

# ONE

## The Distinctive Features of Rational Emotive Behaviour Therapy

We are often asked what are the similarities and differences between rational emotive behaviour therapy (REBT) and cognitive behaviour therapy (CBT). While this seems like a reasonable and straightforward question, we actually find it problematic and difficult to answer. The reason we find the question problematic is this. We consider cognitive behaviour therapy (CBT) to be a therapeutic tradition comprising a number of specific approaches, of which REBT is but one. Thus, when we are asked to compare and contrast REBT with CBT, it is like being asked to compare and contrast an orange (a specific piece of fruit) with fruit (a general category).

Thus, rather than compare REBT (a specific CBT approach) with CBT (a general therapeutic tradition), we prefer to outline what makes REBT distinctive within the CBT tradition. So, in this opening chapter, we will discuss fifteen of REBT's distinctive theoretical features and fifteen of its distinctive practical features. So, when you have read the following thirty distinctive features of REBT, you should have a good idea about what makes REBT distinctive within the therapeutic tradition of CBT. Note that we are not saying that these thirty features are unique to REBT and only to REBT. Rather, we are saying that, taken together, these features outline the distinctiveness of REBT.

Before we undertake our task, it is worth saying that REBT is the oldest of the extant specific CBT approaches, being established by Albert Ellis (1913–2007) in the late 1950s. It is thus over fifty years old, and while it is still developing, what appears in this book are its key ideas described in a nutshell!

## The Distinctive Theoretical Features of REBT

In this section, we will outline REBT's major distinctive theoretical features.

### Postmodern Relativism

REBT espouses postmodern relativism, which is antithetical to rigid and extreme views and holds that there is, in all probability, no absolute way of determining reality. Note that we have said 'in all probability' here, for had we said that there is no absolute way of determining reality, then this would have been an absolute statement, antithetical to REBT theory.

### REBT's Position on Human Nature

All approaches to counselling and psychotherapy are based on explicit or implicit ideas about human nature. In selecting a schema to outline REBT's views of human nature we have chosen Hjelle and Ziegler's (1992) 'basic assumptions' approach, which puts forward nine continua on which REBT and other approaches can be located with respect to their position on this issue. We have spelt out this position in Table 1.1.

**Table 1.1 Description of the nine basic assumptions concerning human nature and REBT's position on these continua**

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• **Freedom – Determinism**

How much internal freedom do people have and how much are they determined by external and internal (e.g. biological) factors?

*REBT's position: Moderate emphasis towards the freedom end of the continuum*

• **Rationality – Irrationality**

To what extent are people primarily rational, directing themselves through reason or to what extent are they guided by irrational factors?

*REBT's position: Mid-range between the two. People have the capacity to be both rational and irrational. They have to work harder to be rational than irrational*

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**Table 1.1 (Continued)**


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- **Holism – Elementarism**

To what extent are people best comprehended as a whole or to what extent by being broken down into their constituent parts?

*REBT's position: Moderate emphasis towards holism end of the continuum*

- **Constitutionalism – Environmentalism**

To what extent are people the result of constitutional factors and to what extent are they products of environmental influences?

*REBT's position: Strong emphasis towards the constitutionalism end of the continuum*

- **Changeability – Unchangeability**

To what extent are people capable of fundamental change over time?

*REBT's position: Moderate emphasis towards the changeability end of the continuum*

- **Subjectivity – Objectivity**

To what extent are people influenced by subjective factors and to what extent by external, objective factors?

*REBT's position: Strong emphasis towards the subjectivity end of the continuum*

- **Proactivity – Reactivity**

To what extent do people generate their behaviour internally (proactivity) and to what extent do they respond to external stimuli (reactivity)?

*REBT's position: Strong emphasis towards the proactivity end of the continuum*

- **Homeostasis – Heterostasis**

To what extent are humans motivated primarily to reduce tensions and maintain an inner homeostasis and to what extent are they motivated to actualize themselves?

*REBT's position: Mid-range between the two*

- **Knowability – Unknowability**

To what extent is human nature fully knowable?

