

Emotional Well-Being Through Rational Behavior Training //

{ Revised Third Printing

By

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FOREWORD

I AM DELIGHTED in many ways with this book on *Emotional Well-being Through Rational Behavior Training*, and I think that David Goodman and Dr. Maxie C. Maultsby, Jr., have done an excellent job in getting the material in this book together. I am particularly pleased with their use of the term *Rational Behavior Training*—which is as good a label for what I have called Rational-Emotive Therapy as any that I have yet been able to come up with.

This matter of labeling a therapeutic system is interesting and important. When I first broke away from psychoanalytic practices and began to use a cognitive-behavioral system of psychotherapy and counseling, I thought of calling this system Reality Therapy, since it obviously (as I think most therapies do) helped the client to accept what actually is and to give up his magical demanding that something else should, ought, or must be. I thought, however, that the name Reality Therapy was too presumptuous (as I think the name Client-Centered Therapy is), since virtually all systems of personality change emphasize, in one way or another, the individual's accepting (though not necessarily liking) reality. So I first used the name Rational Psychotherapy to describe my system, since rationality is not only one of the main goals of the system but one of the chief techniques of achieving those goals that the system employed.

Unfortunately, the term Rational Therapy has its great drawbacks, partly because devotees of other, more emotive systems wrongly seem to believe that rational means anti-emotional (which it definitely doesn't!) and that it is closely allied to eighteenth century rationalism (which it clearly isn't!). Also, the term Rational Therapy doesn't convey two of the other basic modalities used in Rational-Emotive Therapy: namely, the emotive and the behavioral aspect. I consequently changed the name of the system in my 1962 book, *Reason and Emotion in Psychotherapy*, to Rational-Emotive Therapy (RET).

That isn't a bad name; it also has its distinct limitations. First, it still omits the very important behavioral component, or *in vivo* homework assignments, that has always been stressed in RET. Second, it doesn't signify the fact that RET follows a many-faceted educational model instead of a limited medical model of psychotherapy. It is frequently employed, by para-professionals, teachers, vocational counselors, clergymen, and other non-therapists; and it is employed through the utilization of various educational modalities, such as bibliotherapy, recordings, films, lectures, public therapeutic demonstrations, workshops, encounter marathons, and other procedures which are somewhat removed from the processes of regular individual or group psychotherapy.

Consequently, the term Rational-Emotive *Therapy* hardly describes its many educational applications; and I myself have called it, in relation to its use with executive and leadership training, Rational Training. I have also used the term Rational Sensitivity in this same connection. (See Ellis, A., and Blum, M. L., Rational training: A new method of facilitating management and labor relations, *Psychological Reports*, 20:1267-1284, 1967; and Ellis, A., *Executive Leadership: A Rational Approach*, New York, Citadel Press, 1972).

When Dr. Maultsby first started using the term Rational Behavior *Therapy* as a synonym for Rational-Emotive Therapy, I thought that was a good idea, since in RET we have always stressed homework assignments, *in vivo* desensitization, assertion training, behavior rehearsal, operant conditioning, and many other forms of behavior therapy. RET, as H. J. Eysenck and Gerald Davison have noted, consequently is a form of behavior therapy; and I have referred to it in recent years as a particular mode of Cognitive-Behavior Therapy. Anyway, it is clearly in the behavior therapy camp, and is becoming increasingly used and referred to favorably by a whole host of modern behavior therapists, including Cyril Franks, Marvin Goldfried, Leonard Krasner, Donald Meichenbaum, M. Mike Nawas, Arnold Lazarus, David Rimm and many others.

Even the name Rational Behavior Therapy, however, has the same drawback as Rational-Emotive Therapy, in that it implies

that RBT and RET are forms of treatment for fairly disturbed individuals and does not indicate that it is a teaching and training process that can effectively be employed by virtually all individuals, including those who are by no means severely disturbed. Rational Behavior Training, therefore, is in many ways a better term, and I am highly pleased about its being consistently employed in the present volume.

