

*Rational emotive behavior therapists will listen while you whine about your mother, but in the final analysis, they put you at the center of the universe, largely responsible for your own actions and feelings.*

## **The No Cop-out Therapy**

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From any conventional view-point, Ms. P needed no therapy at all. She had just been offered an exceptionally good job. High-level men has sought her company after her husband's death. She had no problems with her 18-year-old daughter, who was adjusting well to an out-of-town college. Yet, she came to me in an extreme state of panic.

She slept little and fitfully, and vacillated about accepting the new job. These were recent, and she thought surface, manifestations of her anxiety. More important, she was afraid of failing on any job, although she had never failed. She believed her husband had lost interest in her before his death, though he had never shown signs of disinterest. And she felt inadequate sexually, despite her sexual partners' protestations about their inadequacies rather than about hers.

Instead of feeling better, in the light of her recent business and social successes, and after what she called "three highly successful years" of psychoanalysis, she was becoming considerably more anxious and disturbed.

Her previous analyst, a woman well trained in Freudian and Sullivanian methods, had guided her to believe that the basis of her disturbance was her attitude toward men. She had "learned" through psychoanalysis that she had vainly sought her father's love when she was a child, but had never succeeded in weaning him away from his much greater and obsessive interest in her older brother. Consequently, she unconsciously hated men. She had resolved this problem by forcing herself to compete compulsively with males, to win out over them in the business world. But she had felt it too dangerous to compete with them sexually, since they were always better at having orgasms than she. So she had retreated, according to her analyst, to extravaginal stimulation instead of intercourse.

Awareness of the psychoanalytic explanations for her disturbance was not enough for M.s P She decided that her analysis was not progressing, and in desperation decided to try rational emotive behavior therapy (REBT).

REBT, which I originated in 1955, goes further than orthodox psychoanalysis and classical behavioristic approaches. It places humans at the center of the universe and gives them considerable responsibility for their own fate. It is partly their choice to make or to refuse to make themselves neurotic. Although REBT's basic theory of human personality has strong roots in biological and environmental assumptions, it holds that the individual himself can, and usually does, significantly intervene between his environmental input and his emotional output and that therefore he – and, of course, she – has, potentially, a good amount of control over what he feels and does.

**The ABC's of REBT.** REBT uses a simple ABC approach to human personality and its disturbance. The therapist usually begins with C, the upsetting emotional *Consequence* that the client has recently experienced. Typically, she has been rejected. This rejection can be called A, the *Activating Experience*, which the person wrongly believes directly causes C, her feelings of anxiousness, worthlessness, and depression. The client learns that by itself and Activating event (A) in the outside world does not cause or create any feelings or emotional Consequence (C). For if it did, the therapist explains, then virtually everyone who gets rejected would have to feel just as depressed as the client, Ms. P. but since this is hardly true, C is largely caused by some intervening variable, which is the individual's *Belief* system (B).

When rejection occurs, the healthy individual has a mainly healthy or rational set of negative beliefs: "Isn't it unfortunate that I was rejected. I will suffer real losses or disadvantages by this rejection. Now, how can I be accepted by this person in the future, or by some other person who will probably bring me almost as much joy?" These Beliefs are rational or useful because they increase a person's happiness and minimize his pain, and they are related to observable, empirically provable events.

If the individual held rigorously to his (or her) rational Belief about being rejected, he or she would experience profound feelings at point C, but they would not be those that accompany an irrational set of Beliefs: Anxiousness, worthlessness and depression. Instead, he would have feelings of disappointment, frustration and annoyance. His feelings would then be quite healthy or appropriate to the activating experience or event, since they would motivate him to try and change his life so that he would be accepted in the future and, hence, enjoy himself more.

Ms. P's Beliefs were irrational. If one assumes that she had failed to win her father's love because of his obsessive interest in her older brother, it becomes important to know why she had made those grim facts of life all-important and why she had insisted on letting them affect her for so long. Other females have fathers who favored their older brothers, but unlike Ms. P, they all do not unconsciously hate men forever and compulsively compete with them. A crucial question therefore was: What was her fundamental belief system or philosophy of life, which she had brought to and derived from her unsuccessful attempts to get her father's love.

**Choosing Beliefs.** I began to teach Ms. P the ABC's of rational emotive behavior therapy and to show her why psychoanalysis, which had concentrated on A and C, but not on B, may have given her a misleading or highly superficial explanation of her disturbance.

As we probed, Ms. P began to see that her depression was not a direct result of her father's rejection, but was a consequence of her system of Beliefs. Her C responses, or Consequences, were not caused by her father's favoring her brother but by her own mediation processes, or what she thought about this favoritism.

