

Theoretical background, therapeutic process, therapeutic relationship, and therapeutic techniques of REBT and CT; and some parallels and dissimilarities between the two approaches

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ABSTRACT

REBT AND CT ARE THE TWO WELL KNOWN COGNITIVE APPROACHES OF COUNSELLING AND PSYCHOTHERAPY. REBT WAS ESTABLISHED BY ALBERT ELLIS. ELLIS DERIVED REBT THEORY MAINLY FROM THE ANCIENT ASIAN PHILOSOPHERS, GAUTAMA BUDDHA, LAO TSU, AND CONFUCIUS; THE GREEKS AND THE ROMANS, EPICTETUS, MARCUS AURELIUS, EPICURUS, SENECA; AND OTHERS. ALSO, HE DERIVED REBT FROM SEVERAL MODERN CONSTRUCTIVIST PHILOSOPHERS, SUCH AS KANT, RUSSEL, DEWEY AND WITTGENSTEIN. ELLIS HAS EMPHASISED THE NEGATIVE ROLE OF DYSFUNCTIONAL COGNITIONS IN HUMAN BEINGS' LIVES. IN ELLIS' APPROACH, COUNSELLORS WOULD OFTEN USE COGNITIVE, EMOTIVE, AND BEHAVIOURAL TECHNIQUES WITH THEIR CLIENTS. CT WAS ESTABLISHED BY AARON T. BECK. BECK'S BELIEF ALSO DERIVED FROM THE GREEK STOIC PHILOSOPHERS THAT HOW ONE THINKS LARGELY DETERMINES HOW ONE FEELS AND BEHAVES. IN BECK'S APPROACH, THERAPEUTIC TECHNIQUES HELP CLIENTS OVERCOME THEIR MENTAL PROBLEMS. REBT AND CT ARE COGNITIVE THERAPIES WHICH ARE USED BY COUNSELLORS AND PSYCHOTHERAPISTS IN THE WORLD. ALTHOUGH REBT AND CT SHARE SOME SIMILARITIES, THERE ARE SOME DISSIMILARITIES BETWEEN THESE TWO APPROACHES WHICH NEED ENOUGH CONSIDERATION. IN THE PRESENT ARTICLE, THEORETICAL BACKGROUND, THERAPEUTIC PROCESS, THERAPEUTIC RELATIONSHIP, AND THERAPEUTIC TECHNIQUES OF REBT AND CT WILL BE ADDRESSED SEPARATELY. THEN, SOME PARALLELS AND DISSIMILARITIES BETWEEN THESE TWO APPROACHES WILL BE DISCUSSED BRIEFLY.

Keywords: REBT, CT, parallels, dissimilarities

INTRODUCTION

Rational Emotive Behaviour Therapy (REBT) is one of the cognitive-behavioural approaches to counselling and psychotherapy [1] that was established in the mid-1950s by Albert Ellis [2]. Ellis (1913-2007) derived REBT theory mainly from the ancient Asian philosophers, Gautama Buddha, Lao Tsu, and Confucius; the Greeks and the Romans, Epictetus, Marcus Aurelius, Epicurus, Seneca; and others. Also, he derived REBT from several modern constructivist philosophers, such as Kant, Russel, Dewey, Wittgenstein [3] and Michael Mahoney.

According to Ellis [4], the philosophers found that human beings who are natural constructivists largely disturb themselves about adversities because they choose to add to these adversities their own irrational beliefs. Ellis added to this that the nature of people is such that when they think they also feel and behave; when they feel they also think and behave; and when they behave they also think and feel. Their thoughts, feelings, and behaviours strongly include and interact with each other [4].

Ellis used this philosophy at first, from the age of 16 onwards to combat his own anxiety [3]. He pointed out that Epictetus said two thousand years ago: "People are disturbed not by events that happen to them, but by their view of these events" [5, p. 74]. Then he added: "This was a revelation to me, which I took seriously, and with which I trained myself to be much less anxious about many things..." [5, p. 74]. Ellis has emphasised the negative role of dysfunctional cognitions in human being's lives and cited that prevention from indulging in irrational beliefs would improve people's ability to direct their energy toward self-actualisation (6).