*REBT's position: Moderate emphasis towards the unknowability end of the continuum*

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Source: Hjelle and Ziegler, 1992

### **REBT's Distinctive ABC Model**

Most approaches to CBT outline an 'ABC' mediational model when the person's responses at 'C' to an event at 'A' are mediated by their thoughts and/or beliefs (B) about the event. This view is articulated in Epictetus's oft-quoted dictum: 'Men are disturbed not by things, but by their views of things'. Now, different CBT approaches have different versions of this ABC model and in Chapter 2 we will outline REBT's distinctive 'Situational ABC' model which highlights key inferential aspects of 'A' and argues that 'C' can be emotive, behavioural and cognitive in nature. It also stresses that 'ABCs' are best understood within a situational context.

### **Rigidity Is at the Core of Psychological Disturbance**

REBT argues that a defining characteristic of humans is that we have desires. We want certain things to happen and other things not to happen. However, we also have a strong tendency to transform these desires into absolute musts, shoulds and oughts, etc. When we hold rigid beliefs of this nature, we disturb ourselves. Thus, in REBT, rigidity is seen as being at the core of psychologically disturbed responses to adversity.

### **Flexibility is at the Core of Psychological Health**

As we mentioned above, we have desires as humans. However, if we recognize that we don't have to get what we want and we don't have to be spared of what we don't want, we will not disturb ourselves about the adversities that we face. Thus, in REBT, flexibility is seen as being at the core of psychologically healthy responses to adversity.

### **Extreme Beliefs are Derived from Rigid Beliefs**

As we pointed out above, rigid beliefs are at the core of psychologically disturbed responses to adversity. REBT theory also holds that three

extreme beliefs are derived from such rigidity in the face of adversity. These are known as: awfulizing beliefs, discomfort intolerance beliefs and depreciation beliefs. We will discuss these in Chapter 2.

### **Non-extreme Beliefs are Derived from Flexible Beliefs**

As we pointed out above, flexible beliefs are at the core of psychologically healthy responses to adversity. REBT theory also holds that three non-extreme beliefs are derived from such rigidity in the face of adversity. These are known as: non-awfulizing beliefs, discomfort tolerance beliefs and acceptance beliefs. We will also discuss these in Chapter 2.

### **Distinction between Unhealthy Negative Emotions (UNEs) and Healthy Negative Emotions (HNEs)**

As we discussed above, when we face adversity, we have a choice. We can either make ourselves disturbed about this adversity or we can respond in psychologically healthy ways. Depending on what we disturb ourselves about, the emotional component of such disturbance can be expressed in one or more of the following unhealthy negative emotions: anxiety, depression, guilt, shame, hurt, unhealthy anger, unhealthy jealousy and unhealthy envy. These unhealthy negative emotions (or UNEs) are deemed to stem from irrational (i.e. rigid and extreme) beliefs. These UNEs may vary in intensity according to the strength of the person's irrational beliefs.

When we respond healthily to the same adversities, we still experience negative emotions, but these emotions will be healthy in their effects. In REBT, these are known as healthy negative emotions (or HNEs) and are as follows: concern, sadness, remorse, disappointment, healthy anger, healthy jealousy and healthy envy). They are deemed to stem from rational (i.e. flexible and non-extreme) beliefs. These HNEs may also vary in intensity according to the strength of the person's rational beliefs.

## **Explaining why Clients' Inferences are Highly Distorted**

In clinical practice you will encounter situations where your clients will disclose highly distorted inferences (e.g. 'I will become a bag lady'; 'I will lose complete control of myself'; 'I am having a heart attack'. In other approaches to CBT, these tend to be treated as other less highly distorted inferences are and are subject to empirical enquiry. While this can also be done in REBT, in this form of CBT such highly distorted inferences are conceptualized as cognitive consequences of irrational beliefs, and before they are targeted for intervention the irrational beliefs that spawn them are questioned first.

## **Position on Human Worth**

REBT has a unique perspective on the issue of human worth, which is particularly relevant to problems of self-esteem (where judgements of the worth of self are salient) and unhealthy anger (where judgements of the worth of others are often made). REBT's view is that as humans are constantly in flux and are highly complex, we cannot legitimately be assigned a single, global judgement or rating that completely accounts for us. Consequently, the REBT alternative is to unconditionally accept humans as fallible, complex and changeable, but to give legitimate evaluations to our rateable aspects (e.g. our behaviour, thoughts, etc.).

