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THE REVISED ABC's OF RATIONAL-EMOTIVE THERAPY (RET)

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When I first formulated the ABC's of rational-emotive therapy (RET) and of cognitive-behavior therapy (CBT), I fully realized how complex cognitions, emotions, and behaviors are and how they inevitably include and interact with each other. Thus, in my first paper on RET, presented at the American Psychological Convention in Chicago in August, 1956, I said:

> thinking . . . is, and to some extent has to be, sensory, motor, and emotional behavior. . . . Emotion, like thinking and the sensory-motor processes, we may define as an exceptionally complex state of human reaction which is integrally related to all the other perception and response processes. It is not one thing, but a combination and holistic integration of several seemingly diverse, yet actually closely related, phenomena (Ellis, 1958, p. 35).

In this first presentation on RET, I also cited my 1953 paper, given at the University of Minnesota conference, on the foundations of science and the concepts of psychology and psychoanalysis (Ellis, 1956). Adapting some ideas from this paper, I stated:

> A large part of what we call emotion, in other words, is nothing more than a certain kind—a biased, prejudiced, or strongly evaluative kind—of thinking . . . thinking and emoting are so closely interrelated that they usually accompany each other, act in a circular cause and effect relationship, and in certain (though hardly all) respects are essentially the same thing, so that one's thinking

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> becomes one's emotion and emotion becomes one's thought (Ellis, 1958, p. 36).

As can be seen from these quotations, 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, following the views of several ancient philosophers—especially Epictetus and Marcus Aurelius—and of Robert Woodworth's stimulus-organism-response (SOR) theory, 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). When I formulated this theory early in 1955 I was not aware that George Kelly (1955) had a little earlier created a similar theory of personal constructs. Following the publication of Kelly's and my writings, and influenced largely by my active-directive cognitive-emotive-behavioral methods of helping people to change their Belief System (B) and concomitantly improve their neurotic Consequences (C's), a number of other therapists began to develop systems of cognitive-behavior therapy (CBT) that subscribed to the ABC theory of emotional disturbance, including Beck (1967), Glasser (1965), Goldfried and Davison (1976), Lazarus (1971), Mahoney (1977), Maultsby (1984), Meichenbaum (1977), Raimy (1975), Seligman (1991), and Wessler and Hankin-Wessler (1986).

Using the ABC theory, cognitive-behavioral therapy has made enormous progress since the 1970's and is now one of the most popular forms of psychological treatment. Literally hundreds of controlled research studies show that RET and CBT have significantly helped clients to become less disturbed than have other methods of psychotherapy with similar clients or by having clients remain on a waiting list (Beck and Emery, 1985; Beck, Rush, Shaw, and Emery, 1979; DiGiuseppe, Miller and Trexler, 1979; Engels and Diekstra, 1986; Haaga and Davison, 1989; Jorm, 1987; Lyons and Woods, in press; McGovern and Silverman, 1984; Miller and Berman, 1983). Several hundred other studies have also been done showing that irrational belief and dysfunctional attitude tests, based on the ABC theory, significantly distinguish between groups of disturbed and less disturbed individuals (Baisden, 1980; DiGiuseppe, Miller and Trexler, 1959; Ellis, 1979a; Hollon and Bemis, 1981; Schwartz, 1982; Smith and Allred, 1986; Woods, 1987b; Woods and Lyons, 1990; Woods, Silverman, Gentilini, and Cunningham, 1990).

My hypothesis, then, that people's positive and negative thoughts contribute significantly to their emotional and behavior disturbance and that helping them to change their thinking will also help them become significantly less disturbed has led to hundreds of research and clinical studies that tend to support these theories and to contribute to our knowledge of healthy and unhealthy personalities. Many attacks, however, have been made upon the ABC theory, especially by radical behaviorists (Ledwidge, 1978; Rachlin, 1977; Skinner, 1971), and some of the attackers' points are well taken.

A number of rational-emotive and cognitive-behavior therapists who subscribe to and use the ABC theory of personality and personality disturbance also have suggested additions to and modifications of my original ABC model, including Beck (1976), Brown and Beck (1989), DeSilvestri (1989), DiGiuseppe (1986), Dryden (1984), Greenberg and Safran (1987), Grieger (1985), Guidano (1988), Guidano and Liotti (1983), Lazarus (1989), Mahoney (1988), Maultsby (1984), Muran (1991), Rorer (1989a, 1989b), Schwartz (1982), Wessler (1984), Wessler and Wessler (1980).

Spurred by the criticism of my original ABC theory, as well as by my own clinical and research findings, I began to revise and add to this model in the 1950's and continue to do so until today (Bernard & DiGiuseppe, 1989). For example, I developed a self and a self-acceptance theory of RET (Ellis, 1962, 1972, 1973, 1976). I emphasized the emotive and behavioral aspects of dysfunctional thinking (Ellis, 1962, 1969a, 1969b, 1971, 1973, 1985). I stressed the humanistic and existential elements of RET (Ellis, 1962, 1968, 1972, 1973). I spotlighted the rigidity and musturbatory quality of my original twelve irrational Beliefs and distinguished between dysfunctional inferences and attributions and the core dogmatic musts from which they are usually derived (Ellis, 1977a, 1984, 1985a, 1985b, 1987a, 1987b; Ellis and Dryden, 1987, 1990b, 1991; Ellis and Harper, 1975). I changed my adherence to logical positivism to a more flexible adaptation of Popper's (1985) critical realism (Ellis, 1985a, 1985b, 1987a, 1987b; Ellis and Dryden, 1987, 1990, 1991).

I also showed how secondary disturbance symptoms occur: How people make their C's into new A's, to create emotional problems about emotional problems. I originated the concept of discomfort anxiety as well as ego anxiety. And I applied the ABC's of RET to couples, to families, to organizations, and to other complex systems (Ellis, 1985b; Ellis, Sichel, Yeager, DiMattia, and DiGiuseppe, 1989).

I specifically expanded the ABC's of RET (Ellis, 1985a) and showed

how rational-emotive therapy is unusually constructivist, contrary to the views of Guidano (1988) and Mahoney (1988), who wrongly put it in the associationist and rationalist camp (Ellis, 1989, 1990a). In my paper, "Expanding the ABC's of RET," I noted that this model is "oversimplified and omits salient information about human disturbance and its treatment" (Ellis, 1985a, p. 313). I still agree with this statement and I may well write a book one of these days further expanding the ABC's and rendering them more complete. In the rest of the article, I shall present something of an outline for this future book.

BASIC HUMAN GOALS AND VALUES

To start on this outline, let me mention the letter G, which stands for the Goals, values, and desires that people bring to their ABC's of human health and disburbance. Humans, biologically and by social learning, are goal-seeking animals and their Fundamental Goals (FG), normally, are to survive, to be relatively free from pain, and to be reasonably satisfied or content. As subgoals or Primary Goals (PG), they want to be happy (1) when by themselves; (2) gregariously, with other humans; (3) intimately, with a few selected others; (4) informationally and educationally; (5) vocationally and economically; and (6) recreationally. I agree with Epstein (1990) that the chief goals or motives of people who are likely to survive are (1) the desire to achieve pleasure and avoid pain; (2) the desire to understand, assimilate the data of experience and therefore to maintain the stability and integrity of the information-gathering and the assimilating system; (3) the desire to relate to other people; and (4) the desire to have an integrated self-system and to rate one's traits and oneself as competent, achieving, and lovable.