As for this book itself, it is the only manual now in existence that applies RBT and RET, in great detail, to the very important aspect of self-help groups. In this area, Mr. Goodman and Dr. Maultsby have done an excellent job. The material in the book lucidly and accurately presents the principles and practice of Rational Behavior Training and does so in a forthright and interesting manner that is likely to prove of maximum help to a vast number of people.

I highly commend *Emotional Well-Being Through Rational Behavior Training* and am sure that it will become an outstanding, popular work that proves to be of immense value to the entire field of mental health.

ALBERT ELLIS, Ph.D.

INTRODUCTION

WHAT IS RATIONAL BEHAVIOR TRAINING?

RATIONAL BEHAVIOR TRAINING, or RBT, is a highly-directive method of teaching people how to increase their skill in reasoning so they will be better able to deal with the problems and stresses of daily living. It is based on the fact that the ability to think logically enables people to keep their emotions under better control, to see problems more clearly and solve them more effectively. In effect, RBT is the application of the scientific attitude and method to the totality of daily living.

RBT can be as effective in enabling relatively *normal* people to improve their living skills as it can in enabling disturbed people to regain their emotional and mental health. The goal in RBT is the attainment of maximum emotional and mental health with the least possible expense in terms of time and money by utilizing to the maximum the natural ability everyone has to think rationally.

I define rational thinking as "That form of thinking or acting which (1) is based on objective facts, (2) is life-preserving, (3) helps a person achieve his self-defined goals, (4) enables him to function with a minimum of significant internal conflict, and (5) enables him to function with a minimum of significant conflict with his environment."

RBT is derived from the learning theory of behavior but goes beyond the mechanical conditioning or deconditioning of reflexes in that it makes *training in rational thinking* its highest goal. In RBT, a person may be encouraged to use behavioristic conditioning methods to extinguish a persistent habit or help himself establish a new habit that he wants to develop. Nevertheless, the learning person's own mind guides and controls the entire process. This insures that he will only learn personally desirable behaviors and will become progressively independent of others for most of his psychological and emotional needs.

Other goals in RBT include (1) maximum independence from neurotic needs, desires, and support of others (including the therapist), (2) acceptance by the individual of full responsibility for achieving his desired behavior changes, (3) self-determination of goals and values in life, (4) freeing of the person from poorly controlled reactions to environmental stresses, and (5) unqualified acceptance by each person of his unavoidable fallibility.

RBT theory rejects the notion that original causation can be known accurately. RBT theory maintains that prolonged analysis of past events is unnecessary in a person's attempts to overcome emotional or mental problems. RBT focuses primary attention of the person's behavior in the here and now. This is based on the obvious fact that a person cannot turn his life's clock back, nor can he rewrite his history. Such activity is a waste of time.

Very early in RBT a person learns to reduce the intensity of his undesirable emotions so he can *free the reasoning portion of his brain for clearer thinking*. First, this involves relentless challenging of his thoughts in the light of objective reality. Second, the individual gradually learns to replace his old self-defeating thoughts with more rational ones. This is accomplished through the use of what we call written rational self-analysis.

Written rational self-analysis is accomplished when a person examines in writing the thoughts he has when a mental or emotional disturbance occurs. He then challenges each written sentence by comparing his thoughts with objective reality. The final step is to correct or replace unrealistic, self-defeating thoughts with thoughts that meet the criteria for rational thinking as stated above.

As his skill in written rational self-analysis increases, the person finds himself performing this self-correcting mental maneuver automatically. Written rational self-analysis becomes progressively less necessary as the habit of rational thinking becomes a part of his thinking process. As his ability to think rationally increases, he finds himself more and more capable of controlling old self-defeating habits of emotional response. At this stage, the person is in the midst of the self-actualizing process of rational self-mastery.

The degree of success with RBT depends on the intensity

of its application. The aim is to overcome self-defeating thinking habits of long standing. As with all habits, these tend to persist unless challenged rationally by the individual.

