Evidence

REBT has directly orindirectly inspired scores of experiments to testits theories, and there are now hundreds ofresearch studies thattend to validate its majortheoretical hypotheses (Ellis & Whiteley,1979). More than 200 outcome studies have been published showing that REBT is effective in changing the thoughts,feelings, and behaviors of groups ofindividuals with various kinds of disturbances (DiGiuseppe, Terjesen, Rose, Doyle, & Vadalakis,1998). These studies tend to shOW that REBT disputing and other methods usually work betterthan no therapy and are often more effective than other forms of psychotherapy (DiGiuseppe, Miller, & Trexler,1979; Engels, Garnefski, & Diekstra,1993; Haaga & Davison,1993; Hajzler & Bernard,1991; Jorn,1989; Lyons & Woods,1991; McGovern & Silverman,1984; Silverman et al.,1992).

Applications of REBT to special kinds of clients have also been shown to be effective.It has yielded particularly good results with individuals VHo have anger disorders (Ellis, 2003a), with religious clients (Nielsen, Johnson, & Ellis, 2001), and with schoolchildren (Seligman, Revich, Jaycox, & Gillham,1995).

In addition, hundreds of other outcome studies done by cognitive therapists@ particularly by Aaron Beck (Alford & Beck,1997) and his associates@also supportthe clinical hypothesis of REBT. Finally, more than 1,000 otherinvestigations have shown thatthe irrationality scales derived from Ellis's originallist ofirrational beliefs significantly correlate with the diagnostic disorders with WHich these scales have been tested (Hollon & Beck,1994; Woods,1992). Although much has yetto be learned aboutthe effectiveness of REBT and other cognitive-behaviortherapies,the research results so far are impressive

Individual Evaluations

REBT therapists may use various diagnostic instruments and psychologicaltests, and they especially employ tests ofirrationality, such as the Jones Irrational Beliefs Test,the Beck Depression Inventory, and the Dysfunctional Attitude Scale. Many ofthese tests have been shown to have considerable reliability and validity in controlled experiments.

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achieved.

It is important for all therapists to appreciate the multicultural aspects since this is a vital issue (Sue & Sue, 2003). REBT has always taken a rtion and promotes flexibility and open-mindedness so that practitionupset herself aboutthese differences. Her REBT therapist WOuld give her unconditional because it practically never gets people to dispute or discard their cues, and ideals but only their grandiose insistences that these goals achieved.

Suppose a client lives in an American city populated largely by nProtestant citizens, and she is a relatively poor, dark-skinned, Pakiststicking to them. She could be shown, with REBT, how to refuse to put herself down

al aspects of psychotherapy, taken a multicultural posititioners VHo use it can ultural customs. This is d their cultural goals, vale goals absolutely must be

rgely by middle-class WHite ed, Pakistani-born Muslim. ors and coworkers and may rity group in the "peculiar." Her cultural nd good for her,in spite of and purposes@as long as ofthe townspeople by

:pose

A (ACTIVATING EVENTS OR ADVERSITIES)

@ Briefly summarize the situation you are disturbed about(what would a camera see?)
@ An A can be internal or external,real orimagined
@ An A can be an eventin the past, present, orfuture

IBs (IRRATIONAL BELIEFS)

To identify IBs,look for

@ Dogmatic Demands
(musts, absolutes, shoulds)

@ Awfulizing
(It's awful,terrible, horrible)

@ Low Frustration Tolerance
(I can't stand it)

@ Self/Other Rating
(Tm/he is/she is bad, worthless)

D (DISPUTING IBs)

To dispute, ask yourself:

@ Where is holding this belief getting me? Is it helpful or self-defeating?

@ WHere is the evidence to supportthe existence of my irrational belief? Is it consistent with socialreality?

@ Is my belieflogical? Does itfollow from my preferences?

@ Is itreally awful(as bad as it could be)?

@ Can Ireally not stand it?

