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A rational emotive approach to the developmental problems of adolescence

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Abstract

There has been more encouragement for counselors to adopt a developmental perspective when working with adolescents (Neukrug, Barr, Hoffman, & Kaplan, 1993). Steinberg (1 9 9 3) conceptualized adolescent development as a passage from immaturity to maturity. This passage may be long, short, smooth or rough. Although it is commonly believed that adolescence is a rough passage, some students deal with this period with relative ease (Schave & Schave, cited in Vernon, 1993a).

A RATIONAL EMOTIVE APPROACH TO THE DEVELOPMENTAL PROBLEMS, OF
ADOLESCENCE

A Research Paper

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and Counseling

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In Partial Fulfillment

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by

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There has been more encouragement for counselors to adopt a developmental perspective when working with adolescents (Neukrug, Barr, Hoffman, & Kaplan, 1993). Steinberg (1993) conceptualized adolescent development as a passage from immaturity to maturity. This passage may be long, short, smooth or rough. Although it is commonly believed that adolescence is a rough passage, some students deal with this period with relative ease (Schave & Schave, cited in Vernon, 1993a).

It is particularly important to understand development when working with middle school adolescents. This age group experiences rapid increases in physical, social and cognitive changes which makes them an emotionally vulnerable population with special needs (Martin, 1993). For instance, during their passage, middle school adolescents may experience issues with identity, as well as autonomy or intimacy in and among the contexts of family, peers and school (Steinberg, 1993). Several authorities on adolescent

development stress that understanding these sorts of maturational factors is crucial for counselors if relevant interventions are going to be applied (Johnson & Kottman, 1992; Neukrug et al., 1993; Vernon, 1993b).

Cognitive interventions have been increasingly applied to the problems of adolescents. Rational Emotive Behavior Therapy (REBT) developed by Albert Ellis during the mid 1950s, is one of these. Soon after its birth, REBT was recognized as a theory with interventions applicable to adolescents as well as adults (Bernard & Joyce, 1984). Rational Emotive Behavior Therapy uses a present-oriented approach which uncovers self-defeating cognitions and irrational assumptions that activate emotional upset. Furthermore, REBT focuses on the development of attitudes which promote self-acceptance, risk-taking, and the tolerance of imperfection while avoiding overgeneralizing and low frustration tolerance. In addition, REBT is directed at reducing the intensity of negative, inappropriate emotions that make it difficult for students to

solve problems (Bernard, 1990). Because these are issues of increased concern during early adolescence, REBT is a useful theory with this age group.

The purpose of this paper is to illustrate how the developmental problems experienced by early adolescents can be effectively treated with Rational Emotive Behavior Therapy. Because REBT is a cognitive approach, the thought processes brought on by development during middle school in the cognitive, social, and physical domains will be reviewed. In addition, the basic foundations of Rational Emotive Behavioral Therapy and applications of Rational Emotive Behavioral Therapy in counseling will be discussed.

Developmental Aspects of Adolescence

Through the passage from immaturity to maturity, adolescents display many unique characteristics (Steinberg, 1993). Adolescents will begin testing the adult world. For example, one minute they may behave like children and the next moment demand to be treated like an adult. Peer interaction

increases as well (Vernon, 1993a). Stress brought on by the desire for peer acceptance escalates, and conforming to peers in dress, speech and mannerisms becomes a priority. Physical changes brought on by puberty may cause embarrassment and self-consciousness in both boys and girls around the same and opposite sexes. Furthermore, the increase in cognitive ability changes the way early adolescents view themselves and the world around them (Steinberg, 1993). Drum and Lawler (1988) stated that success in early development makes later developmental changes seem attainable, while early failures may cause early adolescents to compensate for developmental stressors inappropriately during early as well as late adolescence. These social, cognitive and physical developmental changes often result in emotional upheaval (Vernon, 1993a).

The following is a brief summary of the developmental changes that take place during early adolescence. Vernon

(1995) stated that all these changes will occur to varying degrees depending on the personality and temperament of the adolescent.

