RATIONAL-EMOTIVE PSYCHOTHERAPY TECHNIQUES:
BRIEF DESCRIPTION

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Abstract

Rational-emotive therapy is an important method as the patients who involve in such therapy benefit from an efficient, solution-centered therapy that allow them to develop abilities of managing stressful events independently in a short time. This article is focused to come in help of those who need direction for a better understanding of REBT specifics. The author underline that before starting the process of cognitive restructuring, we must be sure that the client accepts and understands the fact that these are the causes of his emotional, behavioral or psychophysiological reactions. In this way, Ellis (2006) considered that people are at the same time natural born self-sabotaging, by practicing and embracing irrational beliefs and taking action based on them, but they also own the power to not believe in this thought, being at the same time natural born self-savors. The therapist must facilitate restructuring the knowledge system of the client by constructing a new one both functional and rational. Furthermore, Ellis (2006) highlights that humor and ironies are important in changing dysfunctional and irrational cognitions. Conclusions: REBT is a therapy that promotes unconditional self-acceptance; by encouraging the client to directly confront the patient to the situations that provoke negative emotions, and by focusing on the absolutist beliefs and confronting them.

Keywords: psychotherapy, REBT techniques, cognitive-behavioral therapy, humor based therapy, dysfunctional and irrational cognitions.

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1. INTRODUCTION: WHAT IS THE RATIONAL-EMOTIONAL THERAPY?

Rational-emotive therapy is entitled to be considered a type of psychotherapy that brings multiple benefits to the client or patient, as the clarity that it brings in approaching are not necessary connected to rigidity but more likely to making the process more efficient. This approach permits setting several well-shaped objectives for the client, and the used techniques, although at the first sight they might seem too simple or way too schematic, it still allows the client to become aware of the strength he owns to improve his life. These techniques are conceived to operate in the client’s own environment. As far as the psychotherapist is concerned, as a beginner, he will permanently benefit from concrete frames to guide him through different situations, but also he will have the freedom to express himself as freely, authentic and various having given the basis of a strongly built therapeutic relationship.

Rational-emotive and behavioral therapy, also known as REBT, is considered to be the first version of a cognitive-behavioral therapy and was developed by Albert Ellis in 1995. According to the REBT theoretical model, people confront activating undesirable events which they analyze through their own different rational or irrational beliefs. These beliefs lead to emotional, behavioral and cognitive consequences. Rational beliefs lead to dysfunctional consequences. Clients to engage in a REBT treatment are encouraged to actively confront their own irrational beliefs and assimilate rational and more adaptive beliefs, that assure a positive impact on their emotional, cognitive and behavioral responses.

This psychotherapy approach operates based on the ABC paradigm, where A represents an event that interferes in a person’s life, B are the irrational thoughts associated to the event and C, the emotions generated by what the person thinks. Therefore, every person attributes to a fact or even a different significance. The most common example is when somebody thinks that when a friend didn’t answer their phone call, probably they did something that upset that friend, and so they are terrible people; thinking so, they star feeling anxious, sad and depressed. At the same time, another person will consider that their friend is maybe very busy and doesn’t have time to answer the phone, so they feel content and neutral towards this fact.

2. TYPES OF TECHNIQUES

Rational-emotive therapy is a treatment that consists of combining several types of techniques.
- Cognitive-behavioral strategies have their specific on modifying useless or negative thought towards a certain event (such as, somebody who learns to change their way of thinking to obtain better coping towards the symptoms)

- Emotional techniques have been elaborated to support the change of negative thoughts through emotional means. Humorous methods, poems, songs that generate feelings that help with provoking and changing negative thoughts

- Specific cognitive reconstruction techniques are only efficient on the basis of an adequate therapeutic relationship. The client must feel that he and the therapist are on the same side of a barricade, while on the other side there are the dysfunctional and irrational cognitions. These are treated as hypothesis that must be investigated (logically, empirically and pragmatically). Depending on the result, they will be accepted or rejected, both by the therapist and client. If this one condition is not followed, a phenomenon of psychological reactance will occur which will make the client oppose consciously or unconsciously to the therapist, even when he knows that the therapist is right, just to keep his feelings of freedom and self-image intact.

