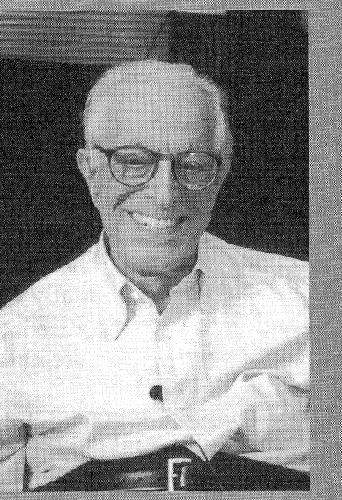

Albert Ellis (1913–2007)

6 RATIONAL EMOTIVE BEHAVIOR THERAPY

Albert Ellis[1]

OVERVIEW

Rational emotive behavior therapy (REBT), a theory of personality and a method of psychotherapy developed in the 1950s by clinical psychologist Albert Ellis, holds that when a highly charged emotional consequence (C) follows a significant activating event (A), event A may seem to, but actually does not, cause C. Instead, emotional consequences are largely created by B—the individual's *belief system.* When an undesirable emotional consequence occurs, such as severe anxiety, this usually involves the person's irrational beliefs, and when these beliefs are effectively disputed (at point D), by challenging them rationally and behaviorally, the disturbed consequences are reduced. From its inception, REBT has viewed cognition and emotion integratively, with thought, feeling, desires, and action interacting with each other. It is therefore a comprehensive cognitive–affective–behavioral theory and practice of psychotherapy (Ellis, 1962, 1994; Ellis & Dryden, 1997; Ellis & MacLaren, 1998).

[1] Albert Ellis worked on revising this chapter during the last months before his death. The changes to the chapter were finalized and approved by his wife, Debbie Joffe Ellis. This chapter represents the culmination of a lifetime spent practicing, writing about, and thinking about how to help people change self-defeating thoughts and behaviors so that they could create lives with less emotional suffering and experience greater joy.

Formerly known as rational emotive therapy (RET), this approach is more accurately referred to as rational emotive behavior therapy (REBT). From the beginning, REBT considered the importance of both mind and body or of thinking/feeling/wanting (contents of the mind according to psychology) and of behavior (the operations of the body). It has stressed that personality change can occur in both directions: therapists can talk with people and attempt to change their minds so that they will behave differently, or they can help clients to change their behaviors and thus modify their thinking. As stated in several early writings on REBT that are reprinted in *The Albert Ellis Reader* (Ellis & Blau, 1998), REBT theory states that humans rarely change a profound self-defeating belief unless they act against it. Thus, it is most accurately called rational emotive behavior therapy.

Basic Concepts

The main propositions of REBT can be described as follows:

1. *People are born with a potential to be rational (self-constructive) as well as irrational (self-defeating).* They have predispositions to be self-preserving, to think about their thinking, to be creative, to be sensuous, to be interested in other people, to learn from their mistakes, and to actualize their potential for life and growth. They also tend to be self-destructive, to be short-range hedonists, to avoid thinking things through, to procrastinate, to repeat the same mistakes, to be superstitious, to be intolerant, to be perfectionistic and grandiose, and to avoid actualizing their potential for growth.

2. *People's tendency to irrational thinking, self-damaging habituations, wishful thinking, and intolerance is frequently exacerbated by their culture and their family group.* Their suggestibility (or conditionability) is greatest during their early years because they are dependent on, and highly influenced by, family and social pressures.

3. *Humans perceive, think, emote, and behave simultaneously.* They are, therefore, at one and the same time cognitive, conative (purposive), and motoric. They rarely act without implicit thinking. Their sensations and actions are viewed in a framework of prior experiences, memories, and conclusions. People seldom emote without thinking because their feelings include and are usually triggered by an appraisal of a given situation and its importance. People rarely act without simultaneously perceiving, thinking, and emoting because these processes provide reasons for acting. For this reason, it is usually desirable to use a variety of perceptual–cognitive, emotive–evocative, and behavioralistic–reeducative methods (Bernard & Wolfe, 1993; Ellis, 1962, 1994, 2001a, 2001b, 2002, 2003a; Walen, DiGiuseppe, & Dryden, 1992).

4. *Even though all the major psychotherapies employ a variety of cognitive, emotive, and behavioral techniques, and even though all (including unscientific methods such as witch doctoring) may help individuals who have faith in them, they are probably not all equally effective or efficient.* Highly cognitive, active–directive, homework-assigning, and discipline-oriented therapies such as REBT are likely to be more effective, usually in briefer periods and with fewer sessions.

5. *REBT emphasizes the philosophy of unconditional acceptance: specifically unconditional self-acceptance (USA), unconditional other acceptance (UOA), and unconditional life acceptance (ULA).* This is explained in *The Myth of Self-Esteem* (Ellis, 2005). The humanistic principle of unconditional acceptance holds this assumption regarding human worth: I exist, I deserve to exist, I am a fallible human and I can choose to accept myself unconditionally with my flaws and mistakes, with or without great achievements—simply because I am alive, simply because I exist. It says that conditional self-esteem is one of the greatest of all human disturbances, as it leads to people praising themselves when they do well and are approved by others and damning themselves if they don't do well and

others disapprove of them. Rating traits and behaviors can be beneficial, as it allows one to learn from mistakes and to improve and grow, but to overgeneralize and rate one's whole worth, being, and totality as "good" or "bad" is inaccurate and harmful. A person's totality is too complex and ephemeral to define and measure. Hence, USA, not self-esteem, is recommended in REBT.

UOA holds that people condemn others' iniquitous thoughts, feelings, and actions but accept the others as fallible humans—just as they are. ULA encourages acceptance of adversities that we neither create nor can change—such as death of loved ones, physical disabilities, hurricanes, and floods.

REBT recognizes that life contains inevitable suffering as well as pleasure and that accepting the unpleasant circumstances that can't be changed can lead to emotional stability, self-actualization, and great fulfillment.