She actually gave herself those Consequences by choosing to create certain value assumptions, or Beliefs. She had chosen those Beliefs early in life, and she still clung to them. I explained that she continued to demand that her father (and virtually all males) be devoted to her, and that she would not free herself from anxiety and hatred until she gave up her childish demands.

Although she was able to see, on theoretical grounds, that Activating events do not cause emotional Consequences in people unless their Beliefs about these events are strongly positive or negative, Ms. P did not feel comfortable with this idea. Her strong conviction, shared by most people, that emotions arise directly from experiences, helped block her acknowledgment of this REBT hypothesis. Also, her ardent allegiance to her previous analyst and to the analytic theory that current events are determined by past history helped increase her blocking. During our fifth session, the therapeutic tide turned. Ms. P started to cry. She told me about her father's death a year ago and about the unveiling of his headstone that was to take place at his grave the following Sunday. I asked why she was crying depressedly, since her father's death, at the age of 55, was a great loss that she could healthily *grieve* about, but was it "awful" and "horrible," so that she could not enjoy *anything* again? She answered that the unveiling made it utterly final: "I still value his love highly, and it's very unfortunate that I'll never in a way be able to get it now."

I demurred. I thought there was more to it than that. If she thought the loss of his love was only quite unfortunate, she would feel very sad – but not depressed, as she seemed to be.

"Yes," she agreed. "To be honest, when I was crying there, I was also feeling depressed. And I guess I still am, whenever I fully face the fact that he's gone, gone forever, and that I'll *never* get from him the love I always craved."

"And that makes you - ?" I asked, in typical REBT fashion.

"A Rotten person! A no-good, low-down, rotten person, whose father never could, and now never will, love her!"

My hunch and my persistence had paid off. Ms. P clearly saw that there was something much more than the loss of her father's love that bothered her and caused her depression – namely her profound Belief that *she* was worthless for losing that love. That turned the therapeutic tide. From that moment, she acknowledged that *she* was the main cause of her emotional disturbance and that her Beliefs about her father and herself were self-defeating.

**Changing Beliefs.** Ms. P's new insight did not end her therapy. REBT has two main purposes. The first is to show the emotionally disturbed person how irrational Beliefs create dysfunctional Consequences. The second,

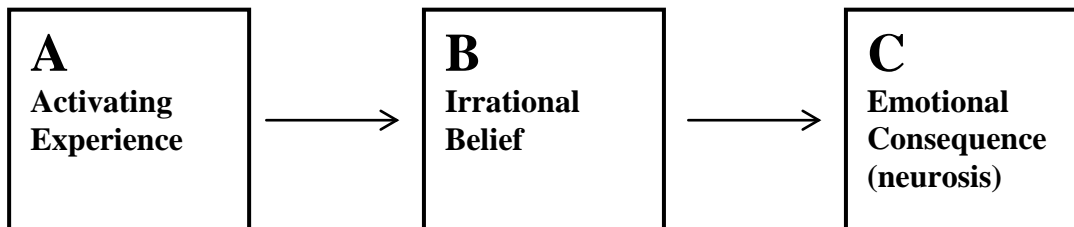
and in some ways more important, is to teach the individual how to *Dispute* (D) in order to change or surrender these irrational Beliefs. REBT overlaps significantly with various “insight” therapies, including Freudian psychoanalysis and Adlerian individual psychology, in regard to the first of these two purposes, but it tends to deviate radically from them on the second. REBT espouses forceful, philosophic and behavioristic attacks on the individual’s self-sabotaging Belief system.

If the therapist succeeds in leading the individual to Dispute his irrational Beliefs about himself and the world, the client then proceeds to E, new and better-functioning *Effects*. The therapist encourages the client to adopt new philosophies of living, thus reducing feelings of anxiety. Eventually, the client will almost automatically stop creating anxiety when he undergoes frustrating Activating experiences

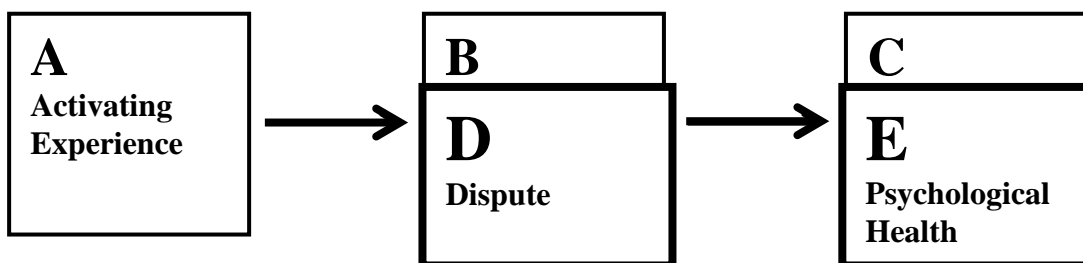
Ms. P realized that it was not her early childhood experiences that created panic about her new job offer, depression about the supposed loss of her dead husband’s love, and feelings of worthlessness about her sexuality. I then helped her see the main irrational Beliefs that caused her symptoms. Paraphrased, they were:

- “I must do exceptionally well at work to prove that my father was wrong about favoring my brother over me, and to show that I am a worthwhile person.”
- “In order to show, again and again, that I am a valuable person who can accept myself, I must have 100 percent love and acceptance from any man with whom I am intimately involved. And, since my late husband did not love me completely, he didn’t love me at all, and that proves that I am bad.”
- “If I am not regularly capable of having orgasms during intercourse, as I must be, I am not a woman and that means I am unlovable.”
- “I must not be panicked, depressed and indecisive; and since I am, I’m not good.”
- “Now that I have admitted my problems and gone for psychotherapy, I must succeed at curing myself in a reasonably short length of time or else I am a hopeless weakling.”

**ABC’s. Rational Emotive Behavior Therapy places the responsibility for a person’s fate squarely upon his or her own shoulders. It is one’s irrational beliefs (B) that cause “traumatic” experiences (A) to result in neurosis**



**The REBT therapist leads a client to attack his or her irrational beliefs by disputing them (D). Once the client’s attack has been successful, he or she is free to establish sensible beliefs and appropriate behavior which are psychologically healthy effects (E).**



To help Ms. P give up these self-deprecating ideas, I first used an REBT approach. I showed her that her irrational Beliefs about needing competency, love, and freedom from panic were unrealistic, illogical, and self-destructive.

Most people tend to believe several irrational ideas. They hold to these ideas with dreadful results in terms of their emotions and behaviors. As far as I have been able to determine, these beliefs are usually forms of absolutism. They consist of unqualified *demands* and *needs*, instead of *preferences* or *desires*. Consequently, they are unrealistic and self-defeating.

**The Irrational Trinity.** There are perhaps 10 to 15 supreme “necessities” that people commonly impose on them-selves and others. These can be reduced to three dictates that cause immense emotional difficulties.

The first dictate is: Because it would be highly preferable if I were outstandingly competent, I *absolutely should* and *must* be. It is awful when I am not. I am therefore a worthless individual.”

The second irrational (and unprovable) idea is: “Because it is highly *desirable* that others treat me considerately and fairly, they *absolutely should* and *must* do so, and they are rotten people who deserve to be utterly damned when they do not.”

The third impossible dictate is: “Because it is *preferable* that I experience pleasure rather than pain, the world *absolutely should* arrange this and life is horrible, and I can’t bear it when the world doesn’t.”

These three fundamental irrational Beliefs, and their many corollaries and sub-ideas, are the main factors in what we often call neurosis. They are not the sole causes of TNS disorder, since they in their own turn may also have other origins or causes. “However, the original “causes” or an individual’s main irrational Beliefs are not that important – and that is why psychoanalysis, which stresses such origins, is usually unhelpful. For if you believe, as did Ms. P, that your mate *must* completely love you, and you consequently feel insecure, even if you do discover exactly where and when you first got that unrealistic idea, how will your “insight” help you surrender it? What is more important, and what philosophers rather than psychologists have tended to see for many centuries, is a concerted uprooting of the disturbed person’s irrational Belief system and a replacing of it by a considerably sounder, reality-oriented philosophy.

Ms. P succeeded in attacking and reconstructing her irrational Beliefs. She continued to learn positive approaches to life. I had shown her how to accept reality, give up all magical assumptions, and apply the scientific method to her everyday existence. REBT maintains that if you are an empiricist and invent no absolute necessities, it is almost impossible to make yourself neurotic. You may still feel sad or annoyed, joyful or even ecstatic. “Rational” in rational emotive behavior therapy does not mean unemotional. In fact, the more you are determined to be self-accepting, hedonistic and self-actualizing by working with your head and your other faculties, the more emotional and the more in touch with your feelings you will tend to be.

I used several other cognitive methods with Ms. P. I gave her information about sex and the frequency of female orgasm during intercourse. I taught her imaging techniques, such as sexual imaging, that helped her become more aroused and climax more intensely. I also had her read a number of REBT pamphlets and booklets and listen to some of our tape recordings.

