Rational Psychotherapy

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Rational Emotive Behavior Therapy (REBT) and Cognitive Behavior Therapy (CBT) began with this revolutionary paper, first delivered at the annual convention of the American Psychological Association on August 31, 1956.

The central theme of this paper is that psychotherapists can help their clients to live more self-fulfilling, creative, and emotionally satisfying lives by teaching them how to organize and discipline their thinking. Does this mean that *all* human emotion and creativity can or should be controlled by reason and intellect? Not exactly.

Humans may be said to possess four basic processes—perception, movement, thinking and emotion—all of which are integrally related. Thus, thinking, aside from consisting of bioelectric changes in the brain cells, and in addition to comprising remembering, learning, problem-solving, and similar psychological processes, also is, and to some extent has to be, sensory, motor and emotional behavior. Instead, then, of saying, "Jones thinks about this puzzle," we can more accurately say, "Jones perceives-moves-feels-THINKS about this puzzle." Because, however, Jones' activity in relation to the puzzle may be largely focused upon solving it, and only incidentally on seeing, manipulating, and emoting about it, we may perhaps justifiably emphasize his thinking.

Emotion, like thinking and the sensori-motor processes, we may de-fine as an exceptionally complex state of human reaction which is in-tegrally related to all the other perception and response processes. It is not one thing, but a combination and holistic integration of several seemingly diverse, yet actually closely re-lated, phenomena.[1]

Normally, emotion arises from direct stimulation of the cells in the hypothalamus and autonomic nervous system (e.g., by electrical or chemical stimulation) or from indirect excitation via sensor-motor, cognitive, and other conative processes. It may theoretically be controlled, therefore, in four major ways. If one is highly excitable and wishes to calm down, one may *(a)* take electroshock or drug treatments; *(b)* use soothing baths or relaxation techniques; *(c)* seek someone one loves and quiet down for his or her sake; or *(d)* reason oneself into a state of healthy feeling by showing oneself how self-defeating it is to remain under- or over-emotional.

Although biophysical, sensori-motor and emotive techniques may be useful methods of controlling emotional disturbances, they will not be considered in this paper, and rational techniques will be emphasized. Ra-tional psychotherapy is based on the assumption that thought and emotion are not two entirely different processes, but that they significantly overlap in many respects and that therefore disordered emotions can often (though not always) be ameliorated by changing one's thinking.

A large part of what we call emotion, in other words, is a certain kind—a biased, prejudiced, or strongly evaluative kind—of thinking. What we usually label as thinking is a relatively calm and dispassionate appraisal (or organized perception) of a given situation, an "objective" comparison of many of the elements in this situation, and a coming to some conclusion as a result of this comparing or discriminating process. Thus, a thinking person may observe a piece of bread, see that one part of it is moldy, remember that eating this kind of mold previously made him ill, and therefore cut off the moldy part and eat the non-moldy section of the bread.

A highly emotional individual, on the other hand, may observe the same piece of bread, and remember so violently or prejudicedly her previous experience with the moldy part, that she will quickly throw away the whole piece of bread and therefore go hungry. Because the thinking person is relatively calm, she uses the maximum information available to her—namely, that moldy bread is bad, but non-moldy bread is good. Because the emotional person is relatively excited, she may use only part of the available information—namely, that moldy bread is completely bad.

It is hypothesized, then, that think- ing and emoting are closely inter-related and at times differ mainly in that thinking is a more tranquil, less somatically involved (or, at least, perceived), and less activity-directed mode of discrimination than is emotion. It is also hypothesized that among adult humans raised in a social culture thinking and emoting are so closely interrelated that they usually accompany each other, act in a circular cause-and-effect relationship, and in certain (though hardly all) respects are partly the *same thing*, so that one's thinking *becomes* one's emotion and emoting *becomes* one's thought. It is finally hypothesized that since humans are uniquely sign-, symbol-, and language-creating animals, both thinking and emoting tend to take the form of self-talk or internalized sentences; and that, for all practical purposes, the ideas that human beings keep telling themselves *are* or *become* their thoughts or emotions.[2]

This is not to say that emotion can under *no* circumstances exist without thought. It probably can; but it then tends to exist momentarily, and not to be sustained. An individual, for instance, steps on your toe, and you spontaneously, immediately become angry. Or you hear a piece of music and you instantly begin to feel warm and excited. Or you learn that a close friend has died and you quickly begin to feel sad. Under these circumstances, you feel emotional without doing much concomitant thinking. Probably, however, you do, with split-second rapidity, start thinking, "This person who stepped on my toe is an idiot!" or, "This music is wonderful!" or, "Oh, how bad it is that my friend died!"

