

Rational emotive behavior therapy



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Rational Emotive Behaviour Therapy (REBT) is a theory of personality and a method of psychotherapy developed in the 1950's by Albert Ellis, a clinical psychologist. Ellis believes that when highly charged emotional consequences follow a significant event, the event actually does not necessarily cause the consequences. Instead, they are largely created by the individual's belief system. When undesirable emotional consequences occur, such as severe anxiety, Ellis believes that when irrational beliefs are effectively disputed by challenging them rationally and behaviourally the disturbed consequences are reduced. The goal of REBT, consequently, is to help clients examine and change their basic values - particularly those keeping them disturbed - and reduce underlying symptom producing propensities.

REBT views cognition and emotion integratively, with thought, feeling, desires and action interacting with each other. Ellis stresses that personality change can occur in both directions. Therefore the therapist can talk with people and try to change their mind so they will behave differently, or can help clients to change their behaviour and thus modify their thinking. REBT theorists believe that humans rarely change a profound self-defeating belief unless they act against it.

REBT holds that people are born with the potential to be rational as well as irrational. They not only have a predispositions to be self-preserving and actualize their potential for life and growth; but also to be self-destructive, and short-range hedonists. They avoid thinking things through, procrastinate, repeat the same mistakes, are superstitious, intolerant, perfectionistic, grandiose and avoid actualizing their potential for growth.

They have a tendency to irrational thinking and self-damaging habituations, exacerbated by both culture and the family group. They rarely act without perceiving, thinking and emoting because these provide reasons for acting. Both normal and disturbed behaviour are functions of perceiving, thinking, emoting and acting.

To help change malfunctioning REBT uses a variety of perceptualcognitive, emotive-evocative, and behaviouristic-reeducative methods. It is highly cognitive, active-directive, homework assigning and discipline-oriented therapy; likely to be more effective in briefer periods, and with fewer sessions than other therapies.

REBT therapists do not believe a warm relationship between client and the therapist is necessary for effective personality change, although it is seen as desirable. Stress is placed on unconditional acceptance and close collaboration with clients, but therapists also actively encourage them to confront their behaviours and accept their inevitable fallibility.

A variety of therapeutic methods are employed - didactic discussion, behaviour modification, bibliotherapy, audiovisual aids and activity-oriented homework assignments, role-play, assertion training, desensitization, humour, operant conditioning, suggestion support and other techniques. Therapy is not just oriented to symptom removal except when that is the only way change can be accomplished.

To discourage undue dependence, therapists use hardheaded methods to convince clients to resort to self-discipline and self-direction REBT shows how activating events or adversities contribute but do not cause emotional

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consequences. Emotional consequences result from interpretations of events through the lens of unrealistic and over-generalized beliefs. In other words, the real cause of emotional upset lies in people and not in what happens to them. To assist in correcting their malfunctions, clients are presented with the following insights:

A. Self-defeating behavior follows from the interaction of adversity and an irrational belief system, resulting in disturbed consequences. B. Unless clients admit and face their own responsibilities for the continuation of dysfunctional beliefs they are unlikely to uproot them C. Only hard work and practice will correct irrational beliefs and keep them corrected.

REBT versus Psychodynamic therapy

Psychodynamic psychotherapy uses some of the same theories and principles of understanding the mind as does psychoanalysis, but it uses different technical procedures. • Sessions are usually just once a week. (Highly motivated clients, or clients who are emotionally unstable and need extra support, may want to meet two or three times a week—if the cost is not prohibitive.) • The client and the psychotherapist sit face-to-face.

• The psychotherapist usually talks quite a lot, compared to the “silence” of the psychoanalyst. • Treatment is an interactive process between the client and the psychotherapist. • Treatment generally pays quite a bit of attention to unconscious motivation and can rely heavily on dream interpretation. • Treatment length can range from 1 to 12 sessions (“brief” psychotherapy), to about 20 sessions to several years.

I actually had REBT done on me several years ago by a psychotherapist. At first, she started off with Psychodynamic theories and then found that REBT might suit me far better than Psychodynamics alone. I found that REBT was far more personable than Psychodynamics, and benefitted better from this technique.

REBT versus Client Centered therapy Carl Rogers first formulated the essentials of Person-Centered Therapy (PCT), an approach to helping individuals and groups in conflict, in 1940. At the time it was a revolutionary hypothesis that a self-directed growth process would follow the provision and reception of a particular kind of relationship characterized by genuineness, non-judgmental caring, and empathy. Its most fundamental and pervasive concept is trust.

The foundation of Rogers' approach is a human being's actualizing tendency towards the realization of his or her full potential; which he described as a formative tendency observable in the movement toward greater order, complexity and interrelatedness. The person-centered approach is built on trust that individuals and groups can set their own goals and monitor their own progress towards them. It assumes that the clients can be trusted to select their own therapist, choose the frequency and length of their therapy, talk or be silent, decide what needs to be explored, achieve their own insights, and be the architects of own lives. Moreover, groups can be trusted to develop processes right for them and to resolve conflicts in the group.

In Client-Centered Therapy, the therapist provides continuous and constant empathy for the client's perceptions, meanings and feelings. The other tools

employed are congruence and unconditional positive regard. Rogers believes it is important for the therapist to be appreciated as a person in the relationship. This is facilitated by congruence or genuineness - the correspondence between the thoughts and behavior of the therapist. The therapist does not put up a front or façade. Unconditional positive regard means that the therapist's regard for the client will not be affected by client's choices, characteristics or outcomes. The therapist expresses this through demonstrating empathy by reflecting a profound interest in the client's world of meanings and feelings; which the therapist receives and conveys appreciation and understanding back, thereby encouraging the client to go further or deeper.

The result is an interrogation in which the therapist is a warm, sensitive and respectful companion in the difficult exploration of the client's emotional world. The intended result for the client is a better self-concept and increasing self-esteem. Rogers believes that when clients receive congruence, unconditional positive regard and empathy their self-concepts become more positive and realistic. As a result, they become more self-expressive and self-directed, their behaviour becomes more mature and they deal better with stress.