ABSTRACT: My concerns about Rational Emotive Behavior Therapy (REBT) began over a decade ago. I find its concepts lack adequate and consistent definitions, its distinctive hypotheses are not confirmed by empirical data and are untestable, and its scientific foundations fall outside mainstream psychology. Contrary to what it claims, its practice and philosophy are not consistent with the use of reason in psychotherapy. These criticisms are discussed and documented. Practitioners may not be aware of the unsubstantiated claims and theoretical assumptions inherent in REBT, and that they adopt these assumptions when practicing REBT.

Each semester at our university a colleague invites me to speak to his counseling students following a showing of the film "Rational-Emotive Therapy" (Baxley, 1981). In it I appear in my then capacity as director of training at the Institute for Rational-Emotive Therapy. As I watch the image on the screen, which I jokingly refer to as my younger brother, I recall the concerns I had about RET. Like most people then and now, I dealt with my concerns by creating my own version of RET. When this version mutated sufficiently, it was no longer correct to call what I did RET and I left the institute. However, make no mistake: Albert Ellis was the single greatest influence on my thinking, and my therapy, especially to an outsider, can still sound a lot like RET, or at least as I did it fifteen years ago.

My concerns were then and are now about RET concepts, hypoth-
eses, scientific foundations, practice, and philosophy. These are Ellis's intellectual products; he alone originated RET. I have no concerns about REBT in general, because I have been occupied with developing my own ideas about psychotherapy and the integration of its many forms. I am not at present acquainted with the writings of others in REBT; the only articles of theirs I read were those I reviewed for professional journals. For me, REBT is synonymous with Albert Ellis.

I find that RET concepts lack adequate and consistent definitions. Its theory rests on unsupported assumptions. Its science is dubious and out of the mainstream of psychology. Its practice has been misrepresented. Its philosophy is based on prescriptive hedonism. The remainder of this paper outlines these concerns; fuller explanations may be found in the articles I cite.

DEFINITIONS OF BASIC CONCEPTS

Rationality and Logic

More than thirty years have passed since Albert Ellis proposed an approach called Rational Therapy (later, Rational-Emotive Therapy, and more recently Rational Emotive Behavior Therapy). Yet, today, there is still lack of agreement on the definitions of its key terms. How is it possible that the very word that survived the name changes in the therapy—rational—continues to resist unambiguous definition?

When Ellis (1962) published his classic work, *Reason and emotion in psychotherapy*, he contrasted rational with irrational. He defined irrational beliefs as, "senseless ideas . . . dogmatically upheld values . . . societal-inculcated superstitions and prejudices . . . illogical social teachings" (p. 60). This is a conventional use of language, one that is consistent with dictionary entries. The presence of reflective, critical thinking distinguishes rational conclusions from irrational ones. Irrational ideas are forced onto children and other persons who cannot or will not think for themselves. They, therefore, do not question whether the beliefs and values they learn are good ones, or even why their values are good. Superstition, dogma, prejudice and other forms of rigidity are among the results.

Starting with this definition, Ellis compiled a list of irrational beliefs, and while this list varied from book to book, they are the basis of irrational belief tests and inventories. The dire need for love, for approval, for success, and so on are by now familiar and noncontroversial