Rational-Emotive Therapy: A Literature Review

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This paper reviews the literature on rational-emotive therapy (RET). The focus was on literature published from 1975 to the present, with emphasis on literature reviews and theoretical studies. Background material by Albert Ellis was included. A historical perspective is given of RET's origin and development. Its philosophy, theory, and techniques are surveyed. Particular attention was given to RET's application to emotional education and undisturbed populations, especially those who exhibit creativity, high productivity, and above-average capabilities.

Most writers confirm the validity of RET's theoretical base and conclude that it is effective as a preventive and curative method of psychotherapy. Others criticize its theoretical formulations and find the research on its effectiveness to be inconclusive or nonconfirmatory. Research pertaining to RET's effectiveness with non-disturbed populations, while limited, generally confirms its efficacy. Continued scientific research seems needed to validate or disconfirm RET's theory and effectiveness.
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I am grateful to my wife for her unflagging confidence, limitless patience, caring and encouraging support, good nature, and sustaining love in the face of prolonged change, uncertainty, frustration, and restriction. I am also grateful to our parents for their financial support, encouragement, faith, understanding, and love through stressful times. My son has exhibited patience, unquestioning acceptance, amazing adaptability, good nature, and a sustaining love. I could not have done without my advisors' guidance, encouragement, receptiveness, and especially their flexibility in allowing me to pursue my degree in a somewhat unorthodox manner.

William T. Castell
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CHAPTER I

BACKGROUND

Originator

Rational-emotive therapy was originated by Albert Ellis (Ellis, 1979a, p. 2; Ellis & Grieger, 1977b, p. 421; Morris & Kanitz, 1975, pp. 1-4; Saltzberg & Elkins, 1980). He was born in Pittsburgh, raised in New York City, received his bachelor's degree from the City College of New York, and earned both his M.A. and Ph.D. degrees in clinical psychology from Columbia University. His professional background includes being Chief Psychologist of the New Jersey State Diagnostic Center and Chief Psychologist of the New Jersey Department of Institutions and Agencies. He has practiced psychotherapy for over thirty years and continues to practice at the Consultation Center of the Institute for Advanced Study in Rational Psychotherapy in New York City (Ellis, 1972, p. 191).

Dr. Ellis is Executive Director of two nonprofit institutes: the Institute for Rational Living, Inc., an adult education organization, and the Institute for Advanced Study in Rational Psychotherapy, a training facility and consultation center. The Institute for Advanced Study is also the parent organization for The Living School, a private school where non-disturbed children are taught regular academic subjects as well as the elements of emotional education (Ellis, 1972, p. 8).
In profiling Dr. Ellis, Morris and Kanitz (1975, chap. 1) suggest that his childhood environment of parental neglect, which allowed considerable autonomy and independence, may have contributed to the development of rational-emotive theory (RET). They write that:

Ellis showed the first signs of his reliance upon reason and cognition by refusing to be miserable or to allow his home, physical, or social inadequacies to be more than minor inconveniences. . . . through the application of reason, he developed compensating abilities. (p. 2)

They report him to have been brilliant in school, earning a Ph.D. in clinical psychology from Columbia University in 1947.

Origin

Ellis (1962, chap. 1) says that he was originally trained as a psychotherapist in the fields of marriage, family, and sex counseling and considered himself to be a clinician and social psychologist. His experience led him to believe that:

disturbed marriages . . . were a product of disturbed spouses; and that if people were truly to be helped to live happily with each other they would first have to be shown how they could live peacefully with themselves. (p. 3)

He reports that that belief caused him to seek a "deeper, more penetrating" (p. 4) form of psychotherapy, which led to his study of Freudian theory and techniques, and to personally undergoing orthodox psychoanalysis.

Ellis (1957b) writes that he practiced orthodox psychoanalysis from 1949 to 1952. He (1962, pp. 5-6) says that he still thought something was missing because psychoanalytic insight, by itself,
generally failed to result in the client getting better. Client behavior tended to remain unchanged. He experienced a desire for a more active role as a therapist and found that he was frequently criticized by clients for not helping them. He began to question the efficiency and effectiveness of waiting for the client to get an insight, thinking that it might be more efficient for the therapist to share his/her insight with the client.

Ellis (1962, pp. 8-11, 1957b) changed from psychoanalytic to psychoanalytically-oriented techniques, which he practiced from 1952 to 1955. As he became more active and directive in the conduct of his therapy, he found that the results improved in that more clients were helped in less time. He noted, however, that his clients frequently complained that they felt no better even after having an insight and that their behavior still tended to remain unchanged. This observation led him to the realization that insight alone did not result in behavior change. It appeared to him that humans also needed, in addition to insight, to take action to overcome the deep-seated fears and hostilities to which they had been conditioned early in life. He therefore began combining insight with action.

Ellis (1962, pp. 10-12) says that his ideas about action came from an extrapolation of Pavlov's deconditioning experiments. Ellis reports that he began to "encourage, persuade, and impel them [clients] to do the things they were afraid of . . . in order more concretely to see that these things were not actually fearsome"
Clients were encouraged to act against their fears. After first gaining a psychoanalytically-oriented insight into how their problem originally developed, clients were taught that as adults they no longer needed to be afraid because they were free to recondition themselves. Then Ellis encouraged them to act to change their behavior. While combining insight and action improved results, Ellis found that clients still refused to help themselves even after knowing what they were doing and what to do to overcome it.

Based upon his experience, Ellis (1962, pp. 14-16) theorized that humans have a language and symbol-producing facility which is used to communicate with themselves, quite aside from environmental influences, to regulate their behavior by self-punishment and self-reward. He concluded that people control their behavior by their own thinking; that humans choose to believe certain things based upon what they tell themselves.

Ellis' self-talk theory led him to rational-emotive therapy's basic formulation: humans are "rarely affected . . . by outside things and events; rather: he is affected by his perceptions, attitudes, or internalized sentences about outside things and events" (Ellis, 1962, p. 54). He credits the ancient Stoic philosophers with the discovery of this principle, quoting Epictetus "who in the first century A.D. wrote in The Enchiridion: 'Men are disturbed not by things, but by the views which they take of them'" (Ellis, 1962, p. 54). Ellis (1962, pp. 19-32) writes that he began

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attacking what his clients chose to believe, in those cases where it appeared that the client held irrational ideas which resulted in self-destructive behavior. By the beginning of 1955 the basic theory and practice of rational therapy had been formulated. Ellis (1958; Ellis & Grieger, 1977b) gave his first paper, in which he laid out its major tenets, at the 1956 meeting of the American Psychological Association in Chicago.

Developmental Influences

Ellis (1962, p. 35, 1977a, p. 4) acknowledges that his ideas, which led to development of the principles of rational-emotive therapy, were not new. He says that while the concepts were independently constructed by him, they were previously and concurrently formulated by others. He takes credit for new applications to psychotherapy of viewpoints first presented in different contexts.

Dolliver (1977) suggests a number of possible influences upon the development of Ellis' ideas. He states that Low may have aided "in Ellis' translation of the stoic philosophy into psychotherapeutic method" (p. 57) and identifies similarities between RET and Low's will-training. For example, Dolliver says that Low recognized the human tendency to over-react to situations. Low (cited in Dolliver, 1977) used the word "temper" (p. 57) to label the over-reaction, and considered it to be in one of two categories: believing that another person had done wrong by you or that you were wrong. Dolliver points out that Low's formulations about temper appear to
correspond to Ellis' concept of irrational ideas. Dolliver continues by saying that Low taught his clients to dispute their tendency to over-react to situations by learning to recognize them as distressing rather than dangerous. Dolliver points out that a similar technique is used in rational-emotive therapy. He speculates that Low (1943/1967), in presenting his ideas for correcting emotionally-disturbed behavior in Lectures to Relatives of Former Patients, may have stimulated Ellis' (1957a) How to Live with a Neurotic.

Ellis (1977h) responds to Dolliver's speculation by saying that he learned little from Low, having read his book after developing RET. Ellis says that his ideas were developed independently from Low.

Dolliver (1977) continues his analysis of possible influences upon the development of Ellis' ideas by suggesting that Horney "seems to be a highly important source for Ellis' views" (p. 58). To support that hypothesis, Dolliver points out that Ellis was in therapy with a Horneyian analyst in the early 1950s, which would have exposed him to Horney's views. Dolliver finds Ellis' descriptions of the overall characteristics of neurotics similar to Horney's, as well as Ellis' (cited in Dolliver, 1977) phrase "stupid behavior by a non-stupid person" (p. 58). Dolliver suggests additional similarities in Ellis' contention that realizing the irrationality of ideas is prerequisite to giving them up, and his belief that a neurotic propagandizes himself with self-statements.
Dolliver concludes by suggesting that Horney's (cited in Dolliver, 1977) "tyranny of the should" (p. 58) and "neurotic trends" (p. 58) seem to be similar to Ellis' eleven irrational ideas.

Ellis (1977h) appears to accept Dolliver's comparison when he credits him with being "unusually accurate" (p. 78) and giving "a good summary of many of my views" (p. 78), while offering no contradiction to his theorized Horneyian influence.

Dolliver (1977) writes that Ellis was trained in, and practiced, psychoanalysis and suggests that he held some views in common with Freud. Dolliver cites as examples the ideas that reason controls emotion, man is hedonistic, religion is unscientific, and a childlike dependence, and that love and work goals come from the same source. Ellis (1977) points to Freud's early belief "that emotional disturbance arises from what he called ideogenic sources—meaning, from nutty and highly exaggerated ideas" (p. 263). Dolliver (1977) does acknowledge that there are significant differences between the views of Freud and Ellis, as well as similarities.

Russell (cited in Dolliver, 1977) appears to hold several views in common with Ellis. They include realizing that even the worst that can happen really won't matter much, that de-catastrophizing reduces worry, that thinking rationally reduces terrors, and that people should not worry so much about what others think.

Dolliver (1977) notes that self-theory advocates believe that how people view themselves influences their behavior, which seems
to correspond with Ellis' emphasis on people thinking well of themselves and accepting their intrinsic worth, without regard to their accomplishment. Dolliver (1977) speculates that Ellis may have picked up the concept of unconditional positive regard from Rogers. Ellis (cited in Dolliver, 1977) says:

I partially go along with Carl Rogers' contention that the therapist's unconditional positive regard for the patient is a necessary condition for good therapy, because I believe that most patients only accept themselves very conditionally. . . . they are considerably helped by a therapist who shows them . . . that he believes that people can be of value to themselves and lead happy lives just because they exist, and not because they do anything well or to mutually please others. (p. 164)

Dolliver (1977) finds Ellis in agreement with Berne in regard to client self-esteem, saying that both men encourage clients to take responsibility for their behavior and perceive that destructive behavior comes from perpetuation of childish modes. Dolliver also finds similarities between their concepts of the origin of "shoulds" (p. 60). He points out that Berne believes they come from the parent ego state and Ellis perceives them coming from client self-talk.

Ellis (1971d) credits Adler as being a primary mentor, without whose influence he might not have arrived at the principles of RET. He acknowledges duplicating Adler by stressing cognition, believing that clients view themselves as inadequate, declining to make judgments about an individual's moral worth, considering anger to be an unuseful emotion, believing that disturbed people ask too much of
those around them, and by believing that meaning is not to be found in a situation so much as it is in our view of the situation.

Evolvement

Kleiner (1977) credits Ellis with being a "pioneer in modern psychology and psychotherapy's investigation of people's attitudes and beliefs" (p. 51). Ellis and Grieger (1977b, chap. 29) say that RET has undergone many changes since its creation in 1955 and is now "established as one of the major cores of the cognitive-behavior therapy movement" (p. 421). In support of that claim they cite a number of recent books in which RET is acknowledged and endorsed. They go on to say that "rational-emotive therapy is probably the main force in instigating and furthering" (p. 422) the cognitive-behavior movement in therapy. They express their confidence "that the future of modern psychotherapy and self-help procedures will be influenced by these [RET] principles, whether or not the term RET itself survives" (p. 421).

Ellis (1962, p. 120) originally used the term rational therapy to identify his method of psychotherapy. He says that it seemed to describe his process of demonstrating to clients that their thinking was irrational and illogical, while inducing them to talk to themselves in a more rational manner. Ellis and Harper (1978, p. 209) say that the term rational therapy seemed to emphasize the persuasive, teaching, logical, and philosophic aspects which were distinctive of the method.
Ellis (1962, p. 120) recounts that by the time *A Guide to Rational Living in an Irrational World* (Ellis & Harper, 1961b) was published, the term rational therapy had been expanded to rational-emotive psychotherapy. Ellis (1962, p. 120; Ellis & Harper, 1978, p. 209) says that he wanted the name to more accurately reflect what he wanted it to mean. He states that his method had been criticized for divorcing thinking and emotions, and for being superficial. He also says that he had been incorrectly classified as a rationalist. By adding the term emotive, Ellis says he hoped to reflect that the therapy was at least doubly oriented. He points out that the emphasis continued to be on cognitive and didactic components while emotive techniques were being used with increasing frequency, so long as they did not detract from the primary focus of behavior change. Ellis encouraged change through action in the form of the client working: making an effort to change by practicing being different.

Ellis (1962, p. 121) identifies another difficulty that had arisen with the term rational therapy. He discovered that Catholic-oriented therapists, following the teachings of St. Thomas Aquinas, and Marxist-oriented therapists were both using the term to describe their work. Ellis says that since he held little in common with either group, he felt that a change was needed.

Ellis and Harper (1978, p. 202) identify a number of other titles which are sometimes used to describe RET. Among them are semantic therapy, cognitive-behavior therapy, and rational-behavior
therapy. The authors state that they consider RET to be an intrinsic part of cognitive-behavior therapy.

Ellis (Ellis & Harper, 1978, p. 202) identifies his primary collaborators as Dr. Robert A. Harper, Dr. H. Jon Geis, Edward Garcia, Dr. William Knaus, Dr. John M. Gullo, Dr. Paul A. Hauck, Dr. Donald H. Meichenbaum, Dr. Janet L. Wolfe, Dr. Arnold A. Lazarus, Dr. Aaron T. Beck, and Dr. Maxie C. Maultsby, Jr.

