

# PsyflixTR



## SERTİFİKALI



## PSİKOTERAPİ KURSLARI



BİREYSEL VE  
KURUMSAL ÜYELİK İÇİN

[kimpsikoloji.com](http://kimpsikoloji.com)



BİREYSEL VE  
KURUMSAL ÜYELİK İÇİN

[kimpsikoloji.com](http://kimpsikoloji.com)



Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.

@PsikoTerapiVideolari  
[psyflix.com.tr](http://psyflix.com.tr)



[kimpsikoloji.com](http://kimpsikoloji.com)  
@kimpsikoloji



Akademi.KimPsikoloji.com

# YAYINDA



**SERTİFİKALI**



## PSİKOTERAPİ KURSLARI



BİREYSEL VE  
KURUMSAL ÜYELİK İÇİN

[kimpsikoloji.com](http://kimpsikoloji.com)



BİREYSEL VE  
KURUMSAL ÜYELİK İÇİN

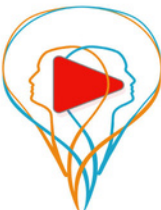
[kimpsikoloji.com](http://kimpsikoloji.com)



Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirme isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.



@PsikoTerapiVideolari  
[akademi.kimpsikoloji.com](http://akademi.kimpsikoloji.com)



[kimpsikoloji.com](http://kimpsikoloji.com)  
@kimpsikoloji /kimpsikoloji



Instructor's Manual

for

COPING WITH THE  
SUICIDE OF A LOVED  
ONE:

AN REBT APPROACH

with

ALBERT ELLIS, PHD

Manual by

Charlotte Dick, MA & Victor Yalom ,PhD





The *Instructor's Manual* accompanies the DVD *Coping with the Suicide of a Loved One* (Institutional/Instructor's Version). Video available at [www.psychotherapy.net](http://www.psychotherapy.net).

Portions of this manual were originally published in the *Albert Ellis Institute Master Therapist Series Study Guide for Coping with the Suicide of a Loved One*, edited by Stephen G. Weinrach, PhD and Raymond DiGiuseppe, PhD, and published in 1996 by The Albert Ellis Institute, New York.

Copyright © 2009, Psychotherapy.net, LLC. All rights reserved.

**Published by Psychotherapy.net**

150 Shoreline Highway, Building A, Suite 1  
Mill Valley, CA 94941  
Email: [contact@psychotherapy.net](mailto:contact@psychotherapy.net)  
Phone: (800) 577-4762 (US & Canada)

**Teaching and Training:** Instructors, training directors and facilitators using the *Instructor's Manual* for the DVD *Coping with the Suicide of a Loved One* may reproduce parts of this manual in paper form for teaching and training purposes only. Otherwise, the text of this publication may not be reproduced, stored in a retrieval system or transmitted in any form or by any means—electronic, mechanical, photocopying, recording or otherwise—without the prior written permission of the publisher, Psychotherapy.net. The DVD *Coping with the Suicide of a Loved One* (Institutional/Instructor's Version) is licensed for group training and teaching purposes. Broadcasting or transmission of this video via satellite, Internet, video conferencing, streaming, distance learning courses or other means is prohibited without the prior written permission of the publisher.

Charlotte Dick, MA & Victor Yalom, PhD

*Instructor's Manual for Coping with the Suicide of a Loved One: An REBT Approach*

Cover design by Michelle Barnhardt

---

**Order Information and Continuing Education Credits:**

For information on ordering and obtaining continuing education credits for this and other psychotherapy training videos, please visit us at [www.psychotherapy.net](http://www.psychotherapy.net) or call 800-577-4762.



Instructor's Manual for

# COPING WITH THE SUICIDE OF A LOVED ONE

## Table of Contents

Tips for Making the Best Use of the DVD	7
Ellis's Approach to Rational Emotive Behavior Therapy	11
Therapeutic Issues and Processes in this Session	15
Reaction Paper Guide for Classrooms and Training	19
Related Websites, Videos, and Further Readings	21
Discussion Questions	23
Session Transcript	27
Earn Continuing Education Credits for Watching Videos	55
About the Contributors	57
More Psychotherapy.net Videos	58





# 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 the video and post-viewing.

## 2. FACILITATE DISCUSSION

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

## 3. LET IT FLOW

Allow the session to play out some, rather than stopping the video often, so viewers can appreciate the work over time. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes, and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

## 4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also schedule the video to coincide with other course or training materials on related topics..

## 5. REFLECT ON REFLECTIONS

Hand out copies of **Therapeutic Issues and Processes in this Session** either before or after showing the video. This summary of the REBT perspective on work with this client gives viewers an outline of the key points in the session and clarifies the rationale for Dr. Ellis's various interventions with this client. The **Rational Emotive Behavior Therapy Treatment Sequence** in this section is a step-by-step guide to

how Dr. Ellis applies his method in this case.

## 6. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

## 7. CONDUCT ROLE-PLAYS

After watching the video, organize participants into pairs, so one person will play the therapist and one will play the client. Assign each pair to role-play a therapy session using Ellis's Rational Emotive Behavior Therapy approach. The client may resemble the client in the video, a current or previous real-life client, someone they know personally, or even themselves. Participants should switch roles if time permits.

As a basic instruction, suggest to therapists that they follow the steps outlined in **The Rational Emotive Behavior Therapy Treatment Sequence** in this manual: first ask the client what their concern is and agree on a problem to work with; then assess the circumstances of the event that brought on this problem, and the emotional and behavioral consequences of it; then offer a hypothesis regarding the client's irrational belief, being careful to distinguish between an automatic thought and an irrational belief. See **The ABC Framework** in this manual for a review on these two concepts. Finally, try to connect the irrational belief to the consequences of the event, and dispute the irrational belief.

Following the role-plays, have the groups come together to discuss the exercise. First, have the clients share their experiences; then have the therapists talk about what the session was like for them. What did participants find most useful about this way of working? What did they find most challenging? Finally, open up a general discussion on what participants learned about using the Rational Emotive Behavior Therapy approach.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers

might jump in if the therapist gets stuck. Follow up with a discussion that explores what participants found useful and/or challenging about Ellis's approach.

#### PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to present a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance, and other aspects of process (as opposed to content) that are critical components of the therapeutic encounter. Because these process variables are so multidimensional, repeated viewings of the same session can help therapists of all levels of experience detect many different nuances of process and deepen their insight and learning.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fit their own personal style and the needs of their clients.

#### PRIVACY AND CONFIDENTIALITY

Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the client who has courageously shared her personal life with us.

Every effort has been made to follow the ethical principles of the

American Psychological Association and to avoid any possibilities of a dual relationship between the therapist or the Albert Ellis Institute and the client. The client depicted in the video was not a client of either the Albert Ellis Institute or the therapist, either before or after this session. They appeared in the video after receiving a full disclosure of the project and the fact that the video was being produced for educational purposes.

# 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). Activating events need not be confirmable external events: they can also be predicted or imagined reality, 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 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-itis (low frustration tolerance)
2. Damnation (of self, others, and/or life conditions)
3. Absolute-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. They are frequently negative distortions of reality. These automatic thoughts are sometimes referred to as inferences. Since automatic thoughts are statements about perceived reality, they are not the same as irrational beliefs. A client's thought, "Oh! I made a mistake!" could be a negative distortion of reality and may be a target for change. However, this thought is the client's perception and therefore an activating event. Making a mistake along with the thought "Oh! I made a mistake!" would be the activating event and the client's irrational belief is her evaluation or demand about the possibility she made a mistake—even if the thought concerning the mistake is imagined, erroneous, or may never have happened.

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 inferences (automatic thoughts) are the same as irrational beliefs. Although, in this example, the possibility of making a mistake is a thought, and maybe an incorrect thought, it is not the main belief targeted in REBT. Rather, it is the demand that "I must not have made a mistake!" 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 has been 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 this video.*



# Therapeutic Issues and Processes in the Session

Roseanne is a 35-year-old woman who is having difficulty coping with the suicide of her husband. In this session, there are two dysfunctional negative emotions targeted for change: Dr. Ellis helps her deal with her feelings of anger and guilt about her husband's suicide.

Roseanne's husband committed suicide over a decade ago. The activating events that prompted Roseanne to seek psychotherapy at this time were her memories and images of the original traumatic event. Roseanne continues to relive the suicide in her mind, and to recriminate herself for not having prevented it. Dr. Ellis shows Roseanne how her guilt is produced by her global negative evaluation of herself because she failed to stop her husband. He helps Roseanne create an alternative explanation or attribution for her husband's suicide, which does not include degrading evaluations of herself. Dr. Ellis also does some "inelegant" disputing of Roseanne's inferences that she was responsible for her husband's suicide.

