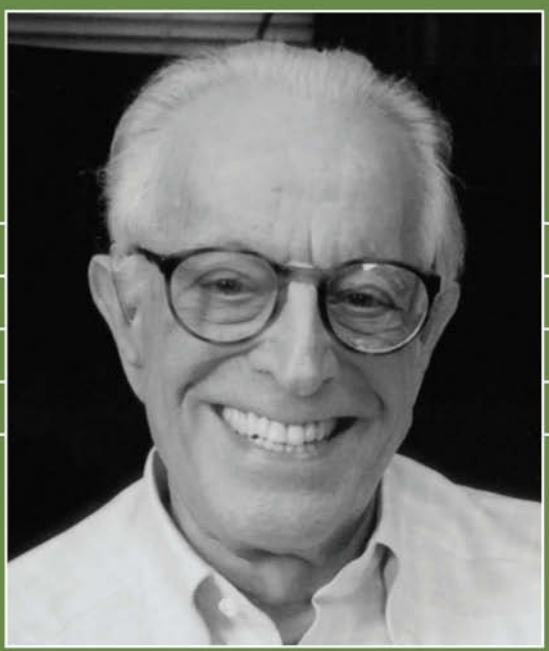
ALBERT ELLIS REVISITED



EDITED BY Jon Carlson AND William Knaus

ROUTLEDGE

Albert Ellis Revisited

Albert Ellis was one of the most influential psychotherapists of all time, revolutionizing the field through his writings, teachings, research, and supervision for more than half a century. He was a pioneer whose ideas, known as Rational Emotive Behavior Therapy (REBT), formed the basis of what has now become known as Cognitive Behavior Therapy (CBT), the most widely accepted psychotherapeutic approach in the world. This book contains some of Ellis' most influential writings on a variety of subjects, including human sexuality, personality disorders, and religion, with introductions by some of today's contemporary experts in the psychotherapy field. The 20 articles included capture Ellis' wit, humor, and breadth of knowledge and will be a valuable resource for any mental health professional for understanding the key ingredients needed to help others solve problems and live life fully.

Jon Carlson, PsyD, EdD, ABPP, is Distinguished Professor in the Division of Psychology and Counseling at Governors State University and a psychologist at the Wellness Clinic in Lake Geneva, Wisconsin. Dr. Carlson has authored 60 books and 175 articles, and produced over 300 professional videos.

William Knaus, EdD, is a former professor and one of the original directors of postgraduate training at the institute that Albert Ellis founded. He has authored or co-authored 20 books, 75 articles, and over 100 *Psychology Today* self-help blogs. He originated the research-supported Rational Emotive Education Program for children and adolescents. Dr. Knaus is best known for his seminal work on procrastination and its solutions.

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William Knaus, EdD, is a former professor and one of the original directors of postgraduate training at the institute that Albert Ellis founded. He has authored or co-authored 20 books, 75 articles, and more than 100 *Psychology Today* self-help blogs. He originated the research-supported rational emotive education program for children and adolescents. Dr. Knaus is best known for his seminal work on procrastination and its solutions.

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Nosheen K. Rahman has been a Professor and Director of the Centre for Clinical Psychology at the University of the Punjab in Lahore, Pakistan. She completed her Masters in Psychology from Government College, Lahore, and a PhD in Educational Psychology from Fordham University, New York City. Her interest in rational emotive therapy (RET), as REBT was known then, brought her to New York City in 1973. She completed her Fellowship in RET at the Albert Ellis Institute in New York City. She trained in both individual and group psychotherapy under the personal supervision of Dr. Albert Ellis. On her return to Pakistan, she introduced REBT into the regular curriculum of clinical psychology at the postgraduate level. In her 26 years of academic teaching and clinical practice in Lahore, she has found REBT to be the most sought-after modality for emotional health in Pakistan. Furthermore, she has supervised a great deal of research into the application of REBT in the Pakistani population for PhD, MPhil, and postgraduate diplomas in clinical psychology.

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Chapter 2

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Chapter 20

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Introduction to Albert Ellis

Psychologist and rational emotive behavioral therapist Dr. Albert Ellis brilliantly helped shape the psychotherapeutic landscape for both his contemporaries and for future generations of psychotherapists. Working tirelessly for over 60 years, often for 15–18 hours a day, he directly helped thousands of clients achieve positive mental health and improve the quality of their lives. He indirectly helped millions by his psychology self-help and professional books, and by the network of counselors and psychotherapists that he helped train. Since Albert Ellis introduced rational therapy in 1956, ongoing research demonstrates the efficacy of his seminal and advanced ideas.

Al Ellis was the quintessential example of a bright and busy man who loved his work. Few, if any, can claim to have seen the number of individual clients that Al Ellis saw over his career. From Monday through Friday, he worked from 9:00 a.m. to 11:00 p.m. His client sessions were one-half hour long. He often had two group therapy sessions each evening, with as many as 15 clients in each of his groups benefitting from his educative form of therapy. Saturday was a short day for seeing clients. He worked from 9:00 a.m. to noon. Then he worked for the rest of the weekend writing. He relished giving workshops and lectures and doing his Friday Night Workshops, where he demonstrated REBT by doing REBT with volunteers from his audience. In between his therapeutic work and his professional and public presentations, Al authored or co-authored over 85 books and more than 550 articles and chapters for books of readings.

Al Ellis was both a pioneer and revolutionary in the area of psychotherapy. His books on sex and sexuality occurred at a time when sex was a sordid topic. His rational therapy was a flashpoint that ignited the cognitive revolution in psychotherapy. This consummate innovator evolved rational therapy into rational emotive therapy, and finally into rational emotive behavioral therapy. At each phase in the evolution of his cognitive, emotive, behavioral system, Ellis extended and enriched REBT.

Celebrating the Work of a Great Man

It is with great pleasure that we present a book of readings that highlights psychologist Albert Ellis' enormous contributions to the field of psychotherapy. *Albert Ellis Revisited* is an Albert Ellis Tribute Series book dedicated to the celebration and expansion of Albert Ellis' work. The book contains chapters and articles that Al wrote in different phases of his career.

Each chapter starts with a commentary by a friend or colleague who reflects on the relevance of Al's thinking and how it applies to the world we know today. We divided this book into three parts and three eras. The parts are REBT theory, practices, and special issues. The eras are marked by the name changes Al made to his system: (1) 1956–1963: *rational therapy*; (2) 1964–1993: *rational emotive therapy*; and (3) 1994 to the present: *rational emotive behavioral therapy* (REBT).

