

on hard tasks (such as enrolling in college); to imagine themselves having a rough time at something and making themselves not feel terribly upset or having to “cop out” of it; to allow themselves to do a pleasant thing, such as go to a movie or see their friends, only after they have done unpleasant but desirable tasks, such as studying French or finishing a report for their boss; and so on. REBT often employs operant conditioning to reinforce people’s efforts to change undesirable behavior (e.g., smoking or overeating) or to change irrational thinking (e.g., condemning themselves when they smoke or overeat).

REBT accepts that there are many kinds of psychological treatment and that most of them work to some degree. An elegant system of therapy includes (a) economy of time and effort, (b) rapid symptom reduction, (c) effectiveness with a large percentage of different kinds of clients, (d) depth of solution of the presenting problems, and (e) lastingness of the therapeutic results. Philosophically, REBT combats absoluteness and ruthlessly persists at undermining childish demandingness—the main element of much neurotic disturbance (Ellis, 1962, 1994, 2002). It theorizes that if people learn to only strongly prefer, instead of grandiosely insisting, that their desires be fulfilled, they can make themselves remarkably less disturbed and less *disturbable* (Ellis, 1999, 2001a, 2001b, 2002).

Process of Psychotherapy

REBT helps clients acquire a more realistic, tolerant philosophy of life. Because some of its methods are similar to methods used by other therapists, they are not detailed in this section. Most of the space here is devoted to the cognitive–persuasive aspects of REBT, one of its most distinguishing characteristics.

REBT practitioners generally do not spend a great deal of time listening to the client’s history, encouraging long tales of woe, sympathetically getting in tune with emotionalizing, or carefully and incisively reflecting feelings. They may use all these methods, but they generally keep them short because they consider most long-winded dialogues a form of indulgence therapy, in which the client may be helped to *feel* better but rarely to *get* better. Even when these methods work, they are often inefficient and sidetracking (Ellis, 2001a).

Similarly, the rational emotive behavior therapist makes little use of free association, dream analysis, interpretations of the transference relationship, explanations of the client’s present symptoms in terms of past experiences, disclosure, analysis of the so-called Oedipus complex, and other dynamically directed interpretations or explanations. When they are employed at all, they are used to help clients see some of their basic irrational ideas.

Thus, if a male therapist notes that a female client rebels against him just as she previously rebelled against her father during childhood, he will not interpret the present rebelliousness as stemming from the prior pattern but, instead, will probably say something like this:

It looks like you frequently hated your father because he kept forcing you to follow certain rules you considered arbitrary and because you kept convincing yourself, “My father isn’t being considerate of me and he *ought* to be! I’ll get even with him!” I think you are now telling yourself approximately the same thing about me. But your angry rebelliousness against your father was senseless because (a) he was not a *total bastard* for perpetrating a bastardly act; (b) there was no reason why he *ought* to have been considerate of you (although there were several reasons why it *would have been preferable* if he had been); and (c) your getting angry at him and trying to “get even with him” would not, probably, encourage him to act more kindly but would actually induce him to be more cruel.

You consequently confused—as most children will—being displeased with your father's behavior with being “rightcously” angry at him, and you needlessly made yourself upset about his real or imagined unfair treatment of you. In my case, too, you may be doing much the same thing. You may be taking the risks that I encourage you to take and insisting that they are too onerous (when in fact, they are only onerous), and after assuming that I am wrong in suggesting them (which I indeed may be), you are condemning me for my supposedly wrong deeds. Moreover, you are quite possibly assuming that I am “wrong” and a “louse” for being wrong because I resemble, in some ways, your “wrong” and “lousy” father.

But this is another illogical conclusion (that I resemble him in all ways) and an irrational premise (that I, like your father, am a *bad person* if I do a wrong act). So you are not only *inventing* a false connection between me and your father, but you are creating today, as you have done for many years now, a renewed *demand* that the world be an easy place for you and that everyone *ought* to treat you fairly. Now, how can you challenge these irrational premises and illogical deductions?

