A PRACTITIONER'S GUIDE TO RATIONAL EMOTIVE BEHAVIOR THERAPY

THIRD EDITION

RAYMOND A. DIGIUSEPPE
KRISTENE A. DOYLE
WINDY DRYDEN
WOUTER BACKX

OXFORD

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To our teacher and mentor, Albert Ellis

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FOREWORD TO THE SECOND EDITION

BY

ALBERT ELLIS

When *A Practitioner's Guide to Rational-Emotive Therapy* was first published in 1980, it was a pioneering training manual for RET practitioners, especially for neophytes. Since that time, it has served beautifully to introduce thousands of trainees to RET and has been a core text for the Primary Certificate Program and the more advanced training programs of the Institute for Rational-Emotive Therapy in the United States, Canada, Mexico, and a number of other countries in Europe, the Middle East, Asia, and Australia. When I have been a speaker and a supervisor in a large number of these programs, I have been repeatedly startled to see that some of the participants conduct amazingly good therapy sessions right from the start because they have assiduously studied and followed the exceptionally clear formulations in the first edition of this excellent book.

This second edition includes all the virtues of the 1980 presentation and brings the theory and practice of RET quite up-to-date. When I created this form of therapy in 1955, I heavily stressed its cognitive and philosophic elements, because the therapies of the 1950s, especially psychoanalysis and person-centered therapy, sadly neglected those aspects of helping clients to become less emotionally disturbed. But even early rational-emotive therapy was highly emotive and behavioral, because a good many years before I started my training as a clinical psychologist in 1942, I had used in vivo desensitization (which I borrowed from John B. Watson) and shame-attacking exercises (which I largely created myself) to overcome my own social shyness and enormous fear of public speaking. I was also an active-directive sex therapist from 1943 to 1947, when I unfortunately sidetracked myself (until 1953) by getting trained in and practicing psychoanalysis. So after I became disillusioned with analysis and created RET in 1955, 1 returned to active-directive methods and incorporated a number of emotive and behavioral techniques in my early use of RET. Why? Because a combination of thinking, feeling, and behavioral methods, I soon found, worked better than did a one-sided emphasis on cognitive restructuring.

Just as theory leads to practice, so is the reverse often true. The more I practiced RET in the 1950s in a fashion that Arnold Lazarus later nicely called "multimodal therapy," the more I developed its present emotive-evocative theory. I saw that

my clients had what I called Irrational Beliefs (Ellis, 1958, 1962) and thereby disturbed themselves emotionally and behaviorally. I also discovered that their central schémas or core philosophies were Jehovian, absolutist musts and commands; that they often held these musts very *strongly* and *powerfully;* that they compellingly *felt* them and incorporated them into their psychosomatic responses; that they clearly habituated themselves to *acting* on their dysfunctional convictions; and that they holistically *integrated* their (conscious and unconscious) demands, commands, imperatives, and insistencies into almost everything they thought, felt, and did.

I also realized, by the early 1960s, that children, adolescents, and adults learn much of their goals, desires, and values from their parents and their culture, because they are born gullible, teachable, and impressionable. Therefore, their "normal" personality is—as Sampson (1989) and other social psychologists have noted—intrinsically enmeshed with their sociality. They are consequently both unique individuals *and* highly social creatures. However, as Kelly (1955) saw a half-century ago, and as many social thinkers recently have seen again (Mahoney, 1991), humans actively *construct* and *reconstruct* their ideas and behaviors, and do not *merely* and blindly accept them from their families and their societies.

Although RET has been wrongly accused by Guidano (1988), Mahoney (1991), and others of being sensationalistic and rationalistic, it is actually more constructivist than most of the other cognitive and noncognitive therapies. Let me briefly mention some, though hardly all, of its constructivist theories and practices.

1. RET holds that almost all humans have a strong, largely innate predisposition to learn or adopt familial and cultural standards and preferences and then to *create* and *construct* rigid musts and demands *about* these preferences. Thus, they dogmatically often convince themselves, "Because I greatly *like* success and approval, I *absolutely must* have them almost all the time, under nearly all conditions" (Ellis and Harper, 1975).
2. People's basic self-disturbing musts and demands are not merely superficially or consciously held, but are often tacit, implicit, and unconscious and are strongly clung to in the "deep" structures of their minds and bodies.
3. Children are usually born, as Bowlby (1980) showed, extremely attachable to their parents and significant others; but they often also *create* a dire "necessity" for being loved and seriously disturb themselves (not *get* disturbed) when their affectional preferences are not fully met.
4. RET holds that children (and adults) are largely *taught* to evaluate their behaviors as "good" and "bad," but that they mainly construct (rather than merely learn to rate) their *self or personhood* or *being.* If they act "well," they naturally tend to "deify" and if they act "badly" they easily tend to "devil-ify" or damn their entire *self,* and not merely their *behaviors.*

5. RET theorizes that virtually all humans, however reared, have two somewhat opposing creative tendencies: (a) to damn and deify themselves and others (as noted above), and thereby *make themselves* disturbed; and (b) to change and actualize themselves, and thereby *make themselves* healthy and less disturbed. RET tries to teach people how to use their self-actualizing capacity to reduce their self-disturbing tendencies, and thus to *construct* a more enjoyable life.
6. RET is opposed to rigidity, "musturbation," one-sidedness, and stasis, and strongly favors openness, alternative-seeking, non-dogmatism, and flexibility. It upholds a scientific, non-dogmatic outlook and theorizes that when people fairly consistently adopt that kind of philosophy, they are considerably less disturbed than when they are devoutly antiscientific.
7. RET tries to help people achieve what it calls "a profound philosophic or attitudinal change" and not merely to modify their unrealistic attributions and inferences, as some of the other cognitive-behavior therapies emphasize doing.
8. Mahoney (1991) states that cognitive constructivists hold that acting, feeling, and knowing are inseparable experiences of adaptation and development. RET agrees. However, as I noted in my first paper on RET that I presented to the American Psychological Association Convention in Chicago in 1956, and as I restated in *Reason and Emotion in Psychotherapy* (Ellis, 1962, p. 38), "The theoretical foundations of RET are based on the assumption that human thinking and emotion are *not* two disparate processes, but that they significantly overlap and are in some respects, for all practical purposes, essentially the same thing. Like the other two basic life processes, sensing and moving, they are integrally interrelated and never can be seen wholly apart from each other. "
9. Guidano and Mahoney, along with Freud (1965) and Rogers (1951), stress the importance of the therapeutic relationship for personality change. But, as the present book by Walen, DiGiuseppe, and Dryden clearly indicates, RET stresses collaboration between the therapist and the client; in particular, that therapists had better always give clients unconditional acceptance, and not merely *tell* but *show* their clients that they are accepted by the therapist, *whether or not* they perform adequately and *whether or not* they are nice and lovable. But in addition to *showing* and *modeling* unconditional acceptance, RET practitioners *teach* clients how to accept themselves philosophically, not because of but also independently of their therapist's acceptance (Ellis, 1973a, 1977a, 1988; Ellis & Harper, 1975). This double-barreled approach uniquely emphasizes people's ability to *choose* and *construct* their own self-acceptance and is therefore more constructivist than most other cognitive-behavioral and noncognitive approaches.

