:**
There are two types of disturbances, namely ego and discomfort disturbance. Ego disturbance is a dramatic, powerful feeling that is accompanied by feelings of guilt and inadequacy in regard to a person’s ability to perform. Thus, the person’s personal worth is threatened (Ellis, 1991b). For example, people damn themselves for not achieving success and winning other’s approval. Discomfort disturbance is emotional tension that occurs when one’s comfort is threatened (Ellis, 1986a).

While practicing REBT, Ellis realized that almost all his clients often tended to dysfunctionally denigrate their self and not merely their poor performances. They also had discomfort disturbance when they destructively demanded that other people and external conditions must act absolutely and be exactly the way they preferred them to act. Ellis has noted in his writing (Ellis, 1988a) that ego and discomfort disturbance often co-exist and significantly interact to cause severe psychological problems.

**Low Frustration Tolerance (LFT):**
Dryden (1995) commented that low frustration tolerance and discomfort disturbance are one and the same concepts. Special focus is needed for this concept while discussing adjustment problems of the young adults. The concept of low frustration tolerance is central to understanding a variety of emotional disturbances which are prevalent among young adults. The ability to tolerate discomfort is a primary criterion of good mental health (Dryden, 1984). Low frustration tolerance is a predictable consequence of a person holding on to one or more of the following dysfunctional attitudes in the face of difficult circumstances (Ellis, 1976b).

(i) The world has to be arranged, so that I do what I want, when I want, without hassle.
(ii) It is a horrible to be presented with such difficult circumstances and this must stop immediately.

(iii) I can't stand it when things go wrong.

Therefore, such people avoid short term discomfort that may result in long-term benefit and opt for comfortable discomfort in the present and probably in the future (Ellis, 1979b).

(b) Application of REBT to Young College Women

In the present research, REBT counselling approach was chosen for the counselling of young college women due to it's efficiency in managing their emotional problems. While applying it to young women, one of its beneficial aspect is its simplicity. REBT seems to be a model which takes into consideration, developmental levels- an important ingredient when working with young adults. REBT in some respect, may not seem like psychotherapy from their perspective due to its direct approach, didactic style and reliance on empiricism while other models of therapy come across as mysterious and intimidating to young women. Wolfe's (1995) twenty year review of REBT women's groups provided strong evidence of its utility with women in providing powerful corrective socialization experiences and dealing with dependency, power and risk taking.

Another advantage of using REBT particularly for young women, is its absence of moral and/or judgmental perspective. For example, if a young woman commits a crime, the expectation would be 'You are a bad person'. An REBT counsellor on the other hand, would most likely say, 'You did commit a crime, yet this does not mean you are a bad person'. This approach can be very reassuring to young women who are so accustomed to being judged for what they do, rather than for what they are.

According to Boyd and Grieger (1986), 'REBT is hypothesized to exceed the effectiveness of other cognitive-behavioural treatments by virtue of promoting unconditional self-acceptance and reducing secondary problems' such as self-criticism about having problems' (p.146-161).
Thus REBT is logical, pragmatic and employs techniques which are developmentally congruent with the young college women's thinking.

2.8  **Counselling Strategies for Detecting Irrational Beliefs**

(a)  *Education:* Using examples of other clients, whose problems are similar and providing analogies that the client can understand are ways of educating clients about what may occur with them and what they may expect to happen. Clients should also clearly understand that counselling won't cure all the problems they have, but will make the burden easier to bear and will help them feel less miserable (Young, 1986b).

(b)  *Problem Exploration:* Counsellors need to hear the client completely in regard to his or her ABCs, what part environmental or circumstances play in them and how the client's values contribute to his or her beliefs systems (Young, 1986b).

Once the client outlines the presenting problem, the counsellor poses a continuous series of "Then, what?" questions. Because the client will invariably mix a few B and C statements in with A, the counsellor needs to respond to these statements by getting the client back on track with "why's that?" questions. The interrogation stops when the client's inference chain of responses is exhausted. Subsequent sessions will begin with a request for a problem or a review of homework on a problem.

