

PERSON-CENTRED THERAPY VS. RATIONAL EMOTIVE BEHAVIOUR THERAPY

The purpose of this paper is to present a brief comparison of the approach to psychotherapy of Carl Rogers and Albert Ellis. I have selected Albert Ellis for comparative purposes since he was one of the other therapists participating with Rogers in the film "Three Approaches to Psychotherapy", made in 1964, centering on interviews with the client "Gloria".

Person-Centered Therapy

Rogers first formulated the essentials of *Person-Centered Therapy* (PCT), an approach to helping individuals and groups in conflict, in 1940. At the time it was a revolutionary hypothesis that a self-directed growth process would follow the provision and reception of a particular kind of relationship characterized by genuineness, non-judgmental caring, and empathy. Its most fundamental and pervasive concept is trust.

The foundation of Rogers' approach is a human being's *actualizing tendency* towards the realization of his or her full potential; which he described as a formative tendency observable in the movement toward greater order, complexity and interrelatedness. The person-centered approach is built on trust that individuals and groups can set their own goals and monitor their own progress towards them. It assumes that the clients can be trusted to select their own therapist, choose the frequency and length of their therapy, talk or be silent, decide what needs to be explored, achieve their own insights, and be the architects of own lives. Moreover, groups can be trusted to develop processes right for them and to resolve conflicts in the group.

In Person-Centered Therapy, the therapist provides continuous and constant empathy for the client's perceptions, meanings and feelings. The other tools employed are congruence and unconditional positive regard. Rogers believes it is important for the therapist to be appreciated as a person in the relationship. This is facilitated by congruence or genuineness - the

correspondence between the thoughts and behavior of the therapist. The therapist does not put up a front or façade. Unconditional positive regard means that the therapist's regard for the client will not be affected by client's choices, characteristics or outcomes. The therapist expresses this through demonstrating empathy by reflecting a profound interest in the client's world of meanings and feelings; 135 which the therapist receives and conveys appreciation and understanding back, thereby encouraging the client to go further or deeper. The result is an interrogation in which the therapist is a warm, sensitive and respectful companion in the difficult exploration of the client's emotional world.

The intended result for the client is a better self-concept and increasing self-esteem. Rogers believes that when clients receive congruence, unconditional positive regard and empathy their self-concepts become more positive and realistic. As a result, they become more self-expressive and self-directed, their behaviour becomes more mature and they deal better with stress.

Rational Emotive Behaviour Therapy

Rational Emotive Behaviour Therapy (REBT) is a theory of personality and a method of psychotherapy developed in the 1950's by Albert Ellis, a clinical psychologist. Ellis believes that when highly charged emotional consequences follow a significant event, the event actually does not necessarily cause the consequences. Instead, they are largely created by the individual's belief system. When undesirable emotional consequences occur, such as severe anxiety, Ellis believes that when irrational beliefs are effectively disputed by challenging them rationally and behaviourally the disturbed consequences are reduced. 168 The goal of REBT, consequently, is to help clients examine and change their basic values - particularly those keeping them disturbed – and reduce underlying symptom producing propensities

REBT views cognition and emotion integratively, with thought, feeling, desires and action interacting with each other. Ellis stresses that 169 personality change can occur in both directions. Therefore the therapist can talk with people and try to change their mind so they will behave differently, or can help clients to change their behaviour and thus modify their thinking. REBT

theorists believe that humans rarely change a profound self-defeating belief unless they act against it.

REBT holds that people are born with the potential to be rational as well as irrational. They not only have a predispositions to be self-preserving and actualize their potential for life and growth; but also to be self-destructive, and short-range hedonists. They avoid thinking things through, procrastinate, repeat the same mistakes, are superstitious, intolerant, perfectionistic, grandiose and avoid actualizing their potential for growth. They have a tendency to irrational thinking and self-damaging habituations, exacerbated by both culture and the family group. They rarely act without perceiving, thinking and emoting because these provide reasons for acting. Both normal and disturbed behaviour are functions of perceiving, thinking, emoting and acting.

To help change malfunctioning REBT uses a variety of perceptual-cognitive, emotive-evocative, and behaviouristic-reeducative methods. It is highly cognitive, active-directive, homework assigning and discipline-oriented therapy; likely to be more effective in briefer periods, and with fewer sessions than other therapies.

REBT therapists do not believe a warm relationship between client and the therapist is necessary for effective personality change, although it is seen as desirable. Stress is placed on unconditional acceptance and close collaboration with clients, but therapists also actively encourage them to confront their behaviours and accept their inevitable fallibility.

A variety of therapeutic methods are employed - didactic discussion, behaviour modification, bibliotherapy, audiovisual aids and activity-oriented homework assignments, role-play, assertion training, desensitization, humour, operant conditioning, suggestion support and other techniques. Therapy is not just oriented to symptom removal except when that is the only way change can be accomplished

To discourage undue dependence, therapists use hardheaded methods to convince clients to resort to self-discipline and self-direction

REBT shows how activating events or adversities contribute but do not cause emotional consequences. Emotional consequences result from interpretations of events through the lens of unrealistic and over-generalized beliefs. In other words, the real cause of emotional upset lies in people and not in what happens to them. To assist in correcting their malfunctions, clients are presented with the following insights:

1. Self-defeating behavior follows from the interaction of adversity and an irrational belief system, resulting in disturbed consequences.
2. Unless clients admit and face their own responsibilities for the continuation of dysfunctional beliefs they are unlikely to uproot them
3. Only hard work and practice will correct irrational beliefs and keep them corrected.

Comparison

In a comparison of audio-taped samples of therapy done by between Rogers and Albert Ellis 83 therapist-judges ranked 12 therapist variables. The only point of agreement found between the two was Self-Confident.

Rogers received high ratings on empathy, unconditional positive regard, congruence, and ability to inspire confidence. Ellis rated low in these areas; whereas, he rated high on cognitive and therapist-directed dimensions. Rogers rated low on these.¹

This research led to determination of the following differences between Person-Centred and Rational Emotive Therapy:

1. Unlike REBT, PCT greatly values the therapeutic relationship.
2. REBT therapists provide much direction. PCT encourages the client to determine direction.
3. REBT therapists work hard to point out deficiencies in their clients' thought processes. PCT therapists accept and respect their client's ways of thinking and perceiving

¹ Nathaniel J. Raskin and Carl R. Rogers, *Person-Centred Therapy*, in Raymond J. Corsini and Danny Wedding, editors, *Current Psychotherapies*, 6th edition, (Itasca: F.E. Peacock Publishers Inc., 2000), 137

4. PCT therapy leads to actions chosen by clients. REBT methods include homework assignments by the therapist.
5. PCT therapists relate to clients on a feeling level, in a respectful and accepting way. REBT therapists point out the irrational harm clients may be doing to themselves and to their interpersonal relationships.²

Rogers and Ellis, however, do share several important beliefs and values:

1. Great optimism that people can change, even when deeply disturbed.
2. A perception that individuals are often unnecessarily self-critical, and that negative attitudes can become positive
3. A willingness to put forth great effort to help people; both through individual therapy and through professional therapy and non-technical writing, and
4. A willingness to demonstrate their methods publicly.³

² Raskin, 137

³ *ibid*, 138