I would add these basic goals to Epstein's list: (5) the desire to use reason, logic, and some aspects of the scientific method; (6) the desire to solve and master life problems and to succeed at tasks that aid survival, pleasure, removal of pain, and feelings of mastery; (7) the desire to have new experiences, especially those one sees as novel and stimulating; and (8) the desire to achieve some stability and security in one's work and social life. As Grieger (1986) notes, these goals (which are also basic stances, or Beliefs and emotions), provide a context that affects how people *perceive* their Activating Events *and* how they *evaluate* their world.

Otherwise stated, almost all humans seem to be born and reared with strong tendencies to see their world and their life as benign

rather than malevolent; to see their environment and other people as meaningful (including predictable, controllable, and just); to view others as a source of support and happiness rather than as a source of insecurity and unhappiness; and to see themselves and their traits as capable, good, and lovable rather than as incapable, bad, and unlovable (Epstein, 1990). When reality impinges on them and demonstrates that they, others, and life are not this benign, they feel appropriately frustrated and sad; but they also often choose to feel inappropriately panicked, depressed, and enraged and thereby neuroticize themselves.

My ABC theory of personality holds that when humans experience—or even think about experiencing—stimuli or Activating Events (A's) that they interpret as aiding or confirming their goals (G's), they normally explicitly and/or tacitly (unconsciously) react with their Belief System (B) and their Consequences (C's) in a pleasurable, approaching manner. Thus, they preferentially (rather than demandingly) think, at point B, "This is good! I like this Activating Event." and they experience the emotional Consequence (C) of pleasure or happiness and the behavioral Consequence (C) of approaching and trying to repeat this Activating Event. When these same people experience A's that they perceive as blocking or sabotaging their Goals (G's), they normally explicitly or tacitly react at points B and C in an unpleasurable, avoiding manner. Thus, they preferentially think, at point B, "This is bad! I dislike this Activating Event," and they experience the emotional Consequence (C) of frustration or unhappiness and the behavioral Consequence (C) of avoiding or trying to eliminate this Activating Event.

This ABC theory of personality seems fairly simple and clear and is more or less endorsed by Freud (1920/59), who called it the pleasure principle, and by most psychologists. It is also favored by existential and humanistic theorists, who abjure the stimulus-response, conditioning models of the radical behaviorists, and who like the stimulus-organism-response model because it includes B, people's Belief System, and thus leaves more room for individual difference and choice (Heidegger, 1962).

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 (G's) are thwarted or blocked by Activating Events (A's)

inimical to these Goals, they have a (conscious or unconscious) choice of responding with disturbed (inappropriate) or undisturbed (appropriate) negative Consequences (C's). If their Belief System (B) is rational or self-helping, it will include attitudes or philosophies that help them to achieve their Goals and these rational Beliefs (rB's) will mainly create healthy emotional Consequences (C's)—such as appropriate feelings of disappointment, sorrow, regret and frustration—and also encourage healthy behavioral Consequences—such as appropriate actions like trying to change, improve, or stay away from Activating Events that sabotage their Goals.

This ABC model of emotional/behavioral disturbance is still fairly simple and, as noted above, is followed by most RET and CBT practitioners and theorists. It becomes more controversial when it hypothesizes that the irrational Beliefs (iB's) or Dysfunctional Attitudes (DA's) that constitute people's self-disturbing philosophies have two main qualities: (1) They have at their core explicit and/or (usually) implicit rigid, dogmatic, 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 unblocked and fulfilled!" (2) They have, usually as derivatives of these demands, highly unrealistic, overgeneralized inferences and attributions—such as, "If I don't have my important Goals unblocked and fulfilled, as I must," (a) "It's awful" (that is, totally bad or more than bad!); (b) "I can't bear it" (that is, 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 and only get what I don't want now and in the future!)."

This specific 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, an Effective New Philosophy, or sound set of preferential Beliefs. Such as: "I'd prefer to succeed and be lovable, but I never 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 never need them to be that way."

RET Disputing (D) is done, first, 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 (Maultsby and Ellis, 1974), disturbed people imagine one of the worst failures to

achieve their goals, let themselves feel, say, very depressed, and forcefully work to change their inappropriate feeling of depression to the appropriate one 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.

This more specific clinical application of the ABC's of RET has been successful in thousands of reported cases and, as noted above, in scores of studies. Most of these studies have mainly used RET cognitive Disputing and have failed to add its emotive and behavioral active 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.

If the ABC's of RET work so well, why should I bother to revise them and perhaps overcomplicate them? Mainly because they omit a good deal of information about human thoughts, feelings, and behavior that would provide a more detailed and accurate picture of how humans relate to themselves and to each other. If this picture is better drawn, it may also give us a better knowledge of human disturbance and what can be done to ameliorate it. So let me, in this presentation, try to fill in some more—though hardly all—the salient details that I have not previously outlined.

Perhaps the main thing that I want to emphasize in this paper is that not only, as I have previously theorized, are cognitions, emotions, and behaviors interactional, and not only are they practically never entirely disparate and pure, but the same thing seems to go for the ABC's of RET. G, A, B, and C continually interact with each other; and they all seem to be part of a collaboration with one another.

INTERACTIONS OF A's, B's, AND C's

Let us take, first, G, a person's Goals. These consist of purposes, values, standards, and hopes that are often biological propensities (e.g., the urge to eat), are also learned (e.g., the desire for cookies), and are also practiced and made habitual (e.g., compulsive overeating). Most strong and persistent Goals include pronounced cognitive, emotive, behavioral, and physiological elements. Thus, the urge to eat is cognitive (e.g., "Food is good and nourishing, so I'd better obtain it"); is emotive (includes the pleasure of eating "good" and the displeasure of eating "bad" food); is behavioral (includes purchasing, cooking, and chewing "proper" food); and is physical (includes sensations of touch, taste, smell, and sight).

Goals also are a part of the ABC's of human behavior. Thus, one's Goal of surviving involves one's healthfully Believing (B) that food is desirable, feeling good (C) when it is available, going out of one's way to find and prepare it (C), and seeing it (B) as a (good or bad) Activating Event (A) when it is plentiful or scarce. Having the real (conscious or even unconscious) Goal (G) of surviving, and the specific Goal of eating in order to survive, normally includes and involves some A's, B's, and C's. Similarly, having the Goal (G) of not surviving, and specifically of starving oneself to death, also involves several A's, B's, and C's—particularly the Belief (B) that one had better not eat anything, the feeling (C) of loathing life, the behavior (C) of avoiding all food.

Goals (G's) also normally interact with and create various kinds of A's, B's, and C's. Thus the Goal of surviving and of eating to survive will frequently greatly affect one's Activating Events (A's) (the presence or absence of food), influence one's Beliefs (B's) about these A's, and help create strong feelings and behaviors about these A's. Would-be survivors, who are starving (A), will see even bark or skin as food (A), will Believe (B) that even this poor kind of food is nutritious, will strongly desire it (C) and actively look for it and eat it (C). Goals (G's), then, include and influence cognitions, emotions, and behaviors; and, of course, thoughts, feelings, and actions often include and influence Goals.

Let us now look at Activating Events (A's), particularly those that block or sabotage people's Goals (G's) and encourage or contribute to disturbances (C's). How about loss of approval or of love (A)? Assuming that one values or has the goal of gaining approval, even a slight lack of it (A) often includes several B's: (1) Non-evaluative perception or observation: e.g., "This person is frowning." (2) Non-evaluative inferences or attributions: e.g., "This person is frowning at me and probably dislikes what I am doing and may dislike me." (3) Negative preferential evaluations—e.g., "Because this person doesn't like my behavior and doesn't seem to like me, as I prefer her to do, I find that unfortunate but I can still accept myself and be reasonably happy." (4) Negative musturbatory evaluations—e.g., "Because this person doesn't like my behavior and dislikes me, as she must not do, this is awful, I can't bear it, and I am an incompetent, worthless individual!"

