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THE EMERGING COUNSELOR

In the past, the counselor or the psychotherapist has played a variety of roles, most of which have been highly restricted. Especially when he has called himself a counselor—rather than, say, a psychologist, psychiatrist, a therapist, or a group leader—he has tended to restrict his own functioning and to try to do a specific job. This is probably in accordance with our general use of *counselor*, since we have, in non-psychological fields, the professions of legal counselor, insurance counselor, and employment counselor, all of which designate individuals with fairly specific functions. We have, in more psychological areas, the professions of vocational counselor and marriage counselor, which include individuals who usually choose to give a limited and specialized service, while those who call themselves psychotherapists normally give much wider services.

This distinction, however, seems to be rapidly breaking down. Whereas old-time psychological counselors frequently restricted themselves to testing, information-giving, and advice-giving (as most non-psychological counselors still seem to do), today's counselors frequently offer a much wider service. This trend was largely sparked by the work of Rogers (1942), who some twenty-eight years ago published a book entitled *Counseling and Psychotherapy* which strongly stated and implied that the two functions were practically synonymous. During the last two decades, moreover, counselors have been doing a considerable amount of group therapy and have greatly widened their scope as psychological helpers.

It should be recalled, in this respect, that even so-called psychotherapist have broadened their functions in recent years. Only a decade or so ago most of them were passive listeners, cautious interpreters, insight givers, and ego bolsters. Then, partly sparked by Ellis and his associates (Ellis, 1962, 1969; Ellis & Harper, 1967, 1968) as well as the advocacies of many other therapists (Herzberg, 1945; Berne, 1964; Perls, Hefferline, & Goodman, 1968; Bach, 1954; Reich, 1949; Schutz, 1967; Wolpe, 1958; Ferenczi, 1952; Rosen, 1953), active-directive psychotherapy began to come into its own; and at the present time, it has easily become one of the most popular methods in the field.

Counseling, therefore, is no longer a passive, cautious, namby-pamby function; and Rogerian-type and Freudian-type non-directiveness seems to be largely dying out.

Are there any even newer trends in counseling and psychotherapy? Yes, I think there are; and I am now going to present a picture of the emerging counselor in the light of these newest trends. I believe that the field of counseling is reaching the point where a degree of maturity is beginning

to set in, where one-sided and splintered methods are falling into disuse, and where a more comprehensive approach to personality theory and change is beginning to emerge. I published a paper on this emergence a while ago in *The Art and Science of Love* (Ellis, 1965), in which I pointed out that man is not a monistically but a pluralistically motivated individual, and that he has at least three major modes of functioning: the perceptual-cognitive, the emotive, and the behavioristic modes, all of which are importantly interrelated. Consequently, I held, a comprehensive and elegant form of counseling would better quite consciously and forthrightly include all three of these modalities.

This is what I think is gradually happening. Psychotherapists and counselors who previously emphasized one main method of personality change are now widening their scope and the espousing one or more other methods as well. Thus, relationship or emotive therapists are also favoring active-directive cognitive and behavioristic techniques, behavior therapists are including cognitive and relationship methods in their therapy, and cognitive therapists are consciously employing emotive-evocative and behavioristic procedures. In my own case, whereas I originally called my method rational psychotherapy, and followed it largely in a cognitive and behavioristic way, I some years ago changed its designation to rational-emotive psychotherapy (Ellis, 1962) and increasingly emphasized experiential modes as well.

If, as I think is true, the emerging counselor is increasingly becoming at least tripartite in his functioning, and is now openly employing cognitive, emotive, and behavioristic approaches, what are some of the specific things he is increasingly doing and what is his rationale for doing them? I shall now try to answer these questions and shall naturally do so in the light of my own therapeutic leanings. Now that my personal biases are plainly showing, let me give my impressions of what the main functions of the emerging counselor are and would better be.

