



Irrational and Rational Beliefs and Posttraumatic Stress Disorder: A Rational Emotive Behaviour Therapy Perspective

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Introduction: The nature of PTSD as a clinical construct is extremely complex, possessing many subtleties and idiosyncratic intricacies that distinguish it from other psychiatric disorders. REBT theory appears very well suited to studying posttraumatic stress responses as the theory suggests that such responses should not arise simply as a result of experiencing a traumatic life event, as is suggested in the DSM V (APA, 2013), but rather that posttraumatic stress disorder will arise as a consequence of evaluating traumatic life events in a dysfunctional manner (Ellis, 2001).

Research objective: The main aim of this paper is to introduce preliminary results from project supported by Goce Delcev University, Stip, North Macedonia, which was planned to be conducted during 2018-2020 year. This research clinical study is aimed at exploring the nature and structure of PTSD from the REBT, Rationale Emotive Behavior

Perspective. Special focus was on: utilizing structural equation modelling to test the organization of the irrational beliefs in the prediction of posttraumatic stress responses; Investigation of the role of trauma-specific irrational beliefs in the relationship between general irrational beliefs and posttraumatic stress and investigation of the moderating role of rational beliefs in the relationship between irrational beliefs and posttraumatic stress symptomatology.

Sample and psychological instruments: The research is conducting in two stages. In the *first stage* (pilot study) during 2018, the reliability of psychological instruments was established (Cronbach's alpha coefficient) on a sample from Stip and Skopje, aged 19-65. In the *second stage*, during 2019-2020 year, a clinical sample of respondents who met the criteria for PTSD will be provided (by DSM-V classification, PTSD) in Clinical Hospital in Stip and University Clinic of Psychiatry in Skopje. In order to assess main variables (posttraumatic symptomatology [level], irrational beliefs, rational beliefs, trauma-specific irrational beliefs) will use set of psychological instruments subsequently, in relation to the aforementioned variables: *The sheet of paper with personal data*; *PTSD Diagnostic Scale for DSM-V (PDS-5, Foa et al., 2015)*; *The Attitudes and Belief Scale 2, (ABS-2: DiGiuseppe, Leaf, Exner, & Robin, 1988)*; *The Trauma Related Irrational Belief Scale, Hyland, 2014*.

Results: As we expected, psychological instruments showed good psychometric characteristic. A model consistent with the predictions of REBT theory will found to be a good fit of the data and explained a large percentage of variance in each symptom class of posttraumatic stress. Applying structural equation modelling, we expected that generalised irrational beliefs could impact upon posttraumatic stress symptoms via trauma specific irrational beliefs. It is expected that with applying sequential moderator multiple regression analysis we will found that rational beliefs could positively moderate the impact of irrational beliefs of posttraumatic stress symptoms. Rational beliefs will found to exert a negative, direct effect on posttraumatic stress symptoms, and to lessen the impact of irrational beliefs on posttraumatic stress responses. The contribution of the results would be the emphasizing of the necessity for complementary and integrated

approach, as well as highlighting the importance of REBT, i.e. especially impact of irrational and rational beliefs in development and/or protection of development of PTSD symptomatology.



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