The primary intervention used in this session involves challenging Roseanne's irrational belief that she is a worthless person because she failed to prevent her husband's death. Dr. Ellis challenges the notion that humans can be globally evaluated and offers an alternative rational philosophy that humans are worthwhile because they exist. Roseanne's anger at her husband is then addressed, and her irrational beliefs are unearthed. Her anger results from a belief concerning human worth similar to the one that caused her self-blame—that is, Roseanne condemns her husband for his cowardly and irresponsible act of suicide.

Although Dr. Ellis agrees that Roseanne's husband's behavior was cowardly and irresponsible, he challenges Roseanne's idea that her husband is globally condemnable because of his acts. As the session progresses, Roseanne discusses a more recent activating event involving a current lover. Here again, Roseanne's anger and depression are the result of her global evaluation of her new man friend for his

misbehavior and her berating herself for not being able to have known in advance that the problem would occur. Throughout the session, Dr. Ellis offers Roseanne hypotheses concerning her irrational beliefs that led to her upset. He also consistently reflects her statements of her feelings back to her with a slight shift. Her sentence structure implies that the activating events caused the emotional upset; when reflecting back her emotions, Dr. Ellis shifts the locus of control for Roseanne's emotions to her and her thoughts—a novel use of the reflection strategy.

THE RATIONAL EMOTIVE  
BEHAVIOR THERAPY TREATMENT  
SEQUENCE

STEP 1: ASK FOR A PROBLEM

Dr. Ellis asks Roseanne directly what her concern is.

STEP 2: DEFINE & AGREE ON TARGET PROBLEM

Dr. Ellis focuses on the husband's suicide and how Roseanne was involved.

STEP 3: ASSESS C (**emotional and behavioral Consequences**)

Dr. Ellis asks about the circumstances behind the suicide. Roseanne states that she feels guilty because she believes she somehow participated by not being able to stop him.

STEP 4: ASSESS A (**Activating event**)

Dr. Ellis focuses on the circumstances of the suicide.

STEP 5: IDENTIFY AND ASSESS ANY SECONDARY EMOTIONAL  
PROBLEMS

Dr. Ellis identifies anger as Roseanne's secondary emotional problem. "By now, we're getting to anger, because when you realize it's unfair, don't you feel angry at him for doing this unfair thing?"

STEP 6: TEACH THE B-C CONNECTION'

**(Beliefs – emotional & behavioral Consequences)**

Dr. Ellis teaches Roseanne how the B-C connection is presently operating in her own life: "You still feel guilty, and that implies that you think you somehow could have done better and you didn't do as

well as you should have done to stop him.”

#### STEP 7: ASSESS BELIEFS

Dr. Ellis proposes hypotheses regarding Roseanne’s key irrational beliefs: “You felt like you should have stopped him from doing it. You felt like you should have convinced him not to do it...”

#### STEP 8: CONNECT IRRATIONAL BELIEFS AND EMOTIONAL CONSEQUENCES

Dr. Ellis points out that Roseanne feels guilty due to her negative global evaluation of herself because she failed to stop the suicide. Dr. Ellis suggests that she feels guilty because she tells herself that she did the wrong thing, which Roseanne then concludes makes her a terrible person.

#### STEP 9: DISPUTE IRRATIONAL BELIEFS

Dr. Ellis challenges Roseanne’s inferences of making a mistake and the irrational belief that she is worthless. Dr. Ellis then helps Roseanne to dispute her own irrational beliefs. He leads the disputing process by pointing out that she couldn’t have predicted it at the time; that there is no evidence that she did the wrong thing; she is not omnipotent; that she is a fallible human; and that her husband had problems beforehand.

#### STEP 10: PREPARE YOUR CLIENT TO DEEPEN CONVICTION IN RATIONAL BELIEFS

Dr. Ellis gets Roseanne to see how the guilt has had negative consequences for her, and that leads her to condemn herself. He helps Roseanne to develop an alternative schema to explain her husband’s suicide. The new personal schema, which points out that her husband was insecure and demanded the impossible, allows Roseanne to surrender self-blame.

#### STEP 11: ENCOURAGE YOUR CLIENTS TO PUT NEW LEARNING INTO PRACTICE

Dr. Ellis teaches Roseanne the REBT philosophy of human worth. He directs Roseanne to rate only the act as good or bad, according to her goals. He instructs her not to rate herself—her being, or her essence.

Dr. Ellis encourages Roseanne to also change her “MUSTS” to strong preferences.

#### STEP 12: CHECK HOMEWORK ASSIGNMENTS

As this was Dr. Ellis’s initial therapy session with Roseanne, there were no previous homework assignments.

#### STEP 13: FACILITATE THE WORKING-THROUGH PROCESS

Dr. Ellis instructs Roseanne to deepen her new beliefs through rehearsal and practice. He instructs her to look for her “shoulds” and “musts” every time she gets upset. Once she identifies them, he directs her to give them up and return to strong preferences.

*This section has been 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 this video.*

# Reaction Paper for Classes and Training

## **Video: *Coping with the Suicide of a Loved One***

- **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, or use the questions as a way to approach the discussion. 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 Rational Emotive Behavior Therapy? What stands out in how Ellis works?

**2. What I found most helpful:** What was most beneficial to you as a therapist 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/strategies 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? Explore these questions.

**4. How I would do it differently:** What might you have done differently than Ellis in the therapy session in the video? Be specific in what different approaches, strategies and techniques you might have applied.

**5. Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?



## Related Websites, Videos, and Further Readings

### WEB RESOURCES

Psychotherapy.net online interviews with Albert Ellis

**[www.psychotherapy.net](http://www.psychotherapy.net)**

The Albert Ellis Institute

**[www.rebt.org](http://www.rebt.org)**

National Association of Cognitive-Behavioral Therapists

**[www.nacbt.org](http://www.nacbt.org)**

REBT Network

**[www.rebtnetwork.org](http://www.rebtnetwork.org)**

### RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

*Cognitive Therapy for Addictions*

*Cognitive-Behavioral Child Therapy*

*Cognitive-Behavioral Therapy with John Krumboltz, PhD*

*Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD*

*Couples Therapy for Addictions: A Cognitive-Behavioral*

*Approach Depression: A Cognitive Therapy Approach*

*Mixed Anxiety and Depression: A Cognitive-Behavioral Approach*

*Multimodal Therapy with Arnold Lazarus, PhD*

*Positive Psychology and Psychotherapy*

*Rational Emotive Behavior Therapy for Addictions*

*Reality Therapy for Addictions*

*Reality Therapy with Robert E. Wubbolding, EdD*

## BOOKS

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

Dryden, W. & DiGiuseppe, R. (1990). *A Primer on rational-emotive therapy*. Champaign, IL: Research Press.

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, feelings, 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.



## 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. On-screen minute markers are noted in parentheses to indicate where a topic arises in the video and transcript.

- 1. Confrontation:** Were you surprised that Ellis confronted Roseanne about her beliefs around her husband's death so early on in the session? Did you think this was effective? Why or why not? How comfortable are you confronting clients? Do you think it is necessary to develop some sort of therapeutic alliance before confronting clients? In general, what are your thoughts about balancing confrontation with support?
- 2. Hypotheses:** What did you think about Ellis's hypothesis that Roseanne thinks she's "no good" for making a mistake? In what ways are hypotheses like this helpful to the therapy? How would you feel about making these kinds of interpretations with one of your clients? How might you ensure that your clients know they can correct you if your hypothesis doesn't ring true for them?
- 3. Shifting the Focus:** Ellis helps Roseanne focus on her husband's irrational beliefs and expectations of her in order for her to understand the irrational beliefs she has about herself. Do you think this was an effective intervention? How do you see it as helpful for Roseanne to understand her husband's behavior in this light? How might you use or modify this kind of intervention with your own clients?
- 4. Bad Behavior:** What do you think of Ellis's strong focus in this session on behavior, and unlinking a person's bad behavior to the judgment of that person as a bad person? Do you agree with Ellis's sentiments? In what ways do you think the repetition of this stance was helpful or unhelpful for Roseanne? How might you use this type of intervention in your work with clients?

5. **Anger:** When Ellis insists that Roseanne is angry with her husband because she sees him as an immoral person, what impact do you think that has on Roseanne and the therapy? Does his hypothesis make sense to you? How else might you have responded to Roseanne's comments about how her husband's behavior was unfair to her and her daughter?

6. **Woulds, Coulds, Shoulds:** What did you think about Roseanne's reactions to Ellis educating her on the difference between "I must" and "it is highly preferable"? How do you think this intervention impacted Roseanne and the therapeutic outcome of this session? What other kinds of interventions might you have used here to help Roseanne change some beliefs about herself?

