

**The Examined Life: A Rational Emotive Behavioural Perspective**

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## Introduction

Rational Emotive Behaviour Therapy (REBT) is generally regarded as an approach to counselling and psychotherapy firmly rooted in the cognitive-behavioural tradition. This foundation, however, does not exhaust the features of this approach to therapy. In the first edition of his pioneering book, "Reason and Emotion in Psychotherapy", Ellis (1962) outlines the psychological and philosophical influences on the development of his thought. In these passages it emerges that the youthful Ellis was passionately interested in the practical applications of philosophy. He cites Epictetus, Marcus Aurelius and Bertrand Russell as being particularly influential in this respect.

Since its inception in 1955, REBT has remained an approach to therapy that owes as much to applied philosophy as it does to psychology and in this respect it differs noticeably from other cognitive-behavioural therapeutic approaches. Its applied philosophical focus can be seen particularly when clients are encouraged to identify, examine and question their irrational beliefs. These beliefs are deemed to be rigid or extreme, inconsistent with

reality, illogical and heuristically problematic. For example, if I held the belief: "I must get this article published by 'Practical Philosophy'" it can be shown that this belief is inconsistent with reality, illogical and yields poor results. Thus:

- This belief is inconsistent with reality because while it is true that I would like this article to be published by this august publication (my desire is true when I have it and I can show that it orients me towards various relevant situational features and away from others), it is not true that it must be published. If it were true that it must be published, then it would have to be published and there would be no chance that publication could be refused. Since there is the possibility that the editor may turn it down, this rigid demanding belief is untrue.
- This belief is illogical if we consider its relationship to its preferential base. In doing so, we have the following. "I want this article to be published by 'Practical Philosophy', therefore it must be". The preferential base - "I want this article to be published by 'PP'..." is not

rigid, while the second demanding part - "...therefore it must be" is rigid. Something rigid cannot logically follow from something "non rigid" and therefore the demand is illogical.

- This belief yields poor results since it would lead to anxiety during the writing process and while I was waiting for the editorial decision (the first anxiety would impede my creative thought and the second anxiety would impede my ability to concentrate on other things) and to unhealthy anger if the editor turns it down (I would look for ways of exacting my revenge on the editor)

In REBT, one of the therapist's tasks is to encourage the client to examine his or her irrational beliefs, empirically, logically and heuristically and also to use this three-pronged enquiry to examine the rational alternatives to these beliefs. For example, the rational alternative to my aforementioned irrational belief is "I want this article to be published by 'Practical Philosophy', but it doesn't have to be published".

- Is this true? Yes, I can prove that I have the desire to get this article published and it is also true that it doesn't have to be.
- Is this logical? Yes, the first part of my belief is not rigid and the second part is not rigid. The second non-rigidity follows logically from the first.
- Does this yield good results? Yes, it would lead to concern which would motivate me to write the paper and to give what I wanted to say due thought and consideration. Also, If the paper is turned, this rational beliefs would lead me to feel annoyed about the rejection, but I would not feel unhealthy anger or vengeful towards the editor. I would then free myself to rewrite the piece for another publication or drop it altogether and concentrate on something else.

## **What is to be examined in the examined life? An REBT view**

Having made the case that Rational Emotive Behaviour Therapy is, at least in part, an applied philosophical approach, let me now consider what it encourages human beings to examine as they strive, in the words of that great Vulcan philosopher - Mr. Spock, to live long and prosper. In doing so, I will concentrate on the psychotherapeutic context.

### **Goals**

I have always been uncomfortable with questions such as "What is the meaning of life?" and "What is the goal of being alive?" My discomfort here centres on the fact that only one answer is being sought. My own view and one that is echoed by the pluralistic approach taken by REBT is that more realistic questions are as follows: "What do I find meaningful in life?" and "What are important goals that I wish to strive towards in my life?" In

helping clients to examine the issues involved in answering such questions:

the following are relevant:

- Cherished values.

An important question that is often asked is as follows: "To what extent are you living your life according to your cherished values?" If the person is not so doing then the discrepancy between stated values and lifestyle is examined.

- Short-term and long-term considerations.

Human beings usually have short-term and long-term goals that sometimes conflict (e.g. the short-term goal of deriving pleasure of eating chocolate versus the long-term goal of keeping to a healthy weight). Making decisions about which goals to pursue at any given point and the implications of our choices is a complex issue. More generally REBT argues that satisfying some of our short-term desires as we pursue our longer-term meaningful goals is often a healthy compromise between

the exclusive pursuit of short-term goals (here we feel satisfied at a more superficial level, but often experience a sense that something more meaningful is missing from our lives) and the exclusive pursuit of our long-term goals (here we have a sense that we are working towards something meaningful, but experience our current life as austere).

- Self-interest versus the interests of others.