6. *Rational emotive behavior therapists do not believe a warm relationship between client and counselor is a necessary or a sufficient condition for effective personality change, although it is quite desirable.* They stress unconditional acceptance of and close collaboration with clients, but they also actively encourage clients to unconditionally accept themselves with their inevitable fallibility. In addition, therapists may use a variety of practical methods, including didactic discussion, behavior modification, bibliotherapy, audiovisual aids, and activity-oriented homework assignments. To discourage clients from becoming unduly dependent, therapists often use hardheaded methods of convincing them that they had better resort to self-discipline and self-direction.

7. *Rational emotive behavior therapy uses role playing, assertion training, desensitization, humor, operant conditioning, suggestion, support, and a whole bag of other "tricks."* As Arnold Lazarus points out in his "multimodal" therapy, such wide-ranging methods are effective in helping clients achieve deep-seated cognitive change. REBT is not just oriented toward symptom removal, except when it seems that this is the only kind of change likely to be accomplished. It is designed to help people examine and change some of their basic values—particularly those that keep them disturbed. If clients seriously fear failing on the job, REBT does not merely help them give up this particular symptom; it also tries to show them how to minimize their basic "awfulizing" tendencies.

The usual goal of REBT is to help people reduce their underlying symptom-creating propensities. There are two basic forms of rational emotive behavior therapy: general REBT, which is almost synonymous with cognitive–behavior therapy, and preferential REBT, which includes general REBT but also emphasizes a profound philosophical change. General REBT tends to teach clients rational or healthful behaviors. Preferential REBT teaches them how to dispute irrational ideas and unhealthful behaviors and to become more creative, scientific, and skeptical thinkers.

8. *REBT holds that most neurotic problems involve unrealistic, illogical, self-defeating thinking and that if disturbance-creating ideas are vigorously disputed by logico-empirical and pragmatic thinking, they can be minimized.* No matter how defective people's heredity may be, and no matter what trauma they may have experienced, the main reason why they usually now overreact or underreact to adversities (at point A) is that they *now* have some dogmatic, irrational, unexamined beliefs (at point B). Because these beliefs are unrealistic, they will not withstand rational scrutiny. They are often deifications and devilifications of themselves and others, and they tend to wane when empirically checked, logically disputed, and shown to be impractical. Thus, a woman with severe emotional difficulties does not merely believe it is undesirable if her lover rejects her. She tends to believe, also, that (a) it is awful; (b) she cannot stand it; (c) she should not, *must* not be rejected; (d) she will never be accepted by a desirable partner; (e) she is a worthless person because one lover has rejected her; and (f) she deserves to be rejected for being so worthless. Such common covert hypotheses are illogical, unrealistic, and destructive. They can

be revealed and disputed by a rational emotive behavior therapist who shows clients how to think more flexibly and scientifically, and the rational emotive therapist is partly that: an exposing and skeptical scientist.

9. *REBT shows how activating events or adversities (A) in people's lives contribute to but do not directly cause emotional consequences (C); these consequences stem from people's interpretations of the activating events or adversities—that is, from their unrealistic and overgeneralized beliefs (B) about those events.* The "real" cause of upsets, therefore, lies mainly in people, not in what happens to them (even though gruesome experiences obviously have considerable influence over what people think and feel). REBT provides clients with several powerful insights. Insight number one is that a person's self-defeating behavior usually follows from the interaction of A (adversity) and B (belief about A). Disturbed consequences (C) therefore usually follow the formula A–B–C.

Insight number two is the understanding that although people have become emotionally disturbed (or have *made* themselves disturbed) in the past, they are *now* upset because they keep indoctrinating themselves with similar constructed beliefs. These beliefs do not continue because people were once "conditioned" and so now hold them "automatically." No! People still, here and now, actively reinforce them, and their present active self-propagandizations and constructions keep those constructed beliefs alive. Unless people fully admit and face their own responsibilities for the continuation of their dysfunctional beliefs, it is unlikely that they will be able to uproot them.

Insight number three acknowledges that *only hard work and practice* will correct irrational beliefs—and keep them corrected. Insights 1 and 2 are not enough! Commitment to repeated rethinking of irrational beliefs and repeated actions designed to undo them will likely extinguish or minimize them.

10. *Historically, psychology was considered an S–R science, where S means "stimulus" and R means "response."* Later, it became evident that similar stimuli produce different responses in different people. This was presumed to mean that something between the S and the R is responsible for such variations.

An analogy may be helpful. If you hit the same billiard ball from the same spot with exactly the same force and let it bounce off the side of the billiard table, that ball will always come back to exactly the same spot. Otherwise, no one would play billiards. Therefore, hitting the billiard ball is the S (stimulus) and the movement of the ball is the R (response). However, suppose there were a tiny person inside a billiard ball who could control, to some degree, the direction and velocity of the ball after it was hit. Then the ball could move to different locations because the tiny person inside could guide it to a certain extent.

An analogous concept was introduced into psychology in the late 1800s by James McKeen Cattell, an American psychologist studying with Wilhelm Wundt in Leipzig, Germany. In so doing, he launched an entirely different kind of psychology known as *idiographic psychology,* in contrast to the *nomothetic psychology* that Wundt and his students were working on. Wundt and his followers were looking for average behavior, or S–R behavior, and were discounting individual variations. The truth was, according to them, the average. Cattell disagreed, and he introduced a psychology that acknowledged the importance of recognizing *individual differences.* As a result, the S–R concept changed to S–O–R. The O stood for "organism," but what it really meant was that the ball (or the person) had a mind of its own and that it did not go precisely where a ball with no mind of its own would go, because O had some degree of independence.

REBT includes precisely the same concept. RE represents the contents of the mind: rationality and emotions. REBT therapists attempt to change people's thinking and feelings (let's call the combination the *philosophy* of a person), with the goal of enabling them to change their behavior via a new understanding (rationality) and a new set of feelings (emotions) about self and others. By showing their clients how to combine

thinking and feeling, REBT therapists have given the little man in the billiard ball the ability to change directions. When the ball is hit (confronted with particular stimuli) again, it no longer goes where it used to go.

