

Rational Emotive Behaviour Therapy (REBT): An Intervention Strategy for Counselling Parents of Children Living with Disability

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Abstract The high rates of reported emotional dysfunctions among parents of children living with developmental disability cannot be over emphasized. Application of Rational Emotive Behaviour Therapy (REBT) has been reported to be a useful counselling strategy to reduce strong negative emotions and promote more effective parents' emotional functioning state which in turn helps to increase children's positive behaviour and learning. By adopting and critically examining the theoretical claims of Rational Emotive Behaviour Therapy (REBT), particularly the ABC model as diagnostic and intervening tool, this position paper upholds the application of REBT as an essential counseling tool for parents of children with special needs.

Keywords: *Rational Emotive Behaviour Therapy, intervention, strategy, disability*

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1. Introduction

It is a common practice for health practitioners to direct their attention solely on the treatment of children with Developmental Disabilities (DD), without paying attention to their parents who are the primary care-givers. Parents of such children often experience significant negative emotions, physical illness, financial constraints, and low emotional regulations [1,2]. These experiences hamper parents' ability to carry out their obligations towards affected children. Dominance of negative emotions on a care-giver may result to inadequate attention, negligence or abandonment of children with special needs. There is therefore a need to provide counseling services to parents and other care-givers experiencing strong emotional stress in order to reduce their level of disturbances and enhance quality care to their special needs children.

Ugwu [3] in study parents' attitude towards their children's disabilities using 50 parents of children living with mental retardation, whose children are residents at Don Gunellia Mentally Disabled Centre, Nnebukwu in, Oguta Local Government Area of Imo State, Nigeria revealed that 72.4 percent of the parents have negative attitude towards their children's mental retardation. Thus, majority of parents believed that the presence of a mentally disabled child in a family reasonably affect their feelings and impede them from living a happy life. Ninety two percent (92%) of the parents agreed that mentally retarded children are considered a burden to them and they often worry about their children's disability and

dysfunctional behaviours. However, it is encouraging to note that majority of the parents are willing to be counselled. The study recommended that health practitioners and counsellors integrate Rational Emotive Behaviour Therapy (REBT) techniques in counselling parents of children special needs.

Numerous research findings support the effectiveness of REBT in helping clients to overcome emotional dysfunctions in both clinical and non-clinical settings [4,5,6]. David, Szentagotai, Lupu, & Cosman [7] reported recovery rate of 45% and 55% in 14 weeks and 6 months respectively in randomized trials of REBT in 170 patients with non-psychotic major depressive disorder in Romania. Adomeh [8] used REBT to successfully reduce the levels of anxiety and stress in an experimental study of 50 secondary school students in Ibadan, Nigeria. Irrational belief correlated very strongly with depression and its symptoms in a study of 1,506 undergraduates [9]. The level of depression experienced by the subjects of the study also dropped significantly with the use of REBT. Thus, REBT positions that individuals can change their psychological health by profoundly changing their beliefs and philosophy [10] was validated in these, as well as in many other studies.

The purpose of this paper therefore is to bring health practitioners and counselors into the understanding of the application of REBT and its' philosophies as an intervention strategy for parents as care-givers of children with disability, in order to assist them overcome their dysfunctional emotions and develop emotion wellness necessary for effective performance of care-giver functions. It also encourages researchers to empirically investigate the effectiveness of this form of cognitive

therapy in reducing negative emotion experienced by parents. The paper is divided into two sections: Section one describes the conceptual framework while section two detailed the application of REBT.

2. Conceptual Framework of Rational Emotive Behaviour Therapy (REBT)

Rational Emotive Behaviour Therapy (REBT), previously known as Rational Emotive Therapy (RET), was developed by Albert Ellis in 1952. It is a philosophical form of counselling which postulates that human beings have tendency to adopt and sustain defeating beliefs and behaviours when they face challenges and these beliefs significantly reduce their chances of success. Ellis [11] noted that REBT framework assumes that individuals possess innate tendencies to consciously and unconsciously construct, rigidly hold, regurgitate, and reinforce unhelpful beliefs about their negative experiences. These beliefs according to him are mostly responsible for emotional difficulties such as self-blame, self-pity, anger, hurt, guilt, panic, depression, anxiety, some other self-defeating thinking, emotions and behaviours.

