Rational Emotive Behaviour Therapy

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Rational Emotive Behaviour Therapy (REBT) is based on the concept that emotions and behaviours result from cognitive processes; and that it is possible for human beings to modify such processes to achieve different ways of feeling and behaving. REBT is one of a number of therapies that come under the heading 'cognitive-behavioural'.

In the mid-1950's Dr. Albert Ellis, a clinical psychologist trained in psychoanalysis, became disillusioned with the slow progress of his clients. He observed that they tended to get better when they changed their ways of thinking about themselves, their problems, and the world. Ellis reasoned that therapy would progress faster if the focus was directly on the client's beliefs, and thus was born the method now known as Rational Emotive Behaviour Therapy.

REBT was originally called 'Rational Therapy', soon changed to 'Rational-Emotive Therapy' and again in the early 1990's to 'Rational Emotive Behaviour Therapy'. REBT is one of a number of 'cognitive-behavioural' therapies, which, although developed separately, have many similarities – such as *Cognitive Therapy* (CT), developed by Psychiatrist Aaron Beck in the 1960's. REBT and CT together form the basis of the family of psychotherapies known as 'Cognitive-Behaviour Therapy'. Over the past half-century, REBT has developed significantly, and continues to change.

Theory of causation

REBT is not just a set of techniques – it is also a comprehensive theory of human behaviour. REBT proposes a 'biopsychosocial' explanation of causation – i.e. that a combination of biological, psychological, and social factors are involved in the way humans feel and behave.

The most basic premise of REBT, which it shares with other cognitive-behavioural theories, is that almost all human emotions and behaviours are the result of what people think, assume or believe (about themselves, other people, and the world in general). It is what people believe about situations they face – not the situations themselves – that determines how they feel and behave.

REBT, however, also argues that a person's biology also affects their feelings and behaviours – an important point, as it is a reminder to the therapist that there are limitations to how far a human being can change. A person's belief system is seen to be a product of both biological inheritance and learning throughout life.

A useful way to illustrate the role of cognition is by using Ellis' 'ABC' model. In this framework 'A' represents an actual event or experience, and the person's 'inferences' or interpretations as to what is happening. 'B' represents the 'evaluative' beliefs that follow from these inferences. 'C' represents the emotions and behaviours that follow from those evaluative beliefs.

Here is an example of an 'emotional episode', experienced by a person prone to depression who tends to misinterpret the actions of other people:

A^1. *Activating event – what happened:*
Friend passed me in the street without acknowledging me.

A^2. *Inferences about what happened:*
He's ignoring me. He doesn't like me.

B. *Beliefs about A:*
I'm unacceptable as a friend – so I must be worthless as a person. *(Evaluation)*

C. *Reaction:*
Emotions: depressed.
Behaviours: avoiding people generally.

Note that 'A' alone does not cause 'C' – 'A' triggers off 'B', and 'B' then causes 'C'. Also, ABC episodes do not stand alone: they run in chains, with a 'C' often becoming the 'A' of another episode – we observe our own emotions and behaviours, and react to them. For instance, the person in the example above could observe their avoidance of other people, interpret this as weak, and engage in self-downing.

Note, too, that most beliefs are outside conscious awareness. They are habitual or automatic, often consisting of underlying 'rules' about how the world and life should be. With practice, though, people can learn to uncover such subconscious 'core' beliefs.

Theory of change

According to REBT, change can occur at different levels. Let's say, for instance, that you are anxious because you think someone is disapproving of you. At a superficial level you can *feel* better by altering your body chemistry (e.g. via exercise, dietary change or medication); by changing the situation (e.g. by avoiding contact with the other person); or by changing your inferences about the situation (for example, you make yourself feel less anxious by convincing yourself that the disapproval isn't going to happen).

For a person to go beyond feeling better to actually *get* better – that is, to achieve fundamental and lasting change – involves modifying the underlying core beliefs that create difficulties for them in a range of situations. Using our example above, rather than convince yourself that disapproval isn't going to happen, you accept that it might, but deal with your underlying core belief that you *need* approval and *must not* ever receive disapproval.

REBT therapists accept that superficial change may sometimes be the more realistic option for some clients, but aim for fundamental change wherever possible. To achieve such change, REBT uses a range of cognitive, emotive and behavioural strategies (more about these later).

What is irrational thinking?

We have seen that what we think determines what we feel. But what *types* of thinking are problematical for human beings?

A definition

To describe a belief as 'irrational' is to say that:

1. It blocks a person from achieving their goals, creates extreme 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*;

When talking with clients, we often refer to beliefs as 'self-defeating' rather than 'irrational', to emphasise that the main reason for replacing a belief is because it negatively affects their lives.