EXPERIENTIAL-EMOTIVE APPROACHES TO COUNSELING

Today's counselor tends to be highly experiential-emotive. He believes that it is therapeutic for his client to encounter or relate to himself and members of a therapy group in an honest, risk-taking, involved way. Consequently, he tends to keep the therapy experience in the here and now, to let himself display authentic feelings for the client, and to encourage the client to be actively self-disclosing (Bach & Wyden, 1969; Ellis, 1969; May, 1967; Rogers, 1961).

More specifically the rational-emotive counselor, whose procedures I shall largely use to illustrate this paper, frequently does the following things:

1. He begins with the client's feeling and tries to help him see and express his negative emotions of anxiety, depression, shame, guilt, and hostility, as well as his positive emotions of love, desire, lust and self-interest.

2. He mainly keeps the client in the here and now, by encouraging him to disclose his feelings about the therapist and other members of his therapeutic group and about the people to whom he is relating (or failing to relate) in his everyday life.

3. He directly and forthrightly directs the client to encounter others, to take emotional risks, or to do verbal or nonverbal exercises — particularly in the course of group and marathon encounter therapy — which help

him break through emotional barriers and finally do his own thing and be himself.

4. He sometimes uses dramatic techniques, such as role-playing, story telling, humor and strong language, to make therapeutic points in an intense, forceful, emotive manner.

5. He sometimes employs pleasure-giving methods, such as sensory awareness and love-enhancing procedures, to help the client feel better, to give him learning experiences, and to make him more receptive to the harder-hitting, work-oriented aspects of therapy.

6. He may emotively attack, at times, the client's defense system, to shake him up, give him a radically new experience, and open him up to breakthrough kinds of encounters with the counselor or group members.

7. He reveals many of his own authentic and personal feelings, desires, and responses, shows that he is not afraid to be himself, and takes risks in his own right so that he may actively participate in the therapy and serve as a model to the client.

8. He tries to give the client unconditional positive regard — that is, to fully accept him with his failings and his poor behavior and to refrain from denigrating him as a human being, no matter how poor his performances may be. He is accepting and non-judgmental about the client himself, though he may deplore many of the client's actions.

9. He is not neutral or superdemocratic but is vigorous, and he intensively and emotively fights against the client's self-defeating withdrawing, and giving-up tendencies. He is probing and confronting rather than passively nondirective.

BEHAVIORISTIC APPROACHES TO COUNSELING

The emerging counselor often does not hesitate to use various kinds of behavior therapy, such as those which have been espoused by Skinner (1953) and by Wolpe (1958). Thus, the rational-emotive counselor frequently employs the following behavior therapy methods:

1. He frankly reinforces the client's good or efficient changes during therapy, by verbally approving of them, while he helps to extinguish his poor or inefficient reactions, by showing why they are unfortunate.

2. He may employ specific operant training or desensitizing techniques and apparatus in the course of the therapy sessions.

3. He constantly gives activity homework assignments for the client to try to carry out in the course of his real-life situations. Thus, he may insist that a phobic individual gradually ascent heights or eat certain self-tabooed foods.

4. He teaches his client Premack's (1965; Homme, de Baca, Deving, Steinhorst, & Rickert, 1963) principle of reinforcement and shows him how to permit himself easy and immediately rewarding behaviors only after he has forced himself to perform more difficult and subsequently rewarding acts.

5. He forces his client at times to keep practicing new behaviors (such as speaking out in public) particularly in the course of group therapy, until the client can automatically and enjoyably experience these actions.

COGNITIVE APPROACHES TO COUNSELING

The emerging counselor unabashedly uses more cognitive methods of therapy than he ever dared use in the past. Encouraged by the pioneering work of Adler (1927, 1931), Berne (1964), Ellis (1957a, 1957b, 1962, 1963a, 1963b, 1965a, 1965b, 1965c), Ellis and Harper (1967, 1968), Kelly (1955), and Phillips and Wiener (1966), he adds cognitive methods to his therapeutic armamentarium and in many ways uses a highly didactic approach. The rational-emotive counselor particularly emphasizes cognitive therapy in the following ways:

1. He actively shows the client that behind his emotional reactions and his ineffective overt behavior lies a strong self-perpetuating value system or set of irrational philosophic assumptions and that he largely creates his own disordered emotions and action by his vigorous, rigid beliefs in these assumptions.

