

## **Private Thought in Rational Emotive Psychotherapy<sup>1</sup>**

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*This paper, which is theoretical in orientation, advances the argument that the characteristics of a client's thought are overlooked in rational emotive psychotherapy and that new avenues of professional practice and research may evolve from a detailed examination of the nature of thought. Psychodynamic, psycholinguistic, and cognitive-behavioral conceptions of factors that interfere with a client's ability to report his/her private thoughts are discussed. A model of thought is proposed that postulates levels of thought that vary in client awareness and that can be represented on a continuum from covert verbalization to abbreviated, elliptical private thought. Implications of this model for professional practice are discussed in the form of two therapeutic techniques that are directed toward the assessment of private thought. It is argued that rational emotive assessment techniques may be too directive to ensure sufficient levels of self-discovery. It is further argued that to facilitate the maintenance and generalization of client change, therapeutic instructions should be expressed in a form that is compatible with and can be incorporated within the client's idiosyncratic intrapersonal communication system and cognitive structure.*

A necessary therapeutic condition in the practice of rational emotive psychotherapy (RET) is the discovery by the client and therapist of the thoughts of a client that activate exaggerated forms of emotional upset.

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While the attainment of this condition may be more of a hurdle when working with younger and less verbally sophisticated populations, it still remains a potential therapeutic stumbling block when working with any client irrespective of age. According to RET principles, helping the client to discover the maladaptive aspects of his/her thoughts can be viewed as a two-step process: first, enabling the client to verbally exteriorize thoughts, and, second, eliciting from the client irrational thoughts (which the client may be largely unaware of) that cause emotional upset. While most clients are able to overtly verbalize rational thought-statements that lead to more mild and appropriate levels of emotional upset, the spontaneous production by a client of irrational words (e.g., *should*, *awful*, *must*), irrational sentences (e.g., "I'm no good, "He's a jerk"), and irrational beliefs (e.g., "I need to be loved by everyone," "I must be the best in everything that I do") appears to be much less frequent.

The second step in the process of identifying thoughts appears critical for therapeutic change, for if a client cannot readily identify his/her irrational words, sentences, and beliefs, he/she is left with nothing to effectively challenge or dispute. That is to say, the process of identifying one's own irrational thoughts is not a natural or easy one. It is not a prerequisite skill that most clients possess previous to therapy. Ellis has recognized the importance of the role of thoughts that a client cannot directly verbalize. Writes Ellis (1962):

Since much of what human beings internally verbalize is done on an unaware or unconscious basis, and much of what they unconsciously verbalize is never expressly spoken, their emotional disturbances are often not closely correlated with their spoken verbalizations; and it will consequently help them very little if a therapist merely gets at their spoken words, phrases, and sentences. (p. 339)

What is absent from the literature on RET is a conceptual framework and clinical methods for understanding the inner mental world of a client's private thoughts. Ellis (1962) provides but a perspective:

But if this therapist accurately and incisively keeps revealing to disturbed people what their entire range of internal and external verbalizations is, and if he effectively shows how to see for themselves, and then to keep vigorously challenging and attacking their own irrational (spoken and unspoken) verbalizations, it will be quite difficult for them to remain disturbed. (p. 339)

While Ellis requires homework assignments in order to give the client practice in identifying rational and irrational statements, and advises cognitive modeling of the RET scientific method that it is hoped clients will internalize, such activities are probably not sufficient for all clients. It would appear that to maximize the effectiveness of RET, more systematic attention needs to be placed on analyzing the difficulties involved in the self-discovery of private thought.

The major proposition to be advanced in this paper is that the characteristics of client's thoughts are overlooked in the practice of rational emotive psychotherapy and that new avenues of professional practice and research may be evolved from a detailed examination of this topic. Six specific points are addressed throughout this paper: (a) Many thoughts that contribute to emotional and behavioral disorders are not initially accessible to either the client or the therapist; (b) clients are not necessarily being resistant if they cannot communicate their thoughts; (c) lack of introspective detail derives from inherent limitations in the way human beings represent experience to themselves in thought; (d) clients require systematic training and experiences to facilitate the process of discovering

the ideational content of their private thoughts; (e) rational emotive techniques may be too directive to ensure sufficient levels of self-discovery; and (f) to facilitate the maintenance and generalization of client change, therapeutic instructions must be expressed in a form that is compatible with and can be incorporated within the client's idiosyncratic language system and cognitive structure.