As Ellis has cited, "the central theory of REBT says that people largely disturb themselves by thinking in terms of absolute imperatives- shoulds, oughts, and musts" (7, p. 247). Therefore, thinking in terms of absolute imperatives is the reason of disturbance and maladaptive behaviour in human beings.

CT was established by Aaron T. Beck. He developed his Cognitive Therapy independently from Ellis. According to Beck [8], the philosophical origins of cognitive approach can be traced back to Stoic philosophers, especially Zeno of Citium, Chrysippus, Cicero, Seneca, Epictetus and Marcus Aurelius. As Gelso and Fretz [9, p. 353] have cited "in the early 1960s Beck investigated Freud's theory of depression as "anger turned on the self", but found that the data he gathered did not support the theory. Instead, he found that the basic problem in depression was in how patients processed information— their cognitive processing. Based on this research, Beck developed a cognitive theory of depression in 1967 and subsequently a cognitive therapy for depression as well as other disorders in 1976". From Beck's point of view, although individuals think that situations and not cognitions cause their anxiety, in cognitive therapy, therapists teach the clients that the way they think affects the way they feel (10).

A number of instruments were developed by Beck, including the Beck Depression Inventory, the Beck Anxiety Inventory, and the Scale for Suicide Ideation (9). Beck's approach is used in treating a large number of mental problems such as depression, anxiety, phobia, and dysfunctional attitudes (11).

RATIONAL EMOTIVE BEHAVIOUR THERAPY (REBT)

Albert Ellis started to create Rational Emotive Therapy (REBT) in 1953, and then started using it in 1955. In fact, he started using his approach in 1955 with Cognitive Behaviour Therapy (CBT) when it was practically nonexistent. Then cognitive behavioural therapies of Aaron T. Beck, Albert

Bandura, Donald Meichenbaum, etc. began to be often practiced [12]. Eventually, in 1993 Ellis changed his therapy to Rational Emotive Behaviour Therapy, because he believed “that the theory has always been highly cognitive, very emotive and particularly behavioural” [13, p. 169]. This means that this approach “has always disputed counselee’s irrational believing-emoting-behavings (IBs) by using strong emotional arguments and by also invariably using a number of important behavioural methods to uproot them” [4, p. 291]. What needs to be mentioned is that in REBT, behaviour is and always has been an essential part of the theory [11]. Also Ellis has emphasised that his approach is the most comprehensive of the many existing behaviour therapies [12].

Ellis believed that whatever happened to people in their childhood, it was their present thoughts, feelings, and actions with which they maintained their self-disturbing” [14]. The central tenets of Ellis’ theory is that, affect is thought to be the result of how a person interprets an event rather than to be the result of the event alone. Therefore, how the event is interpreted depends upon the personal beliefs about the event [15]. In other words, events are not the main reason of making humans upset or happy, but the beliefs make happy or upset.

The goal of REBT is to replace irrational beliefs (which are rigid, inconsistent with reality and illogical) with a new set of rational beliefs (which are flexible and non- extreme). As Ellis [16] has cited, irrational beliefs have the following characteristics:

- (1) rigid and extreme
- (2) inconsistent with reality
- (3) illogical or nonsensical
- (4) proneness to produce dysfunctional feelings
- (5) proneness to lead to dysfunctional behavioral consequences
- (6) demanding
- (7) awfulizing and terrorizing
- (8) depreciating human worth

Rational beliefs which help the client live longer and happier are developed through REBT. Since REBT is a form of tolerance training, three of the most important approaches to achieving tolerance are: unconditional self-acceptance, unconditional other-acceptance, and unconditional life-acceptance [5]. In general, REBT is an approach which is problem-focused, goal-directed, structured and logical in its practice, educational focused, primarily present-centered and future-oriented, skills emphasised and having largely active and directive therapist [1]. This means that in this approach the therapist points out to the client that he/she has irrational beliefs and tries to help the client to discontinue the cycle of irrational beliefs. The goal is setting new beliefs which are rational. Being active and directive, the therapist challenges the client’s irrational beliefs. This is done by using cognitive, affective and behavioural techniques which will be introduced later.