RET, then, is unusually constructivist and integrative (Ellis, 1987c). What I like immensely about this revised edition of *A Practitioner's Guide to Rational-Emotive Therapy* is that it goes beyond the first edition and emphasizes RET's integrative, constructivist, emotive, and behavioral aspects. Its discussion of RET's cognitive disputing of irrational beliefs is so good that it can easily be called superb. But it also shows that the "complete" rational-emotive practitioner disputes his and her clients' dysfunctional inferences, attributions, and core philosophies actively *and* collaboratively, precisely *and* emotively, intellectually *and* behaviorally. Specific or preferential RET, as this book shows, has its unique flavors, and significantly differs from the therapies of Beck (1976), Maultsby (1975), Meichenbaum (1985), and other cognitive behaviorists. In general, however, RET decidedly overlaps with the other major cognitive therapies and adapts and uses many of their methods.

RET also has considerable humanistic and existential elements (Ellis, 1990b, 1991c) and is probably more emotive than any of the other popular cognitive-behavior schools. Its holistic, integrative, and emotive emphases are clearly presented in this book, and whoever wants to understand the flavor and context of rational-emotive therapy in the 1990s can find them beautifully presented herewith.

Institute for
Rational-Emotive Therapy
New York City

Albert Ellis, Ph.D., President

PREFACE

It has been thirty-two years since the first edition of *A Practitioner's Guide to RET* appeared, and twenty years since the publication of the second edition. After all these years, the purpose of this book remains the same. Our goal is to provide a text that teaches therapists new to the REBT model how to put the elegant theory provided by Albert Ellis into practice. The book is aimed at practitioners new to REBT. However, because REBT is a broad cognitive-learning therapy, we assume that the reader has some knowledge of basic psychological principles, psychopathology, behavior modification and behavior therapy, general counseling interviewing skills, and knowledge and skills in forming a therapeutic alliance. Without this foundation, the new REBT therapist runs the risk of conducting therapy mechanically. We also anticipated that those who will read this book will have read other basic books on the theory of REBT such as *Reason and Emotion in Psychotherapy* (Ellis, 1994); *Overcoming Resistance* (Ellis, 2002); *Rational Emotive Behavior Therapy with Difficult Clients* (Ellis, 2002); *The Practice of Rational Emotive Behavior Therapy* (Ellis & Dryden, 1997); or *Rational Emotive Behavior Therapy: A Therapist's Guide* (Ellis & Maclaren, 2005).

Understanding the basic principles of REBT is not difficult. The format is simple and the concepts, as explained by Dr. Ellis, are catchy (e.g., "*Must*urbation leads to self-abuse"). After reading *A New Guide to Rational Living* (Ellis and Harper, 1975), one can easily give an engaging lecture on the topic. In fact, many clients can give the lecture, although they may not yet be able to apply the principles consistently to their own problems. Leading a client successfully through the application of REBT to help resolve their own problems is more difficult. Over the years that we have trained therapists, we have found that many practitioners claim to be skilled in REBT. However, listening to recordings of the sessions indicated that they knew the theory but could not implement it.

In preparing the first edition of this book, we recorded supervision sessions at the Albert Ellis Institute, extracted the advice given, and organized the advice into categories that later became the structure for the book. In updating the book, we have kept the same structure and added the advice we have given trainees over the years as the theory has expanded and our knowledge has (hopefully) increased.

Since the second edition, Albert Ellis has died and the world no longer has the energetic, dedicated, tireless advocate of rational thinking to help counter the human tendency for emotional disturbance. He was a wonderfully gifted theorist, therapist, and teacher. We feel an obligation to do our part to represent and extend his work by teaching therapists all over the world to implement his theoretical ideas and clinical wisdom. We hope this volume accomplishes these goals and provides part of the legacy of this great thinker and healer.

Also since the second edition, a number of changes have occurred in REBT and we have tried to reflect these in this edition. First, Ellis changed the name of the therapy from Rational-Emotive Therapy to Rational Emotive Behavior Therapy to reflect the use of behavioral interventions and homework assignments that were always part of this psychotherapy. We have tried to stress that cognitive and philosophical change is the means by which REBT tries to help clients, but rehearsal of the new ideas and the implementation of behavior change are the most important aspects of REBT or any therapy.

Furthermore, when the first edition of this book appeared the theory identified thirteen different irrational beliefs and each was considered to independently have an effect on emotional disturbance. Some irrational beliefs were considered evaluations. Distortions of reality were not considered irrational beliefs and less important for change than evaluative irrational beliefs. The line between cognitive distortions of reality and irrational beliefs was not so clear. The second edition of this book continued to identify most irrational beliefs as evaluative beliefs. Ellis changed his theory in *Reason and Emotion in Psychotherapy* (1994). He placed demandingness (i.e., shoulds, musts, and oughts) at the core of emotional disturbance, and postulated that other irrational beliefs and cognitive distortions were generated by demands on reality. Since then, many readers of the second edition could have been confused because of the discrepancy between how the second edition handled irrational beliefs and what Ellis had discussed in other more recent texts. In this edition, we have consistently presented the more modern version of Ellis' theory. Although research has lagged behind the theory, we have encouraged therapists to assess and intervene at the level of the demands and to gauge the influence of other irrational beliefs and target them when appropriate.

Over the years, many therapists received training in REBT. Even in the brief but intensive primary practicum offered by the Albert Ellis Institute and its Affiliated Training Centers, significant progress in therapist behavior occurs as participants make practice therapy recordings and receive supervision. In this supervision, one hears a strong oral tradition of REBT. Supervisors give their students (who, in turn, may become supervisors) a wealth of helpful hints for doing REBT. As is common in oral traditions, the original source of a hint may be lost but the useful information continues to circulate. Much of the clinical wisdom and advice in the present edition come from a legacy left by many of the outstanding therapists who have worked at the Albert Ellis Institute or have been a part of the REBT community. We wish to acknowledge our debt

to those who have added to this legacy. This includes previous Directors or Board members of the Institute, such as Bill Knaus, Ed Garcia, Jon Geis, Janet Wolfe, Richard Wessler, Dom DiMattia, Michael Broder, Catharine MacLaren, Ann Vernon, and Jim McMahon. It also includes many fine scholars who have advanced our knowledge in REBT, such as Emmet Velten (deceased), Michael Bernard, Daniel David, Aurora Szentagotai, Howard Kassinove, Michael Neenan, Michlor Bishop, Don Beal, Len Rorer (deceased), and Mark Terjesen. There are also many outstanding supervisors, both in New York and among our international affiliates, such as Paul Hauck, Robert Moore, Virginia Waters, Rose Oliver (deceased), John Viterito, Monica O'Kelly, Ruth Malkinson, Julio Obst Camerini, Theo IJzermans (deceased), Didier Pleux, Cesare DeSilvestri (deceased), Stephen Palmer, Chrysoula Kostogiannis, Steve Nielson, Hank Robb, Mike Abrams, A. G. Ahmed and a host of others.