In REBT, we want to empower individuals, by changing their thinking and feelings, to act differently—in a manner desired by the client, by the therapist, and by society. At the same time, REBT encourages people to act differently—this is where the B (for "behavior") comes in—and thereby to think and feel differently. The interaction goes both ways! Thinking, feeling, and behaving seem to be separate human processes, but as Ellis said in his first paper on REBT in 1956, they actually go together holistically and inevitably influence each other. When you think, you feel and act; when you feel, you think and act; and when you act, you think and feel. That is why REBT uses many cognitive, emotive, and behavioral methods to help clients change their disturbances.

Other Systems

REBT differs from psychoanalytic schools of psychotherapy by eschewing free association, compulsive gathering of material about the client's history, and most dream analysis. It is not concerned with the presumed sexual origins of disturbance or with the Oedipus complex. When transference does occur in therapy, the rational therapist is likely to attack it, showing clients that transference phenomena tend to arise from the irrational belief that they must be loved by the therapist (and others). Although REBT practitioners are much closer to modern neoanalytic schools, such as those of Karen Horney, Erich Fromm, Harry Stack Sullivan, and Franz Alexander, than to the Freudian school, they employ considerably more persuasion, philosophical analysis, homework activity assignments, and other directive techniques than practitioners of these schools.

REBT overlaps significantly with Adlerian theory, but it departs from the Adlerian practices of stressing early childhood memories and insisting that social interest is the heart of therapeutic effectiveness. REBT is more specific than Adler's Individual Psychology in disclosing, analyzing, and disputing clients' concrete internalized beliefs and is closer in this respect to general semantic theory and philosophical analysis than to Individual Psychology. It is also much more behavioral than Adlerian therapy.

Adler (1931, 1964) contended that people have basic fictional premises and goals and that they generally proceed quite logically on the basis of these false hypotheses. REBT, on the other hand, holds that people, when disturbed, may have both irrational premises and illogical deductions from these premises. Thus, in Individual Psychology, a male who has the unrealistic premise that he *should* be the king of the universe but actually has only mediocre abilities is shown that he is "logically" concluding that he is an utterly inferior person. But in REBT this same individual, with the same irrational premise, is shown that in addition to his "logical" deduction, he may be making several other illogical conclusions. For example, he may be concluding that (1) he should be king of the universe because he was once king of his own family; (2) his parents will be impressed by him only if he is outstandingly achieving and *therefore* he must achieve outstandingly; (3) if he cannot be king of the universe, he might as well do nothing and get nowhere in life; and (4) he deserves to suffer for not being the noble king that he should be.

REBT has much in common with parts of the Jungian therapeutic outlook, especially in that it views clients holistically, holds that the goals of therapy include growth and achievement of potential as well as relief of disturbed symptoms, and emphasizes enlightened individuality. However, REBT deviates radically from Jungian treatment because Jungians are preoccupied with dreams, fantasies, symbol productions, and the mythological or archetypal contents of their clients' thinking—most of which the REBT practitioner deems a waste of time.

REBT is in close agreement with person-centered or relationship therapy in some ways: they both emphasize what Carl Rogers (1961) calls *unconditional positive regard* and what in rational emotive psychology is called *full acceptance, unconditional acceptance,* or *tolerance.* Rational therapists differ from Rogerian therapists in that they actively *teach* (1) that blaming is the core of much emotional disturbance; (2) that it leads to dreadful results; (3) that it is possible, though difficult, for humans to learn to avoid rating themselves even while continuing to rate their performances; and (4) that they can give up self-rating by challenging their grandiose (*must*urbatory), self-evaluating assumptions and by deliberately risking (through homework activity assignments) possible failures and rejections. The REBT practitioner is more active–directive and more emotive–evocative than the person-centered practitioner (Ellis, 1962, 2001a, 2001b; Hauck, 1992).

REBT is in many respects an existential, phenomenologically oriented therapy because its goals overlap with the usual existentialist goals of helping clients to define their own freedom, cultivate individuality, live in dialogue with others, accept their experiencing as highly important, be fully present in the immediacy of the moment, and learn to accept limits in life (Ellis, 2001b, 2002). Many who call themselves existential therapists, however, are rather anti-intellectual, prejudiced against the technology of therapy, and confusingly nondirective, whereas REBT makes much use of incisive logical analysis, clear-cut techniques (including behavior modification procedures), and directiveness and teaching by the therapist.

REBT has much in common with behavior modification. Many behavior therapists, however, are mainly concerned with symptom removal and ignore the cognitive aspects of conditioning and deconditioning. REBT is therefore closer to cognitive and multimodal modifiers such as Aaron Beck, Arnold Lazarus, and Donald Meichenbaum.

HISTORY

Precursors

The philosophical origins of rational emotive behavior therapy go back to some of the Asian philosophers, such as Confucius, Lao-Tsu, and Buddha, and especially to Epicurus and the Stoic philosophers Epictetus and Marcus Aurelius. Although most early Stoic writings have been lost, their essence has come down to us through Epictetus, who in the 1st century AD wrote in *The Enchiridion,* "People are disturbed not by things, but by the view which they take of them."

The modern psychotherapist who was the main precursor of REBT was Alfred Adler. "I am convinced," he stated, "that *a person's behavior springs from his ideas*" (1964, italics in original). According to Adler (1964),

> The individual . . . does not relate himself to the outside world in a predetermined manner, as is often assumed. He relates himself always according to his own interpretation of himself and of his present problem. . . . It is his attitude toward life which determines his relationship to the outside world.

Adler (1931) put the A–B–C or S–O–R (stimulus–organism–response) theory of human disturbance neatly: No experience is a cause of success or failure. We do not suffer from the shock of our experiences—the so-called *trauma*—but we make out of them just what suits our purposes. We are self-determined by the meaning we give to our experiences, and it is almost a mistake to view particular experiences as the basis of our future life. Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations. In his first book on Individual Psychology, Adler's motto was *Omnia ex opinione suspense sunt* ("Everything depends on opinion").

