

CHANGING RATIONAL-EMOTIVE THERAPY (RET) TO RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)*

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ABSTRACT: Reasons are given for changing the name of Rational-Emotive Therapy (RET) to Rational Emotive Behavior Therapy (REBT) and for bringing its behavioral aspects into more prominence.

Why have I now decided, after almost 40 years of creating and using rational-emotive therapy (RET), to change its name to rational emotive behavior therapy (REBT)?

Mainly because I now see that I was wrong to call it, for a few years, rational therapy (RT) and then, in 1961 to change it to RET.

Why was I wrong? Well, the term "rational" itself was probably an error, because it mainly means empirical and logical and has been rightly criticized by Guidano (1988), Mahoney (1991), and others because, as the postmodern thinkers point out, we can have no absolute criterion of "rationality." What is deemed "rational" by one person, group, or community can easily be seen as being "irrational" by another person or group.

In RET, "rational" has always meant cognition that is effective or self-helping, not merely cognition that is empirically and logically valid (Ellis, 1991a; Ellis & Dryden, 1987), as some of its critics accused it of holding. If I were to rename RET today I might well call it cogni-

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tive-emotive therapy instead of rational-emotive therapy; but it is a little late in the game for that change, because cognitive therapy (Beck, 1976) and cognitive-behavior therapy (Meichenbaum, 1977) are already well known, and RET is also well known as being somewhat different from these other therapies (Ellis, 1990b).

RET is still a misleading name because it omits the highly behavioral aspect that rational-emotive therapy has favored right from the start. In *Reason and Emotion in Psychotherapy* (Ellis, 1962), which is largely an extended version of several papers on REBT that I published in the 1950s, I make many references to RET's behavioral components, including these:

"The therapist encourages, persuades, cajoles, and occasionally even insists that the patient engage in some activity (such as doing something he is afraid of doing) which itself will serve as a forceful counter-propaganda agency against the nonsense he believes" (p. 95).

"The rational therapist . . . uncovers the most important elements of irrational thinking in his patient's experience and energetically urges this patient into more reasonable channels of behaving" (pp. 103-104).

RET "insists on homework assignments, desensitizing and deconditioning actions, both within and without the therapeutic sessions, and on other forms of active work on the part of the patient" (p. 188).

"Vigorous verbal re-thinking will usually lead to changed motor behavior; and forcefully re-patterned sensory-motor activity will usually lead to changed ideation" (p. 205).

RET "is, at one and the same time, highly rational-persuasive-interpretive-philosophical *and* distinctly emotive-directive-active-work-centered" (p. 330).

"Rational-emotive therapy is one of the relatively few techniques which include large amounts of action, work, and 'homework' assignments of a so-called nonverbal nature" (p. 334).

RET "is a highly active, *working* form of treatment—on the part of both the therapist and his or her patient" (p. 364).

I also wrote, in a paper published in 1975, "RET theory states that humans rarely change and keep disbelieving a profound self-defeating belief unless they often *act* against it" (Ellis, 1975, p. 20).

Corsini (1979), among other writers, has made the same point. To help clients to change their thinking he uses the "betting" technique and insists that if they actually do a "fearful" task that he ask them to do, their cognitions will change. He says, "Do this and your thoughts and feelings will change." They reply, "No, this will not happen." He says, "I'll bet you two dollars. Do it and if I'm wrong, I will pay you and

you will be the judge.” He claims he has never lost one of these bets. Similarly, Landy (1994) uses “disjunctive therapy,” in the course of which he gets clients to change their behavior and thus change their thinking. In doing RET, I have often used this method since the mid 1950s.

Actually, RET has always been one of the most behaviorally oriented of the cognitive-behavior therapies. In addition to employing systematic desensitization and showing clients how to use imaginal methods of exposing themselves to phobias and anxiety-provoking situations (Wolpe, 1982), it favors in vivo desensitization or exposure and often encourages people to deliberately stay in obnoxious situations—e.g., a poor marriage or a bad job—until they change their disturbed thoughts and feelings and then decide whether it is best for them to flee from these situations. Several of RET’s emotive-dramatic exercises—e.g., its famous shame-attacking exercise (Ellis, 1969)—are also more behavioral than the procedures of other leading cognitive-behavioral therapies.

As the years went by, the number of cognitive, emotive, and behavioral methods of REBT considerably increased and I also stressed the strong interactions among these human processes. Because of my influence and that of Aaron Beck, Donald Meichenbaum and other practitioners of cognitive behavior therapy (CBT), much of the behavior therapy movement became highly cognitive and emotive. Raymond Corsini, who had been closely in touch with REBT from the start, kept urging me to change its name from rational-emotive therapy to rational emotive behavior therapy. I at first resisted because, from the 1970s onward, RET was exceptionally well known under that name. I finally saw, however, that he was right, and renamed it REBT in 1993.

I tried to clearly show in my original paper on REBT at the American Psychological Association Convention in Chicago in 1956 and in *Reason and Emotion in Psychotherapy* in 1962 that in several important respects human thinking, feeling, and behaving are not disparate but that they all significantly interact with and include each other, and I have fairly consistently repeated this over and over the years and tried to make my position in this respect even clearer (Ellis, 1991b, 1994).

Classical rationalists, such as Ayn Rand, are often believers in absolutism, as reason is their prime and absolute authority in determining what is “true” and what course of action one “should” indubitably take in life. Although they seem to be objective and atheistic, they are really subjective and often devoutly religious in their own way. REBT

is quite opposed to this kind of classical rationalism (Ellis, 1962, 1968, 1994).

Unlike the rationalists, REBT takes a liberal existentialist view and partly has been influenced by the existentialist position of Søren Kierkegaard, Martin Buber, Jean-Paul Sartre, Paul Tillich, and Martin Heidigger. It is usually humanistic although it eschews the mystical-minded humanism of many members of the Association for Humanistic Psychology (AHP) and endorse, instead, many of the views of secular humanism, as espoused by the American Humanistic Association (AHA) and by the Council for Democratic and Secular Humanism (CODESH). In fact, the AHA gave me its Humanist of the Year Award in 1971. REBT is also compatible with some of the main views of post-modernism.

As I said in the original version of *Reason and Emotion in Psychotherapy*, REBT "is far from being classically rationalistic, but it takes some of the best elements of ancient and modern rationalism and tries to mate them with similar workable elements of humanism, existentialism, and realism" (p. 131).

For several reasons, then, RET has really always been rational emotive behavior therapy (REBT). Although it has a theory of personality and of disturbance that is somewhat unique and that differs significantly from that of most other cognitive behavior therapies (Bernard & DiGiuseppe, 1989; Walen, DiGiuseppe, & Dryden, 1992), its treatment methods are quite multimodal and significantly overlap with those of Arnold Lazarus (1990). It has always stressed the reciprocal interactions among cognition, emotion, and behavior (Ellis, 1962, 1991b); and it is more constructivist than some of the other cognitive-behavior therapies (Ellis, 1990a, 1991b). So, to correct my previous errors and to set the record straight, I shall from now on call it what it has really always been—rational emotive behavior therapy (REBT). Any comments?

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