In this chapter, I will briefly outline the distinctive theoretical features of REBT, while in the following chapter, I will discuss the distinctive practical features of this approach. Taken together these opening chapters are a précis of a book-length work on the subject (Dryden, 2008).

**Postmodern Relativism**

REBT theory espouses postmodern relativism which is antithetical to rigid and extreme views and holds that, as we far we currently know, there is no absolute way of determining reality. This philosophy stops short at saying that there is absolutely no absolute way of determining reality for to do so would violate the central position of postmodernism. Thus, while REBT puts forward certain criteria to differentiate irrational beliefs from rational beliefs, it holds that these criteria are relative rather than absolute and would be against any such absolute criteria (Dryden, 2008).

**REBT’s Position on Human Nature**

REBT theory has a unique position on human nature (see Table 1.1 and Figure 1.1). This viewpoint was put forward by Daniel Ziegler (2000) who helped to pioneer a ‘basic assumptions’ approach in personality theory (Hjelle & Ziegler, 1992).

**REBT’s Distinctive ABC Model**

While an ABC model for understanding psychological problems can be found in different CBT approaches, REBT uses a distinctive ABC model in this respect (see Chapter 7 for examples). In this model the person is deemed to disturb herself at ‘C’ about a key aspect of the situation that she is in (at ‘A’) largely because she holds a set of irrational beliefs at ‘B’ (Dryden & Branch, 2008). For example:
Table 1.1 Description of the nine basic assumptions concerning human nature (from Hjelle & Ziegler, 1992)

<table>
<thead>
<tr>
<th>Freedom – Determinism</th>
<th>Freedom – Determinism</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much internal freedom do people have and how much are they determined by external and internal (e.g. biological) factors?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rationality – Irrationality</th>
<th>Rationality – Irrationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are people primarily rational, directing themselves through reason or to what extent are they guided by irrational factors?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Holism – Elementalism</th>
<th>Holism – Elementalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are people best comprehended as a whole or to what extent by being broken down into their constituent parts?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Constitutionalism – Environmentalism</th>
<th>Constitutionalism – Environmentalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are the result of constitutional factors and to what extent are they products of environmental influences?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changeability – Unchangeability</th>
<th>Changeability – Unchangeability</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are people capable of fundamental change over time?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subjectivity – Objectivity</th>
<th>Subjectivity – Objectivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are people influenced by subjective factors and to what extent by external, objective factors?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proactivity – Reactivity</th>
<th>Proactivity – Reactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent do people generate their behaviour internally (proactivity) and to what extent do they respond to external stimuli (reactivity)?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homeostasis – Heterostasis</th>
<th>Homeostasis – Heterostasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are humans motivated primarily to reduce tensions and maintain an inner homeostasis and to what extent are they motivated to actualise themselves?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowability – Unknowability</th>
<th>Knowability – Unknowability</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent is human nature fully knowable?</td>
<td></td>
</tr>
</tbody>
</table>

A = My friend criticised me unfairly
B = She must not criticise me unfairly
C = Hurt

This model has a number of distinctive features:

1. It holds that ‘A’ is often inferential in nature.
2. As shown above, it argues that beliefs (rational and irrational) at ‘B’ are the central determining factor of functional and dysfunctional response at ‘C’ about adversities at ‘A’.
3. It argues that ‘C’ can be emotive, behavioural and cognitive.
4. It also stresses that ABCs are best understood within a situational context.

**Rigid Beliefs are at the Very Core of Psychological Disturbance**

Perhaps the central tenet of REBT theory is that rigid beliefs are at the very core of psychological disturbance. Ellis (1994) argued that while irrational beliefs can be rigid or extreme, of the two it is rigid beliefs that are at the very core of disturbance.


![Table of Assumptions](image)

**Figure 1.1** REBT's position on the nine basic assumptions concerning human nature (the shaded areas indicate the degree to which REBT favours one of the two human bipolar extremes).

