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Albert Ellis' Rational Emotive Behavior Therapy

As it Relates to the Case of Stan

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Introduction and Overview

This paper chronicles the research project that I undertook for the purposes of understanding the Rational Emotive Behavior Therapy approach to counseling and psychotherapy developed by Albert Ellis, Ph.D. The report consists of four parts: Part I contains a clinical case report based on the Rational Emotive Behavior Therapy approach; Part II reviews and summarizes some empirical research support for this approach; Part III involves a critical review of the approach; and Part IV contains an annotated bibliography of resources utilized in the development of this paper.

Part I: Clinical Case Report

This section contains a clinical case report of the Case of Stan as it would be reported from the perspective of Rational Emotive Behavior Therapy as delineated by Ellis. Unlike the other sections of the paper, this part is single-spaced, the conventional way of presenting clinical case reports.

Clinical Case Report of Stan

Presenting Problem and Context

The client is a 25 year old divorced Caucasian male who presents for court-ordered counseling, a stipulation of probation following conviction for driving under the influence of alcohol. While the court did not consider the client's drinking to be a serious problem, the judge nevertheless stipulated outpatient therapy. The client reports symptoms of both anxiety and depression, noting that he feels anxious most of the time, particularly at night, as well as feeling depressed and guilty for not living up to his potential. When he is particularly anxious and worried, he finds it difficult to sleep. On such occasions he "gets so scared that I feel like running, but I just can't move... I feel like I'm dying..." He then notes fantasizing about committing suicide and wondering if anyone would care, and imagining his family coming to the funeral and feeling sorry that they didn't treat him better. When he thinks about how he has failed to meet his parents' expectations and how he has wasted time and opportunities, he thinks he'd be better off dead. However, there is no indication that he has attempted to hurt himself or others.

He also reports the immoderate use of alcohol. While alcohol and other substance use and abuse was described as a "bigger" problem in the past than it is now, he admits to

drinking heavily, to the point of intoxication, primarily when “I feel alone and when I’m scared that I’ll always be lonely and isolated as I do now.”

The client describes himself as a “loner”, and although he likes having people in his life, he finds it difficult to make friends and get close to people. His hope is that he can attain total sobriety, learn to feel better about himself, and reduce his fear of women.

Mental Status Assessment

The client appears his stated age and is appropriately dressed and groomed. He is oriented to person, place, and time and is cooperative with the evaluation. His intelligence, language skills, and ability to abstract are above average. His mood is slightly depressed, and his affect is slightly anxious yet appropriate to the situation. No obvious perceptual or cognitive deficits were noted. His memory for immediate, short-term and long-term appeared to be intact. While he describes occasional suicidal thoughts, he indicates he can distract himself from them and has no plan. Insight into his current situation is quite good although he appears to have some difficulty getting in touch with and expressing his feelings. Finally, it appears his judgment is adequate to good.

Developmental History and Dynamics

The client is the third of four children, with an older brother and older sister and a younger brother. He states that he was always compared to his older siblings and could never meet up to his parents’ expectations. His perception is that his younger brother was his parents’ favorite child and that he was constantly told that he was a failure. He says that his mother told him that he was a mistake and he constantly fought with his younger brother. His parents never divorced, but he said that it would have been better if they had. Of the two, his mother was the dominant figure and he describes his father as being meek in her presence.

The client acknowledges being associated with the “wrong crowd” in high school. From this background, he was sent to a rehabilitation center for breaking the law and later was kicked out of school for anti-social behavior. He says that he was verbally and emotionally abused by his mother and that she treated his father much the same way. His recollections are of nights that he would lie in bed and cry himself to sleep. As a result of this emotional abuse, he grew to become disgusted with himself which led to his self-image of being inferior to others.

He reports graduating from a continuation high school and to now be attending college on a part-time basis, with the eventual hope of becoming a counselor for youths. He recalled a positive experience with a camp supervisor who saw potential in him and recommended to him that he go back to school so that he may help troubled kids. The client says that he currently lives alone and has few friends. He states that he has had only a couple relationships with women and very limited sexual encounters. In his

household growing up, there was no discussion of sex or religious topics. Due to his lack of confidence in himself, he finds it hard to believe that others see positive traits in him.

