Journal of Rational-Emotive & Cognitive-Behavior Therapy, Vol. 22, No. 2, Summer 2004 (© 2004)

WHY RATIONAL EMOTIVE BEHAVIOR THERAPY IS THE MOST COMPREHENSIVE AND EFFECTIVE FORM OF BEHAVIOR THERAPY

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I started to create Rational Emotive Behavior Therapy (REBT) in 1953, after I stopped using psychoanalysis and was doing two monographs summarizing the 200 or so existing psychotherapies. I stopped calling myself a psychoanalyst because I found that, instead of being more intensive than other therapies, it intensively investigated innumerable irrelevancies and failed to uncover the real reasons why people were disturbed and what they could effectively do to make themselves less dysfunctional. It was especially deficient in behavioral homework assignments that I found essential for helping clients feel better, get better, and stay better. It also lacked emotional-experiential exercises, which I started using when my clients were stuck with whining about the "horrors" of their early childhood and were resisting my efforts to help them by my using role playing and other dramatic-evocative methods.

I therefore started using my newly devised REBT on January 1, 1955, and gave it the name of "Rational Therapy" (Ellis, 1958, 1962). With cognitive behavior therapy (CBT) practically nonexistent, I promoted it very vigorously and began training other therapists to use it in the 1950s; I gave many talks and workshops on it and made it into the first popular CBT by 1962. After that, the cognitively behavioral therapies of Aaron Beck, Albert Bandura, Donald Meichenbaum, and other innovators also began to be often practiced. Today, CBT has immensely flourished and may well be the most popular form of psychological treatment. But in 1955, only the pioneering cognitive behavior therapies of Alexander Hertzberg, Andrew Salter, and a few other therapists existed and were rarely used by professional practitioners.

Of course there is no *real* behavior therapy, so let us have no nonsense about that. First of all, *all* therapy includes strong behavioral as well as

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cognitive and emotional elements. As I noted in my first paper on REBT, which I presented at the Annual Convention of the American Psychological Association in August 1956, human thinking, feeling, and behaving are all distinctly interrelated, not disparate, and include important aspects of the other two processes. This holistic formulation of cognitions, emotions, and behaviors, and of the interdependent effects of interventions of any one of the facets on the other facets, is the first thing that puts, and still puts, REBT at the head of the class. I said, "thinking and emoting usually accompany each other, act in a circular cause-and-effect relationship, and in certain (though hardly all) respects are intrinsically connected." And "none of the four fundamental life processes—sensing, moving, emoting, and thinking—is experimental and in isolation." I also said that they were "holistically interrelated" (Ellis, 1958, pp. 35–37).

From the start, then, REBT was cognitive, emotive, and behavioral—as practically all "behavior therapy" is. All seem to include thinking, feeling, and action elements, though not to the same degree or with equal emphasis. Therefore, all are real.

THE COMPREHENSIVENESS OF REBT

In this article, then, I assume that all who call themselves behavior therapists do real behavior therapy, but also do it with some significant differences from the ways that other behavior therapists do it. I contend that of all the different forms of behavior therapy, REBT is the most comprehensive and most effective form, but I shall not attempt to prove this empirically, since at present, such proof seems to be impossible to obtain. There are several reasons for this:

1. No form of behavior therapy is always done in the same way, even when the therapists in a study all follow the same training manual. They individualistically emphasize different aspects of the procedures they follow and relate, as humans, to the clients in many different ways. They have *some*—but often very *little*—conformity. Two practitioners may easily "follow" REBT quite differently (Dryden, 2002).
2. When used in an outcome study, the more rigorously manualized a form of therapy is, the less likely, I suspect, it will accurately represent what regular therapists do with that form of therapy.
3. All behavior therapies include many cognitive, emotive, and behavioral techniques, but again one behavior therapist may select, of the multiple techniques available, quite different ones than another therapist selects.
4. There are so many techniques used by behavior therapists that it would

take innumerable controlled experiments to show whether the use or nonuse of any one of them was significantly more effective then the use or nonuse of another set of techniques. Thus, the use of in vivo desensitization would have to be compared to its nonuse—and to the use or nonuse of cognitive restructuring, of role playing, of emotional experiencing, and of innumerable other techniques—and also compared to a number of ways in which individual therapists use these techniques with different kinds of clients. Endless variations are possible, involving a multitude of experiments!

