The Practice of Rational Emotive Behavior Therapy

Second Edition

New Foreword by **Raymond DiGiuseppe**

Albert Ellis
Windy Dryden

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Albert Ellis, PhD, holds MA and PhD degrees in clinical psychology from Columbia University, and is the founder and President of the Albert Ellis Institute for Rational Emotive Behavior Therapy in New York City. He sees many clients for individual and group psychotherapy each week at the Institute's clinic, supervises its therapy and counseling trainees, and each year gives scores of talks, workshops, intensives, and training sessions in New York, and in many cities and universities in the United States and throughout the world. He has published more than 60 books and monographs, over 700 articles, and more than 150 audio and video cassettes. His well-known books include *Sex Without Guilt*, *Reason and Emotion in Psychotherapy*, *A Guide to Rational Living*, *How to Stubbornly Refuse to Make Yourself Miserable About Anything—Yes, Anything!*, *Overcoming Resistance* (Springer Publishing Company), and *Better, Deeper and More Enduring Brief Therapy.* He has received many honors and awards, including awards for the highest professional and clinical contributions of the American Psychological Association, the American Counseling Association, and the Association for the Advancement of Behavior Therapy.

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Foreword

Psychotherapy requires a great deal of intellectual knowledge. To become a successful therapist requires that one reads many books and articles, and listens to hundreds of hours of lectures and workshops. However, despite all this verbal intellectual activity, when you close the door and are alone with the client, you have to act. You have to decide quickly what to say, what to ask, or to remain inactive. Was that a choice, or did I act passively because I did not know what to do? After years of training psychotherapists, I have come to view the practice of psychotherapy more like a motor sport or skill than like an intellectual activity. However, psychotherapy is a motor skill that rests on a great deal of knowledge. How do clinicians learn to go from theory to practice? The title of this book by Ellis and Dryden reflects the action aspects of psychotherapy.

Systems of psychotherapy have a number of parts. First, they provide a theory of psychopathology that explains how human disturbance develops. Next, they have a theory of intervention that should follow from the theory of psychopathology. The strategies proposed from the theory of intervention should match the mechanisms that are thought to lead to the disturbance. The theory of interventions usually has two components. The first I will call *strategies* and the second *techniques*. Strategies are the verbal and logical statements that the clinician hypothesizes to mediate the structure of the disturbed behavior and emotion in the particular cases. On the basis of the theory and the individual case, clinicians develop what we call a case conceptualization. A theory must be fixable enough to explain many individual cases. Based on the case conceptualization, the strategy suggests a plan of intervention. It identifies what hypothetical constructs proposed by the theory and case conceptualization require change to achieve clinically significant improvement for the client. Many theories are good up to this point. However, they are short on technique. What specific things do the therapists do or say to implement the strategic plan? New trainees often get the theory of psychopathology; they struggle to get the case conceptualization and the strategic plan. Then they ask themselves: "What do I do now?" Going from the abstractions to the actions is not always clear.

The Practice of Rational Emotive Behavior Therapy represents a compilation of years of theoretical and clinical insights distilled into a specific theory of

disturbance and therapy and deductions for specific clinical strategies and techniques. Albert Ellis has an immense list of scholarly publications. He is an impressive intellectual force who is well read in philosophy, anthropology, and psychology. However, he is first a master clinician. He has focused all of his incredible knowledge on how to help reduce human suffering one patient at a time. He has always exemplified the pragmatic scholar. He is one of those rare people with expansive knowledge who can use his knowledge with surgical precisions.

The world's greatest Albert Ellis scholar, Windy Dryden from London, joins Al in this volume. Not only has Windy spent several decades studying Al's writings, he has spent hundreds, maybe thousands, of hours watching Al do therapy. Like Al, Windy is most interested in the consistent implementation of the theory into practice.

The resulting collaboration here is not just a smartly written, clear presentation of one of the most philosophical theories of psychotherapy, but a very practical volume as well. They titled this book *The Practice of Rational Emotive Behavior Therapy* because both authors are not satisfied for therapists to have only an intellectual understanding of REBT. Will/can they do it with real clients?

The structure of this book focuses on an explication of the theory, a chapter on basic practice, and a chapter on an in-depth case study. A detailed chapter follows on the practice of individual psychotherapy. Although the book is not broken into sections, the next four chapters represent a real treasure. The authors focus on using REBT in couples, family, group, and marathons sessions. Doing REBT with one person is difficult to learn. Once the clinician adds more people to the room with different and sometimes competing agendas, things get more complicated. These chapters will help not only the novice clinician but also the experienced REBT therapists work better in these types of sessions.

So, consider yourself lucky for having picked up this book. Reading it will help many people (and hopefully yourself) get better.

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Preface

Many excellent books for professionals have been published on rational emotive behavior therapy (REBT), including several of our own (Bernard, 1991; Bernard & Wolfe, 1993; Dryden, 1994a, 1994b, 1995a, 1995b; Dryden & DiGiuseppe, 1990; Dryden & Hill, 1993; Dryden & Neenan, 1995; Ellis, 1985c, 1994c, 1996a; Ellis & Grieger, 1986; Walen, DiGiuseppe, & Dryden, 1992; Yankura & Dryden, 1990, 1994). None of these books, however, systematically considers the major way in which REBT is used clinically, such as its use in individual, group, couples, family, and intensives therapy. Consequently, there is still no volume that systematically reviews the regular practice of REBT.

We have previously written books and articles covering important aspects of the practice of REBT (Dryden, 1985b; Ellis, 1971a, 1985c, 1993b), but some of these are outdated and/or out of print. Therefore, in this book we have revised and updated this previous material, added several chapters on new REBT formulations, and attempted to produce a volume that will present a comprehensive picture of the practice of REBT that can be used effectively by any therapist who wants to employ its important clinical modalities.

Not that this book covers all of REBT. Some of the volumes mentioned above include applications of REBT that are only briefly mentioned here. And some of its psychoeducational practices—such as its use in workshops, courses, and rational emotive behavioral training intensives—are barely discussed here. But the professional who wants to use REBT in its most popular clinical modes will find them described in detail in this book. While we do not expect it to replace other REBT writings, we hope that it significantly and usefully supplements them.

ALBERT ELLIS, PHD
WINDY DRYDEN, PHD

1

The General Theory of REBT

In this first chapter we discuss the general theory underpinning the practice of REBT. First, we put REBT in historical context and trace some of its major influences. Second, we outline REBT's major theoretical concepts. Third, we put forward an expanded version of REBT's well-known ABC framework. Fourth, we consider REBT's perspective on the nature of psychological disturbance and health. Fifth, we elaborate this theme by detailing REBT's viewpoint on how psychological disturbance is acquired and perpetuated. Finally, we outline the REBT general theory of therapeutic change.

THE HISTORICAL DEVELOPMENT OF REBT

I (AE) founded rational emotive behavior therapy (REBT) in 1955 when I was a New York clinical psychologist, having begun my career in the helping professions in the early 1940s. As a result of research I was doing at that time for a massive work to be entitled *The Case for Sexual Liberty*, I gained a local reputation for being an authority on sexual and marital relationships. I was consulted by my friends on their sexual and relationship problems and discovered that I could be successful in helping them with these problems in a short period of time. I decided to pursue formal training in clinical psychology after discovering that there were no formal training possibilities then offered in sex and marital counseling. After getting a PhD degree in clinical psychology, I chose to be trained in psychoanalysis, believing then that it was the deepest and most effective form of psychotherapy available. I decided on this course

Parts of this chapter were adapted from Dryden and Ellis (1986) and W. Dryden and A. Ellis, "Rational-Emotive Therapy," in K. S. Dobson (Ed.), *Handbook of Cognitive-Behavioral Therapies;* New York: Guilford, 1987 (used by permission) and have been previously published in *The Nurse Practitioner: The American Journal of Primary Health Care, 12*(7), July 1987.

of action because my experiences as an informal sex-marital counselor had taught me that disturbed relationships were really a product of disturbed persons "and that if people were truly to be helped to live happily with each other they first had better be shown how they could live peacefully with themselves" (Ellis, 1962, p. 3).