Since the appearance of the first edition, the field of cognitive-behavior therapy (CBT) has emerged from a small band of outcasts to the major theoretical orientation in the field. This success has become a blessing and a curse. Many therapists say they practice CBT, but cannot tell you which thoughts they target in their treatments. In addition, some therapists easily confuse negative distorted thoughts, attributions, irrational derivatives, and demanding irrational beliefs and cannot differentiate among the concepts. Thoughts about the existence of negative life events are thoughts. However, in Ellis' A-B-C model, they were part of the A – and not part of the B or irrational beliefs. To resolve this problem, we have introduced an expanded A-B-C model to discriminate between thoughts that are considered part of the A in REBT and irrational beliefs. We have also tried to identify the distinctive features of REBT, and how REBT differs from generic CBT, and when therapists can integrate other CBT interventions with the unique features of REBT.

In the last decade, considerable research has appeared on the common or nonspecific features of REBT. We know much more now about the role of the therapeutic alliance and how the client-therapist relationship influences psychotherapy outcomes. We have expanded our coverage of these areas and explain how REBT therapists can behave in an active directive style, yet still keep a good alliance, and display unconditional acceptance for their clients.

REBT has expanded tremendously in the last two decades and training programs now exist on every continent and in many countries. All four of us have offered REBT training courses in numerous countries, and each year the training programs at the Albert Ellis Institute in New York City attract half of their participants from outside of the United States. REBT has become more of a global therapy. We have learned much from the application of REBT in various cultures. We realize that people all over the world will use this book to guide their therapy in their home cultures. The world has become a village, and we have tried to incorporate a multicultural awareness into this text. We have purposely used case studies shared with us while supervising therapists from all over the world. We hope we have accomplished this goal.

The second edition included chapters on getting training and a recommended list of self-help books. The growth of the Internet and the expansion of REBT have made these chapters irrelevant. The reader can go to the Albert Ellis Institute's web page to find the latest information on these topics (www.albertellis.org).

New York City, USA R. A. D.
New York City, USA K. A. D.
London, UK W. D.
Haarlem, NL W. B.
April 2013

ABOUT THE AUTHORS

Raymond A. DiGiuseppe, a native of Philadelphia, Pennsylvania, received his B.A. in Psychology from Villanova University in 1971 and his Ph.D. from Hofstra University in 1975. He then completed a postdoctoral fellowship with Dr. Albert Ellis at the Albert Ellis Institute, where he has remained on the Institute's professional training faculty. He has published more than 120 articles and six books. Ray has studied anger as a clinical problem and has promoted the recognition of anger as a form psychopathology. He has developed standards for identifying anger diagnostic disorders. He has published two psychological tests assessing dysfunctional anger: the Anger Disorders Scale (ADS) for adults and the Anger Regulation and Expression Scale (ARES) for children and adolescents. He has also published on the development of the theory, practice, and empirical research support of Rational Emotive Behavior Therapy and Cognitive Behavior Therapies and their application to children, adolescents, and families. He has also been interested in the development of the therapeutic alliance in child and adolescent psychotherapy. He is Professor and Chair of the Psychology Department at St. John's University in New York City. He was president of the Association for Behavioral and Cognitive Therapies in 2006–2007. He is President-Elect of the Division of Psychotherapy (29) of the American Psychological Association.

Kristene A. Doyle is the Director of the Albert Ellis Institute (AEI). A native of New York City, Kristene received her B.A. in Psychology from McGill University in 1994, and her Ph.D. from Hofstra University in 1999. During her fourteen-year tenure at AEI, Kristene has held various leadership roles including Associate Executive Director, Training and Development Coordinator, and Director of Child and Family Services. She is also a Diplomate in Rational Emotive & Cognitive-Behavior Therapy (RE&CBT) and serves on the Diplomate Board. In addition to training and supervising AEI's fellows and staff therapists, Kristene has conducted numerous workshops and professional trainings throughout the world. She has trained mental health professionals in RE&CBT in Argentina, Canada, China, Denmark, the Dominican Republic, Greece, Honduras, the Netherlands, Mexico, Turkey, Panama, Paraguay, Peru, Russia, South Africa, and throughout the United States. Kristene's clinical and research interests include Eating

Disorders & Weight Management, RE&CBT treatment of children and adolescents, and Cognitive-Behavioral Therapeutic Process, Outcome & Dissemination. Kristene is an Adjunct Professor of Psychology at St. John's University where she teaches Group Psychotherapy and supervises clinical practicum students. She has served as the Coordinator of Membership Issues for the Association for Behavioral and Cognitive Therapies. She is also the external examiner for the M.Sc. in Rational Emotive Behaviour Therapy at Goldsmiths, University of London.

Windy Dryden is Professor of Psychotherapeutic Studies at Goldsmiths University of London, and is a Fellow of the British Psychological Society and of the British Association for Counseling and Psychotherapy. He has authored or edited more than 195 books, including the second edition of *Counseling in a Nutshell* (Sage, 2011) and *Rational Emotive Behaviour Therapy: Distinctive Features* (Routledge, 2009). In addition, he edits twenty book series in the area of counseling and psychotherapy, including the *Distinctive Features in CBT* series (Routledge) and the *Counseling in a Nutshell* series (Sage). His major interests are in Rational Emotive Behavior Therapy and Cognitive Behavior Therapy; the interface between counseling and coaching; pluralism in counseling and psychotherapy; and writing short, accessible self-help books for the public.

Wouter Backx (1947) studied clinical and theoretical psychology at Leiden University (the Netherlands). While working and living at the Albert Ellis Institute in New York City, he specialized in REBT, and became a Fellow and certified supervisor of the AEI. He is also an editorial board member of the *Journal of Rational-Emotive and Cognitive-Behavior Therapy.*

Back home in the Netherlands, he founded the Dutch Institute for REBT in Haarlem, an affiliate-training center of the AEI. He leads both and is active as a therapist and a trainer. He teaches REBT to novice psychologists at his Dutch Institute and at several other affiliated training centers in many countries. Teaching family physicians to use REBT in their consultations is a special interest of his. During his career, Wouter has contributed many new ideas and applications to the body of knowledge of REBT. This book utilizes and explains Wouter's tools to clarify certain phenomena of REBT for clients and practitioners.

A Practitioner's Guide to Rational Emotive Behavior Therapy

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PART ONE

A Basic Introduction to REBT

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1

Albert Ellis and the Philosophy of REBT

WHO WAS ALBERT ELLIS? AND WHAT DID HE DO FOR PSYCHOTHERAPY?

Albert Ellis was a charismatic clinician and the consummate New Yorker. He lived for decades on the top floor of a brownstone on the upper east side of New York, overtop his Institute that trained hundreds of psychotherapists and treated tens of thousands of clients. Ellis published numerous books and articles regarding psychotherapy and in his time was one of the most famous and recognizable psychologists in the world. He was outspoken, irreverent, and inclined to say things that shocked the more genteel and somewhat stodgy psychotherapy community of the 1950s. His insights grew from his interests in philosophy and his clinical practice, and he grew restless with the orthodoxy of the day. Never one to blindly do as he was told, Ellis rebelled against the slow pace of therapy and struck off in new directions because it helped his clients. Ellis advocated for but did not do research. He did not work at a university and instead chose to focus on clinical work, teaching, and writing. He authored many theoretical works, clinical materials, and self-help books. Ellis's choice had negative implications for his approach, which he termed Rational Emotive Behavior Therapy (REBT), as we have entered the era of evidence-based practice that relies on randomized clinical trials (RCTs). However, Ellis's REBT became one of the most widely practiced therapies in the second half of the twentieth century and the early twenty-first century.

