

2321 Theory & Practice 2: Lecture 6
RATIONAL-EMOTIVE BEHAVIOUR

THERAPY

Albert Ellis (b. 1913)

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INTRODUCTION

REBT (originally called RET) was developed by Albert Ellis in the mid 1950s, a one-time psychoanalyst, who found the latter did not achieve very good results. Although, he tried other types of psychodynamic therapy he still didn't achieve the level of success he wanted. However, he observed that



when CTs changed their beliefs about themselves, their problems and the world, they tended to improve more quickly than using psychodynamic approaches (Ellis, 1962: 24-32).

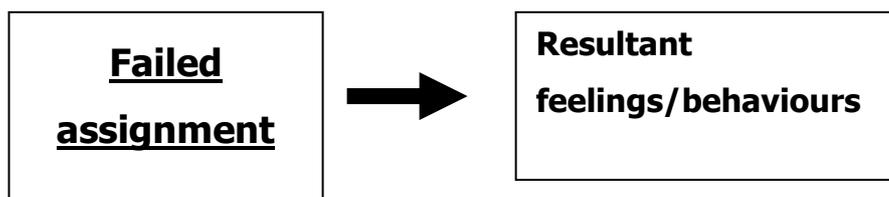
Albert Ellis and wife, Debbie Joffe, in Jan 2007 (The Albert Ellis Site, 2007).¹

1. THEORY OF CAUSATION

The fundamental premise of REBT is that *almost* all emotions and behaviours are caused by what people believe about the situations they face. First, let us focus on the *almost* in that sentence. REBT proposes a 'biopsychosocial' explanation of how humans come to feel and behave; that is to say, that Ellis also believed biological, and social factors along with cognitive factors are involved in the experiencing and acting process. This point is important because it suggests there are limits as to how much a person can change.

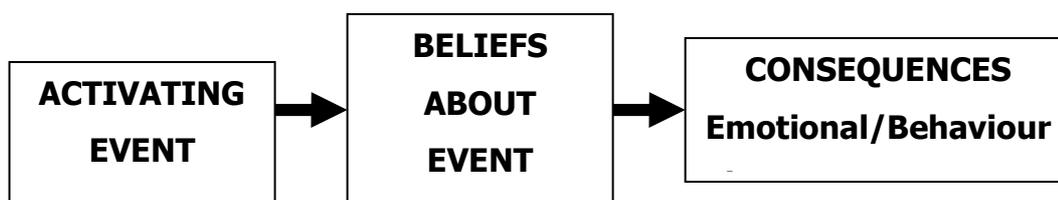
Now looking at the major notion asserted we find that its negative corollary is that situations themselves do not determine how people feel and behave. To believe that situations determine what we feel and how we behave is the commonsense view of human feeling and behaviour. For example, if I were to fail an important assignment this commonsense view would argue that my resultant feelings of depression or of renewed determination to do better are caused by the failure, viz.

¹ N. B. the above website has the classic session Ellis conducted with the patient 'Gloria' back in the 1950s. (Ellis' session was done with Carl Rogers and Fritz Perls also conducting ½ hr sessions.)



2. ABC MODEL

In contrast to this common view, Ellis put forward an ABC² model to explain his ideas. **A** represents an *activating event*. **B** represents his beliefs about the event (which is critical for Ellis' theory); and **C** represents the emotional and behavioural *consequences* following the beliefs. For Ellis, we are what we think and we disturb ourselves when we tell ourselves repeatedly irrational sentences that we have learned from our backgrounds or devised ourselves.