2. He shows the client how and why his present philosophic premises are (a) illogical, inconsistent, and contradictory and (b) have no empirical referents, and are invalid and frequently non-validateable.

3. He teaches the client how to logico-empirically question and challenge his self-defeating hypotheses about himself, about others, and about the world and how to employ the scientific method in regard to himself and the solving of his own problems just as a physical or social scientist would employ it in the solving of external problems.

4. He demonstrates why and how it is possible for the client to significantly change his thoughts, feelings, and performances and thereby create in himself basic personality change.

5. He discusses important questions of philosophy, morals and politics with the client and helps him clarify to himself (a) what ethical views and acts are, (b) what are the purposes of living, (c) what kinds of goals and vital absorbing interests he would like to set for himself, and (d) what kind of a world he would prefer to live in (London, 1964).

6. He gives the client relevant information, not only about psychology but often about sociology, anthropology, law, vocational opportunities, and other relevant fields.

7. He may use supplementary methods of teaching the client some principles of human behavior, such as audio-visual aids, lectures and seminars, programmed material, and non-verbal exercises.

Let me give a concrete example of the cognitively-oriented aspect of rational-emotive therapy, so that counselor who are not yet aware of this method can see how it works and can even experiment with it on some of their own clients particularly if they read *Reason and Emotion in Psychotherapy* (Ellis, 1962) and if they have their client read *A Guide to Rational Living* (Ellis & Harper, 1967).

In the course of practicing rational-emotive counseling, the counselor trains the client to understand and use the A-B-C theory of personality functioning and of symptom-creation and removal. Thus, he teaches the client that whenever an unfortunate event occurs at point A (such as his being rejected by a significant person in his life) and whenever this event is followed by an intense emotional reaction or effect at point C (such as feelings of depression or heart palpitations), it is not A which causes C. Rather, it is

the client's cognitive evaluations, at point B, of what is happening to him at point A.

The counselor shows the client, in other words, that if he is depressed about being rejected, he is almost invariably telling himself and vigorously convincing himself of a sane and an insane proposition at point B. His sane proposition, at B-1, is along these lines: "I don't like being rejected; it is highly inconvenient or frustrating for me to be rejected, and I wish I had not been."

This B-1 statement or hypothesis is sane because it sticks to observable facts and is quite validateable. For it is factually ascertainable that (1) the client was actually rejected; that (2) he has been frustrated from achieving his desire (that is, to be accepted); that (3) several unfortunate consequences of his being frustrated will in all probability occur (for example, he will not have the companionship of the person who rejected him); and that (4) he will not want to be frustrated in this manner and will be distinctly displeased by being so.

If this client rigorously sticks to the B-1 proposition he is saying to himself, he will quite *appropriately* feel the emotions of sorrow, regret, disappointment, or dissatisfaction; and because he emotes in these ways, he will probably be motivated to change the poor situation he is in (e.g., to stay away from the person who rejects him or to try to find another suitable person who accepts him). He therefore will not have a serious emotional problem, even though he is relatively (at least for awhile) unhappy.

The client, however, will usually go on to tell himself a highly irrational or insane statement at B-2, along these lines: "I can't stand being rejected; it is awful and catastrophic to be disapproved by someone whose approval I want; I *should* be able to win this person's approval; and because I am not able to do so, I am a pretty worthless individual who probably will never truly be accepted and who even deserves to be constantly rejected."

