

# Application of the ABC Model of Rational Emotive Behavior Therapy (REBT) in Challenging Self-Anxiety and Perfectionistic Demands

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**Abstract** This study aims to evaluate the effectiveness of the ABC Model of Rational Emotive Behavior Therapy (REBT) in addressing self-anxiety and perfectionistic demands experienced by a client. The client, an undergraduate student who holds the role of eldest child and Academic Bureau Leader, reported experiencing high levels of pressure to perform well and appear strong consistently. This pressure stemmed from rigid beliefs such as "I must always be strong and successful so that I will not disappoint those around me". Six sessions were conducted over 2 months. The intervention applied the ABC (A-B-C-D-E-F) Model, focusing primarily on the Disputing (D) process, alongside other cognitive techniques such as Rational Emotive Imagery (REI) and reflective journaling as homework assignments. The goal was to help the client challenge and restructure irrational beliefs underlying her anxiety. The results revealed that the client successfully developed a more Effective New Philosophy (E) that was rational and adaptive, leading to a reduction in self-critical thoughts. This study demonstrates that REBT is a practical approach in modifying irrational belief systems to enhance psychological well-being.

**Keywords:** Rational Emotive Behavior Therapy (REBT), anxiety, perfectionism, ABC Model, psychological well-being

## Introduction

This counseling case involves a 20-year-old female client, who is currently pursuing a bachelor's degree in education majoring in Malay Language. The counseling sessions were conducted using the Rational Emotive Behavior Therapy (REBT) approach developed by Albert Ellis. The sessions aimed to help the client identify and challenge her irrational beliefs related to perfectionism, self-comparison, and the need for constant validation from others. Six counseling sessions were conducted over two months, focusing on building self-acceptance, managing anxiety, and negative thinking patterns into more rational and adaptive ones.

## Data Identification

Ilyana (not real name), female, unmarried and aged 20 years old. She is a Bajau Muslim. She is the eldest daughter from four siblings. Her father passed away when she was 15 years old and her mother works as a trader. She often overthinks especially about future events and other people's perceptions of her. As the eldest child, she feels responsible for being strong and perfect, and setting an example for her siblings. She also holds leadership roles such as Head of the Academic Bureau in the Student Representative Council, which adds to her sense of pressure and self-demand.

## Psychosocial History

Ilyana was raised in a modest family and is the eldest of four siblings. From a young age, she was taught to be a role model and a source of strength for her younger brothers, especially after the passing of her father when she was 15 years old. This loss had a profound emotional impact on her and marked a turning point in her personal development. Since then, the client has felt a strong sense of duty to protect and support her family, particularly her mother, who runs a small business. In trying to fulfill these responsibilities, she often suppressed her own emotional needs and developed the belief that showing weakness would burden others. Thus, from adolescence, she internalized the idea that being strong and independent was the only acceptable way to be valued and loved.

Beyond her family background, social and academic factors have also shaped her self-concept. As a student and the Head of the Academic Bureau, she is constantly faced with heavy workloads and high expectations. The pressure to perform well both academically and as a student leader has caused her to frequently compare herself with others in terms of capability and achievement. She believes that her performance reflects her worth and that any mistake or failure might affect how others perceive her. This tendency to overanalyze and seek approval has created an inner pressure to always appear competent, strong and reliable, reinforcing her

irrational belief that her value depends on others' acceptance.

In terms of interpersonal relationship, the client tends to prioritize the feelings of others and avoids confrontation whenever possible. While this helps maintain harmony, it also results in her neglecting her own emotional need. She shared that some extended family members often belittled her because her achievements were not considered as impressive as theirs. These experiences have lowered her self-esteem and made her question her abilities and worth. Over time, she developed an internalized belief that to be respected or loved, she must constantly prove her success and perfection which is also a thought pattern consistent with the irrational demand of "I must always do well and be approved by others." (Ellis, 1991)

The client's overthinking tendencies and fear of failure are further intensified by her multiple roles as a daughter, student, and leader. She often struggles to balance her personal well-being with the expectations imposed by her environment. When reality falls short of her ideal standards, she tends to react with self-criticism and disappointment, even when she has made considerable effort. This persistent cognitive pattern leads to emotional exhaustion, feelings of inadequacy, and anxiety about being perceived as weak or incapable. These reactions illustrate the REBT concept that emotional distress arises not from external events, but from how individuals interpret and evaluate those events irrationally (Ellis, 1957).

