

EDITED BY
WINDY DRYDEN



Albert Ellis

Live

Albert Ellis

Live!

I (Windy Dryden) dedicate this book to the one and only Albert Ellis
on the occasion of his 90th birthday on 27 September 2003

Happy birthday, Albert, and many more!

Albert Ellis

Live!

WINDY DRYDEN
&
ALBERT ELLIS



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Preface by Windy Dryden

Albert Ellis is the originator of Rational Emotive Behaviour Therapy, a leading cognitive-behavioural approach to counselling and psychotherapy. Ellis's practice of REBT spans a broad range of therapeutic contexts with a variety of client populations (Ellis & Dryden, 1997). While an in-depth analysis of his regular therapy practice has been published (Yankura & Dryden, 1990), to date no similar analysis of Ellis's work in demonstration sessions has been undertaken. This book seeks to provide such an examination.

A demonstration session is a single session of REBT undertaken with a volunteer client who understands the one-off nature of the interview. The purpose of the demonstration session is to help the person in the client role and to give the audience (who may be physically present or who may be absent but either watching a video or film of the session or listening to an audiotape of it) an opportunity to see or hear an REBT practitioner in action so that they can gain an understanding of how this therapeutic approach is practised. Albert Ellis has done very many demonstration sessions in the following contexts:

- 1 At the Friday Night workshop conducted at the Albert Ellis Institute where Ellis interviews two volunteers in front of an audience who later have an opportunity to ask both Ellis and the client questions (Dryden, Backx & Ellis, 2002). Ellis has been conducting the Friday Night workshop regularly since June 1965 and recent research testifies to the fact that the vast majority of volunteer clients find their interview with Ellis a constructive experience (Ellis & Joffe, 2002).
- 2 During professional training workshops internationally where Ellis interviews volunteer participants in front of their professional peers. Again, members of the audience have the opportunity to ask Ellis and the volunteer questions about the experience.
- 3 In videotapes and audiotapes for the professional community. Some of these tapes have been published by the Albert Ellis Institute while others have been made by or for the Institute for in-house training programmes, but have not been published. The five interviews that are presented and analysed in this book are examples of the latter. They were unpublished videotaped interviews that I transcribed for the purpose of writing this book.

The most famous of Ellis's demonstration sessions was made for the professional community. This was his interview with Gloria in the first of the *Three Approaches to Psychotherapy* films made by Everett

Shostrom (1965). Weinrach (1986) has reviewed Ellis's work with Gloria in this film which has both attracted people to REBT and turned others away from this therapeutic approach, perhaps in equal measure.

An Ellis demonstration session has a number of identifiable features that you will be able to discern in the interviews that follow:

- It is a single, one-off therapeutic encounter with a volunteer client.
- It is educational as well as therapeutic in nature in teaching both the client and the audience about how REBT approaches the assessment and treatment of common psychological problems.
- It deals with volunteer clients' problems in a fairly general way. Thus, some disputing of irrational beliefs is done, but not at length.
- Clients are given some guidance on how to put what they have learned into practice.
- Clients are not taught the skills of disputing irrational beliefs in any systematic way.

It is important that readers do not make unwarranted generalisations and assume that Ellis's performance in these sessions is truly representative of how he practises REBT in ongoing individual therapy sessions. Thus, in regular sessions, but not in demonstration sessions, Ellis has the time to:

- collect important biographical data;
- carry out a brief history of the clients' psychological problems and previous treatment experiences;
- assess treatment expectancies and correct any misconceptions;
- assess to what extent clients have a predisposition to psychological disturbance by enquiring about the mental health status of their parents, siblings and relatives;
- give clients important information about REBT and how it differs from other therapeutic approaches;
- undertake a more thorough assessment than is possible in demonstration sessions;
- spend more time teaching the ABCs of REBT than is possible in demonstration sessions;
- dispute clients' irrational beliefs more thoroughly than is possible in demonstration sessions;
- teach clients how to use relevant REBT skills and techniques;
- check previous homework assignments.

This list should be regarded as representative rather than exhaustive.

It is also important that readers do not assume that all REBT therapists practise REBT in the same way. As has been shown elsewhere (Dryden, 2002), the practice of REBT is varied, with different therapists practising REBT in their own idiosyncratic fashion.

This book is representative of Albert Ellis's work in demonstration sessions and as such it is an important contribution to the REBT literature.

In Chapter 1, I present some of the fundamental ideas of REBT theory and practice. This account is not designed to be comprehensive, but provides enough information for readers to make sense of the material that follows. Each interview is presented verbatim, with one exception: excessive verbal dysfluencies have been omitted. Then I present the interview again with an in-depth commentary on Ellis's work.

While this book is designed to celebrate Ellis's 90th birthday on 27 September 2003, it is not meant to be hagiographical in nature. Rather, it is intended to provide a balanced, honest, critical appraisal of Ellis's work in one-off demonstration sessions.