The relationships between Activating Events (A's) and Beliefs (B's) about these A's are interactional and reciprocal. A's often significantly influence B's, and B's also often significantly influence A's. Thus, if A is perceived as loss of approval, the Belief, "I prefer to be approved but

I don't have to be," can influence a person to perceive A as a slight affront, while the Belief "I must be approved and I'm worthless if I am not!" can influence a person to perceive A as a cruelly intended, persistent, enormous assault.

Similarly, the frequency, kind and degree of the Activating Events (A's) one experiences may easily influence or contribute to one's Beliefs. Thus, if one's behavior is occasionally lightly criticized by another person, one may Believe, "I'd like this other to approve of me, but if he doesn't it's slightly bad and I can easily stand it." If, however, one's same behavior is continually heavily excoriated and one is strongly attacked (A) for it, one may construct the Belief, "This criticism (A) is unfair and must not exist! I can't stand it! My attacker is a rotten person for treating me this way!"

Just as Activating Events (A's) encourage or contribute to Beliefs (B's), so do they also include C's. Thus, assuming again that one strongly has the Goal (G) of getting others' approval and is actually disapproved (or perceives disapproval), one will almost always feel the emotional Consequence (C) of appropriate feelings of disappointment, sorrow, regret, and frustration and also take functional actions (C's) such as discussing and possibly changing one's disapproved behaviors. These Consequences—or some other feelings and actions—are almost inevitable concomitants of A's that seriously block one's Goals.

Practically all humans have powerful innate tendencies to take their strong preferences and change them to dogmatic, absolute musts and demands. Once they experience what they consider to be serious negative Activating Events, they frequently musturbate about them (at B) and therby quickly bring on inappropriate Consequences (C's) of disturbed feelings—like panic, depression, and rage—and dysfunctional behaviors—like withdrawal, procrastination, drinking, and violence—when they are disapproved by others. So negative Activating Events—or what Seligman (1991) calls Adversities—almost always include and involve appropriate emotions and actions; and they very frequently also have concomitants of self-defeating feelings and behaviors.

Consequences (C's) also significantly influence or even create A's. Thus, if a woman feels horrified and self-hating about her lover's "rejecting" her, she may fairly easily see (interpret) him as "rejecting" (A) when he may actually only be focused on something else. She can even feel so horrified (C) about his rejection (A) that she falsely and defensively sees (interprets) him, at point A, rejecting her when he is really acting indifferently or acceptingly.

Activating Events (A's), as well as B's and C's, almost always—and perhaps always—have cognitive, emotive, and behavioral aspects. Offhand, they may seem to be factual, objective, or impersonal—as when you desire good health (G) and you are afflicted with an accident (a car runs you down), with a broken leg, and with pain (A's). Actually, however, if A (the accident) is to lead to B (your Beliefs about it) and C (your emotional and behavioral consequences), you somehow have to perceive (cognize) what "objectively" happens at A; you will view (cognize) it in several ways; you will experience (emote) about it; and do something (act) in connection with it. It, this event or happening, may possibly just happen in the world. But as long as it happens to you, a thinking, emoting, and behaving person, it seems to involve some kinds of your thought, feeling, and reaction. Even if you are in a coma when the event (a car hitting you) occurs, as soon as you come out of the coma and know about it, you immediately react cognitively, emotionally, and behaviorally to it. Only when you are dead (when or immediately after A occurs) do you not react to it at all. Nor, in all probability, will you ever!

It would be good to again clarify what is meant by A's or Activating Events. Critics have often misunderstood RET and thought that A's are referring merely to external stimuli. Actually, A's can be *anything* the individual is capable of contemplating—i.e., anything that subsequent B's can be activated by, resulting in subsequent C's. Thus, A's can be anything from the individual's past that is realistically or distortedly stored in one's memory system. A's can be anything from the individual's current experience, and A's can also be anything from the fantasized future. From a constructivist view, which RET accepts, even "external reality" is partly *created* or *constructed* by self-organizing humans, and, for us humans, does not entirely exist in, of, and by itself (Ellis, 1991, in press; Kant, 1929/1798; Lyddon, 1990; Mahoney, 1991).

Even further, A's can also be B's, which is what one does when one critically evaluates an initial thought at B1, as a ridiculous and foolish thought at B2.

And, as is common with second order problems, A's can be C's, which is what one does when one contemplates one's own anger (C1) as awful (B2) to create guilt (C2).

It is not even uncommon to find people contemplating an entire ABC sequence as a new A and then with new B's making themselves angry or guilty that they thought and acted the way they did. And for a final example of the complex possibilities for A-level, Activating Events, consider: A1 (someone else's behavior)—B1 (iB's about the

other's behavior)—C1 (anger)—A2 (one's own anger)—B2 (iB's about one's own anger)—C2 (guilt). Now *this entire double sequence* with a primary problem of anger and a second order problem of guilt can become an Activating Event at A3 to be contemplated in its entirety at B3 with thoughts such as "After all my work in RET I should not be engaging in such a foolish series of thoughts creating such distress for myself."

A, then, is an Activating Event that happens to a person; and persons, just about always, give or add cognitive, emotive, and behavioral elements to A. They are intrinsically phenomenalists and constructivists. That seems to be their essential nature as living, and usually conscious, humans.

As already noted, Beliefs (B's) often strongly interact with and reciprocally influence A's. They also—as the original ABC theory of RET and of the other cognitive-behavioral therapies hold—powerfully interact with and reciprocally influence C's. Thus, preferential B's—e.g., "I would like very much to be loved by So-and-So, but I never have to be"—normally lead one to feel appropriately sad and frustrated when one thinks one is rejected by this person; and musturbatory B's—e.g., "I absolutely must be loved by So-and-So or else I am worthless"—usually lead one to feel inappropriately panicked and depressed.

At the same time, Consequences (C's) often significantly interact with and reciprocally influence B's. Thus, if one feels depressed (at C) after being rejected (at A) and one avoids approaching potential rejectors (C), one will frequently invent B's such as, (1) "So-and-So is stupid and is not worth approaching"; (2) "I can easily find better people than So-and-So to approach"; (3) "So-and-So dislikes me because she is envious of my ability".

Somewhat like G and A, B (one's Belief system) is cognitive, emotive, and behavioral—although it may seem, at first blush, to be heavily cognitive or philosophic. Thus, when a car runs you down, it breaks your leg, and you are in physical pain (A's), you will often have both preferential Beliefs—"I don't like this!" and musturbatory Beliefs, "This absolutely should not have occurred and it's horrible that it did!" Both these Beliefs are strongly affected by your feelings of pain; and when these Beliefs lead to feelings of frustration and horror, these feelings, by a feedback loop, seem to "confirm" the Beliefs. They also have strong behavioral concomitants or components. "I don't like this!" implies that you will quickly do something about your leg and your pain; and "This should not have happened and it's horrible that it did!" implies that you will frantically try to do something about your

accident—e.g., complain, sue, go to a hospital, etc. As noted above, it is you, a person, who has preferential and musturbatory thoughts about Activating Events. But persons almost simultaneously have feelings and behaviors along with their evaluative thoughts, though actually thoughts may precede feelings and behaviors and then, milliseconds later, the latter by a feedback loop may affect evaluating thoughts. Therefore, it is almost impossible for you to think evaluatively about any Activating Event in your life without your also having feelings and actions (or inactions) about it.