Two Types of Disturbance

REBT suggests that human beings defeat or 'disturb' themselves in two main ways: (1) by holding irrational beliefs about their 'self' (*ego* disturbance) or (2) by holding irrational beliefs about their emotional or physical comfort (*discomfort* disturbance). Frequently, the two go together – people may think irrationally about both their 'selves' and their circumstances – though one or the other will usually be predominant.

Ego disturbance represents an upset to the self-image. It results from holding demands about one's 'self', e.g. 'I must … do well / not fail / get approval from others'; followed by negative self-evaluations such as: 'When I fail / get disapproval / etc. this proves I am no good' and so on. These beliefs create 'ego anxiety' – emotional tension resulting from the perception that one's 'self' or personal worth is threatened – and lead to other problems such as avoidance of situations where failure, disapproval, etc. might occur; looking to other people for acceptance; and unassertive behaviour through fear of what others may think.

Discomfort disturbance results from demands about others (e.g. 'People must treat me right') and about the world (e.g. 'The circumstances under which I live must be the way I want'). Discomfort disturbance comes in two slightly different but related flavours:

- *Low frustration-tolerance (LFT)* results from demands that frustration not happen, followed by catastrophising when it does. It is based on beliefs like: 'The world owes me contentment and happiness;' or: 'Things should be as I want them to be, and I can't stand it when they are not.'

- *Low discomfort-tolerance (LDT)* arises from demands that one not experience emotional or physical discomfort, with catastrophising when discomfort does occur. It is based on beliefs like: 'I should be able to feel happy all the time;' 'I must be able to feel comfortable

all of the time;' 'Discomfort and pain are awful and intolerable, and I must avoid them at all costs;' 'I must not feel bad;' and so on.

The two types – LFT and LDT – are similar and closely related (often one expression is used to refer to both). Discomfort disturbance leads to problems like:

- *'Discomfort anxiety'* (emotional tension resulting from the perception that one's comfort (or life) is threatened).
- *Worrying* ('because … would be awful, and I couldn't stand it, I must worry about it in case it happens').
- *Avoidance* of events and circumstances that are seen as 'too hard' to bear or 'too difficult' to overcome.
- *Secondary disturbance* (upsetting oneself about having a problem, e.g. becoming anxious about being anxious, depressed about being depressed, and so on).
- *Short-range enjoyment* – the seeking of immediate pleasure or avoidance of pain at the cost of long-term stress – for example alcohol, drug and food abuse; watching television rather than exercising; practising unsafe sex; or overspending to feel better.
- *Procrastination* – putting off difficult tasks or unpleasant situations.
- *Negativity and complaining* – becoming distressed over small hindrances and setbacks, overconcerned with unfairness, and prone to making comparisons between one's own and others' circumstances.

The rules people live by

Underlying what we think in *specific* situations are what is known as 'core beliefs', which are underlying rules that guide how people react to the events and circumstances in their lives *in general*. Ellis proposes that a small number of core beliefs underlie most unhelpful emotions and behaviours. Here is a sample list of such 'rules for living':

1. I need love and approval from those significant to me – and I must avoid disapproval from any source.
2. To be worthwhile as a person I must achieve, succeed at whatever I do, and make no mistakes.
3. People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.
4. Things must be the way I want them to be, otherwise life will be intolerable.

5. My unhappiness is caused by things that are outside my control – so there is little I can do to feel any better.
6. I must worry about things that could be dangerous, unpleasant or frightening – otherwise they might happen.
7. Because they are too much to bear, I must avoid life's difficulties, unpleasantness, and responsibilities.
8. Everyone needs to depend on someone stronger than themselves.
9. Events in my past are the cause of my problems – and they continue to influence my feelings and behaviours now.
10. I should become upset when other people have problems, and feel unhappy when they're sad.
11. I shouldn't have to feel discomfort and pain – I can't stand them and must avoid them at all costs.
12. Every problem should have an ideal solution – and it's intolerable when one can't be found.

Four types of evaluative belief

All of the core beliefs listed above have a germ of truth in them. Are not love and approval good things to get? Is it not better to succeed, be treated well by others, and find ideal solutions? Note, though, the way most of the core beliefs are worded: all except a few are stated as *demands* – characterised by words like 'should', 'must', 'need'. Some also contain several other types of belief we shall address shortly. REBT proposes that there are four types of evaluative thinking that are dysfunctional for human beings:

Demandingness. Referred to colourfully by Ellis as 'musturbation', demandingness refers to the way people hold unconditional shoulds and absolutistic musts – believing that certain things must or must not happen, and that certain conditions (for example success, love, or approval) are absolute necessities. Demandingness implies certain 'Laws of the Universe' that must be adhered to. Demands can be directed both internally and outwardly. REBT suggests that there are three basic musts:

1. Demands about the self;
2. Demands about others;
3. Demands about the world.

Demands about the self will lead to ego disturbance; demands about others and the world will lead primarily to discomfort disturbance. Also, as well as being involved with core beliefs, demands also occur with beliefs about specific situations.

