

Does Rational Emotive Behavior Therapy Seem Deep Enough?

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I travel around the United States and other parts of the world, giving talks, workshops, marathons, and other presentations, I hear a number of objections to rational emotive behavior therapy (REBT). Let me now consider some of the most common questions and attempt to answer them.

“You may get tired of responding to this old criticism, but I hear it time and again—REBT doesn’t seem deep enough. If you don’t go back into a person’s childhood, how can you get at the cause of emotional disturbance and uproot it so thoroughly that it doesn’t tend to return again?”

A good question—but, significantly enough, based on several strange, and in some ways irrational, assumptions of the questioners. First assumption: every emotional disturbance has a special, *historically-based* cause. A very dubious premise, to say the least! Let us suppose you are five feet tall and have a *dire need*, and not merely a *strong desire*, to excel at basketball. Under these conditions you would most probably tend to feel highly anxious when you considered playing basketball and distinctly depressed or worthless when you played it badly. You could therefore find distinct reasons for your disturbance, but hardly any special historical reasons. Perhaps your parents “made” you *need* to excel at basketball but perhaps, as is likely, you have a natural tendency to raise your desires to necessities and you generally tend to do so.

The most prolonged and depth-centered type of psychotherapy, such as years of classical psychoanalysis, would throw little light on the “origins” of your emotional problems; while so-called “superficial” therapies, such as Adlerian or rational emotive behavior therapy, would quickly, perhaps in a session or two, show you that as long as your goals, irrationally, consist of needing to play basketball superbly, you have virtually no chance of eliminating your anxiety, your depression, and your feelings of worthlessness—so you’d better give up your “need!”

Notice, in this illustration, that it really doesn’t matter *why* you remain short, *how* you acquired your love of basketball, or *in what specific ways* you fail at basketball. These are interesting questions, and you might well “understand yourself”—meaning, know more fascinating facts about the conditions of your life—if you had the detailed answers to them. But you might never find it possible to discover the answers to them; would hardly help yourself overcome your anxiety and depression even if you did; and could easily, in obsessively trying to answer such questions, gain captivating information for your autobiography but actually sidetrack yourself from understanding and accepting the *basic* or *important* reasons for your disturbance—namely, your beliefs that you *must* play basketball well—and from eliminating that disturbance. Your “deeper” understanding of yourself, therefore, could easily lead you astray.

A second assumption, when you ask for the “original causes” of emotional problems, tends to consist of the illogical belief that when an early event in your life has a close correlation with a later event or action, the former probably *caused* the latter. Thus, you may conclude that because, during your childhood, your short stature and consequent inability to play championship basketball led your peers to disapprove of you, and because you now tend to feel inadequate when you play basketball poorly and are disapproved, the former events *made* you feel inadequate and depressed today.

How wrong! Correlation, as we learn right at the beginning in any course in statistics, does *not* necessarily mean causation. Although a distinct relationship seems to exist between your playing basketball poorly and receiving disapproval today, and a relationship also exists between your feeling inadequate earlier in your life and your feeling inadequate now, the prior events and feelings hardly *cause* the latter. The real “cause” of your playing basketball poorly as a child and today probably lies, mostly, in your shortness—which “made” you in-effective in both instances. The real “cause” of your receiving disapproval as a child and today lies in the attitudes of your fellows—who, in both cases, happen to like tall people who play basketball well.

More importantly: the real “cause” of your feelings of disturbance lies in your tendency, both as a child and as an adult, to *agree with* the members of your community about the importance of playing basketball well and with your *believing* that if they disapprove of you, you have to put yourself—and not merely your ball-playing behavior—down. Without your, as a child, *accepting* others’ disapproval of you as *awful* and *terrible* and without your, as an adult, *continuing to accept* that highly irrational belief today, you would not *carry on* your childhood feelings of anxiety, depression, and worthlessness from the past to the present.

In this example, then, your original desire and *need* to perform well at basketball and your *demand* that you thereby win the approval of others largely caused your feelings of self-downing during your childhood; and these same irrational *necessitizings* (rather than rational *preferences*) largely re-cause your feelings of worthlessness today. The *events* of your failing and getting disapproved of as a child, however closely correlated they are with the *events* of your failing, getting disapproved of, and downing yourself today, do not warrant any conclusion of causality between the two. So-called depth-centered therapy continually makes such “causal” conclusions—and thereby leads therapists and their clients up the garden path.

A third false assumption of historically-minded questioners of REBT: if certain early events did not occur in people’s lives, their particular disturbances would never come into existence nor continue today. Wrong again! Suppose, in the above case, a radically different set of events than those we have hypothesized actually occurred during your childhood. You grew unusually tall, and during your teens reached the height of seven feet. You didn’t particularly care about playing basketball, but when you did participate in a game you played remarkably well. You consequently were acclaimed by your peers as a wonderful individual.

Oddly enough, you can still feel anxious, depressed, and self-downing today. You can take the standards of your social group—which may remain quite moderate and tolerant—and idiosyncratically blow them out of proportion, so that you (not they) absolutistically demand (1) that you be exactly the right height, and not grow one inch too tall or too short; (2) that you win at basketball *all the time* and never make a single error in so doing; (3) that you never are disapproved of by anyone, including those who don’t happen to care about basketball; (4) that you perform remarkably well at many sports, including being a jockey or coxswain, that require a rather small individual; and (5) that you achieve outstandingly in various other kinds of activities, including debating, painting, and playing the harpsichord. None of these demands may originate in the teaching of your parents or your society; but you can easily make them up or enormously exacerbate them yourself. With little encouragement from external influences, you may have a strong innate propensity for exaggeration and absolutizing; and you may talentedly employ it!