Albert Ellis is considered the grandfather of Cognitive Behavior Therapy (CBT) because of his development of REBT, probably the first formal system in that genre (Hollon and DiGiuseppe, 2010). Ellis was instrumental in transforming psychotherapy to the point where CBT represented a major paradigm for behavioral change. A 1982 survey of US and Canadian psychologists ranked Ellis as the second most influential psychotherapist in history (Carl Rogers ranked first in the survey; Sigmund Freud was ranked third; Smith, 1982). In addition, in that year, an analysis of psychology journals published in the United States found that Ellis was the second most cited author after Rogers. More recently, in a survey of more

than 2,500 psychotherapists (Cook, Biyanova, and Coyne, 2009), Ellis ranked as the sixth most influential psychotherapist. Psychotherapists rated CBT as the most popular theoretical orientation. Carl Rogers remained the most influential psychotherapist; Aaron Beck came in second. At his death at age ninety-three (July 24, 2007), Ellis had authored and co-authored more than eighty books and more than 800 articles in peer-reviewed journals (see www.albertellisinstitute.org/ellisbibliography for a complete bibliography).

Ellis was born in Pittsburgh, Pennsylvania in 1913, the eldest of three children. Shortly thereafter, his family moved to the Bronx in New York City. In his youth, Albert Ellis suffered numerous health problems. At age five, Ellis was hospitalized for an extended period for a kidney ailment. He required eight hospitalizations between the ages of five and seven, one of which lasted almost a year. Ellis's literary interests nurtured his psychotherapy writings. Many of his psychotherapy principles first appeared in an unpublished autobiographical novel (Ellis, 1933) that recounted his attempts to overcome his shyness, anxiety, and shame concerning his family's poverty. During his youth, Ellis became interested in romantic and sexual relationships and read voraciously on the topic. In 1941, he founded the nonprofit LAMP (Love and Marriage Problems) Institute to disperse advice on such topics, mostly to friends and relatives. On the advice of his lawyer, he sought a professional degree to provide him with professional recognition of his expertise. He enrolled in the doctoral program in clinical psychology at Columbia University's Teachers College at the age of forty.

After completing graduate school, Ellis started psychoanalytic training and simultaneously started his practice. He quickly evolved two separate practices. One group of clients received traditional psychoanalysis on the couch, while a second group of clients with marital and sex problems received a more active set of interventions sitting face-to-face with Ellis. Ellis became discouraged with the effectiveness of psychoanalysis in the early 1950s. He discovered that he helped clients in his sex and marital therapy practice more quickly than those he treated with psychoanalysis. Initially, Ellis thought that he needed to dig deeper into his clients' pasts before they would relinquish their disturbance. Yet, after they gained insight, they still failed to improve. Ellis concluded that insight alone led to change in only a small percentage of individuals.

Ellis recognized that he behaved differently with clients in his marital and sex therapy practice. He actively taught these clients to change their attitudes. Ellis's earlier interest in philosophy had led him to read the works of the great Asian and Greek thinkers including Confucius, Lao Tze, Marcus Aurelius, and Epictetus. When freed from the constraining psychoanalytic role, he provided advice to his clients based on these philosophical works. Ellis contemplated the stoic philosophers' notion that people could choose whether to become disturbed; or in the words of Epictetus (90 B.C./1996), "Men are not disturbed by things, but by the view which they take of them" (from the Enchiridion). Ellis utilized philosophy as the foundation for his new therapy and always credited classical and modern philosophers as the source of his ideas. In 1955, he formulated his theory in a paper delivered at the annual convention of the American Psychological Association.

Despite Ellis's critical attitude toward psychoanalysis, he clearly built on some psychoanalytic skills and principles. Ellis astutely focused on his clients' emotions during the therapy sessions. As a trainee (RD), I was amazed to watch the small shifts in clients' vocal intonation and gestures that Ellis perceived, and how he then used this information to redirect therapy. Although Ellis rejected the passive stance of the psychoanalyst, he was aware of the relationship between him and his clients. He was dedicated to clients and displayed tremendous powers of concentration during the sessions. It is often surprising to those who only saw him on the lecture and workshop circuit, where he was brash and flamboyant, to imagine that Ellis could build a therapeutic alliance. Having co-led a therapy group with Ellis for two years, each of us observed his clients' attitude toward him. In the clinical context he behaved in a manner inconsistent with his stage personality, and his clients perceived him as attentive, empathic, and dedicated to helping them.

Ellis's psychoanalytic training may have influenced his theory, especially the centrality of demandingness. REBT postulates that people become disturbed when they make a want or desire into an absolute demand on the universe. When people are disturbed, they think that what they want must be, and they fail to distinguish between what they ***desire*** and what ***is***. Emotional adjustment involves recognizing the distinction between what one ***wants*** and the fact that the ***universe has no obligation to provide it***. Ellis once noted that demanding reflects the psychoanalytic construct of primary process thinking. Adjustment involves the distinction between desires and reality, which Freud called secondary process thinking. REBT, Ellis maintained, differs from psychoanalysis in that REBT focuses like a laser on the primary process thinking, and actively tries to change it, while traditional therapies rely on more subtle change processes.

Ellis was among the first psychotherapists to advocate actively changing clients' beliefs to induce emotional or behavioral change. Ellis was also among the first psychotherapists to use between-session homework assignments, including in vivo behavioral exposure. Ellis provided workshops, lectures, books, and written assignments to identify, challenge, and replace irrational ideas (primary process) and to reinforce the rational ideas (secondary process) that he covered in therapy. Ellis was among the first psychotherapy integrationists. Although REBT obviously had a strong cognitive component, from the onset of his practice and writings, Ellis (1955) advocated using many types of therapy methods to help people change. He encouraged the use of imagery, hypnosis, group sessions, family sessions, humor, psycho-educational readings, interpersonal support, writing assignments, singing, behavioral rehearsal, exposure assignments, action assignments, metaphors, parables, and cathartic experiences. According to Ellis (1957a), psychotherapy should include any activity that could convince the client to change. REBT may have been the first integrative psychotherapy.

When Ellis entered the profession in the late 1940s and began to publish on psychotherapy in the 1950s, two major theoretical orientations dominated psychotherapy—psychoanalysis and client-centered therapy. Psychotherapy research was in a rudimentary stage. Both of the major theoretical orientations prescribed a passive, nondirective role for the therapist. Ellis was instrumental in changing

much of that. Ellis's (1957b) first study of the effectiveness of what he then called Rational Therapy (RT) came between Eysenck's (1952) classic evaluation of the poor outcomes of psychoanalytic treatments and Wolpe's (1961) pioneering report on the outcomes of behavior therapy.

It was not until 1961 that Ellis wrote his most influential self-help book (with Robert Harper), *A Guide to Rational Living*. Now in its third edition, it has sold more than two million copies. The following year, Ellis (1962) published his first professional book, *Reason and Emotion in Psychotherapy*. Ellis published dozens of self-help and professional books advancing REBT until his death in 2007 (*New York Times,* 2007).