For example, a general core belief like: 'People should always behave in a correct and right fashion' may lead to the specific belief: 'He should not have done what he did'.

Arising out of the demands people place on themselves, others, and the world are three further types of evaluative thinking: awfulising, discomfort-intolerance, and self/other-rating.

Awfulising occurs when we exaggerate the consequences of past, present or future events; seeing them as the worst that could happen. Awfulising is characterised by words like 'awful', 'terrible', 'horrible'.

Discomfort intolerance, often referred to as *'can't-stand-it-itis'*, is based on the idea that one cannot bear some circumstance or event. It often follows awfulising, and can fuel demands that certain things not happen.

People-rating refers to the process of evaluating one's entire self (or someone else's); in other words, judging the total value or worth of a person. It represents an overgeneralisation whereby a person evaluates a specific trait, behaviour or action according to some standard of desirability or worth. They then apply the evaluation to their total person – eg. 'I did a bad thing, therefore I am a bad person.' People-rating can lead to self-downing, depression, defensiveness, grandiosity, hostility, or overconcern with approval and disapproval, and is a key factor in ego disturbance.

Note that in REBT, demandingness has traditionally been seen as the main type of irrational thinking, with the other three types deriving from it. For example, you are only likely to rate yourself as 'worthless' for failing at something if you believe that you 'must' always succeed; or you would only be prone to regarding discomfort as unbearable because you believe that you 'must' not be uncomfortable. In my experience, it seems that there is *almost always* a demand at the root of a person's emotional or behavioural problems; but some flexibility is appropriate for the few occasions when no demand can be identified by the client or therapist.

The Three Levels of Thinking

Human beings appear to think at three levels: (1) Inferences; (2) Evaluations; and (3) Core beliefs.

As previously described, every individual has a set of general 'rules' – usually subconscious – that determines how they react to life. When an event triggers off a train of thought, what you *consciously* think depends on the general rules you *subconsciously* apply to the event.

Let's say that a person holds the *rule*: 'For me to be happy, my life must be safe and predictable.' Such a core belief will lead them to be hypersensitive to any possibility of danger and overestimate the likelihood of things going wrong. Suppose they hear a noise in the night. Their hypersensitivity to danger leads them to *infer* that there is an intruder in the house. They then *evaluate* this possibility as catastrophic and unbearable, which creates feelings of panic.

REBT is mainly concerned with helping people identify their underlying general rules ('core beliefs'). This involves going beyond a person's surface *inferences* to their *evaluations*, and from there deducing the core belief(s) on which they are likely to be operating.

Inferences. In everyday life, events and circumstances trigger off *inferences* about what is 'going on' – that is, we make guesses about what we think has happened, is happening, or will be happening. Inferences are statements of 'fact' (or at least what we think are the facts – they can be true or false). In REBT, little time is spent on a client's inferences – they are regarded as significant only in the sense that they provide a window to the evaluative thinking.

Evaluations. More significantly from the REBT perspective, as well as making inferences about things that happen, we go beyond the 'facts' to *evaluate* them in terms of what they *mean to us*. Evaluations are sometimes conscious, sometimes beneath awareness. Irrational evaluations consist of one or more of the four types of beliefs listed earlier: *demandingness*, *awfulising*, *discomfort-intolerance*, and *self/other-rating*. An evaluation following on from the inference described in the previous section could be: 'I *need* her to love me – because if she didn't, this would prove *I was worthless*.'

Core beliefs. Guiding a person's *inferences* and *evaluations* are their underlying, general *core beliefs*. An example of a general core belief that would apply to the inference and evaluation we are using as our example could be: 'For me to be worthwhile as a person I must have someone who loves me unreservedly.'

Putting It All Together

Here is an example (using the ABC model) to show how it all works:

A. Your neighbour phones and asks if you will baby-sit for the rest of the day. You had already planned to catch up with some gardening. You *infer* that: 'If I say no, she will think badly of me.'

B. You *evaluate* your inference: 'I couldn't stand to have her see me as selfish.'

Your inference and the evaluation that follows are the result of holding the *core belief:* 'To feel OK about myself, I need to be liked, so I must avoid disapproval from any source.' (an example of *ego disturbance*).

