

## Adjunct Aids to Rational Emotive Psychotherapy in the Treatment of Depression

Michael F Shaughnessy\*

Department of Special Education, Eastern University of New Mexico, New Mexico, USA

\*Corresponding author: Shaughnessy MF, Professor, Department of Special Education, Eastern University of New Mexico, New Mexico, USA, Tel: 575-562-2791; E-mail: michael.shaughnessy@enmu.edu

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### Abstract

Although Rational Emotive Psychotherapy is basically a cognitive therapy and approach to the treatment of emotional disturbance, it often should be implemented by a variety of other treatment options and avenues of investigation. This paper will provide a preliminary overview of Rational Emotive Psychotherapy and discuss other unexplored avenues which may facilitate treatment and the amelioration of emotional difficulties.

**Keywords:** Psychotherapy; Cognitive therapy; Treatment of depression

### Introduction

The psychotherapeutic approach of Albert Ellis has been with the therapy community for decades and has been recognized as a major part of the treatment and re-education of individuals with emotional problems and disturbances. Albert Ellis in his many books and articles has postulated that human emotional disturbance stems from faulty logic and thinking [1,2]. In his system, the counsellor or therapist examines the illogical, irrational, unreasonable, unrealistic, inappropriate thinking that may be contributing to the client's difficulty.

A brief summary of his system will be offered here, with some explanations, followed by other additional avenues and venues that should be explored by clinicians in addition to one's cognitions, attitudes, philosophies, values and perspectives that may be hindering or obstructing the client's personal growth and development as well as their interpersonal relationships or vocational/occupational endeavours.

According to Ellis [1] the therapeutic process begins with an examination of the client's most recent events, referred to as an Activating Event. In Ellis' theory there is some beginning point that bring the client stress, grief, aggravation, frustration and exasperation, or which contributes to their emotional Disturbance. This activating event could be a divorce, a death in the family, a job loss, the loss of a relationship or even the loss of a beloved pet. In adults, these activating events could be the foreclosure on a home or surgery, or a diagnosis of cancer. In Ellis's framework, there is always some beginning point or trigger which starts the difficulty or emotional reaction or response.

At point B- the therapist looks at the client's Belief System-which could be logical, rational, reasonable, realistic, appropriate and, if you will-"sane". On the other hand, some individuals have beliefs, attitudes, values, philosophies, and thinking patterns that are illogical, irrational, unreasonable, unrealistic, inappropriate and in some cases downright insane. There are various tests that can assist the therapist in determining what specific irrational beliefs that a client may have- but

there are various words that tend to provide some clues that a person is thinking irrationally or unreasonably or unrealistically. These words are generally guidelines that the person may be having difficulty in their peer relationships, marriages, family events and vocational world. The words are "ought and must". Therapists may hear such sentences containing these words such as "Things should be different", and "People should treat me the way I want to be treated" and "Things should be easy all of the time", and "things must go my way all of the time", and "people ought to do things that I want them to do all of the time".

So, at point B, during the therapy conversations and intake the counsellor may ascertain that a specific client has some unrealistic expectations of himself or others, or unreasonable demands about the world, or some inappropriate thoughts about the way things should be. Sometimes, the client may only think irrationally in one realm of their lives- for example, the world of work. In other instances, the client may have quite unreasonable, in appropriate expectations or demands on others. Some clients hold grudges for long periods of time- reflecting on events that transpired many years ago- but still seem to impact them in present day.

There is an irrational beliefs Test, developed by Jones [3] which tries to specify certain areas that may be more predominant than others. These areas and a brief discussion follow:

**Demand of approval**-Some individuals want, seek, demand and seek out the approval of others, and when this is not forthcoming, often sadness, depression, stress and other emotions result. It would be nice of others approved of us, our behaviour, our political and religious beliefs, but it is not the end of the world when they do not.

High self-expectations are problematic when foisted on oneself or others. Some expectations are unreasonable and unrealistic, and they are difficult when they are imposed on us by others. In other instances, we have our own expectations that we unreasonably impose on ourselves and these are unrealistic. We may weigh 300 pounds and want to lose 50 pounds in a month. This is not going to happen and is unrealistic and unreasonable.