(c)  *Ferreting out B:* A counsellor may identify A and C but have a great deal of difficulty, identifying B and more difficulty identifying the irrational components of B. Ellis & Grieger (1977) have made some helpful suggestions for detecting irrational thoughts:

- Look for "awfulizing" and ask the person "what is awful about this situation?"
- Look for beliefs such as "I can not stand it!" and examine what about this situation the person believes is "unbearable".

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• Look for “musturbating” thoughts and determine what “shoulds”, oughts and/or “musts” the person is telling himself or herself about the situation.
• Look for blaming or “damning” of self or others and ask, “What does the person view as ‘damnable’ or unforgivable about this behaviour?”

2.9 Strategies for Disputing Irrational Beliefs

To dispute client’s irrational beliefs, once they have been identified, the counsellor uses 3 processes (Ellis & Grieger, 1977):

(a) Debating
(b) Discriminating
(c) Defining

(a) Debating: It involves questions such as “what evidence is there to support this belief? or ‘what makes this belief so or not so? In which way does it have truth or falseness?’

(b) Discriminating: It helps the client to distinguish clearly between wants and needs, desires and demands, rational and irrational ideas, absolute and non absolute values and behaviour and personhood (Grieger, 1986).

(c) Defining: It consists of helping clients to choose their terms more precisely. counsellor does this by reflecting the following logical principles:
  • Just because one may act in certain ways at certain times, it does not follow that one will always act in this way.
  • Just because one feels a certain way at a given point in time, it does not follow that one will feel that way forever.
  • Just because one has behaved in a certain way over a period of time, it does not follow that one is a failure (or any other descriptive term that attempts to define one’s being or essence). The concept of being implies that one behaves in the same way all the time and under all conditions- both new and in the future (Ellis & Grieger, 1977).
Different kind of cognitive, emotive and behavioural techniques used by REBT counsellor, are shown in Tables 2.4, 2.5 and 2.6 respectively.

Table 2.4: List of Cognitive Techniques Used by REBT Therapist

- Disputing irrational beliefs.
- Coping rational self-statement.
- Teaching logical and semantic precision.
- Cognitive homework.
- Reframing.
- Referenting seeing the “Good” in the “Bad”.
- Bibliotherapy.
- Audiocassettes.
- Cognitive distraction

Table 2.5: List of Emotive Techniques Used by REBT Therapist

- Unconditional acceptance
- Humour
- Self-disclosure
- Shame-attacking exercises
- Role play
- Risk-taking exercises
- Rational-emotive imagery
- Forceful coping statements
- Stories, parables, mottoes, poems, witticism and aphorisms

Table 2.6: List of Behavioural Techniques Used by REBT Therapist

- Homework assignment
- Implosive desensitization
- Rewards and penalties
- Stay-in-there activities
- Fixed role therapy
- Relaxation and other forms of physical distraction
- Anti-procrastination exercises
- Response prevention
- Skill training as assertiveness, sex techniques, parental, social skills and others.
2.10 Relationship between REBT and Other Cognitive Therapies

In the 1950’s and the early 1960’s REBT and behaviour therapy had little in common, except that Ellis employed behavioural techniques as a part of his eclectic repertoire. REBT stresses cognitive, emotive and behavioural techniques and encourages counsellors to present these techniques in an active and directive manner (Ellis, 1984b).

The basic assumption of cognitive approach is that people contribute to their own psychological problems, as well as specific symptoms, by the way they interpret events and situations in their life. Cognitive-behavioural therapy is based on the assumption that a reorganization of one’s self-statements will result in a corresponding reorganization of one’s behaviour.

(a) Meichenbaum’s Cognitive Behaviour Modification

Meichenbaum (1977) states that client’s cognitions are explicit behaviours that can be modified in his or her own right, just as are overt behaviours that can be directly observed. Thus, the behavioural techniques that have been used to modify overt behaviours such as operant conditioning, modelling and behavioural rehearsal can also be applied to the more covert and subjective processes of thinking and internal dialogue.