7. **Love Advice:** What did you think about Ellis giving Roseanne advice about her last romantic relationship? Did his advice to repeat "he's not for me" and find a new relationship seem helpful or not? How else might you work with a client who is asking for specific advice on a personal relationship? How comfortable are you giving clients advice in general?

8. **Ellis's Tone:** What did you notice about the tone and speed at which Ellis spoke with Roseanne? How did she react to it? What feelings did it evoke for you? Do you think his way of speaking communicated anything other than what he was saying directly? How so or not?

9. **Repetitions:** What was your reaction to Ellis's frequent repetitions to Roseanne about her irrational belief system and his theories on behavior? Did they sound like friendly reminders or pushy preaching? Did Ellis's repetitions throughout the session drive his point across more or less strongly? How so?

10. **The Therapeutic Relationship:** How would you characterize the therapeutic relationship in this video? Did Ellis and Roseanne form a working alliance? In what ways was the therapeutic relationship significant in this particular course of therapy?

11. **The Model:** What do you think about using an REBT model with clients? Does it make sense to you? Do you see yourself using it with any particular kind of client? Do you think there

are any clients that this approach would not work well with?  
What specifically would you do differently from Ellis's model?

12. **The Style of the Therapist:** Ellis is known for being provocative, both in his personality and in his therapeutic style. How do you think these techniques would work in a less confrontational therapy? How might you adapt principles of REBT to your own therapeutic style?

13. **Personal Reaction:** How would you feel about being Ellis's client? Do you think you could form an alliance and that he would be effective with you? Why or why not?



# Complete Transcript of Coping with the Suicide of a Loved One

## INTRODUCTION

**Ray Guiseppe:** Hello. My name is Ray D. Guiseppe, Director of Professional Education at the Albert Ellis Institute, and Professor of Psychology at St. John's University. Welcome to one of our Master Therapist series.

In these tapes, we will be showing live sessions of master therapists doing Rational Emotive Behavior Therapy. We have found over the years that therapists learn much more from watching a therapy session and modeling the behavior of a therapist, rather than just watching workshops and reading books. Many trainees who watch therapy tapes want to know why the therapists made some of the decisions that they've done. They almost would like to get inside the therapist's head and think, and listen to the conversations about why choose one intervention over the other. To help facilitate learning how to do therapy, we're going to have conversations with the therapists after each therapy session where we watch the therapy session and, at key decision points, ask each therapist why they made the decision that they did. Then the observer can see not only what the therapist did, but the ideas and the feedback and the information that they used in making those clinical decisions.

We hope this series will be helpful for you in treating your patients, and learning to make difficult clinical decisions, and following through on the right therapeutic strategy.

## THERAPY SESSION

**Guiseppe:** *In this session, Dr. Ellis works with Roseanne, a woman whose husband completed suicide in front of her about 10 years ago. This event still haunts her. She has three emotional problems that still are unresolved as a result of this event. First, she feels guilty that she was unable to stop her husband. Second, she feels angry that the husband abandoned her at*

*the time with an infant. And third, she's very concerned about the effect of the suicide and the aftermath on her daughter and her daughter's eventual development.*

*Throughout this session, several irrational beliefs reoccur and emerge. The first is the RET position on human worth. Roseanne condemns herself for not being able to save her husband, and she condemns her husband because of his despicable act. Dr. Ellis skillfully doesn't waffle on trying to make her feel better by excusing the husband's behavior. He tries to teach the difference between rating behavior and rating people. He goes on to show her how her husband was a worthwhile human being despite his bad behavior.*

*Another theme is the RET philosophy of demandingness versus preferences. Roseanne would have preferred her husband not to commit such an act. Dr. Ellis points out that she not only prefers, but demands, and it's demandingness that upsets her. He in no way invalidates her preference that her husband not have behaved in such way, but strongly disputes the demand while validating and accepting the preference.*

**Albert Ellis:** Roseanne, what problem would you like to bring up?

**Roseanne:** Okay, well, I have two big issues.

**Ellis:** Yeah.

**Roseanne:** One is a long-standing one.

#### ESTABLISHES GOALS

My husband committed suicide 10 years ago, and although that was the outside circumstance, I can't seem to resolve part of that.

**Ellis:** You still think about it.

**Roseanne:** Absolutely.

**Ellis:** Yeah.

**Roseanne:** And I sort of feel betrayed—

**Ellis:** Right.

**Roseanne:** —that he wouldn't think about it before he actually participated in that activity, because he left me and a daughter alone.

**Ellis:** How did he do it? What did he do?

**Roseanne:** He hung himself in our house.

**Ellis:** And was he upset before that?

**Roseanne:** Yes, he was.

**Ellis:** Yeah. That he copped out and just did it without any, letting you know or anything like that.

**Roseanne:** No, that wasn't the story.

**Ellis:** Yeah.

**Roseanne:** He did this right in front of me.

**Ellis:** He hung himself right in front of you?

**Roseanne:** Yes.

**Ellis:** Yeah.

**Roseanne:** Mm-hmm.

**Ellis:** And you couldn't stop it?

**Roseanne:** No. That's why, part of the guilt I feel. I feel that maybe I participated in that act somehow because I wasn't able to stop it.

**Ellis:** But you tried?

**Roseanne:** Oh, yeah, I tried by discussion. It was an eight-hour discussion before it actually happened.

**Ellis:** Yeah.

**Roseanne:** Mm-hmm.

**Ellis:** And he just went ahead and did it right in front of you. But you felt that you should have convinced him not to do it? Is that what you...

**Roseanne:** I don't, I don't know. I honestly and truly, I don't, I don't know if I have that much power over somebody else.

**Ellis:** That's right, that's right. That's why most people would have tried and not felt guilty, you see. Now, you still feel guilty.

**Roseanne:** Yes, I do.

**Ellis:** And that implies that you think you somehow could have done better and you didn't do as well as you should have done to stop him.

**Roseanne:** Well, also, there is something near the end of this eight hours—

**Ellis:** Yeah.

**Roseanne:** —that, see, after the eight hours of talking with him, he tied himself up in the position that he was in and he wouldn't allow me to come only so far to him.

**Ellis:** Right.

**Roseanne:** And it was like he was threatening me. He said, "If you come any closer I'll just step off the chair. So I did as he said, and I stayed a certain position, but after eight hours I was getting physically drained, emotionally drained, and I was getting very scared.

**Ellis:** Right, sure.

**Roseanne:** So finally, at the end, the last thing I said to him was, "Well, if you're going to kill yourself, just go right ahead."

**Ellis:** Right.

**Roseanne:** And that's when he did. You see.

**Ellis:** But you didn't even think he'd do it at that time, did you?

**Roseanne:** No, actually, no.

**Ellis:** No.

**Roseanne:** Of course not.

**Ellis:** All right. Because no normal person would have done that, especially... Was the child there too, or just you?

**Roseanne:** Yes.

**Ellis:** The child? And she saw the whole thing?

**Roseanne:** No, she was an infant. She was eighteen months old and she was asleep. Thank god for that.



## HYPOTHESIS ABOUT IRRATIONAL BELIEF

**Ellis:** Right. But I still hear you saying something like, “that I made a mistake in doing that, I should have stayed there,” on and on and on, and “I shouldn’t have said that, ‘If you want to kill yourself, kill yourself.’”

**Roseanne:** Well, that’s how I feel. I feel I shouldn’t have said that. I’m not saying that that is what actually pushed him over the edge.

**Ellis:** No.

**Guisepppe:** *At this point, Dr. Ellis challenges Roseanne’s inferences that she made a mistake. RET posits that people feel guilty when they have two beliefs: one, that they’ve made a mistake, and second, that they condemn themselves for making a mistake. Challenging the inference that she made a mistake is what Ellis calls an “inelegant solution.” However, he uses that intervention here despite the fact that it’s not classical RET. He does this because if Roseanne believed that she had made a mistake and didn’t condemn herself, she would feel remorse and sadness instead of guilt. However, she would still feel remorse and sadness unnecessarily. So he helps her challenge the automatic thought that she made a mistake in not saving her, being able to save her husband.*

**Ellis:** But you see, you know now that that may have been the wrong thing to say, but you only know it because you did it. You couldn’t have known that before. You really believed that he certainly wasn’t going to do a thing like that.

**Roseanne:** So then how do you get over the feelings that you carry around for so many years?

## DEFINES REDUCING GUILT AS THE GOAL

**Ellis:** By getting rid of the guilt. And guilt means two things, both of which are probably wrong in your case. One is, “I did the wrong thing,” and you didn’t do the wrong thing. You argued with him for eight hours or so, and you really were getting very frantic and upset, et cetera. So there’s no evidence you did the wrong thing, and even if you did, you couldn’t have predicted it at that time.