C (CONSEQUENCES)

Major unhealthy negative emotions:

Major self-defeating behaviors:

Unhealthy negative emotions include

@ Anxiety @ Depression @ Rage @ Low Frustration Tolerance
@ Shame/Embarrassment @ Hurt @ Jealousy @ Guilt

E (EFFECTIVE NEW PHILOSOPHIES) E (EFFECTIVE EMOTIONS & BEHAVIORS)

New healthy
negative emotions:

New constructive
behaviors:

To think more rationally, strive for;

@ Non-Dogmatic Preferences
(wishes, wants, desires)
@ Evaluating Badness
(it's bad, unfortunate)
@ High Frustration Tolerance
(I don'tlike it, butI can stand it)
@ Not Globally Rating Self or Others
(I@and others@are fallible human beings)

Healthy negative emotions include:

@ Disappointment
@ Concern
@ Annoyance
@ Sadness
@ Regret
@ Frustration

if she suffered from community criticism, and her "peculiar" cultural and religious ways would be questioned only ifthey were so rigidly held thatthey interfered with her basic aims.

Thus,if she flouted the social-sexual mores of her own religion and culture and concluded that she was worthless for notfollowing thCIII perfectly, she would be shown thatit was herrigid demand that she absolutely mustinflexibly adhere to them that was leading to herfeelings of worthlessness and depression.If she changed her mustto a preference, she could choose to follow or notto follow these culturalrules and notfeel worthless and depressed.

REBT,then, has three main principles relevantto cross-cultural psychotherapy:

(1) Clients can unconditionally acceptthemselves and otherindividuals and can achieve high frustration tolerance WHen faced with life adversities.(2)Ifthe therapistfollows these rules and encourages her or his clients to follOW them and to lead a flexible life, multicultural problems may sometimes exist but can be resolved with minimum intercultural and intracultural prejudice.(3) Most multiculturalissues involve bias and intolerance, WLich REBT particularly works against(see The RoOad to Tolerance, Ellis, 2004).

Client Problems

No matter WHatthe presenting problem may be, REBT therapists first help clients to express their disturbed emotional and behavioralreactions to their practical difficulties and to see and tackle the basic ideas or philosophies that underlie these reactions This is apparentin the course of WOrkshops for executives.In these workshops,the executives constantly bring up business, management, organizational, personal, and other problems. Butthey are shown thatthese practical problems often are tied to their self-defeating belief systems, and itis this problem that REBT mainly helps them resolve (Ellis, Gordon, Neenan, & Palmer,1998).

Some individuals, however, may be so inhibited or defensive thatthey do not permitthemselves to feel and therefore may not even be aware of some oftheir underlying emotional problems. Thus,the successful executive WHo comes for psychological help only because his wife insists they have a poorrelationship and WHo claims that nothing really bothers him otherthan his wife's complaints may have to be jolted out of his complacency by direct confrontation. REBT group therapy may be particularly helpfulfor such an individual so that he finally expresses underlying anxieties and resentments and begins to acknowledge that he has emotional problems.

Extreme emotionalism in the course of REBT sessions@such as crying, psychotic behavior, and violent expressions of suicidal-or homicidalintent@are naturally difficult to handle. Buttherapists handle these problems by their own, presumably rational philosophy oflife and therapy, WLich includes these ideas:(1) Client outbursts make things difficult, butthey are hardly awful,terrible, or catastrophic.(2) Behind each outburst is some irrationalidea. Now, WHatis this idea? How can it be broughtto the client's attention and WHat can be done to help change it? (3) No therapist can possibly help every client allthe time.Ifthis particular client cannot be helped and has to be referre elsewhere orlostto therapy,this is unfortunate. Butit does not mean thatthe therapist is a failure.

REBT therapists usually handle clients' profound depressions by showing them, as quickly, directly, and vigorously as possible,thatthey are probably creating or exacerbating their depression by (1) blaming themselves for WHatthey have done or not done, (2) castigating themselves for being depressed and inert, and (3) bemoaning theirfate

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because ofthe hassles and harshness of environmental conditions. Their self-condemnation is not only revealed butfirmly disputed, and in the meantime,the therapist may give clients reassurance and support, may referthem for supplementary medication, may speak to theirrelatives orfriends to enlisttheir aid, and may recommend temporary withdrawalfrom some activities. Through an immediate and direct disputing of clients' extreme self-deprecation and self-pity,the therapist often helps deeply depressed and suicidal people in a short period.