As was previously noted, Ellis (Ellis & Grieger, 1977b, p. 421) presented his first paper on RET principles in 1956. That paper was later published in 1958 (Ellis, 1958). Ellis (1978b) says that his first book on RET was How to Live with a Neurotic (Ellis, 1957a) which, along with The Art and Science of Love (Ellis, 1960/1969) and Creative Marriage (Ellis & Harper, 1961a), were intended as self-help books dealing with certain specific applications of RET. Ellis and Harper (1978) say that A Guide to Rational Living in an Irrational World (Ellis & Harper, 1961b) was published to present "to the reading public one of the first books by reputable, experienced psychotherapists that showed people how to deal effectively with their own problems" (p. ix). Ellis says in Reason and Emotion in Psychotherapy (1962, p. 33) that he wrote the book for clinicians. In it he integrated important talks and papers from the preceding five years, summarizing RET up to that point and going a bit beyond. Ellis and Harper (1978, p. ix) consider A New Guide to Rational Living (Ellis & Harper, 1978) and Reason and Emotion in
Psychotherapy (Ellis, 1962) to be the most authoritative RET sources, and to be classics in the field.

A number of developments have taken place in RET since its inception. Ellis (1971c), speaking of its broadened application, says:

that although RET procedures were originally invented to help individuals who had already become afflicted with serious emotional problems, they are so allied to the field of education that they have enormous implications for emotional prophylaxis as well as treatment. (p. 13)

Ellis (1977h) discusses the difference between inelegant RET, which came from his original formulations, and elegant RET which developed as rational-emotive therapy matured. He describes inelegant, or general, RET as a form of cognitive behavior therapy which focuses on changing existing behavior. The elegant form, while retaining the more limited goal of the inelegant version, goes beyond changing existing behavior and seeks to change "fundamental disturbance-creating philosophies" (p. 74). Ellis expresses a preference for the elegant form because the effects of the rational beliefs which replace the irrational philosophies are transferable: they apply to any present or future difficulty. Ellis (cited in Weinrach, 1980) discussed what he calls the superelegant form of RET, in which clients "practically under all conditions for the rest of their life they would not upset themselves about anything" (p. 156).

Ellis (1977h) says that while early RET particularly stressed the rational disputing, logical persuasion mode, "many cognitive
methods of therapy have now been added to those I originally stressed" (p. 73). He says that while RET was once a "special kind of rational-persuasive therapy. . . . it is now synonymous with . . . cognitive-behavior (CB) therapy " (pp. 73-74).

One of the changes identified by Ellis (1977h) is that RET no longer adheres to the dogmatic idea that clients must, in order to be disturbed, believe irrational ideas: a precept which led therapists to look deliberately for them. Ellis explains that now the therapist suspects, on theoretical grounds, that irrational ideas exist. While the therapist continues to look for irrational ideas, and when found attempts to get the client to acknowledge their existence and to surrender them, the therapist no longer concludes beforehand that they exist.

Ellis (1958; Ellis & Harper, 1978, p. 202) points to another change by saying that RET originally dealt with irrational ideas, but now places greater importance upon absolutistic thinking. He explains that such thinking, which comes from believing that certain things must be done, produces results even more harmful than irrational ideas.

Ellis and Grieger (1977b, p. 426) describe another development by writing that RET has moved away from the therapist giving the client unconditional positive regard. They express the belief that such a posture implies some form of rating or measurement. They explain that therapists now tend to encourage client self-acceptance since it avoids any self-rating. They say that RET is
"encouraging the therapist largely to act as himself or herself, as a human personality, rather than to hide behind silence or other therapeutic masks" (p. 426). Ellis and Harper (1978, p. 210) write that this shift reflects RET's focus on the client getting better instead of only feeling better. Ellis and Grieger (1977b, p. 427) reinforce that concept by saying that emphasis is placed on the client strongly acting against feelings of anxiety, guilt, and hostility rather than merely having those feelings accepted by the therapist.

Ellis and Grieger (1977b, pp. 423-424) and Ellis and Harper (1978, pp. 204-205) present another theoretical shift by writing that RET has moved from its original position of advocating human worth simply because of being alive, to dropping the question of human value altogether because it is both unmeasurable and unprovable. They write that clients are encouraged not to rate themselves at all, but to accept themselves simply because they exist.

In a closely related philosophical change, the authors (Ellis & Grieger, 1977b, pp. 423-424; Ellis & Harper, 1978, pp. 204-207) go on to point out that RET now makes a distinction between self-blame, in which clients tend to rate themselves, and self-downing. Self-downing is now advocated because it allows criticism of certain behavior without downing the self. Thus RET takes the position that rating behavior is all right, but rating human value is not all right. The shift in philosophic orientation becomes clear when the authors note that RET theory originally held that a person should
not blame him/herself for his/her mistakes. That position proved untenable because at times a person was responsible for his/her mistake and was blameworthy. They report that RET resolved the issue by advocating self-downing and discouraging self-blame. Criticism of behavior became acceptable, but the theological concept of damnation was rejected. In that way blameworthy behavior could be acknowledged while downing self and others, seen by the authors as the main essence of human disturbance, was avoided.

In discussing strong negative emotions, Ellis and Harper (1978, pp. 207-208) say that RET originally maintained that a person "could legitimately feel sorry, sad, or unhappy but that if you experienced these feelings very strongly you behaved neurotically" (p. 207). They go on to say that now, even exceptional sorrow or displeasure may be interpreted as appropriate so long as it does not lead to depression. They depict current RET theory as accommodating heightened unhappiness, but rejecting any appropriate role for depression.

Ellis and Grieger (1977b, p. 424) and Ellis and Harper (1978, p. 205) say that homework, while always used, has been increasingly emphasized as an RET technique. They say that in vivo desensitization has been pioneered by RET. They explain too that the use of self-management, the self-contracting for reinforcement of successful application of RET techniques and penalties for failure to apply these techniques, has seen increasing utilization.

Ellis and Grieger (1977b, p. 427) call attention to a number of new cognitive methods which have been incorporated into RET
techniques, building upon the original disputation focus. Some of them, as noted by Ellis and Harper (1978, p. 219), reflect the increasing use of educational techniques. As examples, they identify homework report sheets, tape-recorded therapy sessions, lectures and seminars, and cards showing rational statements and RET diagrams. Other new cognitive methods named by Ellis and Grieger (1977b, p. 427) include lecturing, instructing, teaching logical thinking, teaching thought stopping and the ability to focus on nondisturbing ideas, attacking false attributions, use of general semantics, referenting and other forms of semantitherapy, cognitive modeling, biofeedback techniques, bibliotherapy, and paradoxical intention. Ellis (1977c, 1977b, p. 427) makes reference to rational songs, which teach RET, as one of the most recent additions to available techniques.

Ellis and Grieger (1977b, p. 426) identify still other techniques, invented since RET's inception and especially oriented to it, which are now widely utilized. The authors mention Maultsby's rational-emotive imagery (Maultsby, 1975, 1977, chap. 14; Maultsby & Ellis, 1974), rational-emotive problem simulation (Knaus & Wessler, 1976), and Ellis' (1973b, 1977d) shame-attacking exercises. Tosi (1977) writes of combining hypnosis with imagery techniques to facilitate the process of rational cognitive-restructuring. He also describes adding a staging concept, which guides the client's restructuring, resulting in rational-stage-directed therapy. Ellis (1972) introduces his concept of rational sensitivity, which he
describes as a process of becoming "exquisitely sensitized but not sensitive" (p. 19). Ellis (1977) points out that RET pioneered in some aspects of skill training, such as assertion training, interpersonal encounter, and values clarification. Tosi (1977) seems to reinforce the inventive and pioneering influences of RET when he reports the increase in studies of biofeedback methods that include a systematic study of the role of cognitive factors, the increasing use of investigative rational therapy in relation to psychophysiological disorders, and when he predicts that RET will stimulate other behavioral methodologists to include subjective processes such as thinking in subsequent researches.

Ellis (1975b, pp. vii-xv; Ellis & Harper, 1978, pp. xi-xv) acknowledges the influence of Alfred Korzybski (1933), the semanticist who called attention to the generalizing influence of labeling on feelings and behavior. Ellis also cites the influence of D. David Bourland, Jr. (1965), a follower of Korzybski and the originator of E-prime. E-prime is a form of English, represented in "the semantic equation: \( E' = E - e \), where \( E \) represents all the words of standard English and \( e \) represents all the forms of 'to be'" (Ellis, 1975b, p. viii). Ellis, believing that "E-prime eliminates absolutistic, self-fulfilling prophecies" (p. ix) and that "E-prime has great possibilities in terms of helping humans think straightly about themselves and the world and thereby act more sanely and less neurotically" (p. x), used E-prime in the revised editions of both.
CHAPTER II
PRECEPTS

Definition

Rational-emotive therapy is a method of psychotherapy and a theory of personality (Ellis, 1977a, p. 3, 1977i, p. 16, 1979a, p. 1). Ellis and Knaus (1977, p. 27) expand that definition by describing RET as a "cognitive-behavior therapy" (p. 90) and say that it is a "comprehensive system that includes cognitive, emotive, and behavioral aspects" (p. 90). The authors continue by saying that RET is a broadly based "behavioral approach that includes philosophic, informational, and persuasive elements" (p. 90). Ellis and Harper (1978) consider it a form of semantic therapy by saying that "RET . . . stresses a semantic approach to understanding and minimizing human disturbance" (p. xii). They refer to it as a "rational-emotive approach to personality change" (p. 52) which, according to Ellis and Knaus (1977), "provides a structured method to examine, then minimize or eliminate, maladaptive beliefs which interfere with effective functioning" (p. 29).

Philosophic Orientation

Ellis (1978b) says that RET is "within a distinctly phenomenological and humanistic framework" (p. 45) and considers it similar to some existential approaches to human behavior (Ellis, 1962,
p. 216, 1980). Tosi's (1977) perception of RET invisions humans to be at the center of their universe, able to control their destinies and responsible for creating themselves. Ellis (1974) says:

Rational-emotive therapy squarely places man in the center of the universe and of his own emotional fate and gives him almost full responsibility for choosing to make or not make himself seriously disturbed. . . . [RET] insists that . . . the individual himself can, and usually does, significantly intervene between his environmental input and his emotionalized output, and that therefore he has an enormous amount of potential control over what he feels and what he does.
(p. 4)

Ellis (1974) says that:

RET starts frankly with a human value system—namely, the assumption that pleasure, joy, creativity, and freedom are good or efficient for human living, and that pain, joylessness, uncreativity, and bondage are bad or inefficient.
(p. 12)

Ellis and Knaus (1977) say that RET provides a structured method for "achieving basic goals of survival, satisfaction, affiliation, and intimacy. It provides the tools and rationale for you to develop a philosophy and skills to achieve the life style you desire" (p. 29). Tosi (1977) points out, however, that RET does not emphasize what man should be. According to Ellis (1977j), RET helps people choose what basic values and goals they personally want and then selects cognitively-based skill training which will lead toward those goals.

Ellis and Harper (1978) state RET's paramount thesis as "people can live the most self-fulfilling, creative, and emotionally satisfying lives by disciplining their thinking" (p. 12). Ellis (1962) gives his central theme:
Man is a uniquely rational, as well as a uniquely irrational, animal; that his emotional or psychological disturbances are largely a result of his thinking illogically or irrationally; and that he can rid himself of most of his emotional or mental unhappiness, ineffectuality, and disturbance if he learns to maximize his rational and minimize his irrational thinking. (p. 36)

Ellis (1962, p. 54) points out that RET makes the philosophic assumption that most everyone is capable of change even when they are emotionally disturbed. A person is assumed to either be aware of his/her self-defeating behavior while irrationally persisting in it, either from not knowing what to do or not caring, or to be unaware that he/she is defeating his/her own ends. The reeducation objectives would differ in each of those situations, but the underlying assumption of capacity for change remains the same. According to Ellis (1971c, p. 52), that premise supports the therapeutic practice by the therapist, early in the sessions, of confirming the client's problems while concurrently communicating that they can be solved.

Rationality is defined by Ellis and Knaus (1977, p. 27) as behavior or thought which enhances attainment of survival, satisfaction, intimacy, joy, and self-acceptance. Tosi (1977) expands that definition by saying that "rationality is that human dimension that allows one to move beyond awareness, insight, and reflective thought into meaningful, concrete and productive action" (p. 47). He goes on to say that rationality "implies logical thinking and acting as a way of achieving some personal goal" (p. 47), and that it "stresses the use of reason to minimize self-defeating emotions
and behavior— not just the mere replacing or substituting of ra-
tional ideas for irrational ones" (p. 47). He concludes by saying
that "rationality . . . does not imply intellectualization" (p. 47).

Irrational behavior or thought is simply defined by Ellis and
Knause (1977, p. 27) as being that which interferes with attainment
of man's chosen goals. Ellis (1976) writes that "irrationality means
any thought, emotion, or behavior that leads to self-defeating or
self-destructive consequences—that significantly interferes with
the survival and happiness of the organism" (p. 145). Kassinove,
Crisci and Tiegerman (1977) state that "irrationality, as defined
by rational-emotive theory, is a multidimensional construct (i.e.,
composed of 11 specific cognitions)" (p. 267), referring to RET's
eleven irrational ideas.

Ellis (1971b) suggests that "people become and remain 'emotion-
ally disturbed' largely because they do not clearly define what
their 'disturbance' is and what they can do to minimize it" (p.
168). Ellis and Harper (1978) write that RET:

Follows . . . the humanistic, educative model which asserts
that people . . . have a great many more choices than they
tend to recognize; that most of their "conditioning" actually
consists of self-conditioning; and that a therapist, a teacher,
or even a book can help them see much more clearly their range
of alternatives and thereby to choose to reeducate and retrain
themselves so that they surrender most of their serious
self-created emotional difficulties. (p. x)

The preceding statement by Ellis and Harper appears to intro-
duce three additional philosophic characteristics of RET. One is
its self-help aspect. Ellis and Knaus (1977, p. 35) say that it
shows people how to help themselves for all disturbances through
cognitive restructuring and action. They write that "it provides strategies for almost every kind of human disturbance, and it includes persuading you, or getting you to persuade yourself, to apply some of these strategies" (p. 35). A second characteristic is that when a therapist is involved, his/her primary goal is to help with quick clarification of client values and goals and to facilitate necessary skill improvement (Ellis, 1972, p. 8, 1973c). Harper (1977, p. 40) adds that the therapist must teach the client how he/she is creating his/her own problems. Meichenbaum (1977a) says that the therapist must "determine precipitating external events . . . specific thought patterns and underlying beliefs that . . . give rise to negative emotions . . . [and] assist the client in altering these beliefs and thought patterns" (p. 187). The third characteristic is suggested by Miller and Kassinove (1978) when they write that "preventive mental health is a primary goal of the rational emotive model" (p. 372).