C. You feel anxious and say yes.

In summary, people view themselves and the world around them at three levels: (1) inferences, (2) evaluations, and (3) core beliefs. The therapist's main objective is to deal with the underlying, semi-permanent, general 'core beliefs' that are the continuing cause of the client's unwanted reactions.

REBT places greater emphasis on dealing with evaluative-type thinking than do other cognitive-behavioural approaches, which focus rather more on inferential thinking. (In fact, in REBT, the client's inferences are regarded as part of the 'A' rather than the 'B', whereas in general CBT inferences are seen as part of the 'B'). REBT especially underscores the centrality of demandingness over other types of thinking. However, both REBT and general CBT are ultimately concerned with the underlying core beliefs.

Secondary disturbance

Another unique feature of REBT is its recognition of the importance of working with 'secondary disturbances', that is, problems about problems (e.g. feeling guilty about being angry, or anxious about becoming anxious). More about this later.

HELPING PEOPLE CHANGE

The steps involved in helping clients change can be broadly summarised as follows:

1. *Help the client understand that emotions and behaviours are caused by beliefs and thinking.* This may consist of a brief explanation followed by assignment of some reading.

2. *Show how the relevant beliefs may be uncovered.* The ABC format is invaluable here. Using an episode from the client's own recent experience, the therapist notes the 'C', then the 'A'. The client is asked to consider (at 'B'): 'What was I telling myself about 'A', to feel and behave the way I did at 'C'? As the client develops understanding of the nature of irrational thinking, this process of 'filling in the gap' will become easier. Such education may be achieved by reading, direct explanation, and by self-analysis with the therapist's help and as homework between sessions.

3. *Teach the client how to dispute and change the irrational beliefs*, replacing them with more rational alternatives. Again, education will aid this. The ABC format is extended to include 'D' (*Disputing* irrational beliefs), 'E' (the new *Effect* the client wishes to achieve, i.e. new ways of feeling and behaving), and 'F' (*Further Action* for the client to take).

4. *Help the client get into action*. Acting against irrational beliefs – for example, disputing the belief that disapproval is intolerable by deliberately doing something to attract it, then discovering that one survives – is an essential component of REBT. Its emphasis on both rethinking and action makes it a powerful tool for change. Such activities are usually referred to as 'homework'.

The Process of Therapy

What follows is a summary of the main components of an REBT intervention.

Engage client

1. The first step is to build a relationship with the client. This can be achieved using the core conditions of empathy, warmth and respect.

2. Watch for 'secondary disturbances' about coming for help: self-downing over having the problem or needing assistance; and anxiety about coming to the interview.

3. Finally, possibly the best way to engage a client for REBT is to demonstrate to them at an early stage that change is possible and that REBT is able to assist them to achieve this goal.

Assess the problem, person, and situation

Assessment will vary from person to person, but following are some of the most common areas that will be assessed as part of an REBT intervention.

1. Start with the client's view of what is wrong for them.

2. Check for any secondary disturbance: how does the client feel about having this problem?

3. Carry out a general assessment: determine the presence of any related clinical disorders, obtain a personal and social history, assess the severity of the problem, note any relevant personality factors, and check for any non-psychological causative factors: physical conditions; medications; substance abuse; lifestyle/environmental factors.

Prepare the client for therapy

1. Clarify the treatment goals, ensuring these are concrete, specific and agreed to by both

client and therapist; and assess the client's motivation to change.

2. Introduce discussion about the basics of REBT, including the biopsychosocial model of causation.

3. Discuss the approaches to be used and implications of treatment, then develop a contract.

Implement the treatment programme

Most of the sessions will occur in the implementation phase, using activities like the following:

- Analysing specific episodes where the target problem(s) occur, ascertaining the beliefs involved, changing them, and developing homework (I call this 'Rational Analysis').

- Developing behavioural assignments to reduce fears or modify ways of behaving.

- Supplementary strategies & techniques as appropriate, e.g. relaxation training, interpersonal skills training, etc.

Evaluate progress

Toward the end of the intervention it will usually be desirable to check whether improvements are due to significant changes in the client's thinking, or simply to a fortuitous improvement in their external circumstances.

Prepare the client for termination

It is usually wise to prepare the client to cope with setbacks. Many people, after a period of wellness, think they are 'cured' for life. Consequently, when they slip back and discover their old problems are still present to some degree, they are likely to despair and give up working on themselves altogether. Warn that relapse is likely for many emotional and behavioural problems and ensure they know what to do when their symptoms return. Discuss their views on asking for help if needed in the future. Deal with any irrational beliefs about coming back, like: 'I should be cured for ever', or: 'The therapist would think I was a failure if I came back for more help'.

