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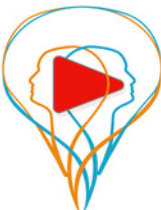
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Instructor's Manual

for

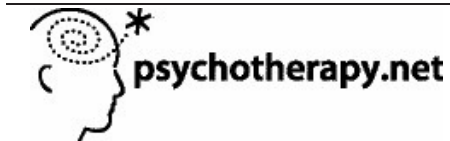
ALBERT ELLIS ON REBT

with

ALBERT ELLIS, PHD

Manual by

Ali Miller, MFT



The *Instructor's Manual* accompanies the DVD *Albert Ellis on REBT with Albert Ellis, PhD* (Institutional/Instructor's Version).

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Miller, Ali, MFT

Instructor's Manual for Albert Ellis on REBT with Albert Ellis, PhD

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Instructor's Manual for

ALBERT ELLIS ON REBT WITH ALBERT ELLIS, PHD

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions. What are viewers' impressions of what is presented in the interview?

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos and Further Reading** prior to or after viewing.

5. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

Ellis's Approach to Rational Emotive Behavior Therapy*

THE ABC FRAMEWORK

The ABC framework is the cornerstone of REBT practice. A in the ABC framework stands for an *activating event*, which may be either external or internal to your client. When A refers to an external event, we can say that it actually occurred if descriptions of it can be confirmed as accurate by neutral observers (i.e., the principle of confirmable reality). However, activating events need not be confirmable external events: they can also be a real or imagined reality, set of emotions, or even thoughts. The activating event is the person, event, emotion or thought that the client is upset about.

B in the ABC framework stands for *beliefs*. These are evaluative cognitions or constructed views of the world that can be either rigid or flexible. When clients' beliefs are flexible, they are called rational beliefs. Rational beliefs often take the form of desires, wishes, wants, and preferences (rather than dogmatic musts or shoulds). When clients adhere to such flexible premises, they will tend to draw rational conclusions from them. These conclusions take several forms:

1. Moderate evaluations of badness: They conclude, "it's bad or unfortunate" (rather than awful or terrible) when faced with a negative activating event.
2. Statements of toleration: They may say, for example, "I don't like it, but I can bear it, even though it is difficult."
3. Acceptance of fallibility: They accept themselves, others, and the world as being complex—composed of some good, some bad, and some neutral elements.
4. Flexible thinking about occurrences: rather than thinking something will always or never happen, they realize that things tend to occur along a continuum.

When these beliefs are rigid, they are called irrational beliefs and can take the form of musts, absolute shoulds, or have to's. When clients adhere to rigid premises, they will tend to draw irrational conclusions

on the basis of them. These irrational conclusions, or derivative irrational beliefs, take the following forms:

1. I-can't-stand-it-as-it-is (low frustration tolerance)
2. Damnation (of self, others, and/or life conditions)
3. Always-and-never dichotomous thinking (e.g. that I will always fail or never be approved of by significant others).

Therapists new to REBT often confuse the difference between types of cognitions. When you ask clients what they are thinking while they are upset, they usually report to you one of their *automatic thoughts*. Automatic thoughts are streams of conscious beliefs that occur with an emotion. Sometimes referred to as *inferences*, these thoughts are frequently negative distortions of reality and as such are not the same as irrational beliefs. A client's thought, "Oh! I made a mistake!" (which may or may not be true) is, instead, an activating event—the cause of the client's upset. The irrational beliefs are what arise as a result of this mistake: "I can't have made a mistake!" "I must never make mistakes!" etc. In other words, making a mistake (or not) and having the thought, "Oh! I made a mistake!" is the activating event, and making the demand, "I must never make mistakes" is the irrational belief.

Frequently, therapists new to REBT make two errors. They (1) jump to identify the first thought that clients reveal as an irrational belief, and (2) conclude that automatic thoughts are the same as irrational beliefs. In this example, "I made a mistake!" is a thought, and maybe an incorrect thought, but it is not the main belief targeted in REBT. Rather it is the demand that "I must not make mistakes!" that is considered the main irrational belief, along with one or more derivative irrational beliefs such as damnation of self, low frustration tolerance or "awfulizing."

C in the ABC framework stands for emotional and behavioral consequences of your clients' beliefs about A (the activating event). Emotional consequences are of two types. The C's that follow from absolute, rigid irrational beliefs about negative A's are disturbed and are termed *dysfunctional negative consequences*. The C's that follow from flexible, rational beliefs about negative A's tend to be non-disturbed and are termed *functional negative consequences*. Dysfunctional negative

emotions are dysfunctional for one or more of the following reasons:

1. They lead to the experience of a great deal of psychic pain and discomfort.
2. They motivate one to engage in self-defeating behavior.
3. They prevent one from carrying out behavior necessary to reach one's goals.

Functional negative emotions are functional for any one or more of the following reasons:

1. They alert one that one's goals are being blocked but do not immobilize one to cope with the frustration.
2. They motivate one to engage in self-enhancing behavior.
3. They encourage the successful execution of behavior necessary to reach one's goals.

THREE BASIC MUSTS

Although clients tend to express their irrational beliefs in their own individual ways, it is helpful to consider irrational beliefs to be variations of three basic schemas or categories of musts. These involve the following types of demands:

1. **Demands about self:** These musts are frequently revealed in statements such as, "I must do well and be approved of by significant others, and if I'm not, then it's awful," or, "I can't stand it, and I am a damnable person to some degree when I am not loved or when I do not do well." Beliefs based on these musts often lead to anxiety, depression, shame, and guilt.
2. **Demands about others:** These musts are often expressed in statements like, "You must treat me well and justly, and it's awful—I can't bear it—when you don't," or, "You are damnable when you don't treat me well, and you deserve to be punished for doing what you must not do." Beliefs based on these musts are associated with the emotions of anger and rage and behaviors such as passive-aggression or violence.
3. **Demands about the world/life conditions:** These musts often take the form of beliefs such as, "Life conditions under which I live

must absolutely be the way I want them to be, and if they are not, it's terrible," or, "I can't stand it; poor me!" Such beliefs are associated with feelings of self-pity and hurt, as well as with problems of self-discipline (e.g. procrastination or addictive behavior).

**This section adapted from the Instructor's Manual by Deb Hammels, MFT and Victor Yalom, PhD which accompanied the DVD: Rational Emotive Behavior Therapy for Addictions with Albert Ellis, PhD. It was adapted from the Albert Ellis Institute Master Therapist Series Study Guide, edited by Stephen G. Weinrach, PhD and Raymond DiGiuseppe, PhD, which accompanied the original VHS edition of that video.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTERVIEW BY ARTHUR FREEMAN

1. The REBT Model: What is your reaction to Albert Ellis's Rational Emotive Behavioral Therapy (REBT) model? Does its emphasis on identifying, challenging, and disputing irrational beliefs resonate with you? Do you agree with Ellis that adversity by itself does not upset people, but that people largely upset themselves by their philosophical beliefs about how life *should* be? Do you think it is the therapist's role to help clients change their basic philosophy of life, or is this overstepping the bounds of therapy? Can you imagine yourself using this model in a therapy session with your own clients? Is there anything missing from this approach that you would add?

2. Woefully ineffective: During the beginning of his career, Ellis practiced psychoanalysis, but ultimately concluded that almost any form of psychoanalysis was really overgeneralization and anti-science and that it was "woefully ineffective." What was your response to his comments about psychoanalysis? Are any of the REBT ideas or techniques similar to a psychodynamic approach, or do you see them as mutually exclusive?

3. Dire need to be loved: How did you react when Ellis asserted that most therapists placate their clients and colleagues out of their own "dire need to be loved"? Is there any truth in this for you, personally or professionally? If so, how do you think your need to be loved or admired impacts your work as a therapist? For example, at times do you avoid confronting your clients or pushing them into uncomfortable territory for fear that it may create tension in your relationship?

4. Fear: What did you think of Ellis's story about how he got over his fear of public speaking and his fear of women through in-vivo desensitization and shame-attacking exercises? Do you agree with

his statement that, “once you really force yourself uncomfortably to change your behavior—to do what you’re afraid of—then you will change your philosophy”? Is this approach too forceful for you, or do you think this kind of force is necessary to truly change?

Have you gotten over any fears by forcing yourself to face them?

What other ways do you think are effective for helping yourself or your clients get over fears and phobias?

5. Contributions: What reactions did you have as Ellis gave his opinions on the contributions of the various thinkers and therapists that Freeman mentioned? Did you strongly agree or disagree with him about any of the people mentioned? What did you think about the way he summed up his own contributions? If you were to summarize in one sentence the contributions of Ellis, what would you say?

6. Born neurotic: What do you think about Ellis’s take on neuroses—that they stem mainly from the biological tendency humans have to take our goals, desires, and preferences and make them into musts, shoulds, and demands? Do you agree with Ellis that humans are mainly born neurotic and that our childhoods exacerbate our neuroses, or do you think more emphasis should be placed on how early childhood experiences create neuroses (like in psychodynamic approaches)? Do you think someone changing their basic philosophy of life is enough to get rid of their neuroses? Why or why not?

7. Feel better vs. get better: How did you react when Ellis stated that most people who go to therapy (except REBT) only *feel* better but they don’t *get* better, because they still have the underlying demands and beliefs about what they need in order to be okay? What do you think he means by the difference between *feeling* better and *getting* better? In your experience with clients, do they seem to feel better, get better, neither, or both?

8. Three beliefs: What reactions do you have to Ellis’s description of the three basic beliefs that underlie most neuroses: 1) I must do well, 2) Others must treat me nicely and 3) The world must give me what I want when I want it? Do you agree that these three beliefs

capture the essence of neurosis, or do you think it's too simplistic to say that there are only three reasons people are neurotic? What thoughts do you have on the roots of neuroses?

INTERVIEW BY MYRTLE HEERY

1. Too passive: How did you react when Ellis began the interview by criticizing both Rogerian therapy and psychoanalysis as passive? Do you agree that those two approaches are too passive? What strengths of Rogerian therapy or psychoanalysis do you think Ellis might have overlooked when he developed REBT?

2. People disturb themselves: What do you think of Ellis's statement that one's early childhood has almost nothing to do with one's present psychological disturbances? Do you agree with Ellis that people disturb or upset themselves largely by what they tell themselves, as opposed to *getting* disturbed or upset by childhood traumas or life experiences? Are you concerned that clients might blame themselves if you tell them that they disturb or upset themselves by making their preferences into "arrogant, grandiose, perfectionistic demands"? How might you convey this idea to a client in a way that is not likely to lead them to blame themselves?

3. Style: Some people consider Ellis to be audacious and even obnoxious. After watching the interview, do you agree with these characterizations of Ellis? What was your response to his style? What do you think of the way he and Heery interacted with each other? How did you react to his strong language and use of four-letter words? Were you offended by anything he said? Do you think that being so blunt can sometimes be helpful for clients?

4. U.S.A.: What do you think of the REBT concept of Unconditional Self-Acceptance, that one should accept oneself just because one is alive and human? What do you think the pros and cons of humans having unconditional self-acceptance might be? What stands in your way of having unconditional self-acceptance? Do you think it's important for therapists to help their clients develop unconditional self-acceptance? Why or why not?