For the "simple" case where the A is initiated by an external event Woods (1987a, 1990) has suggested a neurologically-based model to demonstrate the feasibility of my argument that B's and C's can affect A's and that C's can affect B's—an argument that, at first, may appear to violate the temporal sequence in cause-effect relationships. After all, A's trigger B's and B's cause C's. How could B's and C's affect A's and how could C's affect B's within a single ABC sequence?

In the neurological interpretation Activating Events (A's) include:

> External happenings.
> Stimulus energy transmitted by these external happenings.
> Sensory system response.
> Activity in the sensory area of the brain (sensation experienced).
> Activity in the sensory association area of the brain (sensation interpreted).

Belief systems (B's) take place largely in the cortical area of the brain, where experience is tied in with our Belief systems and is evaluated. Consequences (C's) consist of emotional and behavioral reactions to A's and B's.

Initially, the simple, "forward moving" ABC sequence occurs. When it is realized that the A-level, Activating Event, extends well into the higher levels of the brain it is then reasonable to consider that Beliefs at B and emotions and behaviors at C can affect the A's. An Activating Event which begins with a current external stimulus situation extends all the way up to the sensory association areas before it can activate B-level processes. Then such B-level processes can be seen as feeding back to the association areas and affecting the interpretation or perception of the Activating Event. Thusly, the interpretation (at A) of an experience can be influenced by the Belief systems and evaluations (at B).

In a similar fashion the subsequent emotional and behavioral reactions at C can also interact with ongoing activity in the association

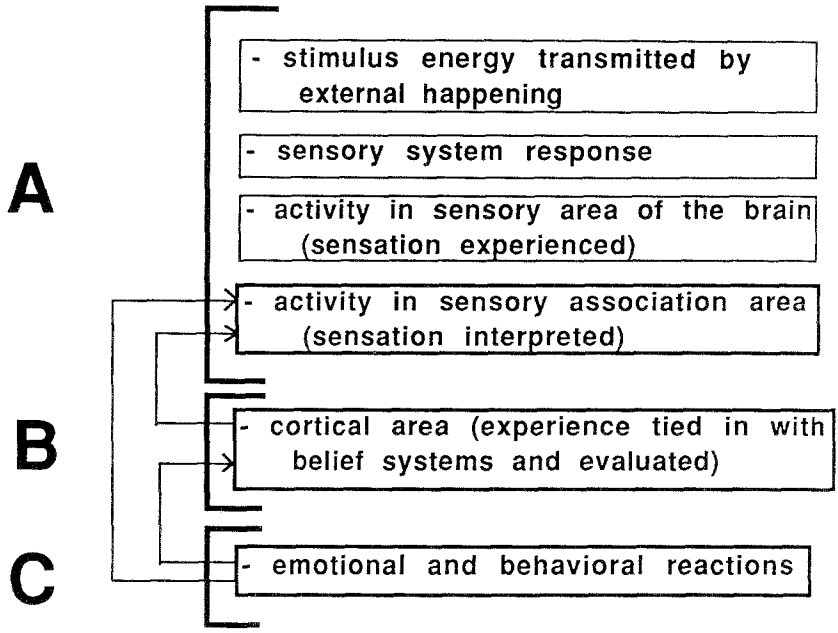

Figure 1

Schematic diagram showing the possible interactions among A's, B's, and C's. The forward progression of events extends from the top to the bottom of the diagram, and the interactional feedback is indicated by the arrows.

area (A) *as well as with* ongoing activity in the cortical area (B). Thus it can be further postulated that C's can also interact with A's and B's so that all three mutually influence each other.

The schematic diagram in Fig. 1 summarizes what has been said and makes clear both where and how interaction among the A's, B's, and C's is possible.

THE ABC's OF INTERPERSONAL RELATIONSHIPS

As can be seen by the above examples, interactions and mutual influences among the ABC's of healthy and unhealthy functioning are multiple and almost endless. Similarly, so are the interactions be-

tween the ABC's of two or more people in an intimate relationship. As I and my co-authors showed in *Rational-Emotive Couples Therapy* (Ellis, Sichel, Yeager, DiMattia and DiGiuseppe, 1989), two people's C's often powerfully influence each other's A's. Thus, if a husband criticizes his wife (A), she may tell herself, "He must not be so critical! What a louse he is!" and she may react with rage at C. Then he may view her rage as a negative Activating Event (A) and may react at C with depression. Then she can view his depression as a negative Activating Event (A) and react at C with guilt and self-pity. Etcetera!

In the case of intimate interpersonal relations, a couple's A's may also strongly influence their B's—and their B's can significantly influence their A's. Thus, in the illustration just given the husband's constant criticism of some of his wife's *actions* may lead her to falsely interpret this as criticism of *her* and then to Believe, "He completely hates me!" And her comment, "You hate me, you bastard!" (her C), may encourage him to severely criticize her some more and to hit her (his C2 and her A2). Noting his A's, the wife may then conclude, "See! Now I'm sure that he completely hates me!" (her B2) and file for divorce (her C2).

The interactions among the ABC's of two people, then, may be immense and profound; and in a family system, where there are three or more members, they may be almost infinitely complex. This does not mean that in therapy all these interactions are disturbance-creating, nor that they all must be completely revealed and understood by the therapist and the clients. The ones that are crucial to disturbance usually still involve thoughts, feelings, and actions that overtly or tacitly involve musts and demands.

Suppose, for example, a married woman is criticized badly by her husband (A1). She can rationally tell herself, "I don't like his treating me this way; I think I'll have little to do with him" (B1), and feel appropriately disappointed and withdraw from him sexually (C1). But she can also rationally believe, "I don't think it's right to withdraw sexually from my husband" (B2) and can thereby make herself feel appropriately sorry and regretful (C2) about his bad treatment (A1), about her thought, "I think I'll have little to do with him" (B1), and about her sexual withdrawal (C1). If so, she is not, in RET terms, thinking, feeling, or behaving neurotically.

She can, however, easily take her husband's critical treatment of her (A1), add irrational *musts* to her sensible *preferences*, and tell herself, "He *must* not criticize me this way and is a complete *bastard* for doing so!" (B1) and then feel inappropriately enraged and homicidal

and may actually assault her husband (C1). Her musturbatory *demand*, instead of her strong *preference*, that A not occur now neuroticizes her and creates dramatically different feelings and behaviors (C1).

As she is disturbing herself, this woman may secondarily disturb herself further with musts about her A1, B1, and C1. Thus, she may powerfully insist, (1) "I *must* not let my husband criticize me!" (A1); (2) "I *must* not view my husband as a bastard!" (B1); and (3) "I *must* not feel homicidal and act assaultively!" (C1). With these demands about her original A, B, and C, this woman can easily make herself (1) angry about her failure to control her husband's criticism (A1), (2) depressed about her irrationally labeling him as a bastard (B1), and (3) guilty about her inappropriate assaultive actions (C1). Her self-created secondary disturbances can then easily outweigh her primary ones!

At the same time, her husband can negatively view her A, B, and C and rationally can strongly *wish* or *prefer* her not to see him as critical (her A), not to believe he is a bastard (her B), and not to be enraged and assaultive (her C). Or he can irrationally *demand* that she absolutely *must* not experience her A, B, and C and may thereby make himself anxious, depressed, and enraged about her experiences.

In other words, if this husband and wife fully understand the ABC's of their own and the other's life, they will have a much better view of what is happening—and what they are making happen—in their relationship. So will their therapist. But, as the theory and practice of RET originally proposed and still does, to understand the process of their disturbances about these ABC's, they had better clearly see their preferences and their demands about their own and about the other's cognitive-emotive ABC's. If their own cognitive-emotive B's are preferential, they will most probably not be disturbed, while if they are distinctly musturbatory, they most probably will be.

