

Homework Assignments in Rational-Emotive Therapy

An Honors Thesis (ID 499)

submitted by

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Muncie, Indiana

Spring Semester

1990

the world around them, based on the process by which they acquire, store, and use information. The premise is that one's subjective reality is built around the way this external information is assimilated into one's understanding of the world. It is one's perception, or belief, of what is real that is used as the criterion for determining what is real. In the preface of Ellis's How to Live With--and Without--Anger (1977a), he includes a quote from the 1st Century philosopher, Epictetus, which is quite apropos: "What disturbs people's minds is not events but their judgments on events." Therein lies the fundamental philosophy behind the cognitive approach and, in particular, the rational-emotive approach to therapy-- change the perception, or judgments on events, and alter the reality.

THE PHILOSOPHY OF RET

In the mid-1950's, Albert Ellis introduced a brand of psychotherapy which was, at first, considered "radical" (Bernard & DiGiuseppe, 1989, p. 3) by the existing body of psychological knowledge. Ellis's approach abandoned the mechanistic views held by the behavioral and psychoanalytical schools that behavior occurs as the result of some past learning or influence. According to Ellis (1962), people's actions are elicited by their current conscious and preconscious thinking and attitudes about themselves, others, and the world. Ellis targeted his therapeutic approach at individuals whose current conscious thinking is incompatible with reason.

As the name implies, rational-emotive therapy (RET) is concerned with the link between rational thinking and the ensuing emotional experience. As Wessler and Wessler (1980) observe, RET differs from other cognitive-behavior therapies as it carefully and systematically exposes what kinds of cognitions, in the guise of irrational beliefs, lead to emotional upset (p. 1). Once the irrational or illogical cognitions are exposed, the counselor directs the client to challenge these thoughts until they are understood in rational terms. At this level, the client's belief system can be altered to accommodate the new understanding, and as a result, the ensuing emotion is changed.

In Reason and Emotion in Psychotherapy (1962), Ellis outlines his philosophic position as one of modern rationalism, as opposed to orthodox or classical rationalism. From this position, Ellis offers these basic assumptions:

- 1.) Reason and logic do not convey scientific evidence or truth in their own right, but are most valuable tools for sifting truth from falsehood.
- 2). Science is intrinsically empirical; and scientific knowledge must, at least in principle, be confirmable by some form of human experience.
- 3). Rationalism is a tenable philosophic position insofar as the term means opposition to all forms of supernaturalism, spiritualism, mysticism, revelation, dogmatism, authoritarianism, and antisocialism.
- 4). Although man cannot live by reason alone, he can considerably aid his existence and lessen his disturbance by thinking clearly, logically, consistently, and realistically. Most human ills are originated, sustained or significantly aggrandized by irrational ideas and can be appreciably ameliorated by one's acquiring a rational attitude toward or philosophy of life (pp. 123-125).

In other words, for the rational therapist, scientific truths must be logically possible and confirmable by some kind of experience, and his theories must be based on both facts and reason. Also, from this position Ellis clearly advocates the power of the human mind, not over, but in partnership with matter. Ellis accepts the empirical characteristics of science, and assumes a rather idealistic, individualistic view of man's ability to live effectively with himself and with others.

Ellis also states that, "Philosophically, the rational-emotive therapist is also quite in sympathy with most of the goals for living of the modern existentialists" (1962, p. 124). This includes the concepts of free will, individuality, and the authority of immediate experience. From this stance, Ellis offers a rational-humanist view of life and the world. Man, in the rational therapist's eyes, is not hopelessly bound to his basal primitive emotions, as the psychoanalytic view may suggest. Ellis (1962) contends:

...so-called emotions or motivations of adult human beings who are reared in a civilized community largely consist of attitudes, perceptual biases, beliefs, assumptions, and ideas which are acquired by biosocial learning and which therefore can be reviewed, questioned, challenged, reconstructed, and changed with sufficient effort and practice on the part of the emoting individual (p. 125).