A fourth assumption of so-called depth psychotherapy seems particularly illegitimate, yet widely believed: that if some historical or past event did importantly cause (or even contribute to) an individual’s emotional disturbances, understanding or insight into the specific events leading up to these problems will not only lead to their resolution but will also prevent them from recurring. This assumption has no good logical or empirical backing; yet most people seem

to irrationally believe it.

It seems clear that your knowing the origin or cause of almost any ailment often hardly helps you in any way relieve it. Thus, you may know that you got cavities in your teeth from eating too many sweets—but you still have the cavities! You may know that you acquired a bellyache by seriously worrying over an impending test—but you still have the bellyache, as well as the worry! You may know that you hate your mother because she criticized you severely during your childhood. But the more fully you realize that your early hatred largely stemmed from your taking her criticism too seriously, the more you may hate her! In these cases, insight into the origin of your disturbances does you little good—or actually contributes to your feeling worse.

What about those cases where insight into the origins of your problems clearly seems to help? You finally realize, for example, that you didn't grow very tall as a child, consequently played basketball poorly, were put down by your peers for doing so, and felt very inadequate at the time. You also see that your early feelings of inadequacy preceded your present feelings of inferiority and depression. Seeing this, you suddenly feel less inferior and depressed. How come?

Your "insight" helps, in this case, because you not merely understand that you once felt inadequate as a result of your short stature and poor ball-playing but because, realizing this, you *also* change some of your ideas *about* your past and/or present. Thus, you may now tell yourself: "Short stature *doesn't* have extraordinary importance. Nor does basketball proficiency! If people dis- approved of me, as a child, because of my height and ball-playing inadequacy, so much the worse for them! And, today, I *still* don't need people's approval, even if I would like to have it. I can clearly accept myself and enjoy myself though I may never grow tall, play basketball well, or receive the accolades of those who like fine ball players!" When you change your attitudes along these lines—which your insight might *help* but does not necessarily *make* you do—your problems tend to vanish. But the insight itself, however accurate it may be, does little good and even much harm—depending on how you *use* it.

A fifth assumption of those who emphasize the importance of past history in psychotherapy: some *real* or *true* origin of current emotional problems exists, and the understanding of this *true* cause completely undermines the disturbance by destroying its basic roots. This assumption holds little water, because such a *real* or *truly* deep source doesn't seem ascertainable or provable. Suppose, for example, you finally discover, after months or years of "deep" psychoanalysis, that your father said to you, when you failed to play basketball well, at the age of eight, "A runt like you will never amount to anything at basketball or anything else. In fact, no one will ever accept you at all!" Even if this depth-centered analysis conclusively "proves" that, from the moment you heard these words, you completely lost confidence in yourself, this "proof" may not be valid. For, quite undramatically, you may have heard negative statements about your shortness and your lack of prowess many times before, and this last statement of your father may merely have represented the straw that broke the camel's back. The *real* causes may have preceded this so-called *true* cause by several years. How can you ever really ascertain what are these *real* causes —especially since your memory is fallible and you only have a few highly dramatized recollections on which to pin your faith?

Again: the past "traumatic incidents" that you recall during depth analysis to bolster your and your therapist's belief in the efficacy of insight into your childhood may consist of sheer fiction. Even Freud recognized that clients' dreams and early memories often originated in their desires to please the analyst or their over-eagerness to believe devoutly in their own fabrications. Many of today's primal therapists and Reichian analysts who obsessively investigate their clients' infantile feelings and "traumas" fail to reach Freud's level of sophistication, and delude themselves of the absolute "truth" and "reality" of primal scenes that they strongly suggested these clients

“remember.” False memories are common in certain kinds of therapy!

A sixth assumption of the devotees of past-centered psychotherapy: real and lasting personality change will practically never occur without “deep” historical insight. This assumption is disconfirmed by hundreds of experimental and clinical studies published by behavior therapists, cognitive-behavior therapists, and many other professionals—including many psychoanalysts! These studies and case reports have consistently shown that many clients significantly improve without any knowledge of their early childhood; that brief therapy frequently gives as good and better results than prolonged analytic treatment; that great numbers of individuals have lost their symptoms by listening to a lecture, reading a book, or engaging in other forms of highly didactic therapy; and that various kinds of here-and-now procedures that include no exploration of clients’ past histories often work remarkably well.

In REBT in particular, we consistently find that if we, as therapists, zero in on the main irrational ideas, and especially the chief *must-urbational* basic philosophies, that disturbed individuals presently hold and rigidly maintain, we can often help them to make profound, elegant, and enduring changes in their emotions and their behaviors. And this, very often, with few glances at their childhood or adolescent “traumas.” So my hypothesis is: Give me a group of severely anxious individuals who have enormous insight into their past and the early “origins” of their disturbances but who only vaguely see the current irrational philosophies that they strongly hold, and give me another group of equally anxious people who have little understanding of the “origins” of their past “traumas” but who clearly see their present-day irrational ideas and will concentratedly work to give them up, and (al-though I rarely bet) I shall gladly lay two to one odds on the latter group’s doing significantly better than the former in overcoming their emotional handicaps. So help me rationality!

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