



Approach to the Theories of "Albert Ellis" and "Jeffrey Young" in Cognitive Behavioral Therapy.

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Abstract ;

This research paper aims to shed light on two important pillars of cognitive behavioral therapy, namely "Albert Ellis" and "Jeffrey Young." Cognitive behavioral therapy is considered one of the most effective therapeutic approaches that play a significant role in modifying an individual's behavior and building resilience against psychological pressures and negative irrational thoughts. In this scientific paper, we will highlight the key theoretical and practical principles of these two theories, along with the important cognitive and behavioral techniques used in the treatment of psychological disorders.

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1. Introduction

The field of psychological therapy has witnessed rapid development since the early 20th century, as it has ventured into various domains and acquired different theories. Its scope has expanded to cover all aspects of human life, including economic, social, health, and psychological domains, with the aim of helping individuals confront life problems, pressures, and ultimately improve their lives.

Cognitive-behavioral therapy (CBT) is a relatively modern approach in psychological therapy that emerged through the integration of cognitive processes into behavior therapy. This approach recognizes the connection between thoughts, emotions, and behavior. Cognitive-behavioral therapy primarily focuses on the cognitive aspects of psychological disorders. Its objective is to alleviate psychological distress, relieve individual suffering, and achieve this by identifying and correcting erroneous self-concepts and irrational beliefs. (Abdullah, 1999, pp. 66-67)

There are several therapeutic methods used within the cognitive-behavioral therapy approach, including rational emotive behavior therapy by Albert Ellis, cognitive therapy by Aaron Beck, cognitive-behavior modification by Meichenbaum, social learning theory by Albert Bandura, and cognitive schemas by Jeffrey Young.

In this research, we will concentrate on two significant directions within cognitive-behavioral therapy, namely "Albert Ellis"

and "Jeffrey Young." We will address the following points:

- ✓ The theoretical concepts of cognitive-behavioral therapy.
- ✓ The key theoretical principles of cognitive-behavioral therapy.
- ✓ The therapeutic applications of cognitive-behavioral therapy for both Ellis's rational emotive behavior therapy and Young's cognitive schemas.
- ✓ The important strategies and techniques utilized in cognitive-behavioral therapy and the effectiveness of this approach.

First: Cognitive-Behavioral Therapy:

1. The concept of cognitive-behavioral therapy:

Before discussing cognitive-behavioral therapy, it is important to differentiate between guidance and therapy, as cognitive-behavioral theory is utilized in both. However, therapy focuses on complex issues (disorders or illnesses accompanied by nervous anxiety), while guidance deals with less critical issues accompanied by normal anxiety.

The term "cognitive-behavioral therapy" emerged in the late twentieth century as a result of criticisms directed towards behavior therapy, highlighting its inefficiency in treating depression and its failure to address negative thoughts that affect emotions. This type of psychological therapy is concerned with the emotional aspect of the patient and the social context

surrounding them. It employs cognitive, behavioral, emotional, social, and environmental strategies to bring about desired changes. (Boumejan, 2013, p. 209)

Albert Ellis defined cognitive-behavioral therapy as follows: "Recognizing the irrational aspect of thinking, attacking it, clarifying its irrationality, then replacing it with rational thoughts, and finally applying behavior modification techniques". (Al-Shinawi, 1996, p. 98)

Albert Ellis defines the cognitive behavioral therapy as : Recognizing the irrational side in thinking then attacking it and clarifying its irrationality, then replacing the irrational thoughts with corrected ones which means the rational thoughts, After that the behavior modification methods apply. (Al-Shinawi, 1996, p. 98)

2. The main principles and assumptions of Cognitive Behavioral Therapy:

- ✓ Knowledge and behavior are interconnected.
- ✓ Most human learning occurs through cognitive processes.
- ✓ Cognitive orientations and contributions are important aspects in understanding an individual, their behavior, and predicting it in order to integrate knowledge and behavior.
- ✓ The focus is on understanding the specific part to be modified.
- ✓ Both the therapist and the client work collaboratively to assess problems and clarify solutions.