5. The greatest sickness: How did you react when Ellis stated that self-esteem is "the greatest sickness known to man"? What is your

understanding of what he meant by this bold statement? Do you share his concern that there is some danger to therapists endorsing self-esteem? Does your definition of self-esteem match up with his? If not, how do you conceptualize self-esteem? How much emphasis do you place on helping your clients develop self-esteem? What helps with this?

6. Unconditional Other Acceptance: What do you think of Ellis's concept of Unconditional Other Acceptance—accepting all humans because they're human? How did you react when he said that even murderers are never "bad"? Do you agree with him about this point, that humans are "too complex to rate," even people such as Hitler and Stalin?

7. On meditation: How did you react when Ellis shared his beliefs about spirituality, meditation, and silence, particularly when he said, "spirit and soul is horseshit of the worst sort" and "silence would be the most boring thing I ever thought of"? Do you agree with Ellis that meditation is mostly a waste of time? How does your own relationship to spirituality influence your therapeutic approach?

8. Irrational to rational: Do you agree with the basic premise of REBT that people have rational beliefs, which are preferences (e.g. "I like this and hate that") and irrational beliefs, which are demands, shoulds, oughts, and musts? Do you see the merit in getting clients to change their irrational beliefs into rational beliefs by helping them see that their demands and shoulds are actually preferences, and that their irrational beliefs are "pragmatically impossible"? Do you have any strong reactions to the terms "rational" and "irrational" and the favoring of the rational in this model?

9. Getting better: How did you react when Ellis said that therapists generally try to quiet clients down and help them *feel* better, but that they don't "get them to *get* better"? What is your understanding of what he meant by the difference between *feeling* better and *getting* better? Does his assessment of therapists resonate with you? What does getting better mean to you?

10. Death: What reactions did you have to Ellis and Heery's conversation about death? Do you agree with Ellis that death is exactly the same state you were in before you were conceived? Do you think he made a good point when he said worrying about death gets in the way of enjoying being alive? How do you tend to work with death anxiety, either your own or your clients'?

GENERAL REACTIONS

1. Obnoxious?: Freeman mentioned that some people consider Ellis to be audacious and even obnoxious. After watching the interview, do you agree with these characterizations of Ellis? What was your response to his style? Did you find him abrasive? How did you react to his strong language? What did you think of his explanation that he uses four-letter words to open people up?

2. Approach to change: Ellis advocates for using rational, emotive, and behavioral techniques very forcefully to get people to change, whereas other modalities that focus on behavior change (e.g. Motivational Interviewing) use a more person-centered and collaborative approach. Does Ellis's forceful approach appeal to you? What do you think are the benefits and risks of the therapist taking such a strong stand?

3. Personal Reaction: What do you imagine your experience would be like if you were a client of Ellis? What do you like or dislike about his approach, and his personality? Do you think he would be able to create a therapeutic alliance with you? Do you think his rational and direct approach would work for you as a client? Why or why not?

Reaction Paper for Classes and Training

Video: *Albert Ellis on REBT with Albert Ellis, PhD*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

- 1. Key points:** What important points did you learn about Albert Ellis and Rational Emotive Behavior Therapy? What stands out to you about how Ellis approaches psychotherapy?
- 2. What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
- 3. What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
- 4. How I would do it differently:** What might you do differently from Ellis when working with clients? Be specific about what different approaches, interventions and techniques you would apply.
- 5. Other Questions/Reactions:** What questions or reactions did you have as you viewed the interviews with Ellis? Other comments, thoughts or feelings?

Related Websites, Videos and Further Reading

WEB RESOURCES

The Albert Ellis Institute

www.rebt.org

REBT Network

www.rebtnetwork.org

The Association for Behavioral and Cognitive Therapies

www.abct.org

National Association of Cognitive-Behavioral Therapists **www.nacbt.org**

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Rational Emotive Behavior Therapy for Addictions with Albert Ellis
Coping with the Suicide of a Loved One: An REBT Approach with Albert Ellis
"My Kids Don't Appreciate Me": REBT with a Single Mother with Janet Wolfe
REBT for Anger Management with Janet Wolfe

Depression: A Cognitive Therapy Approach with Arthur Freeman
Cognitive-Behavioral Therapy with Donald Meichenbaum
Mixed Anxiety and Depression: A Cognitive-Behavioral Approach with Donald Meichenbaum
Arnold Lazarus: Live Case Consultation
Multimodal Therapy with Arnold Lazarus
Aaron Beck on Cognitive Therapy with Aaron T. Beck
Cognitive Therapy for Weight Loss with Judith Beck
Cognitive Therapy for Addictions with Bruce S. Liese
Cognitive-Behavioral Child Therapy with Bruce Masek
Couples Therapy for Addictions: A Cognitive-Behavioral Approach with Barbara S. McCrady
Cognitive-Behavioral Therapy with John Krumboltz
Behavioral Couples Therapy with Richard Stuart

RECOMMENDED READINGS

Ellis, A. & Harper, R.A. (1975). *A Guide to rational living*. Chatsworth, CA: Wilshire Book Co.

Ellis, A. (1994). *Reason and emotion in psychotherapy* (Revised edition). New York: Carol Publishing.

Ellis, A. (2001). *Feeling better, getting better, and staying better*. Atascadero, CA: Impact.

Ellis, A. (2001). *Overcoming destructive beliefs, feeling, and behaviors: New directions for rational emotive behavior therapy*. Amherst, NY: Prometheus Books.

Ellis, A. (2002). *Overcoming resistance: A rational emotive behavior therapy integrated approach (2nd ed)*. New York: Springer.

Ellis, A. (2004). *Rational emotive behavior therapy: It works for me—it can work for you*. Amherst, NY: Prometheus Books.

Ellis, A. (2007). *All out! An autobiography*. Amherst, NY: Prometheus.

Ellis, A., & Dryden, W. (2007). *The practice of rational emotive behavior therapy (2nd ed.)*. New York: Springer.

Complete Transcript of Arthur Freeman Interview with Albert Ellis

CHAPTER 1: EARLY YEARS

Freeman: It's an honor and a privilege for me to have an opportunity to have a conversation with Dr. Albert Ellis as part of the AABT Archive series. Albert Ellis has been called by his colleagues, "one of the most important contributors to psychotherapy and counseling in the 20th Century," ranking above Sigmund Freud.

He's been called lots of things: He's been called brilliant, knowledgeable, controversial, outspoken, a pioneer. He's been called obnoxious, and is the leader of a movement. He is the grandfather of cognitive behavior therapy and he blazed the path over 40 years ago that many of us traverse so easily today because of his incredible energy and effort. Al, thank you for having this conversation.

Ellis: Oh, you're very welcome.

Freeman: What I'd like to do is kind of divide our discussion into three pieces: past, present and future. I think people would be interested in knowing something about you, Albert Ellis, the person. Where were you born? Where did you grow up?

Ellis: I was born in Pittsburgh and escaped at the age of four to New York, so I'm practically a native-born New Yorker.

Freeman: Practically. Where did you grow up in New York?

Ellis: I grew up mainly in the Bronx. We were in a fairly respectable part of the North Bronx and I went to grade school there, to junior high school, and then I picked the High School of Commerce, which was in Manhattan, because I wanted to be a writer but not depend on the income from my writing.

And, so, I was going to be a business person right before the depression. But then that came along, and I became a writer, but I got bored with accounting, which I was very good at. I got bored with it so I never practiced it.

Freeman: You went from the High School of Commerce to City

College.

Ellis: That's right. City College Bachelor of Business Administration, downtown. It was in part of the City College, now it's separate. I got a Bachelor of Business Administration degree because, again, I wanted to be a writer and I did all kinds of writing at the age of 20, when I got the degree, and 28, when I decided to get my PhD in Clinical Psychology.

Freeman: So for eight years, you were writing. What kinds of things did you write?

Ellis: Well I wrote, actually, between the ages of 20 and 28, twenty complete manuscripts: plays, poems, novels, nonfiction, and finally I got into the nonfiction sex, love and marriage. Read hundreds of books and articles, became an authority because I was going to write on the subject, then my friends and relatives came to me with their problems, which I hadn't expected.

And I was able, fairly briefly, to show them what to do about sex, love and marital problems and got interested in that, loved it, and then went at the age of 28 to get my degree at Teachers College, Columbia University, in Clinical Psychology.

Freeman: Who did you study with there? Who was there at the time?

Ellis: Well, we had quite a crew there because, over at Columbia itself—I went to really both Columbia Department of Psychology and the clinical was mainly at Teachers College—but at Columbia we had some very famous psychologists.

00:05:01

Robert Thorndike was at Teachers College, but Columbia—they had Poffenberger and they had Carney Landes and they had anthropologists and a very good department there, but not very clinical. The Teachers College had the head of the Rorschach at that time, Bruno Klopfer, and Irving Lorge and Arthur Jersild, then Percival Symonds. It had a real star crew.

Freeman: Was there anyone at Teachers College or Columbia who was someone who really influenced you powerfully? Who set you on a

particular path?

Ellis: Well, it was the scientific method that I learned there, not one person. My advisor, who I got along with well, was Percival Symonds, but he was orthodox Freudian. I was liberal psychoanalytic, and I could see that psychoanalysis at that time was over generalized and anti-scientific, and I wasn't hung up on that.

But people like Irving Lorge, who was a great scientist, and he influenced me and Goodwin Watson was a very liberal social psychologist and clinician and Klopfer influenced me a little but not very much. So none of them outstandingly, except that they really taught the scientific method at both Columbia and Teachers College.

Freeman: You got your doctorate when?

Ellis: In 1947, after they threw out one of my theses, because my first thesis was on the love emotions of college-level women and I had practically finished the whole thing when they decided that Columbia University would get too much publicity from the Hearst newspaper. A student at Columbia—"PhD Student Writes Thesis on Love"—and they were shocked, so they voted 11 to 2 at a special seminar that I was a great guy and a scholar and I could do it but two were going to be completely adamant about it, so they advised me—my temporary advisor, Goodwin Watson, advised me—don't take anything in sex, love or marriage.

And my thesis had very little sex in it deliberately, but love and marriage. And to go take another neutral thing. So I did a new thesis. I really did two theses on the psychology of the questionnaires, of personality tests, whether they were projective or non-projective, and I found out that they were both reasonably the same.

Freeman: What did you do after that? [In] 1947 clinical psychology was an infant. What did you do after that?

Ellis: Well I tried to get a good job but I wanted to be analyzed. My program was, because I was a liberal analyst, not a Freudian, but a liberal—Erich Fromm and Karen Horney—and I wanted to be analyzed. And I got offers to teach in San Diego and several other universities, but there was no analyst nearby. So I wanted to stay in

New York.

So after a year of going around and seeing what was available, I got a job with the Northern Mental Hygiene Clinic of New Jersey, at the State Hospital. The locale was the State Hospital at Greystone Park, and we were a traveling clinic, so I became a psychologist there. Then, after a year or two, because I published about 12 papers in the first year, more than all the psychologists in the State of New Jersey for the last 20—

Freeman: Put together.

Ellis:—Yeah put together for the last 20 years. They made me chief of the brand new State Diagnostic Center at Menlo Park.

00:09:01

And the year later, chief psychologist, really, then the whole Department of Institutions and Agencies, which was really the state of New Jersey. So I was there in New York City. I had a little practice in New York and commuted to the State of New Jersey until 1952.