In 1965, Ellis founded the nonprofit Institute for Advanced Study in Rational Psychotherapy for professional training, which served as his professional home for the rest of his life. It survives today as the Albert Ellis Institute. Affiliated training centers that train mental health professionals exist in several states throughout the United States, as well as in Argentina, Australia, Bosnia, Canada, Columbia, England, France, Germany, Greece, Japan, Israel, Italy, Mexico, Netherlands, Peru, Romania, Serbia, and Taiwan.

Ellis originally named his treatment **Rational Therapy** because of his focus on cognitions. He later realized that he had underemphasized the role of emotions in the title and renamed it **Rational-Emotive Therapy.** He finally changed the name to **Rational Emotive Behavior Therapy** (Ellis, 1994) at the urging of his longtime friend Ray Corsini. Corsini was revising his classic psychotherapy textbook (Corsini, 1994) when he recognized that Ellis usually used behavioral methods in therapy. He suggested that Ellis rename his approach to reflect what he practiced.

During the early days, the profession considered CBT to be on the lunatic fringe of psychotherapy. Psychoanalysts ridiculed cognitive theories as superficial and shallow, and they portrayed the active directiveness of the therapy as caustic, brutish, and harmful. Behavior therapists mocked the focus on cognition as foolish. They relegated thoughts to unimportant epiphenomenon.

ELLIS THE PERSON AND THE THEORY

A journal reviewer once remarked that REBT was whatever Albert Ellis said it was. His personality became synonymous with the theory. Although his contribution to REBT cannot be overestimated, others contributed fundamentally (Maultsby, Dryden, DiGiuseppe, Backx, Wessler, Wolfe). No history of cognitive psychotherapies would be complete without mentioning the personality of Albert Ellis. Ellis was a tireless promoter of his theory and therapy. His life consisted almost exclusively of doing therapy, writing about therapy, or teaching about therapy. He started seeing clients each day at 9:30 a.m. and continued until 11:00 p.m., with a half hour off each for lunch and dinner. He traveled extensively to give workshops and presentations. He once said, "I wouldn't go to the Taj Mahal unless I could give a workshop."

Each presentation included a live demonstration of therapy. Ellis sought volunteers from the audience to come on stage and present a personal problem with which he would demonstrate the application of REBT. These demonstrations also occurred each week at his famous Friday night workshops. At a time when the activities of psychotherapists remained shrouded in secrecy, Ellis fostered transparency. He was willing to demonstrate what he did for anyone who was interested. These demonstrations attracted large crowds for more than forty years and exposed many people to the advantages of REBT. Such demonstrations persist to this day at the Albert Ellis Institute.

All of us spent a great deal of time watching Al perform therapy and supervision. We recognized that many of his clinical interventions were not clearly reflected in his theory and writings. We have attempted to incorporate many of our observations of Al's behaviors in therapy as well as what he said he did.

Ellis was renowned for his colorful foul language and his directness. He championed sexually libertarian ideas when people considered such views scandalous. He was a devout atheist and could be described as irreverent. He enjoyed jousting with conventional wisdom. Many people would laugh at his off-color remarks, while others would walk out of his presentation when he spoke in such a fashion. Whether Ellis's personal style helped or hurt the dissemination of REBT is uncertain. He clearly was a person of renown, and his appearance at national conferences drew standing-room-only crowds.

Ellis's private personality, however, contrasted markedly with his public personality. He was a generous and accepting mentor. He encouraged dissent and debate among his staff. He was accepting of them professionally and personally. Ellis remained nonjudgmental (Johnson, DiGiuseppe, and Ulven, 1999). We would like to acknowledge our debt to our mentor without whose leadership and mentoring we could never have produced this book.

A Constructivist, Cognitive, Evolutionary Theory of Human Adaption

Ellis claimed that he based REBT on George Kelly's Personal Construct Therapy (PCT) (1955). Kelly recognized that humans evolved and survived because of their ability to impose order on a chaotic world. Understanding our world provides the first steps in developing coping and survival strategies. Kelly (1955) based PCT on understanding the constructs individuals design regarding their personal world; PCT helps clients become flexible in relinquishing constructs that fail to explain the world adequately and that lead to maladaptive behavior. PCT involves assessing and understanding clients' systems of constructs, and helping them evaluate whether their constructs help them to maneuver in the world effectively.

Kelly's theory led to the development of treatment methods based on scientific reasoning and correcting maladjustment (Mahoney, 1979). It also laid the foundation for constructivist methods that conceptualize therapy as a task of understanding a person's epistemology or philosophy of understanding the world (e.g., Mahoney, 1991; Mahoney and Lyddon, 1988; Neimeyer, 1993). A meta-analysis

reviewed the outcomes studies on PCT (Metcalfe et al., 2007). The results concluded that PCT was modestly effective compared to no treatment controls and other alternative methods. Clients receiving PCT improved more than clients receiving no active treatment but not differently from clients who received other treatment methods.

Kelly's PCT served as a basis for other cognitive therapies. Ellis and Beck stated that irrational beliefs, automatic thoughts, and dysfunctional attitudes emerge from the schemas people develop to understand major life events (Beck, 2005; Ellis, 1962; 1994). Changing explanatory schema has become the primary focus of a form of CBT (Young, Klosko, and Weishaar, 2003). Thus irrational beliefs and demands in particular can be construed as maladaptive schemas or constructs of the world. They are maladaptive because the client bases the schema of the world on what they want or desire rather than what they experience the world to be.

Another influence on CBT from the perspective of human attempts to understand the world is attribution theories. Seligman's (Seligman and Maier, 1967) experiments with dogs and his resulting theory of learned helplessness (Seligman, 1975) represented a more nomenthetic approach to understanding humans' explanatory thinking. Seligman found that dogs who received inescapable electric shock learned to be helpless and exhibited symptoms similar to clinical depression. Later research discovered that the original theory of learned helplessness failed to account for people's varying reactions to situations that cause learned helplessness. Learned helplessness can remain specific to one situation or these attributions can generalize across situations. A person's attributional or explanatory style presents the means to understand why people respond differently to adverse events. Although people may experience similar negative events, each person's interpretations of the event affect the likelihood of acquiring learned helplessness and depression (Abramson, Seligman and Teasdale, 1978). People with a pessimistic explanatory style who perceive negative events as permanent ("it will never change"), personal ("it's my fault"), and pervasive ("I can't do anything correctly") are more likely to suffer from learned helplessness and depression.

Weiner, a cognitive psychologist, developed a similar attribution theory (1979, 1985) based on research from children's academic achievement motivation. Weiner proposed that people attribute a cause or explanation to an unpleasant event. Attribution theory includes the dimensions of globality versus specificity, stability versus instability, and internality versus externality (Weiner, 1985). A global attribution occurs when the individual believes that the cause of negative events is consistent across different contexts. A specific attribution occurs when the individual believes that the cause of a negative event is unique to a particular situation. A stable attribution occurs when the individual believes the cause to be consistent across time. An unstable attribution occurs when the individual thinks that the cause is specific to one point in time. An external attribution assigns causality to situational or external factors, while an internal attribution assigns causality to factors within the person (Abramson et al., 1978).

