

Rational Emotive Behavior Therapy

Disputing Irrational Philosophies

ABSTRACT

This article provides an overview of the concepts and techniques of rational emotive behavior therapy to distinguish it from cognitive-behavioral therapy. Rational emotive behavior therapy proposes that psychological disturbance is largely created and maintained through irrational philosophies consisting of internal absolutistic demands. This therapy strives to produce sustained and profound cognitive, emotive, and behavioral change through active, vigorous disputation of underlying irrational philosophies.

SUSAN BENDERSKY SACKS, MSN, RN, CS

Faced with a plethora of psychotherapy techniques, mental health professionals often unwittingly succumb to using indiscriminately eclectic strategies without a unifying theory. Rational emotive behavior therapy (REBT) is one of many models of cognitive-behavioral therapy (CBT). Both a philosophy and a psychotherapy, REBT is distinguished by its unifying theory. This therapy aims to create enduring personality and behavioral change through profound philosophical modification and reeducation. Rational emotive behavior therapy maintains a "here and now" orientation, an active-directive and re-educative style, and integrates a variety of cognitive, emotive, and behavioral techniques (Ellis & Blau, 1998; Walen, DiGiuseppe, & Dryden, 1992).

The concepts of REBT can be used as a foundation for inpatient practice, as well as a guiding theoretical practice framework for outpatient therapy. The following case example will be used throughout this article to demonstrate how REBT can help clients in various settings.

CASE STUDY

Kim, a 37-year-old woman diagnosed with borderline personality disorder, received 5 days of inpatient psychiatric treatment for self mutilation. Kim's additional problems included unstable relationships, alcohol abuse, abandonment fears, and self-loathing. Her history included chronic sexual abuse between the ages of 3 and 10 by her father. Inpatient treatment included three REBT psychoeducational groups, followed by 20 outpatient REBT individual therapy sessions. End results included increased self-acceptance, decreased frequency of self-cutting and alcohol binges, and decreased episodes of

interpersonal outbursts and aggression.

BACKGROUND AND SIGNIFICANCE OF REBT

Albert Ellis introduced the cognitive-behavioral revolution in psychotherapy by founding REBT in 1955. Rational emotive behavior therapy became the first modern cognitive-behavioral therapy (CBT) by merging cognitive therapy with behavior therapy. It was later followed by other CBT models, including those of Beck, Meichenbaum, Glasser, Maultsby, Lazarus, Goldfried, and Bandura (Ellis, 1994; Ellis & MacLaren, 1998). Rational emotive behavior therapy has been practiced with both children and adults and has been used for a broad range of mental disorders. It is designed to be an effective therapeutic method for individuals, families, and groups, as well as for group psychoeducation (Ellis & Blau, 1998).

Rational emotive behavior therapy emphasizes the power of underlying beliefs and philosophies to create, maintain, prevent, and recover from emotional disturbance. The therapy maintains that psychological disturbances are influenced by biological tendencies and environmental and social conditions, but are largely created and sustained by a philosophy of dogmatic, rigid commands or demands and irrational conclusions. These commands or demands are expressed as "musts," "shoulds," "needs," and "oughts." Irrational conclusions are manifested as "awfulizing," "I can't-standitis," and "damnation of self and others." (Ellis & Dryden, 1997; Ellis & MacLaren, 1998; Gandy, 1995; Walen et al., 1992).

Rational emotive behavior therapy advocates significant philosophical modification and reeducation to manage psycho-

logical disturbance and achieve psychological health (Ellen & MacLaren, 1998). In addition, REBT proposes that psychological health is contingent on several factors, including the assumption of responsibility for emotions, scientific thinking, high frustration tolerance, flexibility, responsible risk taking, creative pursuits, unconditional self-acceptance, responsible long-range hedonism, and rational thinking. Rational thoughts are defined as flexible, adaptive, preferential beliefs supported by reality and expressed as desires, likes, and dislikes (Ellis & Dryden, 1997; Walen et al., 1992).