In any event, assuming that you don't, at the very beginning, have any conscious thought accompanying your emotion, it appears to be difficult to *sustain* an emotional outburst without bolstering it by repeated ideas. For unless you keep telling yourself something on the order of, "This person who stepped on my toe is a idiot!" or, "How could he do a terrible thing like that to me!" the pain of having your toe stepped on will soon die, and your immediate reaction will die with the pain. Of course, you can keep getting your toe stepped on, and the continuing pain may sustain your anger. But assuming that your physical sensation stops, your emotional feeling, in order to last, normally has to be bolstered by some kind of thinking.

We say "normally" because it is theoretically possible for your emotional circuits, once they have been made to reverberate by some physical or psychological stimulus, to keep reverberating under their own power. It is also theoretically possible for drugs or other electrical impulses to keep acting directly on your brain and autonomic nervous system and thereby to keep you emotionally aroused. Usually, however, these types of continued direct stimulation of the emotion-producing centers are limited largely to unusual conditions.

It would appear, then, that positive human emotions, such as feelings of love or elation, are often associated with or result from thoughts, or internalized sentences, stated in some form or variation of the phrase, "This is good!" and that negative human emotions, such as feelings of anger or depression, are frequently associated with or result from thoughts or sentences which are stated in some form or variation of the phrase, "This is bad!" Without adults employing, on some conscious or unconscious level, such thoughts and sentences, much of their emoting would simply not exist.

If the hypothesis that sustained human emotion often results from or is directly associated with human thinking and self-verbalization is accurate, important corollaries about the origin and perpetuation of states of emotional disturbance may be drawn. For disturbance would in part appear to be disordered, over- or under-intensified, uncontrollable emo- tion; and this would seem to be ac-companied by illogical, unrealistic, irrational, inflexible, and childish thinking.

That emotionally disturbed be-havior is illogical and irrational would seem to be almost definitional. For if we define it otherwise, and label as disturbances *all* incompetent and ineffectual behavior, we will be including actions of truly stupid and incompetent individuals—for example, those who are mentally deficient or brain injured. The concept of disturbance only becomes meaningful, therefore, when we assume that disturbed people are *not* deficient or impaired, but that they are theoretically capable of behaving in a more mature, more controlled, more flexible manner than they actually be-have. If, however, neurotics are essentially individuals who act significantly below their own potential level of behaving, or who defeat their own ends though theoretically capable of achieving them, it would appear that they behave in an illogical, irrational, unrealistic way. Neurosis, in other words, consists of stupid behavior by non-stupid persons.[3]

Assuming that emotionally disturbed individuals act in irrational, illogical ways, the questions which are therapeutically relevant are: *(a)* How do they originally get to be illogical? *(b)* How do they keep perpetuating their irrational thinking? *(c)* How can they be helped to be less irrational, less disturbed?

Unfortunately, most of the good thinking that has been done in regard to therapy during the past century, especially by Sigmund Freud and his chief followers, has concerned itself with the first of these questions rather than the second and the third. The assumption has often been made that if psychotherapists discover and effectively communicate to their clients the main reasons why these clients originally became disturbed, they will thereby also discover how their emotional problems are being perpetuated and how they can be helped to overcome them. This is a dubious assumption.

Knowing exactly how people ori- ginally learned to behave self-defeatingly by no means necessarily in-forms us precisely how they *maintain* this behavior, nor what they should do to change it. This is particularly true because people are often, perhaps usually, afflicted with *secondary* as well as *primary* disturbances and the two may significantly differ. Thus, a man may originally become disturbed because he discovers that he has strong death wishes against his father, and (quite irrationally) thinks he should be damned and punished for having these wishes. Consequently, he may develop some neurotic symptom, such as a phobia against dogs because, let us say, dogs remind him of his father, who is an ardent hunter.