In addition to doing written rational self-analyses every time he has an emotional or mental disturbance, the person is asked to tape record his discussions with his rational associate* or with a mental-health professional. The tape provides a permanent record of helpful discussions which can be listened to over and over again. Such repetition makes the difference between rational and irrational thinking clearer and clearer to him. In effect, he is conditioning his mind to understand and apply the highest mental function of which a human being is capable—namely, thinking in a rational manner.

RBT seeks to remove the mystery from psychotherapy and give the patient the tools to perform his own cure in the shortest period of time at the least expense. To accomplish this, RBT theory simplifies therapeutic concepts and procedures so they can be applied effectively as self-therapy. Even though emotionally distressed, a person always possesses some control and can concentrate, intensify, and direct the process of rational self-mastery with as much efficiency as he chooses.

In the remaining chapters of this book, the reader will find a more detailed description of the concepts and techniques of rational behavioral training, an explanation of the therapeutic use of these concepts in both individual and group situations, and a summary of the advantages enjoyed by the individual who understands and applies these concepts to his life situation. The reader will also see demonstrations of the application of RBT concepts and techniques in the form of case histories as well as a discussion of some of the societal implications of a more widespread use of the RBT approach to life.

Many people are afraid to teach themselves rational behavior. They naively believe that rational behavior will rob them of their ability to have emotional feelings. Nothing could be further from the truth. As long as people are physically healthy, they *have to have emotions*. All rational behavior does is enable

* A rational associate is a layman who has learned the process of rational self-mastery through reading or personal experience with RBT.

people to have *less* of the emotions they *do not* like to have and *more* of the emotions they *do* like to have.

If some of these feelings are of such intensity and frequency that they frighten or bewilder us, we either allow our thoughts and reason to be overwhelmed by them, or we go to the other extreme and adopt rigid beliefs or escapist behaviors and delude ourselves into thinking that they are insulating us from stress and conflict.

Truly rational people are like skilled jockeys; they make full use of their horses' energy and power by staying in control of the speed and direction of the horses' motion. Rational people are most likely to express their emotions fully and to their satisfaction. That is because they are generally in control of their emotions.

We have found Rational Behavior Training to be an effective, efficient method of enabling people to qualify for the label *rational*. Obviously, people have and will continue to survive without rational behavior; but, as the research we cite indicates, people usually survive more happily with it.

D.S.G.
M.C.M.

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EMOTIONAL WELL-BEING THROUGH
RATIONAL BEHAVIOR TRAINING

SECTION ONE
THE METHODOLOGY OF RBT

Chapter 1

THE DISCOVERY OF SELF-TALK

MY FIRST ENCOUNTER with rational behavior therapy came in August, 1968. Late one evening, I received a phone call from a man we shall call Fred Hanover, a professional colleague. He asked whether I could be of help in recommending a psychiatrist for his son, Ralph, who had just made the second attempt on his life.

Being a public-relations professional and a science writer, not a physician or psychologist, I did not realize the seriousness of Ralph's condition, or I might have eased out of this unusual request from a friend. But the urgency of my friend's request and his assurance that I was the last person to whom he believed he could turn prompted me to agree to do what I could.

I learned that Ralph was twenty-eight years old and employed as an accountant for a small CPA firm. He had had several forms of psychotherapy during his lifetime and at the moment seemed to be having more problems than he ever had. He was markedly lacking in self-esteem, despite good physical health, ample financial resources, and an attractive wife.

Research among friends and associates led to setting up an appointment with a Dr. Maxie C. Maultsby, Jr., at the University of Wisconsin Hospitals, in Madison, Wisconsin, early in September. To make sure Ralph would get to and from his appointment safely, I drove him to Madison, waited while he underwent treatment, and drove him back on several occasions.

Rather than plunge into a description of Ralph's therapy, however, it would be well, at this juncture, to identify what it was about RBT that struck me as distinctive, judging not only by his case but also by the others I was able to observe, with the consent and cooperation of Dr. Maultsby and his patients. Only by observing his treatment of twenty-two patients, each having a