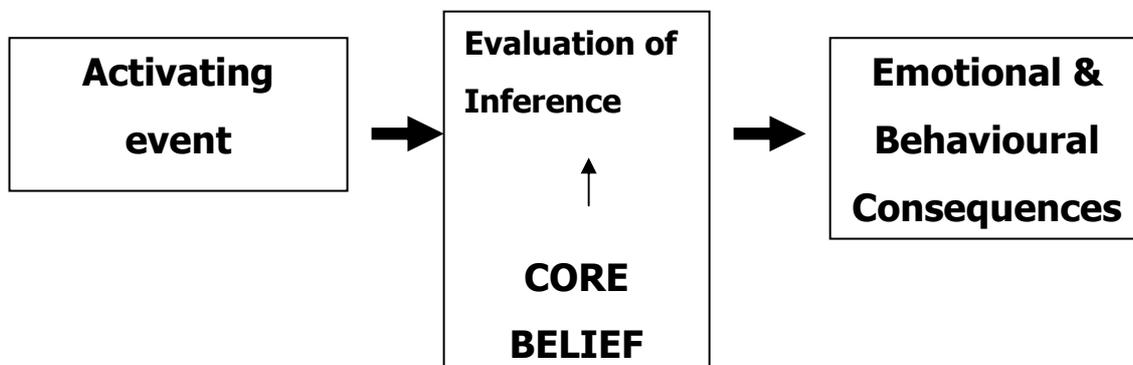


Froggatt (1990-2001: n. p.) slightly reformulated Ellis' model by extending **A** to include an *activating event* **plus** a person's inferences or interpretations about the event. **B** represents his *evaluations* of his inferences derived from his *core beliefs* about the event (which is critical for Ellis' theory); and **C** represents the emotional and behavioural *consequences* following the beliefs.

Please note that this model is more complicated than the usually presented REBT model. **A** is not just the activating event but also includes a cognitive

² Don't confuse the Ellis-Froggatt's ABC REBT model with the behaviour therapy ABC model presented a number of weeks ago. In that model the B stood for behaviour. Also, Ellis' model is actually an ABCDEF model so it can be distinguished from the behavioural model.

action (an inference or interpretation). Likewise, **B** is not just a belief but includes both an evaluation of the inference made which is derived or founded in a largely unconscious core belief.



Froggatt's example of this model operating in an emotional episode is this: imagine a person who has a history indicating a biological predisposition to low moods combined with tendencies towards negatively interpreting how she is viewed by others.³

The A

Event: This person is passed in the street by a friend who doesn't acknowledge her.

Inferences about the event: 'She's ignoring me; she doesn't like me.'

The B

Beliefs about A:

1. I could end up without any friends and that *would* be terrible!
2. For me to be happy and feel worthwhile, people *must* like me.
3. I'm unacceptable as a friend so I *must* be worthless as a person.

³ I note in passing that the history (or past) of the person cannot be excluded from what is going to occur. We saw this same need for the past in Glasser's notion of the 'quality world' last week.

The C

Feelings: lonely, depressed.

Behaviours: avoiding people generally.

Although, our common assumption is that **A** causes **C**, Ellis suggests that **A** causes **B** which in turn causes **C**. Moreover, these ABC sequences do not stand alone but may engender more such connections. The **C** above may contain the inference, 'Oh, no, I'm getting depressed again!' and 'I couldn't bear that' which could lead to anxiety feelings.

What makes the above sequences powerful is that many of the beliefs may be outside conscious awareness, being habitual or automatic. Essentially the beliefs are rules about how the world and life ought to be. However, with practice, people can learn to discover such out-of-awareness beliefs.

3. IRRATIONAL THINKING

Froggatt presents three criteria for describing a belief as irrational:

1. 'It blocks a person from achieving their [sic] goals, creates emotions that persist and which distress and immobilise, and leads to behaviours that harm oneself, others, and one's life in general.'
2. 'It distorts reality (it is a misinterpretation of what is happening and is not supported by the available evidence);'
3. 'It contains illogical ways of evaluating oneself, others, and the world: *demandingness, awfulising, discomfort-intolerance and people-rating.*'

The author then adds the important supplementary point that more recent REBT tends to refer to these beliefs as being 'self-defeating' rather than irrational and in so doing is emphasising that the key criterion for deciding whether a belief is irrational or not is the effect it has upon the CT's life.