I initially enjoyed working as a psychoanalyst, partly because it allowed me to express both my helping and problem-solving interests. However, I became increasingly dissatisfied with psychoanalysis as an effective and efficient form of treatment. In the early 1950s, I began to experiment with different forms of therapy, including psychoanalytically oriented psychotherapy and eclectic-analytic therapy. But although I became more effective with my clients, I remained dissatisfied about the efficiency of these methods. During this period of experimentation I returned to my lifelong hobby of reading philosophy to help me with my search for an effective and efficient form of therapy. One of the major influences on my thought at that time was the work of the Greek and Roman Stoic philosophers (e.g., Epicurus, Epictetus, and Marcus Aurelius). They emphasized the primacy of philosophic causation of psychological disturbances—a viewpoint that was not popular in America in the 1950s—and deemphasized the part played by psychoanalytic psychodynamic factors. This view was also largely promoted by several ancient Asian philosophers, especially Confucius, Lao-Tsu, and Gautama Buddha. In essence, these ancient philosophies, which stated that people are disturbed not by things but by their view of things, became the foundation of REBT, and this perspective (following my pioneering formulations) remains at the heart of present-day cognitive-behavioral approaches to psychotherapy.

Major Philosophical Influences

Apart from ancient philosophy, present-day REBT owes a philosophical debt to a number of other sources that have influenced its development. Immanuel Kant's writings on the power (and limitations) of cognition and ideation strongly impressed me, and the work of Spinoza and Schopenhauer was also important in this respect. Philosophers of science, such as Popper (1959, 1963), Russell (1965), and Bartley (1984), were also influential in helping me see that all humans develop hypotheses about the nature of the world. Moreover, these philosophers stressed the importance of testing the usefulness of such hypotheses rather than assuming that they are necessarily helpful. The practice of REBT goes along in many respects with the logicoempirical methods of science (Ellis, 1962, 1979d). REBT also stresses the flexibility and antidogmatism of the scientific method and opposes all dogmas, just as science does, and it holds that rigid absolutism is one of the main cores of human disturbance (Ellis, 1983a). Also, REBT in some ways predated and in other ways endorses some of the views of postmodernism (Ellis, 1994c, 1996a, 1996b).

Although the philosophy of REBT is at variance with devout religiosity, in one respect Christian philosophy has been most influential. REBT's theory of human value (which will be discussed later) is similar to the Christian viewpoint of condemning the sin but forgiving the sinner (Ellis, 1991b, 1991c, 1994c; Hauck, 1991; Mills, 1993; Powell, 1976). Due to its stand on self-acceptance and its bias against all forms of human rating, REBT allies itself with the philosophy of ethical humanism (Russell, 1950, 1965), which opposes the deification and devil-ification of humans. Since REBT considers that humans are at the center of their universe (but not of *the* universe) and have the power of choice (but not of unlimited choice) with regard to their emotional realm, it has its roots in the existential philosophies of Heidegger (1949) and Tillich (1977). Indeed, REBT has a pronounced humanistic-existential outlook (Ellis, 1973, 1991c, 1994c, 1996a).

I was also influenced, particularly in the 1960s, by the work of the general semanticists (e.g., Korzybski, 1933). These theorists outlined the powerful effect that language has on thought and the fact that our emotional processes are heavily dependent on the way we, as humans, structure our thought by the language we employ.

Major Psychological Influences

In developing REBT, I (AE) have similarly been influenced by the work of a number of psychologists. I received a training analysis from an analyst of the Karen Horney school, and Horney's (1950) concept of the "tyranny of the shoulds" was certainly an early influence on my emphasis on the primacy of absolute, dogmatic evaluative thought in the creation and maintenance of much psychological disturbance.

The work of Adler was important to the development of REBT in several respects. Adler (1927) was the first great therapist to really emphasize inferiority feelings—while REBT similarly stresses self-rating and the ego anxiety to which it leads. Like Adler and his Individual Psychology, REBT also emphasizes people's goals, purposes, values and meanings. REBT follows Adler in regard to the use of active-directive teaching, the stress placed on social interest, the use of a holistic and humanistic outlook, and the employment of a highly cognitive-persuasive form of psychological treatment (Ellis, 1991b, 1991c, 1996a).

Although REBT was originally termed Rational Psychotherapy, it has always advocated the use of behavioral methods as well as cognitive and emotive techniques in the practice of therapy. Indeed, I (AE) utilized the methods advocated by some of the earliest pioneers in behavior therapy (Dunlap, 1932; M. C. Jones, 1924; Watson & Rayner, 1920), first, in overcoming my own early fears of speaking in public and approaching women, and second, in the active-directive form of sex therapy that I practiced in the 1940s and 1950s. This behavioral active-directive emphasis remains prominent in present-day REBT.

In its 40 years of existence, REBT has been practiced in various therapeutic modalities (individual, group, marital, and family), by many kinds of helping professionals (e.g., psychologists, psychiatrists, social workers), and with a variety of client populations (e.g., adults, children, the elderly) suffering from a wide range of psychological disorders. Apart from its use in counseling and psychotherapy, rational emotive behavioral principles have been applied in educational, industrial, and commercial settings. A recent development has been the application of REBT to public education in the form of 9-hour intensive workshops. In this respect it is playing a significant role in the field of preventive psychology. REBT is practiced throughout the world, and there are REBT institutes, or centers, in the United States, France, Italy, West Germany, Holland, Australia, England, Mexico, Israel, and India. It is thus a well-established form of cognitive-behavioral therapy.

MAJOR THEORETICAL CONCEPTS

REBT is based on a set of assumptions that stress the complexity and fluidity of human beings. Given this fundamental view of human nature, REBT uses the following theoretical concepts.

Goals, Purposes, and Rationality

According to REBT theory, humans are happiest when they establish important life goals and purposes and actively strive to attain these. It is argued that, in establishing and pursuing these goals and purposes, human beings had better mind the fact that they live in a social world and that a philosophy of self-interest, where a person places him or herself first, also implies putting others a close second. This is in contrast to a philosophy of selfishness, where the desires of others are neither respected nor regarded. Given that humans will tend to be goal-directed, *rational* in REBT theory means "that which helps people to achieve their basic goals and purposes, whereas 'irrational' means that which prevents them from achieving these goals and purposes" (Dryden, 1984c, p. 238). Thus, rationality is not defined in any absolute sense but is relative in nature.

Humanistic Emphasis

REBT does not pretend to be "purely" objective, scientific, or technique-centered but takes a definite humanistic-existential approach to human problems and their basic solutions. It primarily deals with disturbed human evaluations, emotions, and behaviors. It is rational and scientific but uses rationality and science to enable humans to live and be happy. It is hedonistic, but it espouses

long-range instead of short-range hedonism so that people may achieve the pleasure of the moment *and* of the future and may arrive at maximum freedom *and* discipline. It hypothesizes that probably nothing superhuman exists and that devout belief in superhuman agencies tends to foster dependency and increase emotional disturbance. It assumes that no humans, whatever their antisocial or obnoxious behavior, are damnable nor subhuman. It particularly emphasizes the importance of will and choice in human affairs, even though it accepts the likelihood that some human behavior is partially determined by biological, social, and other forces (Bandura, 1986; Ellis, 1973, 1988, 1994c, 1996a).

The Interaction of Psychological Processes and the Place of Cognition

REBT theory has, from its inception, stressed an interactive view of human psychological processes. Cognitions, emotions, and behaviors are not experienced in isolation and often, particularly in the realm of psychological disturbance, overlap to a significant degree. Recently, REBT has stressed the inferential nature of activating events and has shown how events (or more correctly, how we perceive events) again interact with our cognitive evaluations, emotions, and behaviors (Ellis, 1994c, 1995a). This point will be amplified in the section titled "The Revised ABCs of REBT."