Despite these challenges, the client shows strong motivation for self-improvement and a desire to understand her emotions. Throughout the counselling process, she has demonstrated openness to self-exploration and the willingness to challenge her existing beliefs. Her capacity for reflection and insight indicates foundation for restructuring her irrational beliefs into healthier, more rational ones that promote emotional stability and self-acceptance (Tóth, Turner, Mannion, & Tóth, 2023).

### **Current Problems**

At present, the client struggles primarily with perfectionism, overthinking, and difficulty managing emotional pressure. She frequently sets excessively high standards for herself, particularly in academic and leadership roles, believing that mistakes reflect personal inadequacy. This rigid self-expectation leads to anxiety, tension, and self-blame whenever her performance falls short of ideal standards (Ellis, 1957). The client often engages in rumination — replaying conversations or tasks in her mind to evaluate whether she has "done enough." This pattern of overanalyses

interferes with her ability to relax and contributes to sleep disturbances and emotional exhaustion. Her cognitive patterns reflect the REBT concept of irrational "must" and "should" statements, such as "*I must always succeed*" and "*I should never disappoint anyone*" (Ellis, 1991).

Emotionally, the client experiences chronic self-criticism and fear of disapproval. She tends to interpret constructive feedback as personal failure, leading to guilt and worry about how others perceive her. This emotional hypersensitivity stems from her long-standing belief that acceptance and respect are conditional upon achievement. The client also acknowledges having difficulty expressing emotions openly, often suppressing feelings of frustration or sadness to maintain composure. This emotional suppression results in internal tension, occasional irritability, and withdrawal from social interaction when overwhelmed. Although she identifies herself as introverted, the avoidance of emotional expression appears to be a learned coping mechanism rather than a personality limitation.

Interpersonally, the client struggles with assertiveness and boundary-setting. She often prioritizes others' needs to avoid conflict or rejection, even when doing so causes personal discomfort. This pattern, rooted in her desire to maintain harmony, reinforces feelings of resentment and fatigue. The client shared that she sometimes feels "invisible" or "unappreciated," yet finds it difficult to voice her needs or opinions. This dynamic reflects the irrational belief of "*I must be liked by everyone to be a good person.*" As a result, she tends to overextend herself and experiences guilt when saying "no," consistent with people-pleasing tendencies described in REBT literature (Dryden, 2009). These interpersonal challenges contribute to her sense of emotional isolation and reinforce her perfectionistic drive as a means of maintaining acceptance.

### **Treatment Plan**

The treatment plan was structured based on Rational Emotive Behaviour Therapy (REBT), emphasizing the relationship between thoughts, emotions, and behaviours. The goal was to help the client recognize, challenge, and replace her irrational beliefs that drove her anxiety, perfectionism, and self-criticism. Six sessions were conducted over two months, each designed with specific objectives to gradually guide the client towards self-awareness, cognitive restructuring, and emotional regulation. The sessions also incorporated supportive counselling techniques such as reflection of feelings, paraphrasing, and active listening to build a strong therapeutic alliance and provide a safe space for emotional expression (Ivey & Ivey, 2013).

In the third session, the client shared that she had been feeling overwhelmed by upcoming exams and by her duties as Head of the Academic Bureau, which required her to prepare study materials for other students. She admitted feeling “never good enough” and worried that she might disappoint everyone if she failed to deliver. The counsellor guided her through relaxation and asked her to imagine being in that stressful situation while observing her emotions. She reported feeling “tense, small, and pressured.” The counsellor then helped her reframe this response by visualizing herself responding calmly and telling herself, “*It’s okay not to be perfect; I’m already doing my best.*” Through Rational Emotive Imagery (REI), the client learned to associate new, adaptive emotional reactions with situations that previously triggered self-criticism. Although she initially hesitated, she acknowledged feeling “lighter and more relieved” afterward.

The fourth session focused on reinforcing self-awareness through cognitive homework and reflective journaling. The client presented her journal entries, which included events when she felt burdened by multiple assignments and campus disruptions, such as water shortages that affected her concentrations. She wrote that these obstacles made her anxious about failing to meet deadlines and disappointing others. The counsellor used Socratic disputing by asking, “*Do other people’s comments truly define who you are?*” and “*Would it be realistic to expect everything to go perfect every time?*” These questions encouraged the client to reflect critically and challenge her irrational assumptions. By the end of the session, she realized that most of her stress came from her internal pressure, not external expectations. She began to adopt a more compassionate and balanced mindset, recognizing that imperfection does not equal failure.