This B-2 statement or hypothesis is insane because it shies away from observable facts and is quite unvalidateable; and because it almost always leads to gratuitously unfortunate results. For this B-2 statement really means that (1) If I were really a good person, I would *always* be accepted by others; that (2) whenever I am rejected, that proves that I am rotten to the core; (3) if one person rejects me, every significant other person will also do so; that (4) it has to be utterly catastrophic if I am rejected even a single time; and that (5) because I have been rejected and consequently proven to be totally worthless, I do not deserve any good things in life, only merit constant rejection, and probably deserve eventually to roast eternally in hell.

If the client stoutly believes in this complicated hypothesis, even though it is magical and unvalidateable, he will most probably act *as if* it were true, will get himself rejected again and again, or will hopelessly give up the attempt to win acceptance, and will thereby spuriously "prove" to himself that what believes is true.

The job of the rational-emotive counselor, consequently, is to show the client how to retain his empirically-rooted, practical B-1 beliefs and how to minimize and uproot his magical self-defeating B-2 hypotheses. He largely does this by challenging the client: (1) "Why can't you stand being rejected? I can see why you don't *like* it, but why can't you *stand* what you don't like? Why do you *need*, why *must* you have, the acceptance you want?" (2)

"Why is it awful and catastrophic for you to be disapproved? Naturally, it is frustrating and inconvenient. But why is frustration horrible?" (3) "Why should you be able to win the approval of the person whose favor you want? Are you so infallible that you can win anyone's approval? Of course, it would be lovely if you won this approval, but does that mean that you ought to be able to win it?" (4) "How does it make you a pretty worthless individual if you do not win this specific person's approval? It may prove that you are worthless to him but how does it show that you are equally worthless to every other person whose approval you might seek? And how, if this person does not approve of you, could it possibly prove that you are worthless to yourself and that you could not have many other enjoyments in life?" (5) "If you have now been rejected, and even if you have been rejected many times before, how does that show that you never deserve to be accepted? Where is the evidence? Prove your hypothesis!"

By vigorously and persistently challenging the client's illogical and unsupportable B-2 statements in these ways, and by teaching him who to do so himself, the rational-emotive counselor tries to persuade him to surrender and change some of his basic self-defeating assumptions and to retain his more sensible B-1 observations and conclusions. At the same time, as indicated earlier in this paper, he uses several emotive and behavioristic methods of psychotherapy to help the client effect basic personality changes. In this manner he consciously and overtly uses a comprehensive theory and practice of therapeutic counseling and places himself in the vanguard of those who are emerging counselors.

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LE CONSEILLER DE L'AVENIR

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Le counseling à la fois rationnel et émotif est présenté comme une approche valable au véritable counseling. Les différentes méthodes alors employées sont les suivantes:

1—Le conseiller démontre au sujet que ses réactions émotives et son comportement peu valorisant s'appuient sur un système de valeurs fortement intégré ou sur des données philosophiques irrationnelles et qu'il crée lui-même ses problèmes tant émotifs que pratiques par ses croyances rigides dans ce système ou dans ces données subjectives.

2—Il montre au sujet comment et pourquoi ses croyances philosophiques sont illogiques, inconsistantes, contradictoires et n'ont vraiment aucun appui solide.

3—Il enseigne au client comment envisager d'une façon logique et empirique l'idée qu'il se fait de lui-même des autres, du monde où il évolue et comment il doit recourir à des méthodes scientifiques pour solutionner ses problèmes.

4—Il démontre au client qu'il est possible de transformer sa façon de penser, la manière de se comporter, pour en arriver en quelque sorte à créer des changements sérieux adns sa personnalité.

5—Il discute de questions morales et philosophiques et aide le client à clarifier ses concepts d'éthique et de comportement, les objectifs à atteindre et les intérêts à envisager tant pour lui-même que pour le monde où il aimerait vivre.

6—Il donne au client l'information nécessaire (psychologie, sociologie, orientation) et se sert de méthodes telles que l'audio-visuel, les conférences, les discussions, les exercices pratiques pour lui montrer comment se comporter dans la vie.