CHAPTER 2: “I DIDN’T FIND ANY OEDIPI COMPLEXES”

Freeman: You wanted to be analyzed. You were a liberal analyst.

Ellis: Right.

Freeman: You studied psychoanalysis.

Ellis: Right.

Freeman: You were in New York, the heart—the life of psychoanalysis.

Ellis: That’s right. It certainly was at that time and very popular after the war.

Freeman: Irving Friedman, who was the head of the International Psychoanalytic Association said, “Any attempt to revise Freud’s work was a result of unresolved pathological narcissism.”

Ellis: Yeah.

Freeman: Somehow, you did some kind of revision.

Ellis: I’ll tell you the opposite. The attempt not to revise Freud’s work is narcissism and bigotry.

Freeman: I see.

00:10:00

Freeman: You initially developed RT, Rational Therapy.

Ellis: Well I practiced liberal psychoanalysis, got analyzed. Now I couldn't go to a regular analytic school because my school, the Karen Horney School, didn't accept psychologists. Only the Harry Stack Sullivan School accepted one or two a year; the rest were all physicians. But I got an analyst who analyzed me who had been analyzed by Herman Rorschach and was a Freudian analyst at 25 years, but now was a leading training analyst at the Karen Horney School.

So he analyzed me and volunteered to do controlled supervision work.

He did that and for six years, from 1947 to 1953, I practiced a liberal kind of psychoanalysis of the Horney-Fromm school mainly, but not classical Freudianism because I was an authority on sex, and I thought that Freud didn't know a damn thing about sex. He unfortunately stuck with Martha all his life, so he had no idea about the sexuality of women and what to do to satisfy them.

Freeman: It would be kind of—not kind of—it would be audacious that you're a young psychologist, you clearly were well thought of, that you were going to start your own school, Rational Therapy.

Ellis: Right. But before that, I gave up psychoanalysis. In 1953 I decided that almost any form of psychoanalysis was really overgeneralization and anti-science. They took one little fact and they made a federal case out of it and over-generalized. Like Freud's Oedipus complex—I did psychoanalysis, classical and regular for several years under supervision [and] by myself, and I didn't find any Oedipi complexes.

So I decided that psychoanalysis was woefully ineffective and as I semi-humorously say, "I have a gene for efficiency, while Sigmund had a gene for inefficiency"; so I threw it out completely in 1953 and started calling myself a psychotherapist, though I was qualified to have the status name of a psychoanalyst.

I abandoned it, and for two years did wide research into all kinds

of different methods, hundreds of methods even at that time on psychotherapy and wrote two big monographs, especially one on new approaches to psychotherapy techniques, and I did it with the purpose of finding the best and the most efficient and I didn't think I'd form Rational Therapy at that time, but it developed as I took the best techniques and then added a philosophical approach, which practically none of them really had. But at the beginning of 1955, I started to do RT, Rational Therapy, later called Rational Emotive Therapy, and now, Rational Emotive Behavior Therapy, which it really is.

Freeman: At what point did RT get the E in the middle, and at what point did RET get the B in the middle?

Ellis: Well, it first was Rational Therapy because I wanted to emphasize how unique it was. Because Adlerian therapy is somewhat the same, but it didn't specifically get your irrational beliefs and show you how to dispute them. So it's the only one, and I modeled it after philosophy and philosophers are mainly cognitive. So it could have been called cognitive, but I called it rational, which was probably a poor choice because today, with postmodernism, nothing is really completely rational or irrational. So that was a poor choice.

Then people said, "But you have no feeling in this," which we did, especially since we have shame-attacking exercises and strong forceful techniques. So Bob Hopper and I, in 1961—he was the first convert to it, the therapist—changed it to Rational Emotive. And for years, then Ray Corsini got after me [saying] "but it's really Rational Emotive Behavioral," and this was 10 years later, 1970. But I said, "It's so popular and everybody knows it that I don't want to do that." But then he finally convinced me that it always has been rational, emotive and behavioral. So I capitulated and some of the people of our own people still don't like it, but it really is and always has been rational, cognitive and emotive, evocative, dramatic and behavioral. So that's what it is.

Freeman: The question I have to ask was—everyone that knew I was going to do this said, you have to ask Al: Where along the line did you develop your style?

00:15:11

CHAPTER 3: FOUR-LETTER WORDS

The style that is audacious, people say obnoxious. My first encounter with you was seeing you speak in the early '60s and people were crowded into this hall at—I guess it was Eastern Psychological Association—just to hear you say a four-letter word.

Ellis: I was one of the first. But actually that doesn't go with Rational Emotive Behavioral Therapy (REBT). I started that when I was an analyst, maybe even a little before, because I was in sex, love and marital therapy and found that when I used those terms with clients and in public, it opened people up. If a little old lady said to me many years ago that, "You know, I feel worthless," I'd say to her, "Oh, you feel like a shit, don't you?" And she'd say, "How did you know?" Because that's the language she talks to herself.

You see, in public she's never going to say that. So when I was an analyst, I started using those words. I use them myself anyway, but nobody dared to put them into psychotherapy. So I started to use them and wrote a couple of papers on how, especially with sex offenders and people with sex problems, if you say a few "fucks" and "shits," they open up right away. And they say, "This guy I can really talk to."

Freeman: So it wasn't just to shock people?

Ellis: No, oh no. It wasn't at all to shock people. It was later at public meetings and professional meetings to get attention, but really it's to be honest. Because most of the psychotherapy, up to this day, is ass-licking. Most psychotherapists lick the ass of their clients and everybody else, because they have a dire need for love.

Now I got over mine at the age of 19. I was scared shitless of public speaking. Never spoke in public, had a phobia. And I read in John B. Watson, and ancient philosophers, what to do about it. So I did in vivo desensitization—I forced myself to speak and speak and speak in public, and within a few weeks got over it. Now you can't keep me away from a public speaking platform. And then I did the same thing with women.

I was scared to approach any women. If I was introduced I could talk

to them, but I went to Bronx Botanical Gardens at the age of 19 again and gave myself a homework assignment of—whenever I see a woman sitting alone on a park bench, I'll sit next to her on the same bench, no excuses, and give myself one lousy minute to talk to her. If I die, I die.

So that month, when I was off from college, about to go back to my senior year, I found 130 women sitting on the park bench alone, sat next to all of them, but 30 got up immediately and waltzed away. That left me an even sample of 100 for research purposes. So I spoke to the whole 100, which I had never done once before, about the birds, the bees, the flowers and the trees and their knitting. And if Fred Skinner, who was then teaching in Indiana University, had known about it, he would have thought I would have got extinguished. Because out of the 100 women, I only made one date and she didn't show up.

But I got completely over that and did my own assertiveness training, mainly by reading Watson with in vivo desensitization and then Democrates, who got up stuttering and put pebbles in his mouth and spoke and spoke and spoke, and became an orator. So a combination of philosophy, which had always been my hobby since the age of 16 on, plus early behavior therapy, got me to be assertive instead of shy and retiring and things like that.

Freeman: I don't think anybody calls you shy and retiring, Al.

Ellis: No.

Freeman: Not any more.

Ellis: I went to the opposite extreme, to some degree. And lots of people who were basically dishonest, I would say, or afraid of honesty, let's put it nicely, think that I'm abrasive and sharp. But I just call a spade a spade and show people pretty quickly what they're doing to upset themselves and how not to do it. So they call that abrasive.

Freeman: You were trained by a Horneyan. Let's go back to a theoretical piece. But I've read and heard you speak on a number of occasions that you also call yourself a Neo-Adlerian.

Ellis: Yes, that's right because Adler was one of the first, but not the only one, because [Jean Piaget?] had been a cognitive psychologist and talked about id_e fixe, and other ideas and several others who I read

later after I formed REBT.

00:20:01

Ellis: I read Paul Dubois and others who had been cognitive but the one I mainly knew lightly was Alfred Adler, who did believe in beliefs and fictions and that we largely upset ourselves. So he is to be given credit as certainly one of the real founders of Cognitive Therapy. Now, he didn't have much behavioral therapy or emotive evocative therapy along with it, but he was a pioneer, so the theory, the philosophy of both individual therapy, which he called his, and of the social aspect of therapy—he was a real pioneer and, therefore, he should be given more credit than he usually is given.

Freeman: His son, Curt, called Cognitive Behavioral Therapy “the most logical extension of his father's work.”

Ellis: I would agree with that. And had Adler been alive, he would have added, I think, some emotive, evocative behavioral methods.

Freeman: Where in your thinking, where in your acting, did you come up with the idea to start your own institute?

Ellis: Well, I decided—I started in 1955 and everybody screamed and yelled. The Freudians were really off the wall about what I was doing because I was so direct and forceful and stuck largely with the conscious, though REBT says you unconsciously develop a negative philosophy of life and then you're unconsciously sick. But it's sort of just below the level of conscious. It's not deeply repressed.

So they were violently opposed. The Rogerians had a fit, since I would directly question people and show them what to do, and even the Gestalt therapists, who are active, they had a fit because I was thinking, getting people to think and look at what they were telling themselves. So everybody was opposed to it in 1955, January of 1955 when I began; but I have one thing I got over—my sickness—which I think most psychotherapists still have: the dire need to be approved by their colleagues, by their clients, etc.

So I don't have any of that nonsense. If my clients love me and like me, that's great. Most of them do because I'm helpful. But if they don't, I don't care that much. So I stick to the facts—“Facts is facts,”

as Dickens once said many years ago—and show them what they’re doing cognitive[ly], emotively and behaviorally to upset themselves and concretely, specifically, what they can do to stop doing that and get a different, basic philosophy of life.

Freeman: The Institute has grown, obviously, over the last 40 years to become a world center.

Ellis: Right.

CHAPTER 4: AL’S SCORECARD

Freeman: REBT Central that you have. You’ve sent people out on missionary work around the world. What I’d like to do, just in terms of understanding—I’m going to mention some names to you. I’m going to give you a list of names, and what I’d like you to do, Al, is if you can, in one sentence—more if you need—but in one sentence, would you capsule their contribution to the field.

Ellis: Sure. You mention the names and I’ll be glad to do that. Very briefly.

Freeman: Okay. Very briefly. Aaron Beck.

Ellis: Aaron Beck. Tim Beck is something of a genius of organization and research. He took my original stuff—and I think he obviously still knew about it when he started his stuff, since I was several years before he did any research—and he nicely systematized some of the irrational beliefs and used the Beck Depression Inventory and has done as much or more research, especially with his students, in cognitive behavior therapy as anybody, and he sparked other research.

And then, finally, he got around to what I had originally said and he had ignored, and that is the core beliefs, or the schemas, and he still won’t admit that they’re really, mainly imperative: musts, shoulds, oughts, and demands, which I got from Karen Horney, incidentally. And so he has a very good, effective method of cognitive therapy which, again, more research has been done with than just about any other form of cognitive behavioral therapy, including our own.

Freeman: Your work preceded Tim’s work by several years.

Ellis: Yeah, about 10.

Freeman: Now, Philadelphia and New York are 90 miles apart.

Ellis: Right.

Freeman: How did you and Tim connect or contact?