## DISPUTES INFERENCE

You're not omnipotent; you can't tell in advance. So you're saying, one, "I did the wrong thing"—which is, as far as I can see, an error—and then, two, "I'm no good, I must not, should not, do that wrong thing, and I'm no good for doing it."

## OFFERS HYPOTHESIS ABOUT IRRATIONAL BELIEF

Aren't you?

**Roseanne:** Yeah, I suppose so. And I also feel guilty because somehow I feel I let him down.

## INFERENCE CHAINING

**Ellis:** Well, but let's suppose the worst, as we do in Rational Emotive Therapy. Let's suppose we could prove that you did the wrong thing and let him down, which I don't think we ever will be able to prove, but let's suppose that that would be a mistake, a serious mistake on your part. But you're a fallible human who makes mistakes. And when you're guilty, you're saying, "I must not make a serious mistake, I must not, and I'm no good for doing what I must not do." Isn't that so?

**Roseanne:** I guess if you put it in those terms, yeah, that's how I end up feeling.

**Ellis:** I know.

**Roseanne:** I don't think I initially think that, but yeah, eventually I turn it inward and—

**Ellis:** That's right.

**Roseanne:** —I internalize as it's all my fault.

**Ellis:** But certainly, he had this problem beforehand. The mere fact that he threatened to do this showed that he had serious problems. So to say "It's all my fault" is very, very wrong.

**Guisepppe:** *Here again, Dr. Ellis is disputing the automatic thought or inference that Roseanne has made an error. RET would help people alleviate their guilt by getting them to challenge whether or not they made a mistake, getting them to see how the guilt may have negative consequences, and getting them to give up the self-condemnation. He's*

*focusing on one of these at a time.*

**Roseanne:** But you see, we went through this, with this marriage, for about a year, and during that time, he entitled what he used to do to me the “what if?” game.

**Ellis:** Right.

**Roseanne:** “What if I got hit by a car—would you still love me? What if I lost my sight—would you still love me? What if I quit my job—would you still love me?”

**Ellis:** And what does all that show about him? Because that’s diagnostic of him—it shows something important about him. What do you think it shows?

**Roseanne:** Well, at this time and place today, my own personal opinion is that he had a lot of unresolved issues from his past that he brought into the marriage, and he was completely insecure.

**Ellis:** That’s exactly the right answer. He was a very insecure person because in his past, but also because of his nature—past affects you but only when you are a certain way and are very affectable. So I would say he was born affectable, much more than the rest of us, and then he had a rotten past, which he probably did, and then he took that past much more seriously than the rest of us would have done, so he made himself very insecure—

**Guisepppe:** *Here, Dr. Ellis helps Roseanne develop an alternative schema or construct to explain her husband’s suicide. Notice how he’s incorporating Kelly’s Personal Construct Theory by helping her develop this alternative schema. However, the personal schema is one that allows her to surrender her self-blame and self-condemnation.*

**Ellis:** —because his idea, his philosophy, was, “Unless I have an absolute guarantee that you love me under all conditions at all times, I’m no good.” Now, isn’t that insecurity? Isn’t that what it is, that “I’m no good unless I can guarantee that you will always love me”—isn’t that what makes people insecure? Isn’t it?

**Roseanne:** Well, yes, that’s part of... I think that’s also dangerous.

**Ellis:** Very, very. That's right. Now, what's wrong with that statement? Let's just take it from his frame of reference. Why is he foolish, wrong, to say, "Unless you guarantee you love me, I'm no good"? That's a foolish thing, but now, do you realize why that's so foolish?

**Roseanne:** Could it be because if there's this frame—

**Ellis:** Right.

**Roseanne:** —and you can't force someone to love you?

**Ellis:** And you never get a guarantee. Even if you...

**Roseanne:** Yeah, I've learned that. There are no guarantees in life.

**Ellis:** That's exactly right. But he's demanding one, you see. And even if you loved him more than you loved anyone else in the whole world, we don't know that you do it tomorrow or the next day. And he's saying, "But you must assure me absolutely that you'll always love me." Now, isn't that pretty crazy?

**Roseanne:** I guess so, but I fed into that. I fed into all of that.

**Ellis:** I know, because you're saying that "I should have"—what? What's your demand on you when you're upset? You're demanding something of you. Do you see what it is?

**Roseanne:** I should have been perfect.

**Ellis:** Lots of luck. He needs a guarantee, and you should have been perfect. You see?

**Roseanne:** I should have gave him what he wanted, in other words. Actually, that's...

**Ellis:** And as a matter of fact, you can't give those people what they want.

**Roseanne:** Now I see from this moment—

**Ellis:** Right.

**Roseanne:** —that actually what I'm asking of myself is just as impossible.

**Ellis:** That's exactly what I want to show you—that he's demanding the impossible. Not that you love him—that's possible—but that you

give him a guarantee you will always, under all conditions, will. And you're saying, "I must do the right thing now and forever, if it's an important matter." You're not saying that about unimportant things, but if it's very important, "I must do the right thing. I must... I always must do the right thing." What are your chances?

**Roseanne:** There's going to be failures somewhere along the line.

**Ellis:** Right.

**Roseanne:** And is that why the guilt comes in?

**Ellis:** That's exactly right. The guilt means, one, "I did the wrong thing," which we can't improve, and "I must do the right thing, I must do the right thing. I'm no good for doing the wrong thing." Now suppose I were thinking that way right now, and I was saying to myself right now, "I must help her, I must help her, I must cure you, I must cure you." How would I feel if I were saying that?

**Roseanne:** You'd probably feel like a failure if you weren't able to produce certain—

**Ellis:** Exactly.

**Roseanne:** —response from me. Right?

**Ellis:** Exactly. And right now I'd feel anxious. "Oh my god, suppose I don't! Suppose I don't! Suppose I don't!" That's what he felt. Suppose you didn't love him. Wouldn't that be terrible? He'd be no good.

**Roseanne:** And maybe that's how he viewed himself.

**Ellis:** That's exactly how he viewed himself. He put love, which is a good thing, making him a good person. Now, nothing makes you a good person. If you loved him, would that change him at all? It would make him feel good. But even if you could guarantee, would that change him and make him a good person?

**Roseanne:** I... I don't think so.

**Ellis:** No.

**Roseanne:** I think it would make his self-worth feel a little bit better.

**Ellis:** He'd feel good because he's telling himself, "I'm a good person."

**Roseanne:** Oh, “Because someone loves me, I’m good.”

**Ellis:** That’s right.

**Roseanne:** “And if no one loves me I’m bad.”

**Ellis:** Yeah.

**Roseanne:** Is that what you’re saying?

**Ellis:** That’s exactly right. And incidentally, it’s very ridiculous, because Hitler would say, “If I kill another million Jews and gypsies, therefore I’m good.” You can make anything a requisite for being good. And Hitler would take killing people. Now, your husband is taking being loved, but it’s just as silly. Because he’s okay as a person—your husband—whether or not you love him. He’s okay. He’s a human. He’s all right. But he’s saying, “Oh, no. Only when I have an absolute guarantee that you love me, then I’m okay.” Now, that’s what we call a definition in his head.

**Roseanne:** Right, we all have definitions of ourselves. Don’t we give those definitions to ourselves?

**Ellis:** Unfortunately, we do, instead of defining our behavior—that’s good or bad, because if you didn’t love him, that would be bad. But not saying, “If I am not loved, I, a total person, am no good.” That’s peculiar. That’s nutty.

**Roseanne:** But you know, for many years, after the death of my husband, I can honestly say that I went into like a hermit state, where I avoided everyone as much as possible.

#### OFFERS HYPOTHESIS ABOUT IRRATIONAL BELIEF

**Ellis:** Right, because you’re saying to yourself, “I did the wrong thing with him”—which we still haven’t proven—“and unless I do the right thing, an important thing like that, I’m no good. Who would want me? What’s the use?”

**Roseanne:** Right, exactly. Yeah, I played a lot of mental games with myself.

**Ellis:** And how’d you change? Because you’re apparently not doing now. What made you change that? It was good that you changed.

**Roseanne:** Well, because I realized that I have a lot that I want to do in my life, and there's a lot of things to learn and a lot of people to meet.

**Ellis:** That's right.

**Roseanne:** And life does go on.

**Ellis:** It does, right.

**Roseanne:** And there are more beautiful moments if you choose to look at it that way.

**Ellis:** Right.

**Roseanne:** But I internalized all of it for many, many years. But unfortunately I overprotected my daughter until she went to school. I was the all and the everything in her life, because I didn't want to lose my daughter.