Windy Dryden
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Preface by Albert Ellis

Windy Dryden has been a Rational Emotive Behaviour Therapy (REBT) practitioner for a quarter of a century and during that time he has seen hundreds of clients, given scores of talks and workshops and effectively taught and supervised numerous therapists and counsellors in their practice of REBT. In addition, he has written many papers and has published substantially more than my own 70 books. Finally, he has made a number of special contributions to the theory and practice of REBT that have significantly influenced many of its practitioners, including myself.

Albert Ellis Live! is one of the most original books on REBT ever published. It presents several verbatim transcripts of my demonstration sessions during which I show volunteers how they can use REBT to solve their emotional-behavioural problems. The sessions are similar to the somewhat famous Problems of Everyday Living sessions that I have been giving in public almost every Friday night in New York with volunteer clients from the audience. The sessions Windy includes in the present book are a little different from my Friday Night workshop sessions in that the clients in this book are somewhat more sophisticated than my Friday Night volunteer clients and at least two of them seem quite knowledgeable about REBT. In general my Friday Night volunteers know practically nothing about REBT: this helps to explain why with the clients in this book I more quickly present REBT solutions to them and why I only consider their primary problems (e.g. something they are anxious, depressed or angry about) rather than also deal with their secondary problems (e.g. their anxiety about their anxiety or their depression about their depression). At my Friday Night workshops, I almost always address their secondary problems, too.

I especially appreciate Windy's informative and interpretative comments on the specific points I address in these verbatim therapy sessions. He very clearly shows the reader how I usually conform to my own REBT theory in dealing with clients' problems. But he also shows them how sometimes I do not follow my own theory. At those times, Windy succinctly shows how he or another REBT practitioner might intervene differently than the way in which I intervene. I quite agree with Windy that some of his suggested interventions follow REBT theory and practice better than those I actually made with the client and that it might have been better if I had used some of them. I realise from reading Windy's analyses that I definitely did some things that perhaps I should not have

done and that I also neglected to use some REBT points with my clients that I could have helpfully used. Windy shows me in his comments that none of us – including myself, the originator of REBT – is perfect. So I want to thank him for some of his suggested corrections to my therapeutic work. Live and learn!

This book can be of distinct value to readers who want to discover what REBT is and how to use it with their clients. It clearly states the fundamentals of REBT; shows how they can be used effectively in a single first session with a client; shows how even the best therapists can *improve* on their use of REBT; indicates precise ways of using its disputing techniques; and shows how it works as an excellent teaching device with receptive clients and with people who observe clients undergoing live demonstrations of REBT, such as those that are included in this book.

Albert Ellis Live! also suggests some research studies of the effectiveness of REBT. Thus, it gave me the idea that if live sessions, like those included in this book, were taped or videotaped, and if the clients who are interviewed agree to listen to their own tapes several times – say at least once a month for six months after they have had their live session – it might be ascertained whether they seemed to benefit from their single session (as did some of the participants who were interviewed after their demonstration session) and also whether they got the REBT therapeutic message on the tape recordings more strongly and more emotionally than they got those messages after having a single therapy session. Listening several times to tapes of their own sessions may help them achieve stronger ‘emotional’ than ‘intellectual’ insight than they would achieve when they just have a single live session. This is only a hypothesis of mine and it would be good to have it empirically tested.

Albert Ellis Live! is a most interesting and valuable addition to REBT literature. Read and see for yourself!

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Rational Emotive Behaviour Therapy and Albert Ellis's Use of Demonstration Sessions *by Windy Dryden*

Rational Emotive Behaviour Therapy (REBT) is an approach to counselling that can be placed firmly in the cognitive-behavioural tradition of psychotherapy, meaning that it particularly focuses on the way that we think and behave, in its attempt to understand our emotional responses. REBT was founded in 1955 by Dr Albert Ellis, an American clinical psychologist who brought together his interests in philosophy and psychology, which are still present in this approach over 45 years on. One of the hallmarks of REBT is that it holds that people can be taught and can learn the principles of good mental health. Albert Ellis has been conducting demonstration sessions of REBT for many years. These sessions have a triple purpose: (1) to teach volunteer clients how to understand and address their problems using REBT; (2) to show members of the audience how they might use REBT to understand and address their own problems and (3) to give therapists who are training in REBT or who have an interest in learning more about REBT a model of practice, and an expert one at that.

In this opening chapter I will discuss those theoretical and practical components of REBT that are particularly germane to understanding Albert Ellis's clinical behaviour in demonstration sessions of REBT.

The ABCDEs of REBT

REBT therapists employ an ABCDE framework in helping clients to understand and address their psychological problems. I will briefly present these components.