A typical REBT interview

What happens in a typical REBT interview? Here is how an interview based on the ABC model would usually progress:

1. *Review the previous session's homework.* Reinforce gains and learning. If the homework was not completed, help the client identify and deal with the blocks involved.

2. *Establish the target problem* to work on in this session.

3. *Assess the 'A':* what happened, when did it last occur? What did the client *infer* was happening or would result from what happened?

4. *Assess the 'C':* specifically what unwanted emotion did the client experience, and how strong was it?

5. *Identify and assess any secondary emotional problems* (inappropriate negative emotions about having the problem, for example shame about feeling grief).

6. *Identify the beliefs* ('B') causing the unwanted reactions, especially demandingness, awfulising, discomfort-intolerance, and people-rating.

7. *Connect 'B' & 'C'* (ensure the client sees that their unwanted reaction resulted from their thoughts).

8. *Clarify and agree on the goal* ('E'): how does the client wish to feel (and behave) when next confronted with a similar 'A'?

9. *Help the client dispute their beliefs*, using a range of techniques. Replace beliefs that are agreed to be irrational.

10. *Plan next homework assignments* ('F') to enable the client to put their new rational beliefs into practice. Identify and deal with any potential blocks to completion of the homework.

Techniques Used In REBT

Ellis recommends a 'selectively eclectic' approach to therapy, using strategies from REBT and other approaches, but ensuring the strategy is compatible with REBT theory. Following are some examples of procedures in common use.

Cognitive techniques

Rational analysis: analyses of specific episodes to teach the client how to uncover and dispute irrational beliefs (as described earlier) are usually done in-session at first; then, as the client gets the idea, they can be carried out as homework.

Double-standard dispute: If the client is holding a 'should' or is self-downing about their behaviour, ask whether they would globally rate another person (e.g. best friend, therapist, etc.) for doing the same thing, or recommend that person hold their demanding core belief. When they say 'No', help them see that they are holding a double-standard. This is especially useful with resistant beliefs which the client finds hard to give up.

Catastrophe scale: this is a useful technique to get awfulising into perspective. On a whiteboard or sheet of paper, draw a line down one side. Put 100% at the top, 0% at the bottom, and 10% intervals in between. Ask the client to rate whatever

it is they are catastrophising about, and insert that item into the chart in the appropriate place. Then, fill in the other levels with items the client thinks apply to those levels. You might, for example, put 0%: 'Having a quiet cup of coffee at home', 20%: 'Having to mow the lawns when the rugby is on television', 70%: being burgled, 90%: being diagnosed with cancer, 100%: being burned alive, and so on. Finally, have the client progressively alter the position of their feared item on the scale, until it is in perspective in relation to the other items.

Devil's advocate: this useful and effective technique (also known as *reverse role-playing*) is designed to get the client arguing against their own dysfunctional belief. The therapist role-plays adopting the client's belief and vigorously argues for it; while the client tries to 'convince' the therapist that the belief is dysfunctional. It is especially useful when the client sees that a belief is irrational, but needs help to consolidate that understanding. (NB: as with all techniques, be sure to explain it to the client before using it).

Reframing: another strategy for getting bad events into perspective is to re-evaluate them as 'disappointing', 'concerning', or 'uncomfortable' rather than as 'awful' or 'unbearable'. A variation of reframing is to help the client see that even negative events almost always have a positive side to them, listing all the positives the client can think of (NB: this needs care so that it does not come across as suggesting that a bad experience is really a 'good' one).

Imagery techniques

Time projection: this technique is designed to show that one's life, and the world in general, continue after a feared or unwanted event has come and gone. Ask the client to visualise the unwanted event occurring, then imagine going forward in time a week, then a month, then six months, then a year, two years, and so on, considering how they will be feeling at each of these points in time. They will thus be able to see that life will go on, even though they may need to make some adjustments.

The 'blow-up' technique: this is a variation of 'worst-case' imagery, coupled with the use of humour to provide a vivid and memorable experience for the client. It involves asking the client to imagine whatever it is they fear happening, then blow it up out of all proportion till they cannot help but be amused by it. Laughing at fears will help get control of them. Again, the use of this technique requires sensitivity and appropriate timing.

Behavioural techniques

One of the best ways to check out and modify a belief is to act. Clients can be encouraged, for instance, to check out the evidence for their fears and to act in ways that disprove them.

