A BRIEF OVERVIEW OF RATIONAL EMOTIVE BEHAVIOR THERAPY

Abstract

Rational Emotive Behavior Therapy is one of the major therapies used in the field of counseling and psychology. The purpose of this article is to provide a brief summary of Rational Emotive Behavior therapy. This article utilizing recent counseling and rehabilitation literature explains psychodynamic theory. This article discusses Rational Emotive Behavior Therapy using contemporary rehabilitation literature. Background and history of Rational Emotive Behavior Therapy, theory of personality, major counseling techniques in Rational Emotive Behavior Therapy are explained. Next, brief literature review of research findings regarding the efficacy and efficiency of Rational Emotive Behavior Therapy are provided. Finally, merits and limitations for application are discussed. It is believed that this article can be utilized to present introductory information to those who study in the field of counseling and psychology.

This article discusses Rational Emotive Behavior Therapy (REBT) using contemporary rehabilitation literature. Background and history of REBT, theory of personality, major counseling techniques in REBT are explained. Next, brief literature review of research findings regarding the efficacy and efficiency of REBT are provided. Finally, merits and limitations for application are discussed.

**Keywords**: Counseling, REBT, psychology, therapy
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Öz

Anahtar kelimeler: Danışmanlık, düşünsel duygulanımcı davranış terapisi, psikoloji, terapi

RATIONAL EMOTIVE-BEHAVIOR THERAPY

History
Ellis first started to use rational-emotive therapy in 1955 and gave his first paper to American Psychological associations. He indicated that late after 1940’s many other psychologists, most of them were trained in psychoanalysis like Ellis was, unconsciously or consciously moved closer to Adler than Freud (Ellis & Grainer, 1977). He indicated with his strong emphasis on cognitive and behavioral aspects he went beyond all of other psychologists who opposed traditional way of therapy and created rational emotive therapy. In development of his theory, he indicated he was influenced by philosophical writings of ancient Greek and Roman Stoics, such as Epictetus an Marcus, at that time their ideas was not available in the US, several early twenty century writers and analytic-emotive Freudian school. Specifically Adler had major influence because emphasized inferiority feelings, people’s purposes, values and meanings (Garske & Bishop, 2004; Ellis & Dryden, 1997)

Based on his work in early 1950’s he realized the ineffectuality of psychoanalysis and developed a more rational and distinctly more efficient ways of treatments (Rosenthal, 2002). He indicated as he eliminated psychoanalysis techniques one after another he realized that the clients had remarkable differences and uniqueness in their characteristics, goals and enjoyments. One intriguing realization was the clients had similar ways to disturb themselves emotionally (Ellis & Dryden, 1997). As a result he began to develop his own theory. Although people had thousands of different thoughts and he was able to put those different thoughts into categories. He found that people have irrational beliefs about external events disturbing them (Ellis & Dryden, 1997). He based his therapy on several concepts (a) an A-B-C theory how people create beliefs and interpret events, (b) realization of irrational beliefs, (c) a debate and purposeful effort to change irrational beliefs, (d) a new way of looking events (Ellis & Grainer, 1977). Ellis indicated his therapy was active-directive in which therapist play a teacher role and is forceful to change clients’ philosophies (Becker & Rosenfeld, 1976).
Different names exist throughout the history of rational emotive therapy. He named his theory as rational therapy in mid 1950’s then he moved to rational emotive therapy and eventually named his theory as rational emotive behavior therapy as he believed that his theory had highly cognitive aspects and was very emotive and particularly behavioral (Weinrach, 1995). In terms of theoretical orientation, he first, categorized his therapy as humanistic during 1960’s, however, in early 1970’s he emphasized behavior aspect of the therapy and decades before his death he placed importance in cognitive orientation of the therapy (Norcross, 2010; Ellis, 1993).

Theory of Personality

REBT emphasizes complexity and fluidity of human beings. In that vein, REBT uses following theoretical concepts (Ellis & Dryden, 1997)

Goals purposes rationality. REBT indicates that humans are happier when they establish goals, and purposes and act toward those goals and purposes (Ellis & Dryden, 1997) Human beings also learn from those goals and preferences when they successfully achieve those goals or gets frustrated when they fail to achieve goals or disapproved (Ellis, 1993). It becomes problematic when human beings places their needs and desires first and ignore others (Ellis & Dryden, 1997) and it creates a problem when human beings define must and absolute values in regard to those goals which make people emotionally and behaviorally dysfunctional.