Ellis and Harper (1978, p. 84) point out that RET does not focus upon the pathology behind client behavior. It chooses instead to attend to the normal reasons for behavior. This distinguishes RET, as Ellis and Harper (1978, p. ix) point out, from both the medical model, in which emotional problems are envisioned as diseases which are best cured by the authoritarian procedure of the physician instructing the patient what to do, and the conditioning model, in which early influences are viewed as causal to disturbances which can best be overcome by an outside therapist.
reconditioning the client. As previously pointed out (Ellis, 1962, p. 36), RET theory perceives disturbances to be self-inflicted as a result of irrational thinking, and proposes that they are best cured by the client discarding his own irrationalities in favor of rational thought and action.

Goals

Rational-emotive therapy techniques are intended to facilitate the enhancement of appropriate client behavior while minimizing inappropriate behavior. Clients are quickly and forthrightly shown their self-defeating behavior, what they are doing to cause it, and told what they must do to change. Value clarification results in a distinction being made between appropriate and inappropriate behavior. Clients learn about self-talk, how to identify the specific irrational beliefs which they tell themselves, how to dispute those beliefs, and how to change behavior (Ellis, 1962, chap. 6, 1979a, pp. 1-6). Ellis (1974, pp. 159-160, 1979e, pp. 54-57) specifies self-interest, self-direction, tolerance, acceptance of uncertainty, flexibility, scientific thinking, commitment, risk taking, and self-acceptance as other mental health goals which are sought during psychotherapy.

Ellis (1979a) says, "RET practitioners don't just try for symptom removal but also strive to help clients effectuate a profound philosophic as well as behavioral change" (p. 3). Ellis and Harper (1978) comment that RET therapists "help people get better
rather than merely or mainly feel better" (p. 210). Ellis (1962) says that the main goal is "inducing the patient to internalize a rational philosophy of life" (p. 95) "so as to remove the basic cause of their difficulties" (p. 36). Ellis (1962, chap. 4) explains that to the traditional therapeutic techniques of relationship, empathy, support, insight, and interpretation, and to the preliminary strategies of rapport, client expression, showing the client that he/she can change and demonstrating how he/she originally became disturbed, RET adds showing the client how he/she is maintaining self-destructive behavior and what he/she must do to change. Clients are shown how irrational ideas create disordered emotions and dysfunctional behavior, how they themselves can discover and actively dispute self-defeating cognitions, how to choose alternate methods of thinking, emoting, and acting, and are assigned active homework to provide practice for new behavior (Ellis, 1977).

Garcia (1977) defines therapeutic growth as "the integration of ideational, emotional, and behavioral change" (p. 72). He goes on to say that "it is this kind of therapeutic growth that we are after and not just a superficial change in ideas, or, as is sometimes the case, a mechanical change in behavior" (p. 72). Kassinove, Crisci and Tiegerman (1977) write that "the rational-emotive therapist works to increase patient adjustment by reducing irrational thinking" (p. 267).
CHAPTER III

THEORY

A-B-C Theory of Personality

Ellis (1977a, p. 5) says that there are three primary clinical theories contained in RET's ideology: the A-B-C theory of personality, detecting irrational beliefs, and disputing irrational beliefs.


Ellis (1974, chap. 4, 1977i, pp. 19-21) writes that A represents some activating event, about which a person becomes disturbed. B represents the person's belief system about the activating event (A). C represents the emotional consequences which the person experiences because of his/her belief system (B) about the activating event (A).

Ellis (1974, chap. 4) says that beliefs (B) may be one of two types: rational (rB) or irrational (iB). He defines a rational belief as being reasonable, realistic, and appropriate to the reality of the activating event (A). A rational belief can be supported by
empirical data. Ellis and Knaus (1977, p. 27) point out that ra-
tional beliefs result in emotional and behavioral reactions which
enhance the individual's well-being. An irrational belief (Ellis,
1974, chap. 4) is unreasonable, not realistic, and inappropriate to
the reality of the activating event (A). It cannot be supported
by empirical evidence. Ellis and Knaus (1977, p. 27) write that
irrational beliefs tend to cause emotional and behavioral reactions
such as anxiety, depression, anger, or inertia. Ellis (1974, chap.
4) continues by saying that consequences (C) may also be rational
(rC) or irrational (iC). Rational consequences result from rational
beliefs about the activating event and irrational consequences re-
sult from irrational beliefs about the activating event.

Ellis (1977a) narrates his A-B-C theory by writing:

When you have either an appropriate or an inappropriate emo-
tional reaction, at point C (your emotional Consequences),
after some Activating Event or Activating Experience (espe-
cially of an obnoxious nature) has occurred at point A,
A definitely does not cause C. Instead, B, your Belief
System about A, directly causes you to react emotionally
at C. (p. 19)

Rational-emotive's A-B-C theory of personality explains emo-
tional and behavioral reactions to events on the basis of an indi-
vidual's belief system (Ellis, 1977a, p. 19). In order to under-
stand RET's theoretical formulations explaining development of be-
lief systems, it is necessary to understand the role attributed to
internalized sentences, or self-talk (Ellis & Harper, 1978,
chap. 20).
Ellis' philosophical orientation (Ellis, 1962, chap. 2, 1971b, 1974, chap. 1, 1977i, pp. 16-30, 1977a, pp. 3-5, 1978b, 1979e, pp. 33-60), that human beings have a great deal of control over what they think, feel, and do, leads him to theorize (Ellis & Harper, 1978, p. 197) that desires and emotions are not uncontrollable forces even though they have deep biological and learned roots which may tend to place them beyond immediate control. He suggests (Ellis, 1973c, 1976) that people are born with strong inclinations to learn some things and not learn other things and says that humans have a "biological tendency to be irrational and self-defeating" (Ellis, 1978a, p. 161).

Ellis and Harper (1978, chap. 20) and Young (1974, pp. 11-14) maintain that emotions are directly related to thinking and are therefore largely within eventual control. They go on to say that thinking is directly related to perceiving, behavior, and desiring, none of which have an independent existence. While acknowledging that perfect control is not possible, they believe that clients can learn to regulate much of their emoting by modifying their thought processes through observation, analysis, questioning, and changing internalized sentences. They (Ellis & Harper, 1978) say that:

Whatever your emotional upsets, you can learn to perceive the cerebral self-signalings that . . . lie behind and motivate your emotions--and thereby succeed in deciphering the "unconscious" messages you transmit to yourself. Once you clearly see, understand, and begin to dispute the irrational beliefs that create your inappropriate feelings, your "unconscious" thoughts will rise to consciousness, greatly enhancing your power of emotional self-control. (p. 21)
Ellis (1974) states that RET "assumes that what we call emotional disturbance is largely self-created and can therefore be self-dispelled" (p. 12). Ellis and Harper (1978) say that "a large part of what we call emotion stems from a certain kind—a biased, prejudiced, or strongly evaluative kind—of thinking" (p. 21).

They further describe the concept by writing that "people tell themselves various sane and crazy things. Their beliefs, attitudes, opinions, and philosophies largely . . . form . . . internalized sentences or self-talk" (p. x). Ellis and Harper (1978) hold that once this concept is understood, clients can begin "disputing, altering, and acting against their internal verbalizations" (pp. x-xi).

In summary of the theoretical concepts concerning the relationships among self-talk, thinking, perceptions, emotions, and behaviors, Ellis (1973c, 1974, chap. 1, 1976, 1978a) and Ellis and Harper (1978, p. x, chap. 4, chap. 20) propose that people tell themselves various sane and crazy things in the form of internal sentences or self-talk. These things become their beliefs, attitudes, opinions, and philosophies, which determine how they feel about events, thus causing their emotions and behavior. When a person clearly understands his/her self-talk, he/she may choose to act against the self-propagandizing in order to change his/her belief structure, with the concomitant alteration of both emotions and behavior. Briefly, then, what a person tells him/herself determines what he/she thinks. What they think determines their beliefs, and beliefs determine
their feelings and behavior. Changing semantic usage changes thinking, which changes beliefs, which changes emotions and behavior.

Detecting Irrational Beliefs

Ellis (1962, chap. 3, 1977a, chap. 1) developed a way to classify modern irrationalities, in order to facilitate detection of irrational beliefs. He (Ellis, 1962) formulated them in an attempt "to be more specific about the ideational bases of emotional aberrations" (p. 61). Ellis (1977a) believed that:

However we categorize or slice them, humans seem to have a fairly limited number of basic or fundamental irrational Beliefs (IB's), albeit at the same time having an almost unlimited number of variations. (p. 20)


Ellis' (1977e) irrational ideas are:

The idea that you must—yes, must—have sincere love and approval almost all the time from all the people you find significant.

The idea that you must prove yourself thoroughly competent, adequate, and achieving; or that you must at least have real competence or talent at something important.

The idea that people who harm you or commit misdeeds rate as generally bad, wicked, or villainous individuals and that you should severely blame, damn, and publish them for their sins.

The idea that life proves awful, terrible, horrible, or catastrophic when things do not go the way you would like them to go.

The idea that emotional misery comes from external pressures and that you have little ability to control your feelings or rid yourself of depression and hostility.
The idea that if something seems dangerous or fearsome, you must become terribly occupied with and upset about it.

The idea that you will find it easier to avoid facing many of life's difficulties and self-responsibilities than to undertake some rewarding forms of self-discipline.

The idea that your past remains all-important and that, because something once strongly influenced your life, it has to keep determining your feelings and behavior today.

The idea that people and things should turn out better than they do; and that you have to view it as awful and horrible if you do not quickly find good solutions to life's hassles.

The idea that you can achieve happiness by inertia and inaction or by passively and uncommittedly "enjoying yourself."

The idea that you must have a high degree of order or certainty to feel comfortable; or that you need some supernatural power on which to rely.

The idea that you can give yourself a global rating as a human and that your general worth and self-acceptance depend upon the goodness of your performances and the degree that people approve of you. (p. 11)

A comprehensive analysis of RET's irrational beliefs is provided by Ellis and Harper (1978, chap. 10-19).

In recent years, Ellis (1977a, chap. 1) appears to have simplified RET's irrational belief structure by consolidating his irrational beliefs into four major groups of human irrationalities: "awfulizing, I can't stand-it-itis, masturbational and self-damning" (p. 15). Ellis (1975a, 1979e, pp. 33-60) later accomplished further consolidation into groups which appear to represent the three most significant causes in RET theory of emotional disturbance:

I reduced my original number of basic irrational Beliefs to three major musts, each of which includes several important subcategories... These are: (1) "I must (or should or ought) perform well and/or be approved by significant others. It is awful (or horrible or terrible) if I don't! I can't stand it. I am a pretty rotten person when I fail in this respect!" (2) "You must treat me considerately and fairly. It is horrible if you don't! When you fail me, you are a bad individual, and I can't bear you and your crummy behavior!" (3) "Conditions must be the way I want them to be, and it is
Ellis and Knaus (1977) write that those "three musturbational commandments lie at the core of almost all forms of emotional disturbance" (p. 24). Ellis (1979e) reinforces their importance by saying that "If anyone subscribes to these three basic musts... various forms of emotional disturbance will almost inevitably follow" (p. 46). Ellis and Knaus (1977) identify which emotional disturbances to expect from each category of musts: "the first leads to anxiety, depression, and self-downing; the second to anger, hostility, and resentment; and the third to depression and hopelessness, accompanying an attitude of low frustration tolerance" (p. 24).

Ellis (1977i) finds that "musturbation comprises the root of most emotional evil" (p. 30). Ellis (cited in Weinrach, 1980) says:

If I were to give one central theme of RET... which would describe what's going on, it would be something like, "I can't stand it-itis."... So, all of human discomfort could logically be put in terms of low frustration tolerance. (p. 155)

It appears that blaming may also be at the root of emotional distress. It is an element in all three of Ellis' emotional disturbance categories (Ellis, 1979e, p. 46). Ellis (1962) wrote, "in the final analysis, then, blaming, in all its insidious ramifications, is the essence of virtually all emotional disturbances" (p. 138). He explains that the blaming may be of self, for some perceived wrongdoing or failing, or it may be other-directed: at fate, circumstances, the universe, or other people for frustrating attainment of desires. Ellis and Harper (1978) felt much the same
way several years later when they wrote, "We can designate the essence of emotional disturbance in a single word: blaming" (p. 113). It appears from reading the literature that for all practical purposes the term blaming encompasses Ellis' term self-damning which he used to describe one of the four major human irrationalities (Ellis, 1977a, p. 15).

Another RET concept which appears common to all of Ellis' three major causes of emotional disturbance is awfulizing, defined by Ellis and Knaus (1977) as taking "truly unfortunate conditions, . . . and escalate them . . . to the point of your virtual immobility" (p. 79). They also characterize it as the process of attaching great importance to things that have little significance. Ellis (1977a, chap. 1) identifies it as something which nearly always accompanies irrational thinking.

RET theory distinguishes between a person wanting, or desiring, something and a person demanding, or insisting, that they get something. While some things are desirable, they may not also be necessary (Ellis, 1971b, 1977a, chap. 1). Ellis and Knaus (1977, p. 33) point out that the demand terms of should, ought, must, and need come from irrational thinking. They contrast them to the desire terms of wish, want, and hope, which come from rational thinking.

Rational-emotive theory (Ellis & Harper, 1978, pp. 204-205; Ellis & Knaus, 1977, chap. 4) holds that self-image is central to emotional health and disturbance. Ellis and Knaus (1977) say that
"the way you evaluate yourself often forms the basis for your emotive-behavioral reaction" (p. 29) and that it either helps or sabotages the joy of living. RET holds that personal worth is a matter of definition, and that the value system chosen by a person provides the framework for judging self-worth. The authors write that individual traits may be viewed negatively, positively, or neutrally, depending on the frame of reference.

Ellis and Harper (1978, pp. 204-205) and Ellis and Knaus (1977, chap. 4) theorize that people tend to derive their self-concept by rating two things: their traits, deeds and performances, and their essence or totality as a human being. The authors suggest that while it is all right for a person to evaluate his/her acts, a person should not rate his/her human totality. They advocate making a distinction between worth as a person and the value of a person's performance, by suggesting that a discrimination be made between performance traits and total human essence. They point out that mistakenly concluding that poor performance constitutes personal worthlessness may lead to various undesirable emotional states, including anxiety and depression.