Given this interactional view, it is true, however, that REBT is most noted for the special place it has accorded cognition in human psychological processes, particularly the role that evaluative thought plays in psychological health and disturbance. One of REBT's unique contributions to the field of cognitive-behavior therapy lies in its distinction between rational, and irrational Beliefs. Rational Beliefs are evaluative cognitions of personal significance that are preferential (i.e., nonabsolute) in nature. They are expressed in the form of "desires," "preferences," "wishes," "likes," and "dislikes." People experience positive feelings of pleasure and satisfaction when they get what they desire and experience negative feelings of displeasure and dissatisfaction (e.g., sadness, concern, regret, annoyance) when they do not get what they desire. These negative feelings (the strength of which is closely related to the importance of the desire) are regarded as healthy responses to negative events and do not significantly interfere with the pursuit of established or new goals and purposes. These Beliefs, then, are "rational" in two respects. First, they are flexible, and second, they do not impede the attainment of basic goals and purposes.

Irrational Beliefs, on the other hand, differ in two respects from Rational Beliefs. First, they tend to be absolute (or dogmatic) and are expressed in the form of rigid "must's," "should's," "ought's," "have-to's," etc. Second, they lead to negative emotions that largely interfere with goal pursuit and attainment

(e.g., depression, anxiety, guilt, anger). Healthy Beliefs strongly tend to underlie functional behaviors, whereas unhealthy Beliefs underpin dysfunctional behaviors such as withdrawal, procrastination, alcoholism, and substance abuse (Ellis & Knaus, 1977; Ellis, McInerney, DiGiuseppe, & Yeager, 1988; Ellis & Velten, 1992).

Two Basic Biological Tendencies

Unlike most other theories of therapy, which stress the impact of significant life events on the development of psychological disturbance, REBT theory hypothesizes that the biological tendency of humans to think irrationally and dysfunctionally has a notable impact on such disturbance. Its view that irrational and dysfunctional thinking is heavily determined by biological factors (always interacting with influential environmental conditions) rests on the seeming ease with which humans think crookedly and the prevalence of such thinking even among people who have been "rationally" raised (Ellis, 1976a). While I (AE) have acknowledged that there are social influences operating here, I have also noted that even if everybody had had the most rational upbringing, virtually all humans would often irrationally change their individual and social preferences into absolutistic demands on (a) themselves, (b) other people, and (c) the universe around them (Ellis, 1985a, 1988, 1994c).

The following constitutes evidence in favor of REBT's hypothesis of the biological basis of human irrationality:

1. Virtually all humans, including bright and competent people, show evidence of major human irrationalities and self-defeatism.
2. Virtually all the disturbance-creating irrationalities (absolutistic shoulds and musts) that are found in our society are also found in just about all social and cultural groups that have been studied historically and anthropologically.
3. Many of the self-destructive behaviors that we engage in, such as procrastination and lack of self-discipline, go counter to the teachings of parents, peers, and the mass media.
4. Humans—even bright and intelligent people—often adopt new irrationalities after giving up previous ones.
5. People who vigorously oppose various irrational behaviors often fall prey to these very irrationalities. Atheists and agnostics exhibit zealous and absolutistic philosophies, and highly religious individuals act immorally.
6. Insight into irrational thoughts, feelings, and behaviors helps only partially to change them. For example, people can acknowledge that drinking alcohol in large quantities is harmful, yet this knowledge does not necessarily help them abstain from heavy drinking.
7. Humans often fall back to self-defeating habits and behavioral patterns even though they have often worked hard to overcome them.

8. People often find it easier to learn self-defeating than self-enhancing behaviors. Thus, they very easily overeat but have great trouble following a sensible diet.
9. Psychotherapists who presumably should preferably be good role models of rationality often act irrationally in their personal and professional lives.
10. People frequently delude themselves into believing that certain bad experiences (e.g., divorce, stress, and other misfortunes) can never happen to them (Ellis, 1976a, 1979e, 1994c).

However, REBT holds that humans have a second constructivist biological tendency, namely, to exercise the power of human choice and to work toward changing their dysfunctional thinking and acting. Thus, they have (1) the ability to see that they make themselves disturbed by the irrational views they bring to situations, (2) the ability to see that they can change their thinking, and, most important, (3) the ability to actively and continually work toward changing this thinking and behaving by the application of cognitive, emotive, and behavioral methods. While REBT theory asserts that humans have a strong biological tendency to think dysfunctionally (as well as functionally), it holds that they are by no means slaves to this tendency and can transcend (although not fully) its effects. In the final analysis, then, the REBT image of the person is quite an optimistic one (Dryden, 1994a, 1995b, 1995c; Ellis, 1973, 1994c, 1996a; Ellis & Bernard, 1983, 1985; Kelly, 1955; Mahoney, 1991).

Two Fundamental Human Disturbances

According to REBT, humans easily make absolute demands on themselves, other people, and the world. However, if these demands are more closely investigated, they can be seen to fall into two major categories of psychological disturbance: ego disturbance and discomfort disturbance (Ellis, 1979a, 1980a, 1994c, 1996a).

In ego disturbance a person makes demands on self, others, and the world; and if these demands are not met in the past, present, or future, the person becomes disturbed by damning "self." As I (WD) have shown, self-damnation involves (1) the process of giving my "self" a global negative rating and (2) "devil-ifying" my "self" as being bad or less worthy (Dryden, 1984b). The rational and healthy alternative to self-damnation is unconditional self-acceptance (USA), which involves refusing to give one's "self" a single rating (because it is an impossible task due to one's complexity and fluidity and because it normally interferes with attaining one's basic goals and purposes) and acknowledging one's fallibility.

In discomfort disturbance or low frustration tolerance (LFT), the person again makes demands on self, others, and the world that are related to dogmatic commands that comfort and comfortable life conditions must exist.

When these demands are not met in the past, present, or future, the person feels disturbed and tends to *awfulize* and create *I-can't-stand-it-itis.* Tolerating discomfort in order to aid goal attainment and long-range happiness is the healthy and rational alternative to demands for immediate gratification.

Thus, as will be shown later, self-acceptance and a high level of frustration tolerance are two of the main cornerstones of the rational-emotive image of the psychologically healthy human being (Ellis, 1979e, 1994c, 1996a).

THE REVISED ABCS OF REBT

When REBT was originally established, I (AE) employed a simple ABC assessment framework to conceptualize clients' psychological problems (Ellis, 1962). In this schema, "A" stood for the Activating event, "B" represented a person's Belief about that event, and "C" denoted the person's emotional and behavioral responses, or Consequences, to holding the particular Beliefs at "B." The major advantage of the ABC framework lay in its simplicity. However, its simplicity was also a disadvantage in that important distinctions between different types of cognitive activity were glossed over (Wessler & Wessler, 1980). It is important to note that different REBT therapists use different expanded versions of the original ABC framework (cf. Ellis, 1985c; Wessler & Wessler, 1980). There is thus no absolutely correct way of conceptualizing clients' problems according to such an expanded schema. What is presented below is one version of the revised ABC framework (Ellis, 1985b, 1994c).

Activating Events or Activators (A's) of Cognitive, Emotional, and Behavioral Consequences (C's)

The REBT theory of personality and personality disturbances begins with people trying to fulfill their Goals (G's) in some kind of environment and encountering a set of Activating events or Activators (A's) that tend to help them achieve or block these Goals. The A's they encounter usually are present or current events or their own thoughts, feelings, or behaviors about these events, but they may be embedded in memories or thoughts (conscious or unconscious) about past experiences. People are prone to seek out and respond to these A's because of (1) their biological or genetic predispositions, (2) their constitutional history, (3) their prior interpersonal and social learning, and (4) their innately predisposed and acquired habit patterns (Ellis, 1976a, 1979e, 1983b, 1994c).

A's (Activating events) virtually never exist in a pure or monolithic state; they almost always interact with and partly include B's and C's. People bring themselves (their goals, thoughts, desires, and physiological propensities) to A's.