The most difficult clients are usually the chronic avoiders or shirkers WHo keep looking for magical solutions. These individuals are shown that no such magic exists; thatifthey do not wantto WOrk hard to get better,itis their privilege to keep suffering; and thatthey are notterrible persons for goofing off but could live much more enjoyably ifthey WOrked at helping themselves. To help them get going, a form of people-involved therapy, such as group therapy,is frequently a method of choice. Results with unresponsive clients are stillrelatively poorin REBT (and in virtually all othertherapies), but persistence and vigor on the part ofthe therapist often eventually overcome this kind of resistance (Ellis,1994. 2002; Ellis & Tafrate,1998).

CASE EXAMPLE

This section is relatively brief because it concerns the 25-year-old computer programmer whose initial session was presented in this chapter(pp. 214-220). Other case material on this clientfollows.

Background

Sara came from an Orthodox Jewish family. Her mother died in childbirth WHen Sara was 2 years of age, so Sara was raised by a loving but strict and somewhatremote father and a dominating paternal grandmother. She did WCIlin school but had fCIV friends up to and through college. Although fairly attractive, she was always ashamed of her body, did little dating, and occupied herself mainly with her work. Atthe age of 25. she was head of a section in a data processing firm. She was highly sexed and masturbated severaltimes a WCek, but she had had intercourse with a man only once, IVHen she was too drunk to know WHat she was doing. She had been overeating and overdrinking steadily since her college days. She had had 3 years of classical psychoanalysis. She thought her analyst was "a very kind and helpful man," but she had notreally been helped by the process. She was quite disillusioned abouttherapy as a result ofthis experience and returned to it only because the president of her company, WHo liked her a great deal, told herthat he WOuld no longer put up with her constant drinking and insisted that she come to see the author ofthis chapter.

Treatment

Treatment continued for six sessions along the same lines indicated in the transcript included previously in this chapter. This was followed by 24 WCeks of REBT group therapy and a WCekend-long rational encounter marathon.

Cognitively,the client was shown repeatedly that her central problem was that she devoutly believed she had to be almost perfect and that she must not be criticized in any major way by significant others. She was persistently shown,instead, hOW to refrain from rating her self^oMt only to measure her performances;to see that she could never be, except by arbitrary definition, a "worm" even if she never succeeded in overcoming her

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overeating, compulsive drinking, and foolish symptoms;to see thatit was highly desirable but not necessary that she relate intimately to a man and win the approval of her peers and her bosses at work; and firstto accept herself with her hostility and then to give up her childish demands on others thatled herto be so hostile to them. Although she devoutly believed in the "fact" that she and others should be extremely efficient and follow strict disciplinary rules, and although time and again she resisted the therapist' and the group members' assaults against her moralistic shoulds, she was finally induced to replace thCIII,in her vocabulary as WCll as in herinternalized beliefs, with it would l betters. She claimed to have completely overthrown her originalreligious orthodoxy, but she was shown that she had merely replaced it with an inordinate demand for certainty in her personallife and in WOrld affairs, and she was finally induced to give this up,too (Ellis, 2003b).

Emotively, Sara was fully accepted by the therapist as a person, even though he strongly assailed many of herideas and sometimes humorously reduced them to absurdity. She was assertively confronted by some ofthe group members, WLo helped her see how she was angrily condemning other group members fortheir stupidities and their shirking, and she was encouraged to acceptthese "bad" group members (as well as people outside the group)in spite oftheirinadequacies. The therapist, and some ofthe others in her group and in the marathon weekend ofrational encounterin WIich she participated, used vigorous, down-to-earth language with her. This initially horrified Sara, but she later began to loosen up and to use similarlanguage. When she went on a drinking boutfor a few weeks and felt utterly depressed and hopeless,two group members brought outtheir own previous difficulties with alcohol and drugs and showed how they. had managed to getthrough that almostimpossible period in theirlives. Another member gave her steady supportthrough many phone calls and visits. Attimes when she clammed up and sulked,the therapist and other group members pushed herto open up and voice herrealfeelings. Then they went after her defenses,revealed herfoolish ideas (especially the idea that she had to be terribly hurtif others rejected her), and showed how these could be uprooted. During the marathon, she was able,forthe firsttime in herlife,to let herself be really touched emotionally by a man WIo, up to thattime, was a perfect strangerto her, and this showed herthat she could afford to let down herlong-held barriers to intimacy and allOW herselfto love.