By stating this, it may look like I am espousing the old RET, which made Beliefs (B's) crucial in the creation of disturbed Consequences (C's). This is partly true. But I am also going back to the original RET that saw thoughts and feelings as conjoint and allied rather than as disparate (Ellis, 1962). For although I have usually referred to B's as Beliefs—which they are—when they have emotional and behavioral Consequences they strongly interact with each other and are cognitive-emotive.

Thus, as Abelson (1962) has shown, cognitions can be "cold" and "hot" and, as I have added (Ellis, 1985a, 1985b) they can also be

"warm." Thus, the husband mentioned above has his choice of all three kinds of cognitions if his wife is violently angry: (1) "I see that my wife is violent" (cool cognition). (2) "I don't like her violence, I wish she didn't act that way. How annoying that she does" (warm cognitions-feelings). (3) "I utterly loathe her attacks! She *must* not assault me! She's no damned good for acting that way! I'll kill her!" (hot cognitions-feelings). Cold cognitions may include little or no feelings. Warm cognitions include evaluations of cold cognitions, ranging from weak to strong evaluations; and evaluations include weak to strong feelings. Hot cognitions include distinct feelings, usually ranging from strong to very strong.

What about the ABC's of family relationships and of family appropriate (rational) dissatisfaction and of inappropriate (irrational) emotional-behavioral disturbance? This paper is much too short to detail the almost infinitely complex ramifications of the ABC's of RET in family affairs, for obviously when one member of a family—say, a married wife with two children—interacts with the other members, they each will have their own Goals, (G), their own Activating Events (A) (both inside and outside of the family), their own cognitive-emotive Beliefs (B) about their Activating Events, and their own cognitive-emotive-behavioral Consequences (C) or reactions to A, B, and C. Each family member, also, will have Beliefs about and Consequences to all the other member's A's, B's, and C's.

To make things still more complicated, the family members, while being individuals, also construct themselves and create an organization or system, which is an entity in its own right (just as a business firm consists of individuals but is also a system in its own right). This system also has Goals (G), Activating Events (A), rules, attitudes and Beliefs (B), and Consequences (C) of its A's, B's, and C's. All of the people in a family, therefore, are not only affected by each other's G's, A's, B's, and C's but by those of the family system. Also, each family member's G's, A's, B's, and C's affect, and may profoundly affect, the G's, A's, B's, and C's of the system. Quite a complexity!—and one that makes an analysis of family interactions fascinating and almost endless. To determine exactly *why*, or even *how*, any family member, or the family itself, acts in a certain way—and why that way leads to appropriate dissatisfactions or inappropriate (destructive) disturbances seems almost impossible. But in some important respects this can be done, and a family therapist can presumably do this and can help both individual members and the family itself constructively change their Activating Events, their Beliefs, and their undesirable Consequences.

Here again the ABC's can be used effectively if what I have called the *double systems* approach of RET is employed. To this end, the RET family therapist first explains the ABC theory to all the family members, usually when they are together in a conjoint session. The therapist explains to all of them that they are probably dissatisfied with the family situation (and with life outside the family as well) and that they are also, most probably, upset about their dissatisfactions—e.g., angry at other family members for frustrating them during the first few sessions. The therapist then largely works on each of their disturbed C's *about* their A's (e.g., their depression about being criticized by other family members).

So the therapist, during early sessions, explains RET and, while the family is together, works on several of their individual disturbances *about* the disruptive and dissatisfying family system. Soon thereafter, and usually starting with the first sessions, the therapist also determines the Activating Events (A's) of the family system (e.g., money problems or the family rules that the children preferably should study more and do better in school).

As the RET family therapist tries to help the members *in* the system to see how they are needlessly upsetting themselves *about* the system, and tries to help them change their own ABC's—and particularly their irrational cognitive-emotive B's—he or she also encourages them to change the ABC's of the family system itself. Thus, a family may have the Goal (G) of the husband's working while the wife mainly takes care of their two children. The adverse Activating Event may be the husband's prolonged unemployment. The family, in accordance with its Goals, may hold the rational Belief (rB) that it is preferable for the wife not to work but to take care of the kids and the irrational Belief (iB) that things absolutely *must* work this way, no matter what the situation at A is. At C, Consequence, the family may be in serious economic trouble and both the husband and wife may be depressed because they cannot support the family properly when they—not to mention their relatives!—rigidly hold to the irrational Belief that only the husband *should* work and that the wife *must* not. In this instance, an RET family therapist might try to help the family change its irrational musturbatory Beliefs and replace them with preferential ones.

The family system may also be dysfunctional because it is overwhelmed with adverse Activating Events (A). Thus, the family may suffer from the loss of an adult member who was helping to pay its bills, from the alcoholism of the father, from the physical abuse of the mother, from incest, from poor budgeting, from the stealing or vandal-

ism of one of the children, etc. Some of these Activating Events may stem from emotional-behavioral disturbances of one or more of the family members who may be treated by RET, either during conjoint family sessions or during extra individual sessions with the members who have special problems that lead to adverse A's for the family as a whole.

Individual RET includes practical problem solving and skill training. As the therapist shows clients how to discover, dispute, and act against their cognitive-emotive Beliefs (B), he or she also goes back to the adverse Activating Events (A) and suggests some practical methods of possibly changing them. Similarly, in RET family therapy, being active-directive, the therapist doesn't hesitate to help any or all the family members improve the Activating Events of their lives by solving practical problems or gaining skills that would help them (or other family members) function better.

So RET, when dealing with couples and with families, uses a *double system* approach in that it tries to help people change individually *in* the family system, and it also endeavors to change the *system* itself, so that its dysfunctional structure leads to fewer stressors and encourages fewer irrational Beliefs. RET does not assume that changing the structure, and stressors, or the irrationalities of the family system will in itself change the Beliefs (B) and the dysfunctional Consequences (C) of any or all the members in the system. It holds, instead, that emotionally disturbed people—especially borderline and psychotic people—will be pretty disturbed in almost *any* kind of family, although they may well be less disturbed in a well-functioning than in a dysfunctional family. They usually have their own genetic, developmental, and experiential tendencies to be disturbed; and, therefore, improving the family system may help but hardly cure them.

RET also assumes, first, that all human systems are composed of individual people, who interact with each other and with the Goals, rules, and structure of the system itself. Therefore, the way to change the system is largely through changing the individuals in it, although other ways of changing it are also feasible. Thus, a family system may change by the family's moving from the country to the city, or from one neighborhood to another.

When the family system changes, the individuals in it almost always change for the better or worse; but if they are severely disturbed they may change only a little. Similarly, if individuals in the family change they will usually significantly change the system—but, again, not too much if the system is quite rigid (as, for example, a devoutly religious-oriented family might be).

Using RET, it is usually assumed that all the members of the treated family are reasonably neurotic—that they often needlessly make themselves anxious, self-hating, depressed and enraged and that they frequently overinhibit or rigidly restrict themselves and/or make themselves overimpulsive, addicted, and compulsive. RET family therapists therefore try to uncover all the family members' disturbances, to show them what they largely do to create or exacerbate these disturbances, and to teach them what to do, especially through cognitive, emotive, and behavioral homework assignments, to diminish their disturbances. This kind of RET teaching is usually done when all or some of the family members are together, so that all may see each other's main problems and how they can be worked on. They are all taught, individually and collectively, to see that they normally neuroticize themselves with absolutist, dogmatic musts, and all are shown how to actively Dispute (D) their irrational Beliefs (iB) cognitively, emotively, and behaviorally.