Beliefs about Activating Events

According to REBT theory, people have almost innumerable Beliefs (B's)—cognitions, thoughts, or ideas—about their Activating events (A's); and these B's importantly exert strong influences on their cognitive, emotional, and behavioral Consequences (C's). Although A's often seem to directly "cause" or contribute to C's, this is rarely true, because B's normally serve as important mediators between A's and C's and therefore more directly "cause" or "create" C's (Bard, 1980; Ellis, 1962, 1994c; Goldfried & Davison, 1994; Grieger & Boyd, 1980; Wessler & Wessler, 1980). People largely bring their Beliefs to A; and they prejudicially view or experience A's in the light of these biased Beliefs (expectations, evaluations) and also in the light of their emotional Consequences (C's). Therefore, humans virtually never experience A without B and C, but they also rarely experience B and C without A.

B's take many different forms because people have many kinds of cognitions. In REBT, however, we are mainly interested in their rational Beliefs (RBs), which, we hypothesize, lead to their self-helping behaviors, and in their irrational Beliefs (IBs), which, we theorize, lead to their self-defeating (and societal-defeating) behaviors. We can list some of the main (but not the only) kinds of B's as follows:

Nonevaluative Observations Example: "(I see) . . . the man is walking." Such observations do not go beyond the available data. They are nonevaluative because they are not relevant to our goals. When such observations are relevant to our goals, they become evaluative; for example, when the man walking is my father, who has just recovered from a car accident. The evaluative aspects of such "evaluative observations" are often implicit—for example, "(I am pleased that) . . . the man is walking."

Nonevaluative Inferences Example: "The man who is walking is going to the post office." Such cognitions are called "inferences" because they go beyond the available data. All we are able to observe in this example is a man walking in a certain direction. Although he is proceeding in the direction of the post office, he may or may not be "going to the post office." As such, inferences may be viewed as hypotheses about our observations that may or may not be correct. These inferences are nonevaluative when they are not relevant to our goals. When such inferences are relevant to our goals, they become evaluative—for example, when the man who may be going to the post office will bring us back our birthday parcels (if indeed he does make such a visit). The evaluative aspects of such "evaluative inferences" are again often implicit—for example, "(it is good that) . . . the man who is walking is going to the post office."

It is helpful to realize, for assessment purposes, that inferences are frequently chained together (Moore, 1983) and that it is often important to find

the most relevant inference in the chain, that is, the one that overlaps with the person's "musturbatory" evaluations (i.e., events that are dogmatic in nature and couched in the form of must's, should's, ought's, and have-to's, etc.) Thus, if a client reports experiencing anger at his wife for forgetting the shopping, shopping may not actually be the "event" that triggers his anger-producing evaluations. The inference chain may be revealed thus: wife forgets shopping → I will mention this to her → she will nag me → I won't be able to watch the football game on TV in peace. Any of these inferences may trigger anger-creating evaluations, and it is often important to involve clients as fully as possible in the assessment process by asking questions to help them provide reliable information concerning their most relevant inferences in particular chains.

Positive Preferential Evaluations Example: "I prefer people to approve of me" or "I like people to approve of me . . . (but they do not have to)." These cognitions are termed "positive preferential evaluations" because (1) they are flexible and nonabsolute (statements like "but they do not have to" are rarely stated but are implicit in such cognitions), and (2) they refer to what the person evaluates as positive—"people approving of me." They are often termed "rational" in REBT theory because they tend to aid and abet a person's basic goals and purposes.

Let us assume that a man who holds the Belief "I prefer people to approve of me" observes a group of people laughing and infers that they are laughing *with* him. This person may conclude the following based on the positive preferential evaluation that he likes approval and the inference that they are laughing with him:

"(I presume) . . . they think I am funny."
"(I presume) . . . they like me."
"(I presume) . . . their liking me has real advantages."

These cognitions are all positive, nonabsolute inferences because (1) they go beyond the available data, (2) they are relevant to the person's goal (he is getting what he values), and (3) they are not held with absolute conviction.

"My ability to make them laugh is good."
"It's pleasant to hear them enjoy themselves."

The latter are both positive, nonabsolute evaluations because this man is appraising his ability to make them laugh and their pleasure at laughing in a positive but relative manner.

Positive Musturbatory Evaluations Example: "I must have people approve of me." Such cognitions are termed "positive musturbatory evaluations"

because they are absolute and dogmatic and they refer to what the person evaluates as positive in a devout manner. They are often termed "irrational" in REBT theory in that they tend to impede and inhibit a person from achieving his or her other basic goals and purposes.

Let us again assume that a group of people are laughing with a man and presumably like him. He may conclude the following based on his positive musturbatory evaluations. Thinking errors are categorized in parentheses:

"I am a great, noble person!" (overgeneralization)
"My life will be completely wonderful!" (overgeneralization)
"I deserve to have only fine and wonderful things happen to me!" (demandingness and deification)

These are all positive, absolute evaluations. The evaluations of "I" and the world are positive and grossly exaggerated.

"I am sure they will always like me." (delusions of certainty)
"I am convinced that I will always please them." (delusions of certainty)

The latter are both positive, absolute inferences because (1) they go beyond the data at hand, (2) they are positively relevant to the person's goal, and (3) they are held with absolute conviction.

Negative Preferential Evaluations Example: "I prefer people not to disapprove of me . . ." or "I dislike people disapproving of me . . . (but there's no reason why they must not disapprove of me)." These cognitions are termed "negative preferential evaluations" because, once again, (1) they are flexible and nonabsolute (statements like "but there's no reason why they must not . . ." are also rarely stated but are again implicit in such Beliefs); and (2) they refer to what the person evaluates as negative—"people disapproving of me." They are also termed "rational" in REBT theory because they tend to aid and abet a person's basic goals and purposes.

This time let us assume that a man who holds the Belief "I prefer people not to disapprove of me" observes a group of people laughing but infers that they are laughing *at* him. This man may conclude the following based on the negative preferential evaluations:

"(I presume) . . . they think I am stupid."
"(I presume) . . . they don't like me."
"(I presume) . . . that their not liking me has real disadvantages."

These are all negative nonabsolute inferences because (1) they go beyond the data at hand, (2) they are relevant to the person's goal (he is getting what he dislikes), and (3) they are not held with absolute conviction.

This man may further conclude:

"It's unfortunate that they are laughing at me."
"It would be bad if I have some unfortunate trait."

These are both negative, nonabsolute evaluations. The evaluations of his "situation" and of his "unfortunate trait" are negative and nondevout (i.e., not absolutistic).

Negative Musturbatory Evaluations Example: "I must not have people disapprove of me." Such cognitions are termed "negative musturbatory evaluations" because (1) they are absolute and dogmatic and (2) they refer to what the person evaluates as negative in a devout manner. They are further examples of irrational Beliefs in that they tend to impede the achievement of a person's basic goals and purposes.

If we assume again that a group of people are laughing at a man and presumably disapprove of him, he may conclude the following based on the above negative musturbatory evaluations. Again, the categories of thinking errors are listed in brackets.

"I am an incompetent, rotten person!" (overgeneralization, self-downing)
"My life will be completely miserable!" (overgeneralization, awfulizing)
"The world is a totally crummy place!" (overgeneralization, awfulizing)
"I deserve to have only bad or good things happen to me!" (demandingness and damnation)
"This is awful, horrible, and terrible!" (awfulizing)
"I can't bear it!" (I-can't-stand-it-itis)

These are all examples of negative absolute evaluations. The people and things appraised are all evaluated in a negative and grossly exaggerated manner.

"I will always act incompetently and have significant people disapprove of me." (overgeneralization)
"They know that I am no good and will always be incompetent." (non sequitur, jumping to conclusions, mind reading)
"They will keep laughing at me and will always despise me." (non sequitur, jumping to conclusions, fortune-telling)
"They only despise me and see nothing good in me." (focusing on the negative, overgeneralization)
"When they laugh with me and see me favorably, that is only because they are in a good mood and do not see that I am fooling them." (disqualifying the positive, non sequitur, phonyism)
"Their laughing at me and disliking me will definitely make me lose my job and lose all my friends." (catastrophizing, magnification)

"They could only be laughing because of some foolish thing I have done and could not possible be laughing for any other reason." (personalizing, non sequitur, overgeneralization)

The above seven are all examples of negative absolute inferences because (1) they go beyond the data at hand, (2) they tend to sabotage the person's goal, and (3) they are held with absolute conviction.