Ellis also insists that man is qualitatively different from other animals, and therefore does not obey stimulus-response contingencies quite so readily as do "Pavlovian dogs":

Human beings, I began to see, are not the same as...lower animals; and their emotional disturbances are quite different from the experimental neuroses and other emotional upsets which we produce in the laboratory in...other animals.

For human beings have one attribute which none of the other living beings that we know have in any well-developed form: language and the symbol-producing facility that goes with language (1962, p. 14).

Expounding on the issue of the freedom of the will, Ellis proposes a compromising middle-of-the-road approach for the practicing rational therapist. Ellis subscribes to the behaviorist view that, "...human events, as well as the workings of the universe, are largely controlled by causal factors which are far beyond any single individual's will or efforts..."; but contends that, "... the human being is a unique kind of animal who has the possibility, if he exerts considerable time and effort in the present, of changing and controlling his future behavior" (1962, p. 125). This qualified determinism indicates the ability of the individual to existentially determine much of his own behavior, and to create his own real emotional experience. From this body of philosophical principles, Ellis offers an approach to therapy that is very active and directive, and which regards thoughts as a form of behavior.

Ellis first introduced his innovative supposition under the name, "rational therapy." Rational-emotive therapy was not penned as such until the early 1960's because Ellis wanted to emphasize its philosophic and cognitive aspects (Bernard & DiGiuseppe, 1989, p. 3). Its introduction in 1956 caused quite a stir throughout the psychological community. Not only did Ellis reject notions of

the unconscious and the importance of analyzing early childhood experiences; but RET also differed from classical psychoanalysis and Rogerian client-centered therapy in that it was highly confrontational. Rather than relying only on genuineness, unconditional positive regard, empathy, and indirect and inactive methods of change, RET practitioners were ready to point out and help correct the unscientific and irrational assumptions, ideas, and beliefs which were seen to be at the core of the problem (Bernard & DiGiuseppe, 1989, p. 3).

One of the basic assumptions at the forefront of RET is that man is born neutral-- neither good nor bad. Ellis (1973) contends that man must learn to rate only his traits and performances, and never his 'self' (p. 15); as self, by its very nature of neutrality, is not capable of being rated. Wessler and Wessler (1980) explain that self-rating lends itself to the concept of self-esteem in the guise of value statements about the self, such as, "I'm no good," "What a louse I am," or the reverse, "I am a worthy person." Such value labels are erroneous because they suggest attributions of a person's character, rather than of their actions (p. 45).

Ellis (1977a) expands on the case for removing the concept of self-esteem from one's attributional vocabulary:

You and I had better avoid the idea of self-esteem and self-confidence. If I give myself self-esteem in order to see myself as a person who can almost invariably do well, to win the plaudits of others, and have a happy life, I also will strongly tend to castigate myself when I do poorly. More-

over, when I feel self-disrespect, lack of confidence, or low self-esteem, I almost automatically will assume not merely that I have certain disabilities and deficiencies, but that I have to continue to have them. For if I rate as no good or worthless for treating you and others unfairly, then how can a rotten me, an individual whose essence consists of rottenness, change and behave better in the future? If I see myself as an unfair person, won't I predict that I will keep acting unfairly and probably fulfill my own prophecy in this respect? Self-esteem and its concomitant, self-downing, practically never work very well. Therefore, using self-esteem to help myself feel better about my existence won't produce very good or lasting results. If this seems true, for what purpose should I rate myself? (p. 75).

So, to the rational therapist, rating the "self" (or even others) is illegitimate and undesirable. When the self is disregarded, the client can be directed to focus on his actions and their effects. When a client learns to rate his acts and traits, he can see whether they are beneficial or harmful to his purposes. From there he can implement an intervention to alter or change those acts or traits. By rating his "self" or "being" the client becomes self-centered rather than problem-centered, and distracts himself from improving on his disadvantageous traits. From here the rational therapist can help the client see that he is not good nor bad, worthy nor unworthy. If the client honestly and accurately rates his performances, while avoiding evaluations of the self, he should tend to feel minimally disturbed and maximally enjoy his existence (Grieger & Boyd, 1980, pp. 17-18).

