
Affect, Albert Ellis, and Rational-Emotive Therapy

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Abstract

The theme is advanced that affect is an integral component of the Rational-Emotive Therapy model. The affective aspect of the model is reviewed in terms of theoretical constructs and therapeutic techniques. Several references to author-observed interactions of Albert Ellis are made and the life-style of Albert Ellis is described to permit inferences regarding the role of affect.

Résumé

Le thème mis en avant dans cette étude est que le domaine affectif est une partie composante du modèle de la Thérapie Rationnelle-Emotive. L'auteur examine l'aspect affectif du modèle en ce qui concerne les concepts théoriques et les techniques thérapeutiques. Plusieurs références aux interactions d'Albert Ellis observées par l'auteur sont faites et la manière de vivre d'Albert Ellis est décrite afin de permettre des inférences concernant le rôle de l'affection.

INTRODUCTION

The purpose of this paper is to further advance the theme that affect is vitally important in the practice of Rational-Emotive Therapy (R.E.T.). Perspectives on the affective component are presented in terms of theoretical constructs and therapeutic techniques. Personal anecdotes about Albert Ellis are used to support the argument of consonance between the model and its creator.

A year as a Post-Doctoral Fellow at the Institute for Rational Emotive Therapy in New York City increased my appreciation of the affective domain in R.E.T., and convinced me that Albert Ellis, in both his personal and professional life, epitomizes this major component of the theory. A study of other psychotherapeutic approaches reveals that the fundamental natures of theorists are reflected in the core constructs of their theories. Albert Ellis and Rational-Emotive Theory are no exception.

AFFECT AND RATIONAL-EMOTIVE THERAPY

Theoretical Constructs

In his earlier writings, Ellis (1960, 1962) distinguished between *feelings* and *emotions*. The differences are still relevant today and are fundamental to R.E.T. (Feelings are physical sensations which are usually unsustained, whereas emotions are essentially thoughts which, if irrational, lead to sustained negative outcomes.) Theoretically, the semantic difference is significant, but in actual practice, feelings and emotions are

generally not distinguished within the therapeutic context. In this paper “feelings” and “emotions” are differentiated when the theoretical distinction is of consequence to the argument.

Indications of the centrality of the affective domain, and the significance that Ellis would later ascribe to it, can be found in his early research. For instance, in his dissertation on love (Ellis, 1949a), Ellis focused upon the causes and treatment of unhealthy love (Ellis, 1949b), love and family behaviour (Ellis, 1949c), and love and family relationships (Ellis, 1950). Eventually, he expanded this initial focus and generated a psychotherapeutic model which helped explain pathological or dysfunctional behaviour.

Early in his career Ellis developed the now famous ABC theory of emotional disturbance. “A” represents the activating event, stimulus, object, situation or person. “B” stands for the thoughts that the individual has about the activating event. The consequences, “C,” are the individual’s feelings (emotions), which result from the event.

In the therapeutic process the R.E.T. therapist starts with identifying the individual’s *feelings* (C) about the activating event (A). This is accomplished by asking the client, “How do you feel about...?” or “How does that (event) make you feel?” Once the feeling has been identified, the therapist proceeds to uncover the thoughts (B) precipitating the negative feeling (C). (Theoretically, the negative feeling is an emotion, as it is related to a thought and sustained.)

Ellis (1985) has categorized the original 11 irrational beliefs into three major illogical ideas:

Irrational Idea Number One: “I MUST do well (or perfectly well) in important tasks I choose to perform and MUST win the love or approval of the people who I choose to make important to me.”

Irrational Idea Number Two: “You MUST treat me considerately and kindly, and if you don’t, you should be blamed, damned, and punished for your inconsiderateness or injustice to me.”

Irrational Idea Number Three: “The conditions under which I live MUST be arranged so that I get practically everything I want comfortably, quickly, and easily.”

In the modified model inappropriate feelings tend to correspond with specific irrational beliefs. The categories of feelings, although not mutually exclusive, do provide guidelines for identifying the irrational idea leading to the emotional disturbance. The three categories of feelings are the following:

Inappropriate Feelings of Irrational Belief Number One: anxiety, hypertension, obsessive-compulsive thoughts and actions, depression, despair, shame, guilt, self-hatred.

Inappropriate Feelings of Irrational Belief Number Two: anger, resentment, fury, rage, overrebellion, fights, feuds, hostility.