REBT practitioners often employ a rapid-fire active-directive-persuasive-philosophical methodology. In most instances, they quickly pin clients down to a few basic dysfunctional beliefs. They challenge them to try to defend these ideas; show that they contain illogical premises that cannot be substantiated logically; analyze these ideas and actively dispute them; vigorously show why they cannot work and why they will almost inevitably lead to more disturbance; reduce these ideas to absurdity, sometimes in a humorous manner; explain how they can be replaced with more rational philosophies; and teach clients how to think scientifically so that they can observe, logically parse, and minimize any subsequent irrational ideas and illogical deductions that lead to self-defeating feelings and behaviors.

When working with certain clients who have suffered extreme traumas (such as incest, rape, child abuse, or other violent situations), REBT practitioners may well be quite empathic and go more slowly before doing any vigorous disputing of clients' dysfunctional beliefs about these traumatic events or about anything else in their lives.

To show how REBT is sometimes, but hardly always, actively-directively done, here is a verbatim transcript of a session with a 25-year-old single woman, Sara, who worked as the head of a computer programming section of a firm and who, without any traumatic or violent history, was very insecure and self-denigrating.

- T-1: What would you want to start on first?
 C-1: I don't know. I'm petrified at the moment!
 T-2: You're petrified—of what?
 C-2: Of you!
 T-3: No, surely not of me—perhaps of yourself!
 C-3: [Laughs nervously.]
 T-4: Because of what I am going to do to you?
 C-4: Right! You are threatening me, I guess.
 T-5: But how? What am I doing? Obviously, I'm not going to take a knife and stab you. Now, in what way am I threatening you?
 C-5: I guess I'm afraid, perhaps, of what I'm going to find out—about me.
 T-6: Well, so let's suppose you find out something dreadful about you—that you're thinking foolishly or something. Now why would that be awful?
 C-6: Because I, I guess I'm the most important thing to me at the moment.

- T-7: No, I don't think that's the answer. It's, I believe, the opposite! You're really the least important thing to you. You are prepared to beat yourself over the head if I tell you that you're acting foolishly. If you were not a self-blamer, then you wouldn't care what I said. It would be important to you—but you'd just go around correcting it. But if I tell you something really negative about you, you're going to beat yourself mercilessly. Aren't you?
- C-7: Yes, I generally do.
- T-8: All right. So perhaps that's what you're really afraid of. You're not afraid of me. You're afraid of your own self-criticism.
- C-8: [Sighs.] All right.
- T-9: So why do you have to criticize yourself? Suppose I find you're the worst person I ever met? Let's just suppose that. All right, now *why* would you have to criticize yourself?
- C-9: [Pause.] I'd have to. I don't know any other behavior pattern, I guess, in this point of time. I always do. I guess I think I'm just a shit.
- T-10: Yeah. But that, that isn't so. If you don't know how to ski or swim, you could learn. You can also learn not to condemn yourself, no matter what you do.
- C-10: I don't know.
- T-11: Well, the answer is: You don't know how.
- C-11: Perhaps.
- T-12: I get the impression you're saying, "I *have* to berate myself if I do something wrong." Because isn't that where your depression comes from?
- C-12: Yes, I guess so. [Silence.]
- T-13: Now, what are you *mainly* putting yourself down for right now?
- C-13: I don't seem quite able, in this point of time, to break it down very neatly. The form [that our clinic gets clients to fill out before their sessions] gave me a great deal of trouble. Because my tendency is to say *everything*, I want to change everything; I'm depressed about everything, etc.
- T-14: Give me a couple of things, for example.
- C-14: What I'm depressed about? I, uh, don't know that I have any purpose in life. I don't know what I—what I am. And I don't know in what direction I'm going.
- T-15: Yeah, but that's—so you're saying, "I'm ignorant!" [Client nods.] Well, what's so awful about being ignorant? It's too bad you're ignorant. It would be nicer if you weren't—if you *had* a purpose and *knew* where you were going. But just let's suppose the worst: for the rest of your life you didn't have a purpose and you stayed this way. Let's suppose that. Now, why would *you* be so bad?
- C-15: Because everyone *should* have a purpose!
- T-16: Where did you get the *should*?
- C-16: 'Cause it's what I believe in. [Silence.]
- T-17: I know. But think about it for a minute. You're obviously a bright woman. Now, where did that *should* come from?
- C-17: I, I don't know! I'm not thinking clearly at the moment. I'm too nervous! I'm sorry.
- T-18: Well, but you *can* think clearly. Are you now saying, "Oh, it's hopeless! I can't think clearly. What a shit I am for not thinking clearly!" You see: you're blaming yourself for *that*.