Reprinted with permission from Ziegler, D. (200) Basic assumptions concerning human nature underlying rational emotive behaviour therapy (REBT) personality theory. JRECBT, 18, 2. Reprinted with permission from Springer US.
Rigid beliefs are often based on what may be regarded as partial preferences, but are then transformed into absolutes. Thus, if I believe that it is important to me that you like me, then this is my partial preference. When I make this belief rigid, I transform it into a demand, thus: ‘I want you to like me and therefore you must do so’. It is important to note that rigid beliefs are often expressed without the partial preference being made explicit. Thus: ‘You must like me’.

**Flexible Beliefs are at the Very Core of Psychological Health**

The corollary of the previous point is that flexible beliefs are at the very core of psychological health. Ellis (1994) argued that while rational beliefs can be flexible or non-extreme, of the two it is flexible beliefs that are at the very core of psychological health. Flexible beliefs, like rigid beliefs, are often based on what are partial preferences, but they are flexible because the person is explicit that they are not rigid. Thus, if I believe that it is important to me that you like me, then this is again my partial preference. When I make this belief flexible, I negate the demand, thus: ‘I want you to like me, but you don’t have to do so’.

**Extreme Beliefs are Derived from Rigid Beliefs**

REBT theory argues that extreme beliefs are derived from rigid beliefs (Ellis, 1994). Since the theory posits that rigid beliefs are at the very core of disturbance it follows that other unhealthy beliefs and distorted cognitions are derived from this rigid core. Extreme belief derivatives are the closest derivatives to this core. REBT theory argues that there are three extreme belief derivatives from rigid beliefs. In the material that follows I will list and define each extreme belief and show that it is derived from the person’s rigid belief. These extreme beliefs are known as:

1. **Awfulising beliefs**. Here you believe at the time that something is so bad that it couldn’t get any worse. For example: ‘You must like me and it would be absolutely awful if you don’t’.
2. **Low frustration tolerance (LFT) beliefs**. Here you believe that you cannot tolerate the adversity that you are facing or about to face. For example: ‘You must like me and I couldn’t bear it if you don’t’.
3. **Depreciation beliefs**. Here you give yourself, others or life a global negative evaluation which, at the time, you think defines you, others or life. For example, ‘You must like me and if you don’t, I’m not worthy’.

**Non-extreme Beliefs are Derived from Flexible Beliefs**

REBT theory also argues that non-extreme beliefs are derived from flexible beliefs (Ellis, 1994). Since the theory posits that flexible beliefs are at the very core of psychological health, it follows that other healthy beliefs and realistic cognitions are derived from this flexible core. Non-extreme belief derivatives are the closest
derivatives to this core. REBT theory argues that there are three non-extreme belief derivatives from flexible beliefs. In the material that follows I will list and define each non-extreme belief and show that it is derived from the person’s flexible belief. These non-extreme beliefs are known as:

1. **Non-awfulising beliefs.** Here you believe at the time that something is bad, but not the end of the world. For example: ‘I want you to like me, but you don’t have to do so. It’s bad that you don’t, but not awful.’

2. **High frustration tolerance (HFT) beliefs.** Here you believe that it is difficult tolerating the adversity that you are facing or about to face, but you can tolerate it and it is worth it for you to do so. For example: ‘I want you to like me, but you don’t have to do so. It would be difficult for me to tolerate you not liking me, but I can tolerate it and it’s worth doing so.’

3. **Acceptance beliefs.** Here you acknowledge that you, others or life are far too complex to merit a global negative evaluation which defines you, others or life. For example, ‘I want you to like me, but you don’t have to do so. I am the same fallible person whether you like me or not’.

**REBT’s Position on Negative Emotions**

REBT theory distinguishes between unhealthy (dysfunctional) negative emotions (UNEs) and healthy (functional) negative emotions (HNEs). It argues that UNEs and HNEs are qualitatively different from one another as UNEs stem from irrational beliefs and HNEs stem from rational beliefs (see Dryden, 2009a). As such they exist on two separate continua rather than on one single continuum.

For example, anxiety about a threat is underpinned by an irrational belief, and its healthy alternative about that same threat is concern, which is underpinned by a rational belief. The goal in REBT is not to reduce the intensity of anxiety; rather, it is to help the person to feel concerned rather than anxious about a threat.