**Ellis:** Right, because you'd lost your husband.

**Roseanne:** But you see, I could see now where my daughter's level of socialization has been hurt because of that.

**Ellis:** Right, because you kept her away from others.

**Roseanne:** Right, she's more or less... She thinks like a grown-up, she talks like a grown-up, although she's still a child. So we're caught in the middle.

**Ellis:** Right. But don't blame yourself for that. Maybe you did the wrong thing—maybe, we're not even sure of that—but, again, you're never a rotten person no matter what you do. Why are you never a rotten person?

#### SOCRATIC DISPUTING

**Roseanne:** Because you make the best choice at the time.

#### DIDACTIC DISPUTING

**Ellis:** At the time. And you do millions of things. That was a rotten thing, whatever you did, often, but you are not that thing. That's one of your billions of behaviors. So no matter how bad that is, you are not that behavior.

**Roseanne:** So that one behavior doesn't qualify me as the whole Roseanne.

**Ellis:** That's right.

**Roseanne:** Is that it?

**Ellis:** That's right.

**Roseanne:** That's very tricky to remember when you're in the middle of something emotionally.

**Ellis:** I know. You'd better remember it before, during and after, and then you get it solidly. You're right. Most humans don't believe that. They think, "If I have one totally rotten behavior, I, a total person, am no good." And as I always say, if the Martians ever get down here and they hear that, they'll die laughing—assuming they're sane.

**Roseanne:** Why do you say that? Why do you say that?

**Ellis:** Well, it's so silly. "Because I did a really rotten act, I stole or I lied, or I did something rotten, I, a total person, am a no-goodnik." Now, isn't that silly?

**Roseanne:** Yeah, I guess we don't chop ourselves into different aspects. We just, sometimes we just take the, either the whole pie or none at all.

**Ellis:** Right. The global rating of myself, instead of rating everything I do, which is okay because then I can change. But if you really were a no-goodnik, a worm, for acting badly, how could you change? How could a worm be unwormy?

**Roseanne:** It's very difficult, I'd think.

**Ellis:** Almost impossible. If I'm no good, I'm no good. How can a no-goodnik do good?

**Roseanne:** Actually, that's why I came here. That's part of the reason why I came here to see you.

**Ellis:** Right.

**Roseanne:** Is to get an objective viewpoint on some of these issues that travel with me every day.

**Ellis:** That's right. And I think I'm a little more objective than you



about it. Listen, I didn't, I wasn't there, I didn't participate, but I'm fairly objective in these things, and so far I don't see that you did badly, because you were under great stress and you didn't know what was happening. You couldn't be omnipotent or omniscient, so you did what you could do. That was patent. I'm also saying, more importantly, even when you do very badly, you're not a worm—because your husband did very badly by killing himself especially in front of you. You had a young child. So that's really poor behavior. But if he had survived and blamed himself, I would have helped him accept himself, but not the behavior.

**Roseanne:** Well, unfortunately he didn't meet somebody like you in his lifetime. Because maybe if he did, things would be different for him.

**Ellis:** If I had succeeded—but I might not succeed. Don't forget that. But you're right. And he was what we call a self-downer. He downed himself, not just what he did, and therefore he said, "What's the use? I'm no good. Life is not worth living."

**Roseanne:** I guess you're right. I never really thought of it in those terms, but... He sought, I guess he sought his definition of him outside of him.

**Ellis:** That's right.

**Roseanne:** Right?

**Ellis:** Yeah, and I'm sure he did some foolish things. Everybody does. But he damned himself for them and said, again, "It's not worth it, I'm no good. I might as well kill myself," which was foolish.

**Roseanne:** Well, I still think it was very unfair, what he did. Very unfair to me and my daughter.

#### OFFERS HYPOTHESIS ABOUT NEW EMOTION

**Ellis:** Right, that's right. But now we're getting to anger, because when you realize that it's unfair, don't you feel angry at him for doing this unfair thing?

**Roseanne:** It took me many years to feel angry, because I took all that anger and I pointed it to me. And that's why I was depressed for so

long.

**Ellis:** Well, partly. That's right, it'll certainly not do you any good to suppress your anger. But now, when you think of him doing the wrong thing because he really was irresponsible toward your daughter—and you, but especially towards his own daughter—do you feel angry because he was so irresponsible?

**Roseanne:** Yes, I do, because he only thought of himself and his needs. **Ellis:** Right. So he was wrong, right? So let's...

**Roseanne:** I don't like to say wrong. That's...

**Ellis:** I would say, immoral, wrong, unethical, because he wasn't considering another human, his own daughter and his wife. And he was only considering himself.

#### OFFERS HYPOTHESIS ABOUT IRRATIONAL BELIEF

So I think he acted badly, but I say that when you're angry, you're calling him a bad person, which is not right. He's not a worm, he's not a louse, he's not a bad person. So you'd better be angry at what he did—his behavior—but not at him for doing it.

**Roseanne:** I'm mad at him because he checked out on myself and my daughter and now I cannot fulfill that void that my daughter has. I cannot be mother and father, although I used to think I could be mother and father. I even almost convinced myself that I could be both, and I was going to prove that I could be both.

**Ellis:** But now you're giving me several good reasons of why he was immoral, unethical, wrong. That's correct. So you'd better be angry at his behavior, what he did.

#### TEACHES DIFFERENCE BETWEEN RATIONAL & IRRATIONAL BELIEF

That was really wrong. That was irresponsible, which would be a good word. But don't say, "Therefore he should not, must not, have acted that way"—because he did, alas—and that he's no good. Anger damns the person, not just what he did. So if you would only get yourself angry at his behavior, his act, and not at him, you could even forgive him because he was a fallible, screwed-up human. You see?

**Roseanne:** Yeah, just like you and I.

**Ellis:** That's right. So as Christian philosophy says, you accept the sinner but not the sin. You condemn the sin but not the sinner.

**Roseanne:** But you know, it's so difficult to not only talk that talk but walk that walk.

**Ellis:** That's right, it is difficult.

**Roseanne:** I find that, yes, I find that very difficult.

**Ellis:** Right. And you know why it's difficult?

**Roseanne:** Because I'm human?

**Ellis:** That's right. Humans jump from, "I did badly, therefore I, the total person, am no damn good. And they, or he, did badly, and he's no good." That's the way we all tend to think. Not all the time, but much of the time. That's a human condition to devalue one's act—which is correct, because if it's rotten it's rotten—and then to put oneself down for the act is a very human condition.

#### TEACHES RET PHILOSOPHY OF HUMAN WORTH

And that's what we teach in Rational Emotive Therapy: to rate, measure the act as good or bad according to your goals, but don't measure, rate yourself, your being, your essence.

**Roseanne:** So in other words you have to learn to separate the human being from the act that they do.

**Ellis:** The rating, not the human, because the human does the act.

Your husband was responsible for what he did. He was pretty crazy, but he was still responsible for what he did. And people are responsible when they steal and lie or murder. But we can only rate, evaluate, measure what they do, but not their total being, you see. Take that tapestry there. I see a floor in it. That was part of it that I'm looking at, the dark spot, which is a floor. And let's suppose that everybody agreed. Now, would that make it a rotten tapestry because it has a floor?

**Roseanne:** No.

**Ellis:** No. You, we wouldn't rate it as a whole—we'd just rate part of it. Or you have an apple, and it has a bad part. You cut it out and eat the rest of the apple. So it's possible to accept responsibility for what you do—"that was stupid, wrong, bad, immoral, unethical"—and not say, "I am no good for doing it."

**Roseanne:** Well, that's really useful information you just gave me, because sometimes I qualify myself by what I've done.

**Ellis:** Right, that's right, which is an error.

**Roseanne:** And that's where I found myself in a hole.

**Ellis:** And even if you say, "I'm a very good person because I did a good deed," that's not correct because tomorrow you might do a bad one. Then what are you? You're a person who does many good and bad deeds.

**Roseanne:** So then maybe if I can just take this information when I leave here, then I won't feel like I'm on such an emotional rollercoaster all the time.

**Ellis:** That's right. Right. You see... But we want you to feel—we're not trying to get rid of your feeling. We want you to feel very strongly about your husband. "He really did a bad thing, a bad act, irresponsible, et cetera, because he was very disturbed—that's why he did it. And that is bad, no matter how you look at it, and I'll always feel sad and frustrated and disappointed because my daughter doesn't have a father, among other things. But I'm not going to feel horrified and terrified and damning him for doing it."

