

Albert Ellis and the World of Children

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Abstract

Despite Albert Ellis' extensive contributions to the cognitive-behavioural treatment of childhood disorders, he always expressed the view that his more important contributions to the mental health of children could be found in the applications of rational-emotive behavior therapy (REBT) in schools in the form of teaching children how to deal with difficult circumstances and people and to manage their own emotions through the use of rational beliefs and thinking. This paper reviews Ellis' theory of mental health as applied to childhood. It will also review Ellis contribution to the world of children in three distinct areas: (a) essential REBT with children and adolescents, (b) in schools in the form of Rational Emotive Education and (c) in parent education. Discussion of common misconceptions about REBT applied to childhood and the legacy of Albert Ellis will conclude the paper.

It is interesting to note that while many cognitively-oriented behavior therapists date the beginnings of cognitive-behavioural movement around the late 1960s and early 1970s (e.g., Mahoney, 1974), the application of cognitive methods in the form of REBT to parenting and to the psychological treatment of young people was pioneered by Albert Ellis in the mid-1950s. Soon after he started to use REBT with adults, at the beginning of 1955, he saw that it could be employed with children either directly by a therapist or indirectly by a practitioner working with the parents of children. He therefore included some cognitive parenting techniques in his first book on REBT, *"How to Live with a Neurotic,"* (Ellis, 1957). When he began making tape recording sessions, he recorded a series of sessions with an eight year old female bed wetter (Ellis, 1959) which were widely circulated and encouraged many other therapists to use REBT methods with children.

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Albert Ellis' Theory of Mental Health in Younger Populations

Perhaps the most important contribution of Albert Ellis to the world of children is the advanced empathy afforded by REBT in helping us to understand the nature of emotional and behavioural difficulties of childhood (e.g., Bernard & Joyce, 1984; Ellis & Bernard, 1983). According to Ellis (e.g., Bernard, 2004a; Ellis, 1994), children are born with an innate capacity to think irrationally (in ways that are not logical/sensible, empirical and helpful). This human disposition exerts its influence across the life span and precludes the possibility of perfect mental health. (According to Ellis, 80 percent of the tendency to engage in irrational thinking may be biological and 20 percent may be environmental.) What moderates the influence of irrationality is the development of rationality and logical reasoning abilities which emerge around the age of six (Piaget's concrete operational stage of development) with abstract reasoning abilities developing more fully around the age of 12 (formal operational stage of development). What's relevant here is the awareness afforded by a basic principle of REBT that says that when children of any age (and adults) are experiencing extreme emotional upset, they are most likely employing irrational thinking processes characteristic of Piaget's pre-concrete stage of mental development as evidenced by tendencies to take things personally, blow things out of proportion, make arbitrary inferences, engage in black/white thinking and, most importantly, to think *absolutistically* (e.g., take preferences and desires and convert them into shoulds, oughts, musts and needs).

Furthermore, when REBT therapists challenge the irrationality of a young person's thinking, they are guided by the stage of mental development of the young person in selecting concrete or more general abstract forms of disputing.

A final benefit of REBT theory is Ellis' distinctive formulations concerning the ABC's of emotional and behavioural disturbance. Ellis has delimited the likely irrational beliefs (faulty inferences, absolutes and evaluations) that underpin childhood disorders such as anxiety, anger, depression and procrastination (e.g., Bernard, Ellis & Terjesen, 2006). Such an analysis guides REBT therapists' assessment including the powerful technique of hypothetico-deductive questioning (e.g., DiGiuseppe & Bernard, 2006) that is often used when questioning a young person about the content of thinking during an emotional episode.

Essential Rational Emotive Behaviour Therapy with Children and Adolescents

What are the essentials of REBT when applied to young people? Which aspects of cognitive-behavior, child and adolescent therapy (CBT) as currently practiced are founded on these essentials. Some of these essentials include:

1. Teaching young people an emotional vocabulary and an emotional schema (feelings vary in intensity from strong to weak) and that they have behavioural and emotional options when something bad happens.
2. Using the ABC framework (sometimes referred to as Happening -> Thinking -> Feeling -> Behaving) to help young people conceptualise relationships among thinking, feeling and behaving and for the purpose of assessment and intervention.
3. Explicit teaching of “emotional responsibility”; namely, people’s thinking and not what happens to them is the major influence over their feelings.
4. Using disputing/challenging strategies to help identify and change irrational beliefs/self-talk *before* moving to instruction in rational beliefs/self-talk (for children older than six years of age).
5. Instructing young people in rational rather than positive self-statements.
6. Through homework assignments, having young people practice new ways of thinking, feeling and behaving in the “real world.”
7. Perhaps, the most unique aspect of REBT with young people is how it teaches young people specific rational beliefs that according to Ellis will help them to become happier (less miserable) and fulfilled including: self-acceptance, high frustration tolerance and other-acceptance.

