

EMOTIONAL DISTURBANCE AND ITS TREATMENT IN A NUTSHELL

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When I presented my first paper on rational-emotive therapy (RET) and cognitive behavior therapy (CBT) at the American Psychological Association convention in 1956, I fully realized how complex cognitions, emotions and behaviors are and how they inevitably include and interact with each other.

RET has always had a complex, interactional, and holistic view of the ABC's of human personality and disturbance. Simply stated, the ABC theory of RET follows the views of several ancient philosophers — especially Epictetus and Marcus Aurelius — and of Robert Woodworth's stimulus-organism-response theory. It holds that activating events (A's) in people's lives contribute to their emotional and behavioral disturbances or consequences (C's) largely because they are intermingled with or acted upon by people's beliefs (B's) about these activating events (A's).

BASIC HUMAN GOALS AND VALUES

People generally have a set of

goals, values or desires. Humans, biologically and by social learning, are goal-seeking animals and their fundamental goals normally are *to survive, to be relatively free from pain, and to be reasonably satisfied or content*. As subgoals of these primary goals, they want to be happy (1) when by themselves; (2) with other groups of humans; (3) intimately, with a few selected others; (4) informationally and economically and (6) recreationally.

When, in response to an activating event, people think, at point B, "This is good! I like this activating event," they tend to experience the *emotional* consequence of pleasure or happiness and the *behavioral* consequence of approaching (or trying to repeat) this activating event. When the same people experience activating events that they perceive as blocking or sabotaging their goals, they normally react in an unpleasurable, avoiding manner. Thus, they think, at point B, "This is bad! I dislike this activating event," and they experience the *emotional* consequence of frustration or unhappiness and the *behavioral* consequence of avoid-

ing or trying to eliminate this activating event.

THE ABC'S OF EMOTIONAL DISTURBANCE

The ABC model of RET becomes more complex and controversial when applied to neurotic disturbance. For it hypothesizes that when people's goals are blocked by activating events they have a conscious or unconscious choice of responding with disturbed or undisturbed negative consequences. If their belief system is rational or self-helping, *it will include attitudes or philosophies that help them to achieve their goals*. These rational beliefs will mainly create healthy emotional consequences, such as appropriate feelings of disappointment, sorrow, regret and frustration. Rational beliefs will also tend to encourage healthy *behavior*, such as trying to change, improve, or avoid activating events that sabotage their goals.

This ABC model of emotional/behavioral disturbance is fairly straightforward and, as noted above, is followed by most RET and cognitive behavior therapy

practitioners and theorists. It hypothesizes that the irrational beliefs or dysfunctional attitudes that constitute people's self-disturbing philosophies have two main qualities:

- (1) They have at their core explicit or implicit rigid, powerful demands and commands, usually expressed as *musts*, *shoulds*, *ought to's*, *have to's*, and *got to's* such as, "I absolutely must have my important goals fulfilled!"
- (2) They also have *derivatives* of these demands. For example, "If I don't have my important goals fulfilled, as I must," (a) "It's awful" (that is, one hundred percent bad); (b) "I can't bear it" (that is, can't survive or be happy at all!); (c) "I'm a worthless person" (that is, completely bad and undeserving!); and (d) "I'll always fail to get what I want

now and in the future!"

This ABC model of human disturbance is followed, in RET, by D — the disputing of people's irrational beliefs (iB's) — when they feel and act in a self-defeating way, until they arrive at E, a new set of more rational beliefs. For example, "I'd *prefer* to succeed and be lovable, but I don't *have* to do so!" "I'd very much *like* others to treat me fairly and considerately, but there is no reason why they *must* do so." "I greatly *desire* my life conditions to be comfortable and pleasant, but I don't *need* them to be that way."

Disputing of irrational beliefs is first done *cognitively*, by using scientific questioning and challenging to uproot people's *musts* and *demands*. For example, "Why *must* I perform well, even though it's desirable that I do?" "Where is the evidence that you *have* to treat me considerately, however much I'd *like* you to do so?" Disputing is also done *emotively*.

For example, using rational-emotive imagery, people imagine one of the worst failures to achieve their goals, letting themselves feel very depressed. They are then to work fully to change their inappropriate feeling of depression to the appropriate ones of *keen disappointment* or *regret*. Disputing is also done *behaviorally*. For example, people who avoid socializing force themselves to socialize while simultaneously convincing themselves that it is not awful, but only inconvenient, to get rejected.

The more specific clinical application of the ABC's of RET has been successful in thousands of reported cases and in scores of therapy outcome studies. Most of these studies have used RET cognitive disputing, but have failed to add its emotive and behavioral disputing methods. So I predict that when RET is properly tested it will do even better against control groups than has up to now been shown.



Rational-Emotive Therapy's A-B-C Theory of Emotional Disturbance

"People are disturbed not by things, but by the views which they take of them."

—Epictetus, 1st century A.D.

It is not the event, but rather it is our attitudes and beliefs about it, that causes our emotional reaction.

