LANGUAGE AND MEANING IN RET

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ABSTRACT: The same verbal labels can have different semantic meaning. RET often assigns idiosyncratic meaning to commonplace words and misunderstandings between therapists and clients may result. In this article the issue of language and meaning in RET is discussed with special reference to feeling words, rational and irrational concepts, and the language of change. Some therapeutic strategies are suggested to help therapists develop shared meaning frameworks with their clients.

In this article the issue of language and meaning in rational-emotive therapy will be discussed—a topic which has received scant attention in the RET literature. For example, two of the major texts in rational-emotive therapy, (Walen, DiGiuseppe & Wessler, 1980; Wessler & Wessler, 1980) devote a little over a page to this issue. Wessler & Wessler (1980) make the important point which encapsulates the argument that will be made in this article. “Since all words are abstractions and subject to varying denotations and connotations, it is important that we use a shared vocabulary with a client—specifically, that we define our terms and check out the meanings of the client’s terms—and try to keep the dialogue as concrete as possible” (p.179). In addition to understanding the client’s language, it is equally important that the therapist ensures that the client understands the therapist’s use of language. Since therapist language can be best construed as “A” in the ABC framework, it is likely then to be interpreted idiosyncratically by the client who will then proceed to make evaluations about such interpretations. Thus, the possibilities for misunderstanding are legion. RET is often misconstrued by fellow professionals given the different meanings that can be attributed to the term “rational”. Young (1975) has
argued that people often construe rational to mean cold, logical and unemotional whereas in RET rational is defined as “that which aids and abets our clients’ basic goals and purposes.” However, this use of the word “rational” is not commonly held and if unexplained will often lead to wrong impressions being created in the minds of both non-RET therapists and clients.

THE LANGUAGE OF FEELING

RET theory states that when people do not get what they want and are not insisting that they get what they want, then they are liable to experience negative emotions. To the extent that these emotions stem from rational beliefs and are deemed to motivate people to recover and to set new goals for themselves or to pursue old ones that are blocked, these emotions are deemed to be constructive. In RET terminology specific words exist for these constructive emotions and these are contrasted with emotions that are deemed to be destructive, not only because they stem from absolutistic musturbatory evaluations (musts, shoulds, oughts, have to’s, etc.) but also because most of the time they inhibit clients from achieving their basic goals and purposes. Thus in RET “anxiety” is considered to be destructive and “concern” is deemed to be constructive. However, when listening to clients’ accounts of their own problems, it is important that RET therapists remember that the ways in which clients spontaneously (i.e. before RET) use language, particularly with regard to feeling words, may suggest different meanings to that denoted by RET language.

Thus opportunities for confusion and misunderstanding that arise when we consider the ways in which feeling words are used by clients and RET therapists are many. Consider the term “anxiety.” Anxiety in RET terminology is deemed to result when there exists a threat to the client’s personal domain, a threat which is absolutistically evaluated as “terrible” or “awful” and which absolutely must not occur. Concern is deemed to result when the client does not evaluate this perceived threat in an absolutistic manner, but instead believes: “I really don’t want this threat to occur but if it does, it does.” Such a belief will result in the person concluding that if the threat does occur it would be unfortunate and bad rather than (absolutistically) awful and terrible. However, clients do not make this distinction spontaneously. They may, for example, report feeling concern when a cognitive analysis reveals that they are, in RET terms, anxious. Conversely, other clients will report feeling “anx-