We live in a social world and cannot realistically consider our goals without being mindful of others (particularly significant others) and their goals. In REBT we examine with our clients three positions:

- i) *Enlightened self-interest* - pursuing our goals in a flexible manner which means that we give priority to our pursuing our goals, but that at times we give more weight to helping others work towards their goals than we do to pursuing our own. Here, we acknowledge that if we do not give a high priority to pursuing our goals, it is unlikely that others will do so on our behalf. But we also acknowledges that we live in a social world and that the interests of others (particularly significant others) are of concern to us.

- ii) *Selfishness* - pursuing our goals in a rigid, callous manner, not caring at all about others and their goals.
- iii) *Selflessness* - generally putting others and their goals before our own. Often people adopt a selfless position because they consider the pursuit of their goals to be selfish. Such people lack an appreciation and an understanding of concept of enlightened self-interest.

As one might imagine, an examination of our goals is facilitated by an understanding and implementation of the concept of enlightened self-interest.

## **Emotions**

All approaches to psychotherapy encourage people to examine their emotions, particularly their negative emotions, but REBT is perhaps unique among the psychotherapies in distinguishing healthy from unhealthy negative emotions. For example, REBT differentiates depression (unhealthy negative

emotion) from sadness (healthy negative emotion). Depression is deemed to be an unhealthy response to loss in that it leads to behavioural de-activation, an increase in distorted thinking and impairment of interpersonal relationships. It does not help the person to make a good adjustment and move on. Sadness, on the other hand, is deemed to be a healthy response to loss in that it does not lead to behavioural de-activation, it leads to balanced, realistic thinking, and does not impair interpersonal relationships. It helps the person to adjust constructively to the loss and move on.

For the purposes of psychotherapy, REBT does not encourage much examination of healthy negative emotions because they are constructive responses to negative life events.

But it does encourage detailed examination of unhealthy negative emotions since they are unconstructive responses to negative life events. As these are the stuff of psychotherapeutic exploration, in the rest of this paper, I will consider what factors are examined during this exploration in REBT.

## **Beliefs**

The cognitive-behavioural model has its roots in Stoic philosophy and is in accord with Epictetus's dictum that "People are disturbed not by things, but by their views of the things". The REBT model is more specific with respect to which views account for psychological disturbance as is shown in the following version of Epictetus's dictum: "People are disturbed not by things, but by their rigid and extreme views of things". These rigid and extreme views are known in REBT as irrational beliefs. In REBT these are identified and as I discussed earlier in this paper are examined with respect to their empirical status, logical status and heuristic status.

Once a client has identified and briefly examined an unhealthy negative emotion the REBT therapist helps that person to identify the irrational beliefs that underpin this emotion. Ellis (1994) has been remarkably consistent over the years in his view that there are basically four types of irrational beliefs. These are as follows:

- Demanding beliefs (often expressed as musts, absolute shoulds, have to's, got to's, oughts, etc.) Here, the person is insisting that she gets what she wants or does not get what she doesn't want.
- Awfulising beliefs (often expressed as "It's awful that...", "It's terrible that...", "It's the end of the world that...", etc.) Here, the person who holds such a belief believes at that time that nothing could be worse and that no good could possibly come from this "awful" state of affairs.
- Low frustration tolerance (LFT) beliefs (often expressed as "I can't bear it", "I can't stand it", "It's intolerable", "It's too hard", etc.) Here, the person believes that they do not have the ability to withstand the negative conditions that they are facing or think they will encounter.
- Depreciation beliefs. Here, the person assigns a global negative evaluation to i) oneself (self-depreciation); ii) another person or group of people (other-depreciation) or iii) life conditions (life-depreciation).

Ellis's view is that demanding beliefs are at the very core of much psychological disturbance and that the other three irrational beliefs are derivatives from these demands.

The healthy alternatives to these four irrational beliefs, known as rational beliefs are as follows.

- Full preferences. Here, the person asserts his desire for a positive event to occur or for an adversity not to occur and negates the idea that he must have his desire met (e.g. "I want you to understand me, but you don't have to do so")
- Non-awfulising beliefs. Here, the person asserts the badness of an adversity, but negates the idea that it is the end of the world that the adversity has occurred.
- High frustration tolerance (HFT) beliefs. Here, the persons acknowledges the fact that it is difficult tolerating an adversity, but asserts both the idea that he can tolerate it and that it is worth it for him to do so (assuming that it is).

- Acceptance beliefs. Here, the person refrains from assigning a global negative evaluation to oneself, to another person or group of people or to life conditions. Rather the self, other(s) and life conditions are accepted for what they are: too complex to be rated in their entirety and comprising positive, negative and neutral features. These acceptance beliefs are known as unconditional self-acceptance (USA), unconditional other-acceptance (UOA) and unconditional life-acceptance (ULA).