Another important precursor of REBT was Paul DuBois, who used persuasive forms of psychotherapy. Alexander Herzberg was one of the inventors of homework assignments. Hippolyte Bernheim, Andrew Salter, and a host of other therapists have employed hypnosis and suggestion in a highly active–directive manner. Frederick Thorne created what he called directive therapy. Franz Alexander, Thomas French, John Dollard, Neal Miller, Wilhelm Stekel, and Lewis Wolberg all practiced forms of psychoanalytic psychotherapy that diverged so far from the Freudian therapy that they resemble active–directive therapy more closely and are in many ways precursors of REBT.

In addition, a large number of individuals during the 1950s, when REBT was first being formulated, independently began to arrive at some theories and methodologies that significantly overlap with the methods outlined by Ellis (1962). These theorists include Eric Berne, Jerome Frank, George Kelly, Abraham Low, E. Lakin Phillips, Julian Rotter, and Joseph Wolpe.

Beginnings

After practicing psychoanalysis for several years during the late 1940s and early 1950s, Ellis discovered that no matter how much insight his clients gained or how well they seemed to understand events from their early childhood, they rarely lost their symptoms and still retained tendencies to create new ones. He realized that this was because they were not merely indoctrinated with irrational, mistaken ideas of their own worthlessness when they were young, but also *constructed* dysfunctional demands on themselves and others and kept *reindoctrinating* themselves with these commands (Ellis, 1962, 2001b, 2002, 2003a, 2004a; Ellis & MacLaren, 1998).

Ellis also discovered that as he pressed his clients to surrender their basic irrational premises, they often tended to resist giving up these ideas. This was not, as the Freudians hypothesized, because they hated the therapist or wanted to destroy themselves or were still resisting parent images but because they *naturally,* one might say *normally,* tended to *must*urbate. They insisted (a) that they *must* do well and win others' approval, (b) that other people *must* act considerately and fairly, and (c) that environmental conditions *must* be gratifying and free of frustration. Ellis concluded that humans are *self-talking, self-evaluating,* and *self-construing.* They frequently take strong preferences, such as desires for love, approval, success, and pleasure, and misleadingly *define* them as needs. They thereby create many of their "emotional" difficulties.

People are not exclusively the products of social learning. Their so-called pathological symptoms are the result of *bio*social processes. *Because they are human,* they tend to have strong, irrational, empirically misleading ideas; and as long as they hold on to these ideas, they tend to be what is commonly called "neurotic." These irrational ideologies are not infinitely varied or hard to discover. They can be listed under a few major headings and, once understood, quickly uncovered by REBT analysis.

Ellis also discovered that people's irrational assumptions were so biosocially deep rooted that weak methods were unlikely to budge them. Passive, nondirective methodologies (such as reflection of feeling and free association) rarely changed them. Warmth and support often helped clients live more "happily" with unrealistic notions. Suggestion or "positive thinking" sometimes enabled them to cover up and live more "successfully" with underlying negative self-evaluations. Abreaction and catharsis frequently helped them to feel better but tended to reinforce rather than eliminate their demands. Classic desensitizing sometimes relieved clients of anxieties and phobias but did not undermine their anxiety-arousing, phobia-creating fundamental meanings and philosophies.

The REBT Network provides information on the theory and practice of rational emotive therapy to mental health professionals, paraprofessionals, and the public through its Web site, publications, affiliations, and training. The REBT Network is in no way associated with the Albert Ellis Institute. In 2006, Ellis stated that the Albert Ellis Institute was following a program that was in many ways inconsistent with the theory and practice of REBT.

The REBT network has a register of numerous psychotherapists who have received training in REBT. In addition, thousands of other therapists primarily follow REBT principles, and a still greater number use some major aspects of REBT in their work. Cognitive restructuring, employed by almost all cognitive–behavior therapists today, stems mainly from REBT. But REBT also includes many other emotive and behavioral methods.

In 2004, Albert Ellis married Australian psychologist Debbie Joffe, whom he called "the greatest love of my life." She worked closely with Dr. Ellis in every aspect of his work up until his death and continues to write and give presentations and workshops on REBT. She also works with clients in private practice and is dedicated to continuing the work of her husband. Anyone interested in learning more about the life of Albert Ellis and the history of REBT will benefit from reading *Rational Emotive Behavior Therapy—It Works for Me—It Can Work for You* (Ellis, 2004a) and his autobiography, *All Out!* (Ellis, 2010).

Research Studies

Many researchers have tested the main hypotheses of REBT, and the majority of their findings support central REBT contentions (Hajzler & Bernard, 1991; Lyons & Woods, 1991; McGovern & Silverman, 1984; Silverman, McCarthy, & McGovern, 1992). These research studies show that (1) clients tend to receive more effective help from a highly active–directive approach than from a more passive one; (2) efficient therapy includes activity-oriented homework assignments; (3) people largely choose to disturb themselves and can choose to surrender these disturbances; (4) helping clients modify their beliefs helps them to make significant behavioral changes; and (5) many effective methods of cognitive therapy exist, including modeling, role playing, skill training, and problem solving.

REBT in conjunction with medication is more effective than medication alone in certain conditions. This has been shown for conditions such as major depression (Macaskill & Macaskill, 1996) and dysthymic disorder (Wang, Jia, Fang, Zhu & Huang, 1999). REBT has been shown to be an effective adjunct with inpatients with schizophrenia (Shelley, Battaglia, Lucely, Ellis & Opler, 2001), and has also been shown superior to control conditions in the treatment of obsessive–compulsive disorder, social phobia, and social anxiety (Dryden & David, 2008).

Since REBT was the first of the cognitive–behavioral psychotherapies (CBTs), all of which incorporate aspects of REBT, the research programs of CBT—especially those of Aaron T. Beck's Cognitive Therapy (CT)—serve to also support the efficacy of REBT's clinical applications. A comprehensive survey of meta-analyses that offer empirical validation for CBT in different clinical applications is found in Butler, Chapman, Forman, and Beck (2005).

Although it was the forerunner of all current cognitive–behavioral psychotherapies, REBT still offers a unique theory of emotional disturbance, one that is not completely shared by the other CBT psychotherapies. The uniqueness of REBT's model stems first of all from its claim that emotional disturbance arises from the human propensity to turn "preferences" into "demands." REBT hypothesizes that human "musts" precede Beck's (1976) "automatic thoughts" (Ellis & Whiteley, 1979).