Consequences (C's) of Activating Events (A's) and Beliefs (B's) about A's

C's (cognitive, affective, and behavioral Consequences) follow from the interaction of A's and B's. We can say, mathematically, that A × B=C, but this formula may actually be too simple, and we may require a more complex one to express the relationship adequately. C is almost always significantly affected or influenced but not exactly "caused" by A, because humans naturally react to some degree to stimuli in their environments. Moreover, when A is powerful (e.g., a set of starvation conditions or an earthquake), it tends to affect C profoundly.

When C consists of emotional disturbance (e.g., severe feelings of anxiety, depression, hostility, self-deprecation, and self-pity), B usually (but not always) mainly or more directly creates or "causes" C. Emotional disturbance, however, may at times stem from powerful A's—for example, from environmental disasters such as floods or wars. Emotional disturbance may also follow from factors in the organism—for example, hormonal, disease, or biochemical factors—that are somewhat independent of, yet may actually "cause" C's.

When strong or unusual A's significantly contribute to or "cause" C's or when physiological factors "create" C's, they are usually accompanied by contributory B's too. Thus, if people are caught in an earthquake or if they experience powerful biological changes and they "therefore" become depressed, their A's and their physiological processes probably are strongly influencing them to create irrational Beliefs (IB's), such as, "This earthquake shouldn't have occurred! Isn't it awful! I can't stand it!" These IB's, in turn, add to or help create their feelings of depression at C.

C's usually consist of feelings and behaviors but may also consist of thoughts (e.g., obsessions). C's (Consequences) that follow from A's and B's are virtually never pure or monolithic but also partially include and inevitably interact with A and B. Thus if A is an obnoxious event (e.g., a job refusal) and B is, first, a rational Belief (e.g., "I hope I don't get rejected for this job!") as well as, second, an irrational Belief (e.g., "I must have this job! I'm no good if I don't get it"), C tends to be, first, healthy feelings of frustration and disappointment and, second, unhealthy feelings of severe anxiety, inadequacy, and depression.

So A × B=C. But people also *bring* feelings (as well as hopes, goals, and purposes) to A. They would not keep a job unless they desired or favorably

evaluated it or unless they enjoyed some aspect of it. Their A therefore partially includes their B and C. The three, from the beginning, are related rather than completely disparate.

At the same time, people's Beliefs (B's) also partly or intrinsically relate to and include their A's and their C's. Thus, if they tell themselves, at B, "I want to get a good job," they partly create the Activating event at A (going for a job interview), and they partly create their emotional and behavioral Consequences at C (feeling disappointed when they encounter a job rejection). Without their evaluating a job as good they would not try for it nor have any particular feeling about being rejected.

A, B, and C, then, are all closely related, and none of them tends to exist without the other.

THE NATURE OF PSYCHOLOGICAL DISTURBANCE AND HEALTH

Psychological Disturbance

Rational emotive behavioral theory, then, posits that at the heart of neurotic disturbance lies the tendency of humans to make devout, absolutistic evaluations of the perceived events in their lives. As has been shown, these evaluations are couched in the form of dogmatic "must's," "should's," "have to's," "got to's," and "ought's." We hypothesize that these absolutistic cognitions are at the core of a philosophy of devout Beliefs that is a central feature of much human emotional and behavioral disturbance (cf. Ellis, 1991b, 1991c, 1995a). These Beliefs are deemed to be irrational in REBT theory in that they usually (but not invariably) impede and obstruct people in the pursuit of their basic goals and purposes. Absolutist must's do not invariably lead to psychological disturbance because it is possible for a person to devoutly believe "I must succeed at all important projects," have confidence that he or she will be successful in these respects, and actually succeed in them and thereby not experience psychological disturbance. However, the person remains vulnerable in this respect because there is always the possibility that he or she may fail in the future. So although on probabilistic grounds REBT theory argues that an absolutistic philosophy will frequently lead to such disturbance, it does not claim that this is absolutely so. Thus, even with respect to its view of the nature of human disturbance REBT adopts an antiabsolutistic position

REBT theory goes on to posit that if humans adhere to a philosophy of "musturbation" they will strongly tend to make a number of core irrational conclusions that are deemed to be derivatives of these "must's." These major derivatives are viewed as irrational because they too tend to sabotage a person's basic goals and purposes.

The first major derivative is known as "awfulizing." This occurs when a perceived event is rated as being more than 100% bad—a truly exaggerated and magical conclusion that stems from the Belief: "This must not be as bad as it is."

The second major derivative is known as "I-can't-stand-it-itis." This means believing that one cannot experience virtually any happiness at all, under any conditions, if an event that "must" not happen actually occurs or threatens to occur.

The third major derivative, known as "damnation," represents a tendency for humans to rate themselves and other people as "subhuman" or "undeserving" if self or other does something that they "must" not do or fails to do something that they "must" do. "Damnation" can also be applied to world or life conditions that are rated as being "rotten" for failing to give the person what he or she "must" have.

Although REBT holds that "awfulizing," "I-can't-stand-it-itis," and "damnation" are secondary irrational processes in that they tend to stem from the philosophy of "must's," these processes can sometimes be primary (Ellis, 1983b, 1994c, 1995a). Indeed, Wessler (1984) has argued that they are more likely to be primary and that "must's" are derived from them. However, the philosophy of "must's," on the one hand, and those of "awfulizing," "I-can't-stand-it-itis," and "damnation," on the other, are in all probability interdependent processes and often seem to be different sides of the same "cognitive" coin (Ellis, 1994c).

REBT notes that humans also make numerous kinds of illogicalities when they are disturbed (Ellis, 1985c, 1994c). In this respect, REBT agrees with cognitive therapists (Beck, Rush, Shaw, & Emery, 1979; Burns, 1980) that such cognitive distortions are a feature of psychological disturbance. However, REBT theory holds that such distortions almost always stem from the "must's." Some of the most frequent of them are

1. *All-or-none thinking:* "If I fail at any important task, as I *must* not, I'm a *total* failure and *completely* unlovable!"
2. *Jumping to conclusions and negative non sequiturs:* "Since they have seen me dismally fail, as I *absolutely should* not have done, they will view me as an incompetent worm."
3. *Fortune-telling:* "Because they are laughing at me for failing, as I *absolutely should* not have done, they will despise me forever."
4. *Focusing on the negative:* "Because I *can't stand* things going wrong, as they *must* not, I can't see any good that is happening in my life."
5. *Disqualifying the positive:* "When they compliment me on the good things I have done, they are only being kind to me and forgetting the foolish things that I *absolutely should* not have done."
6. *Allness and neverness:* "Because conditions of living ought to be good and actually are so bad and so intolerable, they'll *always* be this way and I'll *never* have any happiness."

7. *Minimization:* "My good shots in this game were lucky and unimportant. But my bad shots, which I *absolutely should* never have made, were as bad as could be and were totally unforgivable."
8. *Emotional reasoning:* "Because I have performed so poorly, as I *absolutely should* not have done, I feel like a total nincompoop, and my strong feeling proves that I *am* no damned good!"
9. *Labeling and overgeneralization:* "Because I *must* not fail at important work and have done so, I am a complete loser and failure!"
10. *Personalizing:* "Since I am acting far worse than I *absolutely should* act and they are laughing, I am sure they are only laughing at me, and that is *awful*!"
11. *Phonyism:* "When I don't do as well as I *ought* to do and they still praise and accept me, I am a real phony and will soon fall on my face and show them how despicable I am!"
12. *Perfectionism:* "I realize that I did fairly well, but I *absolutely should* have done perfectly well on a task like this and am therefore really an incompetent person!"