Inappropriate Feelings of Irrational Belief Number Three: self-pity, depression, apathy, alienation, low frustration tolerance, procrastination, laziness, avoidance of responsibility, withdrawal.

Once the therapist has identified the inappropriate feeling and corresponding irrational belief, frequently other kinds of self-defeating statements which reinforce the negative feeling emerge. These include 1) Shoulds and musts, 2) Awfulizing, 3) Ratings of human worth, 4) Statements of low frustration tolerance, and 5) Always-always and never-never.

Should statements contain such expressions as “should, must, ought to, got to, have to, need to” and lead to a demandingness of self, others, and the world. *Awfulizing* statements suggest that events are not only bad, but worse than bad. Events are perceived as horrible and terrible. *Human worth* statements usually involve a rating of one’s self and include such expressions as “bad, wrong, or no good.” *Low frustration tolerance (LFT)* is the belief that “it’s *too* hard, it’s *too* tough, it’s *too* uncomfortable, I can’t stand it, and it’s unfair.” *Always-always and never-never* statements are usually over-generalizations such as “I’ll never be happy, and I’ll always be this way.” These self-defeating statements further exacerbate the individual’s inappropriate affective reaction. The therapist helps the client dispute these beliefs and in the process appropriate emotions (feelings) materialize.

Ellis, like other theorists, is continually reconstructing and building new concepts into his model. Many of his recent conceptualizations pertain to the affective domain. For instance, the concepts of discomfort and ego anxiety, appropriate and inappropriate emotions, self-acceptance and self-esteem, secondary and tertiary feelings, and the intensity and quality of emotions underscore the importance of affect in R.E.T.

New theoretical perspectives focusing on the affective domain have been advanced by other Rational-Emotive therapists. Wessler & Wessler (1980), for example, have stressed the *process* leading to emotional disturbance. DiGiuseppe (1986a) claims that one’s personal paradigm (attitude about self) is fundamental to one’s arousal reaction (emotional upsetness).

Therapeutic Techniques

According to Ellis and Bernard (1985) “the best techniques for helping people change their feelings and behavior . . . are frequently emotive . . . in character” (p. 15). At the core of all R.E.T. interventions is unconditional acceptance. The therapist never evaluates the client *per se*, but instead appraises only the person’s behaviour. This precondition sets the stage for the successful use of affective strategies.

A basic affective technique is Rational-Emotive Imagery (R.E.I.). Clients imagine themselves as vividly as possible in the problematic

situation, and identify their accompanying feelings. They are instructed to make themselves feel better while in the situation. Feeling better results from verbal self-statements that are appropriate and rational. Many forms of this technique have evolved, including "time tripping" and "fire drills" (Lazarus, 1984).

Shame attacking exercises, popularized by Ellis, are generally employed with people who are emotionally upset because of the perceived shameful consequences of their behaviour. In these exercises the client is instructed to do "ridiculous" things, "without feeling ashamed" and to "regard them as adventures" (Ellis, 1979, p. 89).

Shame attacking exercises include calling out bus stops, telling strangers the time, walking on a banana, singing on the street corner, and shouting out the time in department stores. Such exercises desensitize anxieties and provide people with evidence for disputing irrational beliefs. In short, the therapist and client together attack the feeling of shame that often accompanies such experiences.

Dryden (1986) uses "vividness" to stimulate a state of physiological arousal in the individual. The technique consists of using evocative therapeutic language, photographs, mementoes, nightmare techniques, and dreams to help "clients identify their emotional reactions" (p. 230). Similarly, Freeman (1981) has emphasized the use of vividness with dreams and has outlined a number of guidelines for analyzing dreams within the Rational-Emotive context.

Hypnosis and relaxation methods also evoke the clients' affective domain. Rational-Emotive Hypnotherapy (R.E.H.) is based on a non-trance model of hypnosis and utilizes a number of techniques including mood induction, imagery, flooding and desensitization (Tosi & Baisden, 1984). According to Golden (1986), "REH procedures can be categorized... as uncovering techniques that are used for increasing a client's awareness of the self-defeating thoughts and their emotional... consequences" (p. 283).

Psychodrama is another technique that focuses on affect. As noted by Harper (1959), "Psychodramatists contend that irrational and compulsive patterns are more readily seen and treated in the situation which involves action rather than just conversation" (p. 273). Rational Future Projection (Starr, 1977) is a psychodrama technique which is considered a "rehearsal for living" and consists of acting out an upcoming event in order to be better prepared for it. Moreover, Nardi (1986) uses Gestalt techniques such as alter-ego, empty chair, role reversal, and paradoxical intention in conjunction with R.E.T.