Lest we be remiss, we also need to look at Ellis, the person.

Albert Ellis, a fragile child, grew into a shy adolescent who feared rejection by women. At the age of 19, a motivated Ellis gave himself behavioral assignments where he combatted this fear by doing what he feared. For example, he forced himself to have casual conversations with women at the Bronx Botanical Gardens. From studying philosophy, Ellis taught himself how to examine his anxiety thinking and to change it to accepting that it was not the end of the world if a woman rejected him. He kept self-improving until he felt comfortable talking with women.

By using an early version of behavioral exposure therapy, a young Ellis taught himself to rid himself of his own irrational demons. He taught himself to dispute and defuse his irrational thinking about rejection. Later, when he actively practiced rational therapy, Ellis gave his clients homework assignments where they actively worked at self-improvement between their therapy sessions. He kept notes on these assignments. He checked on client progress at the beginning of each new session.

In a world where image management often prevails over truth and reality, Ellis took a different path. His autobiography testifies to his openness. His confessions are worth noting. Ellis was quite candid about his public sexual behavior and many of his human foibles and faults.

For some who knew him well, Al showed a softer side to his personality. He communicated as you might expect when talking to a friend. He was practically always supportive.

Ellis was flawed, honest, and capable. He leaves us with a legacy of how a flawed person can make enormous contributions. As time passes, his contributions will remain, and his flaws will fade.

Comments on Commentators

The commentators represent a unique group. Janet Wolfe, who was with Al for 37 years and who served as Executive Director for the Institute that Al founded, launches this work by commenting on Al's seminal article on rational therapy. Jon Geis, William Knaus, Ed Garcia, and Rick Wessler represent all of the former directors of postgraduate REBT training from Al's institute. This is the first time this special group has come together to share their views on REBT in a book.

Original fellows, associate fellows, and primary certificate holders in REBT, who were present when rational emotive therapy was gaining momentum, contribute their unique perspectives on the REBT therapy system. They are joined by more recent members of the REBT family of therapists and contributors. Arnold Lazarus, founder of multimodal therapy, Steven Hayes, founder of acceptance and commitment therapy, and Elliot Cohen, founder of the philosophical counseling movement in the US, helped celebrate

Al's more than 60 years of professional contributions by bringing an outside perspective to *Albert Ellis Revisited*.

As we expected, the commentaries were mainly favorable to Al's thinking, but not perfectly so. That's good. Few enjoyed a challenge more than Al Ellis. He was famous for his analyses. Were he alive today, we're confident that he'd relish commenting on the comments.

Present Directions and Future Prospects for REBT

Albert Ellis' magnificent work lives on. Look closely. You will see a rational mosaic woven through cognitive, emotive, and behavioral forms of therapy that have grown from Al's pioneering efforts. His bedrock REBT system inspired the evolution of numerous complementary and evidence-based practices, such as cognitive therapy, CBT, acceptance and commitment therapy, and dialectical behavioral therapy.

While he lived, this consummate innovator was quick to point out how new cognitive and behavioral systems are like branches springing from the roots and trunk of the system he founded. He happily accepted them as part of the CBT family of therapies. He was also quick to differentiate between REBT and CBT.

Al was clear on the distinctiveness of REBT. He believed that much human misery stemmed from clients' irrational demands that the self, others, and the world conform to prejudgments about how things ought to, or must, be. He asserted that, by using active and persuasive methods, and by adopting and using his three dimensions of acceptance (unconditional acceptance of self, others, and life), much human suffering could be alleviated. His system was a positive, preventive system, intervention method, and philosophy for living life rationally and enjoyably.

Although times change, entitlement demands for ease and comfort, success, control, and approval continue. Paralleling this continuing trend, the prevalence for anxiety and depression is rising alarmingly.

As long as people think irrationally, Al's theory and practice apply. So does his assertion for how to make profound and positive personal changes: *If you want to get better you have to do better. That means working your duff off using REBT.*

In 2007, Albert Ellis died, in his 93rd year, and he died as he lived: rationally accepting what he could not control. Throughout his career as a psychologist and psychotherapist, Al showed an unwavering clarity of thought. He continued his work until the last month of his life. To the amazement of his physicians, he left this world with a rational acceptance of his mortality.

In various ways, contemporary therapists continue to apply the rational emotive behavioral approach that Al pioneered. We are confident that his work will continue through future therapists who draw from the intellectual gifts that he left to the field of psychotherapy. Al's thoughts live on. They continue to have great relevance today. We predict that many talented therapists, researchers, and lay people will continue to evolve the REBT system for the betterment of humanity.

William Knaus and Jon Carlson

Part I

Theoretical Foundations

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1 Rational Psychotherapy

INTRODUCTION

Janet L. Wolfe and William Knaus

Both because of his interests in philosophy and his early experiences as a "self-changer," Albert Ellis found his neo-analytic training too limiting. He was set to try a different way. He experimented with an educationally oriented, philosophically based, practical cognitive psychotherapy that he called rational therapy (RT).

Rational Psychotherapy (Ellis, 1958) was the first of hundreds of articles Ellis published on his new system of psychotherapy. In this 14-page work, he set the foundation for what would later become REBT. He sounded the trumpet for the cognitive revolution in psychotherapy. But this was not his first publication on this new rational system.

You can find the genesis of Ellis' brand of cognitive, emotive, behavioral therapy in the first of many psychology self-help books that he wrote. Pick any page in *How to Live with a Neurotic* (Ellis, 1957), and we are confident you'll find a rational gem. For example, Albert Ellis described the human tendency to magnify and catastrophize. In reference to neurotic-thinking individuals, Ellis commented, "what they believe to be true, they usually make true; what they think is changeless, becomes so. But if humans believe they can change, they inevitably put this belief into action" (1957, pp. 17 & 18).

In this seminal article, Ellis identified distinctive features of rational therapy. He argued that, regardless of their causes, when clients stick to harmful belief systems, they overburden themselves with irrational demands about how they, others, and the world ought to be. He postulated that, once free of burdensome irrational demands, clients would suffer no more than the normal human emotional stresses that come about from losses, disappointments, and barriers that interfered with their healthy human strivings. They would be free to act productively and enjoy their lives.