In addition, hundreds of clinical and research papers present empirical evidence supporting REBT's main theories of personality. Many of these studies are reviewed in Ellis and Whiteley (1979). These studies tend to substantiate the following hypotheses:

1. Human thinking and emotion do not constitute two disparate or different processes but, instead, significantly overlap.
2. Although activating events or adversities (A) significantly contribute to emotional and behavioral consequences (C), people's beliefs (B) about A more importantly and more directly cause C.
3. The kinds of things people say to themselves, as well as the form in which they say these things, affect their emotions and behavior and often disturb them.
4. Humans not only think and think about their thinking but also think about thinking about their thinking. Whenever they have disturbances at C (consequence) after something unfortunate has happened in their lives at A (adversity), they tend to make C into a new A—to perceive and think about their emotional disturbances and thereby often create new ones.
5. People think about what happens to them not only in words, phrases, and sentences but also via images, fantasies, and dreams. Nonverbal cognitions contribute to their emotions and behaviors and can be used to change such behaviors.
6. Just as cognitions contribute to emotions and actions, emotions also contribute to or cause cognitions and actions, and actions contribute to or cause cognitions and emotions. When people change one of these three modalities of behaving, they concomitantly tend to change the other two (Ellis, 1994, 1998; Ellis & Dryden, 1997; Ellis & MacLaren, 1998).
7. REBT, uniquely among the schools of CBT, uses a philosophical approach that attempts to promote an overall change in the client's belief system and philosophy of life, especially in regard to demandingness and nonacceptance (Ellis, 2005), and to improve his or her functioning outside of psychotherapy (Ellis, 2004a). Furthermore, research has shown that REBT can be effectively done outside the therapeutic setting, e.g., in public presentations, to the benefit of participating volunteers and their audience members (Ellis & Joffe, 2002). Various nonpsychotherapeutic applications of REBT have been summarized by Ellis and Blau (1998). Froh, Fives, Fuller, Jacofsky, Terjesen, and Yurkewicz (2007) documented that irrationality predicted lower levels of life satisfaction, but this relationship was at least partially mediated by interpersonal relations.

PERSONALITY

Theories of Personality

Physiological Basis of Personality

REBT emphasizes the biological aspects of human personality. Obliquely, some other systems do this, too, saying something like this: "Humans are easily influenced by their parents during early childhood and thereafter remain similarly influenced for the rest of their lives unless some intervention, such as years of psychotherapy, occurs to enable them to give up this early suggestibility and to start thinking much more independently." These psychotherapeutic systems implicitly posit an "environmentalist's" position, which is actually physiologically and genetically based, because only a *special, innately predisposed* kind of person would be so prone to be "environmentally determined."

Although REBT holds that people are born constructivists and have considerable resources for human growth, and that they are in many important ways able to change their social and personal destinies, it also holds that they have powerful innate tendencies to think irrationally and to defeat themselves (Ellis, 1976, 2001b, 2003a, 2004b).

Most such human tendencies may be summarized by stating that humans are born with a tendency to want, to "need," and to condemn (1) themselves, (2) others, and (3) the world when they do not immediately get what they supposedly "need." They consequently tend to think "childishly" (or "humanly") all their lives and are able only with real effort to achieve and maintain "mature" or realistic behavior. This is not to deny, as Abraham Maslow and Carl Rogers have pointed out, that humans have impressive self-actualizing capacities. They do, and these are strong inborn propensities, too. But, alas, people frequently defeat themselves by their inborn and acquired self-sabotaging ways.

There is a great deal of evidence that people's basic personality or temperament has strong biological, as well as environmental, influences. People are born, as well as reared, with greater or lesser degrees of demandingness, and therefore they can change from demanding to *desiring* only with great difficulty. If their demandingness is largely acquired rather than innate, they still seem to have difficulty in ameliorating this tendency toward disturbance. REBT emphasizes that people nonetheless have the *choice* of changing their dysfunctional behaviors and specifically shows them many ways of doing so. It particularly stresses flexible thinking and behaving that help them remove the rigidities to which they often easily fall victim.

Social Aspects of Personality

Humans are reared in social groups and spend much of their lives trying to impress, live up to the expectations of, and outdo the performances of other people. On the surface, they are "ego-oriented," "identity-seeking," or "self-centered." Even more important, however, they usually define their "selves" as "good" or "worthwhile" when they believe that others accept and approve of them. It is realistic and sensible for people to find or fulfill themselves in their interpersonal relations and to have a good amount of what Adler calls "social interest." For, as John Donne beautifully expressed it, no one is an island unto himself or herself. The healthy individual finds it enjoyable to love and be loved by significant others and to relate to almost everyone he or she encounters. In fact, the better one's interpersonal relations are, the happier one is likely to be.

However, what is called *emotional disturbance* is frequently associated with caring *too much* about what others think. This stems from people's belief that they can accept themselves *only* if others think well of them. When disturbed, they escalate their desire for others' approval, and the practical advantages that normally go with such approval, into an absolutistic *dire need* to be liked, and in so doing they become anxious and prone to depression. Given that we have our being-in-the-world, as the existentialists point out, it is quite *important* that others to some degree value us. But it is our tendency to exaggerate the importance of others' acceptance in a way that often leads to self-denigration (Ellis, 1962, 2001a, 2002, 2005; Ellis & Harper, 1997; Hauck, 1992).

Psychological Aspects of Personality

How, specifically, do people become psychologically disordered? According to REBT, they usually needlessly upset themselves as follows: When individuals feel upset at point C after experiencing an obnoxious adversity at point A, they almost always convince themselves of irrational beliefs (B), such as "I *can't stand* adversity! It is *awful* that it

exists! It *shouldn't exist!* I am a *worthless person* for not being able to get rid of it!" This set of beliefs is irrational for several reasons:

1. People *can* stand obnoxious adversities, even though they may never like them.
2. Adversities are hardly awful, because *awful* is an essentially indefinable term, with surplus meaning and little empirical referent. By calling the noxious events awful, the disturbed individual means they are (a) highly inconvenient and (b) totally inconvenient, disadvantageous, and unbeneficial. But what noxious stimuli can, in point of fact, be totally inconvenient, disadvantageous, and unbeneficial? Or as bad as it could be?
3. By holding that the unfortunate happenings in their lives *absolutely should not* exist, people really imply that they have godly power and that whatever they *want* not to exist *must* not. This hypothesis is, to say the least, highly dubious!
4. By contending that they are *worthless persons* because they have not been able to ward off unfortunate events, people hold that they should be able to control the universe and that because they are not succeeding in doing what they cannot do, they are obviously worthless. (What drivel!)