A brief discussion of Ellis's formulation of the nature and role of thought will be presented. This will be followed by a traditional psychodynamic conception of factors that are purported to impede a client's ability to communicate his/her thoughts to a therapist. Alternate viewpoints based on psycholinguistic theory and cognitive behaviorism will be presented. A model of private thought will be offered based on *nontraditional* psychodynamic assumptions. Finally, new directions in professional practice and research will be discussed.

## **RATIONAL EMOTIVE PSYCHOTHERAPY**

When Ellis says, "I'm going to teach you the ABC of RET," he includes within the B of ABC "beliefs" or "belief system," which subsumes the evaluations held by the individual about the antecedent event A. B subsumes all rational and irrational thoughts and beliefs about A that the individual possesses, which lead to emotional consequences C. B may be viewed as a very broad hypothetical construct that embraces at least three distinct subclasses: (a) thoughts that an individual is thinking and is aware of at given time about A, (b) thoughts about A that the individual is not immediately aware of, and (c) more abstract beliefs that the individual may hold about A in general. The first two subclasses—thoughts that an individual may or may not be aware of—refer to internal mental events that directly determine the individual's emotional response. In other words, they represent the critical internal stimuli that activate a

given emotional response. A proposition that will be more fully elaborated in a later section of this paper is that, given the structural and functional characteristics of thought, many activating thoughts that a client actually experiences remain partially hidden from the client's immediate consciousness. On the basis of the pattern of the client's verbalized thought-statements across time, persons, and situations, the therapist begins to construct the client's general belief system. These beliefs are subsumed under the third subclass of B. A therapist infers beliefs such as "People who are wicked deserve to be punished" from a number of instances of diverse yet related client behavior. Such beliefs enable the therapist to begin to establish regularity and consistency in client behavior and, in a sense, to "understand" the client. Such beliefs are not, however, activating verbal stimuli that directly influence emotional responses in a given situation. Once the client's core beliefs are identified, they are evaluated in terms of criteria of rationality-irrationality (reasonable and true vs. absurd and false). The identification and subsequent challenging of irrational beliefs enables the client to more readily identify, challenge, and dispute irrational thoughts that the client has in different situations.

A number of fundamental questions arise out of this discussion. First, what is the relationship between thoughts that a client is aware of and can verbalize and thoughts that a client is not aware of immediately? Second, how and why do thoughts that a client experiences but cannot immediately identify or verbalize to a therapist activate emotional responses? Third, how can activating thoughts that a client may describe in compound, complex sentence form appear to occur in a fractional time period between the activating event and the emotional consequence? These questions will be considered in ensuing parts of this paper.

### **"RESISTANCE" IN PSYCHODYNAMIC THEORY**

The clinical phenomenon of a client *not* communicating his/her innermost thoughts to a therapist has been referred to in psychoanalytic treatment as *resistance* (e.g., Malan, 1979). Freud first identified resistance with the process of making unconscious material conscious. In this process, the client resists disclosing his/her thoughts to the therapist because of forces within the client that work against the client changing and improving. Freud enumerated five types of resistance in his classic work "Inhibitions, Symptoms and Anxiety" (1926). According to Freud, *repression resistance* derives from the ego's automatic blocking of fear inducing unconscious tendencies and impulses. The unfulfilled and frustrated expectations of the client in terms of the therapist's activities and behaviors may result in a

*transference resistance*. *Epinosic gain resistance* emanates from the ego being unwilling to give up the gains that it has derived from the manifestation of the particular disorder. Even after the client decides to accept the consequences of full disclosure, there are strong forces in the individual—which Freud located in the id—that independently work to keep instinctual tendencies (thoughts) repressed and that Freud referred to as *repetition compulsion resistance*. Finally, *superego resistance* is inferred when the client appears unwilling or unable to communicate because of his/her feeling that he/she deserves to be “sick.”

There are a variety of behavioral signs of resistance. Two of the major ones are *erotization resistance*, where the client’s actions and verbalizations begin to function solely for their effect on the therapist, and *acting-out resistance*, in which unconscious drives, energies, and demands achieve partial discharge through the substitution of an act or series of behaviors.