A second basic assumption of RET considers the biological irrationality of human beings. Ellis (1962) contends that man is biologically predisposed to think, feel, or behave in ways that have self-defeating or self-destructive consequences:

Why do so many millions of intelligent, well-educated, potentially rational people act in such an illogical, neurotic manner today? Suffice it to say here that even the most intelligent and capable persons in our society tend also to be, because of their biological inheritance, amazingly suggestible, unthinking, overgeneralizing, and strongly bound to the low-level kinds of ideation which it is so easy for them to become addicted to as children...(p. 93).

Other prominent researchers support Ellis on this claim (Roberts, 1982).

This innate predilection for self-defeating or dysfunctional thinking is manifest in irrational beliefs that are held either consciously or unconsciously. Ellis (1962) outlines 11 "major illogical and irrational ideas which are presently ubiquitous in Western civilization and which would seem inevitably to lead to widespread neurosis" (p. 61):

1. It is a dire necessity for an adult human being to be loved or approved by virtually every significant other person in his community.
2. One should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile.
3. Certain people are bad, wicked, or villainous and should be severely blamed and punished for their villainy.
4. It is awful and catastrophic when things are not the way one would very much like them to be.
5. Human unhappiness is externally caused and people have little or no ability to control their sorrows and disturbances.
6. If something is or may be dangerous or fearsome one should be terribly concerned about it and should keep dwelling on the possibility of its occurring.
7. It is easier to avoid than to face certain life difficulties and self-responsibilities.

8. One should be dependent on others and needs someone stronger than oneself on whom to rely.
9. One's past history is an all-important determiner of one's present behavior and because something once strongly affected one's life, it should indefinitely have a similar effect.
10. One should become quite upset over other people's problems and disturbances.
11. There is invariably a right, precise, and perfect solution to human problems and it is catastrophic if this solution is not found (pp. 61-87).

Later texts narrow the list down to seven irrational beliefs (Ellis 1973). Even later, the list is found in three comprehensive, more general beliefs (Grieger & Boyd, 1980). Bernard and DiGiuseppe (1989) maintain that Ellis's earlier list of irrational beliefs was taken from empirical, clinical observations of the beliefs his clients seemed to hold when they were disturbed; and his later list is the result of clarification of even more clinical observation (p. 225). This classification of the original 11 beliefs into three comprehensive beliefs was based on therapeutic disputing-- whenever clients were neurotically disturbed, they seemed to benefit from disputing either one, two, or all three of these irrational beliefs:

1. "I must do well and/or be approved by significant others or I am an inadequate person."
2. "Other people must treat me kindly and fairly or else they are rotten individuals."
3. "Conditions under which I live must be safe and comfortable or else the world is a horrible place in which to live and life is hardly worth living" (Bernard & DiGiuseppe, 1989, pp. 225-226).

These three beliefs contain elements which are at the root of all irrational beliefs. These elements are awfulizing, demandingness, and evaluation of self and others (Wessler & Wessler, 1980, p. 40). Awfulizing is believing that something is awful, terrible, horrible, or catastrophic. As a result of such a belief, the individual harboring the belief experiences an extreme and upsetting emotion. Ellis (1977a) contends that people misuse the term "awful" in that they, "tend to attach an emotional idea to the word which extends beyond its practical meaning" (p. 58). Awful, of course, means bad; but more than that, it designates a worst possible case scenario-- 100 percent bad. As nothing can ever be 100 percent bad (something worse can always happen), it is irrational to use the term "awful."

Demandingness is believing that certain things must or must not happen for the individual to experience happiness or success. Demandingness and awfulizing go hand in hand. Demandingness implies that certain absolute laws of the universe must be adhered to and that the violation of these laws is inconceivable or awful: "I must not make a mistake. It would be awful if I did!" (Wessler & Wessler, 1980, p. 42). The fallibility of evaluating the self or others lies in the aforementioned problems concerned with self-rating and self-esteem.