Although REBT clinicians at times discover all the unrealistic and illogical Beliefs just listed—and a number of others that are less frequently found with clients—they particularly focus on the unconditional "should's," "ought's," and "must's," that seem to constitute the philosophic core of irrational beliefs that lead to emotional disturbance. They hold that if they do not get to and help clients surrender these core Beliefs or underlying schemas, the clients will most probably keep holding them and create new irrational derivatives from them.

REBT practitioners also particularly look for "awfulizing," "I-can't-stand-it-itis," and "damnation," and they show clients how these almost invariably stem from their "must's" and can be surrendered if they give up their absolutistic demands on themselves, on other people, and on the universe. At the same time, rational emotive behavior therapists usually encourage their clients to have strong and persistent desires, wishes, and preferences, and to avoid feelings of detachment, withdrawal, and lack of involvement (Ellis, 1972a, 1973, 1985c, 1991c, 1994c, 1996a).

More important, REBT holds that unrealistic and illogical beliefs do not *in themselves* create emotional disturbance. Why? Because it is quite possible for people to unrealistically believe, "Because I frequently fail, I always do"; and it is possible for them also to believe illogically, "Because I have frequently failed, I always will." But they can, in both instances, rationally conclude, "Too bad! Even though I always fail, there is no reason why I *must* succeed. I would *prefer to*, but I never *have to* do well. So I'll manage to be as happy as I can be even *with* my constantly failing." They would then rarely be emotionally disturbed.

To reiterate, the essence of human emotional disturbance, according to REBT, consists of the absolutistic "must's" and "must not's" that people think

about their failure, *about* their rejections, *about* their poor treatment by others, and *about* life's frustrations and losses. REBT therefore differs from other cognitive-behavioral therapies—such as those of Bandura (1986), Beck (1976), Goldfried & Davison (1994), Janis (1983), Lazarus (1989), Mahoney (1991), Maultsby (1984), and Meichenbaum (1992)—in that it particularly stresses therapists looking for clients' dogmatic, unconditional "must's," differentiating them from their preferences, and teaching them how to surrender the former and retain the latter (Bernard, 1991; Dryden, 1994a, 1995b, 1995c; Ellis, 1962, 1985c, 1994; Ellis & Becker, 1982; Ellis & Harper, 1975; Grieger & Woods, 1993; Phadke, 1982; Walen, DiGiuseppe, & Dryden, 1992).

Psychological Health

If the philosophy of musturbation is at the core of much psychological disturbance, then what philosophy is characteristic of psychological health? REBT theory argues that a philosophy of relativism or "desiring" is a central feature of psychologically healthy humans. This philosophy acknowledges that humans have a large variety of desires, wishes, wants, preferences, and so forth; but if they refuse to escalate these nonabsolute values into grandiose dogmas and demands, they will become less psychologically disturbed. They will, however, experience healthy negative emotions (e.g., sadness, regret, disappointment, annoyance) when their desires are not fulfilled. These emotions are considered to have constructive motivational properties in that they both help people to remove obstacles to goal attainment and help them to make constructive adjustments when their desires cannot be met.

Three major derivatives of the philosophy of desiring are postulated by rational emotive behavioral theory. They are deemed to be rational in that they tend to help people reach their goals or formulate new goals if their old ones cannot be realized.

The first major derivative of desiring, *rating or evaluating badness* (or anti-awfulizing), is the rational alternative to "awfulizing." Here, if a person does not get what she wants, she acknowledges that this is bad. However, because she does not believe "I *have to* get what I want," she contains her evaluation along a 0%–100% continuum of badness and therefore does not rate this situation as "awful"—a rating that is placed on an exaggerated level. In general, when the person adheres to the desiring philosophy, the stronger her desire, the greater her rating of badness will be when she does not get what she wants.

The second major derivative of desiring is known as *tolerance* and is the rational alternative to "I-can't-stand-it-itis." Here the person (1) acknowledges that an undesirable event has happened (or may happen), (2) believes that the event should empirically occur if it does, (3) rates the event along the badness continuum, (4) attempts to change the undesired event or accepts the "grim" reality if it cannot be modified, and (5) actively pursues other goals even though the situation cannot be altered.

The third major derivative, known as *acceptance*, is the rational alternative to "damnation." Here the person accepts herself and others as fallible humans who do not have to act other than they do and as too complex and fluid to be given any legitimate or global rating. In addition, life conditions are accepted as they exist. People who have the philosophy of acceptance fully acknowledge that the world is highly complex and exists according to laws that are often outside their personal control. It is important to emphasize that acceptance does not imply resignation. A rational philosophy of acceptance means that the person acknowledges that whatever exists empirically should exist but does not absolutely have to exist forever. This prompts the person to make active attempts to change reality. The person who is resigned to a situation usually does not attempt to modify it.

REBT theory also puts forward a number of criteria of psychological health. These include the following:

1. *Self-interest:* Sensible and emotionally healthy people tend to be primarily interested in themselves and to put their own interests at least a little above the interests of others. They sacrifice themselves to some degree for those for whom they care but not overwhelmingly or completely.
2. *Social interest:* Social interest is usually rational and self-helping because most people choose to live and enjoy themselves in a social group or community. If they do not act morally, protect the rights of others, and abet social survival, it is unlikely that they will create the kind of world in which they themselves can live comfortably and happily.
3. *Self-direction:* Healthy people tend mainly to assume responsibility for their own lives while simultaneously preferring to cooperate with others. They do not *need* or *demand* considerable support or succoring from others, though they may prefer and work for this.
4. *High frustration tolerance:* Rational individuals give both themselves and others the right to be wrong. Even when they intensely dislike their own and others' behavior, they refrain from damning themselves or others, as persons, for unacceptable or obnoxious behavior. People who are not plagued with debilitating emotional distress tend to go along with St. Francis and Reinhold Niebuhr by changing obnoxious conditions they can change, accepting those they cannot, and having the wisdom to know the difference between the two.
5. *Flexibility:* Healthy and mature individuals tend to be flexible in their thinking, open to change, and unbigoted and pluralistic in their view of other people. They do not make rigid, invariant rules for themselves and others.
6. *Acceptance of uncertainty:* Healthy men and women tend to acknowledge and accept the idea that we seem to live in a world of probability and chance where absolute certainties do not and probably never will exist. They realize that it is often fascinating and exciting and definitely not horrible to live in this kind of probabilistic and uncertain world. They enjoy a good degree of order

but do not demand to know exactly what the future will bring or what will happen to them.

7. *Commitment to creative pursuits:* Most people tend to be healthier and happier when they are vitally absorbed in something outside themselves and preferably have at least one powerful creative interest, as well as some major human involvement, that they consider so important that they structure a good part of their life around it.

8. *Scientific thinking:* Nondisturbed individuals tend to be more objective, realistic, and scientific than more disturbed ones. They are able to feel deeply and act concertedly, but they tend to regulate their emotions and actions by reflecting on them and evaluating their consequences in terms of the extent to which they lead to the attainment of short-term and long-term goals.

9. *Self-acceptance:* Healthy people are usually glad to be alive and accept themselves just because they are alive and have some capacity to enjoy themselves. They refuse to measure their intrinsic worth by their extrinsic achievements or by what others think of them. They frankly choose to have unconditional self-acceptance (USA), and they try to avoid rating themselves—their totality or their being. They attempt to enjoy rather than to prove themselves (Ellis, 1973, 1995a; Ellis & Harper, 1975; Hauck, 1991; Mills, 1993).

10. *Risk-taking:* Emotionally healthy people tend to take a fair amount of risk and to try to do what they want to do, even when there is a good chance that they may fail. They tend to be adventurous but not foolhardy.

11. *Long-range hedonism:* Well-adjusted people tend to seek both the pleasures of the moment *and* those of the future and do not often court future pain for present gain. They are hedonistic, that is, happiness-seeking and pain-avoidant, but they assume that they will probably live for quite a few years and that they had therefore better think of both today and tomorrow and not be obsessed with immediate gratification.