Human nature. REBT indicates that human has capacity to develop, nourish, and have flexibility, however, at the same time, can be destructive, illogical, and inflexible. Previous theories regarded human as evil (psychodynamic) or good (humanism) in nature. However, REBT stated that human is neither good nor bad, has capacity to reveal both sides (Garske & Bishop, 2004) However, REBT is not totally objective and scientific technique; it has more humanistic-existential aspects. It deals with human beings’ disturbed evaluations, behaviors and beliefs. REBT states that human being through learning experiences develop some irrational thoughts, must and demands about the environment and themselves which in turn affect the beliefs, emotions and behaviors. In that vein in REBT’s personality theory is more related to peoples cognition, emotion and behavior and their interactions with each other (Ellis & Dryden, 1997)

A-B-C-D-E of REBT. Most important concept in REBT is beliefs (Ziegler, 1999). Beliefs (B) refer to a persons’ interpretation of an event. Beliefs can be divided into two groups rational beliefs which lead to self-helping behavior and irrational beliefs which lead to self-defeating behaviors (Ellis & Dryden, 1997) Beliefs here are seen an intra-person hypothetical construct that play a mediating role between activating event and consequences (Ziegler, 1999; Ellis & Dryden, 1997) Beliefs can be based on on non-evaluative observations, non-evaluative inferences, positive preferential inferences and negative preferential inferences. Among those negative preferential inferences have destructive aspects. An example includes seeing people laughing and thinking like “they think I am stupid that is why they are laughing” which cause dysfunctionality and unhappiness within people (Ellen & Dryden, 1997). A refers to activating events that trigger emotions and beliefs in people, whereas C refers to consequences of events. C has a particular importance in a way that C can be also an activating event (Tiba, 2010). However, human is conceptualized as holistic, so we cannot easily divide between beliefs emotions and behaviors; they interact with each other (Garske & Bishop, 2004) which create human beings. On the other hand, the notation of ABC helps us to understand human behaviors. In REBT, it is not the events that trigger negative emotions within us, it is our perception and beliefs of events that disturb us. Once people accept that external events are very influential
but do not actually cause how people feel, then people are powered to see it is not occurring them it is a decision making process and people are responsible in deciding which feelings emotions they want to have (Ellis & Grieger, 1977). It is in this decision making process where people can dispute (D) their irrational beliefs and replace them with more efficient (E) and adaptive rational ones (Tiba, 2010).

Irrational beliefs. Ross (2006) indicated the beliefs that disturb people are commonly grouped into three categories. Those irrational beliefs are musts and demands that people have about for themselves (e.g. I must do well, be successful and win, if I do not than it is terrible), for others (e.g. people should always love me and treat me well; if they do not then it is terrible) and for the society (e.g. I must get what I want and whenever I want, if I do not get it is terrible). REBT indicates that people should dispute those irrational beliefs and gain insight about whatever thoughts are formed in mind that is bothering. Those thoughts are developed by individuals, if those thoughts are still interfering with the person life, it is the person who maintains those thoughts and without active involvement of the person in changing those thoughts, they will not change. Those thought process are formed for many years, therefore, it is not easy and quick to change them, it might take time and practice.

Biological tendencies and irrational thoughts process. In questioning irrational thoughts, REBT state those thoughts have biological tendencies (Garske & Bishop, 2004). REBT evidences biological tendencies of irrational thoughts by stating that virtually all humans even the most logical ones have irrational thoughts and beliefs. The irrational thoughts that are seen in today’s societies are also seen in anthropological studies. People find it easier to learn self-defeating behaviors than self-enhancing behaviors.

People in addition to forming those negative beliefs, once formed tend to generalize and awfulize them. However, it does not mean that people are slaves; REBT takes a more positivistic approach and indicate people have capacity to change their dysfunctional thinking and behaviors (Ellis & Dryden, 1997).

Major Counseling Techniques

Major counseling techniques can be examined in three groups: cognitive, emotive and behavioral techniques. Cognitive techniques comparing to two other techniques are more emphasized in REBT literature.

Cognitive techniques. The main cognitive technique that is used in REBT is disputation of irrational beliefs. In the disputation process, therapist help clients to see how irrational beliefs are creating negative emotions within clients and to induce clients think about appropriateness, helpfulness and reasonableness of those thoughts (Nielsen, Johnson & Ridley, 2000). So the therapist can help clients to replace those irrational beliefs with more efficient and rational beliefs. Once the clients figure out the role of irrational belief in clients’ conditions (Kopec, Beal, & DiGiuseppe, 1994), Garske and Bishop, (2004) indicated that therapists can use four ways of disputing irrational beliefs:

- Logical disputes which refers to showing the clients’ unreasonableness of their irrational beliefs and helping clients to find an alternative one. For instance if the client says that I am total failure me, the counselor might point that it is not logical that the clients life is full of failures without a single success
- Evidentiary Disputes which refers to proving irrationality of clients belief with available evidences. For instance if the client says I am crazy, the counselor might indicate the client
has ability to come to therapy and explain problems and it shows that the clients is not cra-
zy.

Functional Disputes refers to showing that keeping irrational thoughts have no positive practical effect on clients life, in contrast those thoughts have negative effect. For instance, if the client says I am stupid, the counselor shows that thinking such negatively will not help the client.

Rational Alternative Disputes It refers to restructuring or modifying maladaptive beliefs, with changing them alternative beliefs that has less damaging consequences. For example if client say nobody loves me the therapist may help client to think that such “ Even if they do not like me it is unfortunate but it is not the end of the world (Nielsen et al., 2000).