As a therapeutic model, REBT allows the counsellors and clients to work together in order to reduce undesirable emotions and behaviours by counteracting clients' thoughts and beliefs associated with the triggering negative events [12]. In other words, negative emotions and maladaptive behaviours exhibited by parents of children with disabilities can be changed by altering their perceptions, interpretation and evaluation of their children's disabilities [13]. This is generally achieved through restructuring of their self defeating beliefs. The central theme of REBT was adopted from the philosophical insight of Epictetus, which revealed that "what disturbs man's mind is not event but judgment of the event" [11]. This explains the reason why two individual confronted with the same or similar negative life event mentally process the same event differently; one may be highly disturbed by the event and the other moderate or even not disturbed [12].

ABC(DE) Model of REBT: ABC(DE) model explains the process of development of psychological disturbance and how to regulate such disturbance through rational thinking. The ABC component is used for diagnosis while DE is for treatment. The model is illustrated in the following diagram.

(A) *Activating event:* This is the adversity or negative experience in a person's life.

(B) *Beliefs:* These are thoughts, interpretations, self-discussions or evaluation about negative experience. David & Mc Mahon [14] describe it as schemas in one's brain that represent individual's beliefs or construction of reality; how one should behave or how things should be. Individuals' belief could be either rational belief (RB) or irrational belief (IB). IBs are rigid, extreme and unconstructive while RBs are flexible and constructive.

(C) *Consequences:* emotions, behaviours or psychological reactions emanating mostly from one's beliefs about an adversity. Consequences can be healthy or unhealthy; unhealthy negative emotions (UNE) include extreme emotions such as rage, anxiety, depression and unconstructive behaviours. Healthy Negative Emotions (HNE) includes less severe emotions such as annoyance, disappointment, sadness, and constructive behaviours.

(D) *Disputation:* the debate or argument against irrational beliefs.

(E) *Effective change:* This is wellness experienced when IBs are disputed and replaced with rational or adaptive beliefs.

The common belief is that adversity (A) causes emotional disturbance and dysfunctional behaviour (C). For example, a mother might believe that her child's obnoxious behaviour in public places made her very angry. This is known as A-C connection. REBT holds that though A-C connection is not 100% true. The balance of the truth is that emotional disturbance (C) experienced by individuals going through adversity (A) is mediated and strengthened by evaluative thoughts (IBs) about the adversity. This is known as ABC connection. The important point to grasp here is that beliefs (thoughts) play vital role in generating emotion and behaviours. Ellis strongly believed that beliefs and emotions are infused [15].

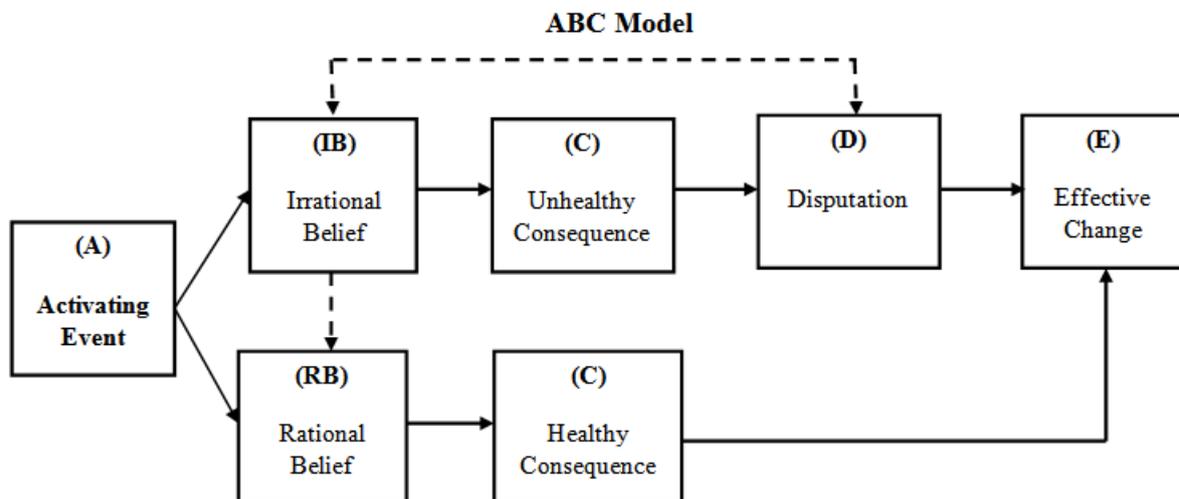


Figure 1

3. Identification of Irrational and Rational Beliefs

REBT holds that beliefs are at the core of emotions [16] and irrational beliefs are mostly responsible for unhealthy negative emotions [17]. Ellis [18] placed irrational belief at the very heart of REBT; according to him, the primary reason for human misery and dysfunction lies in one's irrational beliefs [11]. It is therefore necessary for clients to understand the nature and processes involved in identifying irrational and rational beliefs. Some of the identification processes are discussed below.

