Psychotherapy Guidebook

RATIONAL-EMOTIVE GROUP PSYCHOTHERAPY

Richard L. Wessler

Rational-Emotive Group Psychotherapy

Richard L. Wessler

e-Book 2016 International Psychotherapy Institute

From The Psychotherapy Guidebook edited by Richie Herink and Paul R. Herink

All Rights Reserved

Created in the United States of America

Copyright © 2012 by Richie Herink and Paul Richard Herink

Table of Contents

DEFINITION

HISTORY

TECHNIQUE

APPLICATIONS

Rational-Emotive Group Psychotherapy

Richard L. Wessler

DEFINITION

Rational-Emotive Group Psychotherapy is simply Rational-Emotive Therapy (RET) conducted with groups of people instead of with a single individual. It is an approach that seeks to help people change their selfdefeating and goal-defeating emotions and behavior by identifying their selfdisturbing beliefs and assumptions, and by teaching them how to change such ideas and values.

RET is based upon the general assertions that humans respond primarily to cognitive representations of their environments and not to their environments per se; that humans disturb themselves by making unrealistic demands upon themselves, other people, and the world; and that the demand for individual perfection, in particular, contributes significantly to human unhappiness.

The goals of RET emphasize the individual's enjoyment of life, made possible by freeing oneself from self-evaluations of all kinds, from unrealistic anguish about unalterable reality, and by increase toleration for one's own and other people's imperfections.

HISTORY

Rational-Emotive Group Psychotherapy began almost as early as individual Rational-Emotive Therapy (RET). In 1955, Albert Ellis, a clinical psychologist and psychotherapist already well known as a sex and marriage counselor, became dissatisfied with the results he obtained from employing the psychoanalysis principles in which he was trained. As he describes it, he then took the bold step of directly confronting his patients with their selfdefeating philosophies, actively arguing against their irrational ideas, and assigning behavioral and cognitive homework assignments for them to practice their newly adopted ways of thinking and acting (Ellis, 1962).

His theoretical position has undergone some refinement since then (Ellis, 1973), as RET has increasingly converged with other behavioral and cognitive approaches that emphasize cognitive control of behavior and/or emotions.

RET rejects the idea of unconscious motivation of behavior and control of behavior by past and passive conditionings. RET assumes that beliefs and behavior are learned, that some dysfunctional beliefs are very easily learned (probably due to a human's biological tendencies to learn them), and that humans can employ their conscious thought processes to their own benefit by

6

solving their problems and rethinking the self-defeating assumptions about other people and their own perfect-ability.

TECHNIQUE

RET uses an educational model of therapy rather than a medical, emotional-release, relationship, or conditioning model. A therapy group consists of two or more people, up to whatever maximum the therapist wants (Ellis prefers to work with about twelve clients at a time). Typical group sessions begin with problems brought up by individual members. The therapist and other group members question and offer comments to the focal client to help clarify the problem, to uncover irrational ideas, and to dispute their validity.

The therapist is usually very active and provides a structure along which the discussion proceeds. Often the therapist will explicitly employ the ABC model of emotions, a mnemonic device to remind people that emotional consequences (C) are determined by one's evaluation of or beliefs (B) about activating events (A). To change negative emotional consequences, the therapist focuses the attention of the client and of other group members upon irrational beliefs — those that lack factual bases and consist of absolutistic demands (often revealed by words like "must", "should", "ought").

While the therapist encourages group members to accept each other

7

(i.e., to avoid positively or negatively rating each other's worth as people), excessive amounts of mutual support are discouraged because such support may interfere with the group members confronting one another's irrational beliefs. Further, it may contribute to a client's disturbance by satisfying his self-defined need for love and approval. Nevertheless, people in RET groups behave like people in other voluntary groups; they develop group cohesiveness and often strong feelings for one another.

From time to time, most RET group therapists introduce exercises to the group. These exercises are similar to those used in other groups, and are intended to help people become more aware of their feelings, behaviors, and the impressions they make on others. In addition, the therapist helps clients get insights into the beliefs, assumptions, and personal philosophies that cause the feelings and behavior, and to develop plans to change them.

The goals of RET group therapy are the same as those of RET individual therapy (Ellis, 1975). These include teaching clients how to change their disordered emotionality and behavior, and to cope with almost any unfortunate events that may arise in their lives. To achieve these goals, the therapist very actively teaches people to think more clearly. Both therapist and group members give homework assignments to clients, some of which (such as speaking up in group) may be carried out in the group itself. Role playing, risk taking (such as disclosing ordinarily hidden experiences and feelings), and experimentally interacting with other people can be done in a group far more effectively than in individual therapy.

RET principles can be presented in large groups, and while individuals do not get much opportunity to discuss their personal problems, they may learn what ideas in general lead to extreme anger, depression, anxiety, guilt, and other self-defeating emotions. With such information, they may engage in self-counseling and get insight into their own irrational beliefs and begin to work to change them.

APPLICATIONS

RET may be used with any group of people except those who are intellectually deficient or very withdrawn.

Hospitalized patients present a challenge to the therapist's creativity, since they cannot easily try new behavior, and the range of homework assignments is necessarily limited.

Although relatively few people may achieve what Ellis terms "an elegant solution" (philosophic restructuring), many people can learn to clarify misconceptions, accept themselves more fully, blame themselves and others less, and substitute more adaptive coping statements for self-defeating ones.