The basic tenet of REBT is that emotional *upsets,* as distinguished from feelings of sorrow, regret, annoyance, and frustration, largely stem from irrational beliefs. These beliefs are irrational because they magically insist that something in the universe *should, ought,* or *must* be different from the way it is. Although these irrational beliefs are ostensibly connected with reality (the adversity at point A), they are dogmatic ideas beyond the realm of empiricism. They generally take the form of the statement "Because I want something, it is not only desirable and preferable that it exists, but it absolutely should, and it is awful when it doesn't!" No such proposition, obviously, can be substantiated. Yet such propositions are devoutly held, every day, by literally billions of humans. That is how incredibly disturbance prone most people are!

Once people become emotionally upset—or, rather, upset themselves!—a peculiar thing frequently occurs. Most of the time, they know they feel anxious, depressed, or otherwise agitated, and they also know their symptoms are undesirable and (in our culture) socially disapproved. For who approves or respects highly agitated or "crazy" people? They therefore make their emotional consequence (C) or symptom into another activating event or adversity (A) and create a secondary symptom (C2) about this new A!

Thus, if you originally start with something like (A): "I did poorly on my job today" and (B): "Isn't that horrible!" you may wind up with (C): feelings of anxiety, worthlessness, and depression. You may now start all over with (A2): "I feel anxious and depressed, and worthless!" Then you proceed to (B2): "Isn't *that* horrible!" Now you end up with (C2): even greater feelings of anxiety, worthlessness, and depression. In other words, once you become anxious, you frequently make yourself anxious about *being* anxious; once you become depressed, you make yourself depressed about *being* depressed; and so on. You now have two consequences or symptoms for the price of one, and you often go around and around, in a vicious cycle of (1) condemning yourself for doing poorly at some task, (2) feeling guilty or depressed because of this self-condemnation, (3) condemning yourself for your feelings of guilt and depression, (4) condemning yourself for condemning yourself, (5) condemning yourself for seeing your disturbances and still not eliminating them, (6) condemning yourself for going for psychotherapeutic help and still not getting better, (7) condemning yourself for being more disturbed than other individuals, (8) concluding that you are without question hopelessly disturbed and that nothing can be done about it; and so on, in an endless spiral.

No matter what your original self-condemnation is about—and it hardly matters what it was, because your adversity (A) is often not that important—you eventually

tend to end up with a chain of disturbed reactions only obliquely related to the original "traumatic events" of your life. That is why dramatic psychotherapies are often misleading—they overemphasize "traumatic events" rather than self-condemnatory attitudes *about* these events—and that is why these therapies fail to help with any secondary disturbance, such as being anxious about being anxious. Most major psychotherapies also concentrate either on A, the adversities, or on C, the emotional consequences, and rarely consider B, the belief system, which is a vital factor in creating self-disturbance.

Even assuming, moreover, that adversities and emotional consequences are important, as in posttraumatic stress disorder (PTSD), for instance, there is not too much we can do by concentrating our therapeutic attention on them. The adversities belong to the past. There is nothing that anyone can do to *change* the past.

As for clients' present feelings, the more we focus on them, the worse they are likely to feel. If we keep talking about their anxiety and getting clients to reexperience this feeling, they can become still more anxious. The best way to interrupt their disturbed process is usually to help them to focus on their anxiety-creating belief system—point B—because that is the main (though not the only) cause of their disturbance.

If, for example, say a male client feels anxious during a therapy session and the therapist reassures him that there is nothing for him to be anxious about, he may achieve a palliative "solution" to his problem by thinking, "I am afraid that I will act foolishly right here and now, and wouldn't that be awful! No, it really wouldn't be awful, because *this* therapist will accept me, anyway." He may thereby temporarily decrease his anxiety.

Or the therapist can concentrate on the past adversities in the client's life that are presumably making him anxious—by, for instance, showing him that his mother used to point out his deficiencies, that he was always afraid of speaking to authority figures who might disapprove of him, and that, *therefore,* because of all his prior and present fears, in situations A1, A2, A3 . . . A11, he is *now* anxious with the therapist. Whereupon the client might convince himself, "Ah! Now I see that I am generally anxious when I am faced with authority figures. No wonder I am anxious even with my own therapist!" In which case, he might feel better and temporarily lose his anxiety.

It would be better, however, for the therapist to show this client that he was anxious as a child and is still anxious with authority figures because he has always believed, and still believes, that he *must* be approved, that it is *awful* when an authority figure disapproves of him. Then the anxious client would tend to become diverted from concentrating on A (criticism by an authority figure) and from C (his feelings of anxiety) to a consideration of B (his irrational belief system). This diversion would help him become immediately nonanxious—for when he is focusing on "What am I telling myself (at B) to *make myself* anxious?" he cannot focus on the self-defeating, useless thought "Wouldn't it be terrible if I said something stupid to my therapist and if even he disapproved of me!" He would begin actively to dispute (at point D) his irrational beliefs, and not only could he then temporarily change them (by convincing himself, "It would be *unfortunate* if I said something stupid to my therapist and he disapproved of me, but it would hardly be *terrible* or *catastrophic!*"), but he would also tend to have a much weaker allegiance to these self-defeating beliefs the next time. Thus he would obtain, by the therapist's helping him to focus primarily on B rather than on A and C, curative and preventive, rather than merely palliative, results in connection with his anxiety.

