

Comparison of behavioral therapy and rational emotive behavior therapy critical t...

[Experience](#), [Belief](#)



When performing analysis on patients, it is important to completely understand the two primary methods of therapy for undesirable behaviors – behavioral therapy and rational emotive behavior therapy. These two different disciplines utilize unique principles and intervention techniques to help their patients, one using strict behavioral conditioning and the other using talk therapy and other techniques to change a patient's thinking about a problem. In this paper, the two varying methods will be compared and contrasted, and their application towards my own therapy techniques will be described.

In behavior therapy, a patient comes to a therapist for help with an undesirable behavior they have (anxiety, depression, addiction, and other stress related behaviors) in order to undergo conditioning and direct action toward ceasing that behavior. Behavior therapy is inherently empirical, given the laboratory-based concepts of learning that are applied to the problems patients have (Kohlenberg et al., 2002). Talk therapy is often deemphasized in favor of more direct conditional methods of therapy, such as behavior modification and systematic desensitization.

This particular discipline, or at least the basic principles behind it, has been around for thousands of years, and it primarily focuses on determinism as one of its core tactics. One of its major conceits is that “ human behavior is subject to causal determinism no less than that of billiard balls or ocean currents;” this means that, while not blaming them for their attitudes because there are causes, they have the ability to challenge that social conditioning and overcome their own neuroses (Robertson, p. 240).

Intervention for behavior therapy is most often accomplished through

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making sure desired behavior is reinforced, and undesirable behavior is discouraged to the point of extinction. Once this is accomplished, the strict behaviors that are unhealthy or disruptive are then gone permanently, to be replaced by new behaviors that are much more desirable and can provide a better emotional situation for the patient.

Rational emotive behavior therapy, or REBT, is also based on empirical principles of psychotherapy to an extent, but it focuses far more on philosophy and active-directive forms of psychotherapy. Created by Albert Ellis in the 1950s, this school of thought emphasizes cognitive behavior therapy instead of simple conditioning. They seek to prove to people that there are not simple causes to all of their problems; instead, much of their anxiety, depression, or whatever they have stem from the fact that their own views of reality are skewed against them. That means a dramatic reshifting of priorities and attitudes is needed in order to feel a greater sense of peace with oneself. While there are certainly active events that can lead to one's distress, it is helped along by the person's belief about the event that caused said distress. This is known as the ABC model – A being the active event, B being the belief about the event, and C being the emotional response (REBT Network, 2011).

Intervention in REBT is much different than in standard behavior therapy; instead of using standard behavioral conditioning to substitute behaviors as the therapist sees fit, discourse and dialogue with the therapist is used to arm the patient with certain emotional techniques, and allows them to learn about why they think the way they do. Reassurance and goal-oriented

therapy is used by the patient and therapist to achieve the desired level of wellness. Problems are acknowledged, and the client is asked to go back into their past or explore their attitudes to find out the reason why they react a certain way to a stimulus or event (Ellis, 1998).

The primary goal of REBT is to “ help people change their irrational beliefs into rational beliefs.” The reason they feel bad or are adjusting poorly to things that happen in their life is due to a misunderstanding or unhealthy shift in attitude which must be corrected. Through REBT, this can be successfully accomplished by exploring the reasons behind their emotional responses. Once these are determined and brought out into the air, talk therapy can be used to help the client understand that this is a bad way to look at their lives, and to cultivate healthier habits and viewpoints. Clients are meant to “ internalize a rational philosophy of living just as they originally learned and internalize the illogical musts and superstitions of their early years” (Ellis, 1998).

Given my understanding of behavior therapy and rational emotive behavior therapy, there are quite a few principles from both I would like to incorporate into my own therapy technique development. On the side of behavior therapy, I would like to incorporate more empirical techniques and conditioning into my practice; often in my experience, patients are reticent at first to talk and open up about their feelings to a great extent, making REBT somewhat less of a desirable option for them. In those instances, it would help me greatly to have a number of behavior therapy techniques at my disposal. These techniques can at least help me address the rote

behaviors that must be fixed, though I feel as though that does not reach the emotional root of a problem in a satisfactory manner.

For the most part, however, I would much rather adopt an REBT-based therapy technique, as that fits in much more closely with my own personal techniques and attitudes about psychotherapy. It is the method I would use first and foremost, as I find a great many people simply wish to talk about their problems, and often that is enough. For those with more serious, recurrent issues, however, REBT techniques can come in quite handy, as much of the time they are merely suffering from poor attitudes about themselves, their work lives, their love lives, and so on. With the help of a successful REBT intervention, I feel much more comfortable being able to help them. Changing the poisonous way the patient looks at a situation can make all the difference. The ABC model gels closely with how I believe many emotional and mental problems occur, and if I can tap into the root of that problem for a patient, I can help them the most through that.

References

Ellis, A. (1998). *The Albert Ellis reader: a guide to well-being using rational emotive behavior therapy*. Secaucus, N. J.: Carol Pub. Group.

Kohlenberg, R., Bolling, M., Kanter, J., & Parker, C. (2002). *Clinical behavior analysis: where it went wrong, how it was made good again, and why its future is so bright..* University of Washington, 3(3), 248-253.

Robertson, D. (2010). *The philosophy of cognitive-behavioural therapy (CBT) stoic philosophy as rational and cognitive psychotherapy*. London: Karnac.

What is Rational Emotive Behavior Therapy (REBT)? - REBT Network: Albert

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Ellis | Rational Emotive Behavior Therapy. (n. d.). REBT Network. Retrieved June 15, 2011, from <http://www.rebtnetwork.org/whatis.html>