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ORIGINAL ARTICLE

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Abstract In this article, I reflect on what I believe are Albert Ellis' important contributions to the field of psychotherapy. Having worked closely with Albert Ellis for 32 years, I offer my opinions on some misconceptions of Albert Ellis.

Keywords Discomfort anxiety · B–C connection · Peer counseling

REBT and CBT: To Be or Not to Be?

In 1996, on the occasion of Albert Ellis's 82nd birthday, the late Stephen Weinrach edited a special issue of the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* in which among other subjects, the future of REBT was discussed. Members of the International Training Standards and Review Committee were asked to predict the future of REBT 25–50 years after the death of Albert Ellis. Most respondents were of the opinion that REBT will keep its uniqueness within CBT and Ellis's numerous publications will continue to have an impact on theorists and practitioners (Weinrach 1996; Weinrach et al. 2006). It was claimed by the writers that REBT as a psychoeducational form of help (for adults and children alike), and self-help groups for individuals with specific problems (alcohol, cancer, etc.), would continue to thrive. However, their greatest concern was that in its present state REBT lacked evidence-based research and the prospects that it would attract future researchers to test its efficacy hardly existed (Weinrach 1996, p. 203). Eleven years later we experienced the loss of Stephen Weinrach and Albert Ellis. Each loss has already left its mark on REBT as it is presently conceptualized and practiced. The question of REBT's future is not theoretical but real.

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My Involvement with RE(B)T

In my paper I will say a few words about how I started my involvement as a REBT practitioner, and my views of REBT's contribution as a theoretical model of the practice of therapy and its future.

My first encounter with the then RET model was Ellis's chapter in Corsini's book "Current Psychotherapies" (1973). I was working with war widows and was repeatedly asking myself how to therapeutically interpret individual differences among the women who lost their husbands in war, a loss which in Israel during the seventh decade of the twentieth century entitled them to psychological and financial care (in contrast to women who lost their spouses under non-combat circumstances). The exposure to the ABCDE model provided me with a rich resource to understand the variety of cognitive processes among individual women, a perspective that opened for me a new horizon that has become my professional credo.

I decided to apply for a Fellowship at the then Rational Emotive Therapy Institute in New York. In response to my application to become a post-graduate fellow I was told that I would be interviewed by Dr. Rose Oliver, an RET therapist and supervisor at the Institute who was visiting Israel in 1987. I came to the Hilton hotel in Tel Aviv and met Rose and her granddaughter. Rose asked many questions about my therapeutic qualifications and experience and after a long interview told me about her experience with RET and about Dr. Ellis who as her therapist helped her at times of crisis in her life. Her own experience as a client of Dr. Ellis convinced her of its efficacy. I was touched by her story and was glad to hear her saying she would recommend me as a Fellow as we planned a sabbatical in New York. A letter confirming my acceptance arrived a little later and in September 1987 began my REBT voyage, which grows richer with time. My recollections from my year at the Institute are those of a tremendous experience from all the training staff and especially from Albert Ellis whose knowledge and experience were a continuous learning resource. It was clear that Ellis lived and believed in REBT, and his way of thinking, teaching and treating patients was unique. Clearly, he had his own agenda and it was a "take it or leave it" sort of deal.

It always amazed me to hear Ellis talk about other forms of CBT saying "that REBT always was cognitive, emotional, and behavioral, and that REBT always stressed the facts that humans construct their thinking, and they (the other forms of CT) thought they have invented it!" It wasn't until I wrote my book and re-read Ellis's early writings that I realized that this was actually the fact; he did write as early as 1960 about almost every aspect of human disturbance and in that respect had foreseen the development of many elements of CBT as practiced today. He certainly was ahead of his time.

So What Went Wrong?

How did it happen that models such as DBT (Linehan 1993), ACT (Hayes et al. 1999), and mindfulness (Carson and Langer 2006) incorporate elements so deeply embedded in REBT, hardly giving any credit to its originator, Albert Ellis? Those of us familiar with his writings and his ideas can easily identify his footprints in many of these models but alas

realize that Ellis's REBT model made a breakthrough when he published his seminal book *Reason and Emotion* in 1962, but it somehow remained marginalized within CBT. Ellis certainly revolutionized the way therapy was viewed by the public and clients in his "normalizing" the human tendency to disturb him/herself along with the human tendency to self-actualize. His concept and construct of discomfort anxiety is to my mind one of the most important contributions to our understanding of a growing source of human disturbance in post-modern society. More research studies will support the importance of this construct. Ellis's contribution to popularizing therapy and making it available to a much larger group of clients through offering reasonable fees for therapy sessions as well as publishing self-help reading materials, radio interviews and of course the famous Friday night workshops (which I always regarded as off–off-off Broadway!) is taken for granted today; and yet REBT is regarded in CBT as the "disturbed child of the family". Perhaps it was for too long a one man show and we failed to contribute more empirical support for REBT's efficacy. Constructivist theorists like Mahoney (2003) and Neimyer and Mahoney (1995) view CBT in general and REBT in particular, as mainly information processing distinct from constructivism which is meaning-making process. Their view of REBT as a rationalistic and dogmatic approach focusing on substituting irrational thinking with a rational one discounting the emotional component is an example of misinterpretation based on Ellis's early writings about Rational Therapy. Even in his early writings Ellis emphasized that cognition, emotion, *and* behavior are interactional. Though he wrote about how humans construct their beliefs, his conceptualization was a more categorical one based on demandingness directed towards self, others and the world.