2.1. IDENTIFYING THE IRRATIONAL BELIEFS

It is considered that every time somebody is troubles, there is a risk that they might have consciously or unconsciously developed irrational or self-sabotage beliefs. Normal desires, goals and preferences are taken to a level of imperativeness, absolution and petitions.

There are three types of imperatives:

- Selfish („I necessary must be high performing and be approved for everything I do, otherwise I’m worthless!”)
- Relational („Other people must necessary act with consideration, goodwill and honor towards me, otherwise they are worthless!”)
- Ambient („the conditions I live in must always be the way I want, otherwise my life is sad, the world is terrible and I can’t take it anymore!”).

Albert Ellis considered that truly, the experienced events are usually pretty unpleasant, that they cause real loss and harassment but people are the ones that disturb themselves taking the troubles of life, creating so useless fuss, in a much greater manner than what would be the inherent result.

A rational-emotional therapist can operate on the irrational thoughts through different techniques:

- The technique of direct questioning, which implies that the psychotherapist structures the questions addressed to the client so that he generates also the troubled emotion, making a concept out of it, and presenting it as a follow-up of a certain thought. Some of the following questions can be asked:
„What are you thinking about when you start feeling anxious?”, „What passes your mind when you are anxious?”. This way we obtain a complete clinical tableau, but we cannot guide the intervention.

- The visual imagery technique: if the client doesn’t succeed in identifying his automatic thoughts using the first technique, he is advised to describe as accurately as possible that certain situation and his emotional reactions will be observed. When the emotional reaction occurs, the patient is asked what he is thinking about in that precise moment so that thought generates his affective reaction.

- The technique of playing roles: the psychotherapist plays the role of a real person, somebody the patient interacts with in his daily life, or an imaginary role, and the patient remains to play his own part. This technique will make the patient become aware of these automatic thoughts that affect his daily life. This technique is indicated when a client has problems of social interactions or cannot succeed in easily becoming conscious of the automatic thought.

- The technique of daily registering automatic dysfunctional or irrational thoughts: the client is asked to complete a form during the period between therapy sessions, every time he experiences a negative psychological event, thus obtaining a comprehensive image on the automatic dysfunctional or irrational thoughts in life-conditions and the resources he owns to develop rational and functional automatic thoughts.

2.2. MODIFYING LOCAL COGNITIVE STRUCTURES – AUTHOMATIC THOUGHTS

Before starting the process of cognitive restructuring, we must be sure that the client accepts and understands the fact that these are the causes of his emotional, behavioral or psychophysiological reactions.

Ellis considered that people are at the same time natural born self-sabotaging, by practicing and embracing irrational beliefs and taking action based on them, but they also own the power not to believe in this thought, being at the same time natural born self-savors. Thus, there will be developed several methods of discussing in a realistic way, logically and pragmatically over the defensive and self-destructive imperatives:

- Realistic contesting: „Where is the proof that I must always succeed in this important project? How does failing it make me a totally worthless individual?”

- Logical contesting: „As I usually acted nice and fair to others, how is it implied that everyone else has to act the same way with me?”
Logical techniques are based on being rational. This idea originates from the ancient Greeks (Aristotle, Pythagoras, Plato) and was continued in the Seventeenth and Eighteenth centuries by authors like Descartes, Leibniz or Spinoza). The core of this perspective can be synthesized as follows:

- The source of our knowledge is deductive and logical reasoning, having the universal truth as a starting point, independent from experience, apriority, immutable, absolute; the reality is the stable part that hides beneath the realities we perceive; it can be only know using logic; all valid knowledge is logically consistent and corresponds known standards of truth and reason.