Behaviorally, Sara was given homework assignments thatincluded talking to attractive men in public places and thereby overcoming herfears of being rejected. She was shown how to stay on a long-term diet(which she had never done before) by allowing herselfrewarding experiences (such as listening to classical music) only WIen she had first maintained her dietfor a certain number of hours. Through role playing with the therapist and other group members, she was given training in being assertive with people at work and in her sociallife without being aggressive (Ellis, 2003a; Wolfe,1992).

Resolution

Sara progressed in several ways:(1) She stopped drinking completely,lost 25 pounds, and appeared to be maintaining both her sobriety and her VCightloss.(2) She became considerably less condemnatory of both herself and others and began to make some close friends.(3) She had satisfactory sexualrelations with three different men and began to date one ofthem steadily.(4) She only rarely made herself guilty or depressed, accepted herself with herfailings, and began to focus much more on enjoying than on rating herself.

Follow-Up

Sara had REBT individual and group sessions for 6 months and occasionalfollOW-up sessions the next year. She married her steady boyfriend about a year after she had originally begun treatment, after having two premarital counseling sessions with him following their engagement. Two and a half years afterthe close oftherapy, she and her husband reported that everything was going WCllin their marriage, at herjob, and in their sociallife. Her husband seemed particularly appreciative ofthe use she was making of REBT principles and noted, "she still works hard at WhatI she learned with you and the group and,frankly,Ithink that she keeps improving, because ofthis work, all the time." She smilingly and enthusiastically agreed.

SUMMARY

Rational emotive behaviortherapy (REBT)is a comprehensive system of personality change thatincorporates cognitive, emotive, and behaviortherapy methods.Itis based on a clear-cuttheory of emotional health and disturbance, and the many techniques it employs are usually related to thattheory.Its major hypotheses also apply to childrearing, education, social and political affairs,the extension of people's intellectual and emotionalfrontiers, and support oftheir unique potentialfor growth. REBT psychology is hardheaded, empirically oriented,rational, and nonmagical.Itfosters the use of reason, science, and technology.Itis humanistic, existentialist, and hedonistic.It aims forreduced emotional disturbance as WCll as increased growth and self-actualization in people's intrapersonal and interpersonallives.

REBT theory holds that people are biologically and culturally predisposed to choose, create, and enjoy, butthatthey are also strongly predisposed to overconform, be suggestible, hate, and foolishly block their enjoying. Although they have remarkable capacities to observe,reason,imaginatively enhance their experiencing, and transcend some oftheir own essentiallimitations,they also have strong tendencies to ignore social reality, misuse reason, and invent absolutist musts thatfrequently sabotage their health and happiness. Because oftheirrefusals to accept socialreality,their continual musfuTbation, and their absorption in deifying and devilifying themselves and others, people frequently wind up with emotional disturbances.

When noxious stimuli occurin people's lives at point A (their adversities),they usually observe these events objectively and conclude, at pointrB (theirrational belief),that this eventis unfortunate,inconvenient, and disadvantageous and thatthey wish it WOuld change. Then they healthily feel, at point C (the consequence), sad,regretful,frustrated, or annoyed. These healthy negative feelings usually help them to try to do something abouttheir adversities to improve or change thCIIIL. Theirinborn and acquired hedonism and constructivism encourage them to have,in regard to adversities,rationalthoughts ("I don'tlike this;let's see WIIatI can do to change it") and healthy negative feelings (sorrow and annoyance)that enable thCJ\ to reordertheir environment and to live more en joy ably.

Very often, however, WHen similar adversities occurin people's lives,they observe these events intolerantly and grandiosely and conclude, at pointiB (theirirrational beliefs),thatthese events are awful, horrible, and catastrophic;thatthey must not exist; and thatthey absolutely cannot stand them. They then self-defeatingly feelthe consequence, at point C, ofworthlessness, guilt, anxiety, depression,rage, and inertia. Their disturbed feelings usually interfere with their doing something constructive aboutthe adversities, and they tend to condemn themselves fortheir unconstructiveness and to experience more feelings of shame,inferiority, and hopelessness. Theirinborn and

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acquired self-critical, antihumanistic, and deifying and devilifying philosophies encourage them to have,in regard to unfortunate activating events,foolish thoughts ("How awfulthis is and I am! There's nothing I can do aboutit!") and dysfunctionalfeelings (hatred ofthemselves, of others, and ofthe world)that encourage them to Wトine and rant and live less enjoyably.