5. Reasons like these, and many more one can think of, do not prove that no scientific data can be obtained on the effectiveness of various aspects of behavior therapy; but they do show the enormous difficulties—and expense—of accurately proving that one kind of behavior therapy is more effective then another. Not to mention the prejudices about and the objections to agreeing with the obtained results!

Partly because of my own prejudices in favor of REBT and because of my—again prejudiced—experience in obtaining "effective" results with it, I shall give several reasons in this article why I believe that REBT is the most comprehensive and the most effective of all the major behavior therapies.

First let me consider its comprehensiveness. All behavior therapies are more comprehensive than they might appear because they include many cognitive, emotional, and behavioral elements that may not be seen or acknowledged. Thus, as I pointed out years ago, Wolpe's (1958) use of imaginal desensitization includes many highly cognitive elements, which he at first denied but later admitted (Wolpe, 1993). And REBT's cognitive restructuring technique, which I at first emphasized, contains several important emotive and active challenging behavioral aspects (Ellis, 2001a, 2001b).

REBT, however, was actually designed to be comprehensive, and that is why it is called Rational Emotive Behavior Therapy. It includes about 30 cognitive, 30 evocative-emotional, and 30 behavioral methods, and it keeps adding to them all the time (Ellis, 2001a, 2001b, 2002). In this respect, it overlaps with Arnold Lazarus's (1997) multimodal therapy and with general cognitive-behavioral therapy, which—especially today—is including everything over and under the sun. Thus, Marsha Linehan's (1992) cognitive-behavior therapy for people with borderline personality disorders includes some semimystical dialectical methods with the other cognitive behavioral methods she uses. This is a little far from Watson's relatively pure behaviorism!

In addition, REBT stresses that its cognitive techniques are to be used

strongly (emotionally) and that they are to be used forcefully (action-oriented). It also stresses that its emotive methods are to be used thinkingly (disputationally) and its behavioral techniques are to be used strongly (emotionally). It finally stresses that its behavioral techniques are to be used thinkingly (confrontationally) and strongly (emotionally). So in some ways I think that it is *more* comprehensive then other behavioral and cognitive-behavioral therapies.

REBT seems to be more comprehensive than most other behavior therapies in that it strives for its clients *getting better* and not merely *feeling better*. Practically all outcome studies of therapy test whether clients feel less disturbed and happier at the end of therapy sessions. But, as I have pointed out for years (Ellis, 1979, 1994, 2001b), clients often feel better because their therapist uniquely listens to their problems, respects them, and cares for them. In these ways, they achieve *conditional* self-acceptance—and not because they make profound philosophic changes and thereby give themselves *unconditional* self-acceptance (USA) now and in the future. They also can strive for *future* and *preventive* cognitive, emotive, and behavioral fulfillment, which REBT actively pushes them to do. In these ways, REBT stresses people's feeling, getting, and staying better more strongly and comprehensively than do, I think, many of the other behavior therapies.

THE EFFECTIVENESS OF REBT

How about the relative effectiveness of REBT over the other behavior therapies? Few if any studies have shown this—and they are quite incomplete. First of all, *general* REBT has never really been tested against other forms of behavior therapy, partly for reasons given previously and partly because general REBT is done quite differently by individual REBTers (Dryden, 2002).

Second, criteria for assessing the effectiveness of REBT and other behavior therapies would be difficult to agree on. As noted above, most studies of therapy test whether clients *feel* better and, sometimes, *act* better. But you can feel better and act better because your therapist seems to like you; and you can still not get better in the sense that you practically never make yourself anxious, depressed, or raging. Getting better and staying better involve profound philosophic, emotional, and behavioral changes that are hard to determine and rarely assessed in therapy. Maybe they are utopian goals and are almost impossible to define and bring about with therapy.

Also, there are many criteria for mental health, as I and Emmett Velten (1992) pointed out. Nonetheless, I stubbornly contend that getting better and staying better are ascertainable and that REBT helps people achieve these results for several reasons.