RATIONAL EMOTIVE BEHAVIOR PHILOSOPHY

Perhaps more than any other system of psychotherapy, REBT grows out of and actively utilizes strong philosophical underpinnings. Disturbance is largely (but not completely) a function of the perceptions, evaluations, and attitudes we take toward life events—components of our personal philosophies. REBT has embedded within it an epistemology, or a theory of knowledge; a dialectic, or a system of reasoning; a system of values; and ethical principles. Let us take each of these in turn.

Epistemology: The Art of Knowing

REBT rests on some philosophical assumptions. The first of these is commitment to the scientific method. Ellis believed that applying the scientific method to one's personal life results in less emotional disturbance and ineffectual behavior. People would be better off if they recognized that all of their beliefs, schemata, perceptions, and cherished truths could be wrong. Testing one's assumptions, examining the validity and functionality of one's beliefs, and posing a willingness to entertain alternative ideas promotes positive personal adjustment. Rigid adherence to a belief or schema of the world prevents one from revising one's thinking, and dooms one to behave as if the world is as one hopes it will be, rather than the way it is. Ellis believed that people are better off if they hold beliefs flexibly and are willing to give them up if more helpful, logical, and empirically consistent beliefs come along.

REBT believes (DiGiuseppe, 1986; Ellis, 1994) that humans would function best if they adopted the epistemology of the philosophy of science, specifically the positions of Popper (1962) and Bartley (1987). Popper noted that all people develop hypotheses. Preconceived hypotheses distort the data people collect and lead to confirmatory biases. As humans, we cannot stop ourselves from forming hypotheses, nor from remembering data that fit them. This renders objective inductive reasoning impossible. The solution is to acknowledge our hypotheses and attempt to falsify them. If you fail to falsify a hypothesis you continue to hold it until a better idea or hypothesis is found. Popper maintained that knowledge accumulates quickest when people deduce predictions from their hypotheses and attempt to disprove them. REBT recommends that we adopt the Popper model of falsifiability personally for our own emotional health and as professionals to help our clients. Bartley's epistemology of comprehensive critical rationalism adds that people should use not only empirical falsifiability tests of their ideas, but any other argument they can muster to disprove their thinking. Following Bartley, Ellis believed that it is best to apply all means to challenge one's thinking as a theorist, a therapist, and an individual.

Ellis's philosophy contains elements of constructivism. Specifically, Ellis maintained that all humans create ideas of how the world is or ought to be. Ellis thought

that people make up many of their beliefs. This explains why he abandoned searching for insights from the memories of clients' experiences or testing the veracity of automatic thoughts of past events. All these ideas could have been made up.

REBT differs from the postmodernist philosophers and the constructivist cognitive therapists such as Mahoney (1991) and Neimeyer (1993) in two ways. First, these constructivist therapists believe that the sole criterion to assess beliefs is their utility or viability. Empirical reality is not a criterion. The extreme constructivists maintain there is no knowable reality. REBT posits that empirical reality is an important criterion and that one needs to assess the empirical veracity of one's beliefs along with their utility and logical consistency. Second, constructivist therapists believe that therapists should help clients examine the viability of their ideas. They would not provide alternative beliefs for clients, but would allow clients to develop alternatives on their own. As a philosophy of life, REBT posits that there are some rational alternative beliefs that will promote emotional adjustment. Learning through self-discovery is valued in REBT, but if the client fails to generate alternative beliefs, we would offer alternatives for them and help them assess the veracity and viability of these alternatives.

How do we know a thing to be true? What are the most reliable and valid ways of obtaining knowledge? These are questions of epistemology. Each of us (and each of our clients) operates under at least one implicit epistemology.

For example, a common stance is an authoritarian epistemology; that is, something is true because a credible authority says it is true. One variation on this theme is seen in religion. Many religious individuals consider revelation or divine inspiration to be a valid source of knowledge, whether the words are found in the Bible, the Koran, and other religious texts or come from the local minister, priest, imam, or rabbi. A somewhat less divine but no less dogmatic source may be a parent or teacher, prior therapist, or the vague "everyone" (e.g., "everyone knows that…").

A particularly frustrating sort of thinking might be called narcissistic epistemology or, "It must be true because I thought of it," and "It seems right to me." A more demanding divine version of this philosophy rests on such rules as, "It's that way because I say so" or "It's got to be that way, because that's the way I want it."

In REBT, we search for more reliable and valid ways of obtaining knowledge and determining how we know a thing to be true. REBT philosophy suggests that it is through the methods of science that we can best obtain knowledge about the self, others, and the world. REBT advocates scientific thinking and an empirical stance to knowledge. For every belief expressed by a client, an appropriate REBT question would be, "Where is the evidence that what you believe is true?" In REBT, we seek to make better scientists of our clients so that they can acquire correct information, use evidence logically, and construct sound, self-helping beliefs.

Science starts with questions about what is, and then proceeds to question the relationship between events. Hypotheses are formed to answer the questions, and observation and measurement are conducted to test the hypotheses. If the observations are consistent with these hypotheses, the hypotheses are strengthened and intellectual errors are reduced. The emphasis on the observable tends to

eliminate mysticism and magic. In addition, acceptable observations are verified by more than one observer, to eliminate the use of "special powers" of intuition or inspiration.

How, then, do we know a thing to be true? We cannot know for certain. We determine the probability of its truth through repeated verification by observable data. Of course, we hope to do more than confirm isolated facts; we hope to build them into a coherent picture or theory of reality. From our theory, we can predict new occurrences of similar events and deduce new hypotheses to fit different circumstances. The important point is that we continue to question and remain open to new evidence.

Dialectics: The art of thinking

The art of logical thinking is not easy to acquire; most people seem to be expert at illogic. A typical bit of self-deprecating illogical reasoning goes like this:

I must be perfect.
I just made a mistake. How horrible!
That proves I'm imperfect and therefore worthless.

Would this reasoning stand up to logical scrutiny? It would not. Where is the evidence for the statement, "I must be perfect"? There is none, although there is ample evidence that I, like everyone else, am imperfect and thus, in a sense, "must" be imperfect, not perfect.

How about "I just made a mistake"? Perhaps it can be demonstrated that I made a mistake (although I'd better be careful not to make a rash judgment here, for it may be too soon to tell whether it was a mistake), but how is a mistake "horrible"?

That I am imperfect is surely proven by my mistake, but does it follow logically, therefore, that I am worthless? Obviously not, although people who are thinking dichotomously will say that it does. In dichotomous thinking, there are only two categories, "perfect" and "worthless."

Consider another syllogism (= logical reasoning):
If Arthur loved me, he would call me.
He hasn't called.
Therefore, he doesn't love me anymore.

Can you spot the errors? Is the first premise correct? (Not necessarily.) The second statement? (Yes.) The conclusion? (Not unless the first premise is true.)

Clients are rarely aware of the major premises in their thinking or the syllogistic flow of their thoughts. More commonly, they focus only on the conclusion which, if it is distorted, is likely to produce emotional problems. Rational thinking, then, involves logical reasoning based upon empirically verified or verifiable

statements. If we think rationally, we are not likely to reach conclusions that lead to extremely disturbed feelings.