12. *Nonutopianism:* Healthy people accept the fact that utopias are probably unachievable and that they are never likely to get everything they want and to avoid all pain. They refuse to strive unrealistically for total joy, happiness, or perfection or for total lack of anxiety, depression, self-downing, and hostility.

13. *Self-responsibility for own emotional disturbance:* Healthy individuals tend to accept a great deal of responsibility for their own disturbance rather than defensively blame others or social conditions for their self-defeating thoughts, feelings, and behaviors.

Distinction between Healthy and Unhealthy Negative Emotions

Rational emotive behavioral theory argues that people can hold rational and irrational Beliefs at the same time. They can easily transmute their desires into

demands. Thus, I may rationally believe "I want you to love me" and simultaneously believe that "since I strongly *want* you to love me, you *must* do so." Thus, it is important for therapists to discriminate between their clients' rational and irrational Beliefs. When such distinctions are made, it is easier to distinguish between helpful and unhelpful negative emotions. Healthy negative emotions are deemed to be associated with rational Beliefs and unhealthy negative emotions with irrational Beliefs. In the following, the healthy negative emotion is listed first.

1. *Concern versus anxiety.* Concern is an emotion that is associated with the Belief, "I hope that this threat does not happen, but if it does, it would be unfortunate," whereas anxiety occurs when the person believes, "This threat *absolutely must not* happen, and it would be *awful* if it does."
2. *Sadness versus depression.* Sadness is deemed to occur when the person believes, "It is very unfortunate that I have experienced this loss, but there is no reason why it should not have happened." Depression, on the other hand, is associated with the Belief "This loss *should not* have occurred and it is *terrible* that it did." Here, when the person feels responsible for the loss, he will tend to damn himself: "*I* am no good," whereas if the loss is outside the person's control, he or she will tend to damn the world/life conditions: "*It* is terrible." As shown earlier, REBT theory holds that it is the philosophy of musturbation implicit in such evaluations that leads the person to consider that he will never get what he wants, an inference that leads to feelings of hopelessness. Example: "Because I *must always* get the things I really want and did not get it this time, I'll *never* get it at all. It's hopeless!"
3. *Regret versus guilt.* Feelings of regret or remorse occur when a person acknowledges that he has done something bad in public or private but accepts himself as a fallible human being for doing so. The person feels badly about the act or deed but not about himself because he holds the belief, "I prefer not to act badly, but if I do, too bad!" Guilt occurs when the person damns himself as bad, wicked, or rotten for acting badly. Here, the person feels badly about both the act and his "self" because he holds the belief, "I *must* not act badly, and if I do it's *awful* and I am a *rotten* person!"
4. *Disappointment versus shame/embarrassment.* Feelings of disappointment occur when a person acts "stupidly" in public and acknowledges the stupid act but accepts herself in the process. The person feels disappointed about her *action* but not with *herself* because she prefers but does not demand that she act well. Shame and embarrassment occur when the person recognizes that she has acted "stupidly" in public and then condemns herself for acting in a way that she *absolutely should not* have done. People who experience shame and embarrassment often predict that the watching audience will think badly of them, in which case they tend to agree with these perceived judgments. Thus, they often believe that they absolutely *need* the approval of these others. Shame can sometimes be distinguished from embarrassment in that the public "prat-

fall" is regarded by the person as more serious when she feels shame. However, both emotions involve self-denigration.

5. *Annoyance versus anger.* Annoyance occurs when another person disregards an individual's rule of living. The annoyed person does not like what the other has done but does not damn him or her for doing it. Such a person tends to believe, "I wish the other person did not do that, and I don't like what he/she did, but it does not follow that he/she must not break my rule." In anger, however, the person does believe that the other absolutely must not break the rule and thus damns the other for doing so. REBT holds that it is healthy to be angry at another's *acts* but not at the *person* for acting badly.

It should be noted that rational emotive behavioral therapists do not generally target healthy negative emotions for change during therapy because they are deemed to be Consequences of rational thinking (Crawford & Ellis, 1989; Ellis, 1994c, 1996a).

ACQUISITION AND PERPETUATION OF PSYCHOLOGICAL DISTURBANCE

Rational emotive behavioral theory does not put forward an elaborate view concerning the acquisition of psychological disturbance. This partly follows from the hypothesis that humans have a distinct biological tendency to think and act irrationally but it also reflects the REBT viewpoint that theories of acquisition do not necessarily suggest therapeutic interventions. REBT holds that humans' tendencies toward irrational thinking are biologically rooted, but it also acknowledges that environmental variables do contribute to psychological disturbance and thus encourage people to make their biologically influenced demands (Ellis, 1976a, 1979e, 1994c). Thus, parents and culture usually teach children *which* superstitions, taboos, and prejudices to abide by, but they do not originate their basic tendency toward superstitiousness, ritualism, and bigotry (Ellis, 1991b, 1994c, 1995a).

Rational emotive behavioral theory also posits that humans vary in their disturbability. Some people emerge relatively unscathed psychologically from being raised by uncaring or overprotective parents; others emerge emotionally damaged from "healthier" child-rearing regimens. In this respect, REBT claims that individuals with serious aberrations are more innately predisposed to have rigid and crooked thinking than are those with lesser aberrations and that consequently they are likely to make lesser advances. Thus, the REBT theory of acquisition can be summed up in the view that as humans we are not disturbed simply by our experiences; rather, we bring our ability to disturb ourselves to our experiences (Ellis, 1976a, 1994c, 1995a).

Although rational emotive behavioral theory does not posit an elaborate view to explain the acquisition of psychological disturbance, it does deal more extensively with how such disturbance is perpetuated. First, people tend to

maintain their psychological problems by their own naive theories concerning the nature of these problems and to what they can be attributed. They lack what REBT calls REBT Insight No. 1: that psychological disturbance is often primarily determined by the absolutistic Beliefs that people hold about negative life events (B determines C). Rather, they consider that their disturbances are mainly caused by these situations (A causes C). Because people make incorrect hypotheses about some of the major determinants of their problems, they consequently attempt to change A rather than B. Second, people may have Insight No. 1 but lack REBT Insight No. 2: that people remain disturbed by reindoctrinating themselves *in the present* with their absolutistic Beliefs. Although they may see that their problems are largely determined by their Beliefs, they may distract themselves and thus perpetuate their problems by searching for the historical antecedents of these Beliefs instead of directing themselves to change them as currently held. Third, people may have Insights No. 1 and No. 2 but still sustain their disturbance because they lack REBT Insight No. 3: that only if they diligently work and practice in the present as well as in the future to think, feel, and act against their irrational beliefs are they likely to change them and make themselves significantly less disturbed. People who have all three insights clearly see that they had better persistently and strongly challenge their destructive beliefs cognitively, emotively, and behaviorally to break the perpetuation of the disturbance cycle. Merely acknowledging that a Belief is irrational is usually insufficient to effect change (Ellis, 1962, 1979e, 1994c, 1996a).

REBT contends that a major reason that people perpetuate their psychological problems is that they adhere to a *philosophy of low frustration tolerance* (LFT) (Ellis, 1979a, 1980a). Such people believe that they *must* be comfortable and thus do not work to effect change because such work involves experiencing discomfort. They are short-range hedonists in that they are motivated to avoid short-term discomfort, even though accepting and working against their temporary uncomfortable feelings would probably help them to reach their long-range goals. Such people rate cognitive and behavioral therapeutic tasks as too painful, even more painful than the psychological disturbance to which they have achieved some measure of habituation. They prefer to remain with their "comfortable" discomfort rather than face the change-related discomfort that they believe they must not experience. Maultsby (1984) has argued that people often back away from change because they are afraid that they will not feel right about it. He calls this the "neurotic fear of feeling a phony" and actively shows clients that these feelings of "unnaturalness" are natural concomitants of relearning. Another prevalent form of LFT is "anxiety about anxiety." Here, individuals believe that they *must not* be anxious and thus do not expose themselves to anxiety-provoking situations because they might become anxious if they did so—an experience they would rate as "awful." As such, they perpetuate their problems and overly restrict their lives to avoid experiencing anxiety.