Cognitive Development

Formal operational thinking allows adolescents to think in more advanced ways. According to Piaget (cited in Santrock, 1993), individuals develop through four cognitive stages: sensorimotor, preoperational, concrete operational and formal operational. Early adolescents begin to move from concrete operations stage of thinking into what Piaget called early formal operations thinking. Steinberg (1993), referred to this transition as a "now you see it, now you don't " (p. 68) phase because early adolescents will use formal thinking at times, but then use concrete thinking during other times .

There are some unique characteristics that develop during the transition from concrete to formal operations. First of all, in concrete operations, adolescents are limited to actual, concrete experiences as a basis for their reasoning. As

adolescents move into early formal operations, their thinking becomes less concrete and more abstract. They begin to think of what is possible and then idealize about those possibilities. They are also better able to step back and see others' points of view. Furthermore, impressions of others become more abstract in that adolescents understand that impressions of others are from their viewpoint and are subject to disagreement (Steinberg, 1993).

A second characteristic is that adolescents start thinking about thinking itself. An example of thinking about thinking is the increase in self-examination or introspection. According to Steinberg (1993), when adolescents are self-conscious, they are thinking about what they think about themselves or what others may be thinking about them. This may also be referred to as adolescent "egocentrism." Harris (1993) added that egocentrism manifests itself in the extensive amount of time these young people spend comparing themselves with others. As a result, they may ponder

questions such as "Am I normal?" or "What do I mean to others?" The "imaginary audience" and the "personal fable" are two related problems with this extreme self absorption which will be discussed later. All in all, adolescents' variability in the use of formal operational thinking can make it confusing for those who work with them (Vernon, 1993a).

Social Development

Over the course of adolescence,the individual ceases to be viewed by society as a child and comes to be recognized as an adult. Social roles and status constitute a universal feature of development during adolescence (Steinberg, 1993). As young people move into adolescence, peers become a bigger priority in their life (Vernon, 1993a). As this happens, peers become a major support system and also a reason for heightened sensitivity, vulnerability, and humiliation (Johnson & Kottman, 1992).

The movement from concrete to early formal operational thinking affects adolescents' perception of social situations.

Adolescent egocentrism is quite influential in the social development of adolescents. There are two types of social thinking associated with adolescent egocentrism (Elkind, cited in Santrock, 1993). The first is the idea of the imaginary audience, which is a magnified sense of self-consciousness stemming from the belief that others are as interested in them as they are in themselves. An example of this would be an eighth grade girl who thinks that all eyes are on her complexion as she walks into a classroom. It is very common for adolescents to feel like they are "on stage" as demonstrated with the imaginary audience. The second type of egocentrism is the personal fable, which is the tendency for adolescents to see themselves as being very unique and invulnerable. An example of this is an adolescent girl who thinks her mother could not possibly understand how she feels after breaking up with her boyfriend (Santrock, 1993). Holding on to the personal fable can be quite dangerous, as in the case of a sexually active adolescent who believes that pregnancy

cannot possibly happen to her or a careless driver who thinks that he can defy the laws of nature when taking curves at excessive speed (Steinberg, 1993).

Emotional Development

The transition into formal operational thought i s one explanation for the roller coaster emotions characteristic of this period of development (Vernon, 1993a). Rapid mood fluctuations along a continuum of intense or extreme sadness and depression to extreme excitement are characteristic of early adolescence. This extremity of emotions is accompanied by puberty, egocentrism, and the struggle for autonomy (Vernon, 1993a). Johnson and Kottman (1992) noted that "it is a time when adolescents are incredibly changeable and constantly in flux" (p. 5). Adolescents fly into rage one moment and are laughing the next. They may be grumpy in the morning and be a bundle of cheer at night. Johnson and

Kottman concur with Vernon (1993b) that these emotions are primarily due to developmental changes rather than events or interactions in adolescents' lives.