In the fifth session, the counsellor emphasized behavioural practice and real-life cognitive restructuring. The client had recently completed her School-Bases-Assessment practicum and shared her mixed feelings about the experience. Initially, she feared being judged by her mentor, teachers and students, thinking “*If I make mistakes, they’ll think I’m incompetent.*” However, after completing the practicum, she discovered teachers made mistakes. This realization helped her challenge her perfectionistic beliefs. The counsellor reinforced this learning through reflective discussion and encouraged her to view her imperfections as opportunities for growth. The client also shared meeting her old high school friends, which helped her see that everyone faces personal struggles. She stated, “*I’m not the only one with problems,*

*everyone has their own challenges.*” This insight reflected a key REBT outcome, increased rational thinking and empathy. She was assigned a self-evaluation exercise to list her strengths and weaknesses, helping her cultivate a balanced view of herself.

The sixth session served as review and termination phase, focusing on consolidating and maintaining progress. The client reflected on how her mindset had shifted since the beginning of therapy. She shared that she now feels “more at peace” when facing challenges and has learned to let go of the need for constant approval from others. The counsellor used summarizing and reinforcement techniques to highlight her achievements, such as reduced overthinking, improved emotional regulation, and greater acceptance of her imperfections. The counsellor assist the client to formulated a relapse-prevention plan, which included continued journaling, mindfulness exercises, and practicing rational self-statements during stressful events. The client expressed gratitude for the process, acknowledging that the sessions helped her “rebuild confidence and learn to value herself beyond achievements.” The counsellor noted that ongoing psychological support after the counselling period would further strengthen these positive changes.

Overall, the treatment plan effectively combined REBT cognitive restructuring with emotional and behavioural interventions, producing observable progress in the client’s self-concept and emotional stability. Each session contributed progressively toward reducing irrational thinking, developing rational emotional responses, and reinforcing unconditional self-acceptance, a core component of REBT (Dryden, 2009; Ellis, 1991). The integration of structured techniques, reflective journaling, and experiential learning proved effective in helping the client build long-term resilience and self-worth based on authenticity rather than perfectionism.

## **Counselling Goals**

### **Long Term Goals**

1. To help the client adopt rational beliefs that promote self-acceptance.
2. To enhance the client’s confidence and ability to make decisions aligned with personal values.

### **Short Term Goals**

1. To identify and challenge irrational beliefs about perfectionism.
2. To reduce overthinking.
3. To increase awareness of personal strengths.
4. To cultivate healthier emotional regulation.

## **Case Conceptualisation**

The client’s main difficulties can be

understood through the framework of Rational Emotive Behavior Therapy (REBT), which views emotional distress as a result of irrational beliefs rather than external events (Ellis, 1991). From the beginning of counseling, it was clear that the client's perfectionism, overthinking, and fear of failure were maintained by rigid self-demands such as, *"I must always perform well and be approved by others,"* and *"If I fail, others will no longer respect me."* These beliefs shaped her cognitive and emotional responses, leading to anxiety, guilt, and self-doubt whenever she perceived herself as underperforming. Her tendency to equate personal worth with achievement indicated a strong pattern of conditional self-acceptance, a central target in REBT intervention.

From the ABC model perspective, the Activating Events (A) were situations in which the client was evaluated or compared to others, particularly by family members who often highlighted her differences in academic success. These experiences were not inherently harmful; however, the client's Beliefs (B), that she must be perfect and strong at all times — transformed neutral situations into emotionally distressing ones. Consequently, the Consequences (C) included heightened anxiety, excessive self-criticism, overthinking, and avoidance of emotional vulnerability. Rather than recognizing that occasional imperfection is normal, she internalized the idea that any shortcoming meant personal failure. This irrational thinking cycle perpetuated her emotional suffering and fueled her pressure to maintain an idealized image.

The client's early family experiences played a crucial role in shaping these beliefs. Being the eldest and only daughter, she assumed a caregiving and leadership role after her father's death, taking on responsibilities beyond her age. The lack of emotional expression in her family, combined with expectations to remain "strong" for her siblings, limited her ability to acknowledge and process emotions such as sadness or fear. This early conditioning reinforced the belief that emotional vulnerability equates to weakness. When these internalized messages met the high expectations of academic and leadership environments, the result was chronic stress and self-imposed pressure to excel. The combination of familial loss, cultural expectations, and personality traits created the psychological conditions for irrational perfectionism to take root.