REBT's view is that, like self-actualization, unconditional acceptance of self and others is something to strive for, not to attain once and for all.

## **Distinction between Ego and Discomfort Disturbance and Health**

REBT argues that there are two major personal domains in which people experience emotional problems: the ego domain (in which problems revolve around a person's lack of self-esteem) and the discomfort domain (in which problems are about anything else). When Ellis (1979a, 1980a) first introduced this distinction, he was referring to two different types of anxiety: ego anxiety (experienced when the

person held an irrational belief about a threat to her self-esteem) and discomfort anxiety (experienced when the person held an irrational belief about a threat to her sense of comfort).

Since then, these terms have been applied much more widely than to anxiety so that when a person holds a demand and self-depreciation belief about an adversity, she is said to experience ego disturbance and when, in the face of the adversity, she holds a demand and any irrational derivative belief other than a self-depreciation belief, she is said to experience discomfort disturbance.

Also, when the person holds a flexible, non-dogmatic preference and a self-acceptance belief in the face of an adversity, the person is said to experience ego health and when she holds a flexible, non-dogmatic preference and any rational derivative belief other than a self-depreciation belief in the face of an adversity, she is said to experience discomfort health.

### **Focus on Meta-emotional Disturbance**

While other animals may be said to experience symptoms consistent with psychological disturbance, only humans appear to have the ability to disturb ourselves about our disturbances. In REBT this is known as meta-emotional disturbance (Dryden, 2009) or secondary disturbance (Walen et al., 1992), and REBT therapists have long since emphasized the early assessment and treatment of this form of disturbance and the need to give clinical priority to it over the person's primary disturbance when its existence impedes the person from dealing effectively with the latter.

### **The Biological Basis of Human Irrationality**

Most other approaches to CBT are based on social learning theories which stress that psychological disturbance occurs as a result of faulty learning. REBT, on the other hand, argues that there is a strong biological basis to psychological disturbance. Thus, for example, independent of their learning history, people seem to find it very easy to

transform their preferences into rigid demands, particularly when these preferences are strongly held. They also find it easy to slip back after making psychological advances. While some people think that this view is overly pessimistic, REBT theorists argue that it is realistic. For while people have a strong tendency to irrational thinking, we also have a tendency to rational thinking (Ellis, 1976).

### **Choice-Based Constructivism and Going Against the Grain**

This point is actually linked to the previous one, for despite our biological tendencies, we have a choice whether we construct rigid beliefs from our preferences or keep these beliefs flexible by recognizing that we do not have to get what we want. If our rigid beliefs are entrenched, we can still choose to change them by questioning these irrational beliefs and acting and thinking in ways that are consistent with our chosen rational beliefs. However, to do so we need to 'go against the grain' of our irrational beliefs and put up with discomfort of doing so.

### **Position on Good Mental Health**

REBT is very explicit about what constitutes good mental health, more explicit in this respect than other CBT therapies. REBT not only sees its aim as the remediation of psychological disturbance, it also strives to help clients to work towards being as psychologically healthy as possible. This is how REBT conceptualizes good mental health. People with good mental health (GMH):

- Take responsibility for their own feelings and behaviour
- Are flexible and non-extreme in their beliefs about self, others and the world
- Value scientific thinking and are non-utopian in outlook
- Adopt an enlightened self-interested position where they look after their own interests, but are mindful of the interests of others and of the environment, sometimes putting the latter two ahead of their own interests
- Are self-directed in orientation rather than relying on others to provide them direction

- Recognize that happiness stems from making a strong commitment to meaningful pursuits and acting on this commitment
- Take calculated risks to achieve their goals
- Adopt a balance between short-range and long-term hedonism.

## **The Distinctive Practical Features of REBT**

In this section we will outline REBT's major distinctive practical features.

### **The Therapeutic Relationship in REBT**

Like other approaches to CBT, REBT regards the core conditions of empathy, respect and genuineness as highly desirable, but neither necessary nor sufficient to bring about therapeutic change (Ellis, 1994).

REBT offers the following distinctive positions on the therapeutic relationship.