New cognitive ability causes adolescents to experience a variety of new emotions such as guilt, anxiety, depression and shame (Vernon, 1993a). However, because adolescents are still concrete at times in their thinking, they tend not to see alternative solutions to problems. Instead, they tend to see things one way and get frustrated when things do not go as they anticipate. This is a new ability that enables the adolescent to distinguish between what is ideally expected and what is real (Vernon, 1993a). Vernon (personal communication, 1994) used an example of a girl skipping school because she is so afraid of giving a speech in front of the class. Skipping school is the first and only option she can understand. As a result, she gets emotionally upset not only about having to give the speech, but also about getting in trouble for skipping school.

Because adolescents experience egocentrism they become overly sensitive to what people say or how others act around them (Vernon, 1993a). Early adolescents can be particularly cruel to their vulnerable peers. Bernard (1990) stated that adolescents may resort to thoughts such as "people should treat me fairly," "I need people to approve of me," or "It's terrible to be teased" (p. 296). Their heightened sensitivity can cause intensified depression or even anger (Johnson & Kottman, 1992).

Physical Development

The obvious signs of adolescence are the changes in physical appearance, sexual development, and rapid growth. Puberty is the part of adolescence that ends in sexual maturity.

There are several cognitive dimensions to puberty. Egocentrism which is caused by the transition from concrete to formal operational thought fosters a preoccupation with oneself. "Focus is placed on the appropriation of the mirror

image, reactions to others' judgments, social comparisons with peers, and the culturally accepted standards of the ideal body" (Rodriguez-Tome, Bariaud, Cohen Zardi, Delmas, Jeanvoine, & Szylagyi, 1993, p. 422). During this period of time, boys and girls may look in every mirror they pass to note any little change in their bodies. As a result of observing their body changes and evaluating them, adolescents try to integrate them into a personal look that makes them an individual among a population where the same changes are taking place (Rodriguez-Tome et al., 1993). Although it is sad but true, many adolescents base their self-concept on the image they have of themselves and whether or not they see themselves as being attractive (Manning & Allen, 1987). As a result of their increased emotional vulnerability, adolescents' self-concepts may suffer (Harris, 1993). Girls who see themselves as being physically attractive have higher opinions of themselves, whereas those who had a negative image are inclined to develop depression (Harris, 1993; Santrock, 1993).

Overview of Rational Emotive Behavior Therapy Principles

Rational-Emotive Behavior Therapy is a cognitive therapy, which proposes that the focus is on thoughts that cause emotional upset and negative behaviors (DiGiuseppe & Bernard, 1990). The foundation for the theory is the ABC framework: A represents the activating event, B represents the belief about A, and C represents the emotional and behavioral consequence based on the beliefs. "RET steadfastly maintains that it is the individual's beliefs (B) which are evaluations about what happened at A that determined C" (Bernard & Joyce, 1984, p. 47). According to Bernard and Joyce (1984), the interpretations and evaluations of the belief system are responsible for the emotional and behavioral disturbance. Changing irrational beliefs, perceptions, and images into rational preferences leads to appropriate, non-disturbed emotions (DiGiuseppe & Bernard, 1990).

REBT is a theory with strategies designed to decrease the intensity of emotional disturbance caused by irrational

thinking (DiGiuseppe & Bernard, 1990). Bernard and Joyce

(1984) noted that abstract beliefs are differentiated into

irrational (absolutistic or imperative) or rational (relativistic

and conditional). Irrational beliefs are those beliefs that lead

to self-defeating emotional and behavioral consequences and

are almost always expressed as unqualified shoulds, oughts,

musts, commands, and demands (Ellis & Bernard, 1983). In

addition, they are generally distortions of reality, are

expressed unconditionally and absolutistically, and lead to

feelings that block the attainment of goals (DiGiuseppe &

Bernard, 1990).

There are four concepts that clearly mark the difference

between irrational and rational thinking (Bernard & Joyce,

1984):

1. An irrational belief is not true and can not be

supported by evidence.