Ellis and Knaus (1977, chap. 4) take exception with the notion that self-worth, self-esteem, or ego equate with being a worthwhile person. They object because they believe that such an evaluation of worth is based upon performance and acceptance by others. They suggest instead what they call "unconditional self-acceptance" (p. 40); worth as a person simply because of being alive.
Ellis and Harper (1978, pp. 204-205) maintain that there is no need to rate humanity at all. They suggest that people accept themselves because they exist, and that while alive they can choose to minimize pain and maximize pleasure. Those who choose to stay alive and enjoy themselves can then proceed to dealing with the question of how best to do that.

Disputing Irrational Beliefs

The A-B-Cs of emotional disturbance are therapeutically extended in RET theory to include the D-Es (Ellis, 1974, chap. 4). He explains that D represents the disputing of irrational beliefs. E represents the effects, either cognitive effects (cE) or behavioral effects (bE), resulting from disputing irrational beliefs. Ellis (1977a) describes the therapeutic application of disputing:

"If you want to change inappropriate or dysfunctional consequences, at C, you can do so fairly quickly by vigorously and incisively disputing them, with logico-empirical challenges, at D" (pp. 19-20). As a result of disputing, the client is expected to obtain the cognitive effect (cE) of irrational beliefs being replaced by rational beliefs, and the behavioral effect (bE) of inappropriate consequences being replaced by appropriate consequences; destructive behavior becomes constructive (Ellis, 1974, chap. 4).

Ellis (1977a, chap. 1) points out that RET theory presumes the almost certain presence of irrational beliefs in the face of dysfunctional behavior. Once discovered they are exposed to the
process of disputing, which Ellis (1977a) says "is the main therapeu­
getic approach of RET" (p. 30). He (1979c, pp. 67-73) goes on to say that disputing is "the most common cognitive method of RET" (p. 67), referring to it as the "fundamental rational-emotive method" (p. 67). He points out that disputing is done by the thera­
pist in a very active and directive manner. Ellis (1977b, pp.
21-22) justifies the need to attack irrational values systematically
and vigorously on the grounds that it is not only effective, but
often necessary in order to overcome the client's tendency to hold
tightly to his/her irrational ideas.
CHAPTER IV

APPLICATIONS

Techniques

RET uses a variety of cognitive, affective, and behavioral methods to accomplish its therapeutic goals (Ellis, 1977g, 1977j, 1979c, pp. 61-100, 1979a, pp. 1-6; Ellis & Harper, 1978, chap. 21). They include self-management, diversion or distraction, suggestion and hypnotic suggestion, modeling and imitation, problem solving, role playing and behavioral rehearsal, skill training, assertion training, systematic and in vivo desensitization, shame-attacking exercises, risk taking, rational-emotive imagery (REI), rational humorous songs, biofeedback, instrumental conditioning, relaxation, and most all other regular behavior-therapy methods.

Ellis (1977g) advocates an active-directive approach by the therapist in order to overcome the client's long-standing, strongly held predisposition toward emotional and behavioral dysfunction. He also believes in the need to dispute irrational beliefs and to persuade clients to surrender them in favor of rational beliefs. He reports success with combining these characteristics into an active-directive style of disputation and persuasion. Ellis (1971c) writes "The therapeutic approach is direct, active, hard-hitting, even relentless. The client's . . . assumptions, which have been unquestioned for many years and which seem to be at the base
of her problems, are attacked in a straightforward manner" (p. 15) and that "the therapist does not hesitate to give clear-cut interpretations, reassurances, directions" (p. 70). Ellis and Knaus (1977) advocate applying RET concepts in a "highly active approach to problem-solving, rather than by waiting for a miracle" (p. 94). Ellis (1971c, chap. 2 & 3) claims efficiency for RET because it zeros in quickly on what appears to be the client's main problem. Quickness is possible because the theoretically-based probability of client irrationality causes the therapist to remain alert for irrational beliefs. The therapist, usually in the early sessions, calls the client's attention to these irrationalities as being the essence of their disturbance.

Ellis (1977i) writes, "rational-emotive therapy, probably more than any other leading therapeutic school, emphasizes behavioristic, in vivo homework assignments" (p. 23). Ellis and Harper (1978, chap. 21) point out that from its inception, RET has attempted to persuade clients to work against their destructive behavior and to practice new ways of being as part of the action required to force themselves to be different. They continue by saying, "We specialize in giving our clients risk-taking, shame-attacking, routine-changing homework assignments . . . where you push yourself to do . . . things you normally refuse to do" (p. 195).

Ellis (1977g, 1979c, p. 74) has found homework necessary to overcome the human tendency to "habituate themselves to thinking,
emoting, and acting in certain dysfunctional ways" (1977g, p. 13). He goes on to say that people "resist change . . . [and] require considerable active practice to undo these self-defeating habits and to keep them from recurring" (1977, p. 13). Maultsby (1971) agrees with the need for active client participation in treatment and reports successfully using homework "in the acquisition and maintenance of their [patients'] psychoemotional health" (p. 195).

Ellis and Knaus (1977, p. 93) say that both intellectual and cognitive homework must be used. They describe intellectual homework as being behavioral disputing in which the client works against inactivity by forcing him/herself to do the things which he/she fears doing. Action automatically challenges the client's irrational ideas, thereby reinforcing the cognitive homework, or cognitive disputing, in which the client works against the irrational ideas that support inactivity.

RET primarily follows an educational model rather than a psychodynamic or medical model (Ellis, 1962, chap. 8; Ellis & Harper, 1978, p. 219). Ellis says, "Effective psychotherapy importantly consists of education and reeducation" (1977g, p. 16) and describes the therapist as an "emotional reeducator" (1962, p. 191). RET seeks to teach people that they have disturbed themselves with illogical thinking and distorted perceptions, and to show them how to overcome self-defeating behavior by thinking more clearly and rationally (Ellis, 1962, chap. 8, 1977g; Ellis & Harper, 1978, p. 219). Knaus (1977) writes that "rational-emotive therapy seeks
to provide its clients with cognitive-emotive reeducation. The client is helped to unlearn old, irrational beliefs and to replace them with new, more rational ones" (p. 398).

Ellis and Harper (1978, chap. 21) say that RET uses a wide variety of effective educational measures, including "workshops, lectures, seminars, public therapy demonstrations, tape recordings, films, stories, books, pamphlets, and other mass media presentations" (p. x). They report developing improved methods for emotional education and "suggest that, ultimately, the terms emotional education or tolerance training may replace the term psychotherapy" (p. 219).

Emotional Education

Ellis (1971d) says that REE is "rational-emotive methodology . . . applied to emotional education" (p. 5). DiGiuseppe, Miller and Trewler (1977) write that "rational-emotive education is a direct extension of rational-emotive therapy" (p. 66). Ellis (1971a) finds that the techniques can be employed as a preventive measure against disturbed behavior with nondisturbed youngsters, adolescents, and adult clients. He writes that it is "ideally designed for classroom application . . . oriented toward a cognitive, dramatic-evocative and didactic methodology . . . and it so naturally inclines toward educative and reeducative procedures" (p. 1).

Rational-emotive education is discussed by Knaus (1977) when he writes that:
Rational-emotive education (REE) is a planned, systematic cognitive-emotional reeducational program for children. It aims to teach children such basic rational-emotive insights as how feelings develop, how to discriminate between valid and invalid assumptions, and how to think rationally in antiawful and antiperfectionistic terms. (1977, p. 398)

He says that REE "provides a systematic approach for teaching problem-solving strategies" (1977, p. 401) and that it "can be formally woven into the regular curriculum as a preventative mental health tool" (1977, p. 403). He cites a number of studies which he says support the effectiveness of REE in helping young people build self-confidence and frustration tolerance while reducing anxiety.

Ellis (1971a, 1971d, 1973a, 1975c) and DiNubile and Wessler (1974) discuss REE's application at The Living School. The Living School is a private school for normal children, operated by The Institute for Advanced Study in Rational Psychotherapy in New York City (Ellis, 1971d). Ellis (1971d) explains that "rational-emotive schooling, as we experimentally practice it at The Living School, is a concerted, long-range attempt to help the child grow up emotionally and to become a reasonably independent-thinking, self-actualizing, minimally disturbed person" (pp. 5-6). The emotional education is done by regular school teachers who are trained in RET (Ellis, 1971d). Ellis says that the school gives group "preventive counseling, on a regular and systematic basis, to all its pupils, whether or not they have behavior problems" (1973a, p. 1). He goes on to explain that the group sessions have the "primary purpose of [the children] bringing up their personal, social, home, and school
difficulties and discussing them with the counselor and with the other members of the group" (Ellis, 1973a, p. 1). Ellis (1973a) states the emotional education goal, taught from the first grade on in many educational ways other than formal group therapy, as "changes in the children's attitudes so that they become more tolerant, self-accepting, unhostile, self-disciplined, adaptive to necessary frustration, creative, and academically achieving" (p. 3). In other words, they work toward the children having "a significantly lesser chance of developing mild or severe personality maladjustment" (Ellis, 1973a, p. 1). Ellis (1971a, 1975c) reports good results at the school from using RET techniques and cites supporting studies.

Forman and Forman (1980) describe an in-service education program for teachers and other school personnel using RET techniques. They report that the goals were to help participants understand emotions, reduce irrational beliefs, develop skills to self-manage emotions, and acquire skills to help students better manage their emotions. At each of ten, 1-1/2-hour sessions, the participants heard an initial didactic lecture, followed by a discussion and exercises in which presented concepts were practiced. The authors concluded "that all four program goals were met, and that the training produced significant changes in the affective domain" (p. 94). They go on to say that "Rational-emotive in-service training appears to provide techniques that can help teachers deal
with their emotions and attitudes in the classroom in a constructive manner" (p. 95).

Miller and Kassinove (1978) state that "Rational emotive education (REE) is a direct extension of rational emotive therapy" (p. 367) and find it adaptable to classroom presentation because of its didactic orientation. Their study identified the irrational beliefs common to school children and sought to determine whether the behavioral, cognitive, or emotive component of REE was most effective. The findings indicated that the behavioral components increased REE's effectiveness over lectures only. The authors concluded that "The results of the present study provide clear support for the efficacy of rational emotive education at the elementary school level" (p. 371). They speculate that prevention, through programs to help undisturbed children acquire coping skills, may be the best way to deal with the nation's mental health problem. The study showed no evidence to support the hypothesis that intelligence is related to the effectiveness of the treatment. The authors point out, however, that no low IQ subjects were included in the study.

Knipping, Maultsby and Thompson (1976) propose that schools should prepare students for the world of the future, and note that "most youngsters need help in learning to cope, to understand themselves in the world of today. Without this training, they cannot engage effectively in learning" (p. 281).
Lang (1980) makes an interesting comparison between the theories of Ellis and Jean Piaget. She finds them similar in that Piaget's ontogenetic development theory parallels RET's therapeutic development theory. She points out that Piaget suggests that children's early theories of physical causality are irrational in that they perceive events as being caused by others. She finds that idea similar to Ellis' contention that children construct irrational theories of psychological causality. Lang restates Piaget's view that as age increases, children tend to shift causality to self as a result of their physical irrationalities being challenged in their environment. By contrast, she points out that the early developed psychological irrationalities are seldom challenged, thus causing a "developmental lag" (p. 7) in the psychological realm. She suggests that RET, in the form of rational-emotive education (REE), offers an antidote for the apparent psychological development arrest by providing a challenging environment for immature theories of psychological causality.

Wasserman and Vogrin (1979), in a study investigating the relationship between 11 irrational beliefs and overt behavior by emotionally disturbed and learning disabled children, age 8 to 13, report finding little research on RET with children. The authors state that there are no data relating acquisition of rational principles in children to their overt behavior. They also found that the effects of RET on behavior adjustment of emotionally disturbed children had not been addressed. Their study found a correlation
between endorsement of irrational beliefs and overt behavior only when age was considered. They found that as a child gets older, he/she is less likely to blame external events for his/her unpleasant experiences. They also concluded that under a certain age a child may be unable to acquire and utilize RET principles. They discovered no relationship between intelligence and endorsement of irrational beliefs, suggesting that intelligent children were no better able to use RET than were less intelligent children. They did conclude that RET is effective with emotionally disturbed children. Their results indicated that repetition of RET principles did not increase retention, suggesting that the length of treatment had no effect. They found that as irrational beliefs decreased, children's reliance upon external factors decreased, while creativity and initiative increased.

Patton (1977), in a study using rational-emotive techniques in a rational behavior therapy model with emotionally disturbed adolescents in a school setting, concluded that:

training was effective in influencing learning of rational concepts and influencing the ability to generalize the concepts into personality structures. However, the training did not seem to effect overt behaviors manifested in the educational milieu. (p. 10)

This finding appears to be in conflict with Wasserman and Vogrin (1979) who successfully correlated irrational beliefs with overt behavior in older kids. Zelie, Stone and Lehr (1980) found RBT, Rational Behavior Therapy, to be effective in reducing school disciplinary referrals while improving problem behavior, classroom...
attention, and homework. They concluded that RBT was an effective
disciplinary intervention model. Zelie et al. point out that RBT, which is based upon RET principles, has a psychological rather than a disciplinary orientation and emphasizes internal control versus external school control. The responsibility for thinking, learning, and behavior rests with the students. The authors note that the program's orientation is a "particularly appropriate strategy because of the independence needs of adolescents" (p. 81). They go on to say that the students are in control of their behavior by learning new skills, which enable them to maintain a better perspective. They found that student disciplinary referral was an "opportune time to develop and practice new skills rather than perpetuate ineffective responses" (p. 80). Confirming Patton (1977), the study showed that improved classroom behavior did not generalize to other areas.

The results of a study by DiGiuseppe and Kassinove (1976) failed to support Wasserman and Vogrin's (1979) hypothesis that older children benefitted more than did younger children from a rational-emotive program. DiGiuseppe and Kassinove's (1976) results did support the conclusion (Patton, 1977; Wasserman & Vogrin, 1979) that RET principles can be acquired by school-age children and that such acquisition increases emotional adjustment.