00:25:00

Ellis: Oh, well somebody sent me his 1963 paper, “Thinking and Depression,” which I could see right away overlapped with REBT at that time, and that he probably had got some ideas from me, cause it’s very unusual that he hadn’t. And he also had a couple of people in training who had been in New York with me and one of them who actually worked with Tim and did a paper partly with him.

So I wrote him enthusiastically, sending him my reprints, which I think he had already seen, because they were—and I had had a book, *How to Live with a Neurotic*, in 1957 and in 1961, the original *Guide to Rational Living* started to sell so well—over a million copies over the years—so I was very well known and speaking at the American Psychological Association every year, two or three or four times. But I saw that and then we corresponded with each other and he invited me to several seminars at the Department of Psychiatry. He was once head of training.

Freeman: Right.

Ellis: Right. So he invited me, and we’ve been friendly ever since. And then later, as I said, he got the core beliefs, which are really more important than just the irrational beliefs.

Freeman: Arnie Lazarus.

Ellis: Arnie started behaviorally but then got onto—I put him onto cognition, I think in 1964 at a workshop I gave that he attended in San Francisco. He was with Wolpe at the time, and he became the first, I think, to use the term, “multimodal.” Now REBT has really always been multimodal because it always has cognitive and emotive, evocative and behavioral methods and the theory says, right from the start in 1956, my first paper, that they all interact and, therefore, you’d better use them all.

But he has divided it a little differently into the “BASIC I.D.” and he

is one of the main integrative individuals but also, he's very efficient. Most therapists are woefully ineffective, even some of the cognitive behaviorists are. But Arnie really sees that people are disturbed, now let's quickly go in, and I think he mainly uses cognitive methods. He plays up the other and even his imagery is cognitive method, but he thinks that we'd better find out quickly what the basic problems are of a person is and then design our techniques, mainly to help that individual. So that's excellent.

Freeman: Joe Wolpe.

Ellis: Joe is, again, a genius in his own way and a pioneer because he really always was multimodal. He always had a certain [feigning] and he has cognition, because his desensitization—you imagine the snake at a distance, and then you actually imagine it closer. So he's very good in that respect, but he just won't face the fact that philosophy or ideas or beliefs are very, very more important than he thinks they are and, therefore, even though he's a fine cognitive behaviorist, he neglects some of the profound philosophical aspects. But he is a genius in his own right.

Freeman: Al Bandura.

Ellis: Al, again, came out of it from social psychology—aggression, anger, etc. And he especially devised the Reciprocal Determinism, where you have both determinism and free will interacting with each other, which is a very excellent concept, but he's most famous therapeutically for self-efficacy, which is the old mastery, partly—Alfred Adler—and shows he and his students show that if you really believe that you're efficacious, then you become more efficacious. So he's a very good cognitive behaviorist. Of course he isn't a therapist, he doesn't follow a range of techniques, but he is one of the real pioneers in the field philosophically and socially.

Freeman: Marty Seligman.

Ellis: Marty, again, is a pioneer, especially with animals, in learned helplessness, but he early in the game lapped it over to individuals. So what he calls "learned helplessness" has several important cognitive elements. And Marty has progressed over the year and now took up

what he didn't realize we were pioneers in: work with children and teaching Rational Emotive Behavior Therapy in the schools.

00:30:02

And, he got from you, he gives credit, the ABC's of REBTs.

Freeman: I made them up.

Ellis: What?

Freeman: I made up the ABCs.

Ellis: No, no, no. You got them from me. I said them very early in the game. Right. And he teaches it to children in the school system, not just with individual therapy. So Marty has progressed enormously over the year and his work in preventive psychology and therapy, which we started years before him, but he didn't seem to know anything about it. He's now redoing it and doing it quite well.

Freeman: Don Meichenbaum.

Ellis: Don, again, is a very intelligent, very perceptive individual who especially has gone into the field of problem solving and coping statements and teaching people to think differently, more perceptively, more on the ball, etc., but Don, again, I've tried to show for years that behind people's irrationality or demands, commands, shoulds, oughts and musts, and he slithers away and never quite answers my question.

Also he made up a complete story about me, which is a lie, lie, lie—that I put him down years ago when he asked a question. No, I put his question down—I didn't put him down—and showed him that it was a foolish question but he has a problem: He's too vulnerable, too hurtable. So he goes around lying about me, wrote up this nutty story that he largely invented, etc., and he gets very hostile against me, though he really originally, all his original studies were of REBT. Now he's branched and he does other good work.

Freeman: Okay. Sigmund Freud.

Ellis: Sigmund Freud, a real genius and a genius as a writer. If he hadn't been a good writer, psychoanalysis, I don't think, would ever get started. So he really saw especially the psychodynamic aspects that we consciously and unconsciously think certain things. We

have underlying motives, which are hidden, but then he loused it up with repression, which does exist, but very few people repress their conscious thoughts and make them into deep-seated unconscious thoughts.

They're just below the level of consciousness, as I said before. But he—and the big thing, the good thing about the Freudian system is—he and his daughter, Anna, had the defense system. People rationalize. They make up defenses. They protect themselves, and that's a very good part of psychoanalysis.

Freeman: Carl Rogers.

Ellis: Carl. I knew Carl personally. I knew several or most of these other people we're talking about personally, and Carl was a nice guy, not a...partly a scholar, but he was a pioneer in recording, you know, did some good research work. But mainly he was an Existentialist and had this notion of unconditional positive regard, which we have translated into unconditional self-acceptance, USA. He got it, as I got it, from the Existentialists—Kierkegaard and other existentialists, Heidegger and others.

So you unconditionally accept the individual, the person, even though the behavior is wrong. But he stupidly and foolishly led the whole field astray because it sounds very nice and [he] didn't realize that 1. You obviously don't need a relationship to help people, because more people have probably been helped by many books, including my own and the Bible, than all psychotherapy has helped them. So you can help people by teaching them in many ways, including a personal relationship.

And he stupidly thought that if I give you unconditional acceptance as a client, then you'll give it to yourself. No. Quite the opposite. You'll say, "I'm okay because Al Ellis likes me." Now that's conditional and you're sick, sick, sick, cause you need my therapist approval. So he really has loused up the whole field because psychologist stupidly like this kind of stuff because when you give people any kind of acceptance, they feel better, just because you're listening them and liking them. But they often get worse; they don't give themselves unconditional acceptance.

So we give it, but then we teach actively, directly how to specifically—and it's very hard—to give it to yourself. Because they're born with a tendency to rate, measure what they do, which is good, and then rate themselves, their being, their essence. And we teach them that they do what they do, but they can always have USA, unconditional self-acceptance, not by getting it from a therapist, but by thinking it through.

00:35:04

"I'm okay just because I exist, because I'm human. And not because I perform well or you love me or anything like that."

Freeman: Isn't that what keeps people— and, I want to go back to our list— but isn't that what keeps you in therapy for a long time? "Al Ellis likes me so I have to keep coming back," so I become in some ways a therapy junkie. "The only place I feel good is in therapy."

Ellis: Psychoanalysis does that. They listen to you for years and they sort of indicate, mildly, that if you murder a few people, they'll accept you. If you have sex with your mother, they'll accept you. You see, so they do it and Rogers does it, but it leads, obviously, to conditional self-acceptance, which is still called "self-esteem"—the greatest sickness known to man or woman. "I like myself because I do well and because you approve of me, but as soon as I do poorly, which I will as soon as you won't approve of me, which you will not approve of me, back to wormhood go I."

Freeman: Okay. Another old friend of yours: Fritz Perls.

Ellis: Yeah, well Fritz Perls was very honest and open. Very negative and nasty. He had serious emotional problems. He really was nasty, not to me particularly, but to other people. I've seen him louse up many sessions, but he was active, directive, he took risks and, in his own way, by being honest he helped people do what we would call "shame-attacking exercises." And Gestalt Therapy has some good exercises which we use and lots of other people use.

Freeman: How about George Kelly?

Ellis: George Kelly was an utter genius, cognitively, and I read his book, *The Psychology of Personal Constructs*, in 1958, three years after.

I was amazed to find out first that he really had our theory down cold. That you feel the way you think, largely, and he had a very good, precise theory of how thinking interacts with behavior and with emotions. So that was fine.

But, ironically, the only technique he really used was his fixed role-playing behavioral technique and somewhat imaginative and skipped, and never talked people out of their nonsense, their irrational behavior, never taught them that they were telling themselves nonsense and never showed them how to dispute it. So Kelly, in therapy, something like Rogerian, is pretty ineffective, but the theories are brilliant.

Freeman: Viktor Frankl.

Ellis: Viktor Frankl, again, a sort of genius and a pioneer of, especially, paradoxical intentions, though he didn't seem to realize that others in the United States had also got around to that kind of thing in 1928 or so. But an existentialist and realized that people had better have a purpose goal in life in order to get through. But then he made up some mystical nonsense about the universe having a purpose. But by and large, he was a good existentialist therapist.

Freeman: Albert Ellis.

Ellis: Well, I naturally am a genius in my own right but I have the guts to call a spade a spade and I've shown very clearly that not only do people have cognition leading to behavior and in reverse, etc., but what they were, I outlined them very clearly. An I'm the one who finally got to what the school, the cognitive behavior therapists, except us, really won't face yet: that behind the real core of belief, behind the perfectionism and the "I'm no good," and the damnation of others and the awfulizing is 1) I have to, must do well or I'm no good; 2) You must treat me nicely and cordially or you're a worm forever; and 3) the universe must provide me with what I want.

Now there are thousands of the derivatives of those ideas, but if you really were a preferencer and only said, "I'd like to do well, but I never have to and it would be lovely if you treated me nobly and kindly, but obviously you don't have to, too bad, then it would be very hard for

anybody to be neurotic. They'd still have severe personality disorders, which are largely biological, and still be psychotic, but neurosis—mainly, not completely—stems from the biological tendency of humans to take their goals, desires and preferences—which are very good, you couldn't survive without desires and feeling—and make them into dire necessity. Now I say everybody, the whole 5.5 billion people in the universe often do this, not always, about equally.

00:40:01

CHAPTER 5: THE PHILOSOPHY OF REBT

And we'd better face it and that's why REBT is so efficient. I can immediately get to those musts and start showing people that they have them and what to do about them.

Freeman: So Albert Ellis is efficient.

Ellis: I have a gene for efficiency where poor Siggie had a gene for inefficiency. And also you see REBT, the way I did it, because I got it from philosophy. My hobby from 16 on was philosophy, not psychology. That, too, but I read the ancient Asians: Guatama Buddha, Confucius, and Epictetus, Epicurus, Marcus Aurelius and moderns like Bertrand Russell and John Dewy and Carl Popper later.

And I showed, and I still think REBT is one of the few that show—others really don't do it—that you better make a profound philosophical change; change your basic musts: I'd like to, I'd prefer to, I wish you would, etc., and then you not only feel better, which most therapy helps people to do, but you get better. And most people who go to therapy—except REBT, of course—only feel better but they really still have those underlying demands.

Freeman: You started using homework on yourself when you were 19.

Ellis: Right.

Freeman: You were one of the first therapists to use homework as a regular part of your therapy.

Ellis: Right.

Freeman: Why did you institute this?