- ✓ Providing integrated expertise to individuals in all cognitive, emotional, and behavioral aspects, as individuals can influence others' behavior through their words, information, and reactions to situations. Thus, providing comprehensive expertise to them (Abadha, 1999, p. 273)
- ✓ Therapeutic collaboration between the client and the therapist is a fundamental component in Cognitive Behavioral Therapy, and shared understanding of the therapeutic relationship between them is important (Beak & All, 1997, p. 54)

3. Effectiveness of Cognitive Behavioral Therapy:

There is abundant evidence from a wide range of cognitive and behavioral therapies demonstrating the effectiveness of Cognitive Behavioral Therapy. It has been shown to be the preferred treatment for dealing with many psychological disorders and problems. Remarkable results of Cognitive Behavioral Therapy for the client indicate that clients receiving any form of Cognitive Behavioral Therapy show better functional performance than at least 75% of those who have not received any other treatment. Recent dimensional analysis studies have reported similar results across a range of disorders. Furthermore, the majority of dimensional analysis studies comparing the effectiveness of behavioral and cognitive techniques with other forms of

psychological treatment, such as psychodynamic or client-centered therapy, have found a small but consistent superiority in favor of cognitive-behavioral approaches (Temotly, 2007, p. 659).

4. Cognitive Behavioral Therapy Applications:

First: Rational Emotive Behavior Therapy (REBT) Theory by Albert Ellis.

4.1.1. Brief Biography of the Theory's Founder:

The cognitive-behavioral approach belongs to the theory developed by Albert Ellis (1913-2007), who was born in Pittsburgh, United States. He earned a bachelor's degree in business administration from the City University of New York. However, he discovered his passion for psychological therapy and writing, leading him to pursue clinical psychology programs at Columbia University. He obtained his master's degree in 1943 and his doctorate in clinical psychology from the same university in 1947. Ellis worked at the psychiatric clinic of the New Jersey Government Hospital from 1948 to 1952.

In 1956, Ellis presented his first paper on rational emotive behavior therapy at the annual meeting of the American Psychological Association in Chicago. In 1959, he established the Institute of Rational Living and served as the editor of more than 10 journals. He wrote over 700 articles on psychology and psychotherapy

and published more than 65 books. Ellis received several awards for his contributions to psychological studies (Alkhatib J. , 2003, p. 391). Some of his notable books include "Reason and Emotion in Psychotherapy," "Humanistic Psychotherapy," and "The Rational Emotive Approach" (As-Somaili, 2009, p. 35).

And Ellis based his theory on principles derived from the philosophies of several philosophers, such as John Dewey, Emmanuel Kant, and Bertrand Russell. He also experimented with various methods borrowed from psychoanalysis, client-centered therapy, electroconvulsive therapy, and others. Subsequently, he developed a number of effective guided techniques. Ellis clarified that individuals possess rational and irrational tendencies, learn and adopt self-protective thoughts, as well as self-destructive thoughts simultaneously. Additionally, they experience contradictory feelings and thoughts. Assisting individuals in using indirect techniques such as free association, dream analysis, studying the client's past, and building a deep relationship with them was found to be inadequate and inefficient. Ellis emphasizes the use of persuasive and cognitive techniques such as education, discussion, and challenging irrational beliefs. He views thinking, feeling, and behavior as integral and unified processes necessary for life. To maintain happiness, individuals must evaluate the situations

they encounter and distance themselves from negative aspects.

Ellis was able to distinguish between appropriate and inappropriate negative emotions. He believes that distressing and frustrating experiences are inevitable in an individual's life and that it is better not to be indifferent to difficult events. This negative feeling that overwhelms the individual is a healthy emotion and does not require assistance. Herein lies the counselor's challenge in determining which negative emotions are healthy and which are not, as well as identifying the accompanying behaviors and irrational beliefs. Ellis believes that individuals may adopt their irrational beliefs themselves during adolescence or as a result of early experiences in their lives. However, their insight and awareness of these beliefs may not help in changing irrational beliefs. He emphasizes that the use of his theory (ABCDEF) – to be explained later – helps individuals learn how to resist those irrational beliefs and develop a set of alternative rational and healthy beliefs. (Ellis, 1994, pp. 63-69)