Ethics

REBT philosophy suggests that ethical guidelines for dealing fairly with other people can be based upon human reason, and on anticipating and understanding the consequences of our actions. REBT theory proposes that generalized ethical principles of right or wrong are distorting and oversimplified for the reasoning adult. What is ethical is specific to each situation. There are no absolute rights and wrongs. In fact, the self-imposition of absolute rights and wrongs is precisely what leads to guilt, shame, anxiety, and depression, as well as to hostility and intolerance of other people.

Research in the psychology of moral philosophies, such as that by Kohlberg (1976), suggests the developmental nature of ethical ideas. In a typical research paradigm, moral dilemmas such as the following are presented to subjects of varying ages:

Max, six years old, was told by his mom not to touch her expensive new vase. One day, feeling particularly loving toward his mom, little Max went into the backyard and picked a bouquet of flowers for her. He carefully put them in the new vase, but a few moments later, he remembered that flowers need to have water or they'll die. So, very carefully, he carried the vase to the sink for water; but on the way back, the vase slid from his slippery wet fingers, fell to the floor, and broke. Just then, mom came into the room.

> Dilemma:
> Did Max do a bad thing?
> Is Max a bad boy?
> Will mom be mad?
> Should Max be punished?

When puzzles such as these are presented to very young children, the moral judgments are clear: Max's bad and he should be spanked! The older the subject, however, the more complex the moral reasoning, and the less clear-cut the ethical solution. Factors such as Max's motivation, the role of intentionality, the purpose of punishment, the severity of punishment, the nature of the relationship of the parties, and other complications begin to come into play. With greater maturity comes greater flexibility; the act in question is seen in a larger context. This maturity—the ability to reason in terms of situational ethics—is consonant with the principles of REBT philosophy.

It might be argued that with situational rather than absolute ethical rules, ethical behavior would break down. If there are no absolute *rights* and *wrongs*, *goods* or *bads*, what would prevent total moral chaos from occurring?

REBT seeks to help the individual use reason in solving ethical dilemmas, to evolve an undogmatic, nonabsolutist philosophy of living that is socially

responsible. The ethical principles are derived from answers to the question, "Will my actions harm other people?" not "Does this act violate some God-given rule?" Ethically responsible acts are both pro-social and pro-self; that is, they harm neither others nor ourselves.

Why is it desirable to behave ethically? Without resorting to abstract morality, we can outline a number of simple, pragmatic reasons. For example, experience shows that if we treat others unfairly (lie, cheat, steal, cruelly criticize, etc.), they will eventually retaliate. What happens is obvious when you examine the norm of fair play (more technically, the "norm of reciprocity"). The norm or unwritten rule is that people should deal fairly with each other. While it is often difficult to state the specific details that constitute "fairness," people usually have an implicit understanding of what is fair in a given situation. If you break this norm, the same social processes are likely to occur as when other norms are broken. First, other people try subtly or directly to influence the norm breaker to conform. This process may include attempts to teach, threats, and even punishment. If the norm breaker continues, he or she will be expelled from the group. Because most of us have as one of our goals of happiness to relate to many people compatibly and to a few people intimately, the threat of rejection is enough to keep us from breaking norms. It is not in our best interests to act unfairly, inconsiderately, or selfishly.

On a broader scope, if you behave unethically, you help create a world in which people behave unethically, and you, in turn, will suffer in such a culture. Therefore, it is in your own best interest to promote an ethical society.

Thus, according to the ethical principles of REBT philosophy, it is wrong to exploit and act harmfully toward other people. It is wrong for the individual because it may defeat his or her goals. REBT does not specify what is right or wrong in an absolute sense, for that smacks of dogmatism. REBT holds that rigidity, authoritarianism, dogmatism, and absolutism are among the worst features of any philosophic system and are styles of thinking that lead to neurosis and disturbance.

In essence, the ethics of REBT are much like the golden rule—that is, act in ways that set good examples for other people (or, do as you would have others do).

Ethical Humanism

Virtually all Judeo-Christian religions are based on the golden rule, and the golden rule is the essence of REBT philosophy. REBT provides an ethical system for how we are to treat other people, and a nonjudgmental philosophy of accepting oneself and others exactly as they are. Nonetheless, REBT is more aligned with ethical humanism than with religion.

In ethical humanism, the reasoning individual is the source of wisdom, not almighty "God." The concept of "God" is not needed to explain the creation of things (that is the job of science), or to generate an ethical code (for that can be done by clear thinking). Ellis himself was clearly an atheist, and in several articles postulated that although religion (that is, a philosophy of life) may be rational,

religiosity (that is, dogmatic and absolute faith unfounded on fact) is not merely the opiate of the masses but a major cause of psychopathology (Ellis, 1987b).

Box 1.1

A clinical example: the client was a thirty-eight-year-old Catholic woman, whose tearful presentation was soon shown to be related to a severe case of guilt about an abortion she had had—twenty years before. For twenty years, she alternately repressed her awareness of the abortion or acknowledged it with immense emotional suffering. Abortion, in her mind, was wrong; she had "killed her child," which therefore made her a murderer, a sin for which she could not forgive herself. Attempts to dispute the "wrongness" of the abortion were futile. No matter what her life circumstances had been, in her value system the choice to abort was a wrong and evil thing to have done. Attempts to dispute her devaluation of herself as a person were also futile; in her mind, the "murder" made her a "murderer." Our successful disputation asked whether it is conceivable to forgive people who acknowledge that they have made mistakes, especially when they have attempted to do penance for a bad deed. With the help of an enlightened clergyman, we reached an agreement that twenty years of self-inflicted guilt was sufficient punishment for the "crime," and that if Jesus were able to forgive the sinner it was only fitting that she follow suit. Her ability to do so was quite dramatic thereafter, and was followed soon by a long-desired pregnancy!

Even though Ellis was a humanist and atheist, one can retain religious beliefs and practice good REBT, which is what many pastoral counselors, in fact, have done (e.g., DiGiuseppe, Robin, and Dryden, 1991; Johnson, 2006; Neilsen, Johnson and Ellis, 2001; Hauck, 1985). Much of REBT philosophy and most rational beliefs are consistent with moderate religious ideas. It is possible to utilize the client's religion or the Bible in support of rational thinking and healthy behavioral change. Religion may be like a Rorschach test. People see in it that which they are inclined to see. The REBT therapist can help clients focus on the rational parts of their religion.

Values

Two explicit values in the philosophy of REBT are widely held by people but not often verbalized. These two major values are survival and enjoyment. The system of psychotherapy derived from these values is designed to help people live longer, minimize their emotional distress and self-defeating behaviors, and actualize themselves so as to live a more fulfilling and happier existence.

The underlying concept is that if people are enabled to think more rationally, more flexibly, and more scientifically, they may be better able to live longer and happier lives. Similarly, appropriate behaviors enhance survival and happiness, as

opposed to behaviors that are self-defeating or socially damaging. Helping people to feel appropriate emotions, whether positive or negative, will increase their longevity and satisfaction. Thus, REBT can be used not only to reduce suffering but to promote well-being and happiness (Bernard, Froh, DiGiuseppe, Joyce, and Dryden, 2010).

Our commonly held goals, therefore, are to live the only life we are sure of having with as much enjoyment as possible, given the limitations of the human body and the physical and social world; to live peacefully within our chosen group; and to relate intimately with certain people of our choosing. These are the explicit values advocated by REBT.