Among my fellow professionals REBT is synonymous first and foremost with Ellis's personality (his language and use of the four-letter word in particular) and less with the ABCDE model itself. Ellis visited Israel twice giving lectures and primary practica. Participants enjoyed his performance, appreciated his knowledge and experience, but somehow failed to view this model as a "deep" therapeutic one leading to significant change. This is also reflected in training professionals to become REBT practitioners.

The Israeli Center for REBT run by myself and my colleague, Suzi Kigel now includes training programs for professionals specializing in CBT (primary and advanced levels) with supervision for those interested in completing the training, as well as workshops for professionals in work-places and physicians. Our training in Israel has increasingly attracted more professionals who take the Primary (the largest number of participants) and the Advanced (fewer numbers continue). The largest dropout is between the Advanced and the Associate. Those interested in completing the training go to New York. This coming year (by the end of 2008) we will have enough graduates to conduct Associate training in Israel.

What is Unique in REBT as a Therapy and as a Training Model?

Stressing One's Choice of Interpretation: Must or Preference?

When preparing to write my book *Cognitive grief therapy: Constructing a rational meaning to life following loss* (2007), I reread many of Ellis's papers and books and

was amazed once more by his thinking about human disturbance. It also helped me crystallize the ABC model of disturbance. Working with bereaved traumatized individuals and families clarified the element of choice one has following a choiceless adverse event. Thus, choice has become a central and essential component in cognitive grief therapy. The "Must" (and its derivatives, awfulizing, LFT and self-damnation) and its relationship to dysfunctional emotional and behavioral consequences and the choice one has to evaluate events in a less disturbing (preference) manner was adopted by me during therapy following the loss of a significant person. In REBGT (Rational Emotive Behavior Grief Therapy) following death the distinction between adaptive and maladaptive interpretation is the difference between sadness, which is a healthy response, and depression, which is an unhealthy response to a loss through death.

The Construct of Discomfort Anxiety (DA)

In many ways, progress and highly developed technologies have made our lives a lot easier and convenient but with no guarantee of free-from-adverse events in our lives. Paradoxically, the easier and faster it is to acquire things the less patient we are if things go wrong and involve discomfort. Furthermore, violent and traumatic disasters involving suffering and pain are on the increase. Experiencing pain involves high frustration tolerance. REBT's distinction between awfulizing and viewing events as difficult to deal with and disadvantageous is an effective and useful strategy. Obviously, more research is needed on DA.

Unconditional Self Acceptance (USA)

Comparing Carl Rogers' concept of self-worth and self- actualization (Meador & Rogers 1973) and Ellis's self-acceptance reveals an essential difference in how each approached human personality. Whereas Rogers assumes human growth depended on the existence of "conditions of worth" (empathy, positive regard and genuineness) provided in a relationship, including the therapist-client relationship, Ellis's focus is on the role of the therapist in helping clients not to judge their total self but rather their thinking, emoting and behaving and accept their weaknesses along with their strengths. Indirectly, this implies the therapist's acceptance of the client (UOA). What an elegant idea!

The B–C Connection

Whenever I start doing therapy or teaching REBT I recall Ellis's saying: "It is not the A–C connection that causes you to feel distressed but the B–C connection that causes it." No other CBT model stresses the B–C connection as strongly as does REBT: "What do you think when you feel this way and how do you feel when this is what you think?" enables the client to experience, with the therapist's guidance, how beliefs and emotions are interrelated and provides laboratory-like conditions to experiment with alternative beliefs and new emotional consequences. Teaching, experimenting, and practicing are key elements that are central in practicing REBT

in the process of cognitive-emotional change. The B–C connection is implemented in therapy and training alike.

Peer-Counseling in REBT Training

The REBT training model includes peer-counseling, one of the most efficient tools where participants can work on their own problems as interviewees. Ellis's idea that "no client's problems are to be brought when doing peer-counseling" (i.e., no role-playing fake or others' problems) usually raises much resistance at the beginning among participants in the primary practicum (at least in Israel), only to be appreciated at its end. Experiencing the B–C connection both as the interviewer and as an interviewee rather than the automatic A–C connection followed by disputation results in a cognitive insight about what the model is all about.

The Future of REBT

What will become of REBT as a model within CBT can only be hypothesized. The distinction between REBT-general and REBT-specific suggested by Dryden and Ellis indicates that with proper REBT specific training, conducting research studies, workshops and REBT-specific international meetings, particular elements of REBT can and probably should (not in its demanding form but its preferential one) continue to leave their impact on CBT.

What Is Needed?

It is essential to explore ways that will enable us on the one hand to keep Ellis's legacy, while on the other hand change REBT's reputation as a shallow, inefficient form of therapy. Research is probably the most crucial step that needs to be applied. Involving students at all levels to train in REBT and study a variety of REBT aspects (qualitative and quantitative studies alike) will increase its availability and reputation.

Public Relations and Marketing

Within CBT, REBT is rightly associated for better or for worse with Albert Ellis. The nice thing about concurrent models is that they have all evolved in one way or another from the original ones (Beck and Ellis). So perhaps it is feasible to think of similar ways of REBT evolution.

Recently I discussed REBT's future with Windy Dryden. Windy (who then had already submitted his paper on REBT to the present issue) talked about the importance of marketing an out of date good product. He mentioned that in the UK during the 1960s a drink called Lucozade was popular as a convalescence drink and

was later updated with success as a health and energy drink. Could this type of rebranding work for REBT? Perhaps we need to try.

Concluding Remarks

Whether REBT will thrive on its own theoretical ground or become incorporated into other CBT forms, Albert Ellis will definitely be remembered as the father of a unique model that is more than just "a therapy", but is also a philosophy and a way of life.

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