The third basic assumption of RET involves the idea that despite human limitations one is able to direct and be responsible for one's own life. According to Ellis (1973), individuals have

almost full responsibility for choosing to be disturbed and dysfunctional. The control lies between an external event and one's interpretation of that event. This is the target of rational-emotive therapy.

THE ABC'S OF RET

Ellis's directive approach to therapy appears in a simple A-B-C theory of human personality. Within this theory, A is the ACTIVATING EVENT, or AGENT, and C is the CONSEQUENT AFFECTIVE or EMOTIONAL EXPERIENCE. As previously stated, the manner in which most people are likely to think is irrational or self-defeating, due to man's biological predisposition towards irrationality. RET hypothesizes that, because of this predilection for irrational thinking, people frequently if not usually conclude that A "causes" or "creates" C. This is an erroneous conclusion as the CONSEQUENT EMOTIONAL EXPERIENCE actually stems from B, the individual's BELIEF SYSTEM. Within this BELIEF SYSTEM are rational (rB) and irrational beliefs (iB). Rational beliefs (rB) can be related to observable, empirically verifiable events causing feelings to be appropriate to the ACTIVATING EVENT. Irrational beliefs (iB) cannot be supported by any empirical evidence and are inappropriate to the reality of the ACTIVATING EVENT. It is the aim of the counselor to empower the client to realize that C in actuality emerges via the intervening variable B (Ellis, 1973; Roberts, 1982).

Insert Table 1 here

If the counselor is able to assist the client in assessing and clarifying his/her dysfunctional thought processes, then the therapeutic model is expanded to include the intervention process. Once an iB is exposed, then the client can be directed to the next step, D, which is DISPUTING. At D the counselor identifies the client's iB's and keeps logically and empirically refuting them. Success at this step leads to E which is a new and more functional EFFECT. That is to say, one would have a new cognitive EFFECT (cE), or restatement of the original BELIEF. If these processes are successful, the client will most likely experience a behavioral EFFECT (bE). In other words, changing one's thought patterns leads to affective and behavioral change (Roberts, 1982, p. 136).

HOMEWORK ASSIGNMENTS IN RET

Rational-emotive therapy incorporates several techniques which are designed to facilitate this intervention process. The RET therapeutic regimen consists of a double-barreled, simultaneous assault on deeply-ingrained irrational ideas and self-defeating behaviors. Ellis (1975) states, "Thinking and doing are equally indispensable in attacking your oldest and deepest self-defeating tendencies" (p. 185). In other words, a client needs not only to adopt new ways of thinking, but he must implement his thoughts in action, as well. In RET, this is best accomplished by using homework assignments as a therapeutic tool. Ellis (1977b)

defends the utility of homework in RET:

Because people habituate themselves to thinking, emoting, and acting in certain dysfunctional ways, and consciously or unconsciously overpractice these behaviors over a period of time until they turn into their "second nature," and resist change with great difficulty, they almost always require considerable active practice to undo these self-defeating habits and to keep them from recurring. Effective psychotherapy therefore includes a considerable amount of active-directive homework assignments, especially in form of in vivo practice that interrupts or contradicts dysfunctional behavior (p. 13).

There are several types of homework assignments utilized by RET. However, they are generally divided into three categories: cognitive, behavioral, and imaginal homework. These techniques are introduced and often employed within the counseling session; but they tend to be most effective when they are actively incorporated outside the counseling environment and in the client's daily routine. The client "works" at home and brings the homework assignment to the next session to be discussed with the counselor.

COGNITIVE HOMEWORK ASSIGNMENTS

Assignments that fall under the cognitive category include reading, listening, writing, and thinking as homework. Reading is a useful tool throughout the course of therapy, but has its greatest impact at the onset of therapy. It can provide the client with additional information about the RET approach, and can ensure that the client is doing some thinking about himself and his problems outside the session. There is a substantial store of literature which is appropriate for reading homework. Wessler and Wessler (1980) offer that Ellis and Harper's (1975) A New Guide to

Rational Living is perhaps the most commonly assigned book
(p. 130).