Exposure: possibly the most common behavioural strategy used in REBT involves clients entering feared situations they would normally avoid. Such 'exposure' is deliberate, planned and carried out using cognitive and other coping skills. The purposes are to (1) test the validity of one's fears (e.g. that rejection could not be survived); (2) de-awfulise them (by seeing that catastrophe does not ensue); (3) develop confidence in one's ability to cope (by successfully managing one's reactions); and (4) increase tolerance for discomfort (by progressively discovering that it is bearable).

Shame attacking: this type of exposure involves confronting the fear of shame by deliberately acting in ways the client anticipates may attract disapproval (while, at the same time, using cognitive and emotive techniques to feel only concerned or disappointed). For example, you could suggest that the client switch their shoes to the wrong feet then walk round the office building with you for ten minutes or so, at the same time disputing their shame-inducing thinking.

Risk-taking: the purpose is to challenge beliefs that certain behaviours are too dangerous to risk, when reason says that while the outcome is not guaranteed they are worth the chance. For example, if the client has trouble with perfectionism or fear of failure, they might start tasks where there is a reasonable chance of failing or not matching their expectations. Or someone with a fear of rejection might talk to an attractive person at a party or ask someone for a date.

Paradoxical behaviour: when a client wishes to change a dysfunctional tendency, encourage them to deliberately behave in a way contradictory to the tendency. Emphasise the importance of not waiting until they 'feel like' doing it: practising the new behaviour – even though it is not spontaneous – will gradually internalise the new habit.

Stepping out of character: is one common type of paradoxical behaviour. For example, a perfectionistic person could deliberately do some things to less than their usual standard; or someone who believes that to care for oneself is 'selfish' could indulge in a personal treat each day for a week.

Postponing gratification is commonly used to combat low frustration-tolerance by deliberately delaying smoking, eating sweets, using alcohol, sexual activity, etc.

Homework

Probably the most important REBT strategy is *homework*. This can include such activities as reading, self-help exercises, and experiential activities. Therapy sessions are really 'training sessions', between which the client tries out and uses what they have learned. At the end of this article there is an example of a homework format which clients can use to analyse specific episodes where they feel or behave in the ways they are trying to change.

Applications of REBT

REBT has been successfully used to help people with a range of clinical and non-clinical problems, using a variety of modalities.

Clinical applications

Typical clinical applications include

- Depression
- Anxiety disorders, including obsessive-compulsive disorder, agoraphobia, specific phobias, generalised anxiety, posttraumatic stress disorder, etc.
- Eating disorders, addictions, impulse control disorders
- Anger management, antisocial behaviour, personality disorders
- Sexual abuse recovery
- Adjustment to chronic health problem, physical disability, or mental disorder
- Pain management
- General stress management
- Child or adolescent behaviour disorders
- Relationship and family problems

Non-clinical applications

- Personal growth – REBT theory contains detailed principles (for example, *enlightened self-interest, self-acceptance, risk-taking)* which can be used to help people develop and act on a more functional philosophy of life (see: Froggatt, W. (1997). *GoodStress*. Auckland: HarperColllins).
- Workplace effectiveness – DiMattia (DiMattia & Ijzermans, 1996) has developed a variation of REBT known as *Rational Effectiveness Training* which is increasingly being used in the workplace to aid worker and managerial effectiveness.

Modalities

The most common use of REBT is with individual clients, but this is followed closely by group work, for which REBT is eminently suited. REBT is also frequently used with couples, and there is a growing literature on REBT family therapy. A newer development is the use of REBT in non-clinical settings in the workplace, as described above.

Suitable client groups

REBT has been developed over the years for use with individuals, couples, and families; adults and children; people with mental health problems; people with physical illnesses, disabilities, and terminal illnesses; different cultural groups; and people of varying intellectual ability, including those with learning impairments.

Practice Principles of REBT

- The basic aim of REBT is to leave clients at the completion of therapy with freedom to choose their emotions, behaviours and lifestyle (within physical, social and economic restraints); and with a method of self-observation and personal change that will help them maintain their gains.
- Not all unpleasant emotions are seen as dysfunctional. Nor are all pleasant emotions functional. REBT aims not at 'positive thinking'; but rather at realistic thoughts, emotions, and behaviours that are in proportion to the events and circumstances an individual experiences.
- There is no 'one way' to practice REBT. It is 'selectively eclectic'. Though it has techniques of its own, it also borrows from other approaches and allows practitioners to use their imagination. There are some basic assumptions and principles, but otherwise it can be varied to suit one's own style and client group.
- REBT is educative and collaborative. Clients learn the therapy and how to use it on themselves (rather than have it 'done to them'). The therapist provides the training – the client carries it out. There are no hidden agendas – all procedures are clearly explained to the client. Therapist and client together design homework assignments.
- The relationship between therapist and client is very important, but is seen as existing to *facilitate* therapeutic work – rather than being the therapy itself. The therapist shows empathy, unconditional acceptance, and encouragement; but is careful to avoid activities that create dependency or strengthen any 'needs' for approval.
- While REBT is active-directive, the therapist almost always works within the client's value

system. New ways of thinking are developed collaboratively.