**Guiseppe:** *At this point, Dr. Ellis tries to teach Roseanne the distinction between functional and dysfunctional emotions. RET postulates that there's a distinction between disturbed, dysfunctional negative emotions and functional negative emotions. The goal of Rational Emotive Theory is not to feel no emotions. If a negative, bad activating event occurs and one thinks rationally, one would still feel negative, although not disturbed or dysfunctional, emotions. And some clients need to learn the difference and work towards feeling remorse instead of guilt, sadness instead of depression.*

**Roseanne:** Okay, now, taking that issue, now it leads into my

daughter's life. Now, my daughter was aware of the circumstances. Unfortunately, someone outside of my family told her the graphic details, when I personally feel she wasn't ready for that.

**Ellis:** All right. Right. And how did she react to this knowledge?

**Roseanne:** Well, right now, today she's 11, and she found out when she was seven.

**Ellis:** Right, and how...

**Roseanne:** And when she was seven, we had to go to therapy for that.

**Ellis:** And how is she now about this?

**Roseanne:** We discuss her father. She asks me questions about what was his favorite color. She wants to get a little picture of him. But right now she does ask me if he was crazy to do what he did. Does it mean that she's crazy? Does it mean that I didn't love him because I let him do that in front of me? How come I didn't stop him from doing it?

**Ellis:** And the answer again, we're back to the, is, the honest answer

to

her is, "No, he wasn't crazy, but he at times acted crazily. And his act, what he did, was crazy, but that doesn't mean that he, a total person, was crazy. And it doesn't mean that you are like him. Even though you're his daughter and may have a few tendencies like him, you won't ever be a person who is just like him. But there aren't really crazy people—there are just people who act crazily, some of the time, under certain conditions. And he was very upset at the time, and he acted crazily and killed himself."

**Roseanne:** It's very difficult to look at a little person, an innocent young person, and explain such drastic, I think, adult things. Because I don't, I don't think I'll ever personally understand that 100 percent, because I wasn't inside my husband's mind.

**Ellis:** Right, that's right. You never will understand.

**Roseanne:** So I will never see the way he saw it. So there's no way for me to explain it completely to my daughter, so she's always going to be left with, I guess, her own interpretation.

**Ellis:** That's right.

**Roseanne:** And I guess I'm very anxious about what that interpretation is.

**Ellis:** Well, but if you go over it with her, many times—not once or twice but many times—that humans do crazy things—meaning self-defeating, that's what crazy really means, against their own interests—and, “Your father did that especially on this occasion. We all do them at times, but he did a serious one. But he's not a crazy, bad person. He's just a person who, at times, acted crazily and on another day he probably wouldn't have done this. That's very unfortunate, I'm very sad”—you're sad about it, and she can be sad, but it doesn't mean that she's going to be like him. That's not true.

**Roseanne:** Well, I'm glad you told me that, because sometimes I'm at a loss for words. Even though I may know what you just said, I may know it intellectually, at the moment when you become so emotional, when I know she's really asking for some answers or some closeness, some kind of bonding with him, I can't, it's very difficult for me to give it to her.

**Ellis:** Right. But when you say you know it intellectually, “I know it lightly, but at other times I strongly know the opposite—that I should be able to explain it to her and she must not be in this condition”—those are beliefs, too. So whenever you're anxious, you're saying, one, “I would like her to accept reality and not upset herself,” but you're also saying, “And she must, she must. Suppose she doesn't—then she must. Suppose she doesn't—then she must.” Then you make yourself anxious. And if you give up the demand that she has to do that, and just go back to the preference—“I would like her to do it, now how do I help her accept this rotten reality?”—then, especially as she grows older, but even now, she'll be able to accept it, accept it, accept it, and get used to it.

**Roseanne:** You know, you're absolutely right about one thing. I feel like she must see it in a certain way.

**Ellis:** But as soon as you say “must,” because you say, “She must, and there's always a possibility that she won't,” that's anxiety.

**Roseanne:** Yeah, and then I'm leading myself to failure.

**Ellis:** That's right. You say, "While I wish she would do, and I'm going to do my best, she doesn't have to. But it's highly preferable. Therefore, I'll do my best to get her to see it that way." Okay?

**Roseanne:** So I should maybe relax a little bit more with it.

**Ellis:** And change the "must" to a good, strong desire or preference. Don't change your desires and goals and that. It's just your demands, because it would be good. "She has to, she has to, she has to"—then you'll be anxious.

**Roseanne:** Because sometimes I feel like a complete failure as a mother.

**Ellis:** Now, you see now you're generalizing again. "Sometimes I fail to be a perfect mother." You and every other mother does. Then you say, "I am a failure. A nothing. A no-goodnik."

**Roseanne:** Yeah, sometimes I entertain that thought.

**Ellis:** But that's what I call a definition, instead of, "I failed this time, that's bad to fail is not good, now how do I do better next time? Because I'm never a failure, never a louse, never a worm. Never. I'm just a fallible human who often, not always, will make mistakes." See? Now, is there anything about this that we haven't covered? Did we omit anything important?

**Roseanne:** No, with the issue of my husband...

**Ellis:** Yeah. Right. The main thing there—

**Roseanne:** No.

**Ellis:** —is to stop blaming you for this act. And once you stop putting yourself down, I think you'll see that you did the best you could and it was a very gruesome, harrowing condition, and there's no reason why you should and must have done better. And you didn't know what would happen when you said what he did, and unfortunately he killed himself. And it might have been the opposite. He might have just got down and walked away. We'll never know.

**Roseanne:** So the woulds and the shoulds and the coulds, just let

them

go.

**Ellis:** That's right. Especially the demands, the woulds, shoulds, musts, oughts, necessities. Change them back to preferences. "It would have been better, now that I know it, had I not said that"—but then we don't know that he wouldn't have killed himself later, you see. You never really know.

**Roseanne:** So it's true that everything is, like, 20/20 hindsight after the fact.

**Ellis:** That's right. You see, and you're saying, "I should have known." Well, you'd have to be god-like and omnipotent to know. There's no way you can know, except after the fact, you see.

**Roseanne:** Okay, that was one very serious issue.

**Ellis:** Right.

**Roseanne:** And now I have a current issue.

**Ellis:** And that is?

**Roseanne:** I got into a new relationship recently.

**Ellis:** Yeah. Right.

**Roseanne:** This is someone that I knew for over a year in a professional setting. And it, within the last three months, it became a personal relationship. This person laid their cards on the table, so to speak, and told me what they were looking for. They were looking for a friendship, a relationship, but they weren't looking for a commitment. They didn't, they weren't choosing to be monogamous, but they weren't saying that they weren't going to be.

**Ellis:** Yeah, right.

**Roseanne:** Okay, so this relationship evolved, and we got very close in spiritual matters, emotional matters, intellectual matters, and the sexual realm. Then I was going to the doctor's just for a physical, so I was going to be checked. So I asked this person to tell me if there was any other partners besides me. And this partner said yes. And, unfortunately, I didn't take it very well.

**Ellis:** Yeah. You felt what?

**Roseanne:** Well, here we go again. I felt betrayed, although this



person...

**Ellis:** Right. But how did you feel about being betrayed? You were betrayed because he didn't let you know. Right?

**Roseanne:** Right. Because we had an understanding that if we were going to be involved with anyone else to please let either one of us know.

**Ellis:** But how did you feel about being betrayed? Were you depressed? Angry? What?

**Roseanne:** It was a mixed bag of tricks. I was depressed. I was angry. I felt unnecessary.

**Ellis:** Right.

**Guiseppe:** *At this point, Roseanne presents a different problem, which is her emotional upset about her relationship with her current lover. This case is a very good example how people use the same irrational beliefs with different activating events to upset themselves. Not surprisingly, Roseanne uses the same irrational beliefs of condemnation and demandingness to upset herself about the behavior of her present boyfriend.*

**Ellis:** Well, I hear two things in there. One, the anger—"He was wrong and he should, must not be wrong"—instead of, "He was wrong and that's too bad. I wish to hell he weren't, but he was." Then you would again feel angry with, as I said before, his behavior, but you wouldn't damn him. And then secondly you're saying, "I let myself be taken in, as I should not, must not," so you're putting you down. Now you'd better change that to, "I don't like being in this situation, but we agreed and he lied, I couldn't stop him from lying. Too bad. There's no evidence that I did the wrong thing. I might if I stayed with him now, but there was no evidence. And even if I did the wrong thing, it's only an error, it's only a mistake, I'm never a rotten person." So you're putting him down when you're angry at him, and you down when you're angry at you, but they both have musts in them. "He must not have done what he did, and I should not, must not, have done what I've done."

**Roseanne:** Well, does the question, when you think of someone else and the wrong that they've done you, are you saying, "Why couldn't they have done this?"—is that the same thing as, "They must, they should do it," as when you're saying, "Well, they could have"?