**Blaming proneness**-Some people feel that they are to blame for things that happen and for things that occur.

**Frustration reactive**-Although not indicated in DSM-V (The Diagnostic and Statistical Manual of Mental Disorders) many individuals have a low frustration tolerance and have difficulty dealing with outside stressors and the minor hassles, and often exasperating and frustrating things that occur.

**Emotional irresponsibility**-Sadly and unfortunately some individuals do not want to accept responsibility, shirk responsibility and are unreliable and undependable and cause much consternation on the job site and in terms of their family.

**Anxious over concern**-There are many forms of anxiety- generalized anxiety disorder, math anxiety, test anxiety, performance anxiety, and anticipatory anxiety. There are fears that some problem or difficulty will rear its head.

**Problem avoidance**-Certain individuals do not have the skills, knowledge, attitudes to deal with inter-personal strife and other difficulties and then tend to avoid problems, issues, concerns and the like.

**Dependency**-For whatever reason, some children, adolescents and adults seem to rely on others to solve their problems, give them guidance, help them cope and deal with the various demands placed on them by society and significant others.

## Helplessness for Change

A group of individuals do not believe that change is going to be forthcoming. They believe that they cannot change, improve or modify their thoughts or behaviors or feelings or emotions or perspectives.

**Perfectionism**-Some clients, patients, and other individuals (sometimes gifted) tend to be perfectionistic and this interferes with their daily functioning and impacts and impinges on others.

Some have delved into examining what may be called “self-defeating” beliefs which contribute to depression.

The 12 Self-defeating beliefs:

- I need love and approval from those significant to me, and I must avoid disapproval from any source.
- To feel happy and be worthwhile I must achieve, succeed at whatever I do, and make no mistakes.
- People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.
- Things must be the way I want them to be, otherwise life will be intolerable.
- My unhappiness is caused by things which are outside my control, so there is little I can do to feel any better.
- I must worry about things that could be dangerous, unpleasant or frightening, otherwise they might happen.
- I can be happier by avoiding life's difficulties, unpleasantness and responsibilities.
- Everyone needs to depend on someone stronger than themselves.
- Events in my past are the cause of my problems, and they continue to influence my feelings and behaviours now.
- I should become upset when other people have problems and feel unhappy when they're sad.
- I shouldn't have to feel discomfort and pain. I can't stand them and must avoid them at all costs.

Every problem should have an ideal solution, and it is intolerable when one can't be found.

The above are taken from [http://www.testandcalc.com/Self\\_Defeating\\_Beliefs/sup1.asp](http://www.testandcalc.com/Self_Defeating_Beliefs/sup1.asp) and are attributed to © 1998 Wayne Froggatt and Richard Lakeman [4].

Some of the above are attitudes, some would say that some are beliefs, thoughts, self-statements; others would say philosophies of life. Irrational beliefs can be about one or others. Here are some examples below:

## About Yourself

- I do not deserve positive attention from others.
- I should never burden others with my problems or fears.
- I am junk.
- I am uncreative, nonproductive, ineffective, and untalented.
- I am worthless.
- I am the worst example on earth of a person.
- I am powerless to solve my problems.
- I have so many problems; I might as well give up right now.
- I am so dumb about things, I can never solve anything as complex as this.
- I am the ugliest, most unattractive, unappealing, fat slob in the world.

## Irrational Beliefs (Negative) About Others

- No one cares about anyone else.
- All men (or women) are dishonest and are never to be trusted.
- Successful relationships are a trick; you have no control over how they turn out.
- People are out to get whatever they can from you; you always end up being used.
- People are so opinionated; they are never willing to listen to other's points of view.
- You are bound to get hurt in a relationship; it makes no difference how you try to change it.
- There is a loser in every fight, so avoid fights at all costs.
- All people are out for #1; you need to know you'll always be #2, no matter what.
- It's not who you are but what you do that makes you attractive to another person.
- What counts in life are others' opinions of you?
- There is a need to be on guard in dealing with others to insure that you don't get hurt.

The above are taken from: <https://counseling.dasa.ncsu.edu/irrational-beliefs/> by author James Messina [5].

Sadly, some individuals do have very strong beliefs, or attitudes, or philosophies or ideas that they have held for many years. There is often resistance to examining these irrational or illogical or unreasonable beliefs. It may be helpful or beneficial to write down these irrational thoughts so that a therapist can provide possible alternatives and options or perhaps simply another way of looking at things.