**REBT’s Explanation of How Clients Create Highly Distorted Inferences**

When clients discuss their problems with their REBT therapists, it sometimes occurs that they report highly distorted inferences. Given the available evidence, it is usually easily apparent to the therapist that such inferences are negatively biased and highly skewed to the negative. However, these inferences seem very real to clients. Examples of such inferences are: ‘I am going to have a heart attack’; ‘Nobody will ever talk to me again’ and ‘I will always fail and will end up a bag lady’.

REBT theory argues that such inferences are cognitive consequences (at ‘C’) of irrational beliefs. Such inferences are highly distorted because prior related and usually less distorted inferences at ‘A’ have been processed by the person using his or her irrational beliefs at ‘B’. Thus:

A = I am feeling out of control  
B = I must gain control immediately  
C (cognitive) = If I don’t I will have a heart attack
REBT’s Position on Human Worth

REBT theory has a unique position on human worth. Actually, it has two positions on this subject, a preferred position and a back-up position. It holds that unchangeable aspects of humans are our:

- Humanness (we are human till we die)
- Complexity (we are too complex to justify a single defining global rating)
- Uniqueness (there will never be another you)
- Fallibility (we have an incurable error making tendency).

REBT’s preferred position on human worth is that we are neither worthwhile or worthless; rather, we just are and we can either choose to accept ourselves as human and as having the above unchangeable aspects or choose not to do so. When we do make this affirmative choice we can be said to be operationalising a philosophy of unconditional self-acceptance (USA) which encapsulates REBT’s preferred position on human worth.

When clients do not resonate with this position and prefer to regard themselves as having worth, then the best way of doing this without making themselves vulnerable to ego disturbance (see below) is to opt for unconditional self-worth. This back-up position states that I am worthwhile because I am human, complex, unique and fallible. I could, of course, state that I am worthless because I have these aspects, and this is equally valid for I can neither prove that I am worthwhile nor worthless. However, if I want to live healthily and happily, then the unconditional self-worth position will facilitate this far more than the unconditional worthless position.

According to REBT, the real culprit (apart from unconditional worthlessness) when it comes to ego disturbance is conditional self-worth. Thus, when I say that I am worthwhile when I am loved, successful, popular and wealthy, for example, then I disturb myself when I lose any of these factors and I am vulnerable to self-disturbance when I have these factors because I can always lose them (see Appendix 2).

REBT Distinguishes between Ego and Discomfort Disturbance and Health

REBT theory argues that we have two major domains in which we function as humans: ego and non-ego (here referred to as discomfort). It therefore distinguishes between ego disturbance and discomfort disturbance on the one hand, and ego health and discomfort health on the other.
Ego Disturbance and Health

Ego disturbance in the face of adversity is marked by a rigid belief and a self-depreciation belief that is derived from it. For example: ‘I must pass my exam and I am a failure if I don’t’. By contrast, ego health in the face of the same adversity is marked by a flexible belief and an unconditional self-acceptance belief that is derived from it. For example: ‘I would like to pass my exam, but I don’t have to do so. If I don’t, I’m not a failure. I am an unrateable human being who has failed in this respect.’

Discomfort Disturbance and Health

Discomfort disturbance in the face of adversity is marked by a rigid belief and an awfulising belief and/or a low frustration tolerance (LFT) belief that is derived from it. For example: ‘I must have the benefits that I will get if I pass my exam and I couldn’t bear to be deprived of these benefits should I fail’. By contrast, discomfort ego health in the face of the same adversity is marked by a flexible belief and a non-awfulising belief and/or a high frustration tolerance (HFT) belief that is derived from it. For example: ‘I would like to have the benefits that I will get if I pass my exam, but I do not need these benefits. If I fail the exam and am thus deprived of these benefits, then it would be a struggle for me to tolerate this deprivation. But I could tolerate it and it is worth it to me to do so.’