On the emotive level, I taught her to use forceful confrontation to help Ms. P combat her irrational thinking and inappropriate emoting. She joined one of my regular therapy groups, where she engaged in various risk-taking exercises. For example, we induced her to speak up about her own and others’ problems, even when she was most reluctant to do so. The members of the group confronted her with her hostility to men, which she was at first loath to acknowledge. We used empathy training, particularly through role-playing, in which we asked her to put herself into the “skin” of a man who was trying to relate to her and to satisfy her sexually. She received what Carl Rogers calls unconditional positive regard, and what REBT calls unconditional self-acceptance (USA), both from me and the other members of the group. She learned to acknowledge and reveal some of her positive emotions, especially by telling some of the male members of the group that she liked them when she was very hesitant to do so.

I also used several behavioral techniques with Ms. P in the course of her REBT individual and group sessions. We helped her, through role-playing with other members of the group, to be more assertive with her lover. To lose weight, we encouraged her to use a self-management schedule, using the principles of self-

reward when she followed a reducing diet and self-penalization when she did not. She learned to desensitize herself, by relaxation techniques and by rational emotive imagery (REI), so that she lost her extreme fear of making public speeches. In REI, she was induced to fantasize herself in failing situations and practice feeling sorry and frustrated, rather than feeling destroyed and depressed, when she imagined them. She agreed upon homework assignments of accepting a new job offer and working through her panic about it. Also, through her homework, she learned to become emotionally involved with her lover, even though she was afraid he would later reject her.

All the techniques used in REI are designed to do more than change behavior and help the client feel better. They are also used to change basic philosophies and to give him or her specific means of restructuring these philosophies again and again, until he or she rarely reverts to personally sabotaging and other-hating views and actions.

After eight months of REBT, mostly in group therapy, Ms. P was remarkably improved. Her state of panic had long since vanished, and she only occasionally became anxious. She was working well on her new job, so well that she had received still another offer. She was able to accept the new position without vacillation and with little help from her therapy group. She was looking forward to taking it even though she knew that she might fail. She felt that if she did, she would feel “sad” but hardly “awful.” She still had problems reaching orgasm in intercourse but was not bothered about this difficulty and viewed herself, in fact, as a “very good” sex partner to her lover.

Most important, perhaps Ms. P accepted herself with all her symptoms. When she was anxious, indecisive, compulsively competitive, or failed to reach orgasm, she deplored her behavior but not herself. Therefore, she was able to turn her time and effort toward changing her unfortunate performances, instead of wasting her energy on flagellating and damning herself.

**Humanism Means Self-Control.** REBT is no miracle cure. It requires a considerable amount of effort and practice on the part of the client. Hence, it is hardly the therapy of choice for individuals who want to be coddled, who think they must have immediate gratification within the therapy sessions, who believe that some sudden insight will produce a magic cure, or who refuse to work at helping themselves. It is also not the cup of tea for the therapist who primarily wants to gratify himself or herself during therapy.

REBT, however, can be used with a large variety of clients. It is cognitive-emotive-behavior therapy. It teaches individuals how to understand themselves and others, how to react differently, and how to change some of their basic personality patterns. Originally called it rational psychotherapy, since it is more honestly and directly teaching and persuasive than other forms of psychological treatment. After it was only a few years old, however, I began to see that it was in truth a cognitive-affective procedure. Now, my associates and I refer to it as rational emotive behavior therapy and acknowledge that it is definitely a form of behavior therapy. However, because it deliberately draws on intellectual processes, REBT goes beyond B.F. Skinner’s operant conditioning or Joseph Wolpe’s reciprocal inhibition (desensitization).

People sometimes charge that REBT is anti-humanistic and that it is over-intellectualized, mechanistic, and manipulative. These accusations are not only mistaken, but the miss and important point. Efficient therapies that stress the potentialities of the clients’ control over their emotional processes are in many respects the most humanistic means of personality change that have yet been invented. They are usually human-centered, creativity-oriented, and relevant to maximum happiness and self-actualization.

Although experientially oriented psychologists, such as Abraham Maslow, Frits Perls, and Carl Rogers, are outstanding humanists, so too are cognitively oriented therapists, such as Aaron Beck, Eric Berne, George Kelly, and Arnold Lazarus.

Rational emotive behavior therapy (REBT) is a comprehensive system of psychotherapy. It is substantiated research studies that show that the ABC theory of emotional disturbance and change works and by other studies that show its main methods, REBT teaching and the giving of homework assignments, is effective. Basically, REBT is a scientific procedure derived from and aiming at maximum humanization, or the more efficient and happiness-producing relating of the individual to herself, to others, and to the world.