[From C-18 to C-26 the client upsets herself about not reacting well to the session, but the therapist shows her that this is not overly important and calms her down.]

- C-27: I can't imagine existing, uh, or that there would be any reason for existing without a purpose!
- T-28: No, but the vast majority of human beings don't have much purpose.
- C-28: [Angrily.] All right, then, I should not feel bad about it.
- T-29: No, no, no! Wait a minute, now. You just *jumped*. [Laughs.] You jumped from one extreme to another! You see, you said a sane sentence and an *insane* sentence. Now, if we could get you to separate the two—which you're perfectly able to do—you would solve the problem. What you really mean is "It *would be better* if I had a purpose. Because I'd be happier." Right?
- C-29: Yes.
- T-30: But then you magically jump to "Therefore I *should!*" Now do you see the difference between "It *would be better* if I had a purpose" and "I *should, I must, I've got to*"?
- C-30: Yes, I do.
- T-31: Well, what's the difference?
- C-31: [Laughs.] I just said that to agree with you!
- T-32: Yes! See, that won't be any good. We could go on that way forever, and you'll agree with me, and I'll say, "Oh, what a great woman! She agrees with me." And then you'll go out of here as nutty as you were before!
- C-32: [Laughs, this time with genuine appreciation and good humor.]
- T-33: You're perfectly able, as I said, to think—to stop giving up. That's what you've done most of your life. That's why you're disturbed. Because you refuse to think. And let's go over it again: "It would be better if I had a purpose in life; if I weren't depressed, etc., etc. If I had a good, nice, enjoyable purpose." We could give reasons why it would be better. "It's fairly obvious why it would be better!" Now, why is that a magical statement, that "I *should* do what would be better"?
- C-33: You mean, why do I feel that way?
- T-34: No, no. It's a belief. You feel that way because you believe that way.
- C-34: Yes.
- T-35: If you believed you were a kangaroo, you'd be hopping around and you'd *feel* like a kangaroo. Whatever you *believe*, you feel. Feelings largely come from your beliefs. Now, I'm temporarily forgetting about your feelings, because we really can't change feelings without changing beliefs. So I'm showing you; you have two beliefs—or two feelings, if you want to call them that. One, "It would be better if I had a purpose in life." Do you agree? [Client nods.] Now that's perfectly reasonable. That's quite true. We could prove it. Two, "Therefore I *should* do what would be better." Now those are two different statements. They may seem the same, but they're vastly different. Now, the first one, as I said, is sane. Because we could prove it. It's related to reality. We can list the advantages of having a purpose—for almost anybody, not just for you.
- C-35: [Calm now, and listening intently to T's explanation.] Uh-huh.
- T-36: But the second one, "Therefore I *should* do what would be better," is crazy. Now, why is it crazy?
- C-36: I can't accept it as a crazy statement.
- T-37: Because who said you *should*?
- C-37: I don't know where it all began! Somebody said it.
- T-38: I know, but I say whoever said it was screwy!
- C-38: [Laughs.] All right.
- T-39: How could the world possibly have a *should*?
- C-39: Well, it does.