This is the basic personality theory of REBT: Humans largely create their own emotional consequences. They appear to be born with a distinct proneness to do so, and they learn, through social conditioning, to exaggerate (rather than to minimize) that proneness. They nonetheless have considerable ability to understand what they foolishly believe to cause their distress (because they have a unique talent for thinking about their

thinking) and to train themselves to change their self-sabotaging beliefs (because they also have a unique capacity for self-discipline or self-reconditioning). If they *think* and *work* hard at understanding and contradicting their *must*urbatory belief systems, they can make amazing curative and preventive changes. And if they are helped to zero in on their crooked thinking and unhealthy emoting and behaving by a highly active–directive homework-assigning therapist, they are more likely to change their beliefs than if they work with a dynamically oriented, client-centered, conventional existential therapist or with a classical therapist who emphasizes behavior modification.

Although REBT is mainly a theory of personality change, it is also a personality theory in its own right (Ellis, 1994, 2001b, 2002).

Variety of Concepts

Ellis largely agrees with Sigmund Freud that the pleasure principle (or short-range hedonism) tends to run most people's lives; with Karen Horney and Erich Fromm that cultural influences as well as early family influences tend to play a significant part in bolstering people's irrational thinking; with Alfred Adler that fictitious goals tend to order and run human lives; with Gordon Allport that when individuals begin to think and act in a certain manner, they find it very difficult to think or act differently, even when they want very much to do so; with Ivan Pavlov that our species's large cerebral cortex provides humans with a secondary signaling system through which they often become cognitively conditioned; with Jerome Frank that people are exceptionally prone to the influence of suggestion; with Jean Piaget that active learning is much more effective than passive learning; with Anna Freud that people frequently refuse to acknowledge their mistakes and resort to defenses and rationalizations to cover up underlying feelings of shame and self-deprecation; and with Abraham Maslow and Carl Rogers that humans, however disturbed they may be, have great untapped capacity for growth.

On the other hand, REBT has serious differences with certain aspects of many popular personality theories.

1. It opposes the Freudian concept that people have clear-cut libidinous instincts, which if thwarted must lead to emotional disturbances. It also objects to the view of William Glasser and many other therapists that all humans *need* to be approved and to succeed—and that if these needs are blocked, they cannot possibly accept themselves or be happy. REBT, instead, posits strong human *desires,* which become needs or necessities only when people foolishly define them as such.

2. REBT places the Oedipus complex as a relatively minor subheading under people's major irrational belief that they absolutely have to receive the approval of their parents (and others), that they *must not* fail (at lusting or almost anything else), and that when they are disapproved of and when they fail, they are worthless. Many so-called sexual problems—such as sexual inadequacy, severe inhibition, and obsessive–compulsive behavior—partly result from people's irrational beliefs that they *need* approval, success, and immediate gratification.

3. REBT holds that people's environment, particularly their childhood parental environment, *reaffirms* but does not always *create* strong tendencies to think irrationally and to be disturbed. Parents and culture teach children standards and values, but they do not always teach them "musts" about these values. People naturally and *easily* add rigid commands to socially inhibited standards.

4. REBT looks skeptically at anything mystical, devout, transpersonal, or magical when these terms are used in the strict sense. It maintains that reason itself is limited, ungodlike, and absolute (Ellis, 1962, 1994). It holds that humans may in some ways transcend themselves or experience altered states of consciousness—for example, hypnosis—that

may enhance their ability to know themselves and the world and to solve some of their problems; but it does not believe that people can transcend their humanness and become superhuman. They can become more adept and competent, but they still remain fallible and in no way godly. REBT holds that minimal disturbance goes with people's surrendering all pretensions to superhumanness and accepting, while still disliking, their own and the world's limitations.

5. For REBT, no part of a human is to be reified into an entity called the unconscious, although it holds that people have many thoughts, feelings, and even acts of which they are unaware. These "unconscious" or tacit thoughts and feelings are, for the most part, slightly below the level of consciousness, are not often deeply repressed, and can usually be brought to consciousness by brief, incisive probing. Thus, suppose a wife is angrier with her husband than she is aware of and that her anger is motivated by the unconscious grandiose thought, "After all I've done for him he *absolutely should* be having sex with me more frequently!" A rational emotive behavior therapist (who suspects that she has these unconscious feelings and thoughts) can usually induce her to (a) hypothesize that she is angry with her husband and look for some evidence with which to test that hypothesis and (b) check herself for grandiose thinking whenever she feels angry. In the majority of instances, without resorting to free association, dream analysis, analyzing the transference relationship, hypnosis, or other presumably "depth-centered" techniques for revealing unconscious thoughts and feelings, REBT practitioners can reveal these in short order—sometimes in a matter of minutes. They show the client her unconsciously held attitudes, beliefs, and values and, in addition, teach the client how to bring her self-defeating, hidden ideas to consciousness and actively dispute them.

People often see how REBT differs significantly from psychoanalysis, Rogerianism, gestalt therapy, and orthodox behavior therapy but have difficulty seeing how it differs from more closely related schools, such as Adler's Individual Psychology. REBT agrees with nearly all of Adlerian theory but has a more hardheaded and behavior-oriented practice (Ellis, 1994; Ellis & Dryden, 1997; Ellis & MacLaren, 1998). It also ignores most of the Adlerian emphasis on early-childhood memories and the importance of birth order. But the basic mistakes that Adlerians emphasize are similar to the irrational beliefs of REBT.

REBT overlaps with Beck's cognitive therapy (CT) in several ways, but it also differs in significant ways: (1) It usually disputes clients' irrational beliefs more actively, directly, quickly, and forcefully than does CT. (2) It emphasizes absolutist *musts* more than CT and holds that most major irrationalities implicitly stem from dogmatic *shoulds* and *musts*. (3) It uses psychoeducational approaches—such as books, pamphlets, audiovisual materials, talks, and workshops—as intrinsic elements and stresses their use more than CT does. (4) It clearly distinguishes between healthy negative feelings (e.g., sadness and frustration) and unhealthy negative feelings (e.g., depression and hostility). (5) REBT emphasizes several emotive-evocative methods—such as shame-attacking exercises, rational emotive imagery, and *strong* self-statements and self-dialogues—that CT often neglects. (6) REBT favors *in vivo* desensitization, preferably done implosively, more than CT does. (7) REBT often uses penalties as well as reinforcements to help people do their homework (Ellis, 2001b, 2002, 2003a). (8) It emphasizes profound philosophical and *unconditional* acceptance of oneself, other people, and the world more than CT does (Ellis, 2005).