Kassinove, Crisi and Tiegerman (1977), in a study measuring developmental trends in rational thinking, confirmed Wasserman and Vogrin (1979), and to some degree Spirito (1979), by finding that
irrationality, as defined by RET, decreases with age. Kassinove's et al. (1977) findings contradicted those of DiGiuseppe and Kassinove (1976), who concluded that older children benefitted more than younger children. Kassinove et al. (1977) offer a possible explanation for that contradiction by pointing out that their study used seventh-, eighth-, and ninth-grade boys who may have been at equal developmental stages. They reported that across all ages, further reduction of irrational thinking appeared possible, suggesting that all irrational thinking was not eliminated with the application of RET. Their study indicated "that the various irrational ideas which compose rational-emotive theory do not develop uniformly" (Kassinove et al., 1977, p. 273). They explain that finding by reporting that irrational idea #5, that human unhappiness is externally caused, was endorsed consistently across the grades, while idea #6, that the possibility of dangerous or fearsome events should be dwelled upon, had the highest correlation with grade: the higher grades endorsing it less frequently than the lower grades. The authors present a survey of a number of other studies and note that almost all of them seek reduction of irrationality "as though it were unitary" (p. 267), with each irrational idea treated equally. Kassinove et al. (1977) suggest that irrationality "is a multidimensional construct (i.e., composed of 11 specific cognitions)" (p. 267). They propose additional research to investigate the need for an individual approach, pointing out that it may be inefficient to challenge irrational ideas, the strength of which
tend to decrease automatically with age and without intervention. They suggest that attention might better be focused on those irrational ideas that tend to be retained as age increases. The authors speculate that it may be impossible to train enough rational therapists to meet future needs, suggesting that prevention may be a better solution than treatment.

Spirito (1979) undertook to determine if RET's theory of irrationality and psychological adjustment held true for adolescents. His findings suggest that the hypothesis that irrational ideas cause maladaptive behavior "may not be as clearly applicable to adolescents as it is to adults" (p. 11). He found that emotions coming from the characteristic turbulence of adolescence may contribute to irrational behavior. He also found "some developmental differences in the frequency of irrational beliefs" (p. 9), but found no direct "simple linear decrease in frequency as a function of age" (p. 9) as was reported by Kassinove et al. (1977).

In a study by DeVoge (1974), a behavioral approach to RET was taken to teach rational-emotive thinking to emotionally disturbed children who were systematically reinforced for rational thinking. The hypotheses were that children could be taught a new attitude and that with use, it would become dominant. Her conclusion: "It appears that consistent and exclusive reinforcement of rational statements results in change toward more self-controlled behavior" (p. 26). Similar results were achieved by DiGiuseppe (1975) in a program designed to change the irrational thinking of emotionally disturbed children.
disturbed children. The behavioral techniques of modeling, fading, and reinforcement were systematically employed in order to establish rational self-statements. Results showed that the techniques were used successfully in that the children's behavior was modified in situational disorders. The author points out that rational thinking did not result in all situations, but speculates that generalization could be expected.

Young (1975) reports the effectiveness of RET in his counseling of teenagers with average and below-average intelligence, whether or not they are emotionally disturbed. He suggests that the attitudes held by the adolescents about developmental issues are the main concern, rather than the developmental struggles themselves. He writes that "The primary problem in adolescence is cognitive misconceptions" (p. 1). He describes his view of the therapist's role by saying, "the primary role of the therapist under such circumstances is that of a teacher whose goal is to provide the emotional facts of life within a framework of reason and common sense" (p. 5).

A number of studies have dealt with the effectiveness of RET in reducing the school-related problem of test anxiety. Oliver (1975) cites studies which have found "evidence that test-anxious individuals actively rehearse negative self-evaluations which compete for attention during the test situations" (p. 7). She argues that test anxiety comes from irrational beliefs which can be unlearned using RET techniques.
Warren, Deffenbacher and Brading (1976) studied the effectiveness of RET in reducing test anxiety in fifth- and sixth-graders. Although the control group also reduced anxiety, thereby confusing the findings somewhat, the researchers concluded that RET was effective in elementary school settings. They also found that there was no generalization of test anxiety reduction to other anxieties. Hymen and Warren (1978) attempted to show that treatment combining RET with rational-emotive imagery would be more effective in reducing test anxiety than would treatment only with RET. Their results, however, failed to support that hypothesis and they concluded that both methods were effective. Inasmuch as the study's design omitted a control group, the findings warrant further verification.

Boutin (1978) reports on his study in which RET was integrated with hypnotherapy and imagery to form Rational Stage Directed Hypnotherapy in the treatment of a test-anxious 17-year-old female nursing student. The author explains the process as extending Ellis' A-B-C theory of personality to include the client experiencing physiological responses through imagery, and then applying RET techniques under hypnotism. Boutin found the procedure to be effective in reducing test anxiety and in sustaining the reduction. He reports that the method was more simple, less time consuming, and applied to a wider variety of situations than systematic desensitization. Boutin concluded that the client gained a general technique which could be applied to a wide variety of applications.
Baither and Godsey (1979) confirmed RET's effectiveness in reducing test anxiety in a study that compared rational-emotive techniques with relaxation training. Treatment was administered during a short-term presentation to underachieving college students in a course on improving study. They concluded, "when treatment of test anxiety is short term or held in large groups a rational emotive approach may be more useful than relaxation training" (p. 326).

Block (1980), in a study of weight reduction in overweight adults, reports RET superior to relaxation. The author notes that the participants continued to lose weight after the follow-up period, and speculates that such a result may support RET as an education model.

Undisturbed Populations

Rational-emotive therapy appears to be effective in a wide variety of applications. References are cited in the preceding section on emotional education which support RET's effectiveness with emotionally disturbed as well as undisturbed adults, adolescents, and children in educational settings. This section surveys studies in which RET was applied to disturbances which are common, although not exclusive, to creative, productive, and highly capable individuals.

Ellis (1975c) says, "RET . . . takes virtually all humans as its therapeutic target" (p. 239). He goes on to say, "Although I originally designed it for fairly disturbed people, it has wide
applications in helping many others feel considerably less anxious and hostile than they normally would and in actualizing their growth potential" (p. 239). He has also said (Ellis, 1971a, 1971d, 1973a) that rational-emotive procedures can be used with undisturbed populations and cites references supporting his position.

Ellis and Blum (1967) wrote that rational training "is applicable to all levels of management in business and industry as well as to those individuals who work in the area of 'people contact,' including labor officials, sales representatives, teachers, clergymen, and officers in the armed forces" (p. 1267). Ellis (1972) says:

Out of this work which I have done with scores of executives in personal counseling sessions have emerged a good many general ideas and principles. These can be applied by virtually any organizational leader, even (and maybe especially) when he has no serious emotional difficulties but merely wants to conduct his work and get along with his associates more effectively. . . . Just as rational-emotive psychology can be applied to normal youngsters and their problems, in the course of their regular classroom activities, so can it be applied to normal executives and their problems. (p. 10)

A specific application of RET to managers, executives, and professional people is by Ellis (1972). In writing about executive leadership he says that executives seek help from RET not only for relational problems but for "deep-seated and longstanding vocational or business problems" (p. 10). He says:

Since executives, in particular, are supposed to be concerned with efficiency, since they are usually amazingly inefficient in the handling of their basic emotional hangups, and since they are often the kind of individuals who like rational and effective solutions to problems, I feel particularly drawn to teaching them how to be at least as powerful at handling themselves as they frequently are about handling organizational affairs. (p. 9)
To achieve that end, Ellis' irrational ideas (Ellis, 1962, chap. 3, 1977e, p. 11) can be applied to executive needs. Ellis (1972, chap. 3) discusses his Rational Sensitivity model, which is used to teach the RET philosophy that emotions come from beliefs and to help executives become aware of their thoughts and feelings. He explains that Rational Sensitivity is a means whereby the executive can learn to become aware of his/her own purposes and goals as well as the desires and values of others, so that the two may be harmonized.

Criddle and Tracy (1977, pp. 209-219) report that the problems among business people seem to have certain similarities. The authors developed a program to meet those needs in which the RET techniques were incorporated with management skills. They called their model The Executive Effectiveness Program and oriented it toward increased production, or efficiency, and behavior change. They explain that they seek to clarify both personal and business goals, develop RET skills, and monitor results. Business goals are agreed upon so that the company and the executive share common expectations of performance. RET skill development is intended to achieve "self-direction through emotional control" (p. 213). It includes learning to identify feelings and emotions, the A-B-C theory of emotions, an adaptation for business of Ellis' irrational ideas, and practice in using the skills to develop new behavior. The researchers close by saying, "we believe the Executive Effectiveness Program combines goals, skills, and measurement in a way
that blends nicely the advantages of rational-emotive therapy with behavior modification" (p. 219).

Hauck (1971, 1973, chap. 1, 1977, pp. 115-119) says that depression comes either from blaming self or others, or feeling sorry for self or others. He explains (1973, chap. 2) that blaming results from what in RET theory is the irrational idea that self and others are bad people when bad behavior is exhibited, and that punishment is therefore warranted. Hauck suggests utilizing RET techniques to attack that irrational idea and replace it with rational thoughts. Ellis and Harper (1978, chap. 20) maintain that, in spite of a difficult world and difficult people, it is unnecessary to feel depressed. They suggest that humans have the capacity for straight thinking and the ability to organize and discipline both their thinking and actions in order to achieve a self-fulfilling, creative, and emotionally satisfying life. Brown (1977, pp. 120-130) conceptualizes depression resulting from over-responsibility, indecision, self-criticism, or understimulation, each brought on by an irrational idea. The author provides a case which is illustrative of each of those categories.

Ellis and Knaus (1977) have written about the application of RET techniques to procrastination. They point out (chap. 4) that irrational ideas result in procrastination, which in itself is a form of irrational, self-defeating behavior. Their examples of irrational ideas include the fear of failure, feeling inadequate, feeling hostile, and striving for perfection. They state the RET
techniques for overcoming procrastination by saying that the "cognitive solution to procrastination-linked disturbance . . . involves looking actively for the irrational decrees that you place on yourself and others, defining them . . . and vigorously and repetitively undermining them" (p. 89). Knaus (1973) finds RET to be a good anti-procrastination model in which the cognitive elements of the disturbance are integrated with specific techniques for overcoming the difficulty. He articulates the two primary causal irrationalities as a person believing that he/she is inadequate or believing that the world is too difficult. Knaus' solutions parallel Ellis and Knaus (1977, chap. 7).

Hindman (1976) reports RET successful in treatment of alcohol problems. She finds RET and Alcoholics Anonymous philosophically similar in their "emphasizing personal responsibility and the need for self-change through action" (p. 16). She speculates that RET, emphasizing psychological and physiological aspects, may be more helpful than AA with its moral emphasis. Hindman says that RET is good for people in the early stages of alcoholism who are reluctant to label themselves as alcoholic and are looking for a solution which emphasizes personal control. She reports that RET is used successfully throughout the country in both inpatient and outpatient settings. Noting that alcoholics generally have a poor self-concept, Hindman finds RET "effective in helping the alcoholic person not to rate himself by his actions" (p. 13), thus improving self-acceptance and reducing anxiety, both of which can be helpful
in controlling drinking. She says that in RET, "the focus is on changing behavior by examining the cues which precipitate drinking" (p. 14), and upon developing alternate ways of reacting to stress situations. New reactions become possible as irrational ideas are replaced by rational thoughts, thereby eliminating the previously perceived threat in some situations. The author points out that RET helps people realize that they drink because they choose to drink, and that they can therefore choose not to drink.

The article points out that "alcoholic people . . . often believe they are unable to tolerate emotional pain" (p. 14), but "the RET therapist helps the person learn how to tolerate the discomfort and anxiety that are inevitable in life, and to cope with it in ways that are not self-defeating" (p. 14). The author points out the self-help nature of RET by writing that "by focusing on the drinking cues, alcoholic clients learn to perform their own crisis intervention" (p. 15).

Samrock (1978) reports on the use of RET in working with police officers and their families with alcohol and related emotional problems. He explains that RET was adopted because the previously used Alcoholics-Anonymous-type format failed to attend to the underlying emotional problems. He says that more experience will be needed before evaluating the effects of the program, but does say that "RET is more readily accepted by our police officers because of its non-threatening nature" (p. 14) and reports positive feedback from the men and their families.
Two interesting articles mention the application of RET in the fields of medicine and law. Church (1974) reports success using RET techniques with his non-referrable clients, whose "eccentricities, dramatics, anxieties and outright phobias have long been a source of friction" (p. 3). He comments, "I stopped reinforcing the patient's neurotic complaints... I began rewarding their positive attitudes" (p. 3), with the result that he stopped thinking of them as "poor disturbed cucks" (p. 3), began listening to them again and challenged their inconsistencies and irrationalities. He reports achieving a more efficient office routine while improving his patients' health care. In the other article, Church (date unknown) reports using RET techniques in her law practice to actively challenge her clients' irrational beliefs which are causing their emotional disturbance. She reports success in getting her clients to become more rational and to lead more emotionally satisfying lives. She describes leading legal counseling groups in order to achieve efficiency of both her time and her clients' time.

Ellis (1962, chap. 4) raises the question of "why do so many millions of intelligent, well-educated, potentially rational people act in such an illogical, neurotic manner?" (p. 93). He notes that "even the brightest human beings often tend to become and to remain neurotic—that is, to behave stupidly and self-defeatingly" (p. 93) and that:

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  even the most intelligent and capable persons... tend also to be... amazingly suggestible, unthinking, overgeneralizing, and strongly bound to the low-level kinds of ideation which
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it is so easy for them to become addicted to as children. (p. 93)

Ellis (1972, chap. 1) comments that "people, including executive people, invariably have screwy traits. They know what . . . to do . . . and then, as often as not, they don't do it" (p. 11).

Ellis (1962, chap. 11) maintains that RET "is beautifully designed for counseling with individuals who do not believe that they are emotionally disturbed but who know that they are not functioning adequately in some specific area of life" (p. 206). Harper (1977), in identifying perfectionism as "the one major cause of human unhappiness and emotional disturbance" (p. 41), writes that "this is especially true among the most intelligent and creative individuals I have known" (p. 41). Ellis (1962, chap. 5) mentions that RET, as a method of self-help, is especially useful for congruent individuals. Miller and Kassinove (1978) note that RET's focus on emotional education helps normal children acquire coping skills. DiGuiseppe, Miller and Trexler (1977) report RET's effectiveness with normal children.