- T-40: But it *doesn't!* You see, that's what emotional disturbance is: believing in *shoulds, oughts, and musts* instead of *it would be better*s. That's exactly what makes people neurotic! Suppose you said to yourself, "I wish I had a dollar in my pocket right now," and you had only 90 cents. How would you feel?
- C-40: Not particularly upset.
- T-41: Yes, you'd be a little disappointed. It would be better to have a dollar. But now suppose you said, "I should, I must have a dollar in my pocket at all times," and you found you had only 90 cents. Now, how would you feel?
- C-41: Then I would be terribly upset, following your line of reasoning.
- T-42: But not because you had only 90 cents.
- C-42: Because I thought I should have a dollar.
- T-43: THAT'S RIGHT! The should. And what's more, let's just go one step further. Suppose you said, "I must have a dollar in my pocket at all times." And you found you had a dollar and 10 cents. Now how would you feel?
- C-43: Superb, I guess!
- T-44: No—anxious!
- C-44: [Laughs.] You mean I'd be guilty: "What was I doing with the extra money?"
- T-45: No.
- C-45: I'm sorry, I'm not following you. I—
- T-46: Because you're not thinking. Think for a minute. Why, if you said, "I must have a dollar, I should have a dollar," and you had a dollar and 10 cents, would you still be anxious? Anybody would be. Now why would anybody be anxious if they were saying, "I've got to have a dollar!" and they found they had a dollar and 10 cents?
- C-46: Because it violated their should. It violated their rule of what they thought was right, I guess.
- T-47: Well, not at the moment. But they could easily lose 20 cents.
- C-47: Oh! Well.
- T-48: Yeah! They'd still be anxious. You see, because must means, "At all times I must—"
- C-48: Oh, I see what you mean! All right. I see what you mean. They could easily lose some of the money and would therefore feel insecure.
- T-49: Yeah. Most anxiety comes from musts.
- C-49: [Long silence.] Why do you create such an anxiety-ridden situation initially for someone?
- T-50: I don't think I do. I see hundreds of people and you're one of the few who makes this so anxiety-provoking for yourself. The others may do it mildly, but you're making it very anxiety-provoking. Which just shows that you may carry must into everything, including this situation. Most people come in here very relieved. They finally get to talk to somebody who knows how to help them, and they're very happy that I stop the horseshit, and stop asking about their childhood, and don't talk about the weather, etc. And I get *right away* to what bothers them. I tell them in 5 minutes. I've just explained to you the secret of most emotional disturbance. If you really followed what I said, and used it, you'd never be disturbed about practically anything for the rest of your life!
- C-50: Uh-huh.
- T-51: Because practically every time you're disturbed, you're changing it would be better to a must! That's all neurosis is! Very, very simple. Now, why should I waste your time and not explain this—and talk about irrelevant things?
- C-51: Because perhaps I would have followed your explanation a little better if I hadn't been so threatened initially.

- T-52: But then, if I pat you on the head and hold back, etc., then you'll think for the rest of your life you have to be patted on the head! You're a bright woman!
- C-52: All right—
- T-53: That's another should. "He should pat me on the head and take it slowly—then a shit like me can understand! But if he goes fast and makes me think, oh my God I'll make an error—and that is awful!" More horseshit! You don't have to believe that horseshit! You're perfectly able to follow what I say—if you stop worrying, "I should do perfectly well!" For that's what you're basically thinking, sitting there. Well, why should you do perfectly well? Suppose we had to go over it 20 times before you got it?
- C-53: I don't *like* to appear stupid!
- T-54: No. See. Now you're lying to yourself! Because again you said a sane thing—and then you added an insane thing. The sane thing was, "I don't like to appear stupid, because it's *better* to appear bright." But then you immediately jumped over to the insane thing: "And it's *awful* if I appear stupid—"
- C-54: [Laughs appreciatively, almost joyously.]
- T-55: "—I *should* appear bright!" You see?
- C-55: [With conviction.] Yes.
- T-56: The same crap! It's always the same crap. Now if you would look at the crap—instead of "Oh, how stupid I am! He hates me! I think I'll kill myself!"—then you'd be on the road to getting better fairly quickly.
- C-56: You've been listening! [Laughs.]
- T-57: Listening to what?
- C-57: [Laughs.] Those wild statements in my mind, like that, that I make.
- T-58: That's right! Because I know that you have to make those statements—because I have a good *theory*. And according to my theory, people wouldn't usually get upset *unless* they made those nutty statements to themselves.
- C-58: I haven't the faintest idea why I've been so upset—
- T-59: But you *do* have the faintest idea. I just told you.
- C-59: All right, I know!
- T-60: Why are you upset? Report it to me.
- C-60: I'm upset because I know, I—the role that I envisioned myself being in when I walked in here and what I [Laughs, almost joyously] and what I would do and should do—
- T-61: Yeah?
- C-61: And therefore you forced me to violate that. And I don't like it.
- T-62: "And isn't it *awful* that I didn't come out greatly! If I had violated that needed role *beautifully*, and I gave him the *right* answers immediately, and he beamed, and said, 'Boy, what a bright woman, this!' then it would have been all right."
- C-62: [Laughing good-humoredly.] Certainly!
- T-63: Horseshit! You would have been exactly as disturbed as you are now! It wouldn't have helped you a bit! In fact, you would have gotten nuttier! Because then you would have gone out of here with the same philosophy you came in here with: "That when I act well and people pat me on the head and say, 'What a great woman I am!' then everything is rosy!" It's a nutty philosophy! Because even if I loved you madly, the next person you talk to is likely to hate you. So I like brown eyes and he likes blue eyes or something else. So you're then dead! Because you really think: "I've got to be *accepted*! I've got to act intelligently!" Well, why?
- C-63: [Very soberly and reflectively.] True.