2. An irrational belief is a command and is expressed in a

"demand" versus a wish, a "should" versus a preference,

or a "need" versus a want.

3. An irrational belief leads to anxiety, debilitating or

non-productive behavior.

4. An irrational belief does not help attain goals.

Irrational beliefs lead to extremely stressful emotional

consequences (intense anger, anxiety, depression) and

behavioral reactions (aggression, withdrawal) which

make it quite difficult for the individual to improve the

situation. (p. 51)

The following are four core categories of irrational

beliefs (Vernon, personal communication, 1994).

1. Self Downing- " I can't help it; that's the way I am, and

I guess I'll always be this way." Self-downing occurs

when adolescents rate self worth or worthlessness based

on their performance. In REBT adolescents are encouraged

to give up self-rating by not confusing the whole of them with a part that is not performing perfectly (Bernard & Joyce, 1984).

2. Demanding- "The world should be fair and just; Others should always be responsible; I must conform to my peers." Demands are irrational because they imply that adolescents have control over the way they think things should be, others should be, or how the world should be rather than how they would prefer it to be. Adolescents who "should themselves" believe that the world revolves around them and that because they want something they should get it (Bernard & Joyce, 1984).

3. Overgeneralizing- " I should never make mistakes; Others should always be responsible." Overgeneralizing happens when adolescents draw a general conclusion based on one or more single incidents and then applying it to other related or unrelated incidents (Bernard & Joyce, 1984).

4. Low- frustration tolerance- " I can't stand to be criticized; It's awful when things don't go my way" (Vernon, personal communication,1994). Low-frustration tolerance is the disparity between what is wanted or preferred and what actually is. Low-frustration tolerance is caused when adolescents think irrationally about their impediments (Ellis & Bernard, 1983).

Each category of irrational beliefs contain one of three derivatives. The first is awfulizing or thinking that things are horrible if a "must" is not being attained. The second, is "I can't stand-it-itis" which is the belief that things are unbearable if they are things that "must" not happen. The third is "worthlessness", which is feeling invaluable if approval that "must" be attained is not attained (Bernard & Joyce, 1984). Bernard and Joyce (1984) added that these derivatives are considered irrational because they are absolutistic and imperative personal philosophies. In essence,

irrational beliefs lead to extremely stressful emotional

consequences such as intense anger, anxiety, or depression.

The preferred targets of assessment and intervention in

REBT are the irrational thoughts, assumptions and beliefs of

the client. It is essential in REBT that irrational thoughts be

identified and changed before the adolescent can think, feel,

and behave rationally. This can be done by disputing irrational

thinking (DiGiuseppe & Bernard, 1990).

Disputation of Irrational Beliefs

"The most important and distinctive REBT intervention

strategy is disputation" (Bernard & Joyce, 1984, p. 81).

DiGiuseppe and Bernard (1984) stated that it is not until the

onset of formal operational thinking (approximately age 12 or

older) that adolescents are capable of the hypothetical and

deductive thinking that is needed to dispute irrational beliefs.

Disputing involves identifying irrational "should, ought and

need" statements as well as awfulizing and "I can't stand it"

statements (Bernard, 1990, p. 297). The whole purpose of

disputation is to demonstrate to adolescents how their reasoning is faulty, and in turn, help them acquire more sensible beliefs about themselves and the world around them (Bernard & Joyce, 1984).

Prior to being able to dispute irrational beliefs, it is necessary to detect beliefs about the event (Bernard, 1990). This is first done by having adolescents identify their feelings about an activating event. After identifying the feelings, it is then possible to identify thoughts which may be irrational (Bernard & Joyce, 1984). For example, this is shown with a scenario of Annie, a seventh grade girl who will not go get a soda from the machine during lunch without a girlfriend accompanying her. As Vernon (1993a) pointed out in a similar scenario, there are certain developmental considerations to take into account. In this scenario, the girl has a fear of getting up in front of everyone in the lunchroom which is created by her "imaginary audience," fantasizing about how others will react to her appearance and behavior, and

overgeneralizing about how "awful" she looks or that everyone is looking at her. In order to detect the girl's beliefs, the counselor can give the adolescent open-ended sentences to finish. In the case of the seventh grade girl, the counselor can use some of the following examples as suggested by Vernon (1993a, p. 126-127).