Albert Ellis viewed dysfunctional irrational beliefs as coming from different sources, such as social indoctrination. He listed 12 irrational ideas that he asserted were at the root of much human misery. He asserted that it would take effortful practice to dislodge them.

The role of the rational therapist was to identify clients' harmful irrational beliefs and to forcefully show them how to uproot and replace them with functional belief systems. The rational therapist would figuratively "pound away" at the "nonsense" until the client developed realistic ways to construe or to reconstruct reality.

Ellis focused on how people think their way into feeling disturbed. He advocated for empirically testing his system, and identified two hypotheses. He later added psychological homework assignments and his now famous ABC model to the system. He shared a vision for how future mental health practitioners would practice RT.

Ellis Challenged Establishment Thinking

In the system he initially called *Rational Therapy*, Ellis threw down the gauntlet. He challenged the therapeutic establishment, which, at the time, was largely monopolized by psychoanalysis and neo-analytic practitioners.

Threaten someone's system, and they are likely to react. Some analytic adherents attempted to marginalize Ellis and RT. However, Albert Ellis was trained in psychoanalysis and had undergone his own analysis. It could not realistically be said that he did not understand the system he challenged. Ellis had a honed and sharp intellect and quickly showed he could persuasively advance his positions. He enjoyed the debate. He was formidable.

Ellis' sharp wit and pen are obvious in the article. He showed how he would argue his points for years to come. He used case examples. He applied his scientific training as a psychologist in formulating his views. He applied logic and reason to an issue. This combined approach may have been sufficient to give RT traction. However, the field was ripe for a paradigm shift.

Albert Ellis developed RT when Freudian, neo-Freudian, behaviorist, and Rogerian systems were dominant. However, this was a time when the prevailing winds in psychotherapy were changing. A few analysts expressed concern with therapeutic outcomes (Knight, 1941; Oberndorf, 1942). Psychoanalysts saw relatively few people relative to the resources devoted to this pursuit, and the results were unimpressive (Low, 1950). The behaviorists were increasingly viewed as too mechanical. Research on Rogerian therapy suggested that the non-directive approach was better suited for reasonably well-adjusted college students than for people with serious emotional disturbances.

As rumblings of discontent with the existing systems spread across the therapeutic world, Ellis and his colleagues founded the not-for-profit Institute for Rational Emotive Therapy, which provided programs for the community and postgraduate training for mental health professionals. Ellis and his growing number of adherents presented RT widely, both to professional and public audiences. This system opened the opportunity for practically anyone to have access to a relatively quick and efficient psychotherapy. Knight's (op. cit.) criteria for change could be more readily achieved through RT: (1) disappearance of presenting symptoms, (2) real improvement in mental functioning, and (3) improved reality adjustment.

The 1949 Boulder Conference resulted in a scientist practitioner model for clinical psychology that later led to research-guided practice and to today's evidence-based practices. The Boulder Conference established the requirement that, for a psychotherapy system to earn acceptability, it had to (1) show utility, (2) present testable hypotheses, and (3) show potential for achieving evidence-based status. RT met that test. At the same time, the research/practitioner model challenged the monopolistic psychoanalytic and neopsychoanalytic system. Analytic proponents typically argued that only members of this group were qualified to evaluate analytic outcome. This "insider club" approach

to outcome research left many scientific practitioners rolling their eyes. The argument didn't fly.

As Albert Ellis worked to advance RT, new psychotherapy systems simultaneously emerged. With his hoary beard and earthy style, Gestalt therapist guru Fritz Perls was a 1960s favorite. Eric Berne came on the scene with *Games People Play*. Joseph Wolpe propelled behavioral therapy into dominance. The 1960s was the time of the human potential movement. Ellis, dedicated to humanism, was in the middle of it all. When the dust settled, Ellis stood tall. In an often-quoted meta-analysis by Mary Smith and Gene Glass (1977), Ellis' brand of therapy was the second most effective on the list of 10 therapy methods.

Albert Ellis was a man on a mission. He was a prolific writer. He authored or co-authored over 85 books and over 550 articles and chapters for books of readings. He lectured, conducted workshops, and actively trained therapists in his methods. He saw more psychotherapy clients than any other therapist, living or dead. It is unlikely that many, if any, personally did more than Albert Ellis to advance a psychotherapy system.

What came of Albert Ellis' tireless efforts? There are more than 4,000 American Psychological Association database listed articles, chapters in books of readings, and dissertations where the words *rational* and *therapy* appear. More than 1,000 studies support his main premise that certain kinds of negative thinking were associated with emotional disturbance. Research into his two-stage theory of emotions (emotional effects from rational beliefs differ from emotional effects from irrational beliefs) is supported. Ellis' system showed efficacy across a broad range of psychological disturbances. He is directly or indirectly responsible for the training of thousands of psychotherapists in his approach.

It is fair to say that Ellis was the grandfather of cognitive behavior therapy, and that his original formulation has strongly influenced therapy research and practice. Ellis saw his work extended through over 24,000 articles, chapters, and dissertations listed under cognitive behavior therapy in the American Psychological Association database. Although some articles are critical of Ellis' rationally oriented methods, the majority support his original formulations, and a significant majority of psychologists today identify themselves as cognitive behavior therapists or rational emotive behavior therapists.

How Does RT Apply Today?

When we think of rational therapy, we don't think about how to move from a historically relevant to a contemporarily relevant context for RT. REBT is the evolved extension of Ellis' original formulation, and this is the system that is practiced today. Thus, revisiting Albert Ellis in this area is like a walk down memory lane, while his influence still clearly illuminates the therapeutic path. The issue is how to expand the framework that Albert Ellis, along with his colleagues, pioneered and advanced.

Research in the basic REBT continues to be a subject of favorable outcome studies. Among the myriad of possible present and future applications of the REBT system, we see two major educational opportunities to apply REBT principles and practices to prevent disturbance and dysfunction, at school and over the Internet.

Prevention continues as a primary aim of REBT, and the school setting is a natural place for children to start to learn and apply rational principles.

A top priority is the effective execution of positive school mental health programs to provide instruction to children and youth on the application of rational life skills they can use in different ways, in different contexts, for decades to come. REBT and the school-oriented rational emotive education curriculum show efficacy (Esposito, 2009; Gonzalez et al., 2004). Knaus has donated a rational emotive education program, and any interested readers can download the program, at no cost, at www.rebtnetwork.org/library/Rational_Emotive_Education.pdf.