(b) Maultsby’s Rational Behaviour Therapy

Maxic Maultsby who studied with Ellis, developed an alternative to REBT, that he calls Rational Behaviour Therapy (RBT). This is basically the same structure as Ellis’s REBT formulation except that Maultsby (1984) has developed a ‘written self-analysis technique’, so that people can see clearly what they are doing. After they write down the A-B-C’s, they ask certain questions to determine whether their thinking is rational. Maultsby is concerned with giving people the tools, they need to make a practical distinction between rational and irrational thinking and he thinks that going through this written process of rational self-analysis is a helpful tool.
(c) **Beck’s Cognitive Therapy**

Aaron Beck (1976) developed an approach, known as ‘Cognitive Therapy’, which has number of basic similarities to REBT. Beck concluded that the internal dialogue of clients plays a major role in behaviour. The ways in which individuals monitor and instruct themselves, give themselves praise or criticism, interpret events and make predictions, shed considerable light on the dynamics of emotional disorders such as depression.

There are some subtle differences between REBT and cognitive therapy. REBT is highly directive and confrontive. In contrast, Beck emphasizes more of a Socratic dialogue. He places more emphasis on helping clients discover their misconceptions for themselves and he generally applies more structure than REBT. Further, cognitive therapy relates different disorders to client’s different cognitive styles and therefore it uses different therapeutic interventions, depending on the disorder.

REBT differs from most of the cognitive behavioural therapies in,

- its distinct philosophical emphasis rather than only elimination of present symptoms.
- its existential humanistic outlook.
- its preference to long lasting and pervasive goals rather than symptomatic change.
- its use of anti-musturbatory rather than anti-empirical disputing methods.
- its advocacy of unique concepts such as discomfort anxiety, unconditional acceptance, secondary disturbance, role of biological predisposition in disturbance and distinction of healthy and unhealthy emotions.
- its use of eclectic and multimodal techniques.
- its systematic exposition of irrational beliefs.

Other forms of cognitive behaviour therapies either appear to omit the above features or favour some other features. In comparing REBT with most of the cognitive behavioral therapies, Ellis (1984a) asserted that REBT is unique in that it teaches
clients the basics of the scientific method and attempts to help them internalize this method so that they can use it to solve their own emotional and behavioural problems for the rest of their life.

2.11 Evaluation of REBT

Evaluation of REBT focuses on its strengths and weaknesses.

(a) Strengths of REBT

REBT contributes some of the valuable aspects to the counselling field which are as follows:

- REBT is comprehensive and ‘selectively eclectic’ in its therapeutic practice. It combines well with the other approaches and varies to suit counsellor’s own style and client group.
- REBT is educative and collaborative. There are no hidden agendas. All procedures are clearly explained to the client.
- REBT tends to be humanistic, anti-moralistic and scientific. It is based on research and the principles of logic and empiricism and encourages scientific rather than ‘magical’ ways of thinking.
- REBT is brief and time limited. A minimum of time is spent on acquiring background and historical information. It is task oriented and focuses on problem solving in the present.
- REBT is considered as ‘cross cultural therapy’ due to its effectiveness in people from different ages, races, cultural values and life styles.
- It offers economy of time and effort, rapid symptom reduction, effectiveness with a large percentage of different kinds of clients.
- Finally, its emphasis is on depth of solution to problems and profound as well as lasting change in the underlying belief system of the client. The client is learned to cope in the long term future.

(b) Weaknesses of REBT

Even the most successful and efficient psychotherapy has its own limitations. There is no exception for REBT. Though REBT has its critics, much of the criticism leveled against it, is either a function of critics’ ignorance of
developments in REBT since its inception in 1955 or due to misconceptions about it (Weinrach, 1991a; Young, 1979). In response, the REBT literature has often been devoted to defending itself (Dryden, 1989; Ellis, 1975a, 1979, 1981, 1987a, 1987b; Gandy, 1985; Harris, 1977; Weinrach, 1980). Although REBT is successful in validating its effectiveness in various aspects, it has few basic limitations which still remain essentially unanswered. Here are some of the weaknesses of REBT, pointed by several authors (Dryden, 1995; David, Miclea & Oprescu, 2003; Gracia, 1977; Saltzberg, 1979).