Social History and Cultural Dynamics

The client reports to being married at one time for a very brief period. He did not know the woman well and her verbal abuse of him closely resembled that of his mother. As a result, he is even more afraid to come into close contact with women, for fear of being broken down into nothing. He claims to have suffered impotence on several occasions and feels that he is not fully a "man" in the true sense. He fears that other women will immediately view him as less than adequate in his role as the male partner. He expresses anxiety and nervousness during any type of sexual encounter.

He reports that he is currently working in the field of construction, although he admits that he would like to be doing something different. After completing high school, he took a job as a mechanic and stayed there for three years. For the past few summers he has been working as a camp counselor for youths. He states that he would like to earn his master's degree in social work so that he may help others with their problems. He claims to not feel comfortable around others his own age or older, and that he feels most at ease when he is with younger people who will not mock his level of intelligence.

Currently, he is living alone and has very few friends. He reports that he does not do well in social situations and has particular difficulty in the company of strong and attractive women. He has physical reactions in their presence and his mind tends to run away on him thinking about negative perceptions that they may be having of him. He is attending school only part-time because he cannot afford to take any time off from work. There is no reporting of any contacts or relationships with any of his family members. His support systems appear to be non-existent and he admitted to minor legal troubles for shoplifting while in high school and for drunk driving in the past year.

Health History, Health Behaviors, and Past Psychological Treatment

The client appears to be in relatively good health and except for immoderate alcohol use has reasonably good health behaviors. Drinking provides him a sense of relief from career, family, and relational stressors. While he used alcohol and other drugs regularly and heavily in the past, he reports his usage has declined recently. He denies that neither he nor any family members have received any counseling, substance abuse or psychiatric treatment. He also denies current suicidal or homicidal ideation.

Client Resources

Despite his problems, the client has demonstrated considerable capacity to cope, to sustain positive behaviors and to make changes in his life. For example, he has been able to maintain employment for an extended period of time, working at least three years as a mechanic. He was able to leave an abusive marriage, and he responded well to the encouragement and direction provided him by a supervisor at the youth camp he worked

at during the previous two summers. Furthermore, the client has been able to voluntarily reduce his substance use in the past several months, is currently taking college classes, working part-time and appears to be pursuing realistic career goals.

Diagnostic Formulation

The following five axes DSM – IV TR diagnoses can be specified:

- I. Adjustment Disorder with Mixed Anxiety and Depressed Mood – Chronic (309.28); Alcohol-Related Disorder NOS (291.9)
- II. No diagnosis, avoidant and dependent personality features (V71.09)
- III. None
- IV. Family conflict; intimate relationship issues
- V. GAF 61 (current)
GAF 63 (highest in past year)
GARF 57

Cultural Formulation

There appears to be little, if any, cultural influence to his explanatory model, nor do cultural factors appear to be impacting his level of functioning. The exception may be gender given that the client has had significant problems and concerns in his dealings with adult females, particularly maternal figures. Nonetheless, he believes there is much to be gained by working with a female therapist. Presumably, a caring and empathetic relationship with a female therapist could foster a corrective emotional experience for this client.

Clinical Formulation

The client spoke openly about his beliefs of not feeling as though he were an adequate man able to be involved in a meaningful relationship with women. Because he felt weak around women, he believed that they all would find him to be less than a man. Due to these feelings, his tension levels would increase and lead to bouts of impotency. He allowed for the negative comments of his mother to have an effect on him, leading him to always believe that he was unloved and unworthy of being loved. As a result of his inferiority complex around others, he uses alcohol to make himself feel better. He claims to believe that he is behind in life because he has not finished college and moved onto a career position.

To his benefit, the client does believe that he can make a change for the better. He knows that he wants to get a college degree and help others and he attributes most of this to someone else helping him in the past. The client recognizes that he has several issues when it comes to dealing closely with a person of the opposite sex. Due to this, he has chosen to have a female counselor to provide himself with a possible “cure” for his condition. He acknowledges that he tends to drink too much and wants to make an effort to cut back on his consumption. He has also dramatically decreased his drug use. As a

positive to his current situation, he knows that he wants to change his behavior patterns and his life situation. He is actively trying to improve himself and change some of the behaviors that cause him such mental discomfort.

The client puts pressure on himself to try to live up to his parents' expectations. He has internalized his mother's criticisms and allowed them to interfere with his relationships with strong and dominant women. He allowed himself to become involved in an abusive marriage that only led to more depression and anxiety for him. He believes that he will always be viewed as less than a man and he questions his own masculinity. Due to his non-acceptance by his family, he views his death as a way to get back at them. He feels guilty about letting others down and considers himself to be a failure.

