

Psychotherapy Guidebook

RATIONAL-EMOTIVE THERAPY

Albert Ellis

Rational-Emotive Therapy

Albert Ellis

e-Book 2016 International Psychotherapy Institute

From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

All Rights Reserved

Created in the United States of America

Copyright © 2012 by Richie Herink and Paul Richard Herink

Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

Rational-Emotive Therapy

Albert Ellis

DEFINITION

Rational-Emotive Therapy (RET) is a theory of personality and a method of psychotherapy; it is based on the hypothesis that an individual's irrational beliefs result in erroneous (or "crooked") and damaging self-appraisals. RET attempts to change these faulty beliefs by emphasizing cognitive restructuring (or "philosophic disputing"), in accordance with its ABC theory of emotional disturbance and of personality change. This theory holds that when a highly charged emotional Consequence (C) follows a significant Activating Experience or Activating Event (A), A may importantly contribute to but only partially "causes" C. Rational-emotive theory hypothesizes that emotional difficulties or Consequences are largely created or "caused" by B — people's Belief System about A.

RET contends that when undesirable emotional Consequences occur at point C, these Consequences (such as severe anxiety, depression, hostility, or inadequacy feelings) can almost invariably be traced to people's irrational Beliefs (iB's). It also holds that these irrational Beliefs can be most effectively Disputed (at point D) by using the logico-empirical method of science. When

disturbed individuals do this kind of Disputing, and thereby change or eliminate their absolutistic, illogical, and anti-empirical thinking, their undesirable emotional and behavioral Consequences (that is, their neurotic symptoms) diminish or disappear and eventually cease to reoccur. RET, perhaps more than any other system of psychotherapy, emphasizes the philosophic Disputing of clients' self-defeating Beliefs. But this cognitive restructuring is done in conjunction with a variety of other emotive and behavioral methods, because it holds that cognitions, emotions, and behavior all significantly interact and have a reciprocal cause-and-effect relationship. RET is therefore a comprehensive method of psychological treatment that is pronouncedly cognitive but that concomitantly stresses and utilizes affective (emotive) and behavioral modes of basic personality change.

HISTORY

Rational-Emotive Therapy (RET) was created by this writer (Albert Ellis), a clinical psychologist, in 1955. I had been first a pioneer sex therapist and marriage and family counselor and then trained as a psychoanalyst, and for several years practiced psychoanalysis and psychoanalytically oriented therapy. When I found psychoanalysis to be woefully inefficient because of its neglect of the philosophic sources of disturbance, its obsession with irrelevant historical material, and its ignoring of behavioral methods of change, I went back to philosophy and science, amalgamated their findings

with modern humanistic thinking, and started to practice RET. I emphasized the importance of 1) people's conditioning themselves to feel disturbed (rather than their being conditioned by parental and other external sources); 2) their biological as well as cultural tendencies to think "crookedly" and to needlessly upset themselves; 3) their uniquely human tendencies to invent and create disturbing beliefs, as well as their tendencies to upset themselves about their disturbances; 4) their unusual capacities to change their cognitive, emotive, and behavioral processes so that they can: a) choose to react differently from the way they usually do; b) refuse to upset themselves about almost anything that may occur, and c) train themselves so that they can semi-automatically remain minimally disturbed for the rest of their lives.

TECHNIQUE

RET therapists almost invariably utilize a number of cognitive, affective, and behavioral methods of therapy, and do so quite consciously on theoretical as well as practical grounds. Unlike many "eclectic" therapists, however, they do not unselectively use almost any procedures that work with a given client, nor do they emphasize, as do classical behavior therapists, symptom removal. Instead, they strive for the kind of profound personality change that tends to accompany radical philosophic restructuring.

In terms of emotive methods, RET therapists use several procedures,

including these: they fully accept clients despite their poor behavior, and they practice (as well as directly teach) an unusual degree of tolerance, or unconditional positive regard. They use many affective exercises, such as the well-known RET shame-attacking and risk-taking exercises. They employ rational emotive imagery, originated by Dr. Maxie C. Maultsby, Jr. (1975). They use verbal force and vigor in their encounter with clients, in order to powerfully help uproot these clients' self-sabotaging ideas and behavior. They clearly distinguish between clients' appropriate (goal-achieving) and inappropriate (self-defeating) feelings and show these clients how to enhance and practice the former, and how to minimize the latter. They at times use special emotive methods, such as rational humorous songs, to help clients change their disturbed thoughts and feelings.

Behaviorally, rational-emotive therapists use almost all the regular behavior therapy methods, particularly operant conditioning, self-management principles, systematic desensitization, instrumental conditioning, biofeedback, relaxation methods, modeling, etc. They especially favor in vivo desensitization and have pioneered in assertion training, skill training, activity homework assignments, and other forms of action-oriented desensitizing procedures. In using both emotive and behavioral methods, however, RET practitioners don't just try for symptom removal, but also strive to help clients to effectuate a profound philosophic as well as behavioral change.