REBT practitioners specifically do not strive to give clients the concept of being perfectly sensible and functional, for no one probably achieves that state. However, they do:

1. Emphasize people minimizing all their serious emotional-behavioral problems and not merely the ones with which they come to therapy.
2. Strongly show clients that insight is not enough to alleviate disturbance and keep it away. Instead, only clients' continual hard *work and practice* to use their insights—to put them into perpetual thought, feeling, and activity—will affect permanent change.
3. Stress clients' gaining a profound philosophy of prolonged effort and efficiency to use REBT's many methods of change.
4. Use special motivation methods to emphasize the importance of changing and to keep changing and to acknowledge and fight the real dangers of falling into relapse.
5. Emphasize, more than therapists from other approaches, the biological factors as well as pronounced social conditioning factors leading to neurosis and to severe personality disorder and psychosis. Consequently, it stresses clients' continual self-therapy efforts that will help them to get better and stay better. It emphasizes clients' innate predispositions and social conditioning as causes of their disturbance and claims to be more realistic in this respect than several other modes of behavior therapy.
6. REBT emphasizes *self*-construction. Thus, Emmett Velten (1998) points out that REBT goes out of its way to teach these and several other general philosophies that foster less disturbed and more self-fulfilling living. Other forms of behavior therapy teach these philosophies too, as applied to specific problems, but do not stress them much as general philosophies of life. In this way, REBT is more comprehensive than most other systems of behavior therapy. The general philosophies it promotes once again supposedly help people to feel better and also get better and stay better.

REBT is also decidedly more philosophically comprehensive than other behavior therapies and CBTs, such as Beck's (1976) Cognitive Therapy (CT). CT practitioners heavily analyze clients' dysfunctional beliefs and encourage them to change them to more functional ones. REBT did this from 1955 onward and is usually more direct, confrontational, and didactic than CT. In addition, it forcefully encourages clients to acquire several general philosophies of life that are presumably therapeutic. As I have

already noted, it strongly teaches clients unconditional self-acceptance (USA)—to accept and respect their *self,* their personhood, *whether or not* they perform well or are approved by significant others. It also actively and persistently teaches people unconditional other-acceptance—to accept, respect, and help others, but not their activities, no matter how unfairly or badly they behave. It forcefully and persistently teaches clients and others unconditional life-acceptance (ULA) or high frustration tolerance (HFT)—to unwhiningly accept life conditions that they cannot presently change. It also explicitly teaches clients to vigorously commit themselves to a profound meaning and to a vital, absorbing interest in long-term purposes (Ellis, 2001a, 2001b).

I think that another way in which REBT remains ahead of the game is that it realistically accepts the human condition (that is, the innate and acquired tendency toward self-defeat and sinning) as many philosophies, religionists, and writers have shown. At the same time, it accepts the human tendency toward self-enhancement, self-actualization, and constructive problem-solving, as also noted by many philosophies, religionists, and writers.

As Velten (1998) has written in regard to REBT:

> People are builders. We each build ourselves on our individual foundations. Your foundation will limit and can complicate your efforts to build the personality and life you might desire. For example, if you are short, and you wish to become a professional basketball star, you will likely be severely limited. If you are male and want to be a woman and a mother, again, your efforts will be obstructed. If your temperament was extremely sensitive and emotionally excitable—even before birth, according to your mother—you will probably have to work much harder than the average person to succeed as an emergency room doctor. If your sexual preferences lean in one direction from an early age, and if you long ago adopted a blueprint and have done extensive construction, REBT's constructivist personality theory holds that it will probably be difficult for you to change directions—assuming you want to. (p. 212)

Many therapists hold that people's sexual and other strong preferences are determined at some point between conception and birth, with social training having little to do with them. Many therapists hold that social conditioning is the main issue in deciding strong preferences. REBT adds a distinctive third hypothesis: people construct and condition and condition *themselves* into their main desires and longings. They do this based on relatively small initial leanings, and with determined choice, work,

and practice they can recondition themselves. If so, this shows that they are real constructivists.

CONCLUSION

I have given a number of reasons why there is no *real* behavior therapy (BT), why rational emotive behavior therapy (REBT) is the most comprehensive of the many existing behavior therapies, and why REBT may be more effective of than any of the other behavior therapies.

All my views in these respects are tentative and are questionable in the light of several recent developments in psychotherapy:

1. The entire field of therapy has become more eclectic and integrated since the 1980s when Lazarus (1997), Wachtel (1994), Goldfried (1995), Beutler (1983), and many other therapists pushed to integrate it.
2. Behavior therapy during this period has also become much more multimodal and has integrated many humanistic, experiential, relationship, and other techniques with its earlier methods (Linehen, 1992).
3. REBT has always striven to be exceptionally multimodal and integrative, but has recently outdone itself to be more so (Ellis, 2001a, 2001b, 2002).

If these developments in BT continue, as I think they will, practically all the behavior therapies (as well as other therapies) will soon be honestly stealing from each other. Within the next 10 years or so, I predict, almost all behavior therapies will not only be *real* but will also be similarly comprehensive and effective. We shall see if I predict accurately!

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