Irrational Demands and Conclusions

Philosophical reconstruction is an active-directive process which helps clients detect, discriminate, dispute, and replace their dysfunctional or irrational philosophies and beliefs. According to Ellis and MacLaren (1998, pp. 32-33), REBT considers the following three clusters of absolutistic demands to be the essence of human disturbance and the focus of philosophical modification:

- I absolutely must, under all conditions, do important tasks well and be approved by significant others, or else I am an inadequate and unlovable person.
- Other people absolutely must, under all conditions, treat me fairly and justly, or else they are rotten, damnable people.
- Conditions under which I live absolutely must always be the way I want them to be and provide me with immediate gratification, without requiring me to work too hard to change or improve them; otherwise, it is awful, I can't stand them, and it is impossible for me to be happy at all.

According to Ellis and Dryden (1997), Ellis and MacLaren (1998), Gandy (1995), and

Walen et al. (1992), REBT emphasizes the need to identify and dispute three core irrational conclusions, which stem from these absolutistic musts, commands, and demands:

- Awfulizing (e.g., "It is awful to be abandoned.")
- I-can't-standitis (e.g., "I can't stand being alone.")
- Damnation of oneself and others (e.g., "He's rotten for leaving me. I must be worthless.")

In REBT, absolutistic musts, commands, and demands also result in cognitive or inferential distortions, which are uncovered and vigorously disputed. Cognitive distortions include:

- Overgeneralizing (e.g., "Since my father raped me, all men will.")
- Jumping to conclusions (e.g., "Since he abused me, I must be a despicable person.")
- Personalizing (e.g., "It's my fault my mother married a violent alcoholic.")

adverse events, and emotional and behavioral consequences, as described by Ellis and Blau (1998):

- A = Adverse or activating events.
- B = Rational and irrational beliefs, ideas, thoughts, and cognitions about "A."
- C = Emotional and behavioral consequences generated by "A" and "B."
- D = Disputation of irrational beliefs.
- E = End result or profound and "effective new philosophies."

Therapists using REBT explain that, despite the assumption that "A" directly produces "C," this is usually false. Instead, "B" functions as an intermediary between "A" and "C" and can directly produce "C" (Ellis & Blau, 1998; Ellis & Dryden, 1997; Ellis & MacLaren, 1998). To achieve philosophical

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[REBT] maintains that psychological disturbances are influenced by biological tendencies and environmental and social conditions, but are largely created and sustained by a philosophy of dogmatic, rigid commands or demands and irrational conclusions.

- All-or-nothing thinking (e.g., "If you're at all like my father, then you're completely like him.")

ASSESSMENT, EDUCATION, AND PHILOSOPHICAL RECONSTRUCTION

Rational emotive behavior therapy uses an educational model and a didactic ABCDE format to demonstrate the cause-and-effect links between beliefs,

change, clients' unique ABCDE sequence is revealed, beginning with an assessment of emotional and behavioral consequences ("C"). For example, therapists ask, "How do you feel about that?," "How do you physically feel when that happens?," and "What do you do [when



beliefs are accurate and conform to reality (Bernard & Wolfe, 2000; Walen et al., 1992). Examples of such questions, derived from my professional experience, include:

- “If that’s true, and you are rejected, what’s the worst that could happen?”
- “How would that be catastrophic and more than just inconvenient?”
- “Explain to me why you couldn’t stand the emotional discomfort of it?”
- “Where is the evidence that you’re totally worthless because your father molested you?”
- “Where is it written that you must never be abandoned?”

Functional Disputations. Socratic questions can also be used to help clients examine the usefulness of their beliefs (DiGiuseppe, 2000; Ellis & Dryden, 1997). For example, using the above case study:

Sacks: “Don’t you think your ‘musts’—that you must not be alone, you need to feel physical pain—are self-sabotaging?”

Kim: “No, how?”

Sacks: “Well, look at the social effects of your internal demands and fears.”

Kim: “Oh yeah, you mean the effect of stress on my relationships.”

Sacks: “Yes. And while you’re ruminating about Tom abandoning you, couldn’t you be turning him off by your insecure behaviors and your self-mutilation?”

Kim: “I see your point. I take my wants and turn them into needs and demands. I feel vulnerable, and then I get violent. I guess that’s a real turn off, huh?”

Logical Disputations. Socratic questions are also used to help clients evaluate the logic of their beliefs (DiGiuseppe, 2000; Ellis & Dryden, 1997). Again, using the case study:

Sacks: “Explain to me the logic in this, ‘Because your father

raped you, all men are evil rapists.’”

Kim: “But all the men I meet might be.”