Listening homework makes use of audio recordings to supplement or replace reading. Clients can obtain tape recordings of talks given on the philosophies of RET and the various problems that people have. Another valuable use of the tape recorder is for the client to record the therapy sessions and listen to them between sessions. Again, this keeps the client active away from the session. Zimmerman (1984) proposes the strategy of having clients tape their irrational beliefs then dispute them when they find themselves in the upsetting situation.

Written homework is perhaps the most common of the cognitive techniques. It is most often used to give the client specific practice in recognizing and disputing irrational beliefs. The basic written assignment follows the general A-B-C theoretical model that was previously mentioned, and should be implemented at the onset of an unpleasant emotional experience:

Section "A" A person is to write down the facts of the event that occurred at the time that he is upsetting himself. This section is to state only the objective facts, without subjective, arbitrary value judgments

Section "B" The person is to write down the thoughts he has about the event. This section is designed for clearly stating any self-talk, especially subjective value statements and ideas that are a source of the negative emotions and undesired actions for the person.

Section "C" This section is to assist people in distinguishing and accurately labelling their emotional response. It would be well to remember that an emotional label is one word, such as angry, not a phrase, like "I felt

like it was a hopeless situation." This phrase is not a feeling at all but rather a thought.

Section "D" In this section the irrational self-talk in the "B" section is compared to the criteria for rational thinking. For each sentence of self-talk in Section "B", one will now correct and/or replace his faulty cognitions with more accurate cognitions (Goodman, 1974, pp. 13-14).

Another variation on written homework is to have the client list all the ways he/she can think of to dispute an irrational belief that he/she holds. Or another variation is to have the client write an essay presenting an argument against that belief. These variations are in essence similar to thinking homework, where the client is assigned the task of thinking about and disputing a particular irrational idea (Wessler & Wessler, 1980, p. 131).

BEHAVIORAL-ACTIVITY HOMEWORK ASSIGNMENTS

The behavioral-activity homework assignments are directed at (1) getting the client to behave in a way that contradicts and helps to irradicate irrational beliefs, and at (2) fostering behavior that requires rational ideation and emotional stability (Grieger & Boyd, 1980, p. 156). Through overt behavior, the client learns to actively work through cognitive-emotional difficulties, and gets a chance to put rational thinking and emotional control into practice. The best behavioral homework assignments are developed from therapeutic encounters with problems, and are action assignments that deviate from the individual's typical behavior and belief system, especially beliefs about the self

(Wessler & Wessler, 1980, p. 136).

Behavioral homework assignments generally fall under three categories: (1) risk-taking, (2) shame-attacking, and (3) self-management techniques. Risk-taking exercises are designed to help the client combat his fears-- particularly fears of failure and rejection. People generally feel anxiety when they are faced with a task that they cannot do well. The prospect of making a mistake and incurring the disapproval of others is disparaging and tends to elicit self-condemnation. With the fear firmly instilled, people ardently avoid the risk and thereby further engrain their irrational beliefs. In risk-taking assignments, the client is urged to approach and engage in the activities he/she is irrationally afraid of doing. For instance, a client who finds anxiety in social situations (ie. parties or dances) may be given the assignment of attending a party and interacting with five different people.

Shame-attacking exercises, as the name suggests, are targeted at identifying and confronting irrational ideas behind shame. As Grieger and Boyd (1980) point out:

It is probably true, as RET asserts, that shame is a most frequent and important part of most human disturbances. For shame results from self-downing, or the taking of one's negative qualities, traits, or performances and rating oneself as bad or shameful for them (p. 152).

In the process of teaching shame-attacking, the client is shown how he creates his own "shameful" feelings and how he can cease doing so. As in risk-taking, shame-attacking exercises are

directed to overcoming the emotional experience, specifically fear, brought about by disapproval from others, recalling the first irrational belief: "I must be loved and approved by virtually all of my significant others."