- T-64: You see?
- C-64: Yes.
- T-65: Now, if you will learn that lesson, then you've had a very valuable session. Because you *don't* have to upset yourself. As I said before, if I thought you were the worst shit who ever existed, well, that's my *opinion*. And I'm entitled to it. But does it make you a turd?
- C-65: [Reflective silence.]
- T-66: *Does* it?
- C-66: No.
- T-67: *What* makes you a turd?
- C-67: *Thinking* that you are.
- T-68: That's right! Your *belief* that you are. That's the only thing that could ever do it. And you never have to believe that. See? You control your thinking. I control *my* thinking—*my* belief about you. But you don't have to be affected by that. You *always* control what you think. And you believe you don't. So let's get back to that depression. The depression, as I said before, stems from self-castigation. That's where it comes from. Now what are you castigating yourself for?
- C-68: Because I can't live up to it—there's a basic conflict in what people appear to think I am and what I think I am.
- T-69: Right.
- C-69: And perhaps it's not fair to blame other people. Perhaps I thrust myself into a leader's role. But, anyway, my feeling right now is that all my life I've been forced to be something that I'm not, and the older I get, the more difficult this *façade*, huh, this *appearance*, uh—that the veneer is becoming thinner and thinner and thinner, until I just can't do it anymore.
- T-70: Well, but really, yeah, I'm afraid you're a little wrong. Because oddly enough, almost the opposite is happening. You are thrust into this role. That's right: the role of something of a leader. Is that correct?
- C-70: Yes.
- T-71: And *they* think you're filling it.
- C-71: Everyone usually does.
- T-72: And it just so happens they're *right*.
- C-72: But it's taking more and more out of me.
- T-73: Because you're not doing something else. You see, you are fulfilling *their* expectations of you. Because, obviously, they wouldn't think you are a leader, they'd think you were nothing if you *were* acting like a nonleader. So you are fulfilling their expectations. But you're not fulfilling your own idealistic and impractical expectations of leadership.
- C-73: [Verging on tears.] No, I guess I'm not.
- T-74: You see, that's the issue. So therefore you *are* doing O.K. by them—by your job. But you're not being an angel, you're not being *perfect!* And you *should* be, to be a real *leader*. And therefore you're a *sham!* You see? Now, if you give up those nutty expectations of yourself and go back to their expectations, you're in no trouble at all. Because obviously you're doing all right by them and *their* expectations.
- C-74: Well, I haven't been. I had to, to give up one very successful situation. And, uh, when I left, they thought it was still successful. But I just couldn't go on—
- T-75: "Because I must, I must *really* be a leader in *my* eyes, be pretty *perfect*." You see, "If I satisfy the world, but I know I did badly, or less than I *should*, then I'm a slob! And they haven't found me out, so that makes me a *double* slob. Because I'm pretending to them to be a nonslob when I really am one!"
- C-75: [Laughs in agreement, then grows sober.] True.