The most comprehensive reference source for the use of REBT in the treatment of different childhood disorders is a text edited by Ellis and Bernard (2006) “*Rational-Emotive Behavioral Approaches to Childhood Disorders*”. Ellis (1975) and his disciples have also written about the application of REBT in group therapy with children and adolescents (e.g., Elkin, 1983; Terjesen & Esposito, 2006).

Rational Emotive Education

Albert Ellis deserves to be recognised as a pioneer in the field of social and emotional learning of school-age children. Ellis has always stressed the importance of providing young people with a preventative psycho-educational curriculum that teaches children of all ages emotional literacy skills in a variety of unique ways (e.g., Ellis, 1972). From 1971 to 1975, Ellis and his staff taught rational thinking to all students enrolled in The Living

School, a small primary school housed in what was then called the Institute for Advanced Study in Rational Psychotherapy (now called Albert Ellis Institute). The school prospered for many years, during which time the staff discovered that not only therapists but teachers could teach REBT principles in the classroom to improve children's emotional well-being.

Rational Emotive Education (REE) has a long-standing presence in the field of school-based mental health programs and has always been used as a form of prevention, promotion and intervention focused on young people and their problems (e.g., Knaus, 1974; Vernon, 2006a, 2006b). REE lessons developed by different practitioners typically teach the following basic concepts: self-acceptance, feelings, beliefs, facts versus assumptions and disputing beliefs (Vernon & Bernard, 2006). Additionally, REE-oriented educators integrate REE concepts informally in classroom and school-wide settings.

Today, REE is being employed in many schools throughout the western world. For example, REE-based lessons appear in You Can Do It! Education, Australia's most widely employed social and emotional learning program (e.g., Bernard, 2004b, 2007a, 2007b) that is being used in over 2,000 early childhood settings and 6,000 primary and secondary schools.

Working with Parents

The worst care parents can provide their children is that of blaming them for their mistake making and wrongdoing. Parents or other early teachers usually help a child plummet down the toboggan slide towards disturbed feelings and behaviors by doing two things when he (child) does something that displeases them: (a) they tell him that he is wrong for acting in this displeasing manner, and (b) they strongly indicate to him that he is a worthless individual for being wrong, and that he therefore deserves to be damned and severely punished for his wrongdoing.

(Ellis, Wolfe & Moseley, 1966, p. 107)

Ever since Ellis wrote "*How to Raise an Emotionally Healthy, Happy Child*" (Ellis, Wolfe & Moseley, 1966), Ellis and other REBT practitioners have offered much support to parents as well as to family-oriented mental health practitioners.

In the REBT literature, a number of distinctive patterns of child rearing have been identified (e.g., Hauck, 1967, 1983) based on Ellis' theory and practice:

1. Unkind and firm patterns (“unquestioning obedience toward authority combined with a kick in the ego) involve parental behaviour of setting of rigid rules, never letting their child question their authority, focusing on the wrongdoing of their child, attacking the personality of their child, strictness and little praise (“Children must never disagree with their superiors”).

Impact: Children may come to regard themselves as worthless and inferior and view everyone else as superior; they experience feelings of anxiety, insecurity and guilt and may demonstrate avoidant, dependent and submissive behaviour.

2. Kind and not firm child rearing practices involve parents who while showing love and affection make few demands and set few limits. Parents who demonstrate this pattern appear to do so out of either not wanting to frustrate their child (“Children must not be frustrated”) or out of guilt (“I am responsible for all my child’s problems and, therefore, I am hopeless.”).

Impact: Children may become “goofers” who are weak, egocentric, emotionally infantile and dependent, have low frustration tolerance, and shirk responsibility.

3. Unkind and not firm child rearing practices harshly criticize their children for misbehaviour and hardly ever praise them when they behave well.

Impact: Children may become chronic rule breakers, have trouble with law, angry and frustrated for never being able to please parents, test limits to get parents to show they care.

4. Kind and firm child rearing practice is the preferred and skilled form of parenting. Parents who raise their children in this fashion talk and reason with them about objectionable behaviour, focus on the behaviour but do not blame the child, set limits with clear consequences for rule violations, set punishment that is related to rule learning, not blame, sometimes frustrate their child when necessary, apply reasonable pressure to teach self-discipline and delay of gratification, never punish out of anger and frequently praise and show love.

Impact: Children will often experience positive social-emotional well-being and achieve to the best of their ability.

According to Ellis, it is important to convince parents of a philosophy of child rearing which emphasizes the desirability to teach frustration tolerance, the importance of setting limits and the advantage of inculcating appropriate social skills in compliance with the demands of others.