- An individual's past is seen as relevant in that this is where much irrational thinking originates; but because uncovering the past is not usually helpful in changing how a person reacts in the present, REBT therapists do not engage in very much 'archaeological' exploration.

- REBT is brief and time-limited. It commonly involves five to thirty sessions over one to eighteen months. The pace of therapy is brisk. 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 a method of psychotherapy, so the emphasis is on helping people change how they feel and behave in reaction to life events. However, such *personal* change may be a prelude to enabling a person to more effectively seek *environmental* change. Consequently, REBT helps people change themselves *and* their unwanted circumstances.

- A common criticism of psychotherapy is that it may encourage people to become self-centred. REBT avoids this by teaching several principles, for example 'enlightened self-interest' that encourage individuals to attend to both their own interests *and* those of other people.

- REBT tends to be humanistic, anti-moralistic, and scientific. Human beings are seen as the arbiters of what is right or wrong for them. Behaviour is viewed as functional or dysfunctional, rather than as good or evil. REBT is based on research and the principles of logic and empiricism, and encourages scientific rather than 'magical' ways of thinking.

- Finally, the emphasis is on profound and lasting change in the underlying belief system of the client, rather than simply eliminating the presenting symptoms. The client is left with self-help techniques that enable coping in the long-term future.

UNIQUE FEATURES OF REBT

REBT has a number of characteristics that are original to the approach – here is a selection:

Absence of Self-Evaluation

REBT has a unique approach to the common therapeutic problem of 'low self-esteem'.

Many therapists would try to help people with low self-esteem by encouraging them to regard themselves as 'worthy' human beings. REBT therapist takes a radically different approach – encouraging the client to throw out the idea of self-esteem entirely! This involves giving up the practice of trying to judge human beings as 'worthy' (a notion, incidentally, that implies it is possible for them to be 'unworthy'!); and getting rid of the idea that people somehow need 'value' or 'esteem'.

The client is, instead, urged to (1) aim for unconditional *self-acceptance* – irrespective of their traits and behaviours or how other people see them; (2) acknowledge that they simply exist – and choose to stay alive, seek joy, and avoid pain; and (3) instead of rating their *self*, to concentrate on rating their *actions or traits* (and the effects of these) in terms of how they help achieve the client's goals.

Secondary disturbances

As mentioned earlier, REBT points out that human beings frequently develop problems about their problems. By creating these 'secondary' problems, they complicate their emotional and behavioural difficulties.

Guilt is a common secondary disturbance: for instance, people with anger problems may down themselves because they have trouble controlling their rage. Sufferers of chronic anxiety frequently get anxious about getting anxious (the 'fear of fear'). Clients in therapy may become despondent because they are not overcoming their problems as quickly as they think they 'should' be able to.

Sometimes, for therapy to be effective, the secondary disturbance needs to be addressed before the primary problem becomes accessible to change.

Discomfort Disturbance v. Ego Disturbance

As noted above, REBT suggests that global evaluation of the 'self' will often lead to emotional disturbance. This is referred to as 'ego disturbance' – a concept that exists (in various forms) in probably most other therapeutic orientations, under such terms as 'low self-esteem', 'poor self-image' and the like.

REBT, however, uniquely argues that there is another type of disturbance of equal or even greater significance: '*discomfort* disturbance', usually referred to as 'low discomfort-tolerance' (LDT), or 'low frustration-tolerance' (LFT). This concept explains why people may overreact to unpleasant life experiences, to frustration, and to their own bad feelings (thus developing 'secondary' problems); or will sabotage their therapy

because they consciously or subconsciously perceive it as 'too hard'.

LEARNING TO USE REBT

To practise REBT it is important to have a good understanding of irrational thinking. This can be gained by a critical reading of the substantial literature available.

The use of REBT in the interview situation is best learned by attending a training course (the Primary Certificate in REBT program is the usual starting point). It can also be observed by reading verbatim records of interviews or from audio or video tapes of interviews conducted by REBT practitioners.

The most effective way to learn how to help clients uncover and dispute irrational beliefs is to practice REBT on oneself, for example by using written 'self-analysis' exercises (see the last page of this article for an example).