2.1 Theory of Personality

• 2.1.1 Biological Basis

According to Ellis [17], REBT suggests a biological tendency for human behaviour. People have a biological tendency to think irrationally and dysfunctionally. Also, from Ellis point of view, people have the power to work toward changing their dysfunctional thinking and behaviour by the application of cognitive, emotive, and behavioural methods [17].

- **2.1.2 Social Basis**

From Ellis' point of view, social interest has a rational concept. "Most people choose to live and enjoy themselves in a social group or community. If they do not act normally, protect the rights of others and abet social survival, it is unlikely that they will create the kind of world in which they themselves can live comfortably and happily" [17]. Nonetheless, although it is preferable to be valued by others but we do not have to think that we must be valued by others and become a prisoner of their approval [18].

- **2.1.3 Psychological Basis**

Ellis believed that healthy people have an internal locus of control. What makes human beings disturbed is that they concentrate on external events as the source of their disturbances. In reality, people's negative interpretation of events leads to problems and make them unhappy. In fact, human being's by their present thoughts, feelings, and actions maintain their self-disturbing" [14]. People's thoughts, feelings, and behaviours strongly include and interact with each other [4]. This can be explained through the ABCDE theory.

- **2.1.4 ABCDE Theory**

For rational explanation of personality, Ellis introduces ABCDE theory. At point A are Activating Events. At point B are Beliefs. These beliefs lead to emotional, behavioural, and cognitive Consequences. Rational beliefs lead people to functional consequence, and irrational beliefs lead them to dysfunctional consequences. At point D are Disputing the client's irrational beliefs. This process leads to E which is Efficient rational beliefs [19]. In general, the main aim of REBT is to change dysfunctional feelings and maladaptive behaviours into functional feelings and adaptive behaviours. This is done by changing the core rigid thinking (i.e., demandiness) and its derivatives (e.g., catastrophizing/awfulizing, frustration intolerance, and global evaluation) into flexible thinking and acceptance attitude.

- **2.2 Therapeutic Processes**

The aim of REBT is to help clients an intensive, profoundly philosophical and emotional change. Therefore, it helps clients to see and change their irrational beliefs and set new beliefs which are rational[20]. REBT sees thinking, feeling and behaving as an integrated process. Therefore, a large number of cognitive, emotive and behavioural methods are used in this therapeutic approach [21, 7, 4].

Ellis [12] emphasised the importance of his therapeutic approach and that "REBT seems to be more comprehensive than most other behaviour therapies in that it strives for its clients getting better and not merely feeling better" (p. 88).

- **2.3 Therapeutic Relationship**

In REBT the therapist is active and directive [1]. REBT therapists unconditionally accept their clients. They also disclose examples from their own lives in order to show clients how they experienced similar problems, and how they have solved these problems. Therefore, they are therapeutically genuine in therapeutic sessions. By having a sense of humor and also empathy,

REBT therapists help client overcome their problems. Although in REBT therapist have unconditional positive regard towards their clients, but Ellis warns therapists that too much warmth may cause the client's dependence, and the need for therapist approval [17].

- **2.4 Therapeutic Techniques**

REBT counsellors would often use cognitive, emotive, and behavioural techniques with their clients. These various techniques would maximally help clients overcome their anxieties. According to Ellis [4], some cognitive, emotive, and behavioural techniques that REBT counsellors might use in counselling are as follows:

- **2.4.1 Cognitive Techniques**

Cognitive techniques deal with clients cognitions. Counsellors by using these techniques help clients to change their beliefs. According to Ellis [4], some of them are as follows:

(1) Disputing irrational believing-emoting-behaving: At first, counsellors might show clients their irrational beliefs by asking questions such as: Where is the evidence for your beliefs? Why is this so terrible? These kinds of questions raise the consciousness in clients and help them to begin thinking on a more rational level. Clients can be asked for example, Where is the evidence that I should not have any problem in my life? Typical answer would be: There is no evidence that I should not have any problem in my life. Gradually, clients are able to see that things are not as bad as they make them out to be. Clients would be taught to do logical disputing of their irrational beliefs. For example: Does it logically follow that if I can not solve my problems alone, I am therefore an inadequate person? Typical answer would be: No, if I were an inadequate person, I would fail at practically everything, and that, of course is not true. Clients would be taught to do pragmatic or heuristic disputing of their irrational beliefs. For example: What results will I get if I think that I must solve my problems alone, and that I am not a good person if I do not? Typical answer would be: It will help me make myself very anxious and depressed; (2) Rational coping self statement: Clients repeat rational coping self-statements such as "I am never a failure or a loser but just a fallible human who fails some of the time" [4, p. 292]; (3) Positive Visualization: By this technique, counsellors help clients in reaching their achievement-confidence or self-efficacy; (4) Modeling: By this technique counsellors help clients see that other people they know have similar problems, but do not awfulise about them. Moreover, Clients can model themselves after those people; (5) Psychoeducational Methods: Clients can be encouraged to read REBT self-help materials (6) Cognitive distraction: By using cognitive distraction such as reading, watching TV, meditation and yoga, clients temporarily block out some of their anxietising; (7) Practical Problem-Solving Techniques: Counsellors can help their clients to use more practical methods of tackling their problems [4] such as assertiveness training, social skills training and decision making.

- **2.4.2 Emotional Techniques**

Emotive techniques help clients to imagine themselves in different situations. According to Ellis [4], some of these techniques are as follows:

(1) Unconditional self-acceptance: Counsellor make client familiar with the ways in which he/she could accept himself/herself unconditionally as a person; (2) Unconditional Other-Acceptance: At first, counsellors would give their clients other-acceptance, and that they are accepted. Then, they will help them to see how others can be accepted as worthwhile human beings; (3) Shame attacking

exercises: In order to achieve unconditional self-acceptance, counsellors help clients to remove their guilt and self-damning; (4) Rational Emotive Imagery: By this technique clients could be shown how to imagine some terrible things happening. This technique helps clients to train themselves to feel healthy disappointment instead of unhealthy anxiety; (5) Strong Rational Coping Statements: These kinds of statements help clients undo their anxious reactions. For example: I am not a miracle-maker and can only do my best; (6) Humor: Since anxious clients take things too seriously, therapists might encourage clients use their sense of humor [4].

• 2.4.3 Behavioural Techniques

By using behavioural techniques clients are encouraged to do some activities that help them overcome their anxieties. According to Ellis [4], some of the behavioural techniques are as follows: 1- Reinforcement: Clients might be encouraged to reward themselves with some pleasurable activities only after they did some risks they commonly avoided; (2) Penalisation: If clients refused to change their thinking, feeling, and behaving, then they might be encouraged to take some real penalties to discourage their resistance. For example, doing some very unpleasant tasks; (3) Skills Training: Counsellors might work with their clients' assertiveness. They also might encourage them to use assertiveness training workshops.

• BECK'S COGNITIVE THERAPY(CT)

Aron T Beck created a system of psychotherapy known as 'Cognitive Therapy' (CT). "Cognitive therapy is an active, directive, time-limited structured approach used to treat a variety of psychiatric disorders (for example depression, anxiety, phobias, pain problems, etc.). It is based on an underlying theoretical rationale that an individual's affect and behavior are largely determined by the way in which he structures the world" (8, p. 3).

The cognitive theory of psychopathology and psychotherapy considers cognition the key to psychological problems. Cognition is "that function that involves inferences about one's experiences and about the occurrence and control of future events (22, p. 14).

According to Beck [cognitive therapy of depression], the philosophical origins of cognitive approach can be traced back to Stoic philosophers, especially Zeno of Citium, Chrysippus, Cicero, Seneca, Epictetus and Marcus Aurelius. Beck developed his Cognitive Therapy independently from Ellis The underlying core schema for the thinking errors described by beckian approach are (1) unlovability and (2) helplessness "The goals of Beck's cognitive therapy (CT) are to correct faulty information processing and help clients modify assumptions that maintain maladaptive behaviour and emotions" [8, p. 274].