Sacks: “I know you believe all the men you meet could be evil rapists, but isn’t this an illogical leap from ‘My father evilly raped me, and he’s a man,’ to ‘All men are evil rapists?’”

Kim: “Yeah. I know it’s irrational. It’s not very likely.”

Rational Self-Statements. Motivating rational expressions are formulated for clients to memorize, practice, and internalize (Ellis & Velten, 1992; Walen et al., 1992). Examples, derived from my professional practice, include: “I failed, but I’m not a failure,” “I want love, but I don’t need it,” “Emotional pain is inconvenient, not catastrophic,” “People may be messed up but are not totally rotten,” and “I can and will handle discomfort.”

Referencing. With REBT, a “cost-benefit analysis” of unhealthy beliefs is undertaken. To bolster motivation, clients list the advantages and disadvantages of their unhealthy beliefs and behaviors (Ellis & MacLaren, 1998). For example, according to Kim, her belief, “I must never be abandoned,” added some romance to her life, but the disadvantages included increased anxiety and fears of desertion, which led to self-cutting and tolerance of abusive men.

Cognitive Homework Assignments. Written assignments are used to help clients identify pertinent irrational beliefs and correct misunderstandings of REBT (Ellis & MacLaren, 1998; Walen et al., 1992). For example, according to Ellis and Blau (1998, pp. 137-139), a homework assignment addressing disputing irrational beliefs would include the following questions:

- What self-defeating irrational belief do I want to dispute and surrender?

• Can I rationally support this belief?

• What evidence exists of the falseness of this belief?

• Does any evidence exist for the truth of this belief?

• What are the worst things that could actually happen to me if I don’t get what I think I must have?

• What good things could I make happen if I don’t get what I think I must?

Emotive Techniques

Rational-Emotive Imagery. In this emotive REBT technique, clients create a vivid mental image of a problematic situation that produces an unhealthy negative emotion. Clients transform the unhealthy negative emotion to a healthy negative emotion through the use of rational beliefs (Ellis & MacLaren, 1998; Walen et al., 1992). For example, in the case study, Kim imagined being rejected and feeling enraged, and then transformed the feeling to irritation (e.g., “I want but don’t need love. I can stay with these feelings, and I won’t explode.”).

Reverse Role Playing. For this technique, clients reverse roles with their therapists and practice the disputation of irrational beliefs voiced by the therapists. For example, referring to the case study:

Sacks: “I am totally defective.”

Kim: “Where is the evidence that you are completely defective?”

Humor. Exaggeration is used selectively to humorously challenge “catastrophizing,” “awfulizing,” and overly serious thinking, and may take the form of paradoxical intention techniques (Ellis & Dryden, 1997; Gandy, 1995; Walen et al., 1992). For example, when clients say they could not stand to be alone, therapists can reply, “I agree! It would be *so terrible* to be alone. You

couldn't possibly ever live through it!" Rational, humorous songs may also be assigned in between sessions. Ellis and Velten (1992, pp. 253-254) offer an example to the tune of *Yankee Doodle*:

Drinking is the thing for me!
With its stinking thinking.
I can feel alive and free
When I'm really drinking!
Drinking, drinking, keep it up!
With the booze be handy!
Keep pretending, yup, yup, yup,
That I'm fine and dandy!

Shame-Attacking Exercises. In this technique, clients agree to repeatedly engage in a "shameful activity" in a public area to acquire discomfort tolerance and unconditional self-acceptance (Ellis & Dryden, 1997; Ellis & Velten, 1992; Gandy, 1995; Walen et al., 1992). For example, Kim from the case study agreed to dance poorly on a busy sidewalk, read a magazine upside down in public, and ask a stranger if she could borrow \$20.

Behavioral Techniques

In Vivo Desensitization. Using a flooding paradigm, instead of gradual exposure, clients quickly and repeatedly expose themselves to feared and avoided activities, while rehearsing the disputation of irrational beliefs (Ellis & Dryden, 1997). For example, Kim attended frequent Alcoholics Anonymous meetings, while rehearsing, "I can handle a whole room of strangers looking at me. I won't die from it."

Reinforcements and Penalties. Pleasurable activities are assigned to motivate clients toward constructive behaviors and completion of homework assignments. Unpleasant activities are assigned for avoided homework assignments or unconstructive behaviors (Ellis & Velten, 1992). In the case study, Kim agreed to clean her toilet after superficial hand cutting

and agreed to take long, luxurious baths after maintaining sobriety during a difficult situation.