The clinical manifestation of “clamming up,” where the client appears unable to recollect memories, facts, and thoughts that have direct importance for the progress of therapy, has been explained in resistance terms by Menninger (1958).

Sooner or later, however, the confessions and confidings of which the early flow of communications consists begin to include material which the patient had not been aware of any need to confess. . . . Not only guilty but aggressive and perverse fantasies are voiced which carry in their wake fears of retaliation or punishment. . . . Thus the patient seems to suffer simultaneously from a yearning to “get well” and a compulsion to defend himself against any change in life adjustment. . . . (pp. 100-101)

From a psychodynamic viewpoint, a client’s inability to reveal thoughts while experiencing rational emotive psychotherapy stems from the activation of the various sources of resistance that compose his/her psychic apparatus. According to this conception, the facilitation of self-discovery of unconscious and preconscious thoughts requires a gradual “working through” of resistances through transference and other psychotherapeutic mechanisms. It is the contention of this paper, however, that the lack of disclosure and introspective detail derives from inherent limitations in the way human beings represent experience to themselves in thought rather than from the unconscious interplay of the id, ego, and superego.

## LANGUAGE AND THOUGHT

The theory of developmental psychology and psycholinguistics concerning the relationship between language and thinking provides a framework for considering the question of the relationship between thinking and

the ability to communicate thoughts to another person, as well as the question of how essentially nonverbalizable thoughts can control emotional responses. There does appear to be considerable agreement in the language and thought literature that thinking is carried on a plane or in a form that is different from that of language and speech. For example, Fodor (1973) postulates "a distinction between the internal codes in which our thinking is carried out and the linguistic systems in which we exchange the results of our computations" (p. 85).

Vygotsky's (1962) theory of speech and mental ontogenetic development reveals essential differences between social external speech (communication) and inner speech (thought). Vygotsky indicates that "internal speech is not the interior aspect of external speech. While in external speech thought is embodied in words, in inner speech, words die as they bring forth thought. Inner speech to a large extent is thinking in pure meanings" (p. 149). Vygotsky suggests that between the ages of 3 and 7 the function and structure of inner speech grows progressively away from the function and structure of social speech. External speech functions as a basis of social interaction and communication within a given culture, whereas inner speech serves a cognitive self-guiding function. Vygotsky posits that inner speech has both a highly specialized syntactic structure and specific ideosemantic properties. Essentially, the syntax of inner speech is simplified, condensed, abbreviated, with a tendency toward prediction, while its semantic component can be characterized by dynamic, subjective-emotional word meanings, word agglutination, and a syncretic quality to the actual words themselves. External speech conforms to the syntactic and semantic properties of a given language system. As such, the characteristics of external speech are shared by members of a given linguistic community, whereas the properties of inner speech vary across individuals within the same society. Vygotsky indicates that it is only when we are preparing to communicate what we are thinking to someone else that inner speech begins to resemble external speech. That is, we transform our thoughts as we prepare ourselves for social communication. We use words and sentence constructions that are different from those that we employ when we are thinking to and for ourselves. As such, the thoughts that we are preparing to communicate to someone else are only an approximation of our private thoughts. We are forced to employ a different language of description to characterize what we are thinking to another person. Vygotsky (1962) summarizes the relationship between thought and speech:

The flow of thought is not accompanied by a simultaneous unfolding of speech. . . . There is no rigid correspondence between the units of thought and speech. . . . A speaker often takes several minutes to disclose one thought. In his mind the whole thought is present at once, but in speech it has to be developed successively. (pp. 149-150)

Applying Vygotsky's view to a therapeutic context, we can readily perceive why a client undergoing RET has difficulty in communicating his thoughts to the therapist. It is not simply the case of turning up the auditory stereo channel so that the therapist can hear what the client is thinking. If we accept Vygotsky's characterization of inner speech, even if the client could exteriorize his/her private thoughts in their "natural state," the therapist would not be able to understand what he/she was hearing due to the idiosyncratic nature of thought. Perhaps rational emotive psychotherapy is more effective with highly verbally sophisticated populations because such populations are more readily and accurately able to transform their thought into a communicable form. As indicated earlier, we may need to spend more time with less verbally fluent and younger clients in facilitating the translation of thoughts to social speech. A client who has difficulty in verbalizing his/her thoughts may not be readily able to internalize, incorporate, and translate therapeutic suggestions acquired from social speech back into his/her own code of private thought.