Demands: Demands otherwise called "*masturbation*" are the primary irrational belief from which secondary IBs are mostly derived. Ellis described demand as commands that the universe should be the way an individual want it to be [19] or when an individual strongly believes that adversity should absolutely not occur. It is also activated when an individual insists that others including oneself must behave exactly as one strongly desire or demand. Individuals make demands by reconstruction of their desires or requests to absolute necessity that must be complied with quickly and not open to debate or negotiation. Demands can easily be recognized through words or phrases such as; "must", "absolutely should", "have to", "ought to" and so forth. Example of demand is like an assertion by a mother that her child, (John) with mild autism must not disturb in public places. The rational alternative (RB) to demands is *preferences*. It involves holding thoughts or beliefs that are flexible, logical, objective, evidence based which are helpful attitude during adversity. For example, John's mother should be able to say, "my child should not disturb in public places, but he does not have to. It is bad to disturb in public places but not the worst thing that can happen. When one's demands are not met, the individual may arrive at one or three of the following secondary irrational beliefs discussed below.

Awfulizing or "catastrophizing" beliefs are evaluation of negative event as the worst thing that can happen. It is a form of negative exaggeration recognized by phrases or words such as; too bad, terrible, horrible, and catastrophic. Example, John's mother might see her child's behaviour in the shop as horrible or terrible. Horrible in REBT means that nothing in this world can be worse than what happened. The rational alternative (RB) to awfulizing is *Anti-awfulizing beliefs* which are recognized by statements such as, things are not as bad as I think, it is not the worst thing that can happen. Example, John's mother can interpret his obnoxious behaviour at the supermarket as bad but not the worst thing that can happen. This type of interpretation will make John's mother to get better.

Frustration intolerance belief also known as *low frustration tolerance* (LFT) is acceptance that negative situations are unbearable, indicating strong belief about one's inability to withstand discomfort or frustration. This belief is characterized by phrases such as, "I can't stand it", "I can't cope with it", or "I can't bear adversities or setbacks". Parents are thought not to use these words while facing adversity. The rational alternative belief is

frustration tolerance which is the conviction that one would be able to handle discomfort or frustrations arising from adversity. It can be recognized by phrases such as; I can stand many things or I can manage or cope with frustration arising from it.

Depreciation belief or global rating is total evaluation of self, other or the world based on one bad aspect that contributed to the adversity. It is being too critical about things, name calling, characterized by phrases such as: "*I am a failure*", or "*I am finished*", "*others are stupid or idiot*", "*the world is worthless or useless*". Example: if John's mother fails to stop John from disturbing in public places, then she believes that she is a failure and that John is worthless. The rational alternative belief is an *acceptance belief* which is unconditional acceptance of self, others, and the world. John's mother is restructured to accept John despite his bad behaviours? REBT maintains that individuals are too complex to be rated from one dimension. Example: if John's mother fails to stop John from disturbing, she just failed in one important thing in her but she is not a total failure because she can still succeed in other things.

Disputation of irrational beliefs: Counselors help parents to find out patterns of thought (IBs) about their adversity that make them disturbed and help then restructure these self defeating beliefs through disputation in order to make meaningful adjustment. Disputation of each of the four core IBs (demands, awfulizing, frustration intolerance, and depreciation beliefs) can be done using four standard strategies: as empirical, logical, pragmatic disputations and rational alternatives. These strategies are usually presented in four styles: Socratic, didactic, humour or metaphor. The following discussions detail these processes. **Empirical disputation:** This involves requesting client to provide proof or evidence for the IBs about the activating event. The evidence can be elicited by asking questions such as; (i) Do you have evidence to prove that your evaluation or interpretation of the negative event is true? (ii) What are your bases? (iii) Can your evidence lead to some other conclusions? The aim of the foregoing questions is to show clients that their beliefs may not be realistic and there may not be sufficient evidence to substantiate their irrational beliefs. **Logical disputation:** It shows parents that their conclusions are often exaggerated. It is achieved by asking questions such as (i) assuming you have sufficient evidence, is your conclusion logical? The counselor, for example, may ask; if your child has developmental problem, does it mean (a) that you are finished? (b) That you are nobody? (c) That everything is bad for you? These logical questions help client to overcome their negative over generalization. **Pragmatic disputation:** help clients to recognize the practical consequences of their irrational beliefs in achieving their goals. It is achieved by asking questions such as; (i) does the belief you hold help? (ii) does believing that you are finished help you to be more effective in achieving your desired goals? These disputation styles are carried out through *didactic* process; direct explanation to the client why their IBs are irrational and their RBs rational [16] and *Socratic* process; collaborative inquiry through questioning in order to dispute the IB [20].