#### **Therapist Warmth**

Ellis (in Dryden, 1997) argued that being overly warm runs the risk of reinforcing clients' dire need for approval. Reasonable warmth is advocated instead.

#### **Therapist Acceptance**

REBT recommends therapists' showing clients unconditional acceptance rather than respect or prizing (Rogers, 1957) since the danger of the latter is that it is based on positive rating that clients can use conditionally (i.e. 'I am worthwhile because my therapist respects me' with the implication that I would not be worthwhile if my therapist did not respect me). Unconditional acceptance teaches the clients that they can accept themselves whether they are accepted or not, whether by their therapist or by others.

### Informality

REBT therapists tend towards informality of therapeutic style, although we can be formal when required. This informality communicates a number of messages to clients:

- It communicates that REBT therapists take themselves and their role seriously, but not too seriously
- It lessens the emotional distance between therapist and client without compromising the purpose of therapy
- It communicates therapeutic parity between therapist and client.

### Therapist Humour

Therapist humour is emphasized more heavily in REBT than in other CBT approaches. It is focused on aspects of clients rather than directed at the clients themselves and like, therapist informality, it communicates that psychological disturbance results when people take themselves, other people and/or life conditions not just seriously, but *too* seriously.

### Position on Case Formulation

In CBT, there is a general agreement on the importance of case formulation. It is seen as providing order to the conceptualization and treatment of the client's problems and is best done before treatment interventions are undertaken. REBT's view on this issue is different. We do not routinely wait to intervene on our clients' problems until we have carried out a case formulation. Rather, we tend to intervene more quickly on a client's target problem and build up a formulation of the 'case' as we go rather than structuring therapy into formulation-intervention stages. We do this because it provides clients with quicker, more efficient help.

Elsewhere, I (WD) have argued that a full case formulation is undertaken before treatment:

- When it is clear that the person has many complex problems
- When resistance occurs in clients who have at first sight non-complex problems and where usual ways of addressing such resistance have proven unsuccessful

- When clients have had several unsuccessful previous attempts at therapy, particularly REBT (Dryden, 1998a).

### **Psycho-educational Emphasis**

REBT has a distinct view on how people disturb themselves, how they perpetuate their disturbance and how they can change. In REBT we are open with our clients about our views and explicitly teach them how to apply REBT concepts in their everyday lives. Of the extant CBT approaches, REBT is the one that has a psycho-educational emphasis that is evident in a variety of therapeutic modalities and self-help materials.

### **Dealing with Problems in Order: Disturbance; Dissatisfaction; Development**

People come to therapy with a variety of problems. They are often dissatisfied in areas of their life, they disturb themselves about their dissatisfactions and they fail to develop their personal capacities. As a result, therapists need some schema for dealing with such problems in their logical order. In REBT we argue that the most logical order is as follows:

- We deal with clients' disturbances about their dissatisfactions before dealing with the dissatisfactions themselves. We do this because as long as clients are disturbed about their dissatisfactions, their disturbances will prevent them from dealing effectively with these areas of dissatisfaction.
- Once we have helped clients deal with their disturbed feelings about their dissatisfactions, we help them deal with these dissatisfactions before we help them to deal with developing their personal capacities. We do this because as long as clients are preoccupied with life's dissatisfactions they won't be able to give their full attention to issues of personal development.

### **Early Focus on Irrational Beliefs**

As we have seen, REBT theory holds that people disturb themselves about life's adversities because they hold irrational beliefs about these adversities. As such, the best way we can help our clients is to help them

to change their irrational beliefs to rational beliefs. Consequently, REBT therapists use the automatic thoughts and distorted inferences that clients disclose as a way of helping them as quickly as possible to identify and change the irrational beliefs that spawn these other cognitions. So, REBT advocates an early focus on irrational cognitive schemas whereas other approaches to CBT will tend to focus on more surface cognitions before dealing with underlying schemas.

### Helping Clients to Change their Irrational Beliefs to Rational Beliefs

Perhaps the most distinctive feature about REBT practice is the efforts that REBT therapists make to help clients change their irrational (rigid and extreme) beliefs to rational (flexible and non-extreme) beliefs. This process involves a number of steps:

- Helping clients to *detect* their irrational beliefs
- Helping clients to *discriminate* their irrational beliefs from their rational belief alternatives
- Helping clients to *dispute* their irrational and rational beliefs
- Helping clients to strengthen their conviction in their rational beliefs and weaken their conviction in their irrational beliefs.

