

Finally evidence was given by a senior lecturer in forensic pathology who described finding at post mortem examination haemolytic anaemia and massive acute inflammatory necrosis [myocarditis] of all the heart muscle such that survival would have been most unlikely with any conceivable treatment. It was confirmed the process had only been going on for a few hours. She said this was most usually seen as a result of a viral infection in young adult men who collapsed and died while undertaking strenuous physical exercise. The presence of a mixed inflammatory infiltrate, rather than a predominately lymphocytic one typical of a viral aetiology, suggested an idiopathic myocarditis but this would still be a natural death. She felt a drug reaction was unlikely but felt unable to rule this out completely.

Summing up, the Coroner made it clear that the possible verdicts included "misadventure" if she had died as a result of an abnormal reaction to her drugs,

and "natural causes" if she had died of a virus. It was also pointed out that if the jury felt anyone had been negligent they could say so by adding a rider.

The jury returned a verdict of "natural causes" with no rider.

To psychiatrists, the most significant question must be whether the injections of Depixol, which she had been having since 1983, within BNF dosage limits, could have caused the haemolytic anaemia or a toxic myocarditis. Neither of these reactions have been reported with Depixol but they have been, rarely, for phenothiazines taken as a group. Depixol is, of course, a thiozanthine but closely related to the phenothiazines. Indeed, textbooks on cardiac pathology quote phenothiazines as a possible cause of toxic necrosis of the heart. This does not usually occur in this massive fashion and all at once in someone who has been taking the drug for eight years. This must make a viral or idiopathic aetiology appear more probable.

Psychiatric Bulletin (1993), 17, 623–624

Briefing

Rational emotive behaviour therapy restated*

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During the 1970s the names Fritz Perls, Carl Rogers and Albert Ellis were all prominent, as were their schools of Gestalt, client centred and rational emotive therapies. Of these three celebrities only Albert Ellis continues to teach and extol the superiority of his particular therapy. This is not just because he has outlived his contemporaries but also because, as he rightly states on his recent European tour, rational emotive therapy is a legitimate challenge and competitor to the present schools of cognitive therapies of Beck, Gelder and others. To emphasise this point, Ellis commences his day-long one-man workshop by announcing that rational emotive therapy has been renamed rational emotive behaviour therapy (REBT).

Ellis is a forceful character, a polished presenter, and holds the attention of his audience by means of humour, anecdotes, a wide knowledge of medicine and philosophy and also by his unashamed, almost dogmatic assertions that REBT be really therapy for neurotic disorders. Furthermore, psychoanalysis

(as he discovered for himself) may be pleasurable for patient and therapist but "is ineffective and expensive serving only to perpetuate illness by delving into every irrelevancy but missing the central point which is that human beings are born cognitive, emotive and behavioural". RET stresses that it is not events, things or others that upset people, it is their learnt interpretation or beliefs concerning these events and they are therefore upsetting themselves. External activating circumstances lead to an unpleasant emotional consequence which is due to learnt unconscious misinterpretations of the initial event itself. At this point we were reminded of Hamlet's favourite utterance "nothing is either good or bad, 'tis only thinking which makes it so".

Ellis takes time to emphasise that these self-defeating beliefs are what require attention as they all assume an inner element of Must, Oughts or Shoulds. These three self-defeating beliefs which are initially learnt from parents and culture (and therefore held to some extent by all mankind) fall into one of three categories which are listed as:

*A report on the Sheffield University Rational Emotive Therapy Workshop – 2 June 1993.

- (a) The belief that I must do well and be loved, appreciated and complimented by all.
- (b) The belief that others should treat me nicely all the time.
- (c) Conditions and the environment must be the way I want them to be all the time, otherwise it is awful, terrible and catastrophic.

These three self-defeating beliefs are all characterised by the inclusion of the words Should, Must or Ought and according to Ellis were originally described by Karen Horney as the “tyranny of the shoulds”. Ellis calls it “mustabatory insanity”.

Throughout the day-long presentation Ellis stresses the importance of identifying these self-defeating beliefs and then applies a variety of strategies to dispute them repeatedly and in many different ways. Ellis repeatedly states that disputation and disputing the identified “must statement” is the most effective form of psychotherapy. Such challenges as “Show me; Prove it; Where is the evidence? Where is it written that you must believe or behave in this manner?” are bombarded at patients until they are convinced of the irrational nature of the belief itself.

In addition to dialogue, Ellis invites members of the audience to come forward and present him with any life problem they care to offer and he then skillfully proceeds to identify the underlying self-defeating contributing rational emotive dynamic. Throughout the disputation Ellis is attempting to alter people’s dogmatic Must statements into more benign utterances such as “it would be preferable if . . .”, or “I would rather . . .” etc. While claiming to be non-dogmatic it is noticeable that some of his references carry their own ring of certainty. In answer to a question concerning the treatment of personality disorders, Ellis responds that personality disorders are biologically inherited problems and despite what Kohut and his followers have to say no form of interpersonal therapy is of any use.

Some of his statements are a little hard to accept; for example, he claims that some therapists’ preoccupation with self-esteem is destructive. “Self-esteem” is the greatest sickness invented because to achieve it one must behave in a certain pre-determined fashion. It is preferable if self-esteem were replaced by self-acceptance and the recognition that one is fallible but because of that infallibility one is not a failure. Ellis asserts that unconditional self-acceptance is a central

goal in rational emotive therapy and according to him there are two essential ingredients:

- (a) You are acceptable because you are alive and human.
- (b) One is never good or bad. One does well or badly. No-one is inherently bad in themselves.

There are many other elements to therapy and most of these include some form of challenge, disputation and pedagogy. Bibliotherapy; listening to tapes, teaching others, re-framing, recording and listening to sessions, modelling on others and correcting personal thinking styles are all included in Rational Emotive Therapy approaches. Although Ellis does not include it as central to his method it is clear that his ability to use humour in getting others to look at their own rational emotive styles is of relevance and importance.

Like many other long-established therapeutic systems, RET has almost a religious aura to it and one is in the presence of the high priest himself. To confirm this impression Ellis has composed several RET songs which at the end of the session the unsuspecting audience are invited to join in and sing lustily accompanied by Ellis’ surprisingly tuneful lead . . . songsheets provided.

(Tune – Glory, Glory Hallelujah)

Mine eyes have seen the glory of relationships that glow
And then falter by the wayside as love passions come and go
I’ve heard of great romances where there is no slightest lull

But I am sceptical.

Glory, Glory Hallelujah
People love ya til they screw ya
If you’d cushion how they do ya
Then don’t expect they won’t.

Glory, Glory Hallelujah
People cheer ya then pooh-pooh ya
If you’d soften how they screw ya
Then don’t expect they won’t!

Fashions in therapy come and go like the seasons. Rational emotive therapy has been with us for nearly 30 years. It will be interesting to see if it falters when Albert Ellis has come . . . and gone.