Logical techniques are used to modify the dysfunctional or irrational content of the client’s thinking, based on identifying logical inconsistencies of his thinking. To obtain the goal of such an intervention, it is important that the therapist has good knowledge of logic, rhetoric and argumentation theory, including the construction of reasoning errors. The key question addressed to the client is: „What argument would you use for this matter?”.

- Pragmatic contesting: „If I carry on believing that I must conquer all the love and approval of the people I care about, where will this belief lead me to?”

- Pragmatic techniques are based on pragmatism and constructivism, both linked to Kantian and neo-Kantian philosophy and recently found in the writings of James, Piaget, Pierce. The fundamental ideas are: life itself is the basis of knowledge; knowledge is activity; truth of justice is given by the success of the action it’s oriented to; reality is, in a final instance, the result of hypothetical inferences operated by an unlimited community of people.

Thus, the knowledge system of the subject is no longer functional or rational. As a consequence, the therapist must facilitate restructuring the knowledge system of the client by constructing a new one, a functional and rational one, and when the situation asks for it, the goals and desires will be also modified in a rational manner – specifically when they are not realistic or they are too intense. The key-question would be: „Is it useful for you to think that way?” Other examples of contesting:

- Contesting fear: „There’s no doubt that it’s bad if I miss an important project, but is it really that terrible and terrifying? Is it a hundred per cent bad? Is it worse than the worst? Is it worse than it should really be?”.

- Contesting blaming one’s self and others: „Even though I behaved inappropriately by laying to my boyfriend, does this turn me into a worthless, terrible person? If my actions are wrong, do they make out of me a total, hopeless loser? I admit, I acted wrong, but that doesn’t mean
I’m not entitled to any joy, for as long as I live? If I make a mistake, does that mean I myself am a mistake, or a loser?”

- Contesting hyper generalization: „Because I failed miserably at that important test, does that prove I’ll always miss the chance with any other test that I give?”

2.3. COSTS ANALYSIS

The patient is asked to make a list of costs and benefits that his automatic thought brings him. The experience and expertise of the therapist are decisive for emphasising the disadvantages of the cognitions that the subject uses from the point of view of relationships, emotional feelings and behavioral self-control.

2.4. POSITIVE IMAGERY AND VISUALISATION

Ellis (2006) stated that people practice this exercise to imagine themselves hitting a tennis ball or efficiently public speaking and their visualized actions will often help them as much as practicing in real life. For instance, if somebody is afraid that they will present themselves poorly for a job interview, they could imagine having a difficult interaction, that they answer well to all questions, that they impress the interviewer, and they benefit from a very good welcoming. The living-like and repeated imagery of a competent behavior will give a state of self-efficacy, a reassurance that the situation will be faced properly.

These techniques reconstruct cognitions by in-vitro exposure, for instance, in the imaginary plan. Although the situations are only imagined, they simulate concrete aspects of life and lead to efficient change in thinking that eventually are generalized. The procedure is similar to medical treatment: although a heart transplant is made in the operating room, it will go on functioning on a daily basis. Similarly, if the functional and rational cognitions are reached through laboratory exposure, they will start functioning in the everyday life.

2.5. USING HUMOR AND IRONY

Humor and irony are important in changing dysfunctional and irrational cognitions. Albert Ellis is the first psychotherapist who systematically implemented these procedures. Their efficient use depends on adequate experience and expertise and a rather sophisticated type of client or patient. Correctly applied, they can assure an improved and more dynamic therapy process; on the other hand, an improper use, or used at a wrong time, they can negatively affect the therapeutic
process. Experienced psychotherapists can use such procedures reducing the necessary time for reaching the goal of the treatment. Albert Ellis is also the authors of rational-humoristic songs; their role was to promote a functional and rational thinking style and to emphasize the inappropriateness of dysfunctional or irrational thinking.

Humor is one of the emotional techniques used in REBT. A psychotherapist might recommend his patient or client to deliberately behave in a bizarre way, that he considers as „shameful” in public, to learn how to accept and tolerate his own associated state of discomfort; only minor social deviations are accepted.