1. When I go to school, I feel_____.

2. I am afraid of _____.

3. Other kids in this school _____.

4. This year in school is different from last year, because_____.

5. The part of the school day I like least is _____.

In addition, the counselor can ask specific questions such as "What were you thinking when that happened?" "What does it mean when that happens?" or " What were you thinking when you felt _____?" (Vernon, personal communication, 1994).

Once irrational beliefs are detected, the counselor can then help dispute or challenge the irrational beliefs by using questions to force the adolescent to justify or prove his or her beliefs (Bernard & Joyce, 1984). A typical developmental problem of adolescence is when an adolescent seems extremely upset because he or she is not being accepted by a group of peers. The adolescent may be thinking "it is awful that the popular crowd does not like me," or "I must be liked or I am a rotten person." These thoughts are what Vernon (personal communication, 1994) and Bernard and Joyce (1984) categorized as one of the four general irrational beliefs that cause emotional upset and interfere with the adolescent's ability to problem-solve. The counselor can assist the adolescent in disputing these extreme statements and help put them into a realistic perspective (Bernard, 1990). The counselor might ask "How awful is it?" "Where is the evidence?" "How can other students' rejection of you mean that you are a rotten person?" or "Are you a rotten person just

because someone does not like you?" (Bernard & Joyce, 1984,

p. 85). Bernard (1990) added that it is extremely important

not to try and change or minimize negative emotions that are

in fact true to the adolescent.

In the case of Annie, the irrational belief is "Everyone

must be looking at me when I go get a soda," "They must be

thinking my hair or clothes are not cool", "It is awful if I am

not accepted by me peers" and "everyone is looking at me."

The counselor can dispute these irrational beliefs by asking

"What does it mean if they look at you?" "Who says it is awful

that they look at you?" or "Where's the evidence that everyone

is looking at you?"

Vernon (1989) and Ellis (1992) used several other

techniques of disputing irrational beliefs. One of these is the

use of continuums. In the case of Annie, the counselor can ask

Annie to rate just how awful it would be, if in fact, everyone

in the lunchroom was looking at her. By doing this, the

counselor can assist Annie in taking a more realistic

perspective on her fear of getting up in front of peers to get a soda. Another technique that Vernon (1989b) used is exaggeration. This technique can also be used with the case of Annie. For example, the counselor can challenge Annie's overgeneralizing by asking "Are all students looking at you or is it just a few?" "Are you sure that they are saying things about your hair and dress or could they be saying other positive things" or "What is the worst thing that could happen if everyone was talking about your hair?" Other techniques Vernon (1989) and Ellis (1992) used include role-playing, humor, imagery, stories, fables and analogies.

Rational-Emotive Education

Rational-Emotive Education (REE) i s the application of REBT principles to the area of affective education. Bernard and Joyce (1984) stated that REE is employed by school professionals in preventative or developmental counseling. Rational Emotive Education is preventive in nature because the principles of REBT are taught to adolescents so they know how

to help themselves cope with normal developmental tasks (Bernard & Joyce, 1984). REBT concepts can be taught in the context of groups, classrooms or individually (Gossette & O' Brien, 1991; Bernard & Joyce, 1984). Recently, Vernon (1989) published REBT activities that can be used in individual counseling, small groups, or classroom guidance within the educational setting. REE can be used in a psychiatric setting as well. Raynor (1992) stated that nurses can use REE to help physically or emotionally abused children and adolescents cope with strong negative emotions towards their perpetrators while being hospitalized.