It is assumed in RET that if family members are disturbed they will frequently create dissatisfactions in the system—especially if their disturbances take the form of intense rage, deep depression, or alcohol and drug addiction. It is also assumed that if dissatisfactions exist, such as monetary problems or different lifestyles, helping people to ameliorate or resolve these will probably aid the family system and the individuals in it but that if the members are still quite neurotic, they will tend to create new dissatisfactions and exacerbate old ones. Therefore, RET family therapy, probably more than other kinds of family therapy, especially emphasizes helping the mates and their children how to be less disturbed, first, and to tackle intrafamilial dissatisfaction and adversities as individual dysfunctions are being tackled.

Where, however, serious adversities and difficulties exist—as in the case of child abuse or incest—these dysfunctions are immediately tackled and it may be recommended that a child abuser or an incest victim be quickly separated from the family, that the family move to a new neighborhood, or that other kinds of practical solutions be forthrightly created.

A unique feature of RET family therapy is that all the family members who are of normal intelligence and are ten years or older are encouraged to use it with other family members (as well as with outsiders). Thus, if a wife says to a husband, "You are yelling at the children, you worm, and that makes me angry and depressed!", he is encouraged to use the ABC's with her and to reply, "You may well be right, dear. I am yelling at the children and that is wrong. But my

wrong act doesn't make me *a worm*, but just a *person who* is acting wormily this time! Also, remember what RET says: "I can't *make* you feel *anything*, including angry and depressed. I may be frustrating and annoying you by yelling at the children. But what are you telling yourself *about* my yelling that is making you feel upset? Why don't you look for your musts *about* what I am wrongly doing and change them back to preferences?" After encouraging him to think this way about his wife's behavior he would also be encouraged to think more rationally himself about his children's misbehavior. He has already been encouraged to admit that his yelling was wrong and now he can be further encouraged to understand how his irrational thinking led him to angrily yell at them and to work at changing this irrational thinking.

Of course, not all family members use the ABC's of RET to help other members with their emotional-behavioral problems. But I have found that when they really understand the ABC's of others' disturbances and when they keep reminding these others to use RET themselves, unusual family progress is often made in a surprisingly short period of time. If several family members clearly see their self-upsetting musts and demands and actively, forcefully change them back to preferences, considerable growth can ensue.

Like their G's, A's, and B's, people's C's also include powerful emotive and behavioral elements mutually interacting with powerful cognitive elements. Thus, when you get hit by a car, have a broken leg, and are in pain (A's) and you tell yourself, "This shouldn't have happened! This is terrible!", you will not only act at point C (e.g., complain and go to the hospital) but you will also often feel displeased and enraged and ruminate and obsess about what happened and its unfortunate results. You may also have self-pitying, paranoid, or suicidal thoughts; and you may have feelings of depression, despair, vindictiveness, etc. As usual, you are a person who reacts to Activating Events.

If what I have said thus far is valid, then what we call personality normally applies to persons—to humans. It is the way humans are—or how they fairly consistently and often inconsistently—behave. To understand them, we have to understand our environment or Activating Events—because we only and always exist in an environment and not, as far as we can tell, entirely in, of, by and for ourselves. We react, moreover, to this environment—as well as to ourselves; and we react to it, physically and emotionally, biologically and psychologically. Our "emotional" and "psychological" reactions are cognitive, emotional, and behavioral. That is our "nature." We can define our

thoughts, feelings, and behaviors as if they are disparate or separate kinds of processes; but rarely, if ever, is this true. In one sense or another, as I first said in 1956, "Thinking and emoting . . . in certain (though hardly all) respects are essentially the same thing so that one's thinking becomes one's emotion and emotion becomes one's thought" (Ellis, 1962, p. 36). It is good to know that many other cognitive-behaviorists have recently endorsed this same view (Epstein, 1990; Greenberg and Safran, 1987; Guidano, 1988; Lazarus, 1991; Mahoney, 1988; Meichenbaum, 1990; Muran, 1991).

USING THE ABC's IN PSYCHOTHERAPY

To understand our thoughts, feelings, and behaviors, and to see how they are integrally and holistically related, does not necessarily help us to devise efficient and effective theories of psychotherapy (Bernard, 1986; Ellis, 1985b; Ellis and Dryden, 1990, 1991; Ellis and Grieger, 1977, 1986; Yankura and Dryden, 1990). The question still arises: Which, if any, of these processes—assuming that we can partially distinguish them—contributes more to human disturbance and which can be more efficiently changed in order to achieve greater, more comprehensive, and more lasting personal change, or to achieve what we call good personality functioning or mental health?

As the clinical and research literature of the past one hundred years has shown, therapists can help their clients change their thoughts, feelings, and actions, and to really focus on one, two, or all three of these processes, and in many instances contribute to both ephemeral and lasting personality change. None of the hundreds of techniques that have been used have yet been conclusively shown to be superior to the other methods. RET (along with CBT) has taken an integrative stand and stresses active-directive use of a number of cognitive, emotive, and behavioral methods with almost all clients (Ellis, 1957, 1962, 1988; Ellis and Dryden, 1987, 1990, 1991). However, RET uses different emphases and proportions of direct and indirect, collaborative and forceful, persuasive and homework, cognitive and emotive methods with different, and particularly with resistant, clients—because all people are individuals and have similarities with and differences from others (Ellis, 1985b; Ellis and Dryden, 1987, 1991; Ellis and Watzlawick, 1988; Ellis and Zeig, 1988).

Let me conclude this paper on a more controversial—and even somewhat contradictory—note. Because humans are human, because

they are more cognitive than other creatures, I hypothesize that certain cognitive methods of therapy will particularly and more elegantly help many (not all!) clients to make faster, greater, more pervasive, more lasting personality changes than will some other less cognitive techniques; and that this will particularly be true of more neurotic (rather than borderline and psychotic) clients. Moreover, our cognitive modality, as Grieger (1990) has rightly reminded me, is (1) most uniquely human and (2) the most interpersonally influential of all human modalities. Yes, I realize the trouble I may be getting myself into with these hypotheses. According to what I have said previously in this paper, what we call cognitive is by no means only intellectual, but often includes profound emotional and motor processes. Moreover, the special cognitive methods I shall describe below all include emotive and behavioral elements, and are hardly purely intellectual or philosophic. Nonetheless, where angels fear to tread, let me venture on!

First, let me add an important aspect of my ABC's of RET that often gets lost and that one of my perspicacious clients clearly saw. People, as I stressed with this client after he had previously failed to surrender his severe and chronic anger with five years of psychoanalysis, largely construct their own irrational Beliefs (iB's), rather than accept them from their parents. They take the Activating Events of their lives (in his case, constant criticism and abuse), and create about them rational Beliefs (rB's) (e.g., "I am acting badly and will gain disapproval, and that is unfortunate") and also create irrational Beliefs (iB's) (e.g., "I must not act badly and have to please my parents and significant others, else I am a bad person!").

People's iB's—as I note in this paper—while cognitive, also regularly interact with emotive and behavioral components, so that they all mutually affect each other. But because humans are language-creating, symbol-making, self-talking creatures, their iB's are largely, in a form of symbolic shorthand, encoded in conscious and unconscious hot cognitions, such as (in the case of this client), "I am no good! I can't stand significant people's disapproval! I must make a lot of money to prove that my parents were wrong and that I deserve happiness!"