Albert Ellis's theory is one of the cognitive theories that focuses on therapy. It is an integrated method of therapy and learning based on cognitive-emotional-behavioral theory. It falls under the category of personality theories, which are philosophical systems and psychological therapeutic methods. Among the principles

and foundations of the rational-emotive counseling are the following:

A- Foundations and Principles of Rational-Emotive Counseling:

- ✓ Thoughts and emotions are interconnected and mutually influence each other. Thinking, emotions, and behavior are three sides of one triangle that affect and are affected by each other.
- ✓ Humans are a mixture of rational and irrational aspects, and rational behavior leads to health and happiness.
- ✓ Psychological (emotional) disturbance and neurotic behavior result from irrational and illogical thinking. Neurotic individuals are irrational, emotionally helpless, and have self-destructive behavior.
- ✓ Irrational thinking originates from illogical learning from parents and culture.
- ✓ Human thinking determines the perception of events as good or bad, beneficial or harmful.
- ✓ Negative or self-deceptive thoughts based on irrational and illogical foundations can be refuted and modified into positive thoughts, reorganizing them rationally and logically.

B- Rational-Emotive Counseling Procedures:

1. Establishing a good relationship with the patient to gain their trust, make them accept the therapist's words, and ensure their commitment to the treatment.
2. The patient explaining their symptoms and personal response to these symptoms in the past and present, and their relationship to their current actions and feelings. Assisting them in expressing their inner feelings and thoughts, while identifying irrational thoughts.
3. Revealing the illogical and irrational nature of the patient's self-talk, affirming it as the cause of their disturbance and illness, and convincing the patient that it is possible to change their way of thinking.
4. Challenging irrational beliefs and thoughts through argumentation, refuting irrational beliefs.
5. Using additional supportive techniques that lead the patient to challenge their erroneous thoughts, contradict them, and accept rational consequences, gaining rational control over their emotions and behavior.
6. Utilizing various forms and techniques of rational-emotive therapy, such as rational-emotive education, rational-emotive behavioral therapy, auditory

rational-emotive therapy, etc. (Ejlal, 2000, p. 176).

- Rational-emotive therapy has a dual effect, cognitive and behavioral. It plays a significant role in changing irrational and illogical beliefs into more logical and rational ones, aiming to achieve the individual's psychological well-being.

Elis clarified his counseling model according to a trilogy he named (A, B, C). It represents the diagnostic aspect of the problem (Activating – Beliefs-Consequences), which expresses the factors that lead to the occurrence of the problem or disturbance. He added other aspects that illustrate the relationships between provocative events and irrational thoughts, attacking those destructive ideas adopted by the client, and replacing them with more logical ones. Thus, his model now includes another trilogy (D, E, F), which represents the therapeutic aspect (Disputing-Enactment-Feedback).

Elis believes that when a person is at the peak of their emotions, they think in a certain way and translate these emotions into actions and behaviors, whether external or kinetic, accompanying the process of thinking and reacting. Thinking usually mediates between the occurrence of incidents and environmental or personal situations and between behavior and response. Therefore, when a person becomes emotional, experiencing pain, anxiety, anger, or other emotions, they are

engaged with internal mental activity as well as external behavioral or kinetic activity. Consequently, it is possible to calm their emotions by calming their erroneous thoughts, modifying them, or replacing them with thoughts that induce relaxation, psychological comfort, trust, and so on, while being aware of right and wrong. This is achieved by working on reconstructing the individual's cognitive structure, which in turn has a positive effect on their behavior. Thus, it appears that the problem does not stem from the incident itself (A), but rather from the erroneous or irrational belief (B), which caused the occurrence of the factor (C), and not the incident itself. The role of the counselor comes in refuting (D) illogical beliefs or irrational ideas by summoning these beliefs to the realm of emotions and awareness. It is essential to control emotions through the process of encouragement and reinforcement, or in other words, what is known as self-talk reframing, such as saying to oneself, "I have some bad thoughts" instead of saying, "I am a worthless person in life" (Alzarad, 2005, p. 309).

Rational-emotive behavioral counseling has been effectively utilized in the field of marriage and family counseling (Jacqueline Brooke Way Brockway, 1975), as well as by Gary Bruner (1979) and Levine Welsh (1983).

