RATIONAL-EMOTIVE THERAPY: AN APPRECIATION

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Albert Ellis, the originator of Rational Emotive Therapy, must surely win the prize for the most foul-mouthed therapist of all time. Despite this startling defect he has contributed a major innovation to psychotherapy.

His radical starting position is to say that childhood experiences do not have to be of any significance today. “We make ourselves disturbed”, he says, “because as human beings we are fucked-up by nature.”

William Glasser, who created Reality Therapy and Control Theory, would agree with the first statement but would say that our nature is also largely a choice. Whereas Albert Ellis believes that we function on two simultaneous instincts, to survive and to self-destroy, William Glasser believes that all our behaviour is chosen on what we perceive at any particular moment to be our best option towards survival or our other primary goals of fun, power, love and freedom. While both Albert Ellis and William Glasser are rational, believing in our powers of reason to help us through problems, and both critical of the stereotypical formality of analytical psychotherapy, and indeed both intensely creative and humorous, Albert Ellis is cynical and dictatorial whilst William Glasser is benignly accepting and encouraging.

That being said, Albert Ellis has a great deal to offer. Even if his approach may sometimes appear crude, he is not afraid to state the obvious and say precisely what needs to be said. To the ambivalent patient who finds it impossible to make a precise decision and obviously say precisely what needs to be said. To the ambivalent patient who finds it impossible to make a precise decision and, in a group, and then to provide their own rational answers. Having got the answer, they then have to agree to implement it and, in particular, to practice it daily for thirty days.

Rational Emotive Therapy directly challenges these irrationalities: each statement, and challenge the ideas and beliefs behind your uncomfort:

i. We become upset because of our point of view. How we feel about an event, rather than the event itself, determines how we respond.

ii. By changing how we perceive something (changing our mental evaluation) we can change how we feel and hence influence our options for action.

iii. We should use our full capacity to think and reason. If we do not do so and have unrealistic thinking, then inevitably we shall have neurotic feelings and disturbed behaviour.

iv. The purpose of Rational Emotive Therapy is to teach patients to recognise the inaccuracies in their thinking so that they can arrive at a more realistic view of themselves and their surroundings.

v. Therapy should be based on principles as simple as ABC. The process of action and reaction can be described as follows:

A. Something happens.

B. It triggers a response in thoughts in our belief system.

C. That stimulates an emotional reaction that determines our feelings.

D. “Why should you? Where did you get that idea from?”

and follows up with the answers:

E. My mother did but I do not have to agree with her today if I choose not to.

E. There is no rule and I don’t know where I got that idea from; it cannot be justified.

Patients are taught to ask their own questions about their own thoughts, feelings, and behaviour (or to challenge those of others in a group) and then to provide their own rational answers. Having got the answer, they then have to agree to implement it and, in particular, to practice it daily for thirty days.

As Howard Young argues in A Rational Counselling Primer:

Habits therefore only stay habits when they are left alone. Self-defeating ideas remain so when they are accepted without question. If you vigorously and consistently question and challenge the ideas and beliefs behind your uncomfort-
Albert Ellis argues that there are basically three irrational ideas:

1. I should do well.
2. Other people should be nice to me.
3. The conditions under which I live should give me what I want.

He sees the consequences of these irrational beliefs as being either emotional, such as depression, or behavioural, such as addiction. He argues that, in practice

1. I upset myself.
2. Whenever it may have started, I am still upsetting myself today.
3. There is no way out except through work and practice.

Albert Ellis believes that the aim of the therapist is to help patients to change their disturbed thoughts, feelings and behaviour to those that are more appropriate. For example, through challenging the “awfuls” and “shoulds”, a suicidal feeling may be modified to become an accepting feeling, and these modified feelings are more amenable to influence. Thus, powerfully held convictions may be modified, first through changes in rational understanding and subsequently through deliberate daily practice of the new thoughts, feelings and behaviour for the next thirty days. For example, when working on shame, the patient is encouraged first to imagine the worst possible outcome and then to feel the feelings that would be associated with that outcome. By surviving the worst, the patient is helped to accept a lesser, more appropriate, feeling and hence consider alternative courses of behaviour.

A phobia, says Albert Ellis, is not really a fear of the substance or creature or event but is fear of fear itself. Underneath that fear, he argues, will be one of the three basic irrationalities. Changing the irrationality will modify the fear and hence disperse the phobia.

In group therapy, Albert Ellis believes very strongly that the therapist should run the group. He believes (with considerable evidence on his side) that disturbed people become more disturbed without direction. The therapist may reveal his own experience of getting over various problems with the aid of a Rational Emotive Therapy approach, but should never use the patients as his or her own group support system. Groups should last for about two and a quarter hours in order to cover problems in depth and, while progress is inevitably individual (each patient will change only what he or she wants to change) the group members are used to challenging each others’ irrationalities and thereby help to solve each others’ problems. Nonetheless, the therapist keeps control of the group and does not simply let things happen (as in an analytical psychotherapeutic group). The therapist may sometimes help an individual patient by “borrowing” (imitating) his or her symptoms and problems so that the patient may observe them being confronted by the other members of the group. Homework will be specific to individuals, not general to the group, and mental, emotional and behaviour exercises will be given in order to clarify the issues and reinforce the changes.

Albert Ellis believes that everything in group should be goal-oriented. Self-defeating ideas should be repeatedly challenged and patients should be encouraged to take from, and give to, the group, becoming interested in others and in themselves. The therapist should ensure that in each group session each member of the group should get some help with a major current problem. By helping patients to feel remorseful about actions, but not shamed about themselves as people, the therapist can show them what they feel, how those feelings came about as a result of one or more of the basic irrationalities, why they are destructive, and how to change them to better feelings. The “tyranny of the shoulds” can be turned into unconditional acceptance of self and others (albeit that all of us are fucked up by nature).

Albert Ellis sees no value in concept of an “Inner Child”, nor those of a “Higher Power”, believing that an inner rational philosophy is all that is needed. He sees self-esteem as a sickness if it depends upon successful achievement. Actions can be rated but they do not determine the value of the human being.

**NOT THE FULL ANSWER TO ADDICTION**

As with William Glasser, Albert Ellis argues that thinking and feeling are inextricably joined together, but it seems to me that neither has a clear insight into addiction, in which the addict does something fully knowing that it is self-destructive and knowing that the emotional effects will never be recaptured, but nonetheless living in hope that “this time it will be different.” However, although Albert Ellis and William Glasser may lack insight into addiction itself, they both have a very great deal to offer to addicts who are already through the first phase of recovery. Once the denial phase is well and truly bashed (not by the counsellors but through going to meetings, working the Steps, getting a sponsor, reading the literature of the Fellowships, and by staying away from the first use of mood-altering substances and processes) then we can all benefit very significantly from the ideas and practical suggestions of Albert Ellis in his *Rational Emotive Therapy* and William Glasser in his *Reality Therapy* (Harper and Row, New York, 1965) and *Control Theory* (Perenial Library/Harper and Row, New York, 1984). A touch of reality is exactly what we need.

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**Rational Emotive Therapy: An Introductory Bibliography**
Prepared by Chris R. Tame

**Windy Dryden:**


**Albert Ellis:**


**Howard Young, A Rational Counseling Primer, Institute for Rational Emotive Therapy, New York, 1974.**

More details on RET and on Reality Therapy can be obtained from:

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The Centre for Reality Therapy, Green House, 43 George Street, Leighton Buzzard, Bedfordshire, LU7 8JX 0525 851588