Skill Training. When client problems are exacerbated by insufficient skills, formal courses are recommended, or brief instruction is provided. For example, Kim learned assertiveness and relationship skills and considered taking a computer course.

Acting on Rational Beliefs. Clients are encouraged to make constructive changes and behave as if they only held rational thoughts, instead of waiting to feel better and more motivated (Ellis & MacLaren, 1998). In Kim's case, despite experiencing intermittent depression, she made multiple job inquiries for waitress positions.

REBT CONTRASTED WITH CBT

REBT and CBT significantly overlap, with similarities in structure and perspective. In both REBT and CBT, therapists help clients explore their present interpretations of reality and the usefulness and effects of those interpretations on their emotions and behaviors. Both therapies advocate scientific thinking and the use of cognitive, emotive, and behavioral techniques to modify clients' interpretation process. Activity and collaboration are common to REBT and CBT, in that both clients and therapists actively target problems and negotiate the selection of treatment strategies. In addition, generalization is underscored in both REBT and CBT, with considerable attention placed on out-of-session functioning. Homework assignments are routinely assigned to permit generalization of in-session therapeutic gains (Vallis, Howes, & Miller, 1991).

However, REBT has several features that distinguish it from CBT. First and foremost, REBT,

unlike CBT, provides a unifying theory, or a philosophy of rational thinking and living, along with the integration of a variety of cognitive, emotive, and behavioral techniques. This approach is considered "theoretically consistent eclecticism" (Ellis & Dryden, 1997, p. 44), in which techniques are selectively taken from other therapeutic systems and used according to REBT theory (Ellis, 1994). In addition, REBT sets therapeutic goals beyond symptomatic relief and strives instead for profound and sustained philosophical, emotional, and behavioral changes.

Rational emotive behavior therapy is based on an existential-humanistic perspective. As such, REBT views people as holistic and at the center of their universe, with freedom of choice over their emotional domains. Rational emotive behavior therapy views people as human, never subhuman or superhuman. In addition, REBT proposes that the complex essence or intrinsic worth of the "self" can never be evaluated, measured, or rated. Therefore, it proposes that self-rating be completely eliminated, along with positive self-rating, self-confidence, self-esteem, and other global ratings of self and others.

Instead, REBT advocates the evaluation and rating of behaviors and actions, with an emphasis on unconditional self-acceptance (Bernard & Joyce, 1984; Ellis, 1994; Ellis & Dryden, 1997). Unconditional client acceptance is recommended for therapists using REBT, as long as warmth and approval are kept to a minimum. Rational emotive behavior therapy highlights the difference between these and maintains that warmth and approval may foster dependence and conditional self-acceptance. Conditional self-acceptance

occurs when clients believe they are good because they receive approval or love from their therapists (Ellis, 1994; Ellis & Dryden, 1997; Gandy, 1995).

At the onset of therapy, REBT emphasizes the identification and disputation of secondary symptoms, which consist of clients' irrational musts and demands about their disturbance, which reflect low frustration tolerance (e.g., "I must not have panic attacks.") (Ellis, 1994). Low frustration tolerance is considered a form of human disturbance in REBT and is termed "discomfort disturbance" (Ellis & Dryden, 1997, p. 7). According to REBT, discomfort disturbance results when people make demands for comfort and comfortable life conditions and subsequently "awfulize" when these demands are not met.

Rational emotive behavior therapy highlights the distinction between unhealthy and healthy negative emotions and addresses cognitive distortions and dogmatic demands uniquely. It regards

achievement (Ellis & Blau, 1998). Rational emotive behavior therapy proposes that absolutistic demands and irrational conclusions (e.g., "I must have love. It's awful if I don't.") lead to cognitive or inferential distortions (e.g., "No one loves me, and I am worthless") and ultimately to unhealthy negative emotions. This therapy avoids the initial disputation of cognitive or inferential distortions. Rather, it accepts these hypothetically, at first, and then proceeds to dispute irrational demands and conclusions (Ellis & Blau, 1998; Ellis & Dryden, 1997). For example, "All right. Suppose every guy has rejected your companionship. Prove to me that you can't stand rejection and that you must never be rejected."