These iB's are largely reactions to the unfortunate Activating Events (A's) of clients' early and later lives. But once they construct them many times and they practice and practice them as self-statements, they are made into Basic Philosophies that seem—and feel—absolutely right and true, even though they may be dogmatic, false assumptions. As my client nicely put it, "B starts off by following A, but then it becomes before A and is brought to new A's."

I immediately agreed. "Yes. B is first created or constructed—especially the self-defeating musts in B—about A. But then it becomes, by repetition and by acting as if it were true, basic—a Basic Philosophy, that we thereafter tend to bring to A. In so doing, we often distort and change A—for example, see ourselves as rejected totally when someone only makes a slightly negative remark about what we are doing."

As this client and I went on to discuss at length, the hot irrational cognitions that we encode in B often become Basic Philosophic Assumptions—what Kelly (1955) called dysfunctional personal constructs—that we use as virtual cornerstones of our lives. They significantly affect our Goals (G's), Activating Events (A's), and Consequences (C's). They even, RET holds, importantly influence our derivative B's. Thus, my client's main musturbatory iB's—"I must not act badly and must please my parents and significant others!"—led him to steadily conclude, "Because I often do not act well and do displease my parents and significant others, I am no good! I don't deserve happiness! I must succeed more than others. I can't stand failing! I'll never do well enough!" Etcetera.

As I have noted elsewhere (Ellis, 1987a; Ellis and Dryden, 1990), and as Grieger (1985) has emphasized, dysfunctional Basic Philosophic Assumptions are reinforced and often become stronger for several reasons. (1) They lead to strong negative feelings—such as severe anger and depression—and make them seem true. (2) They are definitional or tautological and therefore cannot be empirically disconfirmed or falsified. For example, "I must always succeed or else I am worthless. Even if I do succeed, how can I prove that I never will fail?" (3) They are often circular. For instance, "If I fail, I'm no good. I failed—therefore I must be no good. Now that I am no good, I have to keep failing." (4) They lead to self-fulfilling prophecies. For example: "I must always do well or I am a totally incompetent person. I did poorly, therefore I am a total incompetent. Because I am incompetent, I am sure I will do poorly this time. Why should I even try to do well? Now that I am not even trying, that proves how incompetent I am!" (5) IB's are linguistically and semantically misleading and get reinforced by our tendency to use inaccurate language. For instance: "I have to perform well. But now that I performed badly, I am bad. But if I am bad, I will always perform badly. So I can't perform well, as I must. So I might as well not try." (6) Irrational Beliefs (iB's) are uncritically repeated and acted upon, thus making them seem true even when they bring about poor results. Most of these poor results, moreover, are not seen to be connected with, nor seen to follow, the iB's. Therefore, they

do not serve to disconfirm these Beliefs. (7) Most of our iB's are unconscious—or preconscious, just below our level of consciousness. Therefore, we are not fully aware of them and easily perpetuate them (Ellis, 1962; Epstein, 1989; Mahoney, 1988; Meichenbaum and Gilmore, 1984; Weimer, 1974).

Let me parenthetically say, because this is not a main theme of the present paper, that people have many irrational and self- and society-defeating views that they imbibe from their families, their culture, and their religions and that they consciously and unconsciously accept and follow. Thus, a white Protestant male who is raised in the United States may accept the ethnic, racial, sexist, political, and religious prejudices that he picked up in his early socialization and may be irrationally prejudiced against foreigners, blacks, women, and non-Protestants and may foolishly overgeneralize about how "bad" all members of these groups are. And a woman reared in our culture may easily adopt socially inculcated sexist standards and may see herself as being undesirable when she is unloved, unmarried, assertive, childless, or "too" involved in her career. RET questions people's nonthinking over-allegiance to their early-imbibed racial, sexist, and other prejudices when they are rigidly adhering to them and thereby disturbing themselves (Wolfe and Naimark, 1991). It particularly helps people dispute their dogmatic, absolutist shoulds and musts about their sex-role and other bigoted socialization messages, because it views dogma and rigid bigotry as one of the main cores of emotional disturbance (Ellis, 1983; Ellis and Dryden, 1991; Wolfe and Naimark, 1991).

Why are musts and shoulds that people accept, create, and disturb themselves with often so difficult for them to surrender? Answer: they tend to have a special, interrelated kind of cognitive, emotive, and behavioral nature.

Cognitively, they are absolutist and necessitous: e.g., "At all times and under all conditions, I must perform adequately!" "I must *completely* and *perfectly* perform well!" "Unless I perform well, as I of course must, I shall suffer utter disaster, may well die, and if I continue to live cannot be happy *at all*!"

Emotively, the musts with which people disturb themselves are held strongly and powerfully and consist of what Abelson (1962) calls "hot cognitions." For example, "I *really* have to perform *very* well!" "Because this is the *most* important relationship in my life, I *truly* must succeed in it!" "Because my desire for food is *so* great, I must keep eating and eating to satisfy it!" "Because I *feel* so anxious when I fail, my feeling proves that I *have* to succeed!"

Behaviorally, musts that lead to disturbance are *rigidly* held and clung to, and the behaviors that they lead to are constantly practiced and reinforced. Examples: "Because I so greatly *need* your affection, I cannot *ever* leave you, I *have to* keep begging you to love me, and I *can't stop* following you around. My following you and obsessing about you *proves* that I really love you and that I *must* have you !" "Every time I get a raise, I jump with joy, so I *must* keep getting raises."

Dogmatic musts often include compound Beliefs, that simultaneously have strong cognitive, emotive, and behavioral elements. Thus: "I *have* to be completely successful and thereby win your approval, or else I am a total clod, my life will be *awful* and *terrible*, I'll *never* be able to succeed or be approved, and I might as well kill myself! Moreover, if I fail and you don't approve of me, that will make me feel horribly anxious and depressed, and I *can't stand* having those feelings and am a worthless nincompoop for having them!" (Muran, 1991).

Imperative musts usually have powerful emotive and behavioral components that help create and intensify them and that lead to miserable cognitive, emotive, and behavioral results that require attention in their own right, that consume considerable time and energy, that sidetrack people from actively Disputing these musts, and that encourage them to create more disturbing (cognitive-emotive) musts about them. Such as, "I must not think irrationally and must not feel anxious and depressed when I do think that way! I *can't bear* having these musts and getting horrible results from having them! It's *too* hard to keep fighting them and giving them up–in fact, it's so hard that I *can't* give them up! And I'm *no damned good* for creating these terrible thoughts and feelings and for not stopping them!"

People's imperative, unconditional musts, then, seem to be inevitably cognitive, emotive, and behavioral, and in turn lead to poor thinking, feeling, and motoric results that they then have disturbing thoughts, emotions, and actions about, and that serve to impede their clearly seeing and forcefully Disputing and alleviating these musts. No wonder that so-called intellectual insight and Disputing usually won't help people very much to surrender and keep giving up their profound musts! That is why RET actively encourages clients and other people with disturbances to keep using a number of strong, vigorous cognitive, emotive, and behavioral methods to include in the Disputing of self-defeating musts and commands.

When people are emotionally and behaviorally disturbed, moreover, they overtly or covertly sneak musts into their Goals (G's), their Activating Events (A's), their Beliefs (B's), and their Consequences (C's).

Thus, they importantize their Goals ("I *very much* want to succeed and be loved") and usually musturbate about them (Therefore, I absolutely *have to* succeed and be loved!") They tend to perceive Activating Events as *horrible* or *terrible* when they are only unfortunate (that is, against their Goals) or even when they don't exist. Thus, when they fail to get an A in a course but get a B or a C they see their mark as *horrible* or they even see it as a failing mark.