Rational Emotive Group Counseling

Rational Emotive Education (REE) can be implemented in therapeutic groups and is termed Rational Emotive Group Counseling (REGC) (Bernard & Joyce, 1984). The goals of Rational Emotive Group Counseling are to teach and model the principles of REBT in a small group setting where specific problems exist. The problems may be normal developmental

problems such as fitting in with peers, getting a failing grade, or getting along with one's family (Vernon, 1993a). These problems may also be situational problems such as parental divorce, moving, or dealing with loss. Because adolescents spend much of their time in small groups with their peers, the use of Rational Emotive Group Counseling seems the viable strategy which is preventive in nature (Padilla, 1982).

Rational Emotive Group Counseling works with existing developmental or situational problems within the context of the group and has certain therapeutic aims in order to meet the members' needs. Rational Emotive Group Counseling does not just allow the gratifying ventilation of emotional expression to occur by itself, but helps to change emotional upset (Bernard & Joyce, 1984). The group provides a setting where many adolescents can see how they blame themselves and others for their feelings and behavior. Rational Emotive Group Counseling is also action-oriented, so it works to help members show one another what they are doing to upset

themselves and how to go about changing. As a result, a

majority of group time is spent dealing with group members'

problems by applying REE to specific problems (Bernard &

Joyce, 1984; Ellis, 1992). Ellis (1992) stated that when a

member brings up an emotional-behavioral problem that he

and the rest of the group look for attributing shoulds, oughts

or musts. Whenever they find irrational beliefs, the group

members, with direction from the counselor, work to dispute

the beliefs, suggest a countering coping statement to replace

it with and then suggest an assignment for the following week

to decondition the identified client. For example, in a group on

study skills an adolescent may bring up the problems of not

getting homework done because he or she may not be motivated

due to poor grades on previous tests and daily work. The

counselor can probe for irrational thinking by asking "What do

you think will happen when you do your work?," or "What does

it mean if you don't get all your work done all the time with

all questions correct?" The student may respond with "It is

awful if I don't perform as well as I should," "I'll always fail and never be competent" or "I can't stand it if I don't perform as I must."

Rational Emotive Group Counseling involves homework. Assigning homework is the way to help adolescents help themselves outside the group (Bernard & Joyce, 1984). Bernard and Joyce (1984), as well as Ellis (1992), added that it is important to explain the advantages of homework. Bernard (1990) stated that between sessions the students should be involved in employing some RET or other skill demonstrated in counseling sessions, such as self-observation of emotional upset, using rational self-statements which have been written down, and putting up with things the student thinks he or she cannot stand (Bernard, 1990; Ellis, 1992).

Classroom Guidance

Classroom guidance is teaching affective education in the classroom setting (LaConte, Shaw, & Dunn, 1993). Rational Emotive Education (REE) has grown out the traditions that have

been developed in the field of affective education which

emphasize teaching problem-solving, interpersonal

relationships skills, self-awareness, as well as the ability to

cope more effectively with normal developmental tasks such

as improved goal setting and decision-making (Bernard &

Joyce, 1984).   Rational Emotive Education emphasizes thinking

skills that children learn to evaluate their own thinking

according to a rational criteria so that they are able to

recognize their own irrational thoughts in the future (Bernard

& Joyce, 1984). Vernon (1989) developed a rational emotive

curriculum with specific lesson plans to teach these concepts

to adolescents in the classroom setting. The topics addressed

include self-acceptance, feelings, beliefs and behavior,

problem solving/decision making and interpersonal

relationships. Rational Emotive Education frequently

incorporates a variety of concrete teaching aids that

representdifferent ideas being taught (Bernard, 1990; Vernon,

1989). Some of these include thought clouds, self-concept drawings, or thought-feeling-reaction diagrams.

Application of Rational Emotive Behavioral Therapy to

Developmental Problems During Adolescence

Bernard (1990) stated that "when a psychologist finishes an assessment of a referred student and concludes that the student is experiencing an emotional problem such as anxiety, depression, or anger, then REBT is an extremely viable treatment" (p. 294). Adolescents have to adjust to the cognitive, physical, social and emotional changes they experience. In order be successful in coping with these changes while maintaining a sense of personal power and having meaningful relationships with others, adolescents need to recognize their irrational thinking and how to change it. Counselors can assist adolescents with this recognition through disputation and they can use Rational Emotive Education to teach students to help themselves (Bernard & Joyce, 1984).