In a shame-attacking exercise, the client is asked to do something that he would not intentionally consider doing, that in the past, has led to shame, humiliation, or embarrassment when the client has accidentally behaved in that manner. For instance, a woman who is compulsive about her appearance discovers that she has forgotten to put on her make-up. In shame-attacking exercises, "it is not important that people in fact think badly of us (for most often we do not know what others are thinking); it is sufficient that we think that they think so" (Wessler & Wessler, 1980, p. 141). Popular shame-attacking exercises have the client facing the rear in a crowded elevator, calling out the time while walking through a department store, or dressing in a silly or inappropriate manner.

The third category of behavioral homework assignments are classic exercises from the school of behaviorism. The most often used self-management techniques are operant conditioning and self-managed or systematic desensitization. Operant conditioning is utilized in conjunction with behavioral-activity assignments for the purpose of motivating clients to complete their assignments. Self-managed operant tactics are based on reward and penalization, contingent on whether or not an assignment is completed. Rewards

can be anything the client likes, but should be appropriate to the activity, and should be something the client does not commonly receive. Penalties too should be within reason. The penalty should be neither too severe nor too hard to enforce, in order to constitute an effective motivational tool. According to Ellis (1977a), penalties can be one of three types: (1)withholding a reward, (2)depriving oneself of a daily pleasure, and (3)applying an aversive or inconvenient conditon on oneself (p. 105), such as taking the stairs instead of an elevator if the client works in a high-rise office building. Furthermore, Ellis advocates the use of written behavioral contracts to "make the commitment more formal" (1977a, p. 103), and to clearly outline the contingencies and expectations.

Systematic desensitization is utilized as an effective means for overcoming the contingency between an event or stimulus and a distressful emotional reaction. The method employs relaxation techniques to reduce the anxiety of a feared or stressful event. The client first compiles a list of feared situations, starting with those that arouse minimal anxiety and progressing onward to those that are the most frightening. Then the client alternates thoughts and images of the anxiety provoking event with rational sentences and relaxing cues and scenes. The relaxation tends to inhibit the anxiety that might otherwise be elicited by the imagined fearful scenes. When the client repeats the process through the hierarchical list, he/she becomes able to tolerate increasingly more difficult imagined situations (Grieger & Boyd,

1980, pp. 159-160).

IMAGINAL HOMEWORK ASSIGNMENTS

Systematic desensitization is similar in nature to the third class of homework techniques-- imagery. Imaginal techniques used in RET include (1)Rational-Emotive Imagery (REI), (2) time-tripping, and (3)time projection. Rational-Emotive Imagery (REI) differs from systematic desensitization in that REI asks that the client begin with the most anxiety-provoking situation and let it "flood your senses" (Ellis, 1977a, p. 102), rather than working from the bottom of the hierarchy up. When the client imagines the fear-invoking event, he is first asked to identify his feelings, and second, directed to change those feelings to express rational thinking. Wessler and Wessler (1980) describe the process:

Let us imagine that [the client] imagines getting criticized and says, "I feel ashamed." He is asked to continue imagining the scene but to change his feelings from shame to concern. If the client reports that he is able to do so, we ask, "What did you do in order to change your feelings?" The client is likely to report some change in thinking, such as, "Well, I thought to myself, 'It's not that terrible to be criticized.'" (p. 133).

REI is thus used to show the client that it is actually his belief (B) of the situation that leads to his emotional experience (C). The client can then utilize the REI process when he enters the actual situations in vivo.

Time-tripping is an imaginal technique that is used to help a client overcome irrational ideas that are firmly engrained due to past experiences. In time-tripping, the client is asked to

recall a particularly stressful experience, say, of his/her childhood, then take part as an active party to intervene in the situation. For instance, the client may recall an episode where he/she was unfairly criticized by a parent. The client "time-trips" back to the episode, as if via a time machine, encounters the parent, and intervenes for the child (the young alter ego of him/herself), perhaps by telling the parent off or explaining to the child the rationality of the event (Bernard & DiGiuseppe, 1989, pp. 108-109). Time-tripping can be used daily as homework and is intended to facilitate rational shifts in thinking.