Harrell, Beiman and Lapointe (1986) describe the effectiveness of using negative analogies with clients. Analogies are developed to reflect the individual's feelings about a situation and "are designed to elicit negative feelings with respect to the cognition." (p. 217). Another closely related technique is the use of Alternative Feelings (DiGiuseppe,

1986b). When employing this technique the client chooses to experience the alternative feelings accompanying the problem situation, and then determines ways of permanently experiencing them.

Other emotive techniques include emotive confrontations (Casriel, 1974), pleasurable pursuits (Ellis & Becker, 1982), anecdotes and stories (Ellis, 1972), forceful self-dialogue (Walen, DiGiuseppe & Wessler, 1980), therapist self-disclosure (Dies, 1973), role playing (Ellis & Abrahms, 1978), vivid language (Wexler & Butler, 1976), passionate self-statements (Bernard & Joyce, 1984), self-dialogues (Ellis, 1985), and evocative dramatic techniques (Dryden & Golden, 1986).

The foregoing affective strategies are used in individual sessions, group therapy, family therapy, and therapy that calls for emotive intervention. Ellis encourages clients, as well as therapists, to use such strategies in everyday situations. In so doing, Ellis reveals an integral dimension of his personality, a dimension that marks him as a “feeling” person.

Affect and Albert Ellis

Another way to examine the affective component of R.E. T. is to observe the feelings manifested by the founder. For the purpose of this paper only two extreme feeling states are considered: warmth and anger.

The feelings of warmth exhibited by Albert Ellis are perhaps most visible within the therapeutic context. During the initial moments he quickly “reads” the client and determines the therapeutic style that best “fits” the individual. If the individual shows resistance, and is capable of handling a forceful and evocative style, Ellis is active and directive. On the other hand, with clients who are passive and submissive Ellis is quiet, gentle, compassionate, and non-directive. His flexibility in this respect suggests that the style of interaction chosen is the one that enhances the affective aspect of the therapeutic relationship.

This differentiation of style is most noticeable with clients exhibiting different degrees of disturbance. For instance, the neurotic is most often dealt with in a forceful, evocative and energetic style. In striking contrast, with borderline and psychotic clients Ellis portrays a different role — one of understanding, acceptance, and respect. For example, one evening in group therapy a psychotic struggled with a feeling of hostility toward her boss and Ellis displayed a touching humanness that eludes most practicing therapists.

It is perhaps during the supervision of trainees that Ellis most noticeably displays his sincerity and warmth. Ellis shows a great deal of patience as he explains the “be’s and be not’s” and “do’s and don’t’s” of the Rational-Emotive approach. Other supervisors may exhibit varying degrees of low frustration tolerance, but Ellis dons his “mile-wide smile”

and continues to provide support. His style precludes criticism of a trainee; he may suggest, however, that more practice is necessary.

A common belief among both trainees and members of the helping professions is that in order to be effective one must model the founder of R.E.T. Ellis is very adamant about this issue and contends, "that therapists had better be themselves and not a carbon copy of me." There are over 30 therapists at the Institute, and not one is a clone of Albert Ellis. He strongly encourages each therapist to use Rational-Emotive principles in a manner "that suits your own personality since there is no one style of R.E.T. therapist."

The generally positive emotional tone and approach to people described above are occasionally punctuated by episodes of what might be called anger. More accurately, as will be shown, Ellis experiences "frustration" and "annoyance" which are appropriate feelings, whereas anger is not. His anger (annoyance) is most evident with individuals who "whine and cry." For instance, when a client complained about the price of group therapy at the Institute, Ellis yelled, "If you don't like the price, get out." His shouting startled everyone. It proved later, however, that Ellis had "read" the situation and individual accurately. At subsequent group sessions, the client spoke of the positive affect of that evening. "Ellis straightened me up, as it was the first time I realized just how much complaining I do—about everything."

Ellis is unafraid to show his feelings of frustration even at his famous (or as he would say "infamous") Friday Night Public Workshops. On one occasion, Ellis became impatient with a male member of the audience who was talking aloud and interfering with the therapy session. Ellis stopped the demonstration and forcefully told the individual to stop talking. Everyone expected the man to stop, but he did not. Ellis, visibly upset, told the individual to leave the demonstration and move to the foyer.