Cognitively, RET shows clients, quickly and forthrightly, exactly what it is they keep telling themselves that makes them emotionally upset; and it teaches them how to change these self-statements so that they no longer believe them and, instead, acquire a sensible, reality-based philosophy. In this respect, RET hypothesizes that “emotional” disturbances almost invariably include a strong element of absolutistic thinking, and that if clients fully acknowledge and surrender their shoulds, oughts, musts, demands, commands, and necessities, forego their childish grandiosity, and stick rigorously to wanting, wishing, and preferring rather than direly needing they will eliminate most of these disturbances.

More concretely, RET shows clients that they have one or more major irrational Beliefs (iB's), which stem from: 1) their human condition and their innate tendency to think “crookedly,” and from 2) the exacerbation of this tendency by their social and cultural learning (Ellis, 1977a; Ellis and Grieger, 1977; Ellis and Harper, 1975). These basic irrationalities can be reduced to three main forms, which virtually all humans hold to some degree but which disturbed individuals hold more intensely, extensively, and rigidly:

Irrational Idea No. 1: “I MUST be competent, adequate, and achieving and MUST win the approval of virtually all the significant people in my life; it is awful when I don't; I can't stand failing in these all-important respects; and I am a rotten person when I don't do what I MUST do to act competently and

to win others' approval." When people strongly hold this irrational Belief and its many correlates and sub-headings, they tend to make themselves feel inadequate, worthless, anxious, and depressed and to develop phobias, obsessions, compulsions, inhibitions, and similar disturbances.

Irrational Idea No. 2: "Others MUST treat me kindly, fairly, and properly when I want them to do so; it is terrible when they don't; I can't bear their acting obnoxiously toward me; and they are damnable, worthless people when they don't do what they MUST do to treat me satisfactorily." When people have this irrational Belief and its correlates, they tend to make themselves feel intensely and persistently angry, condemning, bigoted, violent, feuding, vindictive, and homicidal. They can also become grandiose and depressed.

Irrational Idea No. 3: "I need and MUST have the things I really want; and the conditions under which I live and the world around me MUST be well ordered, positive, certain, and just the way I want them to be, and they MUST gratify my desires easily and immediately, without my having too many difficulties or hassles. It is horrible when conditions are not this way; I can't tolerate their being uncomfortable, frustrating, or unideal; and the world is a rotten place and life hardly worth living when things are not as they should be in this respect." When people devoutly believe this irrational idea and its correlates, they make themselves angry, self-pitying, and depressed; they

inwardly or externally whine; and they have abysmal low frustration tolerance, along with its concomitants of avoidance, goofing off, lack of discipline, and procrastination.

Rational-emotive therapists quickly and efficiently try to show their clients that they have one, two, or all three of these irrational Beliefs (iB's) and perhaps many of their corollaries and subheadings. They try: to teach these clients that their emotional problems and neurotic behavior are the direct and indirect result of such Beliefs and in all likelihood will not diminish or permanently disappear until they clearly see and acknowledge these Beliefs, actively and cognitively Dispute them, force themselves to emote differently while undermining them, and use a number of behavioral approaches to change the actions that accompany and that keep reinforcing these absolutistic, self-sabotaging Beliefs. Rational-emotive therapists mainly use the cognitive restructuring methods of science and philosophy to help uproot their clients' disturbance-creating ideas. But they also may use a number of other cognitive techniques, such as the teaching of positive self-coping statements; thought stopping; cognitive diversionary methods; semantic and linguistic analysis; self-monitoring procedures; the analysis of false attributions and expectancies; didactic instruction; skill training, effective methods of problem solving; etc.

APPLICATIONS

I originated RET as a method of individual psychotherapy but soon developed a group therapy procedure, which includes the training of all group members to use RET with each other (as well as with their friends and associates outside the group). This is to help them become more skilled at talking themselves out of their own irrationalities and at working at their homework assignments, which are to be done in real-life situations. Group RET likewise includes a good many shame-attacking and risk-taking exercises, active confrontation, role-playing and behavior rehearsal, and verbal and nonverbal feedback.

RET also favors large-scale group processes: such as lectures, workshops, live public demonstrations of RET, seminars, courses, etc. More than most other forms of therapy, it strongly encourages several bibliotherapy and self-help procedures: including the reading of books and pamphlets; listening to recordings, films, radio, and TV presentations; the use of charts, signs, and posters; vicarious therapy; the regular filling out of rational self-help forms; and various other psychoeducational methods. RET has also pioneered in rational-emotive education through the teaching of RET principles to children in their regular school classes, taught by teachers especially trained in RET, rather than by psychologists or psychotherapists.

In the treatment of clinical problems, RET has led to reports and studies on anxiety, depression, hostility, character disorder, psychosis, sex, love, and

marriage problems, child rearing, adolescence, assertion training, self-management, and other important areas (diGiuseppe, et al., 1977; Ellis, 1977; Murphy and Ellis, 1978).

RET has achieved success and popularity in a number of self-help books (for example, Maultsby, 1975), and RET materials have, in addition, been incorporated into literally hundreds of other books and pamphlets on assertion training, self-management, personal adjustment, and do-it-yourself therapy. RET materials have also been embodied (with or without due credit) into many other forms of psychotherapy and personality training procedures.