From an REBT perspective (e.g., Bernard, 2004a), the goals for working with parents of younger clients with achievement, emotional, social and/or behavior problems may include:

1. Discussing with parents the importance of maintaining distinct boundaries in their family between the parental “executive” system who work together in socializing children and modifying rules and expectations as children get older and the “child-sibling” subsystem that offers its members opportunities to learn how to negotiate, compete and get along with each other and peers.
2. Discussing with parents different types of child rearing practices including the importance of being kind and firm.
3. Discussing basic child management skills (e.g., positive reinforcement, use of rules, consequences).
4. Teaching parents the ABCs of emotions so that they can manage their own emotions (e.g., anger, anxiety, guilt, low frustration tolerance) including how to calm down.
5. Providing parents with suggestions for how they can influence their own child’s problems (e.g., anger, down/depression, anxiety, perfectionism, fear, under-achievement).
6. Discussing with parents the desirability of and methodology for teaching their children rational beliefs including self-acceptance, high frustration tolerance and acceptance of others.

According to Ellis, a beginning point for working with some parents is teaching them that their strong emotional reactions to their child and their child’s behaviour had better be modified before they can make any real progress is getting their child to change. REBT’s parental psycho-education begins with teaching parents *emotional responsibility* including how their beliefs about their children, themselves and their child rearing attitudes largely determine how they feel and behave towards their child. It is not the problem and their child’s behaviour that causes their emotions and behaviours.

Correcting Misconceptions about REBT with Younger Populations

Some of the things people say about REBT when practiced with young people are not based on evidence.

REBT When Practiced with Young People is Simply a Downward Extension of REBT Adult Methods

It is not as many of its methods and activities have evolved from the pioneering work done at The Living School, where REBT was taught by teachers in the form of REE to all children. Using different REE curricula,

REBT practitioners employ very concrete activities with children as young as six taking into account the developmental level of the child in prioritizing problems and selecting assessment and treatment methods.

REBT and REE Focus Too Much on Intellectual Insight

REBT has always considered that beliefs be they rational or irrational never exist on their own in a cognitive-philosophical vacuum but are, instead, intimately connected to emotions and behaviours. As such, when irrational and rational beliefs are discussed by young people, their impact on emotions and behaviours are always emphasized. Moreover, REBT has always employed with children and adolescents not only cognitive change methods (e.g., disputing, rational self-statement), but emotive methods (e.g., rational-emotive imagery, forceful repetition of rational self-statements) and behavioural methods (cognitive-behavioural role play/rehearsal, homework assignments including risk taking and shame attacking exercises).

There is No Research Supporting the Efficacy of REBT with Younger Populations

Hajzler and Bernard (1991) reviewed 21 studies that examined the effectiveness of REBT and found that in a large percentage of studies that employed the measure, REBT and REE reduced irrational thinking, improved behaviour and reduced anxiety. A meta-analytic review of 256 REBT outcome studies (DiGiuseppe, Terjesen, Goodman, Rose, Doyle & Vidalikis, 1998) indicated that the majority of studies support the efficacy of REBT. A review of the REBT meta-analytic outcome literature (Bernard, Ellis & Terjesen, 2006) has highlighted many problems in the design and/or reporting in the vast majority of REBT outcome studies making generalizations of REBT efficacy somewhat problematic. Nonetheless, there are sufficient numbers of well-designed studies that attest to the potent effect of REBT on different outcome measures (e.g., classroom grades) to refute the notion that REBT when applied to younger populations has no research base.

The Legacy of Albert Ellis

Albert Ellis would say that in order to prevent mental health problems and promote positive social and emotional well-being, not only should teachers and parents help children and adolescence eliminate as much as possible irrational beliefs and using the ABCs of REBT to accept emotional responsibility for their own emotions and behaviours, they should communicate, model and reinforce in young people, the following rational beliefs:

1. Self-Acceptance

Teach children to never rate themselves in terms of their behaviour and to separate judgments of their actions from judgments of self-worth. Encourage them to acknowledge and accept responsibility for their

traits and *behaviours* –both good and bad- without evaluating *themselves* as good or bad. Help combat children's tendencies towards self-downing by reminding them they are made up of many good qualities (and some that are not so helpful) and that they do not lose their good qualities when bad things happen. Explain to children that all human beings are capable and likeable in their unique ways and, therefore, it is good for children to accept themselves unconditionally without having to prove themselves.

2. High Frustration Tolerance

Teach children that in order to be successful, they will sometimes have to do things that are unpleasant and not fun. Explain that frustration and obstacles are a normal part of life and that it not helpful for them to think that life including school and homework should always be fun and exciting. Help children combat their belief that they cannot stand things they do not like and that they must have what they want immediately. Reinforce them for frustration tolerance and delay of gratification.

3. Acceptance of Others

Teach children never to rate people by their actions and to separate judgments of people's actions from judgments about their self-worth. This does not mean they like everything another person does. It means disliking another person's *traits* and *behaviours* without judging the whole of the *person* as bad. Help children develop the attitude of *preferring* for people to behave fairly and considerately but never to demand and insist that people *must* act that way every minute of the day. Explain that people make mistakes.

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