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READING LIST

There are hundreds of books and articles based on REBT. Here is a selection.

Self-Help Books

(Many of the self-help books listed here are available in New Zealand bookshops. Some would need to be ordered).

Bernard, M. E. (1986). *Staying Rational In an Irrational World: Albert Ellis and Rational-Emotive Therapy*. New York. Lyle Stuart

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Hauck, P. (1983). *How to Love and be Loved*. London. Sheldon Press

Hauck, P.A. (1992). *Overcoming the Rating Game: Beyond Self-Love - Beyond Self-Esteem*. Louisville, KY. Westminster/John Knox

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Klarreich, S. H. (1990). *Work Without Stress*. New York. Brunner/Mazel

Knaus, W. (2002). *The Procrastination Workbook*. Oakland, CA. New Harbinger Publications

Oliver, R. & Bock, F. (1987). *Coping with Alzheimer's: A Caregiver's Emotional Survival Guide*. North Hollywood. Wilshire Book Company

Robb, H. (1988). *How to Stop Driving Yourself Crazy with Help from the Bible*. New York. Institute for Rational Emotive Therapy

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Robin, M.W. & Balter, R. (1995). *Performance Anxiety*. Holbrook, Massachusetts. Adams Publishing

Steinberg, D. & Dryden, W. (2003). *How to Stick to a Diet*. London. Sheldon Press

Wolfe, J.L. (1992). *What to Do When He Has a Headache: How to rekindle your man's desire*. London. Thorson's

Professional Literature

(Many, but not all, of the books and journal articles listed are available through the New Zealand Library Interloan system).

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Zaborowski, B. (1997). Adjustment to Vision Loss and Blindness: A process of reframing and retraining. *Journal of Rational-Emotive & Cognitive-Behaviour Therapy.* 15(3), 215-221

Obtaining REBT literature

As indicated above, some books (mainly the self-help ones) can be purchased in New Zealand bookshops. Some professional books and many articles are available through library interloan.

To purchase professional books, you can either:

- order through a book retailer who will obtain the item from the publisher
- purchase via the internet – some of the more popular books are to be found at *The Rational BookShop* at: http://www.rational.org.nz

To subscribe to the *Journal of Rational-Emotive and Cognitive Behaviour Therapy*, contact: Springer Distribution Center GmbH, Customer Service Journals, Haberstr. 7, 69126 Heidelberg, Germany Tel: +49-6221-345-0 Fax: +49-6221-345-4229

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REBT on the Internet

There are numerous internet sites related to REBT. A good place to start would be the *New Zealand Centre for Rational Emotive Behaviour Therapy* website at: http://www.rational.org.nz (go to the 'Links' page).

Rational Self-Analysis

REBT emphasises teaching clients to be their own therapists. A useful technique to aid this is *Rational Self-Analysis* which involves writing down an emotional episode in a structured fashion. Here is an example of such an analysis using the example described at the beginning of this article:

A. Activating Event.

The event: Friend passed me in the street without acknowledging me.

My inferences about this event: He's ignoring me and doesn't like me. I could end up without friends for ever. I'm not acceptable as a friend.

C. Consequence (*how I reacted)*:

Feelings: worthless, depressed.

Behaviour: avoiding people generally.

B. Beliefs *(My evaluative thinking about the 'A'):*

1. It would be *terrible* to end up without friends for ever.
2. Because I'm not acceptable as a friend *I must be worthless* as a person.
3. To feel worthwhile and be happy, I must be liked and approved by everyone significant to me. *(core belief)*

E. New Effect *(how I would prefer to feel/behave):*

Disappointed but not depressed.

D. Disputing *(new rational beliefs to help me achieve this new reaction):*

1. There's nothing to prove I'll never have friends again – but, even if this did happen, it would be unpleasant rather than a source of 'terror'.
2. There's no proof I'm not acceptable as a friend – but even if I were, this proves nothing about the total 'me', or my 'worthwhileness'. (And, anyway, what does 'worthwhile' mean?).
3. Love and approval are highly desirable. But, they are not absolute necessities. Making them so is not only illogical, but actually screws me up when I think they may not be forthcoming. Better I keep them as preferences rather than demands.

F. Further Action *(what I'll do to avoid repeating the same irrational/thoughts reactions):*

1. Go and see my friend, check out how things really are.
2. If he doesn't want me as a friend, I'll start looking elsewhere.
3. Re-read the handout on catastrophising and self-rating.
4. Challenge my irrational demand for approval by doing one thing each day (for the next week) that I would normally avoid doing because of fear it may lead to disapproval.