The Internet is a platform for efficiently disseminating rational concepts for purposes of both preventing psychological disabilities, and directly helping alleviate stress for millions who suffer from afflictions from their own thinking. Albert Ellis' rational model gives self-helpers an organized way to identify and clarify what happens when they persistently think themselves into anxieties, depression, and other untoward mental states. In this model, A stands for an activating event, such as a job rejection. B stands for the beliefs about the event. Some beliefs will be sensible, and others irrational or harmful. C stands for the emotional and behavioral extensions of the beliefs. D is a change phase of disputing or challenging harmful beliefs. This is the cognitive restructuring phase of the process. E refers to new effects from the rational thinking obtained through D.

The use of hyperlinks from concepts to exercises to monitoring progress has unparalleled potential. We predict this medium will favor systems, such as REBT, as a light along the therapeutic path.

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RATIONAL PSYCHOTHERAPY

Albert Ellis

The central theme of this paper is that psychotherapists can help their clients to live the most self-fulfilling, creative, and emotionally satisfying lives by teaching these clients to organize and discipline their thinking. Does this mean that *all* human emotion and creativity can or should be controlled by reason and intellect? Not exactly.

The human being may be said to possess four basic processes—perception, movement, thinking, and emotion—all of which are integrally interrelated. Thus, thinking, aside from consisting of bioelectric changes in the brain cells, and in addition to comprising remembering, learning, problem-solving, and similar psychological processes, also is, and to some extent has to be, sensory, motor, and emotional behavior (Cobb, 1950; Ellis, 1956). Instead, then, of saying, "Jones thinks about this puzzle," we should more accurately say, "Jones perceives–moves–feels–THINKS about this puzzle." Because, however Jones' activity in relation to the puzzle may be *largely* focused upon solving it, and only *incidentally* on seeing, manipulating, and emoting about it, we may perhaps justifiably emphasize only his thinking.

Emotion, like thinking and the sensori-motor processes, we may define as an exceptionally complex state of human reaction, which is integrally related to all the other perception and response processes. It is not *one* thing, but a combination and holistic integration of several, seemingly diverse, yet actually closely related, phenomena (Cobb, 1950).

Normally, emotion arises from direct stimulation of the cells in the hypothalamus and autonomic nervous system (e.g., by electrical or chemical stimulation) or from indirect excitation via sensori-motor, cognitive, and other conative processes. It may theoretically be controlled, therefore, in four major ways. If one is highly excitable and wishes to calm down, one may (a) take electroshock or drug treatments; (b) use soothing baths or relaxation techniques; (c) seek someone one loves and quiet down for his sake; or (d) reason oneself into a state of calmness by showing oneself how silly it is for one to remain excited.

Although biophysical, sensori-motor, and emotive techniques are all legitimate methods of controlling emotional disturbances, they will not be considered in this paper, and only the rational technique will be emphasized. Rational psychotherapy is based on the assumption that thought and emotion are not two entirely different processes, but that they significantly overlap in many respects and that therefore disordered emotions can often (though not always) be ameliorated by changing one's thinking.

A large part of what we call emotion, in other words, is nothing more or less than a certain kind—a biased, prejudiced, or strongly evaluative kind—of thinking. What we usually label as thinking is a relatively calm and dispassionate appraisal (or organized perception) of a given situation, an objective comparison of many of the elements in this situation, and a coming to some conclusion as a result of this comparing or discriminating process (Ellis 1956). Thus, a thinking person may observe a piece of bread, see that one part of it is mouldy, remember that eating this kind of mould

previously made him ill, and therefore cut off the mouldy part and eat the non-mouldy section of the bread.

An emoting individual, on the other hand, will tend to observe the same piece of bread, and remember so violently or prejudicedly his previous experience with the mouldy part, that he will quickly throw away the whole piece of bread and therefore go hungry. Because the thinking person is relatively calm, he uses the maximum information available to him—namely, that mouldy bread is bad but non-mouldy bread is good. Because the emotional person is relatively excited, he may use only part of the available information—namely, that mouldy bread is bad.

It is hypothesized, then, that thinking and emoting are closely interrelated and at times differ mainly in that thinking is a more tranquil, less somatically involved (or, at least, perceived), and less activity-directed mode of discrimination than is emotion. It is also hypothesized that among adult humans raised in a social culture thinking and emoting are so closely interrelated that they usually accompany each other, act in a circular cause-and-effect relationship, and in certain (though hardly all) respects are essentially the *same thing*, so that one's thinking *becomes* one's emotion and emoting *becomes* one's thought. It is finally hypothesized that since man is a uniquely sign-, symbol-, and language-creating animal, both thinking, and emoting tend to take the form of self-talk or internalized sentences; and that, for all practical purposes, the sentences that human beings keep telling themselves *are* or *become* their thoughts and emotions.

This is not to say that emotion can under *no* circumstances exist without thought. It probably can; but it then tends to exist momentarily, and not to be sustained. An individual, for instance, steps on your toe, and you spontaneously, immediately become angry. Or you hear a piece of music and you instantly begin to feel warm and excited. Or you learn that a close friend has died and you quickly begin to feel sad. Under these circumstances, you may feel emotional without doing any concomitant thinking. Perhaps, however, you do, with split-second rapidity, start thinking "This person who stepped on my toe is a blackguard!" or "This music is wonderful!" or "Oh, how awful it is that my friend died!"

In any event, assuming that you don't, at the very beginning, have any conscious or unconscious thought accompanying your emotion, it appears to be difficult to *sustain* an emotional outburst without bolstering it by repeated ideas. For unless you keep telling yourself something on the order of "This person who stepped on my toe is a blackguard!" or "How could he do a horrible thing like that to me!" the pain of having your toe stepped on will soon die, and your immediate reaction will die with the pain. Of course, you can keep getting your toe stepped on, and the continuing pain may sustain your anger. But assuming that your physical sensation stops, your emotional feeling, in order to last, normally has to be bolstered by some kind of thinking.