Below is a sample from: [http://www.testandcalc.com/Self\\_Defeating\\_Beliefs/sup1.asp](http://www.testandcalc.com/Self_Defeating_Beliefs/sup1.asp)

Irrational beliefs-are the first statements preceded by IB (Irrational Beliefs) and the rational alternatives are next with an RA (Rational Alternatives). The RA's could also be seen as more logical, rational, reasonable, and appropriate or systematic-however the therapist wants to label them.

## **Irrational Beliefs and Rational Alternatives**

**IB**-I need love and approval from those significant to me, and I must avoid disapproval from any source.

**RA**-Love, approval and respect from others are all good things-but they are not absolute necessities for my survival. And while I dislike disapproval, it is uncomfortable-not catastrophic; I can stand it-as I have many times before. Better that I learn to accept myself, independently of what others think of me.

**IB**-To feel happy and be worthwhile I must achieve, succeed at whatever I do, and make no mistakes.

**RA**-I will always seek to achieve as much as I can, but unfailing success and competence is unrealistic. Better I just accept myself as a person, separate from my performance.

**IB**-People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.

**RA**-It is unfortunate that people sometimes do bad things. But humans are not yet perfect, and upsetting me will not change that reality.

**IB**-Things must be the way I want them to be, otherwise life will be intolerable.

**RA**-There is no law which says that things have to be the way I want. It is disappointing when they are not, but I can stand it-especially if I avoid awful zing about frustration and demanding that it not happen.

**IB**-My unhappiness is caused by things outside my control, so there is little I can do to feel any better.

**RA**-Many external factors are outside my control. But it is my thoughts (not the externals) which cause my feelings - and I can learn to control my thoughts.

**IB**-I must worry about things that could be dangerous, unpleasant or frightening, otherwise they might happen.

**RA**-Worrying about things that might go wrong will not stop them happening. It will, though, ensure I get upset and disturbed right now!

**IB**-I can be happier by avoiding life's difficulties, unpleasantness's and responsibilities.

**RA**-Avoiding problems is only easier in the short term-putting things off can make them worse later on. It also gives me more time to worry about them!

**IB**-Everyone needs to depend on someone stronger than themselves.

**RA**-Relying on someone else can lead to dependent behaviour. It is OK to seek help, as long as I learn to trust myself and my own judgement.

**IB**-Events in my past are the cause of my problems, and they continue to influence my feelings and behaviours now.

**RA**-The past cannot influence me now. My current beliefs cause my reactions. I may have learned these beliefs in the past, but I can choose to analyse and change them in the present.

**IB**-I should become upset when other people have problems and feel unhappy when they're sad.

**RA**-It is good to empathize with and help others, but I can't change their problems and bad feelings by getting me upset.

**IB**-I shouldn't have to feel discomfort and pain. I can't stand them and must avoid them at all costs.

**RA**-Why should I in particular not feel discomfort and pain? I don't like them, but I can stand them. Also, my life would be very restricted if I always avoided discomfort.

**IB**-Every problem should have an ideal solution, and it is intolerable when one cannot be found.

**RA**-Problems usually have many possible solutions. It is better to stop waiting for the perfect one and get on with the best available. I can live with less than the ideal.

The above is from Wayne Froggatt and Richard Lakeman [4].

At Point C-we have a Consequence-there may be an emotional appropriate consequence to an event.

For example, an appropriate feeling of sadness when loved one passes. On the other hand, the person may use inner words such as "terrible, awful, horrible" to describe an event, and go into a major depression, and refuse to eat, or ruminate endlessly about the unfairness of the world.

All emotions experienced, felt, and discussed need to be examined in light of the activating event. If one loses a penny, which is not a major upset-on the other hand, if the person misplaces a 100 dollar bill, there is some concern, apprehension and worry- but it is still not the end of the world. In extreme instances, for example, the amputation of an arm or leg, or a diagnosis of cancer- the amount, degree, duration, frequency and intensity of the emotional reaction/ response would certainly differ from person to person depending on the age, intelligence level, and coping skills of that particular client. Some individuals who have experienced more tragedy, more stress (for example those in the military) may be better equipped emotionally and psychologically to cope with the activating event in the immediate present and in the long term future.