Later on, this individual may grow to love or be indifferent to his father; or his father may die and be no more of a problem to him. His fear of dogs, however, may remain: not because, as some theorists would insist, they still remind him of his old death wishes against his father, but be-cause he now hates himself so violently for *having* his original symptom—for behaving, to his mind, so stupidly and illogically in relation to dogs—that every time he thinks of dogs his self-hatred and fear of failure so severely upset him that he cannot reason clearly and cannot combat his irrational phobia.

In terms of self-verbalization, this individual is first saying to himself: "I hate my father—and this is awful!" But he ends up by saying: "I have an irrational fear of dogs— and this is awful!" Even though both sets of self-verbalizations are neuroticizing, and his secondary disturbance may be as bad as or worse than his primary one, the two can hardly be said to be the same. Consequently, exploring and explaining to this individual—or helping him gain insight into—the origins of his primary neurosis will not necessarily help him to understand and overcome his perpetuating or secondary neurotic reactions.

If the hypotheses so far stated have some substance, the psychotherapist's main goals can be those of demonstrating to clients that their self-verbalizations have been and still are a prime source of their emotional disturbances. Clients are to be shown that their internalized beliefs are illogical and unrealistic at certain critical points and that they now have the ability to control their emotions by telling themselves more rational and less self-defeating beliefs.

More precisely: effective therapists can continually unmask their clients' past and, especially, present dysfunctional thinking by *(a)* bringing these to their attention or consciousness; *(b)* showing clients how they are linked to their disturbance and unhappiness; *(c)* demonstrating exactly what their internalized beliefs are; and *(d)* teaching them how to rethink and re-verbalize these in a more logical self-helping way. Moreover, the therapist can not only deal concretely with cli-ents' specific illogical thinking, but also demonstrate what, *in general*, are the main irrational ideas that human beings are prone to follow and what more rational philosophies may often be substituted for them. Otherwise, the client who changes one specific set of dysfunctional beliefs may wind up adopting another set.

It is hypothesized, in other words, that human beings are the kind of creatures who, when raised in a society similar to our own, tend to adopt several major fallacious ideas; to keep reindoctrinating themselves over and over again with these ideas in an unthinking, autosuggestive manner; and consequently to keep actualizing them in overt behavior. Some of their irrational ideas are, as the Freudians have pointed out, instilled by people's parents during their childhood, and are tenaciously clung to because of their attachment to these parents and because the ideas were ingrained, or imprinted, or conditioned before later and more rational modes of thinking were given a chance to gain a foothold. Many of them, however, as the Freudians have not always been careful to note, are also instilled by the individual's general culture, and particularly by the media of mass communication in this culture. And many of the irrational *musts* that children *add* to the standards their parents teach them are creatively *invented* by the children themselves.

What are some of the major irrational ideas or philosophies which, when originally held and later perpetuated by men and women, often lead to self-defeat and neurosis? Limitations of space preclude our examining all these ideas, including their more significant corollaries; therefore, only a few of them will be listed. The inaccuracy of some of these ideas will also, for the present, have to be taken somewhat on faith, since again there is no space in this article to outline the many reasons why they are irrational. Anyway, here, where angels fear to tread, goes the psychological theoretician!

1. The idea that it is a dire *necessity* for adults to be loved or approved by significant others instead of their concentrating on their own self-respect, on winning approval for practical purposes (such as job advancement), and on loving rather than just being loved.

2. The idea that certain acts are wrong, or wicked, or villainous, and that people who perform such acts must be damned and punished—instead of the idea that certain acts are harmful or antisocial, and that people who perform them had better be restrained, but not damned.

3. The idea that it is terrible, horrible, and catastrophic when things are not the way they *must* be—instead of the idea that it is too bad when things are not the way one would like them to be, and one should certainly try to change or control conditions so that they become more satisfactory, but that if changing or controlling uncomfortable situations is impossible, one had better accept their existence and stop telling oneself how awful they are.

4. The idea that unpleasant conditions must not exist and that when they do, they directly cause human disturbance—instead of the idea that much human misery is created or sustained by the view one takes of things rather than the things themselves.

5. The idea that if something is or may be dangerous or fearsome, one must be terribly anxious about it—instead of the idea that if something is or may be dangerous or fearsome, one can frankly face it and try to render it non-dangerous and, when that is impossible, do other things and stop telling oneself it absolutely *must* not exist.