We say "normally," because it is theoretically possible for your emotional circuits, once they have been made to reverberate by some physical or psychological stimulus, to keep reverberating under their own power. It is also theoretically possible for drugs or electrical impulses to keep acting directly on your hypothalamus and autonomic nervous system and thereby to keep you emotionally aroused. Usually, however, these types of continued direct stimulation of the emotion-producing centers do not seem to be important and are limited largely to pathological conditions.

It would appear, then, that positive human emotions, such as feelings of love or elation, are often associated with or result from thoughts, or internalized sentences, stated in some form or variation of the phrase "This is good!" and that negative human emotions, such as feelings of anger or depression, are frequently associated with or result from thoughts or sentences which are stated in some form or variation of the phrase "This is bad!" Without an adult human being's employing, on some conscious or unconscious level, such thoughts and sentences, much of his emoting would simply not exist.

If the hypothesis that sustained human emotion often results from or is directly associated with human thinking and self-verbalization is true, then important corollaries about the origin and perpetuation of states of emotional disturbance, or neurosis, may be drawn. For neurosis would appear to be disordered, over- or under-intensified, uncontrollable emotion; and this would seem to be the result of (and, in a sense, the very same thing as) illogical, unrealistic, irrational, inflexible, and childish thinking.

That neurotic or emotionally disturbed behavior is illogical and irrational would seem to be almost definitional. For if we define it otherwise, and label as neurotic *all* incompetent and ineffectual behavior, we will be including actions of *truly* stupid and incompetent individuals—for example, those who are mentally deficient or brain injured. The concept of neurosis only becomes meaningful, therefore, when we assume that the disturbed individual is *not* deficient or impaired but that he is theoretically capable of behaving in a more mature, more controlled, more flexible manner than he actually behaves. If, however, a neurotic is essentially an individual who acts significantly below his own potential level of behaving, or who defeats his own ends though he is theoretically capable of achieving them, it would appear that he behaves in an illogical, irrational, unrealistic way. Neurosis, in other words, consists of stupid behavior by a non-stupid person.

Assuming that emotionally disturbed individuals act in irrational, illogical ways, the questions which are therapeutically relevant are: (a) How do they originally get to be illogical? (b) How do they keep perpetuating their irrational thinking? (c) How can they be helped to be less illogical, less neurotic?

Unfortunately most of the good thinking that has been done in regard to therapy during the past 60 years, especially by Sigmund Freud and his chief followers (Ellis, 1924–1950; Fenichel, 1945; Freud, 1938), has concerned itself with the first of these questions rather than the second and the third. The assumption has often been made that if psychotherapists discover and effectively communicate to their clients the main reasons why these clients originally became disturbed, they will thereby also discover how their neuroses are being perpetuated and how they can be helped to overcome them. This is a dubious assumption.

Knowing exactly how an individual originally learned to behave illogically by no means necessarily informs us precisely how he *maintains* his illogical behavior, nor what he should do to change it. This is particularly true because people are often, perhaps usually, afflicted with *secondary* as well as *primary* neuroses, and the two may significantly differ. Thus, an individual may originally become disturbed because he discovers that he has strong death wishes against his father and (quite illogically) thinks he should be blamed and punished for having these wishes. Consequently, he may

develop some neurotic symptom, such as a phobia against dogs because, let us say, dogs remind him of his father, who is an ardent hunter.

Later on, this individual may grow to love or be indifferent to his father; or his father may die and be no more of a problem to him. His fear of dogs, however, may remain: not because, as some theorists would insist, they still remind him of his old death wishes against his father, but because he now hates himself so violently for *having* the original neurotic symptom—for behaving, to his mind, so stupidly and illogically in relation to dogs—that every time he thinks of dogs his self-hatred and fear of failure so severely upset him that he cannot reason clearly and cannot combat his illogical fear.

In terms of self-verbalization, this neurotic individual is first saying to himself: "I hate my father—and this is awful!" But he ends up by saying: "I have an irrational fear of dogs—and this is awful!" Even though both sets of self-verbalizations are neuroticizing, and his secondary neurosis may be as bad as or worse than his primary one, the two can hardly be said to be the same. Consequently, exploring and explaining to this individual—or helping him gain insight into—the origins of his primary neurosis will not necessarily help him to understand and overcome his perpetuating or secondary neurotic reactions.

If the hypotheses so far stated have some validity, the psychotherapist's main goals should be those of demonstrating to clients that their self-verbalizations have been and still are the prime source of their emotional disturbances. Clients must be shown that their internalized sentences are illogical and unrealistic at certain critical points and that they now have the ability to control their emotions by telling themselves more rational and less self-defeating sentences.

More precisely: the effective therapist should continually keep unmasking his client's past and, especially, his present illogical thinking or self-defeating verbalizations by (a) bringing them to his attention or consciousness; (b) showing the client how they are causing and maintaining his disturbance and unhappiness; (c) demonstrating exactly what the illogical links in his internalized sentences are; and (d) teaching him how to rethink and re-verbalize these (and other similar) sentences in a more logical, self-helping way. Moreover, before the end of the therapeutic relationship, the therapist should not only deal concretely with the client's specific illogical thinking, but should demonstrate to this client what, *in general*, are the main irrational ideas that human beings are prone to follow and what more rational philosophies of living may usually be substituted for them. Otherwise, the client who is released from one specific set of illogical notions may well wind up by falling victim to another set.

It is hypothesized, in other words, that human beings are the kind of animals who, when raised in any society similar to our own, tend to fall victim to several major fallacious ideas; to keep reindoctrinating themselves over and over again with these ideas in an unthinking, autosuggestive manner; and consequently to keep actualizing them in overt behavior. Most of these irrational ideas are, as the Freudians have very adequately pointed out, instilled by the individual's parents during his childhood, and are tenaciously clung to because of his attachment to these parents and because the ideas were ingrained, or imprinted, or conditioned before later and more rational modes of thinking were given a chance to gain a foothold. Most of them, however, as the Freudians have not always been careful to note, are also instilled by the individual's general culture, and particularly by the media of mass communication in this culture.

What are some of the major illogical ideas or philosophies which, when originally held and later perpetuated by men and women in our civilization, inevitably lead to self-defeat and neurosis? Limitations of space preclude our examining all these major ideas, including their more significant corollaries; therefore, only a few of them will be listed. The illogicality of some of these ideas will also, for the present, have to be taken somewhat on faith, since there again is no space to outline the many reasons *why* they are irrational. Anyway, here, where angels fear to tread, goes the psychological theoretician!