4. THREE LEVELS OF THINKING

Froggatt considers that we think at three levels:

i) Inferences

As indicated above, every happening sets off inferences (which, in turn, trigger evaluations). Inferences are what we think are facts and can be true or false. They are subject to the following 7 distorting patterns of thinking: black and white categorising; filtering; over-generalising; mind-reading; fortune-telling; emotional reasoning; personalising. These were described and focussed upon by Aaron Beck et al. and you will be reading about these further for next week's lecture. The important point to remember is that REBT regards them as part of the **A** (whereas) Beck would regard them as part of the **B**.

ii) Evaluations

REBT tends to emphasise the importance of evaluations more so than other types of cognitive-behaviour therapy (which tend to emphasise inferential thinking). Evaluative cognitions can be understood as specific judgments as to the meaning of what is happening to us. If I hear a noise in the house at night, in the dead of night, I might appraise the noise as being the creaking of the roof because of a strong wind and go back to sleep or I may assess it to be intruders in the house and become quite anxious. Thus, through evaluations we go beyond the facts.

Evaluations are sometimes conscious and sometimes out-of-awareness. They may be rational or irrational. There are 4 types of irrational evaluations according to (Froggatt, 1990-2001: n. p.).

a) Demandingness or what Ellis somewhat provocatively calls 'musturbation'. This type of thinking refers to the human tendency to demand that things in the world absolutely must or

unconditionally should or should not be a particular way.⁴ Froggatt observes that some REBT practitioners understand this irrational process to be the central type of irrational evaluation from which the other three types are derived.

b) Awfulsing, a process whereby the consequences of past, present or future events are exaggerated.

c) Discomfort intolerance which is an I 'can't-stand-it-itis' manner. The CT alleges that he can't stand the circumstance or event he is undergoing.

d) People-rating is a process whereby one rates one's entire (or someone else's) self. Usually it takes the form of selecting an undesirable trait or action and judging the self based on that specific piece of data. For example, 'I did a wrong thing when I did that, therefore, I am a bad person'.

iii) Core Beliefs or Rules

Our troubles with our feelings and behaviours can occur in all these levels but the REBT therapist is most interested in finding the core beliefs. Interestingly, Froggatt also calls these 'rules for living' (p. 5). Ellis himself listed 11 of these irrational beliefs as did earlier editions of Corey who now lists only 5. Froggatt lists 12 such as 'I need love and approval from those significant to me and must avoid disapproval from any source', and, 'To be a worthwhile person I must achieve, succeed at whatever I do, and make no mistakes'.

⁴ We often resort to blaming someone else if things are not to our satisfaction.

5. HELPING PEOPLE CHANGE

The essence of the change process is the **DISPUTING** of the validity of the core beliefs that the CT holds (**D**). Successful disputation, whether by CR or by (ultimately) CT, leads to a new **EFFECT (E)**. This **E** leads to a new, more appropriate **FEELING (F)**.

Corey summarises this process of change by listing the following 7 steps in what he calls a 'philosophical restructuring' (p. 301) of the personality.

1. acknowledge that we largely create our own emotional distress;
2. accepting that we can change these disturbances significantly;
3. recognising that our distresses come largely from irrational beliefs;
4. identifying these core beliefs;
5. believing in the value of disputing these beliefs;
6. realising that hard work is needed to change these beliefs;
7. practising REBT methods for the rest of our lives

6. TECHNIQUES USED IN REBT

REBT is selectively 'eclectic', according to Ellis, so there are no techniques essential to REBT. Nevertheless, techniques tend to be drawn from cognitive, emotive and behavioural spheres.

a) Cognitive Techniques

i) Rational analysis

Focussing on specific incidents from CTs' lives and demonstrating the art of disputing the irrational beliefs underlying their distress.

ii) Double-standard dispute

If CTs are holding a 'should' or are self-downing about their behaviour, ask them whether they would recommend that their best friend hold this same 'should' or would they assess their

friend in the same way. When CTs say no then help them to see that this action indicates the presence of a double standard.

iii) Catastrophe Scale

Useful technique for getting 'awfulising' into perspective. Draw a vertical line down one side of a piece of paper. Put 100% at the top, zero % at the bottom and 10% intervals in between. Get CT to place the item she is catastrophising about on the scale. Fill in the other levels with items the CT thinks relevant to those levels. Then progressively alter the position of the feared event until 'it is in perspective in relation to the other items' (Froggatt, p. 9).

