

ANSWERING A CRITIQUE OF RATIONAL-EMOTIVE THERAPY

ALBERT ELLIS

Institute for Advanced Study in Rational Psychotherapy, New York City

Abstract

Each of the major ideas presented by Morris in his article "The Rational-Emotive Approach: A Critique" are dealt with by Albert Ellis as he answers some thoughtful criticisms of R. E. T. Ellis counters Morris' major points and suggests in effect that experimental evidence is lacking in support of these various claims. Ellis further suggests that an "existential" bias pervades and that this is quite different from his own hard-headed brand of "existentialism".

Résumé

Chacune des idées principales énoncées par Morris dans son article "The Rational-Emotive Approach: A Critique" est discutée par Albert Ellis. Ellis refute les principaux arguments de Morris et souligne l'absence d'évidence expérimentale qui appuierait les idées soulevées par Morris. De plus, Ellis suggère qu'un biais "existentialiste" s'infiltré dans l'article de Morris et que ce biais diffère de sa conception de l'existentialisme.

G. Barry Morris (1976), in "The Rational-Emotive Approach: A Critique," has pithily presented some thoughtful criticisms of RET which merit some rather detailed, and preferably well-documented, answers. Since I have limited space in which to reply to them here, let me do so rather briefly.

Morris notes that "individuals who are intelligent, educated, insightful and willing to work at changing their thinking would no doubt be more likely to find this form of therapy (RET) beneficial." True—but equally or more true for most other forms of psychotherapy. Psychoanalysis, transactional analysis, and existential therapy, for example, hardly work with the uneducated masses! RET, as noted in my writings (Ellis, 1962, 1973, 1974) gets significantly better results with intelligent, educated, and hard-working individuals; but therapists can also tone down and adapt some of its main teachings—e.g., you don't *have to* succeed to accept yourself and you can see injustice as most unfortunate without having to view it as *awful* and *unbearable*—so that poorly educated individuals, as well as those afflicted with severe psychosis, can often benefit appreciably. Clinical evidence tends to indicate that RET proves useful with a wider range of intellectually and emotion-

ally handicapped clients than do most of the other major psychotherapies.

Morris states that RET, while efficiently identifying and removing irrational beliefs by logical analysis, "sees little value in peak-experience, satoris, revelations, and spiritual experiences." Not quite! RET includes cognitive, emotive, and behavioral methods—more comprehensively than almost any other therapy; and it does not hesitate to use sensory methods, such as peak-experiences and satoris, when these help to change self-defeating thinking and behaving—as sometimes they do. It discriminates these, however, from most "revelations" and "spiritual experiences", which have their value *as* experiences but which easily may include deluded and dogmatic thinking that foments a good deal of disturbance.

Morris assumes that RET therapists had better behave in an active, directive, perceptive, responsive, insightful, and analytic manner with their clients and that to expect them to do all this "may be too unrealistic for many individuals to adopt." He seems to forget studies have shown that virtually all good therapists have these traits; and that it does seem realistic for them to develop such characteristics if they do not naturally possess them. He also states that

as the "expert" the RET practitioner "would also need to feel at ease about placing his values upon this client to help him lead a more productive existence." He forgets, again, that many researches have shown that virtually all therapists, including Rogerians, place their values upon clients; and that RET, probably more honestly than most therapies, tries to get clients to see their *own* irrational and self-sabotaging values and to replace these values. It does not force the *therapist's* ideas on clients but, rather, scientifically demonstrates to them why their *own* conflicting ideas will not likely work.

Morris says that I never define the meaning of my assumption that humans uniquely possess both rational and irrational ideas. Although I may not have done so in the original work he quotes (Ellis, 1962), I did so fairly explicitly in subsequent writings (Ellis, 1974, 1975; Ellis and Harper, 1975a); and my associate, Dr. Maxie C. Maultsby, Jr. (1975) has quite explicitly done so, too. For me, almost all humans have the basic biosocial values of remaining alive and keeping themselves reasonably happy and free from needless pain. Assuming the validity of such values, rational simply means aiding and abetting them and irrational means blocking or sabotaging them. More specifically, I have shown in the above cited writings that dogmas, absolutes, *musts*, and magical notions usually (though not always) *do* interfere with human survival and happiness and *do* promote self-defeating emotional disturbances; and that *therefore* we can call them *irrational*.