Although this writer has not read everything that Albert Ellis has written, and while he cannot debate, argue or discuss this issue with me, I will not say that he "should" have written more about examining coping skills, it would have been better-had he addressed these issues-as well as some of the issues about to be explored.

In Rational Emotive Psychotherapy, the job of the therapist or counsellor is to dispute the irrational beliefs, and help the person examine their unrealistic or unreasonable thinking or explore the sanity of what they may be saying to themselves and help them understand, the impact that their cognitions, beliefs, attitudes, philosophies and ideas have on their functioning.

Thus at point D, the counsellor/therapist may dispute, perhaps argue, gently question and help the client to explore what they are saying to themselves, and what they may be saying to others, and what they may be expecting- realistically or unrealistically. This disputation may be rather direct and blunt or soft, tender and demure. Counsellors

need to be aware of the sex and age of the client, and also be aware that some individuals may be more sensitive than others. Some clients may see the questioning or probing as an attack on them, rather than on their irrational beliefs, values, attitudes and philosophies.

Often, it is good to actually have a client write down some of their thoughts about an event- there are various events that cause consternation and frustration- and the therapist may discern some underlying features- such as Low Frustration Tolerance. These events could be the weather, a traffic jam, waiting at a doctor's office or a bouncing check. Some individuals are more patient than others, while some have very little patience for the events that befall us all. Some people are upset by a broken shoelace while others endure a broken leg with a philosophical attitude, keeping things in perspective.

At the next point, point E, there should be a new Effect- Once we are able to get the person thinking logically, rationally, reasonably, realistically, and appropriately, they are then able to feel an appropriate amount of emotion- depending on what has transpired. They may be able to feel a certain amount of anxiety before a date or a test or some event, and they may be able to feel the appropriate amount of depression if a loved one dies.

There are many other realms that need to be explored in this utilization of Rational Emotive

## Psychotherapy

The counsellor may want to examine one's perspective on life-is the person an extreme realist or an optimism or an extreme pessimist. What events in the past life of the person may have contributed to their mind-set that "bad things are going to happen to me-bad things have always happened to me, and bad things always will happen to me"!

Some clients are in fair touch with reality but others engage in superstitious behaviour. For example, some individuals will not leave their homes because their astrological signs are not aligned and the cusp of Jupiter is not aligned with Venus and Mars, or some such drivel. Unfortunately, some clients buy this stuff lock, stock and barrel and their lives revolve around their horoscope and in other instances, by their Chinese fortune cookies or Ouija Board. Their lives are governed by superstitious behaviours and various rituals which they believe act as Talismans to protect them. Often these things are discussed by clients, but in some instances they are not because the client is somewhat self-aware and believes that these things are ridiculous, but they provide some sort of security and comfort, solace and consolation that other venues do not. For some very religious individuals they wear a medal or cross or some other symbol designed to help them. Ellis [6,7] has cogently written about these inane beliefs.

## Unexplored Realms

### Behaviour

It should be noted that Rational Emotive Psychotherapy has gone through many revisions and has also been termed Rational-Emotive Behavioural therapy in some instances. Indeed, there is a web site for the Institute for Advanced Study in Rational Psychotherapy that provides low cost psychotherapy and counselling, and which will also provide training and consultation for clinicians. In terms of behaviour, it is often helpful for clients to engage in certain behaviours to help them with whatever fear, phobia, anxiety or other malady that is afflicting them. Dieters may have to diet. Dieters or those who are

grossly overweight may need to exercise. Dieters may have to engage in the behaviour of stepping on the scale and monitoring their weight over time and keeping track of their weight. A calendar with the person's weight is an adjunct device to allow monitoring as well as to provide some proof, data, evidence that the diet or exercise is in fact working.

Exercise-While counsellors and therapist should not force exercise on a client, it might behoove clients to examine if they do in fact exercise on a regular basis- and if in fact, exercise might help their functioning. If after being cleared by their health professional, a periodic workout might help clients via a variety of ways. Exercise will help deliver oxygen to the brain, and will act to distract the client from their difficulties- even if for a brief period of time.