T-76: But it's all your silly *expectations*. It's not *them*. And oddly enough, you are—even with your *handicap*, which is depression, self-deprecation, etc.—you're doing remarkably well. Imagine what you might do *without* this nutty handicap! You see, you're satisfying them while you're spending most of your time and energy flagellating yourself. Imagine what you might do *without* the self-flagellation! Can you see that?

C-76: [Stopped in her self-blaming tracks, at least temporarily convinced, speaks very meaningfully.] Yes.

Mechanisms of Psychotherapy

From the foregoing partial protocol (which consumed about 15 minutes of the first session with the client), it can be seen that the therapist tries to do several things:

1. No matter what *feelings* the client brings out, the therapist tries to get back to her main irrational *ideas* that probably lie behind these feelings—especially her ideas that it would be *awful* if someone, including him, disliked her.
2. The therapist does not hesitate to contradict the client, using evidence from the client's own life and from his knowledge of people in general.
3. He usually is one step *ahead* of her—tells her, for example, that she is a self-blamer before she has said that she is. Knowing, on the basis of REBT theory, that she has *shoulds*, *oughts*, and *musts* in her thinking if she becomes anxious, depressed, and guilty, he helps her to admit these *shoulds* and then dispute them (T-16, T-17).
4. He uses the strongest philosophical approach he can think of: "Suppose," he keeps saying to her, "the *worst* thing happened and you really did do badly and others hated you, would you *still* be so bad?" (T-15). He assumes that if he can convince her that *none* of her behavior, no matter how execrable, denigrates *her*, he has helped her to make a *deep* attitudinal change.
5. He is not thrown by her distress (C-17), is not too sympathetic about these feelings, but *uses* them to try to prove to her that, right now, she still believes in foolish ideas and thereby upsets herself. He does not dwell on her "transference" feelings. He interprets the *ideas* behind these feelings, shows her why they are self-defeating, and indicates why his acting sympathetically would probably reinforce her demanding philosophy instead of helping her change it.
6. He is fairly stern with her but also shows full acceptance and demonstrates confidence in her abilities, especially her constructive ability to change herself.
7. Instead of merely *telling* her that her ideas are irrational, he keeps trying to get her to see this for herself (T-36). He wants her not merely to accept or parrot *his* rational philosophies but to think them through. He does, however, explain some relevant psychological processes, such as the way the client's feelings largely derive from her thinking (T-35, T-68).
8. He deliberately, on several occasions, uses strong language (T-18, T-50). This is done (a) to help loosen up the client, (b) to show that he, the therapist, is a down-to-earth human being, and (c) to give her an emotive jolt or shock so his words may have a more dramatic effect. Note that in this case, the client first calls herself a "shit" (C-9).
9. Although hardly sympathetic to her ideas, he is really quite empathic. Rational emotive behavior therapists are usually attuned to the client's unexpressed thoughts (her negative ideas about herself and the world), rather than to her superficial feelings (her perceptions that she is doing poorly or that others are abusing her). They empathize with the client's *feelings* and with the *beliefs* that underlie these feelings. This is a two-pronged form of empathy that many therapists miss out on.

10. The therapist keeps checking the client's ostensible understanding of what he is teaching her (T-65, T-66, T-67).

11. The therapist—as is common in early sessions of REBT—does most of the talking and explaining. He gives the client plenty of opportunity to express herself but uses her responses as points of departure for further teaching. He tries to make each “lecture” brief and trenchant and to relate it specifically to her problems and feelings. Also, at times he stops to let ideas sink in.