It has been used In the Arab environment, as Sanaa Zahran indicates. It has been applied in several counseling fields, including:

- ✓ Marital and family problems, as well as youth issues.
- ✓ Cases involving intellectuals, especially university students.
- ✓ Addressing academic underachievement.
- ✓ Modifying behavior within the classroom.
- ✓ Individual and group counseling cases.

5. Therapeutic Techniques in Rational Emotive Counseling:

1.5. Group Lecture and Discussion:

Group discussion is considered an important counseling method in various psychological theories. It involves verbal interaction within a counseling and cooperative setting, allowing group members the opportunity to express themselves, their feelings, thoughts, and problems collectively (Toubal, 2017, p. 135).

2.5. Emotional Venting: Emotional venting is a psychological method associated with psychoanalytic approaches, particularly Freudian psychoanalysis. It refers to the release of emotionally charged experiences and

involves the client expressing their suppressed emotions, thoughts, and painful experiences to relieve pressure, regain psychological comfort, and promote emotional well-being (Sebasian, 2017, p. 96). It also involves self-awareness, understanding the factors influencing the client, accepting and reorganizing oneself, and recognizing and controlling one's disturbed behavior, as well as perceiving and accepting reality constructively (Al-Nuaimi, 2013, p. 54).

4.5. Modeling and Role Playing:

Role playing is a fundamental method for shaping behavior. Individuals learn how to interact with group members by simulating different situations through educational means. These experiences are then transferred outside the group. Group members can also exchange roles among themselves (Alkhatib A. S., 1996, p. 171). Learning through imitation or modeling is similar to learning through role playing. When individuals attempt to guide their behavior by imitating individuals they consider role models, they can change their behavior for the better. Learning through modeling involves presenting positive practices to group members and teaching them how to perform them (Alkhatib A. S., 1996, p. 172).

5.5. Feedback: Feedback plays a fundamental role in group therapy. The counselor provides feedback on behavior, and group members receive feedback from

others to help them correct their behaviors and thoughts based on new assumptions (Correy, 1990, p. 468)

6.5. Homework Assignments: Homework assignments are a set of activities given by the counselor to group members. These assignments can be completed within or outside the counseling group, and the progress is monitored regularly. Homework assignments primarily focus on behavioral aspects, where the client implements what they have learned from their real-life environment (Thouqan, 1985, pp. 39-40).

Secondly: Cognitive-Behavioral Therapy according to Jeffrey Young:

1. Brief Overview of the Theory:

Jeffrey Young is an American psychotherapist and psychologist born on March 9, 1950. He developed what is known as Schema Therapy, which focuses on early maladaptive cognitive schemas. Young's work was influenced by the works of Aaron Beck and Albert Ellis, as well as previous studies in cognitive psychology related to information processing, construction, analysis, and storage. Schema therapy is considered one of the latest developments in psychotherapy, integrating ideas from various therapeutic approaches. It is an innovative integrative therapy developed by Jeffrey Young, heavily drawing from cognitive-behavioral therapy, Gestalt therapy, attachment

theory, and emotion-focused therapy. One unique aspect of Schema Therapy is its complete integration of experiential, cognitive, and behavioral interventions to achieve therapeutic goals. (Fakrawi, 2018, p. 21)

2. Principles of the Theory:

Young postulated that certain schemas develop as a result of painful experiences during childhood and adolescence, which contribute to personality disorders, character issues, and various disorders (Jeffrey. E, 2006, p. 34). An early maladaptive schema is a painful recurring feeling in the present, resulting from painful experiences in the past. This term is used after the formation of a cognitive framework that represents a fixed sensory perception of the external world, others, and oneself. This framework is established early in childhood due to some educational deficiencies. As a result of this perception, the schema becomes rigid and inflexible, poisoning the individual's future life.

Jeffrey Young categorizes cognitive schemas into two types:

2.1. Late Positive Adaptive Schemas:

These schemas allow individuals to develop a positive and optimistic view of themselves, others, and the external world.

