It is inevitably interesting to consider the relation between a psychological theory and the theorist's life history. Much as Victorian culture influenced Freud’s psychoanalysis (Gay, 1998) and Rogers's restrictive upbringing likely inspired a theory of nonjudgment (Thorne, 2003), Albert Ellis self-observed the influence of his childhood experience on the principles of rational emotive behavior therapy (REBT). For example, Ellis reported feeling neglected by his mother and father, who were, respectively, occupied with other children and work, and recounts that, when he was hospitalized as a child, they "did not visit me as often as many of the parents of other young patients visited them" (p. 7).

These observations, which appear both in the book under review, *Rational Emotive Behavior Therapy*, a volume in the American Psychological Association’s (APA) Theory of Psychotherapy series, and in Ellis’s autobiography, are notable for revealing the influences of childhood history on later life issues, something Ellis criticized about psychoanalysis, which he abandoned after some earlier training.

From the personal examples Ellis (2004, 2010) shares in the present volume and elsewhere, it is clear that his self-created coping mechanisms of problem solving, modeling, distraction, rationality, reinforcement, and homework evolved into the practice of REBT. Each of these strategies apparently originated, to some extent, as Ellis’s ways of coping with multiple early life illnesses and disappointments (pp. 28–30).

As with Ellis’s autobiography, *Rational Emotive Behavior Therapy* has been published posthumously (Ellis died in 2007)
The Theory

REBT is described by the Ellises as a multimodal, integrative method of psychotherapy. They explain, "It is not outer events or circumstances that will create happiness; rather, it is our perception of events and of ourselves that will create, or uncreate, positive emotions" (p. 3).

Further, when people choose to act in irrational ways, this facilitates unhealthy reactions such as depression, anger, and anxiety versus more rational responses such as sorrow or disappointment (p. 18): "By recognizing that they are thinking, feeling, or behaving in destructive ways, people have the ability to push themselves to think, feel and act in healthy and rational ways" (p. 4). The Ellises emphasize that while REBT was the basis for cognitive behavior therapy (CBT), it features more philosophical underpinnings such as "unconditional self-acceptance, unconditional other acceptance and unconditional life acceptance" (p. 5).

Ellis does not minimize his prolific and influential accomplishments, citing authorship of over 80 books and 800 articles (p. 12). He writes, "In a survey of the APA's clinical and counseling psychologists . . . I was rated the second most influential psychotherapist (behind Carl Rogers, but ahead of Sigmund Freud) since having invented REBT in 1955" (p. 12).

Noting that Aaron Beck was "well aware of my work when he claimed to originate cognitive therapy and cognitive behavior therapy (CBT) in 1963" (p. 12), Ellis suggests that Beck has acknowledged the influence of REBT on CBT but makes no bones about others who he feels did not properly credit his theory. Although Ellis's complaints may not entirely ring of "other acceptance," they are passionately and repeatedly recounted, including his feelings about being unfairly dismissed from the institute that bears his name (p. 15).

Applications of REBT

REBT is described as useful not only for individual psychotherapy but also for group work and psychoeducation. The Ellises state that REBT can be applied across life stages and cultures and for a range of mental health problems, including anxiety, posttraumatic stress disorder, depression, substance abuse, anger management, perfectionism, low frustration tolerance, personality disorders, relationship issues, geriatric abuse, morbid jealousy, even "self-help" (p. 116). A glossary of key terms and illustrative case examples are included in this compact volume, although not without some redundancy in recounting basic elements of REBT theory.

An intriguing idea from the Ellises is that REBT can be integrated into the school system "so that children can be taught how to rarely disturb themselves and how to overcome disturbance when it occurs" (p. 6). Here, and in other parts of Rational Emotive Behavior Therapy, the voices of the authors vary between first-person singular and plural, since some of the work appears to have been authored by Albert Ellis (as I) and other parts by Debbie Joffe Ellis (as we). Language usage alternates between formal/scholarly and informal/spicy prose—though not so spicy as the graphic medical problems and personal escapades recounted in Ellis’s (2010) autobiography.

Read the Book and See the Film

Until the initiation of the APA Theories of Psychotherapy series (edited by Jon Carlson and Matt Englar-Carlson), there were only brief explanatory pamphlets included with APA’s demonstration videos, and those were for only Psychotherapy Video Series I. It is welcome to have companion books to accompany the videos; Rational Emotive Behavior Therapy, along with the video Rational Emotive Behavior Therapy Over Time featuring Ann Vernon, exemplifies
one such helpful pairing.

As *Rational Emotive Behavior Therapy Over Time* begins in an interview with Carlson, Vernon refers to her friend and colleague Ellis as "Al." True to REBT, she explains, "It’s how you think that creates how you feel." Vernon, who began as a client-centered therapist, says she found that REBT offered her a tripartite theory, useful for work in a school system: "It’s cognitive, it’s emotive, and it’s behavioral." While Vernon notes she probably doesn’t "dispute" with clients as vigorously or with Ellis’s graphic language, she believes that she and Ellis "end up in the same point."

Vernon further notes that some people don’t understand that REBT is, in its own way, a relationship-based therapy: "We pay attention to relationship in a bit different way . . . We believe that part of the way you establish a relationship is that you immediately start working at the problem."

The six-session video presents the case of Katelyn, a 21-year-old undergraduate who reports problems with anxiety attacks and in her relationship with her mother, which the client calls an “attachment disorder.” The youngest of five children, Katelyn experienced the divorce of her parents when she was three, whereupon her mother ran off with her father’s best friend, their next-door neighbor. Katelyn reports feelings of betrayal, guilt, and anger.

Vernon educates Katelyn about the ABC paradigm of REBT whereby A is the Activating Event, in this case abandonment; B is one’s Belief System, in this case the client’s believing her mother should not have betrayed her; and C is the Consequences of these events and beliefs, such as the client’s anger, guilt, and judgment. (Further down the alphabet, D equals the therapist’s Disputing irrational beliefs, and E becomes the hoped-for development of Effective New Philosophies.) Resembling positive psychology, the work of REBT suggests to Katelyn that she transform her many "shoulds" into "wishes" and "preferences" instead.

That talented and seasoned therapists such as Vernon engage in demonstration videos to illustrate the practice of major psychological theories is both helpful and brave, as it gives students of psychotherapy the space to feel they, too, need not be perfect (an REBT accomplishment in itself). Altogether, the Vernon video is enhanced by the Ellises’ book, and the Ellises’ book is well supported by its companion video.

**A Historic Contribution**

Albert Ellis’s (2010) autobiography includes congratulatory letters from such luminaries as the Clintons, Laura Bush, and the Dalai Lama on the occasion of his 90th birthday (pp. 542–544). These are but one set of testimonies to his groundbreaking work that clearly inspired many later forms of psychotherapy and related programmatic research.

However, in the last chapters of *Rational Emotive Behavior Therapy*, the Ellises make the point that “no research has yet been published on the basic tenet of REBT: that people largely disturb themselves by thinking in absolutistic should and musts” and that they hope for such studies to emerge (p. 115). They further assert, “When this happens, REBT may well revolutionize psychotherapy in the 21st century, as it first did in the 20th century” (p. 122).

In sum, and in a spirit of REBT’s “other acceptance,” the current and burgeoning psychotherapy integration literature (see Norcross & Goldfried, 2005; Stricker, 2010) implies that modern iterations of psychotherapy, across theories of practice, likely embrace elements of REBT and that REBT, too, requires therapists to attend to such common factors as empathy and a solid working alliance, even when these may be defined in language unique to each theory of practice and born from the life histories of groundbreaking theorists.

**References**