Other cognitive techniques include, changing semantic beliefs in which therapist help clients to purposefully stop self-destructive talking. Rational coping self-statement is in which therapist help clients to state events in a more rational way. Reframing events in more positive light is another technique that includes not only focusing negative aspects but also looking events from a positive perspective. Therapist can also help clients to develop a more holistic view seeing all aspects of events and lastly can teach clients using humor to cope with activating events (Garske & Bishop, 2004).

**Behavioral techniques.** Behavioral techniques include giving homework (self-help forms, reading and listening REBT books and tapes etc) to clients, skill training including teaching social skills, assertiveness skills, relaxation techniques, systematic desensitization in which imaginary may be used to overcome irrationally based behaviors and beliefs and lastly penalties and rewards that are used to encourage clients to take uncomfortable assignments to achieve long term and short term goals (Sacks, 2004).

**Emotive techniques:** Garske and Bishop, (2004) indicated although REBT does not spend much time on changing emotions, as following a holistic approach Ellis believed behavior, emotion and beliefs are conjoined, therefore, counselors help clients to become aware of dysfunctional and hindering emotional responses. Emotive techniques include rational-emotive imagery in which clients are encouraged to mentally practice thinking, feeling, and acting the way they would like to behave in real life. Clients can also imagine worst case scenario and seeing them changing those emotions with more productive ones. Role playing includes dramatically showing client results of their irrational beliefs. Clients also can use role playing to rehearse new behaviors. Shame attacking exercise include helping clients to train themselves not to be controlled by others reactions. In shaming exercise for example clients approach a stranger and start to talking with the stranger to show that it is their particular fears and anxiety which is preventing them to perform certain actions.

**Research Findings**

Gonzalez et al., (2004) reviewed available research of rational emotive therapy with children and adolescents. He concluded that the therapy was significant on anxiety, disruptive behaviors, irrationality, self-concept, and grade point average with being most influential on disruptive behaviors. They indicated the longer duration of therapy was associated with greater impact, although therapy was equally effective on children and adolescents, children benefited more from the therapy than adolescents. Engels, Garnefski, and Diekstra (1993) in their meta-analysis of 28 controlled studies found that rational-emotive therapy was superior than placebo and no treatment, but were equally effective with other type of treatments such as combination of therapies and systematic desensitization. The results also indicated that RET with main or
balanced emphasize on behavioral techniques had similar effect as with exclusively cognitive approach. Lyons and Woods (1991) conducted a meta-analysis of 70 rational-emotive therapy outcome studies. The results of 236 comparison of RET to baseline, control groups, cognitive behavior modifications, behavior therapy or other psychotherapies indicated that RET was superior to baseline and control groups. The effect size of RET was associated with duration of therapy and therapist experience. There was no significant differences between effects of RET on students and psychotherapy clients. Gossette and O’Brien (1992) criticized outcome research in regard to RET and indicated that effectiveness of RET in reducing maladjustment has not been unambiguously shown. In their examination of 75 RET outcome research they found that RET was effective only about 25% of comparison. They indicated RET mainly reduced self-reported irrationality and dysphoria and little change was reported in behavioral measures. Trip, Vernon and McMahon(2007) conducted a meta-analysis of 26 studies on rational-emotive education. They concluded that rational-emotive education was powerful in decreasing irrational beliefs and dysfunctional behaviors, had moderate effect on positive inference making and decreasing negative emotions. The duration of the rational emotive education did not have significant effect on its significance; however, there was a significant effect when participants were concerned with their problems. Debidin and Dryden (2012) conducted a systematic review on the intervention studies employing rational-emotive behavior therapy in criminal justice system to reduce re-offending. The result provided some evidence that REBT was effective in treating emotional disturbance in offender populations, and showed mixed evidence in regard to effectiveness of REBT in reducing re-offending.

Merits and Limitations for Application

Garske and Bishop, (2004) indicated the REBT, as rehabilitation counseling does, takes a holistic perspective and see human being from a holistic perspective. In addition to that REBT emphasizes duality of human being and realizes that human has capacity to improve which rehabilitation counseling concentrates on. REBT helps clients to give up from absolutist view and focus on new learning. From rehabilitation perspective, even having disability is a reality; there can be new learnings to increase quality of life of people with disabilities. REBT focuses on rational thinking, as rehabilitation counseling clients may have suffered from generalization of their disabilities to other parts of their life, REBT may help clients to dispute irrational beliefs about their disabilities. People with disabilities may blame their disabilities causing them to suffer, however, REBT, acknowledging the disability emphasizes that clients are those who maintains those irrational thoughts and sufferings. REBT is a short and directive psychotherapy which matches with state and federal vocational rehabilitation system. Counselors using REBT can help clients to separate the problems into solvable units. REBT works with diverse populations (age, disability, intelligence level and culture) as rehabilitation counseling clients creates a diverse population. REBT emphasize unconditional acceptance which help people with disabilities feel safer in therapy. On the other hand, REBT may not be useful for people who are not in touch with reality. Disability in fact may be an awful experience and denial might be helpful in early stage of disability adjustment, therefore REBT could be used in later stages, particularly in situation where clients are experiencing depression.
REFERENCES


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