Ellis: Well first of all I got it, as I said, from some of the ancient

philosophers, Democrates, with the stuttering etc., but I also got it from John B. Watson, who took a long table, put a little kid at one end and a feared rabbit or mouse at the other, and then gradually—he and Mary Cover Jones, his assistant—moved the kid closer. And I said “If it’s good enough for little kiddies, I can do it too.” And I realized that once you really force yourself uncomfortably to change your behavior, to do what you’re afraid of, do some of our shame-attacking exercises—then you will change your philosophy.

But it’s interactional—the philosophy changes the behavior. So as I said, theoretically we’re almost the first, maybe the first of the multimodal therapies, getting people to change their thinking and feeling and behavior, and that’s what we do and we’ve always been multimodal because it’s very often, as I said in 1956, “you don’t think without feeling and behaving. You don’t feel without thinking and behaving. You don’t behave without thinking and feeling. That’s not the human condition.”

Freeman: Now when you treat anxiety patients you appear to recommend homework assignments that are in vivo, rather than graduated exposure.

Ellis: Yes. We are pioneers in exposure, because it is exposure. But often if you do it gradually, then you have time to build it up again and it’s better, not necessarily, but with many people much of the time if you did it my way. Because I, within a few weeks, made myself give about 10 public speeches, which I never did in my whole life before. I was really scared of doing so.

And then, in one month I actually talked to 100 women but didn’t get any acceptances; so I find that when you force yourself to do it uncomfortably, quickly, one right after another, you really make a profound philosophical change and conclude, nothing terrible is going to happen. So I got rejected, too damn bad. So I screwed up in public, tough shit. So I did.

Freeman: So what you’re talking about is insight.

Ellis: Well you get it partly from either gradual or other kinds of in vivo exposure behavior. But the best way, I think, if you’ll do it—and

not everybody will do it, so we don't say you have to do this—we say it would be preferable if you approach this week, at least three women or if you're gay, three men, or whatever the hell you are, and to keep doing it over and over. That will get you better faster and, more profoundly, it will change your thinking.

CHAPTER 6: THE ABCS

Freeman: Do you think that REBT works because of the insight people have? That their thinking is irrational, or because the rehearsal, the constant rehearsal of the new rational statements—

Ellis: Both. Both because, actually, the trouble with Don Meichenbaum and Richard Lazarus and others, they give you coping statements, but you haven't really figured out why they're so, so it's positive thinking. Coue, years ago, would say, "Day by day, in every way, I'm getting better and better."

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Well, that will help you but you won't get better day-by-day in every way. So we show you how to first dispute your irrational idea—"I'd be no good," "it would be awful if I failed"—then to come up with a coping statement that's E—effective new philosophy; A—adversity; B—your nutty belief, "I must do well"; C—consequence, anxiety; and D—why must you do well? E—effective new philosophy, which is A— yes, I think I can do better (self-efficacy, that's under A), but whether I do better or not, I'm always a fallible human, too damned bad. I can always accept myself, regardless of my behavior. So that's a better way to get the coping statement.

Freeman: I'm going to share an anecdote with you, Al. Very early in my career, it was the early '60s, I was doing an intake. It was one of the very first intakes with a real patient. And the patient came in and said, "Look, I know what I say to myself. I know what happens at A. I know the consequence of C. I want you to tell me what I'm saying to myself in B." And I said, "What are you talking about?" He said, "Look, it's as simple as ABC."

So I diagnosed him as schizophrenic and I went to my supervisor and I said, "Well, he's schizophrenic." And my supervisor said, "What

symptoms of schizophrenia were there?" I said, "Well, this kind of language. His problems with simple ABC." And, this was in the early '60s. And, my supervisor said, "Have you ever heard of Albert Ellis?" And, I said, "No." And he said, "Well, before we meet again for supervision, I want you to read, I think it was New Guide to Rational Living at that point. And I found out about ABC. And this is still very much part of the model.

Ellis: Right.

Freeman: As simple as looking at it as ABC.

Ellis: And I say that practically all the cognitive behavior therapies except maybe the Existentialists pure, use the ABC model even if they don't call it that, because they realize that adversity doesn't, by itself, upset you. You mainly, largely, upset yourself by what you think, feel, about—

Freeman: The B.

Ellis: Right, the belief system.

Freeman: You advocate acceptance as an important idea in therapy.

Ellis: Right.

Freeman: How does your idea of acceptance differ from Neil Jacobson's or Steve Hayes?

Ellis: Well as far as I can see, they partially took my idea and I won't say they loused it up, but they don't teach real acceptance. They do exercise some of the same that we do, and some of them are paradoxical and some of them behavioral, and some of them are emotive exercises, so they'll help you get it. But I say, as I said before briefly, that humans are born with a tendency to take their strong desires, goals and preferences and make them into demands: musts, shoulds, oughts, commands; and therefore, they'd better work their asses off and teach themselves that A) they have the must, but B) they have to fight them and fight them and fight them all three ways: cognitively, emotively, and by ripping them up as George Kelly forgot to say.

So we are much more thoroughgoing and we would do what they do

but we add: This is what you're telling yourself. This is what you're doing. This is why you do it, not because of your early childhood but because you're mainly born with that tendency, and then your childhood exacerbates it. Now what are you going to do the rest of your life to rip up, to see, you must rip them up, dispute them, act against them, and feel against them. So we're more comprehensive than they are.

Freeman: One of the ways, Al, that people know you is through the Gloria films.

Ellis: Right.

Freeman: How did that come about? How did you and Perls and Rogers do that?

Ellis: Well Everett Shostrom, who was a therapist—a namby-pamby therapist, but he was eclectic, he was okay—decided that in 1963, I think, to get us all together at a Los Angeles meeting in Burbank it was, and we all would do a thing and we all did it. And we didn't see each other's. No. Because we'd be influenced by the other. So we all did it separately.

I was last and I came after Fritz, and the interview on the end of the film is fake. Because Everett was then a gestalt therapist and got Gloria to say she got something out of the Fritz Perls' version. She didn't. She was depressed and upset and angry after it because he was one of his usual nutty selves and did some foolish things with her and was against her to some degree.

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So he got her to say she got a lot out of it. She didn't. That was fake. But we all gave our thing and it's a famous film and I did a lousy job because I tried to get everything in in 20 minutes and mine was a little shorter because I had that special thing at the end with his interviewing Gloria. And I try to get too much in so it's the worst film I ever made, but much better than Carl did or Fritz did.

Freeman: She was a real patient. She wasn't an actress.

Ellis: Oh, I forgot to tell you that she was Everett's patient for four years of gestalt therapy before that and he never told us that, you see.

So he was really dishonest. But she still didn't get anything and hated Fritz. And it's the most popular psychological film ever made and still gets shown but it's not good REBT.

Freeman: Okay. One of the criticisms of your work has been that it's too popular. You do your demonstrations, your work. You've published how many books now, Al?

Ellis: Well actually I was surprised. I went over them. If we include monographs, it's plus 60—about 63 or 64 books and monographs since my first book in 1951, which was before REBT.

Freeman: And chapters and journal articles, in the hundreds.

Ellis: About 600.

Freeman: Okay. Yet people have looked at your work and said, "Well, it's popular. It's pop psych. One of my psychoanalytic teachers in New York said to me once, "Well, yeah. Ellis is logical. He's not psychological." Whatever that means.

Ellis: Right.

Freeman: You think the popularization, the popular books, the demonstrations for the public, have hurt or helped REBT?

Ellis: Well they've obviously helped in some respect because when lists of books are made of the books that therapists recommend to their clients, *A New Guide to Rational Living* and *How to Stubbornly Refuse to Make Yourself Miserable About Anything, Yes Anything*, get close to the top of the list. So therapists use them and many therapists have been turned on because they use them. So that actually helps. But, as you say, therapists, especially psychologists—when I first started, any psychologist who wrote a popular book was looked down upon if they were not academic, etc. So some have been turned off by it.

So like everything else, like my four letter words, I think that very bright, down-to-earth people, especially young people, get turned on because they see no horseshit, no nonsense about it. I'm calling a spade a spade. While very conservative old fogies and people with problems get turned away. So you have advantages and disadvantages, and if I didn't think the advantages outweighed the disadvantages,

which I might be wrong about, then I wouldn't do that.

Freeman: Another piece of it is that we're in a field where the academic often is cherished and the clinical often seen as more technical or less important, less scientific.

Ellis: Right.

Freeman: The empirical basis for REBT has been for many years, small.

Ellis: No, that's a lie. That's a 100%—not 100%—that's a lie. We had first, all the studies at first, including Don Meichenbaum for REBT. Then Beck came in a little later and he really started 10 years after REBT.

Freeman: But that's more recent. In the 50's and 60's, there wasn't—

Ellis: We have plenty of studies, and like all studies, including Beck's, the NIMH study, they were all flawed. Now people love to point out the flaws in REBT studies, which do exist, so I'm not denying that, but they won't point out Beck could be—partly has been—ripped up because all the studies have a very bad aspect to them. 1) is they're testing you by tests of irrational beliefs, which you're showing people not to have. Well, naturally, you're going to have a good correlation. But 2) practically every study of psychotherapy that's ever been done, including all the analytic studies, Rogerian studies, show that people feel better rather than get better, make a profound philosophical change, including ours. It's very hard to do that study. You'd have to follow it up for years.

So we have an empirical basis of, literally, hundreds of studies. Beck has more. He has about 1,000 or more. But we have a very good basis. But all those studies are flawed. And, as I said, they like to rip up ours and they don't take that much trouble to rip up Beck's and Meichenbaum's and others, which are equally or almost equally flawed, but they do very good research.

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And our people are mainly clinicians and we've spent thousands of dollars getting people at our institute to do research, but unfortunately we pick them mainly to do good therapy and good therapists are

allergic—usually, not always—to doing research. So very few of our projected studies have gone through and we never get any funds because we're not an academic institution; though we've put several grants through, none of them have come through.

Freeman: One of the things I've seen in watching you work, and have always been amazed, that you meet with a patient and within minutes, you're doing interventions. Now what I've heard people say is, "How can he do that? He just meets the patient?" And what I see, what I've tried to teach my students is to use you as a model, because you clearly have a conceptual framework that you use.

Ellis: Right.

Freeman: And based on 50 years' experience, but you're not just shooting from the hip.

Ellis: Right.

Freeman: You are doing something, there's a process.

Ellis: Well, it's all theoretical.

Freeman: What's the process?

Ellis: At my Friday night workshop, where for over 30 years, every Friday that I'm there, most Fridays of the year I'm there and I do two clients usually. Half hour sessions then I throw it open to the audience. Now I have a theory, and I do this on theoretical grounds. Whatever they tell me, and they usually start with C (feelings, emotions and depression, despair and anxiety) and A (something bad happened) almost all the time. I tell them—and I can tell anybody—I know what B is.

Because there are only three basic B's, and that's why Meichenbaum got to attend to that, and so would Tim Beck. "I must do well"—which most of them have. "You, or the people, must treat me nicely"—which, again, a lot of them have and "the world must give me what I want when I want it." Now I'm just looking and I usually find all three, but it would be practically never that I find a person with a neurosis who wouldn't have at least one of those profound, strong B's.

So I say to myself, which one is it, probably? I zero in, I usually get

the right one or else we get one or two of the others, and then I start disputing and showing them. And we have studies of that Friday night workshop. We show people in one session—and I do this all over the world, make a profound change in one session. Now most of them don't—they'd better go do the reading and listen to the cassettes and other things.

