Cognitive distortions and Ellis's ABC

Why events don't upset us on their own, where the "10 cognitive distortions" came from, and what Albert Ellis saw before Beck

DRAFT this text has not yet been approved by the author and may change.

18 chapters ~44 min read

How solid is each fact

Proven by research | Clinical consensus | In the author's own words | Interpretation / disputed | Documented fact | Not verified

In short

- **It's not the event that upsets us, it's how we evaluate it.** In Albert Ellis's model, A is the event, C is what we feel and do, and in between sits B: our beliefs about the event. B is what therapy targets.
- **Ellis named four unhelpful beliefs:** "must", "it's awful", "I can't stand it", and rating a whole person ("I'm a failure", "he's worthless").
- **Ellis thought "must" was the root. The data point to "I can't stand it".** In a meta-analysis of 83 studies (over 16,000 people), it was the belief most strongly linked to depression, anxiety, anger and guilt. That is a correlation, not proof of cause.
- **Sadness is allowed.** Ellis split negative emotions into healthy ones (sadness, concern, regret) and unhealthy ones (depression, anxiety, guilt). The goal is not to stop feeling, but to swap an unhealthy emotion for a healthy one.
- **The famous "10 cognitive distortions" are not Beck's list but his student David Burns's,** from a 1980 book for general readers. Beck's 1963 paper had five. Burns's "should statements" are essentially Ellis's idea.
- **A distortion is not the same as a lie.** "I was criticised" may be true; the distortion starts at "so I'm useless".
- **Ellis's method, REBT, works, with caveats:** a medium effect (d = 0.58), on a par with cognitive and behavioural therapy, but on a thinner evidence base than Beck's cognitive therapy.

- **A cognitive bias and a cognitive distortion are different things.** The judgement errors Kahneman and Tversky studied are universal; Beck's distortions describe thinking in depression and anxiety.

Timeline

How the idea that "our judgements upset us" became two therapies and a popular list of distortions.

~2,000 years ago
Epictetus: people are disturbed not by things but by their opinions about things
ROOTS

1955
Ellis starts practising "rational therapy", the future REBT
COGNITIVE LINE

1958
Ellis's paper "Rational psychotherapy"; Beck later calls it the first comprehensive cognitive model of psychopathology
COGNITIVE LINE

1959
Ellis founds the Institute for Rational Living, later the Albert Ellis Institute
COGNITIVE LINE

1962
Ellis's book *Reason and Emotion in Psychotherapy*
COGNITIVE LINE

1963
Beck describes five cognitive distortions in depressed patients
COGNITIVE LINE

1979
Beck and colleagues' *Cognitive Therapy of Depression*: the list grows to seven
COGNITIVE LINE

1980

David Burns, *Feeling Good*: ten distortions for a general readership

COGNITIVE LINE

1991–1993

First meta-analyses of RET: better than no treatment and placebo

EVIDENCE

2003

Padesky and Beck compare the two therapies in "Science and philosophy"; Ellis replies

COGNITIVE LINE

2005–2006

The institute's board removes 92-year-old Ellis; a court rules the removal invalid

COGNITIVE LINE

2016

Meta-analysis: of the four beliefs, "I can't stand it" is most strongly linked to distress

EVIDENCE

2018

Meta-analysis of 50 years of REBT: medium effect, d = 0.58

EVIDENCE

2021

Analysis of 14 million books: "distortion language" has surged since the 1980s

EVIDENCE

How to read these notes: evidence labels

Every claim carries a label that tells you how solid it is.

These are standalone notes for Episode 3 of the series on CBT (cognitive behavioural therapy). Each label sits in brackets, followed by its source, e.g. **proven by research; David et al., 2018**. "Proven by research" means randomised trials or meta-analyses, which pool many studies. "Clinical consensus" means clinical guidelines and professional bodies. "The author's own account" is what Ellis, Beck or their institutes say, not independently checked. "Interpretation"

is a reading of the facts that can be argued with. "Documented fact" covers dates, publications and court rulings. "Not verified" means we couldn't open the primary source. Where sources disagree, we give both versions.

> **Important** This is education, not therapy or diagnosis. The techniques below are described as they are used in therapy, not as a substitute for it. These notes mention thoughts of death; if you are struggling right now, see If you need help now at the end of the page.

Who Ellis was and where his idea came from

Ellis's key dates are covered in Episode 1. Here is what explains why his method took the shape it did.

Albert Ellis (1913–2007) was an American psychologist and the creator of Rational Emotive Behavior Therapy, REBT. How its name changed between 1955 and 1993, and how REBT relates to Beck's approach, is covered in Episode 1. What matters here is that his method grew out of personal experience and philosophy rather than a lab.

A childhood in hospitals (by his own account)

According to Ellis, he was hospitalised with kidney disease at five and had eight hospital stays between the ages of five and seven, one lasting nearly a year **the author's own account; Ellis, Abrams & Abrams, 2012**. A review of his autobiography puts the longest stay at ten months **the author's own account; Ginsburg, 2011, on Ellis & Ellis, 2010**. His widow, the psychologist Debbie Joffe Ellis, says that in hospital he read through the children's library and made up games for the other children on the ward **the author's own account; Debbie Joffe Ellis interviewed in Bortolozzo, 2023**.

His father was often away, and his parents separated when Albert was 11 **documented fact; Kaufman, NYT, 2007**. Columbia University Libraries say they divorced when he was 12 **sources disagree; Columbia University Libraries, 2011**; the two may refer to the separation and the formal divorce. He later wrote: "I took my father's absence and my mother's neglect in stride" **the author's own account; Kaufman, NYT, 2007**.

It is tempting to link this hospital childhood to his later idea that "you can stand far more than you think". That is a guess, not an established cause (interpretation). It is how he and his biographers told the story.

130 attempts in the park

At 19, Ellis was painfully shy with women. By his account, he resolved to spend a month talking to every woman who sat alone on a bench in a park near his home. Over the month he approached 130; 30 walked away at once, and he talked with the other 100. One agreed to a date **the author's own account; Kaufman, NYT, 2007**. According to the Albert Ellis Institute, she didn't show up **in the institute's own words; Tobias, 2015**. His conclusion: "Nobody vomited and ran away. Nobody called the cops" **the author's own account; Kaufman, NYT, 2007**. He later beat his fear of public speaking the same way, by doing it again and again.

Sources differ on the location: the NYT says "a park near his home", the Albert Ellis Institute says the Bronx Botanical Garden **sources disagree; Kaufman, NYT, 2007; Tobias, 2015**. The often-quoted "100 women" is the number of conversations, not approaches.

> Example Today we would call this exposure: deliberately going where you're afraid and checking whether the catastrophe actually happens. The Ellis