Time projection is an imaginal technique that can be helpful to combat awfulizing and ideas of hopelessness in the client who is depressed or anticipating a loss. In time projection the focus is on positive events, rather than negative or anxiety-provoking events. The client is asked to imagine scenes in which positive events are occurring at some point in the future. The premise is that if the client can see his situation in the proper perspective-- that is, that the situation is not permanent and therefore, not hopeless, he can cope with the situation and derive some pleasure in anticipating a recovery. At the close of the first half of Gone With the Wind, the battered heroine, Scarlett, lifts herself up and proclaims, "Tomorrow is another day!" Time projection helps the client gain a rational foothold in times of emotional distress.

EMPIRICAL LITERATURE REVIEW

The literature on the use of homework as a therapeutic tool is quite expansive. Homework assignments can be applied to varying degrees in different modalities and therapeutic schemes. The acceptance of the technique appears as a shared exemplar for therapists tackling a wide range of problems from depression (Fennel & Teasdale, 1987; Johnston, Levis, & L'Abate, 1986; Persons, Burns, & Perloff, 1988), to sexual dysfunction (Ellis, 1971), to acute phobia (Cobb, Mathews, Childs-Clark, & Blowers, 1984; Thorpe, Hecker, Cavallaro, & Kulberg, 1987).

Not only do homework assignments remedy certain target behaviors or cognitions, but they tend to have significant indirect effects as well. As previously stated, RET is a very directive and active approach to therapy. When utilized compliantly by a client, homework serves to maintain a level of activity outside the counseling session. This keeps the client involved in his/her own treatment and has the effect of extending the hours spent in treatment beyond the sessions with the therapist (Goodman, 1974, p. 12).

The use of homework assignments may also have an indirect effect on the therapeutic relationship between client and therapist. Although the focus is on the specific assigned activities, the successful performance of the activities may have the effect of strengthening the therapeutic relationship. The fact that the assignments have made some contribution to the improvement of the

client's condition, indicates the therapist's interest in the well-being of the client, as well as the therapist's overall competence. Such perceptions on the part of the client along with the accompanying positive feelings about the therapist would tend to strengthen the therapeutic alliance, increase the client's involvement in therapy, and also increase the probability of a successful therapeutic outcome (Bernard & DiGiuseppe, 1989, p. 119-120).

Clearly, the effects of homework techniques are evident only if the client is in fact compliant to the assigned activities. A client who is reluctant to complete his homework will likely achieve very little in the way of success in therapy. Wessler and Wessler (1980) present a list of general rules designed to enhance the probability that a client will adhere to his/her assigned activities:

1. Get the clients' agreement that homework is important for them, since cognitive change will take place only very slowly, or possibly not at all, if the only time and work spent on therapy is during the sessions.
2. Ask clients what they would like to do that week. If they do not know:
3. Suggest an assignment and have the client agree to it, or give several suggestions and have the client choose one or specify an alternative.
4. Whatever the choice, make it concrete and specific. Instead of, "Dispute your irrational ideas this week," try, for example, "Take your idea that 'If I fail, I'm no good,' and write down as many disputes as you can think of, and then spend twenty minutes a day disputing that idea." Or if the homework is behavioral, instead of, "Talk to strangers this week," try, for example, "Talk to at least one stranger each day."

5. Do not overload or overwhelm clients with homework assignments. One good assignment carried out is better than a number of equally good assignments not done.
6. After clients have agreed on a specific assignment, have them repeat it. Otherwise, some clients will return the next week and say that they forgot or did not understand.
7. As a matter of course, or certainly with clients who show a pattern of not following through on their homework, have them write the assignment down (pp. 131-132).

Even with these precautions, homework compliance is still a difficult variable to measure (Primakoff, Epstein, & Covi, 1986).