4. Application of Rational Emotive Behaviour Therapy to Parents of Children living with Disability (A Case Study of Maria)

Case Study: Maria has an autistic child by name John who vehemently disturbs in public place; she abhors John's obnoxious behaviours and is usually depressed. She strongly believed that John's unpleasant behaviour is making her to be depressed. The following discussions illustrate REBT procedures that can be applied to help Maria with her depression. Discussions below do not include rudiments of counseling procedures. It is important however, that the clients understand the ABCDE model and committed to it before treatment is started.

Disputation of IBs and replacement with RBs: Maria's demands can be deduced by asking her questions such as: what do you do or say to yourself when John starts to misbehave in public places? The client may respond that I insisted that John must not act obnoxiously today (demands), "*it will be horrible is he does*" (awfulizing), "*I can't stand or bear his disturbance any more*" (frustration intolerance), "*this shows how horrible John is*" (depreciation belief/other downing). It is important to access unhealthy negative emotions and the maladaptive behaviours she is experiences, dispute and replace them with rational ones. Successful disputation will make her to be less disturbed. Some of the disputation procedures are illustrated in the following discussions.

Disputing Demanding Beliefs: the objective of the disputation is to make Maria understand that things must not absolutely happen as she demands. That she absolutely wants or need something does not mean she must have it. For example, Maria should understand that John must not always behave well or behave the way she wants. Holding this self-defeating demand is mostly responsible for her depression. This IB should be replaced with RB, "*it is good for John to behave well in public places, but he does not have to*".

Therapist: when you say John must not disturb in public (demand), do you really mean that it is impossible for John to disturb next time? What evidence do you have that he will not disturb next time (empirical Socratic disputation)?

Maria: in fact it is the thought of him disturbing next time that is making me depressed.

Therapist: Are 100% parents whose children disturb in public places very depressed like you? Why do you think some are depressed and others are not?

Maria: it depends on how they take it. Should parents not be worried when their children misbehave?

Therapist: So, there is a way one can think about it and be depressed and another way one can think about it and be less depressed?

Maria: I should think so based on your lecture on ABC model, but hisdemands depresses me especially when it gets out of hand and people start to laugh.

Therapist: I understand how you feel but how does feeling depressed or continuing to demand that John must not disturb in public help you stop being depressed or increase the likelihood that John will cooperate? (Pragmatic disputation)

Maria: I don't see much help, I guess it will be better to change the way I think especially if I cannot easily stop John's obnoxious behaviours.

Therapist: it is important for you to understand that you are on the same page with John regarding demanding belief. John is distracted by and overloaded with social interacting in public places and is demanding through obnoxious behaviours that he must have it his own way. You on the other hand is demanding that John must behave the way you want him to behave. Would it not be better and easier for you who is more rational to change your demands to preference and find how this RB affects your emotions and John's obnoxious behaviours? When next John disturbs in public place, try and tell yourself things like: it is bad for John to misbehave in public, I will try my best to control him but I know I cannot get all I want in this world. Begin to learn to get to terms with what you cannot easily change. It is not an offence for a child to disturb. That you absolutely desire something does not mean it must happen.

Disputing Awfulizing Beliefs: the purpose of this disputation is to make Maria change her awfulizing beliefs such as; "*It is awful if John disturbs in public places*" to partial anti-awfulizing cognition. "*it is bad for John to disturb in public*", then to anti-awfulizing way of thinking about the events, it is bad for John to disturb in public but it is not awful, i.e., it is not as bad as it could be: it can be worse.

Therapist: you said that John's behaviour in public places is awful, how is it awful?

Maria: it is embarrassing especially when I try to control him. The way things are going, I am afrade if he will not graduate to fighting in public and even be thrown out of school.

Therapist: if you label John's behaviours in public places as awful, how would you describe the recent Las Vegas shooting by Stephen Paddock? We have established that John's undesirable behaviour is a setback in your life, how does your belief that John's disturbance in public places is 100% bad helps you to achieve your goals? If Wright brothers had believed that disappointment is the worst thing that can happen and started to awfulize the consequences of plane clash, we may not have air plane.