2.6. HOMEWORK

There is research showing a big difference between the ways homework is understood by the therapist compared to the patient. Homework must regard the proximal are of the patient’s development: if they are too difficult, they won’t be attended to, and if they’re too easy, they will lack the therapeutic function. In both cases, the therapy process will be affected. Also, homework needs to be congruent to the therapeutic process (to the other used procedures) and be ecological, meaning they have to allow to be applied in everyday life. Homework is chosen in order to help the patient assimilate new perspectives, test new hypothesis, and experiment new behaviors approached during the session.

There are three categories of factors that can stop the patient from making these actions: his conception regarding his affection and treatment, the level of development of knowledge and client’s aptitudes; the history of non-compliance over the client’s life; environment factors (unsupportive partner, motor difficulties, and so on).

In the case when the client didn’t make the proposed homework, the therapist will have to react neutrally, but show interest in what is happening, focusing on the problems that generated the lack of compliance. In the case where the client partially makes the proposed homework, the therapist will positively empower the aspects that were reached and continue by negotiating the following homework, so they will be reached in a higher manner. When the present the principals of the therapy and reasons why the homework should be done, the psychotherapist should emphasize their connection between them and the client’s goals.

As the behavioral side is concerned, a gap appears compared to other therapies: the rational-emotive therapy prescribes implosive tasks. The cognitive-behavioral therapists applies gradual tasks (such as real-plan or imaginative desensitization), during weekly or two-times a week session frequency. In the case of REBT this happens rarely. Most of the time exercises are prescribed to be made 10 or 20 times a day. When implosive tasks are proposed, the duration of the psychotherapy decreases.
3. HOW THE THERAPY IS CONDUCTED

After applying the basic rules of the psychotherapy (schedule, confidentiality), the way REBT develops and the ABC model are discussed with the patient. The general model of the treatment is focused on the irrational beliefs that mediate depressive symptoms: the absolute must, self-depreciation, catastrophising and low frustration tolerance. Cognitive, behavioral and emotional techniques will be used to change the focus of irrational beliefs.

The REBT intervention consists of 14 weeks of controlled therapy (12 weeks of continuous treatment and two weeks destined for follow-up), with a frequency of 1 session per week, focusing on reaching the therapy’s goals; the therapy includes a maximum number of 20 sessions with a duration of 50 minutes each.

The structure of the first session: establishing the agenda and enhancing the motivation to stick to it; evaluating the disposition, including through objective scoring; short review of the problems the patient comes with and asking for their update; identifying problems and establishing goals; educating the patient about the rational-emotive and behavioral psychotherapy; educating the patient about his disorder; extracting the expectances regarding the psychotherapy process; settling on the homework; making a short brief of the discussion; asking for feedback.

Sessions two through eight: each problem is approached using the ABC model; the efforts are conducted to consolidating the rational beliefs of the patient and de-activating the irrational ones; helping the patients to see the connection between their problems, especially those characterized by irrational thinking.

Weeks nine through 12, the final phase: one session every week. Preparing the patient to become their own psychotherapist. Discussing issues of dependency and preventing remissions.

4. CONCLUSION

Cognitive-behavioural therapies, including REBT, are not as rigid as they seem to some. REBT is a therapy that promotes unconditional self-acceptance, by encouraging the client to directly confront the patient to the situations that provoke negative emotions, and by focusing on the absolutist beliefs and confronting them, a balanced way of thinking and implicitly of living, as the person who involves in such therapy will be able to handle better the stressful situations they confront. Rational-emotive therapy is a treatment that demonstrates the client that he has the capacity to correct his own mistakes, that we are all exposed to, has control over his own emotions that in their un-functional or overestimated versions can inhibit a
healthy functioning and an efficient behaviour. Plus, Albert Ellis’ contribution to psychotherapy, as the one who reunited in the therapy process the daily resources of the client, from materials to situations that come in handy to expressing ourselves freely, to be able to face our lives with humour, showing us that the way to well-being is not necessary a troubled one.

5. REFERENCES