Freeman: A criticism that could be lodged then, is, well, are you saying that there's only three reasons, and that's it? For the complexity of the brain and the human animal? Just three reasons that get people nutty?

Ellis: Well that get them neurotic—not personality disorder, not psychotic. And I think I'll go down in history ultimately for the one who really got it down to that. Because other people before me, philosophers, have said, “you have stupid, nutty ideas.” And I said so right at the beginning in 1955, that a little later, I realized that there are hundreds, but they're all under these three headings. “I have to do well or I'm no good,” “you must treat me nobly and kindly or you should roast in hell for eternity,” and “conditions must be the way I really want them—it's horrible and I can't stand it.”

Now you go show me any neurotic belief that isn't under one or two or all three of those headings. I never found one yet and I defy you to find one. Because take a preference sentence: “I wish very much that I did well, but I never have to, too bad if I don't.” Now how can you get upset if you really, really, believe that?

CHAPTER 7: THE FUTURE OF PSYCHOTHERAPY

Freeman: There's a movement afoot. There's a Society for the Exploration of Psychotherapy Integration. There's a journal, there are books on eclectic, on integration.

Ellis: Right.

Freeman: What do you see as the future of psychotherapy integration?

Ellis: Well I think that all psychotherapy, especially in the graduate schools, will be integrated because if they don't teach it, they're really way behind the times. So I think that right now, practically all therapists—practicing therapists have been a while—most of them,

95% of them, use some degree of integration. If they're analytic or gestalt therapy or Rogerian, they sneak in our stuff and other stuff. There's Arnold Lazarus, they sneak it in. So I think that will be more and more and integration will rule the roost and especially it can be put, psycho educationally, into books, cassettes, computers, etc.

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And that's finally going to rule the roost more than individual psychotherapy.

Freeman: In many movements, when the founder or major proponent is no longer active, the movement has declined. Witness what happened to gestalt therapy when Fritz Perls died. In a recent article discussing the future of REBT, there was obviously some disagreement. What will happen to REBT when Albert Ellis is no longer there to lead the movement?

Ellis: Well, two main things. One is that it will always exist as a unique form of cognitive behavior therapy, especially emphasizing the musts, especially emphasizing our force, because we're vigorous. We're very forceful and very emotive, evocative, and especially showing people how to get USA, unconditional self-acceptance. So we have things that the others don't quite have. They're close to them but not them.

So that will either go on as its own unique form of cognitive behavior therapy, which I hope it will, or else REBT will just be incorporated into the cognitive behavior therapy movement, and some of that stuff may unfortunately get lost. It may be minimized. So I hope the first happens, rather than the second, but I'm not sure.

Freeman: Is there an heir to the movement?

Ellis: There's no actual heir to the movement. There are several people like Ray DiGiuseppe and Janet Wolfe and Dom DiMattia and Michael Bernard and others who are very good at it and add to it. And I think that will always be. Freud had Fromm and Horney and others who really changed it around a great deal, but I don't know that there's any heir apparent, and I don't know that there has to be.

But I hope that REBT goes on—not because I originated it, but

because its various theories, as against, let's say, other cognitive behavior theories, really do work more efficiently. They're a briefer and better method and a more enduring one to use REBT, rather than the other overlapping cognitive behavior therapies. If it doesn't, it doesn't. Too bad.

Freeman: What do you see to be the future of psychotherapy, generally, say, over 20 years? In the year 2015?

Ellis: Well the future is already partly with us but we don't face it.

Because especially my books were taken over by other writers and give credit or don't give credit, and now almost all the self-help books have a great deal of REBT in it. And as I said, some don't give credit. But the same thing has happened. REBT and cognitive behavior therapy have really infiltrated business. They call it training when they train the trainers and now, with Marty Seligman and we originally, we hope to get it into the school system.

So individual therapy will always exist. Group therapy will always exist. Workshops, etc., will always exist. But I think the future of psychotherapy is preventive and prophylactic. Let's start the little kiddies early in the game, kindergarten and onward to see that they foolishly tell themselves that they have to do well and they must be loved and it's awful when bad things happen to them. Teach them over and over that they naturally, easily, and neurologically do this, it's a tendency, but they still can work their heads off and their asses off, I hope, to keep undoing it and undoing it and get again to what I call a profound philosophical change.

So if the worst happened and you were the only one in the whole damn world left, it still wouldn't be awful, you'd still manage to enjoy yourself and go on. And you wouldn't whine and scream, which is what neurosis really is. "It shouldn't be the way it indubitably is."

Freeman: We started our interview by talking about books and plays you've written. You've also been a songwriter.

Ellis: Right.

Freeman: Could you possibly honor us with one of your songs?

Ellis: Okay. Just so I don't forget it, because I write so many of them.

I've written hundreds of these because I found out years ago that people, when they're neurotic, take things too seriously. So we showed them how to have a sense of humor and rip them up. So I wrote in 1976, I gave the first research at APA—American Psychological Association—

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Freeman: I remember.

Ellis:—in Washington, I think it was.

Freeman: Right, there must have been 700 people there.

Ellis: So we give this song sheet to our clients. When they're anxious, they sing an anti-anxiety song. Depression, an anti-depression song. So let me in my God awful baritone shamelessly—as a shame-attacking exercise—sing one of them which people like, to the tune of “Yankee Doodle”—“Love me, love me, only me.”

“Love me, love me only me, or I'll die without you, make your love a guarantee so I can never doubt you. Love me, love me totally, really, really try dear, but if you demand love too, I'll hate you 'til I die, dear. Love me, love me all the time, thoroughly and wholly, life turns into slushy slime, less you love me solely. Love me with great tenderness, with no ifs or buts dear, if you love me somewhat less, I'll hate your God damn guts, dear.”

Freeman: Al, you've been a model for me, personally, professionally. It's been a great opportunity for me to have a chance to talk with you. Thank you.

Ellis: Certainly good talking to you.

Complete Transcript of Myrtle Heery Interview with Albert Ellis

CHAPTER 1: THE ORIGINS OF REBT

HEERY: Good afternoon, Dr. Ellis. I'm Dr. Myrtle Heery. We're at the Evolution Conference, and I'll be interviewing you for a while for an audience of people to learn about your Rational Emotive Therapy and yourself, primarily yourself.

ELLIS: Rational Emotive Behavior Therapy.

HEERY: Okay. Can you tell us a little bit about how this emerged as a behavior therapy?

ELLIS: Yes. I was trained in Rogerian therapy but gave that up right away because it's so goddamned passive. It gets nowhere very fast, and then I stupidly became a psychoanalyst and did psychoanalysis for six years, but I found that was even more passive. You listen for years and you go into every irrelevancy under the sun—your early childhood, which has almost nothing to do with your disturbance—and then you miss all the philosophic relevancies: your cognitions, your philosophy, what you think about things which are really important and make you disturbed. So I abandoned that and investigated lots of therapies, about 200 at that time, and formulated Rational Emotive Behavior Therapy as the best and I hope the briefest and most complete and most intensive of the lot.

HEERY: And over the years how have you seen this help people?

ELLIS: We have now with Rational Emotive Behavior Therapy and cognitive behavior therapy—which followed it 10 years later after I was the first to formulate and do it—we have over 2,000 studies which show the effect of this. And Rogerian therapy, psychoanalysis, and all but behavior therapy, they also have many studies. We're the only one that has so many studies which tend to prove—not absolutely—the effectiveness of REBT.

HEERY: When you say not absolutely, could you clarify that for us?

ELLIS: Well, you could never prove any hypothesis absolutely. You

can show that it works so far and seems to work better than other hypotheses, but you can't prove that it will work forever in the future. Even the law of gravity might be abolished in the future, so we don't know.

HEERY: I often have heard you use a sense of humor when you're describing your work and how you relate to life. Can you talk a little about humor and the use of that in your therapy?

ELLIS: Yes, that's very important because people disturb themselves; they don't get disturbed. That's psychoanalytic nonsense. They disturb themselves largely by what they tell themselves, and they first take adversities, hassles, problems of life seriously, which is good, but then they take it too seriously and lose their sense of humor. So we have many cognitive thinking techniques, many experiential, emotive, feeling techniques, and many behavioral, but one of the ones that overlaps is humor because it's a thinking technique. It interrupts your nutty thinking, and it's a feeling technique and it's also behavioral. It pushes you on. So we give all our clients my famous group of rational humorous songs that rip up anxiety and depression and horror humorously, and they sing this to themselves when they're upset, and then they temporarily get upset but then they have the leeway to think about what they did to upset themselves and to undo what they did to make themselves upset.

HEERY: Could you give us one of these humorous songs?

ELLIS: Well, if you would have let me know beforehand—I don't even remember my own songs, but I'll see if I can do one and remember it.

HEERY: Okay, go for it.

ELLIS: "Love me, love me, only me or I will die without you. Make your love a guarantee so I can never doubt you. Love me, love me totally, really, really try dear. For if you demand love too, I'll hate you 'till I die, dear." And it goes on.

HEERY: Do you sing this to yourself regularly?

ELLIS: Well, we have my famous shame-attacking exercises. We get people to go out in public and do ridiculous, stupid, foolish things and not feel ashamed.

HEERY: Like what?

ELLIS: Shame is always wrong because shame means I did the wrong thing, which may be correct, but I'm no damned good as a human for doing it, which is totally incorrect, and six billion out of six billion people believe that nonsense that they can rate themselves, their being, their essence by what they do; and they can't, it's impossible, but they all do it. Why? Because they're out of their goddamned heads, and they're born that way.

HEERY: Are they really?

ELLIS: They're raised by their parents and culture to say, "you're a good boy," when you can't be a good boy or a bad girl, because you'll always have to do good or bad things and be damnable for doing them and doing them in the future. So as Alfred Korzybski, the head of General Semantics, says, the "is" of identity—I am what I do—is utter bullshit of the worst order. And all humans, every single one, believe it to some degree, which just shows how crazy the human race is. As I often say, if the Martians ever get down here and they're sane, they'll die laughing.

HEERY: You think so, huh?

ELLIS: Yeah.

HEERY: Do you mind if I call you Albert?

ELLIS: No, that's quite okay.

CHAPTER 2: GETTING UNTERRIFIED

HEERY: Listen, Albert, I want to know how you apply this to yourself personally? How has it worked in your own life?

ELLIS: Well, I originated it because at the age of 19 I read in philosophy, which was my hobby, that if you did what you're afraid of doing, then you got over it, and it was your idea that you constructed that failing is horrible and being rejected is horrible, which was making you upset. It wasn't the business of failing or of being rejected. So I made myself—I had a public speaking phobia, and I read in John B. Watson, the early behaviorist—

HEERY: Yes, I remember him well.

ELLIS: —that if you took an animal and put it at one end of the table and a little kid at the other end, a feared animal like just a rabbit or a mouse, the kid was terrified. So you gradually moved it closer and the kid got unterrified and started petting the animal after a short while, so I said: “Shit, if it’s good enough for little kiddies, it’s good enough for me.” So I made myself uncomfortably speak and speak and speak in public instead of phobically avoiding it, and completely got over my public speaking phobia in seven weeks. But then I said: “Well that’s nice, but I’m not going to be a public speaker. I’m going to be a writer.” So what’s more important? What’s more important was women. I was scared shitless of approaching women.