2.2. Early Negative Non-Adaptive Schemas:

These are highly influential and damaging schemas for individuals, involving neglect, instability, dependence, caution, shame, imperfection, or emotional deprivation. These individuals may have been mistreated or abandoned during childhood. When these individuals reach adulthood, these schemas are activated through traumatic events they experienced during their childhood. When the schema is activated, it aligns with a range of negative emotions such as sadness, shame, fear, and anger. It is worth noting that not all non-adaptive schemas originate solely from the trauma and mistreatment a child receives during childhood. A child can receive all the care and protection, yet still develop a negative and maladaptive schema, such as dependency or lack of experience . (Jeffrey. E, 2006, p. 34)

Maladaptive coping strategies with schemas involve submission to the schema, surrendering to it, and exaggerating compensations. For example, if someone felt unworthy as a child, they may exert great effort to become a perfect and complete adult, but at the same time, experience significant pressure (Arabi & Sadeghi, 2019, p. 666).

3. Schema treatment techniques:

Schema treatment techniques encompass three main divisions: cognitive, experiential, and behavioral, in addition to elements of the therapeutic relationship. (Arabi & Sadeghi, 2019, p. 666)

Cognitive strategies rely on the core techniques of cognitive behavioral therapy. For example, these strategies involve identifying schema-related beliefs, testing the validity of the schema, engaging in a dialogue between the healthy side and the schema side. Experiential strategies utilize techniques such as psychodrama, visualization, and imagery. Behavioral strategies involve role-playing and homework assignments. The therapeutic relationship is also crucial and utilizes specific re-education techniques.

3.1. Cognitive Strategies:

These techniques involve working with the early non-adaptive schemas of the client in an attempt to modify their negative view of self and others. The goal is to change the distorted beliefs the client holds about current and past events. Cognitive strategies also aid in analyzing the therapeutic relationship using these techniques. Through these mechanisms, the client recognizes the inaccuracy and exaggeration of the schema and begins to subject it to logical and empirical analyses. The client and therapist examine evidence that supports or refutes the schema in the client's life. The client identifies alternative explanations for the same events and explores the advantages and disadvantages of their current coping strategies. Based on this work, the client and therapist generate accurate responses to the schema and write them on flashcards. The client practices responding to the schemas individually.

(Jeffrey, 2005, p. 93). The following are some commonly used techniques:

- ✓ Testing the validity of the schema
- ✓ Restructuring supporting evidence
- ✓ Evaluating the advantages and disadvantages of the client's coping strategies
- ✓ Creating schema flashcards
- ✓ Completing schema diaries (Fakrawi, 2018, p. 24)

These cognitive techniques help individuals challenge and modify their maladaptive schemas, leading to more adaptive thoughts, emotions, and behaviors.

Schema treatment techniques, also known as cognitive-behavioral techniques, can be divided into three main categories: cognitive, experiential, and behavioral, in addition to therapeutic relationship elements. Cognitive strategies rely on the basic techniques of cognitive-behavioral therapy, such as challenging and modifying maladaptive schemas and beliefs. These strategies help analyze the therapeutic relationship using these techniques. Through these mechanisms, the patient recognizes the inaccuracy and exaggeration of their schemas and begins to subject them to logical and empirical analysis, examining the evidence that confirms or refutes the schemas in their

life. The patient and therapist generate accurate responses to the schemas and write them on flashcards, practicing responses to the schemas on their own.

The cognitive strategies include techniques that target the patient's maladaptive early schemas, aiming to modify their negative self-perception and perception of others. They also focus on changing distorted beliefs about past and current events. These techniques are helpful in evaluating the advantages and disadvantages of the patient's coping methods and building flashcards to challenge and modify the schemas. Additionally, filling out schema diaries is another common use of cognitive strategies.

3.2. *Behavioral strategies:*

Such as homework assignments and flashcards, play a significant role in schema therapy. Flashcards contain written information that the patient reads between sessions. They resemble data provided by the patient's parents at a certain age, acting as a transitional link and particularly important in the early stages of therapy. Flashcards are often tailored for each case and treatment phase.

3.3. *Experiential strategies:*

It involve guided imagery, where the patient vividly recalls distressing childhood memories related to influential figures such as parents. They engage in

dialogues with these individuals, expressing their needs and exploring their emotions towards them from childhood to the present. It also includes reframing imagination, reviewing painful memories. The therapist becomes a transitional figure representing healthy parenting, facilitating the patient's exploration and resolution of these experiences.

