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THE CLASSROOM AS AN EMOTIONAL HEALTH CENTRE

MAXIE C. MAULTSBY

Dr Maultsby, a psychiatrist, is the Director of the Outpatients' Department at the University of Kentucky. He has published many papers relating to his system of "Rational Behaviour Therapy" which he outlines here, in the classroom context, for *The Educational Magazine*.

All things rational start with objective reality. One objective reality is that students of today have all the emotional conflicts that students had twenty-five years ago. They still hope that their football team will win. They still fear exams, get angry about low grades and feel temporarily furious with the school administration for ignoring their demands for changes in the school system—demands that will probably be forgotten in a matter of weeks.

And again, as was the case twenty-five years ago, under-

standing, patience by school authorities, reassuring communication with parents and school counsellors are usually sufficient to enable the students of today to survive those weekly crises. But whereas, twenty-five years ago, the passing of such crises marked the end of most students' emotional conflicts, that point is merely the beginning of conflict for the students of today.

Today's students worry about the legalisation of marijuana, air pollution, population control, space supremacy, strategic arms race, nuclear weapons stock-pile, liberalised abortion, Watergate, crime in the streets, crime in the government, and so forth. Yet the mental health services available today are still geared to meet successfully only the emotional conflicts that students had twenty-five years ago. Because of that fact, the school emotional health professionals are dissatisfied; the school administrators are dissatisfied;



school teachers, students, and parents are all dissatisfied with the emotional climate and services existing in the public schools.

Most schools are making efforts to remedy this undesirable situation. They are providing more psychologists, counsellors and social workers, but these well-trained mental health professionals are still trained to use the techniques of twenty-five years ago which fail to meet the most pressing emotional needs of today's students. Clearly, there is a pressing need for a practical yet effective and economical approach which will enable the emotional health professionals to meet the needs of their student-clients.

The use of para-professionals as emotional health counsellors is a relatively recent innovation that shows some positive promise. This approach is being extensively used throughout my country in affluent school systems. But there are two major disadvantages to this approach. First, it requires that more personnel be added to an already overly expensive and inefficient emotional health delivery system. Second, because the mental health professionals must train and supervise the para-professionals, the student-client is moved one full step away from the mental health pro-

fessional. That fact is not often important from the student's point of view, because most well-trained para-professionals can do an adequate job of handling his emotional problems. However, it deprives emotional health professionals of one of their main sources of satisfaction: working directly with student-clients. Instead, it forces into unfamiliar and often personally distasteful administrative and supervisory roles professionals who have chosen their speciality in an attempt to avoid those roles.

My research into self-help techniques in mental health has demonstrated that lay people with emotional problems can be taught how to solve their problems by themselves. The only question is whether the schools are willing to teach personal emotional problem-solving in the classroom. If they are, they must have three things: valid explanations of human emotions that lay people (student-clients) of average intelligence can understand; a simple, yet effective, technique that enables students to do emotional self-analysis; and a system of personal problem-solving that can fit into the usual school and classroom routine.

Among the currently popular psychotherapies, rational behaviour therapy (or RBT) is

unique in fulfilling these requirements. Once clients learn to use rational self-analysis, they try to solve most of their emotional problems by themselves between routine therapy sessions. Rational behavioural therapy sessions then are devoted primarily to monitoring and correcting clients' personal attempts to solve their emotional problems.

Based on my clinical research with RBT and its self-help techniques, I have formulated a system of emotional self-help called rational self-counselling (RSC) which has all three essential features needed for using the classroom as an emotional health centre. In addition, RSC gives students five fairly objective rules for estimating both the relative rationality and therefore the degree of emotional health indicated by their thoughts, feelings, and physical behaviour. A personal reaction is rational when it obeys three of the following five rules:

- is based on objective reality;
- protects your life;
- achieves your goals;
- prevents or eliminates significant emotional conflict;
- prevents or eliminates significant conflict with other people.

To use the five rules logically, students must know how much conflict is significant. This is the amount each student doesn't want to experience and is willing to act to avoid.

There are three basic facts about life that make rational self-counselling ideal for school systems that have pupils of mixed social, racial, and religious backgrounds:

- What's rational for one student may not be rational for the teachers or for another student.

- What's rational one day for one student may not be rational on another day.
- In every life situation, students must decide for themselves what seems to be most rational for them at that moment.

Since the five rules for rational reaction never change and apply to all life situations, they are the ideal basis for teaching students to counsel themselves.

Rational self-counselling is based on the fact that how people think about what they perceive determines how they feel emotionally, and what they do physically. The popular belief that outside forces cause and control our emotions and behaviour is an erroneous belief. On the contrary, each person creates, maintains, and eliminates his or her own emotions: the positive ones, the negative ones, and the neutral ones. By thinking the same thoughts over and over, people create and experience the same feelings over and over. Basically, that simple description summarises how people form and maintain their emotional habits.