According to Beck [8, p. 4] cognitive therapy teaches the client the following operations: "(1) to monitor his negative, automatic thoughts (cognitions); (2) to recognize the connections between cognition, affect, and behaviour; (3) to examine the evidence for and against his distorted automatic thoughts; (4) to substitute more reality-oriented interpretations for this biased cognitions; and (5) to learn to identify and alter the dysfunctional beliefs which predispose him to distort his experiences". A number of instruments were developed by Beck, including the Beck Depression Inventory, the Beck Anxiety Inventory, and the Scale for Suicide Ideation [18].

- **3.1 Theory of Personality**

Beck is a constructivist. According to Alford and Beck [22], “cognitive theory considers personality to be grounded in the coordinated operation of complex systems that have been selected or adapted to insure biological survival”. Human beings’ emotional and behavioural responses are largely determined by how they perceive and interpret events. What have a substantial influence on one’s cognitive operation are core beliefs, and basic assumptions called schemas. Schemas may be either adaptive or dysfunctional and affect the individual cognition and behaviour (11). Cognitive distortions are links **between** dysfunctional schemata and automatic thoughts. In general, “the way people form, organise, and interpret their basic cognitive structures determine how they will perceive and behave” (11, p. 270).

- **3.1.1 Beck's Cognitive Model of Depression**

As Beck and Alford (23, p. 4) have cited, although depression is a clinical syndrome, there are still major unresolved issues regarding its nature, its classification, and its etiology. This means that there are no universally accepted answers to some questions such as the causes, defining characteristics, outcomes, and effective treatment of depression. “The nature and etiology of depression are subject to even more sharply divided opinion. Some authorities contend that depression is primarily a psychogenic disorder. Others maintain just as firmly that it is caused by organic factors. A third group supports the concept of two different types of depression: a psychogenic type, and an organic type” [10]. Although individuals think that situations and not cognitions cause their anxiety, in cognitive therapy therapists teach the clients that the way they think affects the way they feel.

Working with depressed patients, Beck found that they experienced streams of negative thoughts that seemed to pop up spontaneously. He termed these cognitions “automatic thoughts,” and discovered that their content fell into three categories: negative ideas about themselves, the world and the future. He began helping patients identify and evaluate these thoughts and found that by doing so, patients were able to think more realistically, which led them to feel better emotionally and behave more functionally [24]. In cognitive therapy, cognition is considered as a key not only in inducing depression, but also in the etiology of anxiety disorders. Anxiety is “the product of an information-processing system that interprets a situation as threatening to the vital interests and well being of the individual”. (10, p. 34)

Unrealistic and distorted thoughts disturb clients. Therefore, in therapy clients will be helped to identify the thinking errors which lead to negative moods and behaviour. The cognitive model of depression possesses the following concepts to explain the psychological substrate of depression: the cognitive triad, schemas, and cognitive errors. The cognitive triad consists of three cognitive patterns.

The first component revolves around the client’s negative view of himself. The second component consists of the depressed client’s tendency to interpret his experienced in a negative way. The third component is the client’s negative view of the future. Schemas or negative concepts, are the basis for modeling data into cognition. The person evaluates his experiences through a matrix of schemas. Cognitive errors consist of the following concepts: arbitrary inference, selective abstraction, overgeneralisation, magnification and minimisation, personalisation, and absolutistic dichotomous thinking [8].

- **3.2 Therapeutic Process**

Once a warm and empathic therapeutic relationship is established, the therapist uses some cognitive techniques in order to help clients to identify negative forms of thinking. “The therapist uses collaborative empiricism, Socratic dialogue, and guided discovery in an attempt to get clients to recognise their erroneous assumptions, identify their cognitive distortions, and counteract their dysfunctional behavioural and emotional responses” [11 p. 274]. “Beck conceptualises the therapeutic process as one of guided discovery, rather than the therapist exhorting and cajoling the client to adopt a new set of beliefs. A major therapeutic technique used by cognitive therapists is Socratic dialogue. Thus, therapists carefully develop a series of questions that they ask clients to promote learning” [9, p. 355].