Ellis (1962, chap. 10) contends that "people essentially become emotionally disturbed because they unthinkingly accept certain illogical premises or irrational ideas" (p. 191). Recalling RET's educational mode, Ellis (1962, chap. 10) writes that "effective psychotherapy and reeducation are practically synonymous" (p. 205). Wasserman and Vogrin (1979) report that "as endorsement of irrational beliefs decreased, these children were judged as more creative and more likely to take the initiative in school situations"
Ellis (1962, chap. 14) believes that a relationship exists between emotional disturbance and lack of creativity. He speculates that emotional disturbance limits creativity by using energy which would otherwise be available for creating. He hypothesizes that creative potential can become creative reality as a result of reducing intra-personal conflict, thus removing the interference to creativity.

Even though the literature contains references to the relationship between emotional disturbance and creativity, there appears to be very little research available on that relationship. Wessler (Note 1), in response to my request for information about using RET with creative, productive, highly capable individuals, wrote, "I know of no literature bearing on the question you raise." Sutton-Simon's (Note 2) response to the same request was similar. She wrote, "to the best of my knowledge, there's nothing available on precisely the topic you're interested in."
In a prodigious work, Ellis (1977g) has compiled hundreds of research studies and organized them in support of "32 important clinical and personality hypotheses of rational-emotive therapy" (p. 2). He writes that "the present article . . . represents a review of the research literature that supports cognitive-behavior therapy in general as well as RET in particular" (p. 3). Believing that "well over 90% of the published studies supported the RET theory" (p. 3), he decided to "largely omit the nonconfirmatory studies" (p. 3): a decision that drew criticism which is presented in Chapter VI, Critical Literature. Based upon the empirical confirmation which the studies seem to provide, he concludes that:

1. A vast amount of research data exists most of which tends to confirm the major clinical and theoretical hypotheses of RET;
2. This data keeps increasing by leaps and bounds;
3. RET hypotheses nicely lend themselves to experimental investigation and have therefore encouraged an enormous amount of research, . . .
4. Researchers have not yet tested some of the important RET formulations and could do so with much profit to the field of psychotherapy and personality theory. (pp. 19-20)

It seems beyond the purview, and certainly beyond space considerations, of this paper to attempt summation of Ellis' (1977g) presentation of RET hypotheses and supporting literature. Yet the work appears significant because it seems to provide a comprehensive
insight into what Ellis, the originator of RET (Ellis, 1979a, p. 2; Ellis & Grieger, 1977b, p. 421; Morris & Kanitz, 1975, pp. 1-4; Saltzberg & Elkins, 1980) and its "very active leading proponent" (DiGiuseppe, Miller & Trexler, 1977, p. 64), considers RET to be and brings together a large group of confirmatory research studies. It appears to warrant examination by anyone wishing to delve further into research studies supporting RET.

DiGiuseppe, Miller and Trexler (1977) compiled a significant review of studies supporting the hypothesis that RET works. The authors noted that:

Research stimulated by rational-emotive theory has been focused in three main areas: (1) the influence of cognitions and beliefs on emotional arousal; (2) attempts to correlate endorsement of Ellis' eleven irrational ideas and psychopathology; and (3) studies concerned with the efficacy of RET. (p. 64)

Believing that Ellis (1977g) gave adequate coverage to the first category, the authors offered no further discussion. Concerning the second category, the authors conclude that "the results [of research studies] lend support for the hypothesis that endorsement of Ellis' eleven irrational beliefs is positively correlated to emotional disturbance" (p. 64), and cite several supporting studies.

The primary focus of DiGiuseppe et al. (1977) concerned the third category of research dealing with the effectiveness of RET. In their review of non-comparative outcome studies, the authors cite support for the effectiveness of RET, including the techniques of bibliotherapy and homework, while noting that more research is needed. The authors review studies which report success using RET
to reduce anxiety in both college students and geriatric populations. Studies are cited which support the effectiveness of RET as a short-term therapy, in reducing "vulnerability to criticism and rejection" (p. 65) and in reducing public-speaking anxiety. A number of studies support the effectiveness of RET in preventing psychopathology. The authors conclude:

These studies demonstrate that a course based on [RET] principles can be used effectively as a preventive mental health educational model with "normal" populations, and that its effectiveness is not limited to the amelioration of clinical problems. (p. 66)

After reviewing several studies in which RET was used with children, the authors conclude that "elementary school children are capable of acquiring knowledge of rational-emotive principles ... [which] can have a positive effect on emotional adjustment and behavior" (p. 67). The authors make the point, however, that further research is needed to collaborate existing evidence.

In reviewing comparative outcome studies concerning RET's effectiveness, DiGiuseppe et al. (1977) report several studies comparing RET and systematic desensitization, in which RET generally achieved superior or comparable results. Behaviors being treated included interpersonal anxiety, test and speech anxiety, phobias, and adult stutterers. Another group of reported studies compared the effectiveness of RET and assertive training in the reduction of interpersonal anxiety. The authors concluded that "the research in the area of assertive training as an adjunct to rational-emotive therapy has thus far been scant, and at best equivocal" (p. 69).
The final group of studies reviewed dealt with cognitive therapies, RET, and the cognitive therapy of Beck (1970, 1976), in treatment of depression. Because of cognitive and behavioral procedures similar to both therapies, the authors considered research in one method as supporting the other. They report that "cognitive therapy [was found] to be superior to pharmacotherapy in the treatment of depressed outpatients" (p. 69).

In their conclusions, DiGiuseppe et al. (1977) note the "increasing quantity and improving quality" (p. 70) of RET outcome studies. They write, however, that "much work remains to be done on both dimensions" (p. 70). They conclude that "rational-emotive therapy appears to have earned some scientific credibility as a relatively effective form of treatment" (p. 70). They caution, however, by saying that "while the results, as we see them now, appear generally positive and promising, they remain far from conclusive" (p. 70) and encourage further research to test RET.

Theoretical Validation

Tosi (1977) concludes that "RET has been shown to have therapeutic utility and value" (p. 46). He finds that Ellis' theoretical formulations meet the criteria for a good theory, because the theory reflects reality, organizes observations, generates meaningful statements that can be made operational, is testable through experience, and leads to predictions. Kleiner (1977) states that RET works, based upon its success in his personal life and with his clients. Harper

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(1977), in speaking about helping people reduce and remove behavior patterns which cause distress, says, "I know of no therapeutic system that can realistically declare itself superior to RET" (p. 46).

Lipsky, Kassinove and Miller (1980) cite several studies which support RET's basic premise, as well as studies demonstrating its effectiveness. The authors' study, using an actual adult outpatient community mental health center population, resulted in "rather clear support for the efficacy of RET as a treatment for adult, neurotic community mental health center outpatients" (p. 371). The authors point out that "this study is the first to demonstrate the efficacy of RET with clients suffering from a variety of common neurotic disturbances" (p. 371). In comparing their study with previous studies which used "analogue populations with highly selected symptoms" (p. 371), the authors express their belief that "it seems important to demonstrate effectiveness with actual clients suffering from more broad-spectrum problems" (p. 371).

Burkhead (1970) reports "that a subject's emotional behavior can be influenced by an experimenter manipulating or changing the subject's belief system" (p. 88). He speculates that cognitive adjustment "may be the most efficient and effective way to change emotional behavior" (p. 88). One of the study's conclusions is "that therapeutic procedures in a laboratory setting, based on RET principles, are highly effective in reducing negative emotions" (p. 98).
Influence upon Psychotherapy

Tosi (1977) credits RET with stimulating research, while being extremely practical. He writes that RET has "helped to simplify the language of personality and counseling and psychotherapy" (p. 47). Ewart and Thoresen (1977) credit Ellis with doing good things for psychotherapy and counseling. They claim that Ellis has forced psychodynamic therapists to acknowledge their clients' crazy ways of thinking and "hammered radical behaviorists with the message that psychological processes of people are as real as the bar presses of rats" (p. 52). The authors also say that Ellis "has created a well known form of therapy that is consistent with a broad current of psychological theory and research, a therapy which highlights the role of cognitive processes in emotional and behavioral disorders" (p. 52). Harper (1977) states that RET has influenced other techniques and theories to become more here-and-now and to be more reality-oriented. He says that "RET's place in contemporary psychotherapy is near, if not at, the top, and its influence is tremendous" (p. 33).

Scientificalness

Ellis (1977h, 1978d) considers RET to be a scientific psychotherapy, whose theory and practice can be validated. He predicts that validation will prove RET to be more efficient, and have less harmful results, than other systems. He says that as validation takes place, the invalid elements of both theory and practice will
be replaced by methods leading to better results. Ellis (1977g) writes that "RET . . . stems from empirical clinical observations and tries to rigorously confirm its theories by using the scientific method" (p. 20). Ellis (cited in Harper, 1977) states that "I look at my theories as well as my practice, noting whether certain things work and why they work and how they can be made to work better" (p. 51).

Tosi (1977) credits Ellis with a continuing willingness to submit his theoretical abstractions to testing. Tosi notes that this willingness has forced modification and expansion of Ellis' views, even though the basic RET formulations "stand the empirical test" (p. 48). The author maintains that RET is not a closed system because it encourages research and criticism and considers empirical findings. Lazarus (1979) writes that Ellis is "a scientist-practitioner intent on testing the value and limitations of 'rational psychotherapy'" (p. 236) and that his theories "represented a crucial hypothesis that was open to verification or disproof" (p. 236).

**Breadth of Applicability**

RET appears to offer a wide variety of techniques which can be successfully employed by therapists of divergent personalities and inclinations. Harper (1977) writes that "RET can thus offer a more thoroughgoing multifaceted approach to the patient than . . . any other therapy" (p. 43). Johnson (1980) writes that a therapist need not be like Ellis in order to successfully practice RET,
noting that a more supportive and less confrontive manner than Ellis' can be effective. Johnson concludes that "RET ... offers a wide variety of effective techniques ... which may be used by counselors with different personalities and counseling orientations" (p. 50). Ponzo (1976) writes that he routinely integrates RET with four other counseling systems in order to accomplish what he considers the different goals presented in each phase of counseling.

Self-help Effectiveness

Ellis and Harper (1978, p. 203) write that RET teaches people to discover their own irrationalities and to uproot them. Ellis and Knaus (1977, chap. 3) repeat that theme by writing that clients can apply RET to themselves. The authors say that RET shows clients how to use cognitive restructuring to resolve their own problems. They write that RET "provides strategies for almost every kind of human disturbance, and it includes persuading you, or getting you to persuade yourself, to apply some of these strategies" (p. 35).

Block (1980) amplifies the self-help characteristic of RET by reporting that the participants in his weight loss study continued to lose weight during the follow-up period. He concluded that his findings:

may prove to be supportive of Ellis' (1962) contention that the educational model which RET is based on has the advantage of teaching individuals effective coping strategies that, once learned, can be applied independently. (p. 279)
Ellis (1977f) considers self-help to be an important issue. He writes that RET is "a form of treatment that especially emphasizes do-it-yourself techniques" (p. 2). He hypothesizes that it is an effective self-help method, claims that the hypothesis is supported by clinical evidence and by personal experience, and encourages controlled studies for further validation. Ellis points out that RET, using a wide variety of techniques, helps people help themselves. He says that the length of time required for cure is largely dependent upon the client. The therapist can quickly show the client what he/she is doing and what to do about it. The cure is up to the client, and the length of time required depends upon how hard the client works.

Ellis (1962, chap. 10) points out that once the client accepts the idea that his/her emotional upsets result from what he/she tells him/herself about events, rather than the events themselves, he/she is able to question and challenge his/her own self-repeated nonsense. He suggests that this ability is transferable, enabling the client to not only cure his/her original problem but to correct other weaknesses as well. Challenging irrational self-talk also enables the client to maintain his/her cure by self-correcting in the future.

Anger (Ellis, 1977d) were all written with the intention that they be used as self-help books. Ellis (1972) writes about Executive Leadership by saying that the book's purpose is to "help you . . . unloose, change, eliminate your own emotional disturbance" (p. 15).

Miller and Kassinove (1978) note the growing need for counseling services in comparison to the limited number of professionals available to deliver those services. They speculate that without self-help methods, many people who need help will find it unavai-lable. Maultsby (1971) writes of the desirability of making "it pos-sible for patients to take a more active part in the acquisition and maintenance of their psychoemotional health" (p. 1). He de-scribes a study in which "a self-help, mental-health-aid was pre-pared in a standard homework format" (p. 1), based upon RET theory. Successful use of the format led to the conclusion that "it was practical to use the RET homework concept with an unselected psychiatric OPD population" (p. 5).

Burkhead (1970), noting pressures on time available to thera-pists, speculated that recordings might be used successfully. One conclusion from his study was "that personal contact with a ther-apist is not a necessary condition for reducing negative emotions" (p. 98). He goes on to say that "this study demonstrated that taped RET was just as effective as personal RET in reducing nega-tive emotions" (p. 96). These findings seem to support the idea that RET can be used in a self-help mode.
Prevention

Kassinove, Crisci and Tiegerman (1977) comment that "it is unlikely that we will ever be able to train enough ... therapists ... to meet the mental health needs of disturbed adults" (p. 266), suggesting the need for prevention rather than treatment. The authors point out that preventive school mental health programs, based upon the RET model, have been developed and cite studies which describe these programs. DiGiuseppe, Miller and Trexler (1977) report on studies examining RET as a preventive mental health tool with high school and college students. The authors concluded that such courses "can be used effectively as a preventive mental health educational model" (p. 66). Miller and Kassinove (1978), in reporting on a rational-emotive school mental health program, comment that prevention, through programs to help undisturbed children acquire coping skills, may be the best way to deal with the nation's mental health programs.

Ellis (1971c) writes that The Living School is an example of RET's adaptation to preventive efforts. Here "rational-emotive psychology can be applied to 'normal' or little disturbed individuals, especially to young children, in order to help prevent them from ever becoming as seriously upsettable as they presumably would otherwise become" (p. 13).
Efficiency

Ellis (1971c, chap. 1) claims that RET is an efficient method. He notes that conventional methods, because they reveal hidden traits and motivations, often result in aggravating the client's suffering before any improvement can be achieved. He suggests that RET avoids much of the increase in initial suffering because it begins immediately to undercut the client's irrational assumptions that sustain his/her emotional disturbance. In addition to making the client aware of his/her irrationalities, he/she is shown what action he/she can take to mediate his/her discomfort. Harper (1977) credits Ellis, in developing RET, with offering a simple, straightforward method with which the therapist and client can work together to solve problems. Harper calls attention to the absence of magic, mysticism, and religion "which grab hold of the individual and run his life for him" (p. 40). Noting that the main job of the RET therapist is to teach, Harper points out that RET tells the client what to do in order to change. He contrasts the efficiency of RET's educational model with the inefficiency of the Freudian techniques of not telling the client what to do, but expecting him/her to magically understand and change. Ellis and Harper (1978, chap. 13) note that by shifting the focus from past to present events, faster progress becomes possible.