The inability to verbally describe one's thoughts does not mean that one is not generating and, most importantly, *experiencing* thoughts. The paradox of being unaware of thoughts that cognitively control emotions is resolved if we accept the proposition espoused by Fodor and Vygotsky that the language of thought is different from the language of socialized speech.

The work of Arthur Staats provides some insights into the question of how thoughts that occur in extremely brief time intervals can control our emotional reactions. Staats (1972) indicates that over the life-span an individual learns exceedingly complex repertoires of behaviors that are cumulative and hierarchical in nature. An individual's language system is composed of three subrepertoires. The *verbal-motor repertoire* consists of verbal-motor units that control or elicit numerous motor skills. This repertoire is acquired through the principle of instrumental conditioning. Responses that are reinforced in the presence of a word (*push, pull, come, go*) begin to be controlled by the word. Higher order instrumental conditioning explains how the individual begins to respond more generally to other verbal, complex, stimuli. According to Staats, an individual's personality adjustment is very much a function of the *verbal-emotional repertoire*, which consists of words that serve as emotional stimuli. Through being paired with unconditioned stimuli that elicit emotional responses, words take on positive or negative meanings.

Staats places great emphasis on the function of words and word meanings. Many words perform not only as conditioned stimuli that elicit emotional responses but also as reinforcing stimuli in the *verbal-reinforcer repertoire*. Such words as *cheerful, fun, happiness, guilt, afraid, and pain* have dual functions in the verbal-emotional and verbal-reinforcer repertoires. Not only do they serve to elicit certain emotional feelings, they

perform an instrumental conditioning function. Research (Finely & Staats, 1967; Staats, 1964) has shown that presenting such words contingent upon a behavior can either strengthen or weaken the behavior.

For Staats, the quality and complexity of an individual's language repertoire represent the "food" of thought as well as the source of emotion and behavior. Staats (1972) has indicated:

It is central to indicate that the emotional value of what . . . the individual says to himself, will help determine whether he performs actions or avoids the action involved. . . . It should be noted that the quality, extensity, and type of labeling repertoire the child learns will figure prominently in the type of behavior the child will display. . . . Also the extent to which self-reinforcement is provided through one's self-concept language repertoires will be important in the way one's adjustive behaviors will be maintained. (1972, pp. 179-182)

Words themselves serve an impellent function. In a sense, they function as psychological independent variables that directly determine the individual's perception of him/herself and the surrounding world. Vygotsky (1962) supports this notion when he writes that "in inner speech . . . a single word is so saturated with sense that many words would be required to explain it in external speech" (p. 148). He indicates that the sense of a word is the sum of all the psychological events aroused in the individual's consciousness by the word. While the meaning remains stable, a word acquires its sense from the context in which it appears. "The dictionary meaning of a word is no more than a stone in the edifice of sense, no more than a potentiality that finds diverse verbalization in speech" (p. 148). The positions of Staats and Vygotsky are compatible in that once a word has been learned through conditioning, the meaning of the word transforms in accordance with the broader set of associations and connotative meanings that constitute the learner's cognitive-linguistic structure.

The brief interval between an antecedent event and an emotional consequence may be filled with a word. Staat's suggestion that therapy should be directed at changing the emotional connotation of words, the instruction of new verbal self-reinforcers, and the inducement of new self-labeling patterns is consistent with RET. For example, the connotative meanings and referents of concepts (words) such as *good* and *bad* are continuously under examination in RET. Clients are encouraged to discard evaluative words that they use to describe people in their environment. Low frustration tolerance is challenged through the substitution of words (*can't* to *won't*; *horrible* to *unpleasant*; *awful* to *disappointing*).

## COGNITIVE BEHAVIORISM

Recent writings in the area of cognitive behaviorism and psychology illuminate additional factors that mitigate against the client providing



accurate and meaningful introspective data on his/her private thoughts. For example, research from cognitive psychology indicates that memories of objects, individuals, or events that occasion emotional upset in a client may be stored in long-term memory in a form where it is not likely that it will be retrieved through directive RET questioning. Tulving (1972) has distinguished between *semantic memory*, where past events are represented in broad associative linguistic networks, and *episodic memory*, where events are stored separately and are not part of the client's cognitive-linguistic structure. Goldfried (1979) illustrates the problems involved in assessing episodic memory when he writes that when "there are fewer associative cues to enable the individual to retrieve experiences stored in episodic memory, such events are less likely to be recalled and used as referents for comprehension" (p. 143).