1. The idea that it is a dire necessity for an adult to be loved or approved by everyone for everything he does—instead of his concentrating on his own self-respect, on winning approval for necessary purposes (such as job advancement), and on loving rather than being loved.
2. The idea that certain acts are wrong, or wicked, or villainous, and that people who perform such acts should be severely punished—instead of the idea that certain acts are inappropriate or antisocial, and that people who perform such acts are invariably stupid, ignorant, or emotionally disturbed.
3. The idea that it is terrible, horrible, and catastrophic when things are not the way one would like them to be—instead of the idea that it is too bad when things are not the way one would like them to be, and one should certainly try to change or control conditions so that they become more satisfactory, but that if changing or controlling uncomfortable situations is impossible, one had better become resigned to their existence and stop telling oneself how awful they are.
4. The idea that much human unhappiness is externally caused and is forced on one by outside people and events—instead of the idea that virtually all human unhappiness is caused or sustained by the view one takes of things rather than the things themselves.
5. The idea that if something is or may be dangerous or fearsome one should be terribly concerned about it—instead of the idea that if something is or may be dangerous or fearsome one should frankly face it and try to render it non-dangerous and, when that is impossible, think of other things and stop telling oneself what a terrible situation one is in may *be* in.
6. The idea that it is easier to avoid than to face life difficulties and self-responsibilities —instead of the idea that the so-called easy way is invariably the much harder way in the long run and that the only way to solve difficult problems is to face them squarely.
7. The idea that one needs something other or stronger or greater than oneself on which to rely—instead of the idea that it is usually far better to stand on one's own feet and gain faith in oneself and one's ability to meet difficult circumstances of living.
8. The idea that one should be thoroughly competent, adequate, intelligent, and achieving in all possible respects—instead of the idea that one should *do* rather than always try to do *well* and that one should accept oneself as a quite imperfect creature, who has general human limitations and specific fallibilities.

9. The idea that because something once strongly affected one's life, it should indefinitely affect it—instead of the idea that one should learn from one's past experiences but not be overly-attached to or prejudiced by them.
10. The idea that it is vitally important to our existence what other people do, and that we should make great efforts to change them in the direction we would like them to be—instead of the idea that other people's deficiencies are largely *their* problems and that putting pressure on them to change is usually least likely to help them do so.
11. The idea that human happiness can be achieved by inertia and inaction—instead of the idea that humans tend to be happiest when they are actively and vitally absorbed in creative pursuits, or when they are devoting themselves to people or projects outside themselves.
12. The idea that one has virtually no control over one's emotions and that one cannot help feeling certain things—instead of the idea that one has enormous control over one's emotions if one chooses to work at controlling them and to practice saying the right kinds of sentences to oneself.

It is the central theme of this paper that it is the foregoing kinds of illogical ideas, and many corollaries which we have no space to delineate, which are the basic causes of most emotional disturbances or neuroses. For once one believes the kind of nonsense included in these notions, one will inevitably tend to become inhibited, hostile, defensive, guilty, anxious, ineffective, inert, uncontrolled, or unhappy. If, on the other hand, one could become thoroughly released from all these fundamental kinds of illogical thinking, it would be exceptionally difficult for one to become too emotionally upset, or at least to sustain one's disturbance for very long.

Does this mean that all the other so-called basic causes of neurosis, such as the Oedipus complex or severe maternal rejection in childhood, are invalid, and that the Freudian and other psychodynamic thinkers of the last 60 years have been barking up the wrong tree? Not at all. It only means, if the main hypotheses of this paper are correct, that these psychodynamic thinkers have been emphasizing secondary causes or results of emotional disturbances rather than truly prime causes.

Let us take, for example, an individual who acquires, when he is young, a full-blown Oedipus complex: that is to say, he lusts after his mother, hates his father, is guilty about his sex desires for his mother, and is afraid that his father is going to castrate him. This person, when he is a child, will presumably be disturbed. But, if he is raised so that he acquires none of the basic illogical ideas we have been discussing, it will be virtually impossible for him to *remain* disturbed.

For, as an adult, this individual will not be too concerned if his parents or others do not approve all his actions, since he will be more interested in his *own* self-respect than in *their* approval. He will not believe that his lust for his mother is wicked or villainous, but will accept it as a normal part of being a limited human whose sex desires may easily be indiscriminate. He will realize that the actual danger of his father castrating him is exceptionally slight. He will not feel that because he was once afraid of his Oedipal feelings he should forever remain so. If he still feels it would be improper for him to have sex relations with his mother, instead of castigating himself for even thinking of having such relations he will merely resolve not to carry his desires into practice and

will stick determinedly to his resolve. If, by any chance, he weakens and actually has incestuous relations, he will again refuse to castigate himself mercilessly for being weak but will keep showing himself how self-defeating his behavior is and will actively work and practice at changing it.

Under these circumstances, if this individual has a truly logical and rational approach to life in general, and to the problem of Oedipal feelings, in particular, how can he possibly *remain* disturbed about his Oedipal attachment?

Take, by way of further illustration, the case of an individual who, as a child, is continually criticized by his parents, who consequently feels himself loathesome and inadequate, who refuses to take chances at failing at difficult tasks, who avoids such tasks, and who therefore comes to hate himself more. Such a person will be, of course, seriously neurotic. But how would it be possible for him to *sustain* his neurosis if he began to think in a truly logical manner about himself and his behavior?

For, if this individual does use a consistent rational approach to his own behavior, he will stop caring particularly what others think of him and will start primarily caring what he thinks of himself. Consequently, he will stop avoiding difficult tasks and, instead of punishing himself for being incompetent when he makes a mistake, will say to himself something like: "Now this is not the right way to do things; let me stop and figure out a better way." Or: "There's no doubt that I made a mistake this time; now let me see how I can benefit from making it."

This individual, furthermore, will if he is thinking straight, not blame his defeats on external events, but will realize, that he himself is causing them *by* his illogical or impractical behavior. He will not believe that it is easier to avoid facing difficult things, but will realize that the so-called easy way is always, actually, the harder and more idiotic one. He will not think that he needs something greater or stronger than himself to help him, but will independently buckle down to difficult tasks himself. He will not feel that because he once defeated himself by avoiding doing things the hard way that he must always do so.