Fun-Albert Ellis [6] has cogently written on "fun as psychotherapy". He has indicated that "my therapeutic brain of humour consists of every kind of drollery ever invented-such as taking things to extreme, reducing ideas to absurdity, paradoxical intention, puns, witticisms, irony, whimsy, evocative language, slang, deliberate use of sprightly obscenity, and various other kinds of jocularity (p. 264).

### Hobbies

Sadly, for many people, life is work. For others, life is work at work, and work at home, and relaxation takes a second seat to cleaning, vacuuming, dusting, mopping and the like. A hobby helps provide a different perspective on things.

### Interpersonal relations

Often times, the client or patient is not the individual with the problem but he or she is attempting to cope with toxic others. A boss or supervisor is not nurturing. A boss can be problematic and create a toxic environment.

### Medication

For many individuals, they believe (perhaps erroneously) that "relief is just a swallow away" with some type of medication. While anti-depressant and anti-anxiety medications can assist in the therapeutic process, they do not always rectify the erroneous thinking or change the attitudes that people have toward others or the world. Still, some medications may "break the cycle" of depression and begin the client on the road to recovery. The medication may further assist the counsellor in working with the client as the medication will make the client more reactive to therapy and intervention. The client may be more responsive and be more open to therapeutic suggestions.

### Music

Music, as the saying goes, hath charms to soothe the savage beast. While this may or may not be true, there are music therapists who believe that music can be beneficial. Music can soothe, relax, energize, motivate, and simply serve as a pleasant distraction. For some clients, listening to old rock and roll or even new rock and roll can provide a distraction and can assist in stimulating one's being.

### Nutrition

There seems to be more and more research that indicates that one's diet can adversely affect and impact their health and well-being. Some individuals skip breakfast, others have a cup of coffee and a cigarette



for lunch, while others gobble down French fries. Some individuals have a deleterious diet and end up overweight and appearing to be an ambulatory mound of lasagna. Multiple vitamins are not necessarily on their radar and a balanced diet for some is a cookie in each hand, or a piece of chocolate in each hand.

### Physical

In many instances, emotional problems are not necessarily the result of irrational or unreasonable or unrealistic thinking, but could be due to diabetes, pain, hypoglycemia, or perhaps even a tumour, lesion, cyst, emboli or other physical causality. The wide comprehensive therapist attempts to make sure that “all bases are covered” so to speak and tries to make sure that the client gets a “clean bill of health” as they say. In some instances, a specialist may need to be consulted. For example with female clients, they may need to be seen by an OB/GYN who specializes in certain problems.

### Spiritual/Religious

Although not specifically a focus of Rational Emotive Behaviour Therapy, for some individuals, their relationship with their specific god or deity is of utmost importance. They may have sinned and feel some guilt about a transgression. While this is all grist for the therapeutic mill, often it is best to refer the client to a rabbi or priest or minister or spiritual advisor for assistance with their spiritual needs.

### Travel

In many cases, the patient, client is simply in need of a break from their routines and could benefit from a long ocean voyage or at the very least a cruise. This gets the client away from a toxic environment and away from their troubles so that they can return to work or to their marriage refreshed and ready to attempt new strategies to assist them with their lives.

### Vacation

For some individuals, they are simply suffering from exhaustion. They have been working overtime, they have been dealing with repairing their homes and cars and dealing with their children and

their problems, and rather than psychotherapy, they would also benefit from a long ocean voyage and a chance to recuperate. In some instances, a long cruise is not fiscally viable, so even having the client call in sick or ask for a “mental health day” providing time for them to balance their check books is appropriate.

### Zoo

As many who have been trained at the Institute for Rational Emotive Psychotherapy know, it was located near Central Park in Manhattan, and many clients were given homework to go to the Central Park Zoo and relax. This exercise may have been better than biofeedback for some clients, and better than Valium or Librium and less costly than therapy or a psychiatric examination.

### Conclusion

Although Albert Ellis is dead, his work lives on thru his Institute (<http://albertellis.org/rebt-cbt-therapy/>) which offers a plethora of resources and referral information. Further, he has left a large amount of books, pamphlets, forms for growth and development and cassettes. This paper has attempted to cursorily review some of the main tenets of Rational Emotive Therapy and review and suggest some unexplored realms that clinicians need to examine in order to assist clients with their particular concerns.

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