6. The idea that hassles must not exist and that it is easier to avoid than to face life difficulties and self-responsibilities—instead of the idea that the so-called easy way is usually the harder way in the long run and that the way to solve difficult problems is to face them squarely.

7. The idea that one needs something other or stronger or greater than oneself on which to rely—instead of the idea that it is usually better to stand on one's own feet and gain faith in oneself and one's ability to meet difficult circumstances of living.

8. The idea that one should be thoroughly competent, adequate, intelligent, and achieving in all possible respects—instead of the idea that one had better *do* rather than always need to do *well* and that one can accept oneself as a quite imperfect person, who has general human limitations and specific fallibilities.

9. The idea that because something once strongly affected one's life, it should indefinitely affect it—instead of the idea that one can learn from one's past experiences, but not be overly-attached to or prejudiced by them.

10. The idea that others must not act the way they do and that we have to change them and make them act as we would like them to do—instead of the idea that other people's deficiencies are largely *their* problems and that demanding that they change is unlikely to help them do so.

11. The idea that human happiness can be achieved by inertia and inaction—instead of the idea that humans tend to be happiest when they are actively and vitally absorbed in creative pursuits, or when they are devoting themselves to people or projects outside themselves.

12. The idea that one has virtually no control over one's emotions and that one cannot help feeling certain things—instead of the idea that one has considerable control over one's emotions if one chooses to work at controlling them and to practice believing rational philosophies.

The central theme of this paper is that the foregoing kinds of dysfunctional ideas, and many corollaries which I have no space to delineate, often lead to emotional disturbances. For once you strongly believe these notions, you will tend to become inhibited, hostile, defensive, guilty, anxious, ineffective, inert, uncontrolled, or depressed. If, on the other hand, you thoroughly release yourself from all these kinds of self-defeating thinking, you would find it exceptionally difficult to make yourself too emotionally upset, or at least to sustain your disturbances for very long.

Does this mean that all the other so-called causes of neurosis, such as the Oedipus complex or severe maternal rejection in childhood, are invalid, and that the psychodynamic thinkers of the last century have been barking up the wrong tree? Not at all. It only means, if the main hypotheses of this paper are correct, that these psychodynamic thinkers have been emphasizing secondary causes or results of emotional disturbances rather than prime causes.

Let us take, for example, an in-dividual who acquires, when he is young, a full-blown Oedipus complex: that is to say, he lusts after his mother, hates his father, is guilty about his sex desires for his mother, and is afraid that his father is going to castrate him. This person, when he is a child, will presumably be disturbed. But, if he acquires or creates none of the basic dysfunctional ideas we have been discussing, he will rarely *remain* disturbed.

For, as an adult, this individual will not be too concerned if his parents or others do not approve all his actions, because he will be more interested in his *own* respect than in *their* approval. He will not believe that his lust for his mother is wicked or villainous, but will accept it as a normal part of being a limited human whose sex desire may easily be indiscriminate. He will realize that the actual danger of his father castrating him is exceptionally slight. He will not feel that because he was once afraid of his Oedipal feelings he should forever remain so. If he still feels it would be improper for him to have sex relations with his mother, instead of castigating himself for even thinking of having such relations he will merely resolve not to carry his desires into practice and will stick determinedly to his resolve. If, by any chance, he weakens and actually has incestuous relations, he will again refuse to castigate himself mercilessly for being weak, but will keep showing himself how self-defeating his behavior is and will actively work and practice at changing it.

Under these circumstances, if this individual has a truly logical and rational approach to life in general, and to the problem of Oedipal feelings in particular, how can he possibly *remain* disturbed about his Oedipal attachment?

Take, by way of further illustration, the case of a woman who, as a child, is continually criticized by her parents, who consequently feels herself loathesome and inadequate, who refuses to take chances at failing at difficult tasks, who avoids such tasks, and who, therefore, decides to hate herself more. Such a person will be, of course, seriously disturbed. But would she sustain her disturbance if she rationally began to think about herself and her behavior? Not according to rational emotive behavior
therapy (REBT).