Treatment Formulation

The client's expectation for therapy is that he will be able to start liking himself more. He would like to be able to develop closer friendships and meaningful relationships with women. He would also like to put an end to his substance abuse and reverse the way that he perceives himself, eliminating the inferiority complex.

Similarly, from the therapist's perspective, the goal of therapy would be for the client to remove the faulty thinking that he has come to rely upon, to view others as not always being against him and judging him, to strengthen the client's power of choice and being proactive, and to eradicate his self-damnation. Rational emotive behavior therapy will be utilized with this client. A main tenet of this approach is that the client will stop viewing life situations with a "must" or "absolute" outlook that causes them to constantly receive undesirable dissatisfaction. With this, the client will become more accepting of non-hoped for outcomes and realize that not everything was meant to be. The role of the therapist is to alter the irrational thinking of the client so that he is able to free himself from self-defeating beliefs. The client appears to recognize that it is not normal to think the way that he does, but he doesn't know how to proceed without assistance.

Instead of accepting what he has been told in the past, the therapist will challenge the client to accept himself and to show more tolerance for others. However, being a female, the therapist must remember not to be commanding or overbearing in putting forth her plans and expectations on the client. He is to be shown that not all women are against him or automatically view him in a negative light.

Part II: Basic Features and Empirical Validation of Key Constructs

Signature Feature of the Rational Emotive Behavior Therapy Approach

Originally called Rational Psychotherapy, Rational Emotive Behavior Therapy (REBT) was articulated and developed by Albert Ellis, Ph.D. This is an approach that is based on a set of assumptions that stress the complexity and fluidity of human beings.

According to the theory, humans are happiest when they establish important life goals and purposes and actively strive to attain these. Given that humans will tend to be goal-oriented, *rational* in REBT theory means “that which helps people to achieve their basic goals and purposes”, whereas *irrational* means “that which prevents them from achieving these goals and purposes”.

REBT does not pretend to be “purely” objective, scientific, or technique-centered but takes a definite humanistic-existential approach to human problems and their basic solutions. It primarily deals with disturbed human evaluations, emotions, and behaviors. It is rational and scientific, but uses rationality and science to enable humans to live and be happy. REBT theory has, from its inception, stressed the interactive view of human psychological processes. Cognitions, emotions, and behaviors are not experienced in isolation and often, particularly in the realm of psychological disturbance, overlap to a significant degree. This theory holds that the most elegant and long-lasting changes that humans can effect are ones that involve philosophic restructuring of irrational beliefs.

Basic Reference: Ellis, A. & Dryden W. (1997). *The practice of rational emotive Behavior therapy* (2nd Ed.). New York, NY: Springer Publishing Company, Inc.

Key Constructs of the Rational Emotive Behavior Therapy Approach

This section highlights and briefly defines some of the key constructs or ideas that underlie this approach and specifies some representative references that provide empirical support for each construct. REBT practitioners believe that “People are disturbed not by things, but by the view which they take of them”. The basic hypothesis is that our emotions stem mainly from our beliefs, evaluations, interpretations, and reactions to life situations. The focus is on working with *thinking* and *acting* rather than primarily with expressing feelings. Therapy is seen as an *educational process*.

1) Irrational and Dysfunctional Thinking. REBT theory hypothesizes that the biological tendency of humans to think irrationally and dysfunctionally has a notable impact on psychological disturbance. A study of recovered-depressed individuals found that major depression has been linked with endorsement of irrational beliefs (Soloman, Haaga, Brody, Kirk, & Friedman, 1998).

2) The Power of Human Choice. In this approach, it is believed that people are able to exercise the power of human choice and to work toward changing their dysfunctional thinking and acting. A study supporting this construct found that REBT significantly reduced the intensity of Type A behavior and its time urgency component. There was self-reporting of positive changes in behavior and irrational beliefs (Moller & Botha, 1996).

3) Ego Disturbance. Practitioners believe that a person makes demands on self, others, and the world; and if these demands are not met in the past, present, or future, the person becomes disturbed by damning "self". In a study providing evidence to such, significant but low correlations were found between scores on body dissatisfaction and irrational standards for self and others and with negative self-rating (Moller & Botha, 2001).