There are certain concerns that are addressed when REBT is applied to the developmental concerns of adolescence. First, REBT treatment with adolescents is similar to the application to adults. The difference is that in working with adolescents, it is necessary to take cognitive ability level into account (Bernard, 1990). During early adolescence, the move from concrete operational thinking to formal operational thinking brings with it its own problems (Ellis & Bernard, 1984). The onset of adolescent egocentrism, the "imaginary audience" and the "personal fable" are three areas of concern. Adolescents in their early teens will experience these concepts and as a result they will experience emotional and behavioral upset (Bernard & Joyce, 1984).

Adolescent Egocentrism

Adolescent egocentrism or "naive idealism" is the first concern and frequently leads to a variety of emotional and behavioral problems. "The increased capacity for reflective thought results in adolescents acquiring overgeneralizations

or false inferences about themselves or others" (Bernard & Ellis, 1983, p. 20). Examples of such beliefs are "I need my classmates approval," "People shouldn't tease me," or "Everyone teases me" (Bernard, 1990). These "ideal statements" are the result of egocentrism. Using REBT, the counselor can use disputation to challenge these thoughts and help adolescents find evidence to support their conclusion or predictions or whether they are distorting reality (Bernard, 1990). After identifying idealistic, irrational statements such as "Everyone always teases me," the therapist then asks questions such as "How do know that everyone teases you?" "Is it everyone or is it a few?" or "Even if everyone was starring at you, are you what they say you are?" that would require adolescents to prove that their beliefs are, in fact, true (Bernard, 1990). Analyzing this thought will help students modify their conclusions to something more accurate and acceptable such as "only four or five students tease me" (Bernard, 1990, p. 298). The counselor continues to examine

the extent to which the thoughts are true, sensible, and lead to goal-directed feelings and emotions. Counselors may need to repeat the argument if the students do not understand or if they have held the irrational beliefs for an extended period of time (Bernard, 1990).

<u>Imaginary Audience</u>

While adolescents are so preoccupied with their own thoughts, they fail to realize that others are not thinking about them in the same way or extent that they are about themselves. They assume that they are under a microscope and that their every move is being evaluated by an "imaginary audience" of their peers (Harris, 1993). In this situation, adolescents may make false assumptions by thinking that everyone must be looking at them. As a result they may begin thinking "I can't stand to be looked at", "There must be something wrong with me", or "It is awful if I do not have my peers' approval" (Bernard, 1990). An example of this is an adolescent who will not shower after gym class because his or

her physical development has been slower than the rest of the class. The adolescent therefore thinks that he or she will be looked upon as abnormal or weird. Once again, the counselor can use disputation to get the adolescent to challenge these evaluations to be true. For example, the thought "Everyone will look at me" could be challenged by asking "Is everyone looking at you or are there a few students looking at you?" and "What does it mean if everyone were looking at you?" and "If everyone was, does that necessarily mean that you are abnormal?" The student might respond with "It must mean I look weird or that I am abnormal" or "I can't stand to be different from everyone else." The counselor could then give the student an assignment to watch students the next time he or she feels this way and write down the names of students who were looking at him or her as well as names of students who were not. The possible conclusion would be that only a few students were looking at him or her. The counselor could also have the student look at other students and list all the

ways each person is different. This would force the student to acknowledge that everyone is different and that everyone grows at different rates.