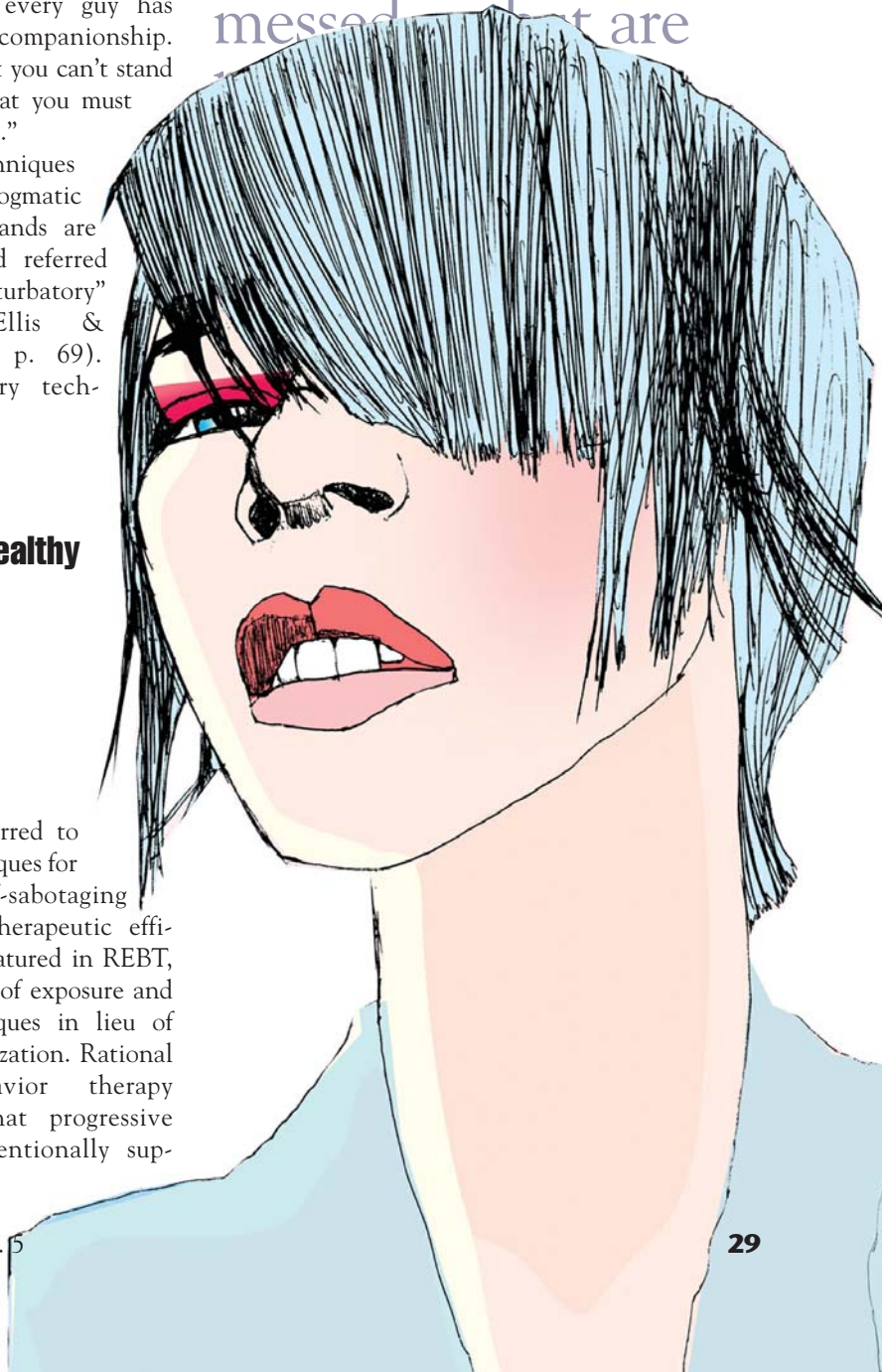
In REBT, techniques that challenge dogmatic musts and demands are underscored and referred to as "antimusturbatory" techniques (Ellis & Dryden, 1997, p. 69). Antimusturbatory tech-

REBT considers regret, concern, disappointment, and frustration to be healthy and rational negative emotions because they may motivate clients and facilitate goal achievement.

