



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

Lenče Miloševa, Faculty of Medical Science, Goce Delčev University, North Macedonia

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).

Aims of the Study

The main aim of this paper is to introduce project supported by Goce Delčev University, Štip, North Macedonia, which is ongoing during 2018-2020 year. This research clinical study is aimed at exploring the nature and structure of PTSD from the REBT, Rationale Emotive Behavioural 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.

Method

The ongoing 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 Štip 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 Štip and University Clinic of Psychiatry in Skopje. Beside the inclusive criterion, there is also an exclusive criterion: subjects who do not speak and understand the Macedonian language; age under 18; or current diagnoses such as mental retardation, organic brain syndromes, various psychotic disorders, bipolar disorder, dementia.

Measures

In order to assess main variables (posttraumatic symptomatology [level], irrational beliefs, rational beliefs, trauma-specific irrational beliefs) we used 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).

Statistical processing and analysis

The IBM SPSS 20 statistical package, including module AMOS. Besides descriptive statistics, more complex multivariate data analysis will be used: Sequential moderated multiple regressions, binary logistic regression, confirmatory analysis, SEM.

Results and conclusions

- As we expected, psychological instruments showed good psychometric characteristic. Cronbach's alpha coefficient is in range of .80-83.
- 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.
- This has the very real possibility of allowing the REBT research community to flourish through the discovery of greater understandings of the cognitive bases of different forms of psychological distress, and in the process, potentially developing more effective and efficient therapeutic methods of intervention.

References

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Address for correspondence:
lence.miloseva@ugd.edu.mk