That insight raises the question: why do people keep having thoughts that lead them to emotional conflicts? The answer is simple: people think the way they think for the same reason that they speak the way they speak: they learn to think and speak in that way. Their parents, relatives, and friends actively taught them. The people in turn actively learned (i.e. taught themselves) the habits of thought that now trigger and maintain their unique habits of emotional response. Had they had different parents, had they been born in a different culture, they would have learned different speech habits and

different emotional habits from the ones they now have.

Anything that can be learned correctly can be learned incorrectly. And just as the classroom offers an effective, practical approach to teaching people to improve their English, the classroom can be just as effective and practical for teaching people how to improve their mental and emotional health.

The core scientific concept on which rational self-counselling is based is the Grace and Graham model of an emotion, derived from their research on psychosomatic diseases. They discovered that the basic components of emotion are learned attitudes or beliefs plus associated learned physiological responses. Attitudes or beliefs are people's habits of perceiving themselves in relation to the world, together with their usual thoughts about those perceptions. The associated physiological responses are the internal events or the "gut" responses—the "feeling" aspect of emotion—that impel people to act in accordance with attitudes and beliefs. Thus, perceptions and thoughts are merely learned mental cues that trigger specific emotions.

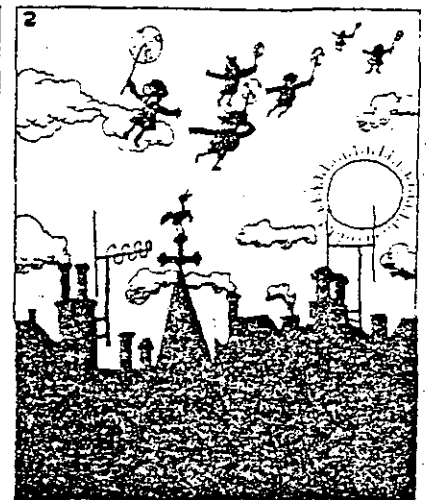
This way of looking at human emotions has an important implication for emotional self-improvement. Because "feelings" are the most impressive part of emotional experience, most people think incorrectly that their feelings—their "gut" responses—are all there is to emotion. They tend to ignore the essential roles played by perceptions and thoughts (attitudes and beliefs) in causing and maintaining emotions. This assumption prevents them from making extensive changes in their personality without professional help. However, people possessing average intelligence can

learn to re-educate themselves emotionally by using the technique of rational self-counselling.

The following detailed description of every-day events will demonstrate how the components of human emotions interact. Imagine yourself driving to an important appointment. You are not late, but you don't have any time to spare. Suddenly in your rear-vision mirror, you see the flashing red lights of a police car. You glance at your speedometer and, sure enough, you are going five miles per hour above the posted speed limit. You probably think, "Damn it. Why do I have such rotten luck? Those damn policemen! When you need them, you can't find them. This will make me late. Why aren't they out trying to catch real criminals instead of sneaking around trailing honest tax-paying citizens?" If you have those thoughts, you will probably immediately feel angry.

As you slow down, suppose the police car quickly overtakes you and speeds on its way. Then you will probably think, "Well! He was not out to get me after all. I didn't think that I should get a ticket for doing only five miles per hour above the limit." And you will immediately begin to feel less angry or even happy.

Most people would say that the police car was what made you angry. But let's take a closer look at what really happened. First, you would have perceived two things—the trailing police car with a flashing red light, and your excessive speed. Those would be the objective facts or events. But those events were not what caused you to get upset. Your learned attitudes and beliefs did that. You have learned, either by real or vicarious experiences, that those events usually mean interception, a traffic ticket, delay, and



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personal expense. When you saw that you were not being unfairly treated, that you in fact were mistaken, your anger no longer had a logical cognitive base; in other words, you changed your attitudes and beliefs. By so doing, you stopped creating and maintaining your anger. Since emotions cannot exist unless one mentally works to maintain them, your anger immediately disappeared.

Virtually all non-psychotic emotions are as simple or as complex as those demonstrated in the above example. That's why students can be taught in the classroom to do systematic rational self-analysis and to emotionally re-educate themselves. In our research at the University of Kentucky and at Rockhurst College in Kansas City, Missouri, we have found that, by and large, students are very interested in rational self-improvement, primarily because they control both the process and the extent of the self-change.

Most people initially resist the fact that they learned and now maintain their own undesirable emotional habits. They prefer to go on blaming their parents, other people, and society for

causing their emotional problems. Today's students are particularly notable for that tendency. Be that as it may, it is fortunate that people have in fact learned their emotional habits, since this enables them to emotionally re-educate themselves.

There are three major advantages in using the classroom for teaching emotional self-improvement. Firstly, the classroom method is efficient. One person can teach thirty to forty students at one time how to solve most of their emotional problems. Secondly, the classroom approach will make it possible to establish for a community uniform minimum standards of mental health that can be pursued systematically, in the same manner that minimum standards for community education are now pursued. Thirdly, each student (who is not psychotic and who does not have an organic brain disorder) will learn to assume full responsibility for most of his emotional experiences. Since students always decide to what extent they learn anything, they will decide to what extent they will emotionally re-educate themselves.