emotions such as panic, rage, and depression to be unhealthy because of their potential to disturb, disrupt, and impede effective coping and goal attainment. Conversely, REBT considers regret, concern, disappointment, and frustration to be healthy and rational negative emotions because they may motivate clients and facilitate goal

techniques are preferred to empirical techniques for modifying self-sabotaging philosophies. Therapeutic efficiency is also featured in REBT, through the use of exposure and flooding techniques in lieu of gradual desensitization. Rational emotive behavior therapy hypothesizes that progressive exposure unintentionally sup-

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K E Y P O I N T S

1. Rational emotive behavior therapy (REBT) is a well established and distinctive form of cognitive-behavior therapy that uses a unifying theory and an educational model, with an emphasis on philosophical modification.
2. REBT proposes that emotional distress is largely created and maintained by a philosophy of dogmatic demands, catastrophizing, low frustration tolerance, and condemnation of oneself and others.
3. Cognitive, emotive, and behavioral methods of REBT are designed to promote unconditional self-acceptance, rational thinking, and frustration tolerance, and include risk-taking assignments, experiential techniques, and vigorous disputations of irrational beliefs.

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ports the irrational idea that discomfort is awful, perilous, and intolerable, and must never be experienced. Similarly, there is limited use of distraction techniques in REBT. This therapy considers these techniques (e.g., relaxation exercises) to be superficial and palliative, and maintain that they are merely temporary diversions from self-defeating philosophies (Ellis, 1994).

In REBT, skill training and behavioral reinforcement are handled uniquely. The behavioral technique of skill training is used, but philosophical modification is instituted first. This therapy strives to minimize irrational philosophies before skill training begins because irrational philosophies are hypothesized to inhibit skill rehearsal due to irrational demands for guaranteed success and approval from others. With regard to the behavioral techniques of penalties and reinforcements, REBT favors the use of self-penalization over reinforcement. Rational emotive behavior therapy considers self-penalization to be more motivating, especially for clients with extremely low frustration tolerance (Ellis,

1994). Finally, REBT proposes that overly serious thinking may contribute to psychological disturbances. Therefore, REBT uses humor to reinforce rational philosophies, counteract dogmatic demands, and help clients take themselves and life less seriously (Ellis & Dryden, 1997).

ANALYSIS

The major objections to REBT involve its unconventional style and position on negative emotions. Critics hold that the vigorous and forceful style of REBT is manipulative and confrontational. However, the therapy considers its style to be candid, persuasive, and directive, in order to challenge long-standing self-sabotaging philosophies (Ellis & Blau, 1998). Critics have found the humorous use of obscenity in REBT to be objectionable. The use of obscenity is never considered essential in REBT, and if used, it is used sensitively to highlight critical principles (e.g., "Prove to me that being rejected makes you a total ass!"). Rational emotive behavior therapy holds that internal irrational beliefs often take the form of obscenities

and that, if used selectively by therapists, obscenities may serve to motivate clients and put them at ease (Walen et al., 1992).

Critics assert that REBT is rationalistic and, as such, aims to eliminate negative emotions entirely. However, REBT holds that when adversity occurs, negative rational emotions (e.g., irritation, disappointment) are actually healthy and appropriate because of their potential to motivate clients toward change and problem resolution. For example, at times, Kim understandably felt irritated when unjustly insulted by a boyfriend and, therefore, was motivated to voice her concerns, which generated a reduction in insults. When negative emotions are exacerbated to disturbing and disruptive ones (e.g., rage, depression), only then are they considered irrational and unhealthy (Ellis & Blau, 1998). Rational emotive behavior therapy strives to minimize negative irrational emotions by vigorously challenging irrational philosophies.

APPEAL OF REBT AND PRACTICE IMPLICATIONS

The self-helping, didactic, and short-term features of REBT may generate interest in prospective clients and nurse psychotherapists. For nurse psychotherapists, the appeal may stem from the similarities between REBT and the nursing paradigm, in particular, its holistic perspective, self-care focus, and educational strategies. This therapy may be suitable for nurse psychotherapists whose practices are affected by managed care stipulations, due to its short-term treatment course (averaging 3 to 20 sessions), detailed procedures, and concrete expected outcomes.

Additional interest in REBT may derive from the psychotherapeutic techniques it excludes.