As I discussed earlier, these irrational and rational beliefs are examined for their empirical, logical and heuristic status. Clients can usually see that rational beliefs are true, logical and functional, after which the therapist engages them in an examination of what they need to do to weaken their conviction in their irrational beliefs and strengthen their conviction in their rational beliefs.

Later on in therapy the therapist helps the person to identify the presence of core irrational beliefs and helps them to construct their core rational alternatives. A specific belief is one that the person holds in a given

situation. The person may or may not hold a similar belief in other situations, but this is unknown. A core belief, by contrast, is one is more generally held (across specific situations) about themes that are central to the person's life. This distinction between specific beliefs and core beliefs can be seen in the following examples:

Specific irrational belief: "My boss must not criticise me in the meeting this afternoon"

Core irrational belief: "Significant people in my life must not criticise me"

Specific rational belief: "I don't want my boss to criticise me in the meeting this afternoon, but I am not immune from such criticism"

Core irrational belief: "I don't want significant people in my life to criticise me, but that doesn't mean that they must not do so"

### **Thinking and behavioural consequences of beliefs**

I mentioned earlier in this paper that REBT therapists help their clients to identify and examine their unhealthy negative emotions. Then they help

their clients identify and examine the irrational beliefs that underpin these unhealthy negative emotions so that they can change these irrational beliefs to their rational alternatives

As part of the process of helping clients to examine their beliefs, REBT therapists encourage them to examine the thinking and behavioural consequences of both their irrational and their rational beliefs. In general, REBT posits that irrational beliefs, as well as leading to unhealthy negative emotions in the face of adversity, tend to lead to dysfunctional behaviours and to distorted, negative inferences while rational beliefs, as well as leading to healthy negative emotions in the face of adversity tend to lead to functional behaviours and to balanced, realistic inferences.

These are all examined so that clients can choose whether to commit themselves to holding irrational beliefs, feeling unhealthy negative emotions, acting dysfunctionally and thinking distortedly or to holding rational beliefs, feeling healthy negative emotions, acting constructively and thinking realistically.

## **Inferences at A**

The practice of REBT is based on an ABC model where as we have seen "B" stands for rational or irrational beliefs and "C" for the healthy or unhealthy emotional, behavioural and thinking consequences of these beliefs. "A" stands for the aspect of the situation at hand that the person reacts to in particular. This "A" is frequently inferential in nature. In therapy, REBT practitioners encourage their clients to assume temporarily that their inferences at A are true as a way of identifying the irrational beliefs (at B) that are at the core of their disturbed emotions (at C). Once clients have been successfully engaged in a thorough examination of the empirical, logical and heuristic status of both their irrational beliefs and the rational alternatives to these beliefs and committed themselves to strengthening their conviction in the former and weakening their conviction in the latter, they can productively be examined about the empirical status of their inferences and helped to accept those that best fit the available data

## **Impact of one's behaviour on others**

Earlier in this paper, I showed that a person's behaviour in an emotional episode is best regarded in REBT as a behavioural consequence of that person's belief system. Much of REBT involves helping clients to examine their dysfunctional reactions to negative activating events and the irrational beliefs that underpin these reactions. But, REBT therapists do not only encourage clients to examine their reactions at *C*. They also encourage clients to consider the impact that their behaviour has on others or, to use different terminology, to examine one's stimulus value (at *A*) for others. For example, Fred is not only helped to identify his unhealthy anger towards his wife when she withdraws from him as a prelude to an examination of his unhealthy anger-creating irrational beliefs. He is also helped to consider and examination his behaviour to which his wife responded with withdrawal. Thus, REBT encourages examination of intrapsychic and interpersonal factors within a systems context.

## **Meta-disturbance**

The final issue that I want to consider in this brief paper on REBT's perspective on the examined life concerns human beings' unique ability to disturb themselves about their disturbances. Thus, if a client makes herself unhealthily angry about what her child has done, then she may disturb herself about a) her feelings of unhealthy anger; b) her behaviour towards her child or what she felt like doing, but didn't and c) the thoughts she had towards her child for acting in the way that he or she did. Quite frequently the presence of this meta-disturbance prevents a considered examination of the original disturbance and subsequently to allow such examination a prior examination of the factors involved in this meta-disturbance is often necessary. When this is done, the same factors are examined as when the original disturbance is being considered.

Rational Emotive Behaviour Therapy does not agree with Aristotle that the unexamined life is not worth living. It rather holds that the unexamined disturbed life will probably continue to be disturbed unless the individual concerned examines and ultimately changes the factors that have led to the

development of disturbance in the first place and its perpetuation in the second. In this paper, I have endeavoured to present a brief account of REBT's view of what factors need to be examined in the pursuit of psychotherapeutic change.