HEERY: Really?

ELLIS: I flirted with them in Bronx Botanical Garden near my home, but I never approached them, made up all kinds of excuses. So I gave myself a brilliant homework assignment at the age of 19 when I was off from college, to go to Bronx Botanical Garden every day that month, and whenever I saw a woman sitting alone on a park bench, I would sit immediately next to her, not in her lap, which I wouldn’t dare do before, and give myself one lousy minute to talk to her. If I die, I die, screw it so I die.

And I did that. I found 130 women sitting alone that month on the park bench. I sat next to all of them, whereupon 30 got up and walked away, but that left me an even sample of 100, good for research purposes. So I spoke to the whole hundred for the first time in my life about the knitting, birds and the bees, the flowers, their reading. And if Fred Skinner, who was then teaching at Indiana University, had known about my exploits, he would have thought I would have got extinguished, because of the hundred women I made one date, and she didn’t show up.

HEERY: Oh my goodness!

ELLIS: But I prepared myself philosophically even then—it was before cognitive therapy really—by seeing that nobody took out a stiletto and cut my balls off, nobody vomited and ran away, nobody called the cop. I had a hundred pleasant conversations and the second hundred I got good at and made a few dates. So I used what I later developed

into Rational Emotive Behavior Therapy on myself by thinking philosophically differently, that nothing is awful, terrible, it's just a pain in the ass, that's all it is. And that there's no horror in being rejected, and I forced myself uncomfortably to do what I was afraid of—the opposite of what phobics do—because whenever they're afraid of innocent things like elevators, they beat it the hell out and then never get over it, they increase their phobias, but I did it.

So in Rational Emotive Behavior Therapy I combine thinking, philosophy, for the first time, with feeling, emotion, vigor, force and with behavior therapy, which I got from John B. Watson, Fred Skinner and others. So it's one of the very few therapies that is multi-modal in Arnold Lazarus' sense, and it includes thinking, feeling and behavior, and has about 20 or 30 techniques under each heading—cognitive, emotive and behavioral, and as we said before it has lots of evidence in favor of it. That doesn't mean it's completely true and will work for anybody.

HEERY: It sounds like it's helped you both personally and professionally. It's been a great success professionally and it helped you with interviewing the women in the park. I'm a little interested in how it's helping you right now between the two of us.

ELLIS: Well, between the two of us it's helping me because if I screw up, fuck it, so I screw up. It's too bad that I did the bad thing, screw up, but I'm not a worm, I'm not a louse, I give myself what we call USA—Unconditional Self-Acceptance, just because I'm alive and human, for no other reason. So therefore, if you don't like me, I don't like that—I'd like you to like me—but if you don't who really cares? What's going to happen to me? Nothing.

HEERY: That's a very interesting question. I'm glad you brought it up. Who does care? Do you care about yourself and what's going to happen to you?

CHAPTER 3: THE GREATEST SICKNESS KNOWN TO MAN

ELLIS: I don't love myself but I care unconditionally about myself. To love yourself, when you love anything you love because you like certain aspects of it. You love a man or you love a woman because

they're bright, they're beautiful, etc. But that goes. That's not unconditional, that's conditional love—the greatest sickness known to man, which is called self-esteem. If you have self-esteem, then you're sick, sick, because you say: I'm okay because I do well and because people love me, so when I do poorly, which I'm a fallible human and will, and people hate me because they may just zealously hate me or they don't like me, then back to shithood I go. So I worry, worry, worry about doing well and winning other people's approval, and I worry, worry, worry about the future even if I do well in the present. So that's the worst sickness—self-esteem—ever known to man because it's always conditional.

Unconditional says, I'm okay just because I'm me, just because I'm alive and human, so better I only rate what I do for my goals and purposes. I'd like to do well and be loved, etc., because it gets me goodies, but I never rate my personhood or myself. That's asinine, and all humans do it. Not equally, some are in the mental hospitals, and all therapists do it because they're as crazy as humans and they endorse self-esteem.

HEERY: Tell me something just between the two of us right now. How's it going for you?

ELLIS: Fine. Besides, I don't give a shit, again, how it goes. I keep focusing on what I'm doing and what I'm saying, and not on how I'm being rated by you or anybody else for doing it. So it always goes well.

HEERY: I notice quite often you use the words “shit” and “fuck” and this kind of language. Is that okay with you? Is that some part of your vernacular?

ELLIS: Well, even when I was a nutty psychoanalyst I realized that people were afraid to use it. They always use it to themselves, but not in public, so in 1950 I was the first psychologist probably to say “shit” and “fuck” at the American Psychological Association. It's not just part of Rational Emotive Behavior Therapy. People think it is, but it's part of my believing that I will be myself and use my language in public, and if people don't like it they don't like it. Too damned bad, but it's not awful and horrible.

HEERY: It sounds as if you're really absolutely in touch with what Albert Ellis wants to do and that's it.

ELLIS: Don't use "absolutely." That's a human sickness. There are no absolutes.

HEERY: So I made an error there using "absolutely." Absolutely I've made an error and I could start thinking pretty fucking bad of myself right now, but I'm not going to go there.

ELLIS: I definitely am what is called "myself." I do what I like and I do what I dislike, but I never get into trouble. I'm a long-range hedonist, which we teach, rather than the short-range. The short-range smoke and drink and overeat and get into trouble because of the pleasure of the moment. So I look at the moment as many philosophers have done years ago and the future. I'm a long-range hedonist and go after what I want. But if I don't get it, that's too bad. It's never awful. Nothing is awful or horrible in the universe. Do you know why?

HEERY: I'd like to question you on that, because I do think murder is a little bit horrible, don't you? Or not?

ELLIS: Not even genocide.

HEERY: That's not horrible, genocide is not?

ELLIS: Nothing is horrible because "horrible" means that people don't think when they use these words.

HEERY: So it's a language problem?

ELLIS: Partly. Korzybski, the head of general semantics, said years ago "horrible" means it's very bad, and let's agree that murder and rape and incest and terrorism and war are very bad.

HEERY: Do you actually agree to that? Do you actually agree to that, that that's very bad?

ELLIS: Yeah but awful and horrible means it's so bad that it should not exist, and whatever exists, exists.

HEERY: I agree with you on that. That seems to be a very existential point, don't you think?

ELLIS: That's right.

HEERY: Tell me something. How is this related to existential philosophy? Or is it related to existential philosophy?

ELLIS: Oh, yes. We are humanists and partly even post-modernists, but we're largely existential, following the philosophy—some of what I just told you before, I got from Paul Tillich, who wrote *The Courage to Be*.

HEERY: I know this book well.

ELLIS: You can be yourself whether or not you do well, whether or not people love you. So we're existentialists but at the same time we're realists, and some of the existential therapists are soft-headed and think that if you just have nice existential discussions with people, they get better. They practically never do; they get more confused.

HEERY: Do you think so?

ELLIS: So we teach them what they're doing, what they're telling themselves will do them in, which very often that's what they tell their clients, they would be done in, and then we show them existentially two main things. One I just said—USA, unconditional self-acceptance, no matter what, no conditions. And “unconditional other acceptance.” You accept all humans because they're human. You don't like what they do and you stay away from some of them and you put some of them in jail who act immorally.

HEERY: Let's look at that for just a moment. Let's say I do murder someone and I go to jail and I do your USA inside of myself as a murderer. Is that okay?

ELLIS: No, no, no, you would say: I did the wrong thing—

HEERY: Oh I would say that? Many murderers don't say this.

ELLIS: Because you live in a social group and murder is wrong, and that will get you into jail, trouble, etc. So you follow the rules generally of the social group that you live in, so again you'd say: “I made a mistake, I preferably should not have murdered that person, it was wrong, but I absolutely did it, too bad. I am not a worm or a louse or a loser; I'm a fallible, screwed-up human who made a mistake this time. Now let me learn from it and next time I'll make fewer mistakes.”

Not none, because I'll never be perfect, but you always says that if other people do me in, treat me unjustly, unfairly, that is bad by my standards. I want to be treated justly and they've treated me unjustly, so that's against my goals and purposes. But they are never bad people. Hitler, Stalin, Genghis Khan are never bad people and if you condemn them you're going to condemn yourself, what you do badly. So that's an existentialist position which few people have.

HEERY: I'm beginning to understand a connection here between the existential thought and your thought, but I'm also beginning to see a pretty major difference which has to do with the concept of the spirit, of the soul. How does that intertwine with what you're saying?

ELLIS: Spirit and soul is horseshit of the worst sort.

HEERY: Gotcha. I see.

ELLIS: Obviously there are no fairies, no Santa Clauses as spirit.

What there are is a purpose and sane existentialism. A lot of transcendentalists are utter screwballs of the worst sort. Wilber. They're incredibly stupid.

HEERY: What about Tillich, Paul Tillich?

ELLIS: Oh, yeah, Paul Tillich was an existentialist, but I think he was really an atheist who didn't have the guts to say because he was a minister.

HEERY: Right, he was a minister. He was a minister, so I'm wondering how you ally with that.

ELLIS: We'll never know about Tillich.

HEERY: I'm wondering how you ally with that.

ELLIS: I ally with that because I accept that I do stupid, wrong things very frequently because I'm a fallible human and fallible humans do—and that's bad, it's not good, it's not neutral, it's bad. But I, a human, am too complex to rate. You cannot rate a human as Alfred Korzybski shows. You can only rate what he or she does, so therefore I say I did badly and again I hope to change it next time especially since I live in a social group and choose to live in that—

HEERY: That's a very good point. Let's stop there for a minute,

because you do live in a social group, and one of the feelings I'm having even as you talk, it's kind of like: "I'm going to do what I do, the goddamned hell it impacts you. Screw you, lady, or screw whoever it is, I'm just going to do what I'm going to do."

ELLIS: No, but I think whatever I think however bizarre or unprofessional or unlikely it is.

HEERY: So it's not the doing—

ELLIS: I'm going to live by certain social rules and personal rules—because I have my own rules—but the social rules are okay and, as I said before, if you go against the social rules, then you get into trouble.

HEERY: For instance yourself saying "fuck" whenever and wherever you want to say "fuck." I mean, there is a general social rule not to just say "fuck" anywhere.

ELLIS: Some people don't like me but they still haven't cut my balls off for saying "fuck," so they don't do much about it. If they really would take arrows and bows and try to kill me, then I'd stop saying it.

HEERY: Oh, would you?

ELLIS: Yeah. It wouldn't work, because, again, we're very practical.

HEERY: This is important, the practicality of this therapy?

ELLIS: A thing we say, that people have rational beliefs, preferences—"I like this and hate that"—and irrational beliefs—demands, commands, shoulds, oughts and musts, as Karen Horney said years ago. So we get them to change the irrational beliefs into preferences, into rational beliefs. But one of the ways of doing that, we have many ways—cognitive, emotive and behavioral—is to show them that the irrational beliefs don't work. They're pragmatically impossible.

HEERY: Let me ask you this. Do you have a belief that inside the individual, behind the thought patterns, that they actually know what's best for themselves?

ELLIS: No. They'd have to be perfect. Who would know? Nobody knows. They think they know what's best for themselves.

HEERY: So you know what's best for them, would you say?

