

## Applying the assumptions of the approach to REBT

The cognitive approach suggests that normal behaviour is based around your view of yourself and the world around you (this links to the schemas assumption).

Therefore, psychological problems occur when these perceptions are irrational. This may mean that you don't have a positive view of yourself or that you have irrational thoughts about your relationships, e.g. you believe that your work colleagues dislike you.

The aim of REBT is to challenge and change these irrational thoughts. By changing these thoughts, the idea is that behaviour will also change.

When engaging in REBT therapy, the irrational thoughts will be replaced by rational thoughts. A more realistic self-perception will be achieved. Once this occurs the client's behaviour will be less abnormal.

## Components of REBT

REBT can be summarised using the ABCDE model as proposed by Ellis (1957).

**A – Activating event:** this is the stimulus that has led to your negative thoughts and feelings.

**B – Belief:** this is your belief about the event and is often irrational.

**C – Consequence:** this step involves what the individual now does due to the belief.

The ABC section of this therapy informs us of how irrational thoughts and beliefs occur and are maintained. These would be explored in the therapy and challenged.

**D – Disputing:** the irrational beliefs are objectively discussed and challenged. It is important that the client understands the difference between rational and irrational thoughts. Thoughts can be disputed in a manner of different ways (see below).

**E – Effects:** this concerns the effects of disputing, e.g. replacing an irrational thought with a rational thought.

## Types of disputing

**Logical disputing:** getting the client to think about whether their thought patterns 'make sense'.

**Empirical disputing:** asking the client if there is evidence to support their beliefs.

**Pragmatic disputing:** getting the client to think whether their thought patterns are useful to them or not.





## Effectiveness

### Research evidence

Engels et al. (1993) conducted a meta-analysis (a statistical method to analyse multiple pieces of evidence) of 28 studies that investigated the effectiveness of REBT when compared to other therapeutic interventions. REBT was found to be more effective than a placebo or no treatment and as effective as other therapies such as systematic desensitisation.

## Ethical considerations

### An ethical issue: patient blame

REBT can be a difficult therapy to go through. Clients are often forcefully challenged and presented with the idea that it is their belief (the B part of the ABCDE model) that is causing irrational thoughts and their own mental health issues.

## Limited in usefulness

REBT may not work for all individuals. REBT requires clients to play an active role in their own therapy and some individuals find this tough. REBT also requires the client to be honest and open about their thoughts and feelings.

### An ethical issue: what is rational?

The 'sadder but wiser' effect suggests that individuals with depression may be sadder (depressed mood) but are wiser (more accurate at predicting outcomes). It could be said that non depressed individuals live their life with rose tinted glasses.