As can be seen from the first part of this initial REBT session, the client does not receive feelings of love and warmth from the therapist. Transference and countertransference spontaneously occur, but they are quickly analyzed, the philosophies behind them are revealed, and they tend to evaporate in the process. The client's deep feelings (shame, self-pity, weeping, anger) clearly exist, but the client is not given too much chance to revel in these feelings or to abreact strongly about them. As the therapist points out and attacks the ideologies that underlie these feelings, they swiftly change and are sometimes almost miraculously transformed into other, contradictory feelings (such as humor, joy, and reflective contemplation). The therapist's “coolness,” philosophizing, and encouraging insistence that the client can feel something besides anxiety and depression help change her destructiveness into constructive feelings. That is why REBT is a constructivist rather than a purely rationalist kind of therapy (Ellis, 1994, 1999, 2001a, 2001b, 2002).

What the client does seem to experience, as the session proceeds, is (1) full acceptance of herself, in spite of her poor behavior; (2) renewed confidence that she can do certain things, such as think for herself; (3) the belief that it is her own perfectionistic *shoulds* that are upsetting her and not the attitudes of others (including the therapist); (4) reality testing, in her starting to see that even though she performs inefficiently (with the therapist and with some of the people she works with), she can still recover, try again, and probably do better in the future; and (5) reduction of some of her defenses, in that she can stop blaming others (such as her therapist) for her anxiety and can start to admit that she is doing something herself to cause it.

In these 15 minutes the client is getting only *glimmerings* of these constructive thoughts and feelings. The REBT intent, however, is that she will *keep* getting insights—that is, *philosophical* rather than merely *psychodynamic* insights—into the self-causation of her disturbed symptoms; that she will use these insights to change some of her most enduring and deep-seated ways of thinking about herself, about others, and about the world; and that she will thereby eventually become ideationally, emotionally, and behaviorally less self-defeating. Unless she finally makes an *attitudinal* (as well as symptom-reducing) change, although she may be helped to some degree, she will still be far from the ideal REBT goal of making a basic and lasting personality change.

APPLICATIONS

Who Can We Help?

It is easier to state what kinds of problems are *not* handled than what kinds *are* handled in REBT. Individuals who are out of contact with reality, in a highly manic state, seriously autistic or brain-injured, or in the lower ranges of mental deficiency are not normally treated by REBT therapists (or by most other practitioners). They are referred for medical treatment, for custodial or institutional care, or for behavior therapy along operant conditioning lines.

In particular, REBT therapists try to show clients how to (1) minimize anxiety, guilt, and depression by unconditionally accepting themselves, (2) alleviate their anger, hostility, and violence by unconditionally accepting other people, and (3) reduce their low frustration tolerance and inertia by learning to accept life unconditionally even when it is grim (Ellis, 2001a; Ellis & Blau, 1998; Ellis & Dryden, 1997; Ellis & MacLaren, 1998).

Group Therapy

REBT is particularly applicable to group therapy. Because group members are taught to apply REBT procedures to one another, they can help others learn the procedures and get practice (under the direct supervision of the group leader) in applying them. In group work, moreover, there is usually more opportunity for the members to agree on homework assignments (some of which are to be carried out in the group itself), to get assertiveness training, to engage in role playing, to interact with other people, to take verbal and non-verbal risks, to learn from the experiences of others, to interact therapeutically and socially with each other in after-group sessions, and to have their behavior directly observed by the therapist and other group members (Ellis, 2001b; Ellis & Dryden, 1997).

REBT Workshops, Rational Encounter Marathons and Intensives

REBT has successfully used marathon encounter groups and large-scale one-day intensive workshops that include many verbal and nonverbal exercises, dramatic risk-taking procedures, evocative lectures, personal encounters, homework assignments, and other emotive and behavioral methods. Research studies have shown that these workshops, marathons, and intensive workshops have beneficial, immediate, and lasting effects (Ellis & Dryden, 1997; Ellis & Joffe, 2002).

Brief Therapy

REBT is naturally designed for brief therapy. It is preferable that individuals with severe disturbances come to individual and/or group sessions for at least 6 months. But for individuals who are going to stay in therapy for only a short while, REBT can teach them, in 1 to 10 sessions, the A-B-C method of understanding emotional problems, seeing their main philosophical source, and beginning to change fundamental disturbance-creating attitudes (Ellis, 2001b).