As Beck and Alford have cited, “the Socratic method and problem definition facilitate the achievement of therapeutic goals, including (1) identifying negative attitudes, (2) pinpointing the most urgent and accessible problem, (3) developing homework strategies, (4) monitoring (recording) homework strategies between therapy sessions, and (5) reviewing problems and accomplishments since the previous session” [23].

An important part of the therapy is giving homework assignments. Between sessions, therapists ask clients to record their automatic thoughts and emotions they experience during the day. They are then asked to write rational responses to those thoughts and emotions [23, 25]. This part of the therapy is aimed at helping the person see and correct dysfunctional thinking, assumptions, and behaviour [9].

In Beck’s cognitive approach, therapists also ask these three questions: (1) what's the evidence? (2) what's another way of looking at it? (3) so what if it happens? [18]. In fact, by this approach clients will discover how distorted their assumptions are, and then realign their beliefs.

- **3.3 Therapeutic Relationship**

Due to the specific role of the therapist in Beck’s approach which is helping clients to discover their own faulty beliefs, rather than directly confronting individuals with their irrational beliefs, Beck suggests it’s more helpful for them to identify negative forms of thinking themselves [17]. Therefore, in Beck's approach the first and most important strategy is to develop a trustful and collaborative relationship through the use of, warmth, accurate empathy and genuineness [8]. This kind of relationship enables the counsellor to assess the client’s expectations regarding therapeutic success. In fact, in Beck’s approach “rapport and open communication are sought in order to establish supportive conditions to challenge a clients dysfunctional cognitions, and to follow through with behavioural interventions” [26, p. 50].

- **3.4 Therapeutic Techniques**

From Beck’s point of view, cognitions in human being are based on his attitudes or assumption (schemas) developed from previous experiences. Therefore, in cognitive therapy the therapeutic techniques are designed to identify, reality-test, and correct distorted conceptualizations and the schemas underlying these cognitions [8].) In this approach, counselors use a wide variety of techniques to help clients change their cognitions, behavior, mood, and physiology.

Cognitive therapy technically has an eclectic nature. Therefore, it combines techniques from a diversity of psychotherapies. Although most of the techniques used in cognitive therapy are divided into behavioural and cognitive categories, nonetheless techniques are taken from other approaches

as well [22]. Therefore, in Beck's approach "techniques may be cognitive, behavioral, environmental, biological, supportive, interpersonal, or experiential. Therapists continually ask themselves, "How can I help this patient feel better by the end of the session and how can I help the patient have a better week?" These questions also guide clinicians in planning strategy" [24]. Cognitive techniques are used in Beck's approach in order to delineate and test the client's specific misconceptions and maladaptive assumptions. The therapist uses various verbal techniques in order to explore the logic behind and basis for specific cognitions and assumptions. Also, behavioral techniques are used in this approach in order to change the client's behavior and to elicit cognitions associated with specific behavior. The therapist uses weekly activity schedule in which the client logs his hourly activities, a mastery and pleasure schedule in which the client rates the activities listed in his log, and graded task assignment. In Beck's approach, behavioral assignments are designed to help the client test certain maladaptive cognitions and assumptions. [8]. The techniques are selected based on the client's problem and specific goals for the session.

• RESULTS AND DISCUSSION

• 4.1 Parallels and Dissimilarities Between REBT and CT

Beck developed his Cognitive Therapy independently from Ellis. Nonetheless, there are some parallels and similarities between these two approaches. Some of them are as follows:

(1) The two therapists "Beck and Ellis were originally trained in the psychoanalytic tradition and emigrated to a more contemporary-oriented, cognitive-focused psychotherapy as they became dissatisfied with the clinical theory and results of psychoanalysis" [18].

(2) Both approaches "are cognitive behaviour therapies, relying on principles of learning and using behavioural methods in addition to focusing on cognitive change. But, at the core, the two approaches are more cognitive than behavioural" [9, p. 351].