There are two other important points worth noting about these two forms of disturbance. First, a rigid belief on its own does not make clear the type of disturbance a person is experiencing. The extreme belief derivative helps to make this clear. Thus, if my rigid belief is: ‘I must retain my autonomy’, this belief on its own does not indicate ego or discomfort disturbance. However, if my major extreme belief derivative is: ‘... and I am a pathetic person if I lose my autonomy’, then I am experiencing ego disturbance, whereas if it is: ‘...and I can’t bear the resultant conditions if I lose of my autonomy’, then I am experiencing discomfort disturbance.

The second important point is that ego disturbance and discomfort disturbance frequently interact. Thus, I may begin by experiencing ego disturbance and create a disturbed negative emotion such as shame, and then I may focus on the pain of this emotion and tell myself that I can’t bear this emotional pain (discomfort disturbance).

Focus on Meta-disturbance

REBT recognises that once a person disturbs herself, it often happens that she disturbs herself about this original disturbance. This is known as meta-disturbance (literally disturbance about disturbance) and I gave an example of this at the end of the previous section. So, REBT has a decided focus on meta-disturbance. It also distinguishes between different types of meta-disturbance. Thus, it argues that a person can disturb herself about:
1. **Her disturbed emotions at ‘C’**. A person may disturb herself either because of the pain of the emotional experience (e.g. I can't stand the pain of feeling depressed) or because of the meaning the disturbed emotion has for the person (e.g. feeling depressed is a weakness and proves that I am a weak person).

2. **Her dysfunctional behaviour or action tendencies**. Here the person focuses on what she did or what she felt like doing but did not do, and disturbs herself about one or the other, largely because of the meaning the behaviour or action tendency has for the person (e.g. I felt like punching her lights out, which is really nasty and proves that I am a nasty person).

3. **Her distorted cognitions at ‘C’**. Here, a person may focus on a distorted cognition, which becomes her new ‘A’, and disturbs herself about the meaning that such a thought has for her. Thus, suppose the person disturbs himself about finding a young girl attractive and thinks that he may abuse her (his distorted cognitive consequence at ‘C’). He may then disturb himself about this thought because he infers that is shameful and that he is a disgusting person for having it.

### Biological Basis of Human Irrationality

Most approaches to CBT are based on social learning principles whereby it is held that people learn to disturb themselves. REBT also argues that human disturbance is partly learned, but it is unique among the CBT approaches in claiming that the biological basis of human irrationality and related disturbance is often more influential than its social learning basis. Thus, in a seminal paper, Ellis (1976) put forward a number of arguments in favour of the ‘biological hypothesis’, as it is known in REBT circles. Here are a few of Ellis’s arguments:

1. People easily transform their strong preferences into rigid demands and have a difficult time giving up these demands and remain with their strong flexible preferences.
2. People are rarely taught to procrastinate and live self-undisciplined lives, but millions do.
3. People easily fall back into self-defeating patterns after they have made progress in dealing constructively with these patterns.
4. People can easily give people sound advice in dealing with their problems, but find it difficult to apply this advice consistently to themselves when they experience the same problems.

### REBT Advocates Choice-based Constructivism and a ‘Going against the Grain’ View of Change

REBT favours what might be called choice-based constructivism in that it argues that humans have choices when constructing demands (e.g. ‘You must like me’) or non-dogmatic preferences (e.g. ‘I want you to like me, but you don’t have to do so’). Both are usually based on partial preferences and although a person may have a biologically-based tendency to construct a demand when her partial preference is strong, she does not have to do this and can choose to construct a non-dogmatic preference instead. The extent to which she does this in a meaningful way depends on the extent to which she ‘goes against the grain’ and thinks and acts according to the less powerful non-dogmatic preference and refrains from thinking and acting according to her more powerful demand.
REBT's Position on Good Mental Health

REBT has a clear position on what constitutes good mental health with flexibility and non-extremeness at its heart. Here is a partial list of such criteria, which is self-explanatory:

- Personal responsibility
- Flexibility and anti-extremism
- Scientific thinking and non-utopian in outlook
- Enlightened self-interest
- Social interest
- Self-direction
- High tolerance of uncertainty
- Strong commitment to meaningful pursuits
- Calculated risk-taking
- Long-range hedonism.

In the following chapter, I will outline REBT's distinctive practical features.