How, with this kind of logical thinking, could an originally disturbed person possibly maintain and continually revivify his neurosis? He just couldn't. Similarly, the spoiled brat, the worry-wart, the ego-maniac, the autistic stay-at-home—all of these disturbed individuals would have the devil of a time indefinitely prolonging their neuroses if they did not continue to believe utter nonsense: namely, the kinds of basic irrational postulates previously listed.

Neurosis, then, usually seems to originate in and be perpetuated by some fundamentally unsound, irrational ideas. The individual comes to believe in some unrealistic, impossible, often perfectionistic goals—especially the goals that he should always be approved by everyone, should do everything perfectly well, and should never be frustrated in any of his desires—and then, in spite of considerable contradictory evidence, refuses to give up his original illogical beliefs.

Some of the neurotic's philosophies, such as the idea that he should be loved and approved by everyone, are not entirely inappropriate to his childhood state; but all of them are quite inappropriate to average adulthood. Most of his irrational ideas are specifically taught him by his parents and his culture; and most of them also seem to be held by the great majority of adults in our society—who theoretically should have been but actually never were weaned from them as they chronologically matured.

It must consequently be admitted that the neurotic individual we are considering is often statistically normal; or that ours is a generally neuroticizing culture, in which most people are more or less emotionally disturbed because they are raised to believe, and then to internalize and to keep reinfecting themselves with, arrant nonsense which must inevitably lead them to become ineffective, self-defeating, and unhappy. Nonetheless: it is not absolutely *necessary* that human beings believe the irrational notions which, in point of fact, most of them seem to believe today; and the task of psychotherapy is to get them to disbelieve their illogical ideas, to change their self-sabotaging attitudes.

This, precisely, is the task which the rational psychotherapist sets himself. Like other therapists, he frequently resorts to the usual techniques of therapy which the present author has outlined elsewhere (Ellis, 1955a, 1955b), including the techniques of relationship, expressive–emotive, supportive, and insight–interpretive therapy. But he views these techniques, as they are commonly employed, as kinds of preliminary strategies whose main functions are to gain rapport with the client, to let him express himself fully, to show him that he is a worthwhile human being who has the ability to change, and to demonstrate how he originally became disturbed.

The rational therapist, in other words, believes that most of the usual therapeutic techniques wittingly or unwittingly show the client *that* he is illogical and how he *originally* became so. They often fail to show him, however, how he is presently *maintaining* his illogical thinking, and precisely what he must do to change it by building general rational philosophies of living and by applying these to practical problems of everyday life. Where most therapists directly or indirectly show the client that he is behaving illogically, the rational therapist goes beyond this point to make a forthright, unequivocal *attack* on the client's general and specific irrational ideas and to try to *induce* him to adopt more rational ones in their place.

Rational psychotherapy makes a concerted attack on the disturbed individual's irrational positions in two main ways: (a) the therapist serves as a frank counter-propagandist who directly contradicts and denies the self-defeating propaganda and superstitions which the client has originally learned and which he is now self-propagandistically perpetuating. (b) The therapist encourages, persuades, cajoles, and at times commands the client to partake of some kind of activity which itself will act as a forceful counter-propagandist agency against the nonsense he believes. Both these main therapeutic activities are consciously performed with one main goal in mind: namely, that of finally getting the client to internalize a rational philosophy of living just as he originally learned and internalized the illogical propaganda and superstitions of his parents and his culture.

The rational therapist, then, assumes that the client somehow imbibed illogical ideas or irrational modes of thinking and that, without so doing, he could hardly be as disturbed as he is. It is the therapist's function not merely to show the client that he has these ideas or thinking processes but to persuade him to change and substitute for them more rational ideas and thought processes. If, because the client is exceptionally disturbed when he first comes to therapy, he must first be approached in a rather cautious, supportive, permissive, and warm manner, and must sometimes be allowed to ventilate his feeling in free association, abreaction, role playing, and other expressive techniques, that may be all to the good. But the therapist does not delude himself that these relationship-building and expressive–emotive techniques in most instances really

get to the core of the client's illogical thinking and induce him to think in a more rational manner.

Occasionally, this is true: since the client may come to see, through relationship and emotive–expressive methods, that he *is* acting illogically, and he may therefore resolve to change and actually do so. More often than not, however, his illogical thinking will be so ingrained from constant self-repetitions, and will be so inculcated in motor pathways (or habit patterns) by the time he comes for therapy, that simply showing him, even by direct interpretation, *that* he is illogical will not greatly help. He will often say to the therapist: "All right, now I understand that I have castration fears and that they are illogical. But I *still* feel afraid of my father."

The therapist, therefore, must keep pounding away, time and again, at the illogical ideas which underlie the client's fears. He must show the client that he is afraid, really, not of his father, but of being blamed, of being disapproved, of being unloved, of being imperfect, of being a failure. And such fears are thoroughly irrational because (a) being disapproved is not half so terrible as one *thinks* it is; because (b) no one can be thoroughly blameless or perfect; because (c) people who worry about being blamed or disapproved essentially are putting themselves at the mercy of the opinion of *others*, over whom they have no real control; because (d) being blamed or disapproved has nothing essentially to do with one's *own* opinion of oneself; etc.

If the therapist, moreover, merely tackles the individual's castration fears, and shows how ridiculous *they* are, what is to prevent this individual's showing up, a year or two later, with some other illogical fear—such as the fear that he is sexually impotent? But if the therapist tackles the client's *basic* irrational thinking, which underlies *all* kinds of fear he may have, it is going to be most difficult for this client to turn up with a new neurotic symptom some months or years hence. For once an individual truly surrenders ideas of perfectionism, of the horror of failing at something, of the dire need to be approved by others, of the notion that the world owes him a living, and so on, what else is there for him to be fearful of or disturbed about?

To give some idea of precisely how the rational therapist works, a case summary will now be presented. A client came in one day and said he was depressed but did not know why. A little questioning showed that he had been putting off the inventory-keeping he was required to do as part of his job as an apprentice glass-staining artist. The therapist immediately began showing him that his depression was related to his resenting having to keep inventory and that this resentment was illogical for several reasons:

(a) The client very much wanted to learn the art of glass-staining and could only learn it by having the kind of job he had. His sole logical choice, therefore, was between graciously accepting this job, in spite of the inventory-keeping, or giving up trying to be a glass-stainer. By resenting the clerical work and avoiding it, he was choosing neither of these two logical alternatives, and was only getting himself into difficulty.
(b) By blaming the inventory-keeping, and his boss for making him perform it, the client was being irrational since, assuming that the boss was wrong about making him do this clerical work, the boss would have to be wrong out of some combination of stupidity, ignorance, or emotional disturbance; and it is silly and pointless blaming people for being stupid, ignorant, or disturbed. Besides, maybe the boss

was quite right, from his own standpoint, about making the client keep the inventory.