Morris, citing Laing (1965) and Dabrowski (1964), points out that some pathological states or irrational ideas "are necessary conditions for positive development of the individual. Thus, psychological disturbances may be seen as having the potential to accelerate or deepen personality growth." Interesting hypotheses! But Laing's and Dabrowski's views in this respect remain, to say the least, controversial. I would partly agree with them that although *some* personality growth may *at times* stem from irrational thinking and psychological disturbances, it looks like that *in the vast majority of instances* such behavior leads to personality stultification and decay.

Morris states that while I posit "normal biological tendencies toward irrationality," humanistic psychology assumes similar biological tendencies toward self-actualization, psychoanalytic psychology toward instinctual gratification,

and behavioral psychology toward positive reinforcement. I quite agree with him—and do not see why all these views may not have truth. Morris notes that my assumption requires more scientific and empirical research to make it valid. It certainly does! And I hypothesize that when this research gets done it will tend to validate the biological assumptions of most leading psychotherapies, including RET.

Morris notes that rational-emotive therapy lacks a developmental or stage-theory in the acquiring of irrational beliefs, such as that propounded by Erikson, Freud, and Piaget. True. I personally think that the Erikson and Freudian theories mainly consist of fanciful fictions; while that of Piaget makes a good deal of sense. Perhaps Morris correctly opines that "a certain strength may be added to rational-emotive theory if such a model is incorporated within its theoretical framework." Perhaps; but personality developmental theories, I sometimes think, often do more to distract practicing therapists from their effective labors than to help them with such labors. My prejudices in this respect, however, may largely arise from the abysmal inefficiency of the therapy with the "strongest" developmental theory—the psychoanalytic model.

Morris claims that in RET "little attention is devoted to the processes of sensing and acting; much greater emphasis is placed on thinking and emoting." Although the latter part of this statement rings true—for RET tends to place *greater* emphasis on thinking and emoting, than on sensing and acting (as, also, the great majority of other major therapies do)—Morris' statement that RET gives *little* attention to action has virtually no validity. The therapy most noted for its emphasis on action or behavior consists of behavior modification. But, ironically enough, RET goes even beyond many of the most popular forms of behavior therapy—such as Wolpe's desensitization technique—in that it has stressed, right from its inception in 1955, activity homework assignments or *in vivo* desensitization. So it seems odd to have RET accused of neglecting action! Also, a number of years before Masters and Johnson developed their famous sensate focus methods for treating sex dysfunction, RET sex therapy strongly emphasized sensual exercises for couples who want to achieve better erotic functioning (Ellis, 1960, 1975b).

Morris declares that "if the human being is a complex and dynamic entity, and general agreement can be found to support this view, then examination of an individual's irrational beliefs may be too simplistic an approach to effectively understand behavioural dysfunction." I quite agree! For this very reason, therefore, I have designed RET as a comprehensive, rational-emotive-behavioral theory and practice of psychotherapy that uniquely *stresses* a logico-empirical analysis of irrational thinking but that *also includes* (and virtually never ignores even in a relatively brief span of sessions) emotive and behavioral aspects of the human personality and the interactions among these three elements. RET employs behavior modification, learning, operant conditioning, modeling, activity, habituation, assertion, and skill training. It emphasizes emotive exercises, rational encounter marathons, rational emotive imagery, the therapist's unconditional acceptance of the client, and other affective methods. And it uses, besides logical analysis, several other cognitive processes, including imaging, perception, awareness, and insight. If this combined cognitive-affective-action approach seems "too simplistic" to Morris, I wonder what kind of psychotherapy he would call complex!

Morris points out that while almost all psychotherapists accept the view that humans have a "being" or "essence," and that they can legitimately rate this "essence" of themselves, RET does not. Quite true; for this represents one of RET's uniquenesses as a therapy. But then he says that if, as I contend, such a ratable "essence" of humans seems unvalidatable on any logico-empirical basis if we have a finite reasoning capacity, this finiteness of our reasoning may prevent clients from accepting the unprovability of self-ratings. True, it may; and even though self-evaluation (especially, damning ourselves and deifying ourselves) may prove harmful (as RET contends), clients may remain *so* irrational that they never quite see this and never surrender self-defeating forms of ego. Although I agree with Morris that humans do have finite and restricted reasoning powers, I still hypothesize that they can—with efficient rational-emotive direction, of course!—increase their reasoning powers so that they can surrender harmful self-rating. If evidence proves me wrong, I shall accept it. But I think that Morris' pessimistic outlook bodes little good for *any* therapist who includes reasoning with clients among his or her techniques.