Maria: I agree that I should not give up on John but should one not be disturbed by his son's bad behaviours? Would you not be disturbed if your child behaves like John?

Therapist: I will be upset, yell and scream if such emotions will help me manage my son better but not when they fail to help me change my son's behaviour but rather depress me. It seems that getting upset about John's obnoxious behaviour and thinking that it is the worst thing that can happen help you to manage him.

Maria: I agree that getting upset does not help me manage him. But is it not a natural thing to do?

Therapist: Emotional disturbance contrary to general belief is a major obstacle to rational child management. You have not come to counselling to be helped to continue to do things your natural ways. Instead of yelling, condemning and concluding that his behaviour is horrible and imagining the worst things that can happen learn to think and do the opposite. When John behaves poorly in public next time, try to be firm, proactive and understand that the situation is not awful or as bad as it can be.

Disputing frustration intolerance beliefs: the purpose of this disputation is to make Maria understand that she can tolerate or bear unpleasant situation which she cannot avoid or stop from happening. Maria should be made to understand that the belief that she cannot stand or bear John's unpleasant behaviours in public places is promoting her unhealthy negative emotion of depression.

Therapist: you said you can't stand John's behaviour because it drives you crazy. Is it crazy as insane?

Maria: Not insane you know what I mean.

Therapist: let us look at the evidence of your statement that "you can't stand John's obnoxious behaviour in public". You have been going out with John in spite of his "melt downs", if you have not died, suffered stroke or abandoned John all this while, what then is your evidence (the truth in your belief) that you can't stand him behaving the way he does?

Maria: it is a very difficult thing to do, it's like heaven is falling during his normal "meltdowns".

Therapist: I understand it is uncomfortable and difficult but you know that difficult does not mean impossible. You have to work harder and think better. Let us look at it from another angle, can you stand John's behaviours if it meant saving his life?

Maria: I get what you mean but how do I start to think that what is bad is good or not bad?

Therapist: REBT is not teaching one to think that what is very bad is good but to think that what is bad is absolutely very bad is irrational and self-defeating. How does thinking that John's behaviour is absolutely bad, that you can't stand or bear it, help you reduce the level of your depression's or manages John's unwanted behaviours (Logical disputation)?

Maria: I don't see how.

Therapist: It is frustrating for a person's child to disturb in public places; if however you believe that such frustration is unbearable, it becomes unbearable for you. This means you should fight John, tie his hands, legs and mouth while in public places or stop going out with him. None of these action will help you reduce your depression or stop John from disturbing next time. The truth is that human beings have the ability to overcome frustrating events through rational thinking except for physical events such as extreme heat or cold. Ability to endure frustration will help you manage John better.

Disputing depreciation beliefs: The objective is to show Maria how holding depreciating beliefs about John contribute mostly to her feeling of depression and how to think herself out of it.

Therapist: you said that John's behaviour in public places shows how rotten he is, why do you believe this?

Maria: his bad behaviours often get out of hand.

Therapist: does it follow that when a child behaves that poorly, he is rotten, as in rotten banana? In other words, you are saying that John is rotten as if there is no good thing about him?

Maria: I am talking about his behaviour in public.

Therapist: So, John is not rotten but his behaviours in public.

Maria: I see what you mean.

Therapist: it is clear to us that you don't like some of John's behaviours in public places but it is irrational to rate John as rotten because you cannot prove that he is

entirely rotten. How does the belief that your child is worthless help you to be happy?

Maria: it can't make me happy.

Therapist: everybody has flaws; some have bigger flaws than others, recognize and accept this fact. Moreso,, human being is too complex to be given a global rating. It does not make sense to conclude that John is worthless based on an ugly aspect of his life.

5. Conclusion

Parents of children living with disabilities play vital roles in providing care-given services for the development of their children. These parents experience shock, sadness, anxiety, guilt, depression, frustration and other dysfunctional emotions, all of which stem mostly from irrational beliefs they hold and maintain about their children's disability. REBT provides an effective intervention strategy for helping parents of children living with disabilities to effectively manage the irrational beliefs (IBs) that trigger their frustration, depression and anxiety by disputing them and replacing them with rational beliefs (RBs), in order to overcome their dysfunctional emotions and behaviours. Appropriate replacements of rational beliefs will help parents of these children to better manage the developmental disorders of their children. They may also become their own therapists and be able to reinforce learning in the children. Emotionally, healthy parents raise emotionally healthy children.

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