We discuss this in greater detail in Chapters 2, 3 and 4.

### Use of Logical Arguments in Disputing Beliefs

DiGiuseppe (1991) has argued that REBT therapists employ three major arguments when questioning or disputing their clients' beliefs (both irrational and rational). These are:

- Empirical arguments (e.g. 'Is your demand consistent with reality?')
- Logical arguments (e.g. 'Does it logically follow that you can rate your whole self on the basis of a part of yourself?')
- Pragmatic arguments (e.g. 'What are the consequences of your discomfort intolerance belief?').

Most CBT approaches employ empirical and pragmatic arguments, but place little emphasis on logical questioning. In REBT we use all three. We do realize that most clients may find logical arguments less persuasive than the other two arguments, but some clients do find logical arguments convincing. Given that the best way of knowing to which arguments clients best resonate is to use them and observe their effects. REBT therapists will give all three equal weight and stick with arguments that clients find most useful.

### Variety of Therapeutic Styles

CBT therapists all tend to take a broad active-directive style to therapy. Indeed, it would be difficult to practise CBT passively and without any direction. Also, if CBT therapists were not allowed to ask questions in therapy they would soon flounder. Having said that, REBT therapists tend to use a broader range of styles than other CBT therapists. Thus, in general, we can practise REBT, formally or informally, seriously or with humour.

When it comes to disputing beliefs we can use the following styles:

- A *Socratic style* where therapists ask clients open-ended questions designed to encourage them to see for themselves that their irrational beliefs are irrational and that rational beliefs are rational and the reasons why this is the case
- A *didactic style* where therapists didactically teach clients the same thing, ensuring that clients understand the didactic points being made
- A *metaphorical style* where therapists adopt a metaphorical stance and tell stories designed to illustrate the irrationality of irrational beliefs and the rationality of rational beliefs
- A *humorous style* where therapists use humour to encourage clients to see how ridiculous their irrational ideas are
- An *enactive style* where therapists use action in the therapy setting to illustrate the irrationality of irrational ideas.

Whichever styles therapists employ it is important that the working alliance between therapist and client is preserved and that the therapist is genuine in using the style. Lazarus (1981) has remarked that effective therapists are authentic chameleons in varying therapeutic styles and this is certainly the case in REBT.

### **Discourages Gradualism**

In order to benefit effectively from REBT, clients need to confront their adversities at 'A' while rehearsing their rational beliefs at 'B', while ensuring that their behaviour and thinking at 'C' are consistent with their rational thinking. Clients who fully confront their adversities in this way will get the most out of REBT, but quite often they find doing so 'too much' for them. In such cases, they can either confront their adversities in a very gradual manner or they use the 'challenging, but not overwhelming' principle (Dryden, 1985), where they take steps that are challenging to them, but not overwhelming to them at the time. While REBT therapists would prefer their clients to use full exposure, they are keen to discourage them from proceeding very gradually, since doing so reinforces their discomfort intolerance beliefs.

### **Change Is Hard Work, and the Use of Force and Energy**

In an ideal world therapeutic change would be quick and easy. In the real world, however, it is hard work and involves repeated and forceful 'going against the irrational grain'. For this reason, REBT therapists use a forceful approach with their clients when appropriate, but in ways that preserve the working alliance between them and their clients. They also encourage their clients to be forceful with themselves (Ellis, 1979b).

### **Emphasis on Teaching Clients General Rational Philosophies and Encouraging Them to Make a Profound Philosophic Change**

As we pointed out above, REBT therapists are interested not only in helping their clients address their disturbances and dissatisfactions, they are also keen to help them, if required, to develop their personal capacities. As part of this part of their work, they can offer their clients an opportunity to develop general philosophies that, if adopted and implemented, can help clients become, in Ellis's (1999) memorable phrase, 'less disturbable'. If clients are able and willing to make a 'profound philosophic change', they work towards developing a set of flexible,

non-awfulizing, discomfort tolerance and acceptance beliefs about what happens to them, their loved ones and the larger social and physical world.