(c) Whether the boss was right or wrong, resenting him for his stand was hardly going to make him change it; and the resentment felt by the client was hardly going to do him, the client, any good or make him feel better. The saner attitude for him to take, then, was that it was too bad that inventory-keeping was part of his job, but that's the way it was, and there was no point in resenting the way things were when they could not, for the moment, be changed.

(d) Assuming that the inventory-keeping was irksome, there was no sense in making it still *more* annoying by the client's continually telling himself how awful it was. Nor was there any point in shirking this clerical work, since he eventually would have to do it anyway and he might as well get this unpleasant task out of the way quickly. Even more important: by shirking a task that he knew that, eventually, he just had to do, he would lose respect for himself, and his loss of self-respect would be far worse than the slight, rather childish satisfaction he might receive from trying to sabotage his boss's desires.

While showing this client how illogical was his thinking and consequent behavior, the therapist specifically made him aware that he must be telling himself sentences like these: "My boss makes me do inventory-keeping. I do not like to do this . . . There is no reason why I have to do it . . . He is therefore a blackguard for making me do it . . . So I'll fool him and avoid doing it . . . And then I'll be happier." But these sentences were so palpably foolish that the client could not really believe them, and began to finish them off with sentences like: "I'm not really fooling my boss, because he sees what I'm doing . . . So I'm not solving my problem this way . . . So I really should stop this nonsense and get the inventory-keeping done . . . But I'll be damned if I do it for him! . . . However, if I don't do it, I'll be fired . . . But I still don't want to do it for him! . . . I guess I've got to, though . . . Oh, why must I always be persecuted like this? . . . And why must I keep getting myself into such a mess? . . . I guess I'm just no good . . . And people are against me . . . Oh, what's the use?"

Whereupon, employing these illogical kinds of sentences, the client was becoming depressed, avoiding doing the inventory-keeping, and then becoming more resentful and depressed. Instead, the therapist pointed out, he could tell himself quite different sentences, on this order: "Keeping inventory is a bore . . . But it is presently an essential part of my job . . . And I also may learn something useful by it . . . Therefore, I had better go about this task as best I may and thereby get what *I want* out of this job."

The therapist also emphasized that whenever the client found himself intensely angry, guilt, or depressed, there was little doubt that he was then thinking illogically, and that he should immediately question himself as to what was the irrational element in his thinking, and set about replacing it with a more logical element or chain of sentences.

The therapist then used the client's current dilemma—that of avoiding inventory-keeping—as an illustration of his general neurosis, which in his case largely took the form of severe alcoholic tendencies. He was shown that his alcoholic trends, too, were a resultant of his trying to do things the easy way, and of poor thinking preluding his avoidance of self-responsibilities. He was impressed with the fact that, as long as he kept thinking illogically about relatively small things, such as the inventory-keeping,

he would also tend to think equally illogically about more important aspects, such as the alcoholism.

Several previous incidents of illogical thinking leading to emotional upheaval in the client's life were then reviewed, and some general principles of irrational thought discussed. Thus, the general principle of blamelessness was raised and the client was shown precisely why it is illogical to blame anyone for anything. The general principle of inevitability was brought up and he was shown that when a frustrating or unpleasant event is inevitable, it is only logical to accept it uncomplainingly instead of dwelling on its unpleasant aspects. The general principle of self-respect was discussed, with the therapist demonstrating that liking oneself is far more important than resentfully trying to harm others.

In this matter, by attempting to show or teach the client some of the general rules of logical living, the therapist tried to go beyond his immediate problem and to help provide him with a generalized mode of thinking or problem solving that would enable him to deal effectively with almost any future similar situation that might arise.

The rational therapist, then is a frank propagandist who believes whole-heartedly in a most rigorous application of the rules of logic, of straight thinking, and of scientific method to everyday life, and who ruthlessly uncovers every vestige of irrational thinking in the client's experience and energetically urges him into more rational channels. In so doing, the rational therapist does not ignore or eradicate the client's emotions; on the contrary, he considers them most seriously, and helps change them, when they are disordered and self-defeating, through the same means by which they commonly arise in the first place—that is, by thinking and acting. Through exerting consistent interpretive and philosophic pressure on the client to change his thinking or his self-verbalizations and to change his experiences or his actions, the rational therapist gives a specific impetus to the client's movement toward mental health without which it is not impossible, but quite unlikely, that he will move very far.

Can therapy be effectively done, then, with *all* clients mainly through logical analysis and reconstruction? Alas, no. For one thing, many clients are not bright enough to follow a rigorously rational analysis. For another thing, some individuals are so emotionally aberrated by the time they come for help that they are, at least temporarily, in no position to comprehend and follow logical procedures. Still other clients are too old and inflexible; too young and impressionable; too philosophically prejudiced against logic and reason; too organically or biophysically deficient; or too something else to accept, at least at the start of therapy, rational analysis.

In consequence, the therapist who *only* employs logical reconstruction in his therapeutic armamentarium is not likely to get too far with many of those who seek his help. It is vitally important, therefore, that any therapist who has a basically rational approach to the problem of helping his clients overcome their neuroses also be quite eclectic in his use of supplementary, less direct, and somewhat less rational techniques.

Admitting, then, that rational psychotherapy is not effective with all types of clients, and that it is most helpful when used in conjunction with, or subsequent to, other widely employed therapeutic techniques, I would like to conclude with two challenging hypotheses: (a) that psychotherapy which includes a high dosage of rational analysis and reconstruction, as briefly outlined in this paper, will prove to be more effective with more types of clients than any of the non-rational or semi-rational therapies now

being widely employed; and (b) that a considerable amount of—or, at least, proportion of—rational psychotherapy will prove to be virtually the only type of treatment that helps to undermine the basic neuroses (as distinguished from the superficial neurotic symptoms) of many clients, and particularly of many with whom other types of therapy have already been shown to be ineffective.

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