From a REBT viewpoint, the client's thoughts followed a "demandingness" pattern, characterized by "musts" and "shoulds." These thoughts generated emotional consequences such as guilt and frustration whenever reality did not

meet her ideal standards (Ellis, 1957). This cognitive rigidity was also reflected in her interpersonal relationships: she frequently avoided disagreement and prioritized others' needs to maintain harmony, fearing that expressing her true feelings might lead to rejection. In REBT terms, this represents the irrational belief cluster known as "approval addiction," where self-worth depends on external validation (Dryden, 2009). The counselor observed that when the client was praised, her confidence increased, but when she faced criticism or failure, her self-esteem quickly diminished.

The disputing process (D) during sessions was crucial in helping the client evaluate her beliefs critically. Through guided questioning and rational analysis, she began to recognize that her expectations were unrealistic and self-defeating. For instance, when asked, *"Is it possible for anyone to do everything perfectly all the time?"* she initially responded "No," but then added, "But I have to try." This reflected partial awareness yet persistent rigidity. However, over multiple sessions, her understanding evolved. She began to differentiate between striving for excellence and demanding perfection. The counselor reinforced this insight through Rational Emotive Imagery (REI) and journaling, helping her emotionally experience the difference between rational motivation and irrational pressure. The Effective new philosophy (E) she developed was, *"It's okay if things don't always go as planned; I can still appreciate myself and learn from the experience."* This led to new feelings (F) such as calmness, confidence, and acceptance.

By the end of the counseling process, the client demonstrated significant progress in restructuring her belief system. She showed increased unconditional self-acceptance, acknowledging that imperfection does not diminish her value. The experience of managing real-life challenges during her school practicum reinforced this new mindset, proving to her that she could handle stress without overthinking or self-blame. The counselor observed that her emotional responses became more stable and proportionate to circumstances. In REBT terms, she had begun shifting from an "I must be perfect" orientation to an "I prefer to do well, but I can still value myself even when I fail" philosophy.

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In summary, the case can be conceptualized as a classic example of perfectionism driven by conditional self-worth, rooted in early familial expectations and reinforced by social comparison. Through systematic cognitive, emotional, and behavioral interventions, the client learned to reinterpret experiences more rationally and reduce self-imposed pressure. The client’s journey reflects the REBT principle that while we cannot always control external events, we can transform how we interpret them (Ellis & Dryden, 1997). Thereby restoring emotional balance, resilience, and a healthier sense of self.

### **Client Progress**

The client demonstrated notable progress throughout the counselling sessions, both cognitively and emotionally. Initially, she struggled to differentiate between realistic goals and irrational self-demands, holding tightly to the belief that she must always perform perfectly to be respected and valued. However, beginning from the third session, the use of Rational Emotive Imagery (REI) helped her experience emotional relief by visualizing distressing situations and responding to them with calmer, more rational perspectives. She shared that imagining herself as “enough even when not perfect” gave her a sense of peace and self-acceptance she had not felt before. This marked the beginning of her cognitive shift from rigid perfectionism toward self-compassion and rational self-evaluation.

By the fourth and fifth sessions, the client showed increasing awareness of her thinking patterns and their emotional consequences. Through reflective journaling and Socratic disputing, she learned to identify her irrational self-talk and replace it with balanced, realistic thoughts. For example, instead of saying, “*I can’t make mistakes,*” she began reframing her statements into, “*It’s okay to make mistakes; they help me learn.*” This conscious restructuring of beliefs was a significant milestone, as it reduced her anxiety and guilt related to performance. During her teaching practicum, she successfully applied these new beliefs, recognizing that her worth was not dependent on perfection or others’ opinions. She reported feeling “lighter” and more capable of handling challenges without overthinking.

Emotionally, the client became more expressive and self-reflective. In earlier sessions, she struggled to articulate feelings beyond “tired”

or “stressed,” but over time, she learned to identify specific emotions such as disappointment, fear, or pride, and discuss them openly. This emotional vocabulary growth reflected an increased level of self-awareness. She also reported improved emotional regulation, fewer episodes of overthinking before sleep, less self-blame, and greater acceptance when faced with setbacks. These changes indicated that the client was internalizing the principles of unconditional self-acceptance.