Anxiety about anxiety constitutes an example of the clinical fact that people often make themselves *disturbed about their disturbances*. Having created secondary (and sometimes tertiary) disturbances about their original disturbance, they become preoccupied with these "problems about problems" and thus find it difficult to get back to solving the original problem. Humans are often very inventive in this respect. They can make themselves depressed about their depression, guilty about being angry (as well as anxious about their anxiety), and so on. Consequently, people often had better tackle their disturbances about their disturbances before they can successfully solve their original problems (Ellis, 1979a, 1980a, 1993, 1994c, 1996).

REBT theory endorses the Freudian view of human defensiveness in explaining how people perpetuate their psychological problems (A. Freud, 1937). Thus, people maintain their problems by employing various defense mechanisms (e.g., rationalization, avoidance) that are designed to help deny the existence of these problems or to minimize their severity. The REBT view is that these defenses are often used to ward off self-damnation tendencies and that under such circumstances, if these people were to honestly take responsibility for their problems, they would tend to severely denigrate themselves for having them. In addition, these defense mechanisms are also employed to ward off discomfort anxiety, because if such people admitted their problems, they would rate them as "too hard to bear" or "too difficult to overcome."

I (AE) have noted that people sometimes experience a form of perceived payoff for their psychological problems other than avoidance of discomfort (Ellis, 1979e). The existence of such payoffs serves to perpetuate these problems. Thus, a woman who claims to want to overcome her procrastination may avoid tackling the problem because she is afraid that should she become successful she might then be criticized by others as being "too masculine," a situation she would evaluate as "awful." Her procrastination serves to protect her (in her mind) from this "terrible" state of affairs. I (WD) have noted that "rational emotive behavior therapists stress the phenomenological nature of these payoffs, i.e., it is the person's view of the payoff that is important in determining its impact, not the events delineated in the person's description" (Dryden, 1984c, p. 244).

Finally, the well-documented "self-fulfilling prophecy" phenomenon helps to explain why people perpetuate their psychological problems. Here, people act according to their evaluations and consequent predictions and thus often elicit from themselves or from others responses that they then interpret in a manner that confirms their initial hypotheses. Thus, a socially anxious man may believe that other people would not want to get to know "a worthless individual such as I truly am." He then attends a social function and acts as if he were worthless, avoiding eye contact and keeping away from others. Unsurprisingly, such social behavior does not invite approaches from others, a lack of response that he interprets and evaluates thus: "You see, I was right. Other people don't want to know me. I really am no good."

In conclusion, REBT theory holds that people "naturally tend to perpetuate their problems and have a strong innate tendency to cling to self-defeating, habitual patterns and thereby resist basic change. Helping clients change, then, poses quite a challenge for REBT practitioners" (Dryden, 1984c, pp. 244–245).

THE THEORY OF THERAPEUTIC CHANGE

We have argued that the rational emotive behavioral view of the person is basically an optimistic one: although it posits that humans have a distinct biological tendency to think irrationally, it also holds that they have the constructive capacity to *choose* to work toward changing this irrational thinking and its self-defeating effects.

There are various levels of change. REBT theory holds that the most elegant and long-lasting changes that humans can effect are ones that involve philosophic restructuring of irrational Beliefs. Change at this level can be specific or general. Specific philosophic change means that individuals change their absolutistic demands ("must's," "should's") about *given* situations to rational relative preferences. General philosophic change involves people adopting a nondevout attitude toward life events in general.

To effect a philosophic change at either the specific or general level, people are advised to

1. First, realize that they create, to a large degree, their own psychological disturbances and that although environmental conditions can significantly contribute to their problems they are usually of secondary consideration in the change process.
2. Fully recognize that they do have the ability to significantly change their own disturbances.
3. Understand that emotional and behavioral disturbances stem largely from irrational, absolutistic, dogmatic Beliefs.
4. Detect their irrational beliefs and discriminate them from their rational alternatives.
5. Dispute these irrational beliefs, using realistic, logical, and heuristic methods and by feeling and acting against them.
6. Work toward the internalization of their new, effective Beliefs by employing a number of cognitive, emotive, and behavioral methods of change.
7. Continue this process of challenging irrational Beliefs and using multimodal methods of change for the rest of their lives.

When people effect a philosophic change at B in the ABC model of REBT, they often are able to spontaneously correct their distorted inferences of reality (overgeneralizations, faulty attributions, etc.). However, they can often ben-

efit from challenging these distorted inferences more directly, as REBT has always emphasized (Ellis, 1962, 1971a, 1973, 1994c, 1996a; Ellis & Harper, 1961a, 1961b) and as Beck (Beck et al., 1979) and other cognitive therapists have also stressed (Maultsby, 1984; Meichenbaum, 1992).

Although rational emotive behavioral theory argues that irrational beliefs are the breeding ground for the development and maintenance of inferential distortions, it is possible for people to effect inferentially based changes without making a profound philosophic change. Thus, they may regard their inferences or "automatic thoughts" as hunches about reality rather than facts, may generate alternative hypotheses, and may seek evidence and/or carry out experiments that test each hypothesis, They may then accept the hypothesis that represents the "best bet" of those available.

Consider a man who thinks that his co-workers view him as a fool. To test this hypothesis he might first specify their negative reactions to him. These constitute the data from which he too quickly draws the conclusion, "They think I'm a fool." He might then realize that what he has interpreted to be negative responses to him might not be negative. If they seem to be negative, he might then carry out an experiment to test the meaning he attributes to his co-workers' responses. Thus, he might enlist the help of a colleague whom he trusts to carry out a "secret ballot" of others' opinions of him. Or he could test his hunch more explicitly by directly asking them for their view of him.

As a result of these strategies this person may conclude that his co-workers find some of his actions foolish rather than considering him to be a complete fool. His mood may lift because his inference about the situation has changed, but he may still believe, "If others think I'm a fool, they're right, I *am* a fool and that would be *awful.*" Thus, he has made an inferential change but not a philosophic one. If this person were to attempt to make a philosophic change, he would *first* assume that his inference was true, *then* address himself to his evaluations about this inference and hence challenge these if they were discovered to be irrational (i.e., musturbatory evaluations). Thus, he might conclude, "Even if I act foolishly, that makes me a *person with* foolish behavior, not a *foolish person*. And even if they deem me a total idiot, that is simply *their* view, with which I can choose to disagree." REBT therapists hypothesize that people are more likely to make a profound philosophic change if they first assume that their inferences are true and then challenge their irrational Beliefs, rather than if they first correct their inferential distortions and then challenge their underlying irrational Beliefs. However, this hypothesis awaits full empirical inquiry.

People can also make direct changes of the situation at A (Activating event). Thus, in the example quoted above, the man could leave his job or distract himself from the reactions of his colleagues by taking on extra work and devoting himself to that. Or he might carry out relaxation exercises whenever he comes in contact with his co-workers and thus distract himself once again from

their perceived reactions. Additionally, the man might have a word with his supervisor, who might then instruct the other workers to change their behavior toward the man.

When we use the REBT model to consider behavioral change, it is apparent that a person can change his or her behavior to effect inferential and/or philosophic change. Thus, again using the above example, a man whose coworkers view him as a fool might change his own behavior toward them and thus elicit a different set of responses from them that would lead him to reinterpret his previous inference (behavior change to effect inferential change). However, if it could be determined that they did indeed consider him to be a fool, then the man could actively seek them out and show himself that he could stand their disapproval and that just because they *think* him a fool does not make him one. He would thus learn to accept himself in the face of people's views while exposing himself to their negative reactions (behavior change to help effect philosophic change).

While REBT therapists prefer to help their clients make profound philosophic changes at B, they do not dogmatically insist that their clients make such changes. If it becomes apparent that clients cannot or will not, at any given time, change their irrational Beliefs, then REBT therapists endeavor to help them either to change A directly (by avoiding the troublesome situation or by behaving differently) or to change their distorted inferences about the situation.

In the next chapter we build upon these theoretical underpinnings and consider the basic practice of REBT.