**Ellis:** Well, when you're saying, "How, why did they do this?" You really mean, "Why did they do this, as they must not have done it?" That's what you really mean. So you're sneaking in a must. It's a little subtle, you see. So I'm not telling you... Have you decided to go on with him or not?

**Roseanne:** Are you asking me?

**Ellis:** Yeah. Are you going to go on with him, or you haven't decided yet?

**Roseanne:** Well, we're in a situation right now where we've discussed this, and he said that he feels it would personally be better for us to end our sexual relationship, because obviously we have different value judgments on it.

**Ellis:** So he's really saying, "If we continue sex, I'm going to go off and have other partners." Now, if you were un-angry at himself, and un-angry at yourself, then you'll decide the practical question: is it worth going with somebody like him who's going to have other partners?

**Roseanne:** Well, for me personally, no.

**Ellis:** All right. Then that will be that.

**Roseanne:** But he wants to continue the friendship.

**Ellis:** Well, that's okay. You can decide whether it's worth it to you, again, to be a friend, without the love, without the sex.

**Roseanne:** Well, the difficulty arises where, I mean, we all have friendships, different types of friendships. But when you have invested a lot of time, energy and emotion in the person and you feel a certain way about a person, how do you retract it or re-channel it?

**Ellis:** You tell yourself many times—you have to do it many times—"I care for him, I love him, but alas, he's not for me. He's not for me." The same thing you would say if you didn't have the relationship, but you were in love with him, because you can be in love with people

that you're not in relationship with. "Too bad, he's not for me, he's not for me." And if you really convince yourself of that, then you'll see your love for him will go down. Now, it may be easier to do this while you're not seeing him, and then later see him as a friend, but some people could do it even while they're seeing them as a friend. So, "He's only a friend, that's all there is. Too damn bad."

**Roseanne:** Right, see, I'm in a catch-22—

**Ellis:** Right.

**Roseanne:** —right now. I mean, I have a choice to make, actually. That's what it is.

**Ellis:** That's right.

**Roseanne:** I have a choice to make. And I feel, either way, I'm going to lose something that I want. And maybe I'm just being selfish, and I just want to have what I want.

**Ellis:** Well, that's okay to want what you want, as long as you don't say, "I must have it." You see? Get rid of the "must"—"Because I want it, I must have it." Then you decide whether it's worth it. And you have two choices. One is not to see him at all, and you'll get over him, I would practically guarantee. Two is to see him but convince yourself he's only a friend, he's only a friend, and then again you'll get over him, but it will take longer, in all probability. So you could do either of those, and if you pick the first one and don't see him, then later, after you're over him and involved with somebody else, then you might be friendly.

**Roseanne:** Why, do you think if I was involved with someone else it would, like, make it, the transition easier?

**Ellis:** I always quote the old French proverb: "A new love drives out the old." So I could almost guarantee—I can't guarantee—that if you get involved with somebody else, then you much easier will have a friendship with him, if you want it. Now, if you don't want it, you don't want it.

**Roseanne:** Well, the friendship is very valuable. It's probably... It's much more valuable than anything else.

**Ellis:** Right.

**Roseanne:** Much more valuable.

**Ellis:** Therefore, I would either say, “No, not right now, give me time to get disengaged,” or, “I’ll try it and convince myself he’s only a friend, he’s only a friend, that’s all he’s going to be. Too bad—I’d rather it be otherwise—but that’s the way it is. Tough.”

**Roseanne:** Well, do you think I was being selfish?

**Ellis:** Well, you’re being self-interested. What’s wrong with that? You’d better be interested in that. Selfish means against others. I don’t see that you’re against anybody. So you’re self-interested—you’re looking for what you want to do in life with you.

**Roseanne:** Right, what I want, right.

**Ellis:** Right. What’s wrong with that? Huh? You’d better be healthily and happily self-interested. You see?

**Roseanne:** Yeah. I guess I just, I just take it out of context when it comes to relationships now, because it took me three years and I chose not to have a relationship when I was in school, and I was doing other things, devoting my time to other things.

**Ellis:** Yeah.

**Roseanne:** Then I had a few other relationships, but never of this magnitude, and now I let this person in my life, so to speak...

**Ellis:** That’s okay, but don’t forget, even if it ends completely, or suppose he dropped dead, it was a good experience. You know you can love, you know you can relate. Now look at that side of it and say, “Unfortunately, right now—maybe later—I can’t relate as I wanted to him, too bad, again. But I’m going to keep, maybe, the friendship, and give up the emotional attachment by convincing myself he’s not for me, he’s not for me. Tough.”

**Roseanne:** But tell me, why, why do I or many others allow one other person to rock their world, so to speak, to make them question so much about themselves when...

**Ellis:** Because we take the desire for them, which may be stronger than

anybody else, and we often make it into a dire necessity. “Because I desire, because I want it, I have to have it, I have to have it.” Then we get compulsive and nutty. So keep your strong desires—“I want X very much, but I don’t need it. And I hate Y very much—such as the acts of my husband—but I can live and be happy in spite of them.” You see?

**Roseanne:** Because right now I’m experiencing emotional pain of trying to figure out how to separate the emotional part of me from the logical part of me.

**Ellis:** But don’t separate the desire. “I’d like very much to have this relationship with him, but again I don’t need it. Therefore, I’m going to feel sad and sorry, but not depressed and horrified and angry.” So don’t give up your emotion, as long as they’re not the destructive emotion of horror, hate, hating yourself, et cetera. And if you have desires, you won’t have the destructive emotion, but you will be emotional. Don’t give up your emotional part. You are an emotional person—that’s good.

**Roseanne:** So, there’s, there’s no way to, to erase it, right? There’s...

**Ellis:** Well, you could erase it, but I wouldn’t advise it. You’d live a poor life.

**Roseanne:** Or maybe a boring life?

**Ellis:** That’s right. That’s right. Very boring. Very uninteresting. So keep the emotions, especially joy, pleasure, ecstasy, et cetera, and sorrow, regret, frustration—but not horror, not terror, not depression, not hate.

**Roseanne:** For some reason, the, the pleasurable things in life and the joy—for some reason, there’s a small part of me that says I don’t deserve that.

**Ellis:** No, but that’s what we want... “I don’t deserve that because, again, I should only do the right things, the great things, and I’m no good when I don’t.” Now, say, “I’d like to only do the right things, but no way. I’m a fallible, screwed-up human, like the rest of the human race, so I’ll often do the wrong things. Now let’s change them but in the meanwhile live with them.” You see?

**Roseanne:** Yeah, that's a big difference.

**Ellis:** That's right. That's what I want you to go over that difference, and every time you get upset, then look for your shoulds, look for your musts—"I must do well, they must do well, the world must be easier than it is"—rip it up, think about it, give it up, but go back to your preference. So I want to thank you for talking with me, and you go think about it and work on it.

**Roseanne:** I shall. And thank you for listening.

**Guiseppe:** *There's several important things in this session in Dr. Ellis's behavior. First, he offers many hypotheses to Roseanne about her thoughts, her feelings, or what particular aspects of the activating event she found upsetting. Also, he tends to use paraphrasing and reflecting with a little rational twist. When he reflects or paraphrases back to Roseanne, he does so, changing the verb to place the responsibility for her emotional upset not on the activating event, but on her thinking process. So he uses rational reflection very often to build rapport.*

Produced by the Albert Ellis Institute.

Copyright © 1996, Albert Ellis Institute

DVD released by Psychotherapy.net, 2009







## Earn Continuing Education Credits for Watching Videos

Psychotherapy.net offers continuing education credits for watching this and other training videos. It is a simple, economical way for psychotherapists—both instructors and viewers—to earn CE credits, and a wonderful opportunity to build on workshop and classroom learning experiences.

- Visit our **CE Credits** section at [www.psychotherapy.net](http://www.psychotherapy.net) to register for courses and download supplementary reading material.
- After passing a brief online post-test you will receive your **Certificate of Completion** via email. Voila!
- **CE Approvals:** Psychotherapy.net is approved to offer CE courses for psychologists, counselors, social workers, addiction treatment specialists and other mental health professionals.
- **CE Available for your Organization:** Our CE courses can be used for staff training; contact us for details.

Psychotherapy.net also offers CE Credits for reading *online psychotherapy articles* and *in-depth interviews* with master psychotherapists and the leading thinkers of our times.

**To find out more, visit our website, [www.psychotherapy.net](http://www.psychotherapy.net), and click on the *CE Credits link*. Check back often, as new courses are added frequently.**



# About the Contributors

## VIDEO PARTICIPANTS

**Albert Ellis, PhD** (1913 – 2007), Featured Therapist, developed Rational Emotive Behavior Therapy in 1955, and is considered to be one of the originators of the cognitive paradigm shift in psychotherapy and one of the founders of Cognitive-Behavioral Therapy. He practiced psychotherapy, marriage and family counseling, and sex therapy for more than forty years.