Techniques that are excluded from or used minimally in REBT include protracted discourses regarding activating events, exclusive focus on modifying activating events, and simplistic and superficial positive thinking. Rational emotive behavior therapy also avoids the use of catharsis and abreaction, methods with antiscientific ideologies, and psychotherapies that lack empirical validation (Ellis & Dryden, 1997).

Training and certification in REBT for nurse psychotherapists are available at REBT Institutes throughout the United States, and in Canada, Israel, France, Italy, Mexico, Australia, Germany, The Netherlands, Argentina, Yugoslavia, and Peru. Qualifications for certificate candidacy is a master's degree and participation in a 3-day REBT course. The course involves lecture, peer counseling, and small group supervision, with no examination (Ellis & Dryden, 1997). Considering the broad spectrum of practice settings, nurse psychotherapists with REBT certification are in a position to help many client through REBT psychotherapy and emotional education.

SUMMARY

Rational emotive behavior therapy is a well-established form of CBT, which offers a philosophical approach to psychological health. Within the domain of CBT, REBT has several distinguishing features. This therapy

advocates the vigorous disputation of rigid irrational demands, which, if left unaddressed, can lead to irrational conclusions, cognitive distortions, unhealthy negative emotions, and dysfunctional behaviors. Rational emotive behavior therapy uses an educational model and unifying theory, with an emphasis on action, rational thinking, high frustration tolerance, and unconditional self-acceptance.

REFERENCES

Bernard, M.E., & Joyce, M.R. (1984). *Rational emotive therapy with children and adolescents*. New York: Wiley and Sons.

Bernard, M.E., & Wolfe, J.L. (2000). Rational emotive behavior therapy (REBT) today. In M.E. Bernard & J.L. Wolfe (Eds.), *REBT resource book for practitioners* (2nd ed., pp. II4-II6). New York: Albert Ellis Institute.

DiGiuseppe, R. (2000). Disputing more effectively: Strategies and styles for changing irrational beliefs. In M.E. Bernard & J.L. Wolfe (Eds.), *REBT resource book for practitioners* (2nd ed., pp. 17-112). New York: Albert Ellis Institute.

Ellis, A. (1994). *Reason and emotion in psychotherapy*. Secaucus, NJ: Carol Publishing Group.

Ellis, A., & Blau, S. (Eds.). (1998). *Albert Ellis reader. A guide to well being using rational emotive behavior therapy*. Secaucus, NJ: Carol Publishing Group.

Ellis, A., & Dryden, W. (1997). *The practice of rational emotive behavior therapy* (2nd ed.). New York: Springer.

Ellis, A., & MacLaren, C. (1998). *Rational emotive behavior therapy: A therapist's guide*. Atascadero, CA: Impact Publishers.

Ellis, A., & Velten, E. (1992). *When AA doesn't work for you. Rational steps to quitting alcohol*. New York: Barricade Books.

Gandy, G.L. (1995). *Mental health rehabilitation: Disputing irrational beliefs*. Springfield, IL: Charles C. Thomas Publisher.

Vallis, M.T., Howes, J.L., & Miller, P.C. (1991). *The challenge of cognitive therapy: Applications to nontraditional populations*. New York: Plenum Press.

Walen, S., DiGiuseppe, R., & Dryden, W. (1992). *A practitioners' guide to rational emotive therapy* (2nd ed.). New York: Oxford University Press.

Ms. Sacks is a psychotherapist in private practice and a lecturer, University of Pennsylvania, Philadelphia, Pennsylvania.

Address correspondence to Susan Bendersky Sacks, MSN, RN, CS, 650 Malin Road, Newtown Square, PA 19073; e-mail: sacksfamily@yahoo.com.

SELECTED INTERNET RESOURCES

Albert Ellis Institute

<http://www.rebt.org/>

A Brief Introduction to Rational Emotive Behavior Therapy

<http://www.rational.org.nz/prof/docs/intro-rebt.htm>

Online Journal of Multimodal and Rational Emotive Behavior Therapy

<http://members.lycos.co.uk/onlinej/>

REBT, Philosophy, & Philosophical Counseling

<http://members.aol.com/PracticalPhilo/Volume3Articles/REBT.htm>

REBT Therapy

<http://www.threeminutetherapy.com/rebt.html>

SMART Recovery: Self-Management and Recovery Training

<http://www.smartrecovery.org/nav/3min/>