DiGiuseppe, Miller and Trexler (1977) report that RET is effective in short periods of time, after only a few sessions, as opposed to the long-term sessions normally required by conventional
therapies. Ellis (1971c, chap. 1) writes that RET is "not only a relatively short-term procedure (taking from one to thirty sessions in most instances . . .), but it usually fosters gains within gains" (p. 1). Ellis goes on to explain:

That is to say, when a rational-emotive therapist is working with a client on a major problem . . . there tends to occur (a) a significant diminution of this problem before the symptom is completely eliminated and (b) an amelioration of certain other of the client's emotional complaints, even though some of them may have hardly been mentioned during the therapy sessions. (p. 1)

The idea that clients are able to transfer skills learned in RET from major problems to other complaints seems to contribute to its efficiency. Ellis (1962, chap. 2) amplifies this concept when he writes:

Before the end of the therapeutic relationship, moreover, the rational-emotive therapist should not only deal concretely with his patient's specific illogical thinking, but should demonstrate what, in general, are the main irrational ideas that human beings are prone to follow and what are the more rational philosophies of living that may usually be substituted instead. Otherwise, the patient who is released from one specific set of illogical notions may well wind up by falling victim to another set. (p. 59)

In a slightly different application of the transferability of RET skills, Burkhead (1970) writes that "once a client is able to understand the cognitive appraisals that underlie his behavior, he will be less likely to develop different symptoms with the same underlying causes" (p. 95).
CHAPTER VI
CRITICAL LITERATURE

To Ellis' Review

Several authors have responded critically to Ellis' (1977g) article, previously discussed in Chapter V, Confirmatory Literature, in which he presented 32 RET hypotheses with supportive citations.

Meichenbaum (1977b), while acknowledging Ellis' role in emphasizing the role of cognitions and "playing a central role in the amelioration of psychological disturbances" (p. 43), criticizes him on a number of points. He expresses the opinion that Ellis may have become overly fervent in his article and bombarded the reader with citations supporting RET as "if one could only prove something by mere citations" (p. 43). Meichenbaum points out that the studies cited by Ellis vary greatly in quality, that some of the data have been challenged, and that some of the studies support points contrary to Ellis' contentions. He is critical of Ellis presenting only confirmatory studies while omitting those that are critical. Meichenbaum "seriously question[s] his conclusions, especially . . . that RET is based on a strong empirical foundation" (p. 43). He goes on to say that "if one 'boils down' the myriad number of cited studies the common feature is that thinking is important to
how people behave and feel" (p. 44) which, he concludes, fails to offer supporting evidence for Ellis' hypotheses.

Lazarus (1979, pp. 236-239), like Meichenbaum (1977b), expresses both praise and criticism of Ellis. Lazarus writes, "I regard Albert Ellis as one of the most significant thinkers and perhaps the most creative theorist of our times" (p. 237). Ellis is credited with calling attention to the importance of thought patterns in relation to human feelings and developing a practical theory with effective techniques to achieve psychological change.

Lazarus offers three criticisms of Ellis. One is that "in his zeal to underscore the often critical role played by cognitive factors, Ellis is inclined to ignore 'noncognitive' processes" (pp. 237-238). His second criticism is:

Scientists cannot proselytize. To review research data that support one's pet hypotheses and to ignore those that yield equivocal or negative results is decidedly antiscience. . . . Does Ellis actively question, challenge, and attempt to refute his favored theories and practices? On the contrary, he seeks only to confirm them. (p. 237)

On this point, although written prior to Lazarus' (1979) criticism, Ellis (1978d) admits ignoring disconfirmatory evidence regarding his own theories and says that his critics are correct in asking for more scientific rigor. Weinrach (1980) offers some rebuttal of the complaint that Ellis does not take criticism by saying of him that "his unconventionality in personal style is only exceeded by his tolerance for public scrutiny and criticism of his work" (p. 153).
Lazarus' (1979) third criticism concerns the expansion of rational psychotherapy into rational-emotive therapy. He contends that Ellis' "basic cognitive hypotheses" (p. 236) of the 1950s (Ellis, 1958), which formed the basis for rational psychotherapy, were "open to verification or disproof" (p. 236). But, says Lazarus:

As soon as "rational psychotherapy" gave way to "rational-emotive therapy," we witnessed the emergence of an overinclusive philosophy. ... rational-emotive therapy has compounded these [earlier] pristine ideas beyond recognition.

When a system is so pliable that almost any method can be incorporated into its purview, it has few meaningful boundaries and few distinctive parameters. Apart from transpersonal dogma and downright mystical ideologies, RET can accommodate the entire gamut from "humanism" to "behaviorism." ... Far from remaining a distinctive and testable theory and therapy, RET is now almost indistinguishable from most action-oriented eclectic disciplines. (pp. 236-237)

Lazarus (1979) concludes his discussion by saying:

Rational psychotherapy ... was obviously insufficient, and it was therefore expanded into rational-emotive therapy ... But the 1962 RET vintage and the present-day version ... cannot be compared. The technical armamentarium has expanded beyond recognition, but the theoretical underpinnings remain unchanged. When a theory can account for anything and can explain away everything, one grows wary that a once good theory might turn into a cult. (p. 239)

Mahoney (1977) credits Ellis with "clarifying the possible role of irrational beliefs in behavior disorders" (p. 45) and, like Meichenbaum (1977b) and Lazarus (1979, pp. 236-239), with "stimulating research interest in cognitive processes." (p. 45). He also considered Ellis to be overly enthusiastic, and expresses a preference for more conservative conclusions. As a literature review, he finds Ellis' article (1977g), in which he presented 32 RET hypotheses and supportive studies, to be disappointing. Mahoney
considers some of Ellis' hypotheses to be unclear, and when de-
ciphered finds them less than profound. He says that some of the
hypotheses seem to be of questionable parentage, since they are not
original with RET. "After reading all 32 hypotheses, one does not
come away with the sense of a model or theory at all. Instead,
this is a collection of loosely related and poorly elucidated propo-
sitions" (p. 45). Mahoney is critical of Ellis for including
references with "only remote relevance for orthodox RET" (p. 45)
and for selecting only those studies which confirm his theories
while disregarding the nonconfirmatory ones. He charges that "Ellis
erroneously assumes that a true conclusion implies a true premise"
(p. 45). Mahoney concludes by saying that the hypotheses, instead
of surveying RET, are propositions linking cognition to behavior
and affect, which "implies the assumption that any demonstration
of influential cognitive processes necessarily strengthens the RET
position" (p. 45).

Kleiner (1977) says that Ellis (1977g) is "fighting ... to
convince people of a 'fact' (that our beliefs determine our experi-
ence of reality) that I [Ellis] have accepted as true" (p. 49).
Kleiner expresses his preference for finding out what things work,
rather than "trying to specifically prove one method over another,
or investigating minute points of theoretical difference that really
result in little or no experience of satisfaction in people's
lives" (p. 51).
Ewart and Thorensen (1977) echo to a considerable extent Lazarus (1979, pp. 236-239), Mahoney (1977), and Meichenbaum (1977b). Ewart and Thorensen (1977) express a desire that Ellis (1977g) frame his hypotheses to explain rather than persuade, pointing out that there is a "distinction between a scientific theory and a programmatic manifesto" (p. 55). They criticize Ellis for defending RET with selective confirmation, saying that it is a mistake to believe "that one's theory is 'proved' by a set of confirming . . . observations" (p. 52). The authors think that Ellis' hypotheses and evidence contribute little to therapeutic theory or practice because the hypotheses are vague, untestable, uninformative, or shared by other therapies. They find that where the hypotheses are distinctive, no supporting data are cited. They criticize Ellis' predictions for being ambiguous and inconsistent, and for failing to account for negative evidence. They do acknowledge supporting clinical data for RET, but find it more difficult to evaluate than Ellis claims, concluding that they cannot accept Ellis' claim that RET "methods are supported by large numbers of . . . scientific studies" (p. 55). They conclude by saying that "most of the RET statements offered are very ambiguously related to research data or are not supported at all" (p. 55).

Positive reaction to Ellis (1977g) comes from Tosi (1977), who commends him for "his outstanding presentation on the empirical basis for cognitive behavior therapy and rational emotive therapy" (p. 46). He goes on to say that "Ellis has systematically
brought together a group of diverse researches that give encourag­ing support for the many hypotheses contained in rational emotive therapy" (p. 46). Tosi finds that the studies indicate that "cer­tain irrational ideas are related statistically to specific nega­tive, emotional and behavioral tendencies" (p. 47).

Ellis (1977h) offers a defense of his writings (Ellis, 1977g) in which he expresses a desire for criticism because he considers it essential if RET is to remain a scientific therapy and undergo continuous reassessment. He views much of the disagreement between himself and Mahoney (1977) and Meichenbaum (1977b) as being defini­tional. He suggests that they both tend to take a limited view of RET by considering it as only a special kind of cognitive-emotive-behavioral therapy which emphasizes cognitive disputing. Ellis acknowledges that view to be an accurate interpretation of his early writings; he believes that RET has now revised and expanded its procedures to include many cognitive, emotional, and behavioral procedures in addition to cognitive disputing. He attributes most of the differences between himself and Mahoney and Meichenbaum to the contrast between his updated, wider view of RET and their more limited view.

In response to the various criticisms (Ewart & Thorensen, 1977; Lazarus, 1979, pp. 236-239; Mahoney, 1977; and Meichenbaum, 1977b) of RET because of the perceived absence of distinctive char­acteristics, Ellis (1977h) calls attention to the difference be­tween general, or inelegant RET, and elegant RET. This distinction,
previously discussed in Chapter 1, Background, is between inelegant RET, with its close resemblance to cognitive-emotive-behavior therapy, and elegant RET, in which an attempt is made to change the client's fundamental disturbance-creating philosophies. Ellis maintains that the hypotheses for the elegant form of RET are distinctive, and explains the lack of supporting data by saying that most RET therapy, and hence research, is done within the realm of the inelegant form. He acknowledges and encourages the desirability of more research into the elegant form of RET.

In answer to the criticism made by Mahoney (1977) that Ellis (1977g) attempted to prove the superior effectiveness of RET by showing its theoretical validity, Ellis (1977h) states that he did not say that RET is an effective treatment method. He acknowledges that RET's effectiveness can only be judged by actual data, and denies that he attempted to prove it effective because of a valid theoretical base.

Absence of Therapeutic Relationship

The literature contains a number of other criticisms which appear commonly made of rational-emotive therapy. Ellis (1971c, chap. 1) identifies one such charge in that RET works not because of its didactic content, but because of the therapist's "warmth, his relating, or his transference connections" (p. 3). In response to that challenge, he raises the question that if the criticism is accurate, why do other methods which are dependent upon
relationships take so long? Ellis (1971c, p. 3) also points out that RET therapists often have minimal relationships with clients, favoring instead maximum teaching alliances.

Saltzberg and Elkins (1980) address the issue of the dangers of the relationship becoming too intimate by suggesting that too much warmth, support, and caring from the therapist may reinforce the client's need for love and create a dependency. Reminding that a central point of RET is that feelings are created by beliefs, and can be changed by choosing to adopt different beliefs, the authors caution against reinforcing the client's feelings through an empathic response. Weinrach (1980) quotes Ellis' elaboration upon this concern:

Being warm to clients is often antitherapeutic because that's what they irrationally think they need . . . In RET, we go beyond the usual empathy and not only show that we understand the person's frame of reference and are listening to him or her, but also show that person how to empathize with himself or herself . . . Showing warmth may help to hook a person on therapy, but it is a dangerous technique because that's what practically all clients are looking for instead of to change. (p. 153)

In a study which appears to support the contention that the therapeutic relationship is not critical to change, Burkhead (1970) demonstrated "that taped RET was just as effective as personal RET in reducing negative emotions" (p. 96) and "that a personal relationship is not always necessary for emotional change" (p. 97). The author speculates that with pressures on therapist time, tape recording could be effective.
Saltzberg and Elkins (1980) identify and respond to the criticism that RET therapists do not build relationships because they work too fast by immediately confronting problems without exploring them in detail. The authors suggest that it is more efficient for the relationship to develop while resolving a problem, in effect using the problem as a vehicle, than to wait for the relationship to develop before attempting intervention. They acknowledge the importance of the therapist understanding the client's feelings, thoughts, and motives and of empathically communicating that understanding to the client. They point out that the understanding, and its communication, are achieved using RET's A-B-C model. The activating event, belief system, and consequence are clearly laid out for the client, in a direct and nonsympathetic manner. The authors claim that this avoids the potential problem of sympathy, which involves the therapist feeling sorry for the client and agreeing with him/her that his/her problem is terrible. The authors conclude by saying that RET holds that it is important for the client to learn the A-B-C model, and uses an actual problem to facilitate that learning. Once learned, the model can be self-applied by the client.

Ellis (1962, chap. 10) acknowledges the usefulness of non-directive reflection and clarification in helping the client become aware of his/her illogical thinking and need to change. This theme is reinforced by Johnson (1980), who has found clients to be less defensive and more accepting if a positive client-therapist
relationship exists. The author reports that such a relationship increases the effectiveness of therapy, but cautions against the relationship getting in the way of adequately challenging the client's irrational beliefs. Johnson (1980) "has found it helpful to share with clients some of my own irrational ideas and how I have used RET principles in coping more effectively with life situations" (p. 50), reporting that such disclosure facilitates the client sharing his/her own irrational ideas.

Saltzberg and Elkin (1980) state another criticism of RET which relates to the therapeutic relationship: that the client-therapist relationship is unequal. They state that RET theory holds that both parties are equals in that they both exist and are both human. They point out, however, that client and therapist expertise and expectations are not equal. The therapist is a teacher: a skilled expert capable of helping the client. The client, on the other hand, is a student who came to learn.