(3) Both Beck and Ellis approaches help clients "to become conscious of maladaptive cognitions, to recognise the disruptive impact of such cognitions, and to replace them with more appropriate and adaptive thought patterns" [18, p. 340]. In fact, Beck and Ellis "refer to a distorted process of thinking which leads to beliefs that are inconsistent with objective reality" [15].

(4) "Both are rather eclectic in technique selection and empirical in theory revision, as is typical of cognitive-behaviourists in general" [18, p. 340].

(5) "Both forms of cognitive therapy are problem-oriented, directive, and psychoeducational" [18, p. 340] and also "brief (typically 12-16 sessions), present-centred and active approaches to counselling" [9, p. 354].

(6) Homework, in both Beck's and Ellis' therapies is seen as a central feature of treatment [18].

(7) In Beck's approach the first and most important strategy is to develop a trustful and collaborative relationship through the use of, warmth, accurate empathy and genuineness [8]. In REBT therapist have unconditional positive regard towards their clients, but Ellis warns therapists that too much warmth may cause the client's dependence, and the need for therapist approval [17]. Moreover, REBT practitioners usually use forceful emotive procedures [27].

(8) There are differences in behavioral techniques used in Ct and REBT for example REBT emphasises the limitations of skill training when it does not include a basic change in the clients beliefs [27].

(9) REBT is decidedly more philosophically comprehensive than CT. CT practitioners heavily analyze clients' Irrational beliefs and then encourage them to change these beliefs to more functional ones [12] REBT helps client to make a profound philosophic change that will affect their

life [27]. REBT may be, when necessary, empathically confrontational and didactic, but it can also be metaphorical and/or very Socratic, depending on the client and his/her psychological.

(10) Beck's therapy can be applied to depression and other maladaptive emotions, while Ellis' approach is largely a theory of the origin of emotions, in particular the maladaptive emotions. It is not a theory specifically of depression or other specific emotions [15].

(11) REBT discriminates appropriate emotions from inappropriate ones and also works directly on emotions [27]).

(12) Cognitive therapy does not have to be humanistically oriented, while a humanistic outlook is intrinsic to REBT [27].

(13) CT may use sense of humor as a therapeutic method while REBT stresses the use of humor in therapy[27].

(14)- REBT like CT uses cognitive palliative methods such as muscle relaxation techniques, but there is a danger that as a result of using these kinds of techniques clients may feel relaxed and stop working on their irrational beliefs. Therefore, palliative methods are used with caution in REBT. Generally REBT is more selective in choosing therapeutic methods than CT [27].

Discussion

In general, Both Beck's and Ellis' approaches help clients to become conscious of maladaptive cognitions. Also, the two approaches help clients to replace them with more appropriate and adaptive thought patterns. Both approaches dispute clients' beliefs logically and make profound change. Although there are differences between these two approaches, similarities seem to be more than differences. The differences between Beck's and Ellis' approaches are cognitive, emotive, and behavioural. In practice, counsellors need to distinguish between these two approaches.

Based on the experiences of the first author of the present article, since REBT is highly directive and confronting, it needs to be worked with clients with personalities suitable for this type of approach. Also, Beck's approach requires specific clients to work with, because it places more emphasis on the client's discovering misconceptions for themselves. In both approaches, clients must be willing to take an active role in the therapy process. In general, cognitive behavioural approach may not be suitable for some clients such as severely psychotic individuals or cognitively impaired persons.

• CONCLUSION

In the present article, theoretical background, therapeutic process, therapeutic relationship, and therapeutic techniques of REBT and CT were addressed. Then, some parallels and dissimilarities between these two approaches were introduced briefly. According to Ellis, events are not the main reason of making humans upset or happy. Thinking in terms of absolute imperatives is the reason of disturbance and maladaptive behaviour in human beings. In general, CT& REBT are useable for psychological disorders such as anxiety, mood and eating disorders, also schizophrenia and all mental disorders. Also Beck believes that major distortions in thinking cause emotional and behavioural problems in human beings. Empirical research would provide new insights into these well known approaches of counseling and psychotherapy.

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