4) Discomfort Disturbance. REBT postulates that persons make absolute demands on self and others that comfort the individual. If these demands are not met, the person feels disturbed and tends to *awfulize* the situation. In a study of high school students, it was found that those who scored higher on awfulizing and low frustration tolerance reported significantly greater intensity of hassles (Ziegler & Leslie, 2003).

Treatment Outcomes: Effectiveness and Efficiency

Ellis developed REBT out of a belief that psychoanalysis was not an effective and efficient form of therapy. He felt that specific philosophic change means that individuals change their absolutistic demands about *given* situations to rational relative preferences. General philosophic change involves people adopting a non-devout attitude toward life events in general. One of the more concrete outcome studies performed compared the rate of burnout in nurses who demanded perfection out of themselves. It found that burnout thoughts ($r = 0.451, p = < .01$) and burnout behaviors ($r = 0.350, p = < .01$) were significantly correlated with the perfection and control pattern and supported the study's assumptions. The nurses would create unrealistic demands and expectations that cannot be met in the real world of nursing. The investigator believed that by using the concepts of REBT, the nurses could disarm the irrational beliefs that build maladaptive cognitive patterns leading to professional burnout (Balevre, 2001).

Part III: Critical Analysis of Rational Emotive Behavior Therapy

In terms of the clinical utility of this approach to the Case of Stan, I find the approach to be particularly helpful and most useful. Stan presents for therapy with a wide range of issues which seem to be almost coincidentally tailored to the key constructs of this theory. He comes in with self- image concepts and beliefs about himself that have been unfounded. He thinks of himself as a failure and to have not to have lived up to his full potential, all of which would fall in line with the first construct elaborated upon.

Stan decides that he is going to make a change for the better and he recognizes that he needs help. The second construct allows for the option of human choice. He knows that he wants to go back to school so that he may later be of help to others. He also makes the choice to pick a female therapist to assist him with working through his

personal issues in dealing with the opposite sex. The facets of his personality are congruent to the second construct listed previously.

Unfortunately, due to the negative influence of both his parents, Stan tends to place unrealistic demands upon himself. He has this ideal in his head that he was supposed to have reached, and the failure to do so has caused him great mental anguish. These beliefs would be consistent with the third construct of the theory. As for his feeling like a loner, and being incapable of having a normal relationship with a woman, Stan has awfulized his condition. He believes that others view him as less than adequate, and at select times in his life, he has contemplated suicide. These factors would run parallel to the fourth construct explained previously.

As a result of so many commonalities between the Case of Stan and REBT, I am inclined to believe that it would be a highly effective method of treatment for this particular client. The whole premise for most of his problems has to do with the way that he holds so many irrational beliefs and thinks in such a dysfunctional manner. Stan needs to have more acceptance for himself and tolerance for others around him. I believe that this specific treatment would be highly effective for the Case of Stan, and as such, I would rate the approach as especially high, i.e. 90+% on a 1-100 scale.

In terms of the empirical validation of the approach, I would rate this technique slightly lower. The theory tends to focus on a low number of constructs, say four to six. In the research that I was able to find, there were positive results supported by the conclusions of the studies. However, the vast majority of the discussions left some room for variability in explanations of desired outcomes. Many would use descriptive terms such as: "shows", "links", "maintained", and/or "associated". I found the evidence to be

rather strong, but yet not completely conclusive on all accounts. Due to this small amount of open interpretation, I would rate the approach as an 80, on a 1-100 scale.

Part IV: References and Annotated Bibliography

This section contains references and annotations for the citations noted above.

References

- Balevre, P. (2001). Professional nursing burnout and irrational thinking. *Journal for Nurses in Staff Development: Official Journal of the National Nursing Staff Development Organization*, 17 (5), 264-71.
- Moller, A.T. & Botha, H.C. (1996). Effects of a group rational-emotive behavior therapy program on the Type A behavior pattern. *Psychological Reports*, 78, 947-61.
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- Ziegler, D.J. & Leslie, Y.M. (2003). A test of the ABC model underlying rational emotive behavior therapy. *Psychological Reports*, 92 (1), 235-40.

Annotated Bibliography

- Ellis, A. & Dryden, W. (1997). *The practice of rational emotive behavior therapy* (2nd Ed.). New York, NY: Springer Publishing Company, Inc.

The book begins with an explanation of rational emotive behavior therapy as a general treatment model and then addresses different treatment modalities, including individual, couple, family, and sex therapy.