GENERAL INFORMATION

Title: The “Self” in REBT: Between Self-Esteem and Unconditional Self-Acceptance

Duration: 2 years

Co-Directors: Professor, Ph.D., Daniel David & Ass. Professor, Ph.D., Aurora Szentagotai

Motivation: The concept of “self” is a multi-dimensional one, strongly related to mental health and disorders (e.g., McCrae & Costa, 1996). The following concepts are typically related to the concept of “self”: self-esteem, which refers to the general feeling of self-worth and/or self-value; self-efficacy, which refers to the belief in one’s capacity to perform various tasks; self-confidence referring to beliefs in one’s personal worth and probability to succeed; self-concept referring to the organized structure of knowledge about one’s self.

No matter how we conceptualize the self, it involves an evaluative/rating component. If this evaluation is in the low range (e.g., low self-esteem, low self-efficacy, low self-confidence, less structured self-concept), it is likely we will experience various psychological problems (Chamberlain & Haaga, 2001). These findings support the development of programs aiming to enhance various self-related components (e.g., self-esteem, self-confidence, self-efficacy, self-concept); however, a high level of these is also
associated with various psychological problems (e.g., mania, perfectionism, vulnerability to criticisms, high aggressiveness etc.) (Chamberlain & Haaga, 2001).

The REBT solution to the problem of self-rating is a pragmatic one, namely to work towards unconditional self-acceptance (USA), meaning that “the individual fully and unconditionally accepts himself whether or not he behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him” (Ellis, 1977, p. 101). Thus, REBT proposes an “intellectual mutation” in the way we understand the role of the “self” in health and illness.

The hypothesis that USA is associated with mental health has been an important aspect of REBT theory for decades (Ellis, 1994), and related views have long been espoused by, among others, Carl Rogers, yet this idea has rarely been tested empirically. Many outcome studies of the efficacy of REBT as a treatment have been conducted (Engels, Garnefski, & Diekstra, 1993), but they have not tested whether increased self-acceptance mediates any favorable impact of REBT (Haaga & Davison, 1993).

Despite to the centrality of USA in REBT theory, to date we have identified only two studies trying to investigate this conceptual mutation/change (Chamberlain & Haaga, 2001; 2001a) by comparing unconditional self-acceptance with self-esteem in mental health. However, these studies have the following limitations: (1) they use normal rather than psychologically affected populations; and (2) they are correlational, so any inference about the causal role of unconditional self-acceptance in health promotion is speculative.
OBJECTIVES & METHOD

Taking into account the importance of this construct in REBT theory (Ellis, 1977; 1994) it is fundamental to investigate its place in the architecture of the human mind, namely its role in health promotion and the treatment of mental disorder, by means of rigorous studies.

The aim of this project is to investigate the role of USA within our ongoing clinical trials. The clinical trials we currently run at the Department are focused on: (a) ADHD, (b) major depressive disorder, (c) eating disorders. Thus, we will conduct a multilevel investigation of the role of USA, focusing on:

(1) outcome studies – what is the impact of USA, as compared to traditional self-constructs (i.e., self-esteem, self-efficacy, self-confidence, and self-concept) and other cognitive constructs (e.g., irrational and rational beliefs), on clinical symptomatology;

(2) theory of change – by mediation analyses (see Baron & Kenney, 1986) we will explore the role of USA as a sanogenetic mechanisms in health promotion;

(3) cost-effectiveness – does the promotion of USA lead to a more rapid change in therapy, with an impact on treatment cost?

Note: Because our clinical trials are already approved, we do not detail them here (they are available upon request).

EXPECTED OUTPUTS

• Minimum three articles in high impact factor journals related to:
Outcomes (two studies per article);
Theory of change (two studies per article);
Cost-effectiveness.

SELECTIVE REFERENCES