The client began to assert her needs and set healthier boundaries in her interactions. She reported that she could now say “no” when necessary without feeling excessive guilt. She also started to allocate time for rest and self-care, which helped reduce mental fatigue. The counsellor observed that her communication became more confident and her body language more relaxed in later sessions, suggesting increased self-assurance and comfort within the counselling space. Overall, the client’s progress illustrates the effectiveness of combining REBT cognitive restructuring with experiential and reflective techniques. She successfully transitioned from self-imposed pressure and emotional suppression to a more balanced mindset grounded in self-acceptance and rational thinking.

### **Conclusion**

Throughout the counselling process, the client exhibited significant personal and cognitive growth. Initially, she struggled with anxiety, perfectionism, and self-doubt, stemming from her belief that her worth depended on meeting others’ expectations. Through the application of Rational Emotive Behaviour Therapy (REBT), the client gradually recognized that her distress was not caused by external pressures but by her own rigid and irrational beliefs about success and approval. This realization marked a turning point in therapy. She began to replace self-defeating thoughts with more rational and compassionate self-statements, allowing her to experience greater emotional stability and self-acceptance. The insight that she could value herself even when she was not perfect became the foundation for lasting change.

The use of REBT techniques such as disputing, Rational Emotive Imagery (REI), reflective journaling, and cognitive-behavioural homework proved effective in promoting self-awareness and behavioural change. Initially, the client found it difficult to challenge her automatic negative thoughts, fearing that lowering her standards meant losing motivation. However, through repeated disputing and guided reflection, she learned that healthy striving for excellence does not require perfection. Journaling helped her externalize self-critical thinking and recognize

patterns of irrationality, while REI allowed her to rehearse calm and rational responses in stressful situations. These techniques not only reduced her anxiety but also strengthened her emotional resilience. The client's progress was evident as she developed a balanced approach to personal responsibility, recognizing effort as more valuable than flawless outcomes.

Behavioural and interpersonal improvements also became apparent in later sessions. During her teaching practicum, she demonstrated increased confidence, adaptability, and self-assurance. She no longer viewed feedback or mistakes as signs of incompetence but as part of professional growth. The client also reported a healthier relationship with peers and family members, showing less dependence on external validation and more openness in expressing emotions. This behavioural transformation aligned with REBT's ultimate goal of cultivating unconditional self-acceptance, where individuals recognize their intrinsic worth regardless of performance or others' opinions (Dryden, 2009; Ellis, 1991). Her ability to apply rational thinking to real-life challenges confirmed that the cognitive and emotional changes achieved during therapy were sustainable and meaningful.

From the counsellor's perspective, this case underscores the importance of integrating empathy, structure, and theory-driven techniques in therapeutic practice. The counsellor learned that clients with perfectionistic tendencies often require a balance of support and confrontation, being understood yet gently challenged to reconsider their beliefs. The REBT approach was particularly effective because it combined cognitive insight with emotional and behavioural interventions. The counsellor also noted that pacing and sensitivity were essential when introducing disputing questions to avoid triggering defensiveness. This case further highlighted that self-awareness and reflection are crucial competencies for counsellors-in-training, as they enable the practitioner to manage countertransference and maintain objectivity while fostering a supportive therapeutic alliance.

In conclusion, the counselling process successfully helped the client replace self-defeating perfectionism with rational self-acceptance, resulting in improved emotional regulation, self-confidence, and resilience. Moving forward, it is recommended that counsellors and trainee counsellors working with clients who struggle with perfectionism or

approval dependence use a structured yet empathetic REBT approach, combining Socratic questioning, REI, and behavioural assignments to promote both insight and real-world application. Counsellors should also encourage the use of reflective journaling to strengthen self-awareness and emotional processing between sessions. For students, especially those in leadership or high-achieving academic environments, it is vital to recognize that self-worth is not determined by external validation but by continuous personal growth, effort, and authenticity. Embracing imperfection as part of learning and valuing one's progress over perfection can cultivate psychological flexibility and lasting well-being.

Overall, this case reaffirms the timeless REBT principle that while external events cannot always be controlled, individuals can choose how they interpret and respond to them, and through that choice, they can achieve emotional freedom, balance, and self-respect (Beck, 2011; Corey, 2021; Ellis, 1991)

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