Ellis and Bernard (1986) outlined several important subgoals that are consonant with the basic REBT values and that may help individuals to achieve these values:

Self-interest. Emotionally healthy people tend to put their own interests at least a little above the interests of others. They sacrifice themselves to some degree for those for whom they care, but not overwhelmingly or completely.

Social interest. Most people choose to live in social groups; and to do so most comfortably and happily, they would be wise to act morally, protect the rights of others, and aid in the survival of the society in which they live.

Self-direction. We would do well to cooperate with others, but it is better for us to assume primary responsibility for our own lives rather than to demand or need excessive support or nurturance from others.

Tolerance. It is helpful to allow oneself and others the right to be wrong. It is not appropriate to enjoy obnoxious behavior, but it is not necessary to damn the person for doing it.

Flexibility. Healthy individuals tend to be flexible thinkers. Rigid, biased, and invariant rules tend to minimize happiness.

Acceptance of uncertainty. We live in a fascinating world of probability and chance; absolute certainties do not exist. The healthy individual strives for a degree of order, but does not demand complete predictability.

Commitment. Most people, especially intelligent and educated ones, tend to be happier when vitally absorbed in something outside themselves. At least one strong creative interest and some significant interpersonal involvement seem to provide structure for a happy daily existence.

Self-acceptance. Healthy people freely decide to accept themselves unconditionally, rather than measure, rate, or try to prove themselves.

Risk-taking. Emotionally healthy people are willing to take risks and have a spirit of adventurousness in trying to do what they want, without being foolhardy.

Realistic expectations. We are unlikely to get everything we want or be able to avoid everything we find painful. Healthy people do not waste time striving for the unattainable or for unrealistic perfection.

High frustration tolerance. Paraphrasing Reinhold Niebuhr and Alcoholics Anonymous, healthy people recognize that there are only two sorts of problems they are likely to encounter: those they can do something about and those they cannot. The goal is to modify the obnoxious conditions we can change, and learn to tolerate—or "lump"—those we cannot change.

Self-responsibility. Rather than blaming others, the world, or fate for their distress, healthy individuals accept responsibility for their own thoughts, feelings, and behaviors.

Thus, the goals of REBT are consistent with its values, which are to minimize distress, maximize the length of our life, and enhance our joy in the process of living. These values are sometimes referred to as "responsible hedonism."

Responsible Hedonism

The philosophic stance of REBT also rests on Epicureanism. Unlike the blindly compulsive hedonism of the Freudian *id*, however, the Epicureanism of REBT is both guided and individualistic. Whereas according to the concept of the id we are all driven by the same impulses that originate in bodily processes, individuals in REBT are recognized as enjoying and therefore seeking a wide variety of pursuits. Epicureanism was founded around 307 B.C. and is a system of philosophy based upon the teachings of Epicurus. Epicurus believed that pleasure is the greatest good. However, the way to attain pleasure was to live modestly and to gain knowledge of the workings of the world, and thus the limits of acquiring one's desires. Acceptance of these limits results in a state of tranquility and freedom from fear and emotional disturbance, as well as the absence of bodily pain. The combination of these two states constitutes happiness in its highest form. Epicureanism is a form of hedonism and declares pleasure as the sole intrinsic good, but its conception of absence of pain as the greatest pleasure and its advocacy of a simple life make it different from "hedonism" as it is commonly understood.

Epicureanism is not just the seeking of pleasure and the avoidance of pain; such a principle would not necessarily lead to continued enjoyment. If you derive pleasure from something that has harmful side effects, you clearly will not enjoy the pleasure very long. Thus, if you drink or use drugs to excess, you may experience considerable pleasure in the short term but more pain than pleasure in the long term. Because short-term pleasures may actually work against the other main goal of survival, REBT teaches, and even advocates, moderation.

The term for moderation is hedonic calculus, a concept taken from the pragmatic philosophers of the nineteenth century. It is not a true calculus, of course, because no numeric values are assigned to our various pleasurable pursuits. Rather, hedonic calculus refers to the sensible habit of asking ourselves whether the pleasure we experience today is likely to backfire in some way tomorrow, next week, or even years from now. Conversely, if we live only for the future, we might pass up a good deal of current enjoyment, and that, too, would be irrational. So, as you can see, the pursuit of the simple hedonistic goals of survival and happiness can be quite complicated. Both immediate gratification and delay of gratification have advantages and disadvantages. REBT advocates noncompulsively seeking an optimal solution that sacrifices neither the present nor the future.

A special form of hedonism that deserves careful consideration is when one avoids pain, discomfort, and inconvenience and in so doing cuts oneself off from a desirable outcome. A person may want to do something but be unwilling to work

toward a long-range goal. In REBT, this avoidance is considered to result from Frustration Intolerance (FI). Clients demonstrate FI when they refuse to do what they agree would be beneficial for them, citing reasons such as, "It's too hard," "I'd be too scared," or "I can't stand it." FI is perhaps the main reason that clients do not improve after they have gained an understanding of their disturbance and how they create it.

FI is a personal philosophy of life that states, in effect, "I absolutely shouldn't have to do anything that is unpleasant or uncomfortable, and I'd sooner maintain the status quo than risk discomfort." Although people clearly have a right to live by such a philosophy, it can create unhappiness by blocking them from goals they would like to attain.

Does the Epicureanism of REBT lead to irresponsibility and anarchy in human relations? No, not if the person has thought through the consequences of his or her behavior, which includes getting cut off from future opportunities to pursue happiness. Exploitation of other people is hardly in our long-range best interests.

Language and General Semantics

Ellis reported that he was greatly influenced by General Semantics Theory in the creation of REBT (see Ellis, 1991). General Semantics (GS) is less a philosophy than the study of language and how the structure and use of language can shape and distort human experience and communications. The seminal figure in General Semantics is Alfred Korzybski, whose most famous work *Science and Sanity, an Introduction to Non-Aristotelian Systems and General Semantics* (Korzybski, 1933) identifies the core principles of GS. As the title of this text reflects, GS advocates that humans function best and remain free of emotional disturbance by following the scientific method, which advocates cognitive flexibility, awareness of implicit assumptions, specification and testing of hypotheses, and the empirical verification of ideas. Korzybski's book title, *Science and Sanity*, could have been the source for Ellis's hypothesis that more scientific thinking would lead to emotional adjustment.

The most important premise of GS is that language is usually incomplete. Any word for an object or an action by its very nature leaves out some important features of the event, thing, or action that the word attempts to identify. This idea is captured by the GS expression, "The map is not the territory." No matter how detailed a map, it will fail to include some aspects of the area it represents. In all things, the word is not the thing it defines. In addition, no two things are exactly the same; humans categorize things. In addition, no person or thing is the same over time. Each of us changes. The person we are today is different from the person we were in the past. As the old adage goes, *you can never step into the same river twice.* Thus, each event or thing has some unique features that are lost by the mapping of events and things into categories that we use words to express. Clinically, these ideas led Ellis to be suspicious of words and to ask probing questions of his clients to uncover their clinically relevant experiences. If a client reported being anxious, Ellis did not assume that he knew what the client meant by anxious, but