Overall, the use of homework assignments is well supported by empirical research. Ellis (1977b) concludes that homework assignments-- active in vivo methods in particular, work more effectively than do other therapeutic procedures (p. 13). He supports this conclusion with citations from more than twenty research studies. More recent support of the use of homework is offered by Cobb, Mathews, Childs-Clark, and Blowers (1984), Cox, Tisdelle, and Culbert (1988), Ellis (1988), Fennel and Teasdale (1987), Goisman (1985), Heimberg, Becker, Goldfinger, and Vermilyea (1985), Johnston, Levis, and L'Abate (1986), Longo and vom Saal (1984), Persons, Burns, and Perloff (1988), Silven and Gallagher (1986), Thorpe, Hecker, Cavallaro, and Kulberg (1987), and Zimmerman (1984).

Rational-Emotive Therapy, as a legitimate therapeutic approach, is not quite so unanimously supported as is its use of homework assignments. Ellis (1962) claims that his own clinical experience with RET revealed a success rate of about 90 per cent,

compared to about 65 per cent in other therapies: "Not only is rational-emotive therapy unusually effective, it is more effective than most other kinds of therapy with most patients" (p. 38). He goes on to add, "Of all the scores of methods that are variously advocated and employed, [RET] is probably one of the most effective techniques that has yet to be invented (Ellis, 1962, p. 119). Furthermore, Ellis (1977b) contends, "A vast amount of research data exists, most of which tends to confirm the major clinical and personality hypotheses of RET (p. 2). These statements, while demonstrating Ellis's bounding enthusiasm, do not confirm the clinical viability of RET.

The bulk of criticism aimed at RET is concentrated on the discrepancies between these enthusiastic claims and the lack of compelling evidence to support the claims. Bernard and DiGiuseppe (1989) cite critical analyses which contend, "We simply cannot accept Ellis's claim that his methods are supported by large numbers of well designed, scientific studies" (p. 83), and that the existing research evaluating the efficacy of RET "has been sparse, methodologically poor and summarily modest in its implications" (p. 83).

Other critical reviews are directed at inconsistencies within RET and within Ellis's own writings. Evans (1984-85) contends that Ellis's definitions of rationality are not consistent and that the connections between cognitive beliefs and emotion is not as simple as Ellis claims. Likewise, Roberts (1987) claims that Ellis is contradictory in his view of the 'self:'

Ellis does not consistently deny the existence of persons; indeed most of the time he seems to assume, quite commonsensically, that human selves--and not just their traits and behaviors--exist (p. 822).

Even with the body of fault-finding literature, RET has maintained a durable claim as a legitimate approach to therapy. As Bernard and DiGiuseppe (1989) offer:

Experimental data documenting the efficacy of RET are not considerable, vast, or consistent, and they do not warrant the strong claims asserted by Ellis. The fact remains, however, that RET has grown in visibility and practice since the early 60's. If this growth cannot be attributed to its demonstrated empirical warrant, how can it be explained?
(p. 84)

Perhaps it is the eclectic nature of RET that makes it so popular. By combining numerous cognitive, behavioral, and emotive elements, RET has become a widely applicable therapeutic endeavor. Or possibly it is the directness and level of activity that appeals. Whatever the reason, RET has attained a level of prominence sufficient to firmly instill itself within the disciplined framework of psychological theory and practice.

Table 1. Model of an Emotional Episode.

	Step	Event
	1. Reality	Stimulus (S)
	2. Input and selection	S competes with other stimuli; awareness of S
A {	3. Definition and description	What S is, $S=S'$; covert or overt verbal description of S'
	4. Interpretation	Nonobservable aspects of S' or of observer
B {	5. Appraisal	Positive, negative, or neutral
	6. Affect	Arousal if positive or negative
C {	7. Action tendency	Approach if positive; elimina- tion of stimulus if negative: (a) avoidance, (b) destruc- tion
	8. Feedback	Reinforcing consequences of responses (Steps 6 and 7)

Note: A, B, and C, are Ellis's notation (Wessler & Wessler, 1980, p. 5).

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