REBT is a cognitive-emotive-behavioristic method of psychotherapy uniquely designed to enable people to observe, understand, and persistently dispute theirirrational, grandiose, perfectionistic shoulds, oughts, and musts and their awfuliwg.It employs the logico-empirical method of science to encourage people to surrender magic, absolutes, and damnation;to acknowledge that nothing is sacred or all-important(although many things are exceptionally unpleasant and inconvenient); and to gradually teach themselves and to practice the philosophy of desiring ratherthan demanding and of WOrking at changing WHatthey can change and gracefully accepting Wトatthey cannot change aboutthemselves, about others, and aboutthe world (Ellis,1994. 2002; Ellis & Blau, 1998; Ellis & Dryden,1997; Ellis & MacLaren,1998).

In conclusion,rational emotive behaviortherapy is a method of personality change that quickly and efficiently helps people resisttheirtendencies to be too conforming, suggestible, and anhedonic.It actively and didactically, as well as emotively and behaviorally, shows people how to abet and enhance one side oftheir humanness Wトile simultaneously changing and living more happily with (and notrepressing or squelching) another side.Itis thus realistic and practical as well as idealistic and future oriented helps individuals to more fully actualize, experience, and enjoy the here and now, but it also espouses long-range hedonism, Vトich includes planning fortheir own (and others')future.Itis WHatits name implies:rational and emotive and behavioral,realistic and, visionary, empirical and humanistic. As,in alltheir complexity, are humans.

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Web sites

Dr. Debbiejoffe Ellis, www.debbiejoffeellis.com Ellis, Friends of Albert Ellis, www.albert-ellis-friends.net REBT Network, www.rebtnetwork.org

Books

Ellis, A.(2004). 反切tional emotive behaviortherapy@itlworks for me@it can work for you. Amherst, NY: Prometheus Books.
This autobiographical book presents an excellent overview ofthe life and WOrk of Albert Ellis.

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This book reviews the theoretical underpinnings of REBT and advocates tolerance for and patience with the all-too-common shortcomings of human beings.

Ellis, A.(2005). The 彬ツth of self-esteem. New YOrk: Prometheus Books.
The book provides an overviCW of Ellis's approach to life and psychotherapy and REBT's emphasis on unconditional acceptance, and it gives some insight into the breadth of his intellect. Separate chapters deal with Jean-Paul Sartre, Martin Heidegger, Martin Buber, D. T. Suzuki, and Zen BuddhiSIJ.

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This book presents the generaltheory and basic practice of rational emotive behaviortherapy (REBT), with special chapters on how itis used in individual, couples,family, group, and sex therapy.It brings the original seminal book on REBT, Reason and Emotion in Psychotherapy (Ellis,1962) up to date and gives many details about REBT therapy procedures.

Ellis, A., & Harper, R. A.(1997). A guide to rationalliving. NOrth Hollywood, CA: Wコlshire Books.
This completely revised and rewritten version ofthe REBT self-help classic is one ofthe most widely read self-help books ever published, and itis often recommended by cognitive@behaviortherapists to their clients.Itis a succinct,straightforward approach to REBT based on self-questioning and homework and shows how readers can help themselves with various emotional problems.

CASE READINGS

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Ellis presents a verbatim protocol ofthe first, second, and fourth sessions with a woman who comes for help because she is self-punishing,impulsive and compulsive, and afraid of males, has no goals in life, and is guilty about herrelations with her parents. The therapist quickly zeroes in onher main problems and shows herthat she need notfeel guilty about doing what she wants to do in life, even if her parents keep upsetting themselves about her beliefs and actions.

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Ellis presents a single verbatim session with a procrastinator who was failing to finish her doctoralthesis in sociology. He deals with her problems in a direct, no-nonsense manner typical ofrational emotive behaviortherapy, and shein a laterreports that as a result of a single session, she finished herthesis, although she had previously been procrastinating on itfor a number of years.

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Ellis presents a verbatim protocol with a therapist who volunteers to bring up problems offeeling inadequate as a therapist and as a person. Albert Ellis shows her some core beliefs leading to her self-downing and how to actively dispute and surrenderthese beliefs. Ellis and Windy Dryden then review the protocolto analyze its REBT aspects.