Even when thoughts are coded and represented in a potentially verbalizable form, there is no assurance that the client will be able to communicate their essential meanings to a therapist. The personal meanings of the words that a client uses to communicate his/her thoughts reside in a broad context of connotative and personal meanings that a client assigns to objects and events (Osgood, Suci, & Tannenbaum, 1957). When a client says, "What I just said isn't really what I meant," he/she is really saying that the words that he/she is thinking lose their idiosyncratic meaning when they are removed from the context in which they were generated. The need to adequately assess semantic structure represents an initial step in publically defining the parameters of a client's private thoughts (see Collins & Quillian, 1969).

The fact that the manner in which information (thoughts) is represented, understood, and processed by the client may interfere with fluid interpersonal communication is becoming increasingly recognized by cognitive behavior therapists. In seeking to understand cognitive factors that maintain maladaptive behavior, Meichenbaum (1977) indicates that a therapist must assess not only *inner speech* but also how speech "fits" with the individual's *cognitive structure*.

By *cognitive structure* I mean to point to that organizing aspect of thinking that seems to monitor and direct the strategy, route, and choice of thoughts . . . that which is *unchanged* by learning a new word but which *is* changed by learning a new word-skill, such as the skill of listening to one's own inner dialogue . . . the source of all scripts from which all such dialogues borrow. (pp. 212-213)

Meichenbaum and others (e.g., Rathjen, Rathjen, & Hiniker, 1978) have employed cognitive-functional assessment procedures to elicit not only the inner dialogue of the distressed client but also—in order to understand the connotative aspects of the inner dialogue—the cognitive structure, belief, or rule systems that control the production aspects of the inner dialogue.

The inaccessibility of the private thoughts of a client has received extensive illumination and documentation by Beck (1976). Beck has indicated that many patients he has seen over a course of treatment were not reporting certain kinds of thought. He observed that the lack of communication was not attributable to resistance or defensiveness.

. . . Many of them [patients] were not fully aware of these unreported thoughts until they started to focus on them. Typically, these thoughts differed from the reported ideation in that they appeared to emerge automatically and were extremely rapid. In order to probe unexpressed thoughts, I had to guide the patients to be especially attentive to certain ideas and to report them to me. (p. 31)

Beck labeled these ideations as *automatic thoughts* and indicated that the content of these thoughts contained the essential data for understanding the emotional states and behavioral disturbances of his patients. The following five defining attributes of Beck's autonomic thoughts bear a close correspondence to the structural aspects of Vygotsky's descriptions of inner speech.

1. They generally were not vague and unformulated, but were specific and *discrete*. They occurred in a kind of shorthand; that is, only the essential words in a sentence seemed to occur—as in a telegraphic style.
2. They seemed to be relatively *autonomous* in that the patient made no effort to initiate them.
3. The patient tended to regard these automatic thoughts as *plausible* or reasonable. . . . The patients accepted their validity without question and without testing their reality or logic.
4. . . . The content of automatic thoughts, particularly those that were repetitive and seemed to be most powerful, was *idiosyncratic*.
5. These thoughts generally involved more distortion of reality than did other types of thinking. (pp. 36-37)

The last attribute refers to the irrational thoughts that form the focus of the RET didactic inquiry. According to Beck, these thoughts are not immediately accessible through direct verbal inquiry. Moreover, they remain partially removed from the client's immediate awareness. If such is the case, it would appear that careful attention needs to be placed in the conduct of any cognitively oriented psychotherapy and especially RET on the use of elicitation techniques that are eminently sensitive to the nuances of private thought.

Cognitive behavior therapists are beginning to develop both formal and informal as well as direct and indirect measures of a client's intrapersonal communication system, or to use Meichenbaum's (1977) term, *cognitive ethology* (see Hersen & Bellack, 1976; Kendall & Korgeski, 1979; Meichenbaum, 1977). While a number of these measures such as self-report forms (e.g., Irrational Beliefs Test, Jones, 1968) may be of value to the rational emotive psychotherapist in eliciting maladaptive self-statements and irrational beliefs, such direct assessment techniques may be too directive and structured to produce accurate introspective

information concerning private thoughts. There appears to be a need to develop a standardized battery of nondirective elicitational prompts that can be employed during the initial assessment phases of RET. The differential accessibility of cognitive activity is receiving increasing attention in the cognitive-behavioral assessment literature (Kendall & Korgeski, 1979; Nisbett & Wilson, 1977).