ELLIS: No. And very often it works. If it didn't work they would be here as clients, so very often it works. But we show them that they think many and feel many things that screw them up. For example, the one I just said before. Whenever you take any wish, preference, goal, which is fine—whatever you like, you like; whatever you dislike, you dislike—and you make it as if it were a universal command: “Because I like it, it must be, I must get it; because I dislike it, it shouldn't exist,” then that's not only against reality, it's even against social reality. It won't work, so it gets you into trouble, so therefore we show you that you make yourself upset. You don't get upset, you make yourself upset by taking the perfectly rational preferences—I like this and I dislike that— and making them into arrogant, grandiose, perfectionist demands. All humans do that and some do it much more, with severe personality disorder, but they all tend to do that. Why do they do it? Because they're out of their minds, they're crazy. Reed Korzybski, who was a scientist and an engineer and not a therapist, he explains it, as you said before, it's largely our language but really it's our thoughts behind it.

HEERY: The thoughts behind the language, that's very important. So you're working with the thought behind the language?

ELLIS: Right.

CHAPTER 4: “THERAPISTS ARE CRAZY”

HEERY: What I'm curious about is it seems as if you're coming at the person quite a bit with a technique, an idea that you're going to impose on this person.

ELLIS: That's because you're probably a therapist and therapists are crazy. They think—

HEERY: You think I'm crazy?

ELLIS: Well, therapists are. I don't know if—

HEERY: If I'm a therapist and you think therapists are crazy, let's just break it here.

ELLIS: Because they're fucking babies and they need—

HEERY: Am I a fucking baby?

ELLIS: —the love and approval, among other things, of their clients.

HEERY: Oh, I see. Do you think I need that?

ELLIS: I don't know. I don't know you at all.

HEERY: We're getting closer to the fact that I'm a therapist and maybe that might be something I need.

ELLIS: But therapists generally try to quiet clients down and help them *feel* better, and they do that mainly by loving them, caring for them, showing them that they're okay, encouraging them, etc. But they don't basically get them to *get* better, because getting better means first acknowledging the symptoms. Second, showing what's behind the symptoms—the philosophy, the thought and the feeling that's behind the symptoms. Thirdly, minimizing the symptoms. Fourthly, minimizing related anxieties and depression. But fifthly, especially, getting them to the point where they change their basic philosophy of musts, shoulds, oughts, demands, so they stop upsetting themselves theoretically about anything, and the world could literally come to an end and they'd say: "Too damned bad. Now how do I enjoy the last few minutes? Why whine and scream because it's coming to an end and I don't like that?"

HEERY: That's an important point. I really would like to look at that with you. It's coming to the end of your own life—because you're aging, you're growing older—

ELLIS: Right, I'm 86.

HEERY: And how is this therapy, how are you using it to help you as you're aging?

ELLIS: Well, I have a couple of papers on that, but just briefly I'm also diabetic, have been diabetic for 46 years, etc. That again is unfortunate. I don't like it, it's a pain in the ass, but it's not horrible, it's not awful; it's too bad that that's the way it is, so I adjust to it and live with it. I don't like my aging process, I certainly don't like my diabetes, I have several other minor ailments, not serious and I don't like them. But I live as happily as I can live with these ailments, and therefore I don't worry about them. I could drop dead tomorrow.

HEERY: Oh, death. Now that issue, death. There is death, so how do you bring that into the picture for yourself.

ELLIS: Death is exactly the same state you were in before you were conceived. Do you remember that, before you were conceived?

HEERY: Some people say they remember it. I don't remember it in the moment.

ELLIS: They're crazy, they're psychotic.

HEERY: They're psychotic, those people, all people who remember what happened—

ELLIS: And therapists help them be psychotic to remember that crap.

HEERY: I see. That's crap, okay.

ELLIS: So do you really remember the state before you were conceived? Do you?

HEERY: Do I personally right this very minute? Not right this very minute, no.

ELLIS: The answer is you're being dishonest. You know, and if you don't remember—

HEERY: No I'm being honest. In this very minute I don't remember. That's my honest answer in this moment.

ELLIS: So you don't remember, but everybody says they don't remember it. I've seen it thousands of times, so I say that's exactly in all probability the state you're going to be in after you're dead. Dead as a duck. You're not going to feel anything, you're not going to be in pain or anything. Now why be afraid of that?

HEERY: Are you afraid of it?

ELLIS: Of course not.

HEERY: It's just going to happen, right?

ELLIS: So it's going to happen.

HEERY: Dead duck.

ELLIS: Tough Shit!

HEERY: Tough shit. It's just coming. We don't know when. We might as well enjoy being here while we can.

ELLIS: If I worried about death I wouldn't enjoy being here. Worry, worry, worry, oh, I'm going to die. So humans are all FBs, fucking babies, who—

HEERY: Well, you're one of those people.

ELLIS: —who live for a certain while and who make up gods, devils, Santa Clauses, an afterlife, which is utter shit of the worst sort. Even the Buddhists make up an afterlife and they're pretty good as religions go, and they're afraid to die, die, die, when they're going to anyway.

HEERY: You said a minute ago that humans are fucking babies. You're one of those humans. Are you a fucking baby?

ELLIS: Well, actually I overgeneralized. They're babies who act fucking much of the time, but no overgeneralization. That's what Korzybski told us—you overgeneralize as humans always do, then you label that; and labeling is not great, but they act as fucking babies much of the time all their lives, and I show them how to grow up, be themselves and not give too much of a shit for what other people think of them, but at the same time to have UOA [Universal Other Acceptance], to give unconditional acceptance to all humans just because they're human, period.

HEERY: That's an important point. How are you doing in this moment? I saw you just take a quick breath. How are you?

ELLIS: I'm fine.

HEERY: Good. You talk a lot.

ELLIS: Oddly enough I had a phobia for public speaking. I never spoke in public, but when I forced myself uncomfortably to speak, speak, speak and got over my phobia, I found out that I have an innate talent for talking, which I never knew because I was so phobic about speaking.

HEERY: Do you spend any time in silence?

ELLIS: Silence would be the most boring thing I ever thought of. I spend time thinking, if you call that in silence, but I don't meditate

or anything like that. That's a waste of time except that it's cognitive distraction and temporarily gets people not to worry, but it doesn't show them the basic philosophy behind worry, so a lot of meditation is just useless. But temporarily we teach them how to do it.

HEERY: Could you clarify that? I'm not sure what it is you're teaching them.

ELLIS: We teach them various methods, whichever they want to use, of yoga, meditation, Jacobson's relaxation techniques, but we tell them that that doesn't change your basic outlook. It just distracts you from telling yourself how horrible the world is and you're no good.

HEERY: So you do incorporate meditation in your work?

ELLIS: We have lots of cognitive, emotive and behavioral techniques including that, but if you do it to extremes, an hour or two a day, then you just piss away a lot of your life. So you can meditate for 20 minutes while you're anxious, then it will temporarily allay the anxieties since it's a cognitive distraction, and then you go on to unthink your anxieties. So meditation, most of the people use it to stop their thinking and then they never rethink, so it does much more harm than good in some instances.

HEERY: So you yourself never meditate?

ELLIS: It's a fucking waste of time. Why should I meditate? I'm not anxious.

HEERY: What is the most important use of your time?

CHAPTER 5: THE GOSPEL OF ST. ALBERT

ELLIS: The important use of my time? There are many things. I love my work. I love my writing. I've written over 60 books. I love going around the world spreading the gospel according to St. Albert to the heathens of this world, and I just enjoy living. I love my relationship. I've lived in sin with a woman for 36 years, so I enjoy that, friendships, etc. I have a fucking ball. Anything else?

HEERY: I was just enjoying the silence for a moment with you.

ELLIS: I think silence is a bore.

HEERY: You're bored right now?

ELLIS: Unless you think.

HEERY: I'm feeling pretty comfortable with the silence. Are you?

ELLIS: If you like it, like it.

HEERY: You've brought up an important word here, which is love, and not just the object of sex and intercourse but the emotion of love. How does love fit in with your therapy and this whole idea of sexuality?

ELLIS: Well, my original research was on love. I wrote my PhD thesis on love and Columbia University thought it was too sexy so they made me write another thesis. But love consists of attachment, emotional attachment, caring for another person. Now most of it, as I said before, is conditional. Unfortunately you love because the person has a good nose, good eyes, or intelligence, etc., so a great deal of it is conditional. And you don't love wholly, you don't love forever. You also, if you're a normal human, love other people other than the one beloved that you're mated to. And of course you love your children, we assume, so love means that you get attached and care for and you like the other person to be caring for you, but you don't deify and obsess about it—obsessive-compulsive in love as the movies show you're supposed to do, to think of one person for the next 50 years forever. That's nonsense of the worst sort.

HEELY: It sounds like you're trying to move the emotion of love right through the brain and have some control over this emotion.

ELLIS: No, you're doing that because you have a bigoted point of view which I can't go into now, so you're seeing me, what I say, this whole interview in your semi-mystical notion, so don't say what I'm trying to. You're trying to do that, but we're not here to argue the point.

HEELY: Oh, excuse me, I didn't realize I was trying to do that. It's a good thing you pointed that out.

ELLIS: You better realize it. It would be nice, it's not necessary, you could do it for the rest of your life, but you're obviously very, very biased against what I call sanity, rationality, etc., and you stupidly think—I think it's stupid— that it's different from feeling and

behavior. As I said in 1956, in my first paper on REBT at the American Psychological Association in Chicago, when you think you also feel and behave. When you feel you also think and behave, and when you behave you also think and feel. They're all integrated, and I used the word holistic in integrating. You can't separate them and you're trying to get me into some box where—

HEERY: Well, you're not.

ELLIS:—you're separating feeling and—

HEERY: I'm glad we clarified this because this is for the public to hear. There is no separation, it is a holistic that you're speaking of?

ELLIS: Yes, and therefore it would be better if you used many rational techniques, very, very forcefully and vigorously, many emotionally, evocative, experiential techniques also forcefully and many behavioral techniques that get people to PYA—Push Your Ass—until you change, keep changing and stay changing because it's partly biologically against the human condition to give up your demands, commands, shoulds, oughts, and keep your preferences. People are allergic to doing that. When they feel the desire of something strongly, then they make it a must. They do it because that's their nature to do it.

HEERY: I think we've clarified some very important points and it's been wonderful for me personally to listen to you. I appreciate your point of view very, very much. I hope that's come across to you.

ELLIS: I enjoyed the interview despite certain hassles that happened.

HEERY: That's good because we got a little bit clarified through the hassles, and I enjoyed meeting you and spending some time with you. I appreciate your giving your time to us today.

ELLIS: Thank you.

HEERY: Thank you very much.

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Therapeutic Issues

Addiction	Grief/Loss
Anger Management	Happiness
Alcoholism	Infertility
ADD/ADHD	Intellectualizing
Anxiety	Law & Ethics
Beginning Therapists	Medical Illness
Child Abuse	Parenting
Culture & Diversity	PTSD
Death & Dying	Relationships
Depression	Sexuality
Dissociation	Suicidality
Divorce	Trauma
Domestic Violence	Weight Management

Population

Adolescents	
African-American	Men
Children	Military/Veterans
Couples	Parents
Families	Prisoners
GLBT	Step Families
Inpatient Clients	Therapeutic Communities Women