3.4. *Limited re-parenting strategy :*

It is one of the core techniques in schema therapy. It involves welcoming and encouraging the patient's reliance on the therapist and incorporating the therapist's responses to the patient's emotional experiences. This technique relies on the patient's trust in the therapist's ability to meet their basic needs and belief in the therapist's effectiveness. It encourages secure attachment with the therapist within professional boundaries, incorporating warmth, empathy, firmness, confrontation, and play. The application of limited re-parenting varies according to the treatment phase.

4. *Summary:*

The cognitive-behavioral techniques used in schema therapy, as developed by Albert Ellis and Jeffrey Young, focus on modifying the individual's cognitive structures, irrational schemas, and maladaptive beliefs. These techniques help individuals adjust and correct their schemas, achieving emotional and

psychological balance. Schema therapy plays a significant role in improving mental health symptoms, modifying and healing maladaptive cognitive schemas developed during childhood and adolescence. It addresses various aspects of the individual's cognitive, emotional, and behavioral dimensions. There is an intersection between Jeffrey Young's theory and Albert Ellis' rational-emotive behavior therapy (REBT), as both emphasize the influence of negative thoughts and beliefs on behavior and emotions. They aim to assist individuals in overcoming destructive and irrational thoughts through teaching effective cognitive and behavioral strategies, challenging and replacing them with rational and constructive thoughts, and achieving psychological well-being and happiness.

Thirdly: Criticism of the two theories:

Previously, we became familiar with the basic theoretical and applied principles in cognitive-behavioral therapy and counseling in both Albert Ellis' "Rational Emotive Behavior Therapy" and Jeffrey Young's "Schema Therapy." Despite the role of these cognitive-behavioral

approaches in identifying and refuting distorted and maladaptive thoughts, as well

as replacing them with positive and constructive thoughts, they have faced several criticisms in psychological therapies, which can be summarized as follows:

- ✓ Some clients may not be receptive to attacking their irrational thoughts, leading to resistance.
- ✓ This type of therapy focuses more on the cognitive aspect than on the emotional and affective aspects.
- ✓ The appearance of the therapist in the application of this type of therapy may lead to the perception of an authoritative expert who manipulates the client's mind.
- ✓ These theories are based on the idea that emotions are a result of thoughts, and that emotional disorders such as anxiety and depression are caused by dysfunctional distorted thoughts. However, some psychologists argue that thoughts generate and direct emotions, neglecting to some extent the importance of emotions and behaviors, and focusing solely on dealing with thoughts. (Abdelazim, 2007, p. 156).

❖ **CONCLUSION**

Despite all the criticisms directed towards these two theories, cognitive-behavioral therapy has proven to be highly effective in addressing many psychological problems by changing maladaptive thinking patterns and behaviors, in order to improve an individual's psychological well-being. Cognitive therapy is an approach based on the principle that psychological distress is causally linked to emotional stress and behavioral problems. It targets emotional experiences, physical symptoms, and behaviors.

Psychologists and therapists should provide therapeutic assistance by correcting these erroneous and causative negative thoughts that contribute to psychological disorders. The concepts introduced by Albert Ellis and Jeffrey Young, which form their understanding of psychological disorders based on distorted thoughts and maladaptive schemas, along with their work on combating these thoughts using various effective techniques and strategies, serve as an exemplary practical model that reflects the effectiveness of cognitive-behavioral approaches in their most efficient forms and applications.

❖ **10. Recommendations:**

- Incorporate Jeffrey Young's theory of maladaptive schemas as a new part of the curriculum for psychological diagnosis and therapy, thereby keeping up with the latest scientific developments and contributing to the cognitive and scientific aspects.
- Pay attention to modern scientific research in the cognitive stream, which explains the causes of psychological disorders, with the aim of developing effective treatment methods.
- Utilize rational-emotive behavior counseling with all its effective techniques and applications to assist individuals and promote their mental health, especially in the field of education.
- Train psychologists in treating maladaptive schemas and provide them with training on the use of cognitive-emotional behavioral counseling techniques.

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