Ellis was upset, and justifiably so, but his anger dissipated immediately (hence it was more likely annoyance or strong irritation) and he continued the demonstration. Following the session, Ellis talked to the man and quietly said, "You are welcome to return but the talking is not." In other words, Ellis accepted the individual unconditionally but, consistent with his theory, rejected the disturbing behaviour.

A stance that consistently irritates Ellis is any position that even remotely signifies "absolutism" or "dogma." This view, of course, is applied even to R.E.T. One evening a young man walked into the Institute's public workshop in a sweater that read "According to the Word of Ellis." Ellis became irritated and asked that the sweater be removed (even though the individual was wearing it out of deference to Ellis). Later, Ellis explained his outrage to the audience and stated that "R.E.T. is not a cult or religion and does not preach the word of anyone; it is not absolutistic nor dogmatic in its orientation."

The Life Style of Albert Ellis

The personal life style of Albert Ellis provides another arena for examining the underpinnings of Rational-Emotive Therapy. Since 1955, the Rational-Emotive approach to understanding dysfunctional human behaviour has undergone a remarkable process of elaboration, and has come to be recognized as a leading school of psychotherapy. In 1986, The American Psychological Association honoured Ellis with the Professional Contributions to Knowledge Award on the grounds that, "His theories on the primacy of cognition in psychopathology are at the forefront of practice and research in Clinical Psychology" (p. 380). The recognition and acceptance of the Rational Emotive approach by his contemporaries is, however, a relatively recent phenomenon. Such was not always the case.

In the mid 1950s Ellis stood alone when he proposed a new view of psychopathology and therapy. The Psychoanalytic school dominated the field, and in those days, as Ellis himself contends, "I was somewhat of a maverick." His approach deviated from the prevailing model, as "it gave back to the individual control over emotions." Control, in the psychoanalytic view, was attributed to the "unconscious"; in the behaviouristic school, it was determined by the "environment"; for Ellis, it was rooted in "conscious thoughts."

The style of therapy promoted by Ellis also deviated from the prescribed norms and standards of the era. His evocative and directive style is often observed on video, film, audio tapes, and other psycho-educational materials. An example can be found in the much-travelled training film "Three Approaches to Psychotherapy" with Carl Rogers, Fritz Perls, and Albert Ellis. Commenting on his performance with Gloria, Ellis (1986) contends, "that on the whole, although my cognitive content was fairly good, I feel that my R.E.T. emotive-evocative methods left much to be desired" (p. 647).

His determination and productivity, according to Ellis, is due to his "gene for efficiency." Since 1945, he has published 50 books, and over 500 professional articles while treating over 10,000 clients (Ellis, 1983) and more recently, the numbers have extended to 60 books, over 600 articles, and over 12,000 clients (personal communication, 1989). Happiness for Ellis is equated with promulgating Rational-Emotive Therapy, and to this end he "has not taken a vacation in over 40 years."

A diabetic for over 35 years, at the age of 76 Ellis maintains a punishing schedule. One day he presented a morning and afternoon workshops in Chicago, and offered his Friday Night workshop in New York that evening. Following the workshop he saw two clients. When asked about his hectic routine he responds, "One just does it — you don't stew about it, you just do it — the schedule is tough but not *too* tough." This orientation helps explain his seeing clients every day from 9:30 a.m. to 11:00 p.m., even working with them by telephone from a hospital bed.

Ellis would agree that his commitment to R.E.T. and his hard work have all contributed to his success. In addition, however, he has identified an underlying source of motivation — “the many times I failed.” In his early years he wanted to be a novelist and, like a lot of young American writers, wanted to write the “Great American novel.” He wrote seven novels, none of which were accepted for publication. Ellis considered the rejections as “disappointing and irritating,” not “awful and horrible,” because “although I failed, I never believed I was a failure.” When, as a fallible human being, Ellis does experience failure he feels “sad” (appropriate feeling), not “depressed” (inappropriate feeling), reflecting a central element of Rational-Emotive Therapy.

CONCLUSION

Ellis developed the theory and practice of Rational-Emotive Therapy from his personal experiences. In his youth, he was “shy and lacked confidence when meeting and dating girls.” His approach to dealing with this unwanted anxiety became the core of Rational-Emotive Theory. In sum, the theoretical constructs of the model focus on emotional states; the therapeutic techniques deal with affect; and, Ellis himself is a sensitive feeling person. The Rational-Emotive approach is consonant with its creator, Albert Ellis.

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