'A' = Activating event

Clients disturb themselves about key aspects of a situation. These aspects are known in REBT as activating events. In the following demonstration sessions, volunteers will discuss their disturbed feelings about failure, discomfort, disapproval and even about their own disturbed feelings. These are all activating events and are placed under 'A' in the ABCDE framework. When dealing with clients' disturbed feelings, we are primarily dealing with negative activating events or adversities.

'B' = Belief

It is a major premise of REBT that while our emotions are usually about activating events at 'A' these 'As' do not cause our emotional reactions. Rather, our emotions are primarily determined by the beliefs that we hold about the activating events.

'C' = Consequences of the beliefs at B about the activating event at A (there are three such consequences: emotional, behavioural and thinking)

When a client holds a belief about an activating event, she (in this case) will tend to experience an emotion, she will tend to act in a certain way and she will tend to think in certain ways. These three consequences of this $A \times B$ interaction are known as emotional, behavioural and thinking consequences respectively.

'D' = Disputing

In REBT we challenge or dispute our clients' irrational beliefs. Disputing can be cognitive, behavioural or emotive in nature and works best when all three are used in concert.

'E' = Effects of disputing

When disputing is successful, the client experiences a more constructive emotive, behavioural and cognitive effect about the activating event.

Rational Beliefs at B

REBT argues that there are four basic rational beliefs and that they have the following five major characteristics. They are:

- (a) flexible or non-extreme
- (b) conducive to your mental health and to productive interpersonal relationships
- (c) helpful to you as you strive towards your goals
- (d) true
- (e) logical

Now let me discuss the four rational beliefs put forward by REBT theory.

Full preference

Human beings have desires, and for desires to be the cornerstone of healthy functioning, they take the form of a full preference. A full preference has two components. The first is called the asserted preference. Here you make clear to yourself what you want (either what you want to happen or exist or what you want not to happen or exist). The second component is called the 'negated demand'. Here you acknowledge that what you want to occur or exist does not have to occur or exist.

In short, we have:

Full preference = 'asserted preference' component + 'negated demand' component

Non-awfulising belief

When your full preference is not met it is healthy for you to conclude that it is bad that you have not got what you wanted. It is not healthy to be indifferent about not getting what you desire. As with a full preference, a non-awfulising belief has two components. The first component may be called 'asserted badness'. Here you acknowledge that it is bad that you have not got what you want or that you have got what you don't want. The second component is called 'negated awfulising'. Here you acknowledge that while it is bad when you don't get your desires met it is not awful, terrible or the end of the world.

In short, we have:

Non-awfulising belief = 'asserted badness' component + 'negated awfulising' component

High frustration tolerance (HFT) belief

When your full preference is not met it is healthy for you to conclude that it is difficult for you to tolerate not getting what you want, but that you can tolerate it. An HFT belief also has three components. The first component may be called 'asserted struggle' because you recognise that it is a struggle to put up with not getting what you want. The second component is called 'negated unbearability'. Here you acknowledge that while it is a struggle to tolerate not getting your desires met it is not intolerable. The third component is called the 'worth tolerating' component and points to the fact that not only can you tolerate not getting what you want, but it is worth doing so.

In short, we have:

High frustration tolerance belief = 'asserted struggle' component + 'negated unbearability' component + 'worth tolerating' component

Acceptance belief

When your full preference is not met it is healthy for you to accept this state of affairs. There are three types of acceptance belief: a self-acceptance belief where you accept yourself for not meeting your desires or for not having them met; an other-acceptance belief where you accept another person or other people for not meeting your desires, and an acceptance of life conditions belief where you accept life conditions when they don't meet your desires.

There are three components to an acceptance belief which I will illustrate with reference to a self-acceptance belief. The first is called the 'negatively evaluated aspect' component. Here you recognise when you have

not met your desires or that your desires have not been met by others or by life conditions and you evaluate this particular aspect negatively. The second is called the 'negated global negative evaluation' component. Here you acknowledge that while you may have acted badly, for example or experienced a bad event, the whole of you is not bad. The third is called the 'asserted complex fallibility' component. Whereas in the second component you negated the view that you are a bad person, for example, here you assert what you are: a complex fallible human being.

In short, we have:

Acceptance belief = 'negatively evaluated aspect' component + 'negated global negative evaluation' component + 'asserted complex fallibility' component

Irrational Beliefs at B

REBT argues that there are four basic irrational beliefs, which have the following five major characteristics:

- (a) rigid or extreme
- (b) conducive to psychological disturbance and impaired interpersonal relationships
- (c) unhelpful to you as you strive towards your goals
- (d) false
- (e) illogical

Now let me discuss the four irrational beliefs put forward by REBT theory.

Demand

REBT theory holds that when you take your desires and turn them into rigid demands, absolute necessities, musts, absolute shoulds and the like, you make yourself emotionally disturbed when you don't get what you believe you must. Even when you do get what you believe you must, you are still vulnerable to emotional disturbance when you hold a rigid demand at the point when you become aware that you might lose what you have and need.