REBT is humanistic and to some degree existentialist. It first tries to help people minimize their emotional and behavioral disturbances, but it also encourages them to make themselves happier than they normally are and to strive for more self-actualization and human growth (Ellis, 1994). It is closer in some respects to Rogers's (1961)

person-centered approach than to other therapies in that it mainly emphasizes unconditional self-acceptance (USA) as well as unconditional other-acceptance (UOA) no matter how well or how badly people may perform (Ellis, 2001a, 2002, 2003a, 2005; Ellis & Blau, 1998; Ellis & Harper, 1997; Hauck, 1992).

PSYCHOTHERAPY

Theory of Psychotherapy

According to the theory of REBT, neurotic disturbance occurs when individuals demand that their wishes be satisfied, that they succeed and be approved, that others treat them fairly, and that the universe be more pleasant. When people's demandingness (and not their desirousness) gets them into emotional trouble, they tend to alleviate their pain in both inelegant and elegant ways.

Distraction

Just as a whining child can be temporarily diverted by receiving a piece of candy, so can adult demanders be transitorily sidetracked by distraction. Thus, a therapist who sees someone who is afraid of being rejected (that is, one who demands that significant others accept him) can try to divert him into activities such as sports, aesthetic creation, a political cause, yoga exercises, meditation, or preoccupation with the events of his childhood. While the individual is so diverted, he will not be so inclined to demand acceptance by others and to make himself anxious. Distraction techniques are mainly palliative, given that distracted people are still demanders and that, as soon as they are not diverted, they will probably return to their destructive commanding.

Satisfaction of Demands

If a client's insistences are always catered to, she or he will tend to feel better (but will not necessarily get better). To arrange this kind of "solution," a therapist can give her or his love and approval, provide pleasurable sensations (for example, put the client in an encounter group to be hugged or massaged), teach methods of having demands met, or give reassurance that the client eventually will be gratified. Many clients will feel immensely better when accorded this kind of treatment, but they may well have their demandingness reinforced rather than minimized.

Magic and Mysticism

A boy who demands may be assuaged by magic—for example, by his parents saying that a fairy godmother will soon satisfy his demands. Similarly, adolescent and adult demanders can be led to believe (by a therapist or someone else) that their therapist is a kind of magician who will take away their troubles merely by listening to what bothers them. These magical solutions sometimes work beautifully by getting true believers to feel better and give up disturbed symptoms, but they rarely work for any length of time and frequently lead to eventual disillusionment.

Minimization of Demandingness

The most elegant solution to the problems resulting from irrational demandingness is to help individuals to become less demanding. As children mature, they normally become

less childish and less insistent that their desires be immediately gratified. REBT encourages clients to achieve minimal demandingness and maximum tolerance.

REBT practitioners may, at times, use temporary "solutions," such as distraction, satisfying the client's "needs," and even (on rare occasions) "magic." But they realize that these are low-level, inelegant, palliative solutions, mainly to be used with clients who refuse to accept a more elegant and permanent resolution. The therapist prefers to strive for the highest-order solution: minimizing *must*urbation, perfectionism, grandiosity, and low frustration tolerance.

In REBT, therapists help clients to minimize their absolutistic core philosophies by using cognitive, emotive, and behavioristic procedures.

1. REBT cognitively attempts to show clients that giving up perfectionism can help them lead happier, less anxiety-ridden lives. It teaches them how to recognize their *shoulds, oughts,* and *musts;* how to separate rational (preferential) from irrational (absolutistic) beliefs; how to be logical and pragmatic about their own problems; and how to accept reality, even when it is pretty grim. REBT is oriented toward helping disturbed people philosophize more effectively and thereby uncreate the needless problems they have constructed. Not only does it employ a one-to-one Socratic-type dialogue between the client and the therapist, but it also, in group therapy, encourages other members of the group to discuss, explain, and reason with other ineffectually thinking clients. It teaches logical and semantic precision—that a man's being rejected does not mean that he will always be rejected and that a woman's failure does not mean she cannot succeed. It helps clients to keep asking themselves whether the worst things that could happen would really be as bad as they melodramatically fantasize they would be.

2. REBT emotively employs various means of dramatizing preferences and *musts* so that clients can clearly distinguish between the two. Thus, the therapist may employ *role playing* to show clients how to adopt different ideas; *humor* to reduce disturbance-creating ideas to absurdity; *unconditional acceptance* to demonstrate that clients are acceptable, even with their unfortunate traits; and *strong disputing* to persuade people to give up some of their "crazy thinking" and replace it with more efficient notions. The therapist may also encourage clients, either in individual or group counseling, to take risks (for example, telling another group member what they really think of him or her) that will prove to be not that risky; to reveal themselves (for example, by sharing the details of their sexual problems); to convince themselves that others can accept them with their failings; and to get in touch with their "shameful" feelings (such as hostility) so that they can zero in on exactly what they are telling themselves to create these feelings. Experiential exercises are used to help clients overcome denial of their feelings and then work at REBT's ABCDs (the D refers to disputation) to change their self-defeating emotions. The therapist may also use pleasure-giving techniques, not merely to satisfy clients' unreasonable demands for immediate gratification but also to show them they are capable of doing many pleasant acts that they think, wrongly, they cannot do, and that they can seek pleasure for its own sake, even though others may frown upon them for doing so.

3. *Behavior therapy* is employed in REBT not only to help clients to become habituated to more effective ways of performing but also to help change their cognitions. Thus, their demandingness that they perform beautifully may be whittled away by their agreeing to do risk-taking assignments, such as asking a desired person for a date, deliberately failing at some task (for example, making a real attempt to speak badly in public), imagining themselves in failing situations, and throwing themselves into unusual activities that they consider especially dangerous. Clients' demandingness that others treat them fairly and that the world be kind may be challenged by the therapist's encouraging them to stay in poor circumstances and teach themselves, at least temporarily, to accept them; to take