We should stress, however, that most clients are not interested in developing such a general rational philosophy and for those who are it is a lifetime's work. Like self-actualization, it is a state to strive for and can never be attained perfectly and once and for all. Nevertheless, REBT is unique among CBT approaches in offering clients such an opportunity and is clear about how interested clients can go about doing this.

### **Compromises in Therapeutic Change**

As we have seen, REBT argues that changing their beliefs is the most profound and enduring way in which clients can help themselves deal effectively with their emotional problems. REBT recognizes, however, that clients may not be able or willing to change their irrational beliefs and in such cases it recommends making compromises with the ideal of belief change. In such cases, we can help our clients:

- Achieve inferential change by encouraging them to question and re-think their distorted inferences so that they view events more realistically
- Achieve behavioural change by helping them to respond to adversities more effectively
- Achieve situational change by encouraging them to change the situation in which the adversity occurred if it can be changed or to remove themselves from the situation if it can't be changed.

It may be that once clients have made these other changes, they may be open to changing their irrational beliefs to rational ones.

### **Focus on Clients' Misconceptions, Doubts, Reservations and Objections to REBT**

As we mentioned earlier, REBT has a decided psycho-educational focus and believes that people can be taught the principles of rational thinking and healthy living, at least from the perspective of REBT. As these concepts are explicitly discussed with clients, it happens that they

may develop doubts, reservations and objections to REBT concepts and ideas (Dryden, 2001). For example, some people are reluctant to change their rigid musts, because they think that they need these to motivate them to take action. Many such doubts etc. held by clients are based on misconceptions of rational concepts and when these are identified by the therapist, he or she engages the client in a productive dialogue about the basis of the misconception.

An important skill that effective REBT therapists have is to identify the presence of clients' doubts when they are implicitly rather than explicitly communicated. Unless this is done the client will be guided by the doubt and this will serve as an obstacle to change.

### Therapeutic Efficiency

A distinctive feature of REBT is the emphasis it places on efficiency in its practice. In a seminal paper, Ellis (1980b) specified several criteria of psychotherapeutic efficiency. None of these criteria on its own defines REBT's distinctive contribution. This is defined by all seven in concert. These are:

- **Brevity:** Helping clients in as short a time as possible
- **Depth-centredness:** Helping clients by focusing at the deep level of irrational beliefs and encouraging them to change these to rational beliefs
- **Pervasiveness:** Helping clients to deal with many of their problems, rather than with a few presenting symptoms
- **Extensiveness:** Helping clients not only to minimize their disturbed feelings, but also to promote their potential for happy living
- **Thoroughgoingness:** Helping clients by using a plethora of cognitive, emotive and behavioural techniques in a thoroughgoing manner
- **Maintaining therapeutic progress:** Helping clients maintain their progress and deal with vulnerable factors that would otherwise lead to lapses and relapse
- **Promotion of prevention:** Helping clients to prevent the development of new problems in the future.

The above ways of working are offered to clients, not foisted on them.

## Theoretically Consistent Eclecticism

REBT is a form of theoretically consistent eclecticism (Dryden, 1986), meaning that it advocates the broad use of techniques, from wherever, but to achieve goals in keeping with REBT theory. For example, when an REBT therapist employs the two-chair technique that originates from gestalt therapy, it is to help the client to identify an irrational belief or as a disputing technique designed to encourage a dialogue between the irrational and rational parts of his mind; it is not to resolve splits in the person's psyche, as it would be in gestalt therapy (Passons, 1975).

REBT also specifies techniques that it recommends its practitioners to avoid using (although not in an absolute sense). These are techniques that may reinforce rather than tackle a person's irrational beliefs (e.g. gradual desensitization with clients who have discomfort intolerance beliefs and being overly warm with clients who have a dire need for approval).

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### Chapter Summary

In this opening chapter we have made the point that to compare and contrast REBT (a specific approach) with CBT (a general therapeutic tradition) is not meaningful. Rather, it is more accurate to consider REBT's distinctive theoretical and practical features, which we have listed here. If you are interested in reading more on this subject, we suggest that you look at Dryden (2009).

We are now ready to consider REBT's ABC framework in greater detail, which we do in Chapter 2.

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