Personal Fable

Because of egocentrism, adolescents often view their lives as fables (Harris, 1993). They see themselves as being the center of all activity and believe that they are unique and invulnerable. They believe that what they experience can not be experienced by anyone else or vice versa (Vernon, 1993a). Irresponsible behavior or more serious problems can stem from the personal fable. Early adolescents may believe that they cannot get pregnant, get addicted to drugs, or get in automobile accidents. The personal fable results in irrational evaluations such as thinking no one can possibly understand their lives. DiGiuseppe and Bernard (1990) stated that one way to persuade adolescents to change unrealistic, illogical thinking is by using evidence of reality. The counselor needs to also use RET methods such as unconditional acceptance or

assertiveness training. One way to present this would be to present logical consequences of irresponsible behaviors such as getting pregnant, becoming addicted to alcohol, or getting in an accident. Adolescents who have already experienced such consequences could come and speak to adolescents who have not. In addition, the counselor can teach adolescents assertive skills to use in high risk situations such as sex, drugs and alcohol (DiGiuseppe & Bernard, 1990; Zarb, 1992).

Identity Development

During adolescence, young people are faced with the challenge of trying to find a place for themselves in the world, standing for something, and being known for who they are. Questions such as "What is in me?" or "How do my parts fit together?" are significant building blocks for identity (Josselson, 1994, p. 12-13). Dreyer (1994) also stated the need for significant others in the adolescent's life to

acknowledge and accept the perceptions the adolescent has of himself or herself. If not, the adolescent experiences a continued effort in understanding self.

Vernon (1993a) identified several interventions that a counselor could use to address adolescents' confusion about self. First of all, the counselor could have adolescents write down adjectives that describe themselves. Next, they would identify which they wanted to expand upon and which they wanted to eliminate about themselves. Following this, the counselor could have the adolescents utilize positive self-talk as a way to cope with self-put-downs. Another intervention would be to have the adolescent identify times when they felt guilty, sad, embarrassed or hurt. They would identify what they were thinking about themselves or the situation when they had a particular feeling. By doing this, adolescents can learn that how they think affects how they feel and behave. Furthermore, the counselor could use role-play and have the student play counselor while the counselor plays an upset

student. Adolescents can then express to the counselor their understanding about how thoughts affect emotions.

Egocentrism, the "imaginary audience" "personal fable" and identity development are the general developmental concerns that bring about faulty thinking. The irrational cognitiones that accompany these developmental concerns can be addressed with REBT.

Conclusion

It is crucial for counselors to understand maturational factors during adolescence if relevant interventions are going to be applied (Johnson & Kottman, 1992). During adolescence, there is a rapid increase in physical, emotional, social and cognitive changes which can cause emotional vulnerability (Martin, 1993). Rational Emotive Behavior Therapy is directed at reducing the intensity of negative, emotions brought on by irrational assumptions and has been used to address the developmental problems during adolescence (Bernard, 1990).

There are certain characteristics that are brought on by the developmental changes during adolescence. One of these is the transition from concrete to formal operational thinking (Piaget, cited in Santrock, 1993). The increase in ability to think allows adolescents to thinking about thinking itself and to think about what is possible and then idealize about those possibilities (Steinberg, 1993). The ability to think about thinking itself also causes adolescents to become "egocentric," focusing on themselves or what others may be thinking about them. The "imaginary audience" and "personal fable" are two related problems to the increasing self-absorption (Vernon, 1993a).

Rational Emotive Behavior Therapy can be used to address the developmental problems during adolescence because it focuses on decreasing the intensity of emotional disturbance caused by irrational thinking (DiGiuseppe & Bernard, 1990). Disputing irrational beliefs is the most distinctive Rational Emotive Behavior Therapy technique and

involves challenging and debating irrational beliefs (Bernard &

Joyce, 1984). By teaching Rational Emotive concepts through

Rational Emotive Education, many problems during adolescence

can be prevented. These concepts can be taught in classroom

guidance or through Rational Emotive Group Therapy where

there are existing developmental or situational concerns

(Bernard & Joyce, 1984).

Cognitive interventions have been increasingly applied to

the developmental problems during adolescence (Bernard &

Joyce, 1984; Neukrug et al., 1993). Rational Emotive Behavior

Therapy is used to develop attitudes which promote self-

acceptance, risk-taking and the tolerance for imperfection

which are areas of increased concern during adolescence.

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