### A MODEL OF PRIVATE THOUGHT

Figure 1 is a model for representing thoughts that vary in client awareness and in therapeutic accessibility. The outer ring of the circle represents thoughts that a client is immediately aware of. The form of these thoughts corresponds quite closely with the words and speech structures of the language system of the client. They are covert verbalizations that a therapist would understand if they were overtly verbalized. Thoughts may originate in this outer ring. That is, in a small proportion of the time that a client is thinking, he/she is talking to him/herself. This private talk corresponds with the client's speech when he/she is talking to another person. A major proportion of thought, however, originates in the inner zone of concentric circles. This form of thinking occurs when the client has no immediate intention of communicating his/her thoughts to another person and is not engaging in mental rehearsal. The number of progressively smaller concentric circles suggests progressively lesser degrees of client

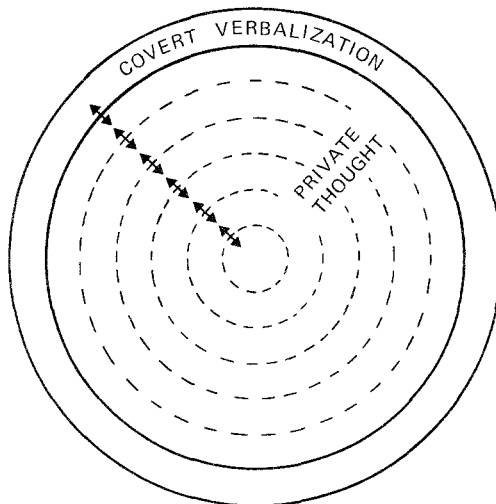


Fig. 1

conscious awareness. As Beck (1976) has indicated, thoughts that a client may not be immediately aware of play a prominent role in creation of emotional and behavioral disorders. In addition, the progressively smaller areas encompassed by the circles indicate that thoughts may vary in temporal characteristics. The thoughts that a client generates in the outer concentric circles are more elaborated and correspond more closely with covert verbalizations and external speech. The small circles indicate a more abbreviated and elliptical form of thought. Thoughts originating in the outer concentric circles may occur over a longer time period than thoughts originating in the inner circles. It is of course possible that single-word thoughts that originate in an outer circle can occur in a brief time interval. The arrows indicate that thoughts that originate in the inner zones of private thought can be transformed by the client into covert verbalizations. This transformation may be motivated by the client's desire to communicate his thoughts to someone else or by his/her desire to examine through a process of self-discovery thoughts that are occasioning certain feelings.

Conversely, covert verbalizations that have been internalized through therapeutic instruction may be transformed over time to private thought. This transformational process may be a critical stage to ensure maintenance and generalization of any learning experience. For example, Meichenbaum (1975) was able to increase the creativity of college students by training them to covertly verbalize sets of previously modeled self-statements that were viewed as being compatible with creative behavior. In teaching a self-control technique, the question arises as to whether the trained students could continue to maintain increased creativity at the level of covert verbalization. As much of our learned behavior appears to occur habitually, rapidly, and almost automatically, it would appear that we may transform much of what we learn from others into private thought. The question then becomes one of whether the students in Meichenbaum's study would automatically transform the self-control technique into private thought. If they were not able to, maintenance and generalization would be doubtful. Meichenbaum (1977) has recognized the paramount importance of this phase when teaching self-control techniques. While he indicates that if enduring changes are to take place, modifications in internal dialogue must lead to concomitant changes in cognitive structure, he does not appear to provide for this incorporation phase within his training procedures.

Evolving from Meichenbaum's work is research that deals with teaching self-control strategies to children in a manner that maximizes the likelihood that verbal self-instructions are incorporated within the client's natural language repertoire (Kendall & Finch, 1978, 1979; Meichenbaum, 1975b). Padawer, Zupan, and Kendall (1980) have developed a self-

control program where a child is taught through a series of small sequential steps a set of verbal self-instructions that are designed to prevent impulsive and non-self-controlled behavior. The six steps included in their manual follow.