iv) Devil's Advocate

CR argues vigorously for irrational belief of CT while CT tries to convince CR that belief is irrational. Good to use for consolidation purposes.

v) Reframing

Re-evaluate bad events as 'disappointing', 'concerning', or 'uncomfortable', rather than as 'awful' or 'unbearable'. A variation of this procedure is to list the positives of a negative event. (However, REBT is not wanting to suggest that bad experiences are actually good ones.)

b) Emotive Techniques

vi) Rational-emotive imagery

A form of mental practice, according to Corey, that allows a person to imagine himself thinking, feeling and behaving exactly the way he would like to in actual life. First, the CT imagines a situation that would normally upset a great deal, to feel the inappropriately intense feelings about that event and then change them to more appropriate feelings. Ellis claims that the CT keeps practising such a procedure 'several times a week for a few weeks' (Corey p. 307) then the CT will reach a point where he is no longer troubled by the event.

vii) Shame-attacking exercises

Aim of these exercises is for CTs to feel unashamed even when others disapprove of their actions. Corey lists a number of minor infractions of social conventions so as shouting out the stops on a bus or train, wearing loud clothes to attract attention, singing at the top of their lungs, asking a silly question at a lecture, or asking for a left-handed spanner in a grocery store. (These exercises combine emotive and behavioural components.)

c) Behavioural Techniques

According to Corey, REBT practitioners use the standard behavioural methods when appropriate. REBT believes that actions can change cognitions.

viii) Exposure

Strongly favoured by REBT. Ellis recommended that lonely people go out and talk to a dozen people in their shopping centre or at their next party, thereby showing them that meeting people is not so unpleasant as they had previously thought.

ix) Stepping out of character

This technique is the use of a paradoxical behaviour. A perfectionist may be asked to deliberately do something that is not up to her normal standard; a person who doesn't care for himself because he believes that to be selfish would be invited to indulge in a personal treat each day for a week.

7. UNIQUE FEATURES OF REBT

a) Absence of Self-Evaluation

Re the question of low self-esteem REBT encourages CTs to jettison the idea of self-esteem altogether. Whereas other therapists would assist CT to develop more healthy ideas re her own self-worth, REBT suggests that she needs to give up the practice of judging human beings as 'worthy' in the first

place and get rid of the notion that humans need value or esteem. In the place of this, the CT is urged to seek to accept herself unconditionally regardless of her traits or behaviours; acknowledge that she simply exists and choose to stay alive, seek joy and avoid pain; and rather than rating her self rate her actions or traits with regard to how they are helping her reach her goals.

b) Secondary Problems

REBT recognises that CTs often develop problems about their problems and that these need to be dealt with before the primary issues can be managed. For example, CTs can become guilt-ridden about their seemingly uncontrollable rage, or despondent when they don't seem to be making the progress they think they should be, or anxious about their anxiety.

c) Discomfort Disturbance and Ego Disturbance

When we make global evaluations of the self we run the danger of producing emotional disturbance. This disturbance, which REBT calls Ego Disturbance, is recognised in other types of therapy as low self-esteem, poor self-image, etc.

REBT also recognises another form of disturbance of perhaps even greater importance. This disturbance is also known as 'low frustration-tolerance' (LFT). This notion describes people who overreact to unpleasant experiences, to frustration,⁵ to their unpleasant feelings; also describes those who will sabotage their own therapy because they perceive the therapeutic road as being too hard.

⁵ The media love to interview such people for 'good' [dramatic] press, TV and radio 'news'.

8. CRITIQUE

One can critique Ellis from 'outside' by criticising his naturalism, atheism et cetera. However, as with all cognitive therapies, questions arise as to whether **B** *causes* **C** or merely accompanies **C** because of the (say) traumatising effects of **A**. The person who is traumatised by A may have a history, may have a disposition, may have an inclination to be deeply affected by A. No doubt A triggers numbers of Bs but do these actually cause C? This assumption is by no means certain.

The fact that REBT appears to help people does not mean that its theory is correct. Factors beyond its theory may be operating. For me, the major healing factor is the helping connection, which I believe is indwelt by God the healer!

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