A rigid demand has two components. The first is known as the asserted preference and is the same as the asserted preference component of a full preference. Again, you make clear to yourself what you want (either what you want to happen or exist or what you want not to happen or exist). The second component is called the 'asserted demand'. Here you take what you want and you turn it into a 'rigid demand' (e.g. 'I want to do well in my examination and therefore I have to do so').

In short, we have:

Rigid demand = 'asserted preference' component + 'asserted demand' component

Awfulising belief

When your rigid demand is not met then you will tend to reach the extreme conclusion that it is awful, horrible, terrible or the end of the world that you haven't got what you insist you must have. As with a non-awfulising belief, an awfulising belief, has two components. The first component is the same as that in the anti-awfulising belief – 'asserted badness'. Here you acknowledge that it is bad that you have not got what you want or that you have got what you don't want. The second component is called 'asserted awfulising'. Here you transform your non-extreme evaluation of badness into an extreme evaluation of horror (e.g. 'Because it would be bad if I were to fail my exam, it would be horrible were I to do so').

In short, we have:

Awfulising belief = 'asserted badness' component + 'asserted awfulising' component

Low frustration tolerance (LFT) belief

When your rigid demand is not met, you will tend to reach the extreme conclusion that you cannot bear not getting what you demand. Unlike an HFT belief which has three components, an LFT belief tends to have only two. The first is again known as the 'asserted struggle' because you recognise that it is a struggle to put up with not getting what you must have. The second component is called 'asserted unbearability'. Here you acknowledge that it is not just a struggle to put up with not getting your demand met, it is intolerable. Since you think that you cannot put up with not getting your demand met, whether or not it is worth tolerating does not become an issue. You can't tolerate it and that's that.

In short, we have:

Low frustration tolerance belief = 'asserted struggle' component + 'asserted unbearability' component

Depreciation belief

When your rigid demands are not met you will tend to depreciate yourself, depreciate others or depreciate life conditions. Thus, there are three types of depreciation belief: a self-depreciation belief where you depreciate yourself for not meeting your demands or for not having them met; an other-depreciation belief where you depreciate another person or other people for not meeting your demands and a depreciation of life conditions belief where you depreciate life conditions when they don't meet your demands.

There are two components to a depreciation belief which I will illustrate with reference to a self-depreciation belief. The first component is called the 'negatively evaluated aspect' component. Here you recognise when you have not met your demands or that your demands have not been met by others or by life conditions and you evaluate this particular aspect

negatively. The second component is called 'asserted global negative evaluation'. Here you give yourself a global negative rating for not meeting your demands, for example. Thus, you may acknowledge that you have acted badly and then evaluate yourself as a bad person for acting badly.

In short, we have:

Depreciation belief = 'negatively evaluated aspect' component +
'asserted global negative evaluation' component

As we shall see, when Ellis is disputing volunteer clients' demands he particularly helps them to distinguish between their full preferences and their demands but when he is disputing their other irrational beliefs, he tends not to be as systematic in helping them to distinguish these irrational beliefs from their rational alternatives.

Healthy and Unhealthy Negative Emotions at C

When a client's 'A' is negative and he (in this case) holds a set of rational beliefs at 'B' about this 'A', his emotional 'C' will be negative but healthy. Thus, when he faces a threat, it is healthy for him to feel concerned and when he has experienced a loss, it is healthy to feel sad. Other healthy negative emotions (so called because they feel unpleasant but help deal constructively with negative life events) are: remorse, disappointment, sorrow, healthy anger, healthy jealousy and healthy envy.

When a client's 'A' is negative, but this time he holds a set of irrational beliefs at 'B' about this 'A', his emotional 'C' will be negative and unhealthy. Thus, when he faces a threat, it is unhealthy to feel anxious and when he has experienced a loss, it is unhealthy to feel depressed. Other unhealthy negative emotions (so called because they feel unpleasant and they interfere with dealing constructively with negative life events) are: guilt, shame, hurt, unhealthy anger, unhealthy jealousy and unhealthy envy.

In his demonstration sessions, Ellis occasionally checks explicitly to see whether his client's negative emotion is unhealthy rather than healthy, but most often he assumes that a client's expressed negative emotion is unhealthy even if it is expressed in vague terms (e.g. 'upset') unless it is clear that it is not.

Constructive and Unconstructive Behaviour at C

When a client's 'A' is negative and he holds a set of rational beliefs at 'B' about this 'A', his behaviour at 'C' is likely to be constructive. Such behaviour is constructive in three ways. First, it will help the person change the negative event that he is facing if it can be changed. Second, it will help him to make a healthy adjustment if the event cannot be changed and third it will help him to go forward and make progress in achieving his goals.