1. The therapist models task performance and talks out loud while the child observes.
2. The child performs the task, instructing himself out loud.
3. The therapist models task instructions while whispering the self-instructions.
4. The child performs the task whispering to himself.
5. The therapist performs the task using covert self-instructions with pauses and behavioral signs of thinking.
6. The child performs the task using covert self-instructions.

While these six steps are necessary to ensure that verbal instructions are transformed into the covert verbalizations of a child, an additional intermediate step that the authors informally refer to later in their manual could be formally added between steps 5 and 6 to ensure that the child will transform covert verbalizations into private thought. In requiring the child to *rephrase* the set of self-instructions in his/her own words, the probability that self-instructions will be incorporated within the cognitive structure and private thought of the child is increased.

## PROFESSIONAL PRACTICE AND RESEARCH

The general research question that derives from the previous discussion on private thought can be stated as follows: What are the effects of systematically training clients to discover private thoughts on the outcome of rational-emotive psychotherapy? Said another way: Does the teaching of a strategy for identifying and verbalizing private thoughts enable a client to more spontaneously utilize principles of RET in dealing with problematic situations? One of the difficulties of employing RET is the inability of certain clients, who are ostensibly highly motivated to change and who appear to fully understand the basic principles of RET, to apply RET in dealing with their own stressful situations. Ellis has indicated that such people really don't want to change, have extremely low frustration tolerance, or have a greater than usual degree of biological propensity for irrational thought. Perhaps these people are not sufficiently trained to do so. What follows are two procedures for facilitating self-discovery and for ensuring that therapeutic instructions are translatable into the natural language repertoire of a client.

### *Expansion-Contraction*

Using the model of private thought presented earlier and the view expressed by Vygotsky and Beck where private thought is viewed as abbreviated, elliptical, and embodied by complex, subjective word agglutinations, an initial task of the rational emotive therapist is to direct the client in the expansion and transformation of his/her private thought. An assumption is made here that it may be only at the level of covert verbalizations that a client can actively challenge and dispute irrational thoughts. In a sense, covert verbalizations can be viewed as a bridging link between the objective world of experience and speech communication and the subjective, idiosyncratic world of private thought.

The process of expansion is a difficult one. The client must be directed through the use of verbal prompts provided by the therapist to describe in his/her own words that private thoughts he/she has or is experiencing within a given stressful situation. Verbal instructions such as "What do you mean when you say 'you thought \_\_\_?'" "Why did you think \_\_\_?" or "Describe to me the first thing that comes into your mind when you think about \_\_\_?" are some prompts that allow the client to freely associate, construct, and transform his/her thought to a form that is cognizable by client and therapist alike. This technique is similar to several language-oriented therapy techniques presented by Bandler and Grinder (1975).

At the stage of expansion, it would appear that the therapist's role should be relatively nondirective and facilitative. This is in contrast to the highly directive approach adopted by Ellis and many of his followers. If the process of expansion is to occur naturally and if the transformed thoughts of the client are to closely correspond with his/her private thought, the therapist must avoid providing the client with specific words and sentences such as "Did you find her obnoxious?" "How awful was it?" or "Do you think you couldn't stand it?"

One of the reasons for spending time on the process of natural expansion is that the non-self-defeating verbal repertoire acquired in therapy may be more fully utilized and may more successfully compete with irrational thought skeletons hidden in the closet of private thought if the natural thought-sentences that the client provides in therapy, and not the words and statements provided by the therapist, are used as a basis for disputing and challenging. This, of course, is an empirical question.

The proposition that covert verbalizations go underground in private thought suggests that after a client has successfully identified and challenged irrational thoughts during the stage of expansion, newly acquired rational thoughts that are maintained consciously in the form of covert verbalizations are gradually contracted into private thought. If the client does not sufficiently understand the meaning of the newly

acquired rational thoughts and beliefs, the process of contraction will be arbitrary and nonmeaningful. That is, if a client simply parrots to the therapist rational statements without accommodating their meanings to his/her own personal lexical and syntactic system, there will be little chance of the client spontaneously applying his/her newly acquired knowledge. It is therefore important in facilitating the process of contraction to ensure that the client uses words and sentences in disputing self-defeating thoughts that he/she will naturally use in independent thought. That is not to say that a therapist cannot teach a client a new verbal repertoire; it simply cautions the therapist that when teaching new words such as *rational*, *irrational*, as well as certain rational beliefs, that such words and beliefs be taught as concepts and principles. The meanings of the new words and beliefs must be clearly explained and illustrated. If the client is able to apply the newly acquired words and beliefs in describing the range of his/her behavior, then such words and beliefs will be more likely to be incorporated and spontaneously utilized in private thought.