Peterson and Bradley (1980) report finding RET therapists ambivalent toward client-centered tenets, ranging from analytic to experiential. Those findings seem consistent with Ellis' (1978c) belief that therapists select a therapeutic modality based upon an intellectual belief that it is effective, but practice that modality in highly idiosyncratic ways as a result of their own personality characteristics. Ellis (cited in Weinrach, 1980), responding to the question of whether it was necessary to be like him in order to practice RET, said:
Almost not at all. Quite a number of therapists use the basic principles and approach of RET in what might be called a "Rogerian," low-keyed manner. They don't use my language, and they aren't as forceful as I am. I think it takes longer that way and is probably less effective; but it clearly works. (p. 153)

Authoritarian

Kleiner (1977) identifies the criticism that RET is authoritarian, and writes that "RET could in fact be authoritarian depending on the degree of authoritarianism present in the RET therapist" (p. 50). The author points out that the client is instructed to trust him/herself rather than the therapist, and to guard against the human tendency to accept the words of an expert rather than assimilating his/her own personal experience. He says that it is "important for people to hold on to . . . their skepticism and to test for themselves those notions which seem to be valuable for them and to determine for themselves, by their own experience, the 'truth' or falsity of those notions" (p. 51).

Ellis (1977h), in addressing this same criticism from Tosi (1977), admits being authoritative but denies and makes a distinction from being authoritarian. Ellis (1962, p. 36, 1971c, p. 33, 1977j) and Saltzberg and Elkin (1980) make the point that the RET therapist makes no attempt to convince the client to accept the therapist's idea. An active-directive attempt is made to help the client clarify his/her own feelings, thoughts, and values and to distinguish between self-actualizing and self-defeating philosophies and behaviors so that the former are enhanced and the latter
diminished. Both authors emphasize that the client is being taught a model and that the client chooses what he/she wishes to change.

Saltzberg and Elkin (1980) go on to say that the therapist is not concerned with the client's choice. The therapist is instead interested in helping the client achieve more freedom from the issues which block choice. The authors point out that the client need not change. The decision to change is made by the client. The therapist attempts to get the client to look at his/her self-defeating values and to remove those issues which hinder change so that the client will have free choice. Ellis (1962) contends:

That all effective psychotherapists, whether or not they realize what they are doing, teach or induce their patients to reperceive or rethink their life events and philosophies and thereby to change their unrealistic and illogical thought, emotion, and behavior. (pp. 36-37)

Confrontational

Saltzberg and Elkins (1980) identify another criticism of RET, in that it is too confrontational and that clients tend to leave therapy because of the resulting defensiveness. The authors acknowledge that this is a potential outcome, but claim that it comes about only if the client fails to understand that it is his/her own belief system that is being confronted. RET teaches clients to differentiate between their selves and their beliefs. The authors say that the most important role of the therapist is to teach clients how they became disturbed and how to become minimally disturbed. This is done by showing the client the negative outcome
resulting from his/her current belief system and the positive outcome that would result from more rational beliefs. They maintain that once this distinction is made, the rationale for attacking beliefs is established, thereby reducing defensiveness. They also point out that the only client beliefs which are attacked are those that result in inappropriate outcomes.

Ellis (1962, pp. 192-196), commenting upon the issue of confrontation, reports that he has found it necessary to vigorously contradict false thinking in order to force the client to change. He has found vigorous confrontation necessary to overcome resistance and to jolt clients out of their emotional ruts. He concludes that forcefulness seems necessary to overcome the client's feeling of being unable to help him/herself. That feeling of helplessness, if left unchallenged, results in the client giving up on changing. Ellis (1979b) observes that forceful and energetic methods are commonly related to behavior change, even though the actual techniques used may vary according to the discipline being followed. He suggests that therapists frequently employ vigorous persuasion while seldom concerning themselves about the concept of forcefulness. He recalls RET theory by pointing out that certain ideas, or cognitions, help individuals change basic personality structure. He emphasizes how important it is for those ideas to be forcefully conveyed to the client by the therapist.

Johnson (1980) says that beginning therapists may hesitate using RET because they fear "that they could never successfully
deal with clients in the same exceedingly active, rapid-fire method used by Ellis" (p. 49) and that they "may also be turned off by the use of expletives by Ellis and what they perceive to be his disdain for many religious and conventional values" (p. 49). The author, while acknowledging that Ellis is not concerned with client alienation resulting from vigorously attacking beliefs, has found "that confronting need not be harsh, but may be tempered with warmth and empathy" (p. 50). He reports that in his experience, empathic confrontation may result in the client being more willing to deal with his/her problems. He points out the need for persistence, noting that the therapist has an obligation to maintain the focus on client concerns.

Absence of Emotion

Tosi (1977) criticizes RET as being too intellectual, devoid of emotion, and making people unemotional. In rebuttal, Saltzberg and Elkins (1980) point out that the client's response at point C, the consequence in RET's A-B-C theory, is affective and the starting point for RET. The authors note that RET theory encourages clients to experience emotions, unless they are negative and self-defeating. They write that RET encourages appropriate negative emotions, such as sorrow, disappointment, annoyance, and frustration, as well as positive emotions. The authors go on to say that RET discourages inappropriate feelings that are self-defeating, such as anger, depression, and anxiety. They write that the aim is to
change the inappropriate, self-defeating, feelings to more appropriate, non-damaging, negative feelings.

Ellis (cited in Weinrach, 1980) reinforces the emotional component of RET. He says that RET discourages inappropriate client feelings, such as severe anxiety, depression, and worthlessness, by encouraging appropriate feelings. He says:

*It's very wrong to think that RET is against emotion. It's against certain dysfunctional, self-defeating emotions. RET encourages, with its emotive, dramatic, evocative techniques, considerable expression of feelings. . . . Because it doesn't gloss over or try to suppress or repress feelings, RET is called Rational Emotive Therapy.* (p. 155)

He continues by saying that with RET, emotional response by the therapist is increased because he/she is not concerned with being liked by the client. The therapist is therefore free to make direct expressions. The result is likely to be more, rather than less, expression of emotion because the setting is open as opposed to being warm and cozy.

Ellis (1974a; cited in Weinrach, 1980), expresses his opinion about the failing of abreaction therapies. He writes that the expression of feelings does not change or do away with them. The release feels good at the time, but is not curative. The client must also do something different, which requires a cognitive decision to act. Ellis (1974a) says, "when cathartic and abreactive therapies work, they are effective because they help clients to consciously or unconsciously change their self-defeating cognitions" (p. 1) He goes on to say that during such an exercise, attention is focused upon the dramatic release of emotion and the assumption
is made that the expression resulted in the client's problem going away. He criticizes that assumption, suggesting instead it was the client's decision, unnoticed and coming right after the emotional release, to act that caused change.

Ellis and Knause (1977, chap. 9) write that "RET . . . includes a pronounced emotive component" (p. 112). The authors note that RET therapists give their clients full acceptance, or unconditional positive regard, and help them accept themselves completely. Ellis (1971c, p. 67) says that while RET does not use cathartic methods, the client, through deeply insightful and philosophically attacking didactic talk, frequently experiences an emotional release.

Ellis and Knaus (1977, chap. 9) point out that catharsis and abreaction, in addition to being insufficient in themselves to cause change, can be damaging. They give as an example the reinforcement, by its expression, of anger. Ellis (1972, chap. 2) cautions that a client may tend to be self-critical when, after realizing his/her destructive behavior, he/she fails to correct it. In that situation the client can criticize him/herself not only for the destructive behavior, but also for his/her inability to change. Ellis and Knaus (1977, chap. 9) state RET's solution to the potentially harmful results of emotive methods is to encourage expression of appropriate feelings and discourage expression of inappropriate feelings.

Dolliver (1977) suggests that the Stoic philosophy of accepting with indifference those things which cannot be changed, maintaining
an attitude of imperturbability toward life, and a strong-willed refusal to be touched by ordinary emotions of grief and hardship may have contributed to the criticism of RET being an emotionless therapy. Some of those observations are echoed by Finley (1979), who also challenges Ellis' contention that RET is humanistic in philosophy by saying that the Stoic philosophy upon which RET is based is grounded in spiritual dimensions which Ellis rejects.

Nardi (1980) comments upon the difficulty experienced by the clergy in using RET because of their reluctance to accept what they consider RET's absence of absolutes, view of man as center of the universe, and commitment to hedonism as the best course. The author expresses the view that many people seeking help for personal problems from the clergy could be helped by a short-term therapy like RET. He concludes that there is no conflict between RET and religion, finding that the conflict exists over definition of terms.

Ellis (1979a), in responding to these observations, contends that RET does not adhere to a philosophy of logical positivism, and that it is humanistic not because it partly espouses Stoic and phenomenological views, but because it acknowledges that humans are in no way super-human, discourages mysticism and higher-than-human control, and views humans as self-actualizing. He goes on to say that while RET endorses one of the main Stoic tenets, it does not endorse the entire Stoic philosophy. While RET holds that man is disturbed by his view of events and not by the events themselves,
RET does not hold that emotions are either unimportant or bad or that there are super-human influences. He points out that instead of getting people to be more serene, calm, and detached, RET seeks to help people become more desirous, involved, and committed.

Simplistic

Meichenbaum (1977b) charges that RET's A-B-C theory is simplistic, saying that RET theory is "imprecise and general. The concepts offered are too naive and simplistic" (p. 44). He goes on to question the usefulness of RET's approach which:

Seduces, cajoles and teaches the client to view maladaptive feelings and behavior in an A-B-C framework versus the much more complex demand of explaining the origin and maintenance of maladaptive feelings, thoughts and behaviors. (p. 44)

Ellis (1971c) addresses the depth issue by writing that the RET therapist:

Tries for what he considers to be the most elegant cure imaginable: that is, a radical restructuring of the client's value system and the semi-automatic internalization by him of a scientific, logic-empirical attitude toward himself and the world that will effectively prevent him from ever becoming seriously disturbed again. (p. 2)

He goes on to express the belief that people are "capable of fundamental personality change rather than only relatively slight behavior modification" (p. 2). Ellis (1977j) says that RET does not train people merely to function better by improving some skill, or only to be happier through reinforcement as a result of doing what others want. Ellis (1975a) proposes that the criticism of RET for not being a depth therapy is primarily based upon the assumption
that every emotional disturbance has a special, historically-based cause. He disagrees with that assumption and takes the position that while a depth understanding may be fascinating, it does not necessarily determine the cause of the disturbance and it does not change the problem behavior.
CHAPTER VII

SUMMARY

The reviewed literature records that Ellis, dissatisfied with existing theories and techniques, charted a new direction in psychotherapy. He theorized that what people choose to believe results from what they tell themselves through self-talk, that these beliefs determine how they perceive events, and that these perceptions, rather than the events themselves, determine their behavior.

Ellis developed the A-B-C theory of personality, in which beliefs (B) about activating events (A) cause behavioral consequences (C), to represent his theorization. To facilitate identification of beliefs causing self-defeating behavior, Ellis formulated eleven irrational beliefs which appeared to be most commonly held by emotionally disturbed people. These were later consolidated into three forms of masturbation, which seemed to account for the most disturbances: I must perform well, I must be treated considerately, and things must be the way I want them to be. A further distillation was made into what Ellis considers to be the essence of emotional disturbance: blaming, either self or others, for poor performance, inconsiderate treatment, or things not being right. Believing that vigorous disputation is necessary to change irrational beliefs, Ellis adopted an active-directive form of
therapy. The A-B-C theory was expanded to A-B-C-D-E to represent the disputing (D) of irrational beliefs and the resulting effects (E) of replacing irrational beliefs with rational beliefs.

These three concepts, the A-B-C theory of personality, detecting irrational beliefs, and disputing those beliefs, form RET's ideological base. Its philosophical orientation is phenomenological and humanistic. RET adopts a human value system which holds that joy and freedom are efficient for human living and that pain and bondage are inefficient. It proposes that people can best live satisfying lives by disciplining their thinking, since psychological disturbance is attributed to irrational thinking, and seeks profound philosophic change as well as behavioral change.

RET is a form of psychotherapy composed of cognitive, emotive, and behavioral aspects. When originally developed, its primary therapeutic approach was to dispute the irrational beliefs of clients. As the system evolved, many cognitive, affective, and behavioral methods were incorporated. Even though RET was originally intended to help people with serious emotional problems, the literature reports a wide variety of applications with both disturbed and undisturbed children, adolescents, and adults in both individual and group settings. It seems well-suited to preventive measures such as emotional education because of its educative, didactic orientation. Of particular interest to this researcher was evidence in the literature of RET's effectiveness with populations that are not emotionally disturbed, especially those who
exhibit creativity, high productivity, and above average capabilities.

The literature contains numerous confirmatory reports about RET's effectiveness in reducing emotional disturbance in a wide range of applications. The method is generally credited with exerting a positive influence in the field of psychology, having a scientific base, being an effective form of self-help, and being an efficient treatment method. Also contained in the literature are criticisms of RET's contention that its effectiveness is supported by scientific data and Ellis' apparent willingness to disregard non-confirmatory data. Some writers criticize RET for being authoritarian, confrontational, and non-emotional. Others criticize its lack of emphasis upon a therapeutic relationship and suggest that its supporting theory is both simplistic and vague. Ellis is credited by some authors with establishing a major form of psychotherapy and stimulating research in cognitive-behavior therapy. He is criticized by others for being too enthusiastic, vague, and failing to create a distinctly different method of psychotherapy.
CHAPTER VIII

CONCLUSIONS

Conclusions seem illusive as a result of this literature review. The majority of writers seem to support the validity of RET's theoretical base and conclude that rational-emotive therapy is a significant form of psychotherapy. Others, however, present what seem to be valid criticisms of its theoretical formulations and point out nondistinctive features. Perhaps those, which includes Ellis, who call for more scientific research to either validate or disconfirm RET's hypotheses, suggest a prudent course.

The preponderance of evidence appears to confirm both the curative and preventive effectiveness of RET's wide variety of techniques when applied to a broad range of emotional disturbances by many different types of therapists. Yet there are studies which contradict its effectiveness, the results of some confirmatory studies have been challenged, and in some instances research has not yet been done. Once again, more research seems appropriate. Evidence certainly supports the effectiveness of some RET techniques in certain applications by some therapists. Further research could clarify which techniques, applications, and therapists are effective.

Research concerning RET's applicability to creative, highly productive, and unusually capable people appears to be limited.
The literature that is available suggests that RET is well-suited to these populations. The reviewed literature notes that these people tend to think rationally and are therefore especially responsive to RET techniques. The literature also points out that professionally successful people often engage in self-defeating behavior within the realm of their personal lives. It may be that such behavior limits professional productive capacity, thereby preventing realization of full potential. Research in this area could determine the effectiveness of RET in increasing professional productivity as a result of reducing self-limiting behavior caused by irrational thinking in the non-professional realm.
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