Neurotic people, RET contends, almost invariably have explicit or tacit musts in their Belief system ("At all times and under all conditions, I *must* do well, *have to* be approved by significant others, and *have got to be* comfortable and safe!") and they frequently have heavy musts (and must nots) *about* their original musts and about the dysfunctional feelings and behaviors to which they lead.

Finally, musts are implicitly or overtly crammed into people's Consequences (C's). Obsessive thoughts imply, "I *must* keep thinking this thought" *and*, often, "I must *not* be thinking this thought!" Feelings of severe anxiety very often include, "I *must* worry, to ward off evil conditions!" *and* "I must *not* worry, because that will make conditions worse!" Compulsions (such as addictions to alcohol, overeating, and cigarettes) include and are virtually coexistent with musts ("I *must* eat this extra food because it tastes so good, even though I know it is very bad for me!") As noted above, people create powerful musts *about* their Consequences ("I must not feel anxious and I must not drink compulsively to temporarily ameliorate my anxiety!").

All told, then, RET still holds that profound, dogmatic, absolutist, imperative musts are probably the most important aspect of neurotic disturbance. But the revised RET theory contends that these musts are not merely intellectual, cognitive, or philosophic but that they also are highly emotive and behavioral and that they are an integral part of people's Goals, Activating Events, Beliefs, and disturbed Consequences when they become—or *make themselves*—neurotic.

If irrational Beliefs (iB's) are held both consciously and unconsciously, and often held vigorously, as RET hypothesizes, they had better be clearly revealed, shown to be destructive, and strongly and persistently attacked by both therapists and their clients. Because these Beliefs (B's) and their Consequences (C's) are cognitive, emotive, and behavioral, RET uses many thinking, emotional, and activity techniques to change them. But it uses these methods largely to help clients make—or, rather, give themselves—a profound philosophic change, and especially to change their rigid musturbatory to alternative-seeking preferential thinking. It stresses these aspects of therapy for several reasons:

1. As outlined above, dogmatic musts seem to underlie most other kinds of dysfunctional inferences and attributions, overgeneralizations, and definitions that go with cognitive-emotional disturbances (Ellis, 1957, 1977, 1987a, 1987b, 1988; Ellis and Dryden, 1987, 1990, 1991; Ellis and Harper, 1975). If we solidly and thoroughly believe that it is good to succeed but we never have to do so, we would rarely, when we failed, conclude (a) "It is awful!"; (b) "I can't stand it!"; (c) "I'm no good for failing!"; (d) "I'll never succeed!"; (e) "If I am rejected, I must have done something wrong." If therapists can help clients, therefore, to see, to surrender, and to stop reconstructing their core musts that are at the bottom of their dysfunctional Basic Philosophic Assumptions, they will presumably stop needlessly disturbing themselves about anything—yes, anything—including just about all their current symptoms.
2. If we can help our clients to maintain their therapeutic progress, we had better teach them and encourage them to keep looking for their overt and hidden musturbatory philosophies, to continue to actively think and emotionally act against them, and to remain scientific and open-minded rather than bigoted, antiscientific, and imperatively demanding.
3. We had better alert our clients to the likelihood of their easily slipping back to musturbatory ideas, to refuse to damn themselves for doing so, and to patiently and persistently return to strong preferential thinking.
4. We can encourage our clients to creatively and inventively think for themselves, rather than only following their therapist's ideas and assignments, so that they ideally become more open-minded and less dogmatic in their thinking and tend to create fewer and fewer bigotries and rigidities in the future. As they acquire and keep using an and/also, both/and, open-to-change general view, they will keep constructing specific philosophies and tentative solutions to life problems that will help them avoid self-defeating and socially destructive behaviors and open the road to maximum self- and other-fulfillment (Ellis, 1990b).

RET, then, for all its old and newer emphasis on the holistic understanding of how cognitions, emotions, and behaviors include each other and how Activating Events (A's), Beliefs (B's), and emotional and behavioral Consequences (C's) intricately and strongly interact when people live healthfully and when they make themselves disturbed, still stresses the advantages of people's making and continuing to make a profound Basic Philosophic change. I now see, more than I ever did before, that this profound philosophic change is extremely cognitive, emotive, and behavioral. For it means that those

who make it will, first, truly, and much of the time, choose to keep thinking in a flexible, preferential rather than rigid, musturbatory way. It means, second, that they will strongly, vigorously, and quite emotionally, involve themselves with scientific and against bigoted ways of viewing and relating to themselves, to others, and to the world. It means that they will steadily and determinedly keep fighting and acting against cognitive-emotional rigidity and for open-mindedness. In fact, they may at times even crusade, personally and socially, against narrow-mindedness and arbitrary intellectual-emotional-behavioral restriction! Internal and other-imposed bigotry are, according to RET, two of the main essences of human disturbance. Effective therapy can presumably actively, forcefully counteract them. If therapists themselves are free!

Although I have been thinking about the ideas in this paper and revising them for the past few years, I owe a special debt to Michael Mahoney (1988), who I think has wrongly criticized RET for being associationist and rationalist but who has rightly emphasized a constructivist view of cognitive-behavioral therapy and has prompted me to see and to stress how unusually constructivist RET is (Ellis, 1989, 1990; Ellis and Dryden, 1991). Mahoney (1988), and Guidano (1988) are more psychoanalytic and less constructivist than I would like them to be, but they have, albeit with mistaken notions of RET, been quite helpful to me.

My longtime friend, Ted Crawford (1990) has also been most helpful in stressing, in talks and correspondence, the open-ended, alternative-seeking, and/also attitude of Alfred Korzybski (1933) and his followers—whose influence is, I hope, clear in the present paper and, more especially, my other recent presentation, "A Rational-Emotive Approach to Peace" (Ellis, in press, a).

I offer even more specific thanks to Chris Muran (in press), whose paper, "A Reformulation of the ABC Model in Cognitive Psychotherapies: Implications for Assessment and Treatment," sparked and consolidated some of the ideas in this paper. He presents "a conceptualization of schemata as tacit cognitive-affective-motoric structures that account for emotional experience in the face of external stimuli" and incisively supports his conceptions. I strongly agree with his thesis; and in this paper I have tried to give details that specifically implement it for RET.

CONCLUSION

Although I was perceptive enough to realize, in my first paper on rational-emotive therapy (RET) in 1956, that cognitions, emotions, and behaviors almost always are not pure or disparate but significantly include each other, I have appreciably added to this concept and have stressed forceful emotive and educative, as well as strong behavioral, techniques of RET in recent years. I have also increasingly pointed out that the ABC's of RET—A standing for Activating Events, B for Beliefs about these events, and C for emotional and behavioral Consequences of these Beliefs—also influence, include, and interact with each other. The present paper gives salient details of how A's, B's, and C's, as well as cognitions, emotions, and behaviors all importantly affect one another and how they become combined into dysfunctional, demanding core Basic Philosophic Assumptions that lead to neurotic disturbances. To change and to keep changing these dysfunctional basic assumptions, RET uses a number of intellectual, affective, and action techniques that often are applied in a forceful, persistent, active-directive manner. It is more cognitive than most of the other cognitive-behavior therapies in that it tries to help many (not all) clients to make an elegant or profound philosophic change (Ellis, 1979b, 1985b). But it is also more emotive and behavioral than most other popular therapies in that it assumes that neurotic individuals' core basic philosophies assumptions are, as Muran (in press) points out, "tacit cognitive-affective-motoric structures that account for emotional experiences in the face of external stimuli," and that therefore therapists had better teach their clients (and the general public) several powerful cognitive-emotive-behavioral methods of helping themselves change.

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