Morris shows that my concept of anxiety differs from the concepts of Rollo May (1953), Victor Frankl (1969), and Hobart Mowrer (1964); and that therefore "in contradiction to Ellis, anxiety may prove essential to the individual's pursuit of self-awareness." I think he has failed to see that the concepts of anxiety he refers to include what I call (1) concern and tension; and (2) overconcern or hypertension. When I use the term anxiety in my writings, I invariably mean the latter rather than the former — that the anxious individual *commands* that things turn out well and puts himself/herself or the world down when they do not go well. Whereas concern or tension, as Morris rightly points out, helps people's awareness, overconcern or hypertension rarely does. Overconcern may have *some* advantages; but as May, Frankl, and Mowrer admit (if you read them carefully) it almost always does much more harm than good.

Morris observes that "the Existential position sees pain and suffering as fundamental components of self-awareness. Ellis' form of irrational thinking which increases self-pain may produce existential crises, increasing self-transcendence." Again, he fails to distinguish, as I do in my writings, between (1) pain consisting of sorrow, regret, grief, annoyance, and irritation, which usually constitute appropriate reactions to life's crises and (2) pain consisting of severe anxiety, despair, depression, self-deprecation, and hostility, which almost always constitute inappropriate reaction to life's difficulties. Although the pain of despair may *occasionally* help humans to know themselves and finally accept themselves better, it *usually* "helps" them to constrict their lives, make themselves much less aware of themselves, and drives them to the brink of apathy and suicide.

Morris' final point: "The search for self-knowledge and grappling with existential predicaments appear to be beyond the scope of Ellis' theoretical formulations." Au contraire! RET, by trying to show people how they needlessly and foolishly deify and devil-ify themselves and others, and how they thereby frequently give up what *they* really want to do with themselves and their lives (and take on, instead, what they think they *should* or *must* do), frees them to acquire much greater self-knowledge and self-actualization. It helps them, furthermore, not only accept existential predicaments (instead of futilely whining about their occurrence) but also

grapple with them more elegantly and effectively than do other less efficacious forms of therapy. So we, who use RET, hypothesize; and we have considerable clinical and experimental evidence to back up our claims. Morris, largely from what I would call a special kind of "existentialist" bias (quite different from my own hard-headed type of "existentialism"), thinks that RET ignores an important part of human functioning and thereby, compared to certain other therapies, limits itself. An interesting—and well-reasoned!—view. How about some supporting evidence?

References

- Dabrowski, K. *Positive disintegration*. Boston: Little, Brown, 1964.
- Ellis, A. *The art and science of love*. New York: Lyle Stuart, 1960.
- Ellis, A. *Reason and emotion in psychotherapy*. New York: Lyle Stuart, 1962.
- Ellis, A. *Growth through reason*. Hollywood: Wilshire Books, 1973.
- Ellis, A. *Humanistic psychotherapy: The rational-emotive approach*. New York: Julian Press and McGraw-Hill Paperbacks, 1974.
- Ellis, A. *How to live with a "neurotic."* Rev. ed. New York: Crown, 1975 (a).
- Ellis, A. The rational-emotive approach to sex therapy. *Counselling Psychologist*, 1975, 5 (1), 14-19. (b)
- Ellis, A., and Harper, R. A. *A new guide to rational living*. Englewood Cliffs, N.J.: Prentice-Hall and Hollywood: Wilshire Books, 1975.
- Laing, R. *The divided self*. Baltimore: Penguin Books, 1965.
- Maultsby, Jr., M. C. *Help yourself to happiness*. Boston: Esplanade and New York: Institute for Rational Living, 1975.
- May, R. *Man's search for himself*. New York: Norton, 1953.
- Morris, G. B. The rational-emotive approach: A critique. *Canadian Counsellor*, 1976, 10, 52-55.
- Mowrer, O. H. *The new group therapy*. Princeton, N.J.: Van Nostrand, 1964.

diagnosis of test anxiety is inaccurate in most cases.

Depth diagnosis would reveal that there is irritation, annoyance and rage heavily veiled.

and that the symptoms anxiety is easily treated. If student get higher marks - they have ~~been~~ ^{been} conforming to the operation of the system.