Dr. Ellis was Adjunct Professor of Psychology at Rutgers University and United States International University; he served as Chief Psychologist of the New Jersey State Diagnostic Center and Chief Psychologist of the New Jersey Department of Institutions and Agencies; and was a Consultant in Clinical Psychology to the New York City Board of Education and to the Veterans Administration.

Some of his greatest published works include *A Guide to Rational Living*, *The Practice of Rational Emotive Behavior Therapy*, and *Overcoming Destructive Beliefs, Feelings, and Behaviors*.

## MANUAL AUTHORS

**Charlotte Dick, MA**, is the Production Manager at Psychotherapy.net. She manages Psychotherapy.net's video production, website content, and monthly newsletter.

**Victor Yalom, PhD**, President of Psychotherapy.net, is a practicing psychologist, and group and couples therapist, in San Francisco, CA. He also contributes therapy cartoons to Psychotherapy.net.

## More Psychotherapy.net Videos

New videos are added frequently. Visit us at [www.psychotherapy.net](http://www.psychotherapy.net) or call (800) 577-4762 for more information.

<b>The Ackerman Institute</b>	<i>Couples and Infertility</i>
<b>Constance Ahrons</b>	<i>Gender Differences in Depression</i>
<b>Ellyn Bader &amp; Dan Wile</b>	<i>Making Divorce Work</i>
<b>Insoo Kim Berg</b>	<i>Couples Therapy: An Introduction</i> <i>"I'd hear laughter"</i> <i>Irreconcilable Differences</i>
<b>Stephanie Brown</b>	<i>Treating Alcoholism in Psychotherapy</i> <i>(2-DVD series)</i>
<b>James Bugental</b>	<i>Existential-Humanistic Psychotherapy in Action</i> <i>James Bugental: Live Case Consultation</i> <i>Trauma and the Body</i>
<b>Tian Dayton</b>	<i>Healing Childhood Abuse through Psychodrama</i> <i>The Therapeutic Community</i>
<b>George De Leon</b>	<i>Exploring Narradrama</i>
<b>Pamela Dunne</b>	<i>Assessing ADHD in the Schools</i>
<b>George J. DuPaul &amp; Gary Stoner</b>	<i>Classroom Interventions for ADHD</i>
<b>Bruce Ecker</b>	<i>Down Every Year: A Demonstration of Depth Oriented Brief Therapy</i>
<b>John Edwards</b>	<i>Tools and Techniques for Family Therapy</i>
<b>Albert Ellis</b>	<i>Rational Emotive Behavior Therapy for Addictions</i>
<b>Stephen Feldman</b>	<i>Legal and Ethical Issues for Mental Health Professionals</i>
<b>Arthur Freeman</b>	<i>Cognitive Therapy for Depression</i>
<b>Linda Gask</b>	<i>Suicide and Self-Harm</i>
<b>The Glendon Association</b>	<i>Invisible Child Abuse</i> <i>Sex, Love and Intimate Relationships</i> <i>Voices About Relationships</i> <i>Voices of Suicide</i> <i>The Psychological Residuals of Slavery</i> <i>The Angry Couple</i> <i>Coming Out</i>
<b>Kenneth V. Hardy</b>	
<b>Susan Heitler</b>	
<b>Karin Heller &amp; Bill Domonkos</b>	<i>Harville Hendrix on the Healing Relationship</i>
<b>Harville Hendrix</b>	<i>Family Secrets</i>
<b>Evan Imber-Black</b>	

<b>Arnold Lazarus</b>	<i>Arnold Lazarus: Live Case Consultation</i>
<b>Steve Lerner</b>	<i>She's Leaving Me</i>
<b>Ronald Levant</b>	<i>Effective Psychotherapy with Men</i>
<b>Hanna Levenson</b>	<i>Time-Limited Dynamic Psychotherapy</i>
<b>Marco J. D. Maida</b>	<i>Jacob Levy Moreno: His Life and His Muses</i>
<b>Rollo May</b>	<i>Rollo May on Existential Psychotherapy</i>
<b>Monica McGoldrick</b>	<i>The Legacy of Unresolved Loss</i>
<b>Donald Meichenbaum</b>	<i>Mixed Anxiety and Depression:</i>
<b>Scott Miller</b>	<i>What Works in Psychotherapy</i>
<b>Jacob Moreno</b>	<i>Moreno Movies (4-DVD series)</i>
<b>Zerka T. Moreno</b>	<i>The Zerka T. Moreno Series (3-DVD series)</i>
<b>Rod Mullen</b>	<i>Encounter Groups for Addictions</i> (3-DVD set)
<b>Frank Ochberg</b>	<i>Explaining PTSD</i> <i>PTSD and Veterans</i> <i>The Counting Method</i> <i>Connecting with Our Kids</i>
<b>George Papageorge</b>	<i>Psychotherapy with the Unmotivated Patient</i>
<b>Erving Polster</b>	<i>Psychotherapy with Gay, Lesbian and Bisexual</i>
<b>Ron Scott (Producer)</b>	<i>Clients</i> <i>Positive Psychology and Psychotherapy</i>
<b>Martin Seligman</b>	<i>The Abused Woman</i>
<b>Lenore Walker</b>	<i>The Gift of Therapy</i>
<b>Irvin Yalom</b>	<i>Irvin Yalom: Live Case Consultation</i> <i>Understanding Group Psychotherapy</i> <i>Therapeutic Communities in Prisons</i>
<b>Harry Wexler</b>	
COUPLES THERAPY WITH THE EXPERTS SERIES	
<b>Jon Carlson &amp; Mary Arnold</b>	<i>Culture-Sensitive Therapy</i>
<b>Sue Johnson</b>	<i>Emotionally Focused Couples Therapy</i>
<b>Pat Love</b>	<i>Imago Therapy</i>
<b>Gus Napier</b>	<i>Experiential Therapy</i>
<b>Richard Schwartz</b>	<i>Coules Therapy</i> <i>Internal Family Systems Therapy</i>
BRIEF THERAPY FOR ADDICTIONS SERIES	
<b>Bruce S. Liese</b>	<i>Cognitive Therapy for Addictions</i>
<b>G. Alan Marlatt</b>	<i>Harm Reduction Therapy for Addictions</i>
<b>Barbara S. McCrady</b>	<i>Couples Therapy for Addictions</i>
<b>William R. Miller</b>	<i>Motivational Interviewing</i>

**John C. Norcross**                    *Stages of Change for Addictions*  
**Robert E. Wubbolding**        *Reality Therapy for Addictions*  
**Joan Ellen Zweben**            *Integrating Therapy with 12-Step Programs*

CHILD THERAPY WITH THE EXPERTS SERIES

**Jon Carlson**                    *Adlerian Parent Consultation*  
**Janet Sasson Edgette**        *Adolescent Family Therapy*  
**Gerald Koocher**            *Psychotherapy with Medically Ill*  
**Terry Kottman**                *Children Adlerian Play Therapy*  
**Stephen Madigan**            *Narrative Therapy with Children*  
**Bruce Masek**                 *Cognitive-Behavioral Child Therapy*  
**John J Murphy**               *Solution-Focused Child Therapy*  
**Violet Oaklander**            *Gestalt Therapy with Children*  
**David Scharff**                *Object Relations Child Therapy Person-*  
**Anin Utigaard**                *Centered Child Therapy*  
**Robert E. Wubbolding**       *Reality Therapy with Children*

PSYCHOTHERAPY WITH THE EXPERTS SERIES

**Inso Kim Berg**                *Solution-Focused Therapy*  
**James Bugental**            *Existential-Humanistic Psychotherapy*  
**Jon Carlson**                 *Adlerian Therapy*  
**Mary Goulding**             *Transactional Analysis*  
**Kenneth V. Hardy**         *Family Systems Therapy*  
**Allen Ivey**                    *Integrative Therapy*  
**Jeffrey Kottler**             *Integrative Counseling*  
**John Krumboltz**            *Cognitive-Behavioral Therapy*  
**Arnold Lazarus**             *Multimodal Therapy*  
**Donald Meichenbaum**      *Cognitive-Behavioral Therapy*  
**Natalie Rogers**            *Person-Centered Expressive Arts Therapy*  
**Ernest Rossi**                *Mind-Body Therapy*  
**Jill Savege Scharff**        *Object Relations Therapy*  
**Lenore Walker**             *Feminist Therapy*  
**Robert E. Wubbolding**      *Reality Therapy*