### *Peeling the Onion*

Another procedure that can be utilized along with expansion-contraction can be described as involving peeling the layers of thought away until one reaches the level of private thought that is activating the emotional upset. This conception derives from this therapist's experience in working with adolescents. What became apparent across a large number of cases was that the thoughts that clients initially described as activating their own exaggerated upset were exceedingly rational in nature. It became very difficult to see the relationship between apparently rational thoughts and extreme upset. An example will illustrate the point. One day this therapist found a sixth-grade boy, whom he knew from a rational emotive group counseling class that the boy attended, crying. When the boy, who was very bright, was asked what happened, he explained in between angry sobs that his Chinese teacher had thought he had not completed his homework. "I did do the homework! I did!" he screamed. He was reminded of his work in the counseling group and was asked to describe what he was thinking. Being very upset, he found it difficult to talk but he managed to say, "I'm thinking she's a bitch, the worst teacher in the school." This therapist went away thinking that such thoughts, while being both rational and irrational, were insufficient to trigger the degree of upset that the boy was experiencing. Several days later this therapist met with the boy to see if any more irrational thoughts could be elicited. When he was reminded of the situation, the boy's anger quickly returned and he verbalized the similar thoughts as before. "Tell me more. What

else is going on in your head?" "Nothing else," he replied. "Come on, Ian, why did you get so upset just because your teacher mistakenly thought you had forgotten your homework?" "It's not fair," he boomed. "It's just not fair." There it was. Hidden in one of the inner layers of his private thought was the concept of "fairness," which performed as the catalyst activating his anger. This discovery led to a fruitful discussion with the boy about different meanings and applications of "fair" and his belief that the world wasn't fair and that it should be. He was able to accept that there will be times in his life when he will be treated unfairly, that people aren't perfect, and that it was silly to upset himself because someone was acting out of ignorance.

It became apparent to this therapist that hidden behind a facade of rational thought-statements were layers of thought not immediately accessible to the client and that they were the real causes of the emotional distress. Ellis has dissented from this view, indicating that "these layers of thought are exceptionally accessible to most RET therapists when they do their usual practice of direct questioning" (personal communication). The evidence presented by Nisbett and Wilson (1977) in their review of research on introspection and mental processes would tend to disconfirm Ellis's assertion. Their review of cognitively based research indicates an uncertain relationship between self-observation of cognitive processes and consequent changes in affective states and behaviors.

### CLOSING CAVEAT

The question remains as to whether peeling the onion, expansion-contraction, and other elicitation techniques are useful adjuncts to rational emotive psychotherapy. It would appear that if we can train a client to peel his/her own onion, we have provided the client with a strategy for independently discovering his/her own self-defeating thoughts. Unless a client can do this, we cannot expect him/her to independently apply principles of RET.

To this writer's knowledge, little systematic work has been conducted by rational emotive psychotherapists and other cognitively oriented therapists to determine whether clients can profit from an intensive analysis of their private thought. As the present review has, I hope, demonstrated, the current research that investigates the properties of disorders by equating thoughts with self-statements may be ignoring important mental events. Such events may, if promoted to the status of independent therapeutic-experimental variables, provide significant clinical utility to current cognitive-behavioral practice.



It is by no means clear whether psychotherapy is more effective if additional time in therapy is spent in helping clients to elaborate their own private thought. Can *all* clients internalize rational ideas that they have acquired in therapy and can they apply these ideas in novel situations? Can such ideas sufficiently compete with long-standing, deeply embedded irrational thoughts in such thoughts have not been adequately expanded in the process of self-discovery? What are the reactive effects of employing cognitive assessment measures? The purpose of this article is to raise these issues in the hope that rational emotive psychotherapy can begin to more fully consider the complexities of private thought.

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