- REBT is a predominantly tough-minded therapy.
- Though REBT uses all three modes, namely, cognitive, affective and behavioural as its strategies, it gives more emphasis on cognitive and behavioural techniques. It is most often classified as a cognitive-behavioural approach to therapy due to its de-emphasis on affective techniques.
- REBT is ineffective in working with extremely disturbed or mentally impaired clients.
- Though numerous studies support REBT, they are criticized due to its inadequate designs and limited measures. So the effectiveness of REBT especially in clinical population is still questioned.
- REBT does not take into consideration basic responses or chemical disturbances which may not be cognitively penetrable and therefore would not be typically considered within the realm of REBT.

As REBT is scientific in its nature, it tries to overcome these weaknesses by continuous and vigorous evaluation of the therapy and by conducting more number of research to provide sound empirical foundation. One of the main challenges is in mapping out the complex interrelatedness among different irrationalities in order to explain the unique qualities of specific disorders. REBT scholars have been endeavouring recently to advance REBT from being an effective form of counselling based on clinical intuition toward becoming more scientific and accountable. REBT scientists are engaged in the process of making REBT assessment methods more formal, standardized and objective. This move towards science and accountability is seen most clearly in the dramatic increase in REBT outcome studies. That is the reason why REBT is receiving much of the attention in all over the world. Since its
inception in 1955, its enormous contribution to the counselling field is remarkable. Today, REBT has become one of the world's most popular forms of counselling and psychotherapy (Heesacker, Heppner & Rogers, 1982; Smith, 1982).

2.12 REBT Updated

REBT has been reformulated over the years, taking into account new insights and discoveries of Ellis and his associates into emotional disturbance, methods for facilitating cognitive, emotional and behavioural change and research studies. The chronological development of REBT briefly summarized as follows:

- Presenting of the Rational Therapy (RT) during a conference in 1955. The emphasis was laid on cognitive aspects. Later on, renamed it Rational Emotive Therapy with the inclusion of affective aspect and finally proposed the new name in 1993 as Rational Emotive Behaviour Therapy (REBT) emphasizing cognitive, affective and behavioural aspects all together.
- Publication of Ellis’s first book on REBT in 1957, titled ‘How to live with a neurotic’.
- ‘Compulsion’ as a characteristic of irrational thinking and formulation of the 11 irrational beliefs in the 1970; later on transformed into three core beliefs.
- Publication of ‘Expanding ABC of RET’ in 1985. Description of secondary disturbing symptoms (emotional problems beyond emotional disturbances).
- In 1994, updated his book ‘Reason and Emotion in Psychotherapy’ with the emphasis on humanistic aspects of REBT.
- Upto now, publication of 78 books and over 600 articles on REBT, sex and marriage. In 2005, Dr. Ellis’s 78th book ‘The Myth of Self Esteem’ was published and his final work on personality theory will be published in early 2008.
- Unfortunately, recently Dr. Ellis passed away on 24/07/2007 at the age of 93 due to natural causes. His theory of REBT will continue to develop and render service to mankind through scores of REBT students of Dr. Ellis.
• Significant change has occurred in REBT since 1962 that updates Ellis’s original ideas. Some of them are as follows:

(i) Distinction between interpretations (or inferences) and evaluations.

(ii) Distinction between healthy and unhealthy negative emotions which was earlier distinguished as appropriate and inappropriate emotions.

(iii) A greater range of cognitive, imaginal, emotive and behavioural methods are found in current REBT literature.

(iv) Changes in the use of few words. For example, instead of the word self blaming, words of self downing or self damning and self denigrating are used in the current literature of REBT.

(v) Discussion was going on for adding of ‘F’ in ADC model to indicate ‘Feel better’.

(vi) Criteria of Rational thinking were reduced to three from five.

Summary

A major contribution of REBT is its emphasis on a comprehensive and eclectic therapeutic practice. The A-B-C model simply and clearly illustrates how human disturbances occur and the ways problematic behaviour can be changed. It also teaches clients the basics of the scientific method and attempts to help them internalize this method so that they can use it to solve their own emotional and behavioural problems for the rest of their lives. REBT offers a useful perspective and tools for helping young adults who are experiencing adjustment and attitude problems. In the present research, REBT was applied on young college women with low adjustment and high dysfunctional attitudes.