This is particularly true for the person who has a specific problem—such as hostility toward a boss or sexual inadequacy—and who is not too *generally* disturbed. Such an individual can, with the help of REBT, be almost completely “cured” in a few sessions. But even clients with long-standing difficulties may be significantly helped as a result of brief therapy.

Two special devices often employed in REBT can help speed the therapeutic process. The first is to tape the entire session. These recordings are then listened to, usually several times, by the clients in their own home, car, or office, so that they can more clearly see their problems and the rational emotive behavioral way of handling them. Many clients who have difficulty “hearing” what goes on during the face-to-face sessions (because they are too intent on talking themselves, are easily distracted, or are too anxious) are able to get more from listening to a recording of these sessions than from the original encounter.

Second, an REBT Self-Help Form is frequently used with clients to help teach them how to use the method when they encounter emotional problems between therapy sessions or after therapy has ended. This form is reproduced on pages 211–212.

Marriage and Family Therapy

From its beginning, REBT has been used extensively in marriage and family counseling (Ellis, 1962, 2001b; Ellis & Dryden, 1997; Ellis & Harper, 1997, 2003). Usually, marital or love partners are seen together. REBT therapists listen to their complaints about each other and then try to show that even if the complaints are justified, making themselves unduly upset is not. Work is done with either or both participants to minimize anxiety, depression, guilt, and (especially) hostility. As they begin to learn and apply the REBT principles, they usually become much less disturbed, often within a few sessions, and then are much better able to minimize their incompatibilities and maximize their compatibilities.

Sometimes, of course, they decide that they would be better off separated or divorced, but usually they decide to work at their problems to achieve a happier marital arrangement. They are frequently taught contracting, compromising, communication, and other relating skills. The therapist is concerned with both of them as individuals who can be helped emotionally, whether or not they decide to stay together. But the more they work at helping themselves, the better their relationship tends to become (Ellis, 2001b; Ellis & Crawford, 2000; Ellis & Harper, 2003).

In family therapy, REBT practitioners sometimes see all members of the same family together, see the children in one session and the parents in another, or see them all individually. Several joint sessions are usually held to observe the interactions among family members. Whether together or separately, parents are frequently shown how to accept their children and to stop condemning them, and children are similarly shown that they can accept their parents and their siblings. The general REBT principles of unconditionally accepting oneself and others are repeatedly taught. As is common with other REBT procedures, bibliotherapy supplements counseling with REBT materials such as *A Guide to Rational Living* (Ellis & Harper, 1997), *A Rational Counseling Primer* (Young, 1974), *How to Make Yourself Happy and Remarkably Less Disturbable* (Ellis, 1999), and *Feeling Better, Getting Better, Staying Better* (Ellis, 2001a), and *The Myth of Self-Esteem* (Ellis, 2005).

The *setting* of REBT sessions is much like that for other types of therapy. Most individual sessions take place in an office, but there may well be no desk between the therapist and the client, and REBT therapists tend to be informally dressed and to use simple language. They tend to be more open, authentic, and less "professional" than the average therapist. The main special equipment used is a tape recorder. The client is likely to be encouraged to make a recording of the session to take home for replaying.

REBT therapists are highly active, give their own views without hesitation, usually answer direct questions about their personal lives, are quite energetic and often directive in group therapy, and do a good deal of speaking, particularly during early sessions. At the same time, they unconditionally accept clients. They may engage in considerable explaining, interpreting, and "lecturing" and may easily work with clients they personally do not like. Because they tend to have complete tolerance for all individuals, REBT therapists are often seen as warm and caring by their clients.

Resistance is usually handled by showing clients that they resist changing because they would like to find a magical, easy solution rather than work at changing themselves. Resistance is not usually interpreted as their particular feelings about the therapist. If a client tries to seduce a therapist, this is usually explained not in terms of "transference" but in terms of (1) the client's need for love, (2) normal attraction to a helpful person, and (3) the natural sex urges of two people who have intimate mental-emotional contact. If the therapist is attracted to the client, he or she usually admits the attraction but explains why it is unethical to have sexual or personal relations with a client (Ellis, 2002).