For, if this woman uses a consistent rational approach, she will stop caring too much about what others think of her and will start primarily caring about what she thinks of herself. Consequently, she will tend to stop avoiding difficult tasks and,

instead of punishing herself for being incompetent when she makes a mistake, she will say to herself something like: "Now this is not the right way to do things; let me stop and figure out a better way." Or: "I made a mistake this time; now let me see how I can benefit from making it."

This person, furthermore, will not, if she is thinking straight, blame her defeats on external events, but will realize that she herself may be causing them by her mistaken behavior. She will not believe that it is easier to avoid facing difficult things, but will realize that the so-called easy way is usually the harder and poorer one. She will not think that she needs something greater or stronger than herself, but will buckle down to difficult tasks on her own. She will not feel that because she once defeated herself by avoiding doing things the hard way that she must always do so.

How, with this kind of self-helping thinking, could an originally disturbed person possibly maintain and continually revive her disturbances? Not easily. Similarly, the spoiled brat, the worry-wart, the ego-maniac, the autistic stay-at-home—all of these dis- turbed individuals would have the devil of a time indefinitely prolonging their emotional problems if they did not continue to believe the kinds of basic irrationalities previously listed.

Disturbance, then, often seems to accompany and be perpetuated by some fundamentally unsound, irrational ideas. People come to believe in unrealistic, impossible, often perfectionistic goals—especially the goals that they must always be ap-proved by everyone, should do every- thing perfectly well, and should never be frustrated in any of their desires—and then, in spite of contradictory evi- dence, they refuse to give up these dysfunctional beliefs.

Some neurotic philosophies, such as the idea that people should be taken care of, are appropriate to their childhood state, but not to their adulthood. Many of their irrational ideas are specifically taught by their parents and culture. Many of them also seem to be held by the majority of adults in our society who theoretically could have been but actually never were weaned from them as they chronologically matured. The neurotics we are considering are often statistically normal. For ours is a culture in which most people may be more or less emotionally disturbed because they are raised to believe—and then to internalize and to keep reinfecting themselves with—ineffective, self-defeating ideas. Nonetheless, it is not absolutely necessary that human beings believe the irrational notions which, in point of fact, most of them seem to believe today; and the task of psychotherapy is to help them to disbelieve their dysfunctional ideas, to change their self-sabotaging attitudes.

This, precisely, is the task which rational emotive behavior therapists accept. Like other therapists, they frequently resort to the usual techniques of therapy, including the techniques of relationship, expressive-emotive, supportive, and insight-interpretive therapy. But they view these techniques as they are employed by many therapists as strategies whose main functions are to gain rapport with clients, to let them express themselves fully, to show them that they are worthwhile humans who have the ability to change, and to demonstrate how they originally became disturbed.

REBT clinicians, in other words, believe that the usual therapeutic techniques wittingly or unwittingly show the client *that* they are irrational and how they *originally* became so. Thera-pists often fail to show, however, how clients *presently* think crookedly and precisely what they can do to change by constructing rational philosophies of living and by applying these to practical problems of everyday life. Where most therapists directly or indirectly show the clients that they are behaving destructively, REBT practitioners go beyond this point and forthrightly dispute clients' general and specific irrational ideas and try to persuade them to adopt more rational ones.

REBT forcefully disputes disturbed individuals' irrational positions in two main ways: *(a)* The therapist serves as a frank counter-propagandist who directly contradicts the self-defeating propaganda that cli-ents have learned and constructed and are now self-propagandistically perpetuating. Even more importantly, REBT practitioners teach clients how to do their own disputing of their irrational beliefs. *(b)* The therapist encourages and persuades clients to partake of some kind of activity which itself will act as a forceful counter-propagandist agency against the defeatism they follow. Both these main thera-peutic activities are consciously performed with a main goal in mind: namely, that of finally helping clients to devise a constructive philosophy of living to replace their learned and in-vented absolutistic musts and demands of their past and present.

The rational therapist, then, as-sumes that clients somehow ingested and created irrational modes of thinking and that, without so doing, they would not be so disturbed. It is the therapist's function not merely to show clients that they have these ideas but also to persuade them to change and substitute for them more rational ideas. If, because clients are exceptionally disturbed when they first come to therapy they had better first be approached in a rather cautious, sup- portive, permissive, and warm manner, and sometimes encouraged to venti-late their feelings in free association, abreaction, role playing, and other ex-pressive techniques, that may be all to the good. But the therapist understands that these relationship-building and expressive-emotive techniques rarely by themselves get to the core of cli-ents' illogical thinking and induce them to change it.

Occasionally, this is true—since clients may come to see, through relationship and emotive-expressive methods, that they are defeating them- selves and may, therefore, resolve to change. More often than not, however, their dysfunctional thinking will be so ingrained from constant self-repetitions, and will be so inculcated in motor pathways (or habit patterns) by the time they come for therapy, that simply showing them, even by direct interpretation, *that* they are irrational will not greatly help.

They will often say to the therapist: "All right, now I understand that I have castration fears, and that they are illogical. But I *still* feel afraid of my father."

The therapist, therefore, had better keep disputing, time and again, the dysfunctional ideas that underlie clients' groundless fears. She can show clients that they are horrified, really, not of their father, but of being blamed, of being disapproved, of being un-loved, of being imperfect, of being a failure. And such extreme fears are self-sabotaging because *(a)* being disapproved is not half as terrible as one *thinks* it is; *(b)* no one can be thoroughly blameless or perfect; *(c)* people who are horrifed about being disapproved essentially are putting themselves at the mercy of the opinion of *others*, over whom they have no real control; and *(d)* being disapproved has nothing essentially to do with one's *own* opinion of one's self, one's being.

If the therapist, moreover, merely tackles a person's sexual anxieties and shows how ridiculous *they* are, what is to prevent this individual's showing up a year or two later, with some *other* irrational fear—such as panic about public speaking? But if the therapist tackles the client's *basic* irrational thinking, which underlies many kinds of anxiety, it is going to be less likely for this client to turn up with a new neurotic symptom some months or years hence. For once people truly surrender ideas of perfectionism, of the horror of failing at something, of the dire need to be approved by others, and of the notion that the world owes them a living, what else is there for them to unduly disturb themselves about?

To give some idea of precisely how REBT works, a case summary will now be presented. A client came in one day and said he was depressed but did not know why. A little questioning showed that he had been putting off the inventory-keeping he was required to do as part of his job as an apprentice glass-staining artist. I quickly began showing him that his depression probably was related to his resenting having to keep the inventory and that this resentment was dysfunctional for several reasons.

(a) The client very much wanted to learn the art of glass-staining and could only learn it by having the kind of job he had. His choice, therefore, was between graciously accepting this job, in spite of the inventory-keeping, or giving up trying to be a glass-stainer. By resenting the clerical work and avoiding it, he was choosing neither of the two illogical alternatives, and was only getting himself into difficulty.

(b) By blaming the inventory-keeping and his boss for making him perform it, the client was being irrational since, assuming that the boss was wrong about making him do this clerical work, he would have to be wrong out of some combination of stupidity, ignorance, or emotional disturbance; and it is silly and pointless blaming people for being stupid, ignorant, or disturbed. Besides, maybe the boss was quite right, from his own standpoint, about making the client keep the inventory.

(c) Whether the boss was right or wrong, resenting him for his stand was hardly going to make him change it; and the resentment felt by the client was hardly going to do him, the client, any good. The saner attitude for him to take, then, was that it was too bad that inventory-keeping was part of his job, but that's the way it was, and there was no point in resenting the way things were when they could not, for the moment, be changed. He could strongly *dislike* inventory-keeping without irrationally insisting that, because he disliked it, it *should not, must not* exist.

While showing this client how irrational were his thinking and consequent behavior, I specifically made him aware that he was telling himself beliefs like these: "My boss makes me do inventory-keeping. I do not like to do this . . . There is no reason why I have to do it . . . He is therefore a blackguard for making me do it . . . So I'll fool him and avoid doing it . . . And then I'll be happier." But these beliefs were so palpably foolish that the client could not really believe them, and began to finish them off with ideas like: "I'm not really fooling my boss, because he sees what I'm doing . . . So I'm not solving my problem this way . . . So I really should stop this nonsense and get the inventory-keeping done . . . But I'll be damned if I'll do it for him! . . . However, if I don't do it, I'll be fired . . . But I still don't want to do it for him! . . . I guess I've got to, though . . . Oh, why must I always be persecuted like this? . . . And why must I keep getting myself into such a mess? . . . I guess I'm just no good . . . And people are against me . . . Oh, what's the use?"

Whereupon, employing these dysfunctional beliefs, the client was making himself depressed, avoiding doing the inventory-keeping, and then becoming more resentful and depressed. Instead, I pointed out, he could have quite different beliefs, on this order: "Keeping inventory is a bore . . . But it is presently an essential part of my job. And I also may learn something useful by it . . . Therefore, I had better go about this task as best I may and thereby get what *I* want out of this job."

I also emphasized that whenever the client found himself intensely angry, guilty, or depressed, he was usually thinking

irrationally, and that he could immediately question himself as to what was the irrational element in his thinking, and set about replacing it with a more sensible set of beliefs.

I then used the client's current dilemma—that of avoiding inventory- keeping—as an illustration of his general neurosis, which in his case largely took the form of severe discomfort anxiety and alcoholic tendencies. He was shown that these, too, were a result of his trying to do things the easy way, and of poor thinking accompanying his avoidance of self-responsibilities. He was impressed with the fact that, as long as he kept thinking irrationally about relatively small things, such as the inventory-keeping, he would also tend to think self-defeatingly about more important aspects, such as anxiety and compulsive drinking.

Several previous incidents of ir-rational thinking leading to emotional upheaval in the client's life were then reviewed, and some general principles of irrational thought discussed. Thus, the general principle of worthlessness was raised and the client was shown precisely why it is senseless to damn anyone for anything. The general principle of inevitability was brought up and he was shown that when a frustrating or unpleasant event was inevitable, he had better accept it uncomplainingly instead of dwelling on its unpleasant aspects. The general principle of other-acceptance was discussed, with the therapist demonstrating that unconditionally accepting others is far more important than resentfully trying to harm them.

In this matter, by attempting to show or teach the client some of the general rules of rational living, I tried to go beyond his immediate problem and to help provide him with a generalized mode of thinking and problem solving that would enable him to deal effectively with almost any future similar situation that might arise.

The rational emotive behavior therapist, then, is a frank teacher who believes wholeheartedly in a rigorous application of the rules of logic, of straight thinking, and of scientific method to everyday life, and who ruthlessly uncovers vestiges of irrational thinking in clients' experience and energetically encourages them to adopt more rational channels. In so doing, REBT does not ignore or eradicate the clients' emotions. On the contrary, it considers them most seriously, and helps change them, when they are disordered and self-defeating, through the same means by which they commonly arise in the first place—that is, by thinking, feeling, and acting. By consistently philosophically encouraging clients to change their thinking and to change their feelings, experiences and actions, the REBT therapist gives a specific impetus to the client's movement toward mental health and growth without which it is not impossible, but unlikely, that they will move too far.

Can therapy be effectively done, then, with *all* clients mainly through rational analysis and reconstruction? Alas, no. For one thing, many clients are not bright enough to follow a rigorously rational path. For another thing, some individuals are so emotionally aberrated by the time they come for help that they are, at least temporarily, in no position to comprehend and follow sensible procedures. Still other clients are too old and in-flexible; too young and impressionable; too philosophically prejudiced against logic and reason; too organically or biophysically deficient; or too something else to accept, at least at the start of therapy, rational analysis.[4]

In consequence, the therapist who only employs logical reconstruction in his therapeutic armamentarium is not likely to get too far with many of those who seek his or her help. It is vitally important, therefore, that any therapist who has a basically rational approach to the problem of helping clients overcome their neuroses also be quite eclectic in his use of supplementary, less direct and sometimes less rational techniques.

Admitting then that REBT is not effective with all types of clients, and that it is most helpful when used in conjunction with, or subsequent to, other widely employed therapeutic techniques, I would like to conclude with two challenging hypotheses: *(a)* that psychotherapy which includes a high dosage of rational analysis and reconstruction, as briefly outlined in this paper, will prove to be more effec -tive with more types of clients than the non-rational or semi-rational thera- pies now being widely employed; and *(b)* that a considerable amount—or, at least, proportion of—REBT will prove to be virtually the only type of treatment that helps to undermine the basic disturbances (as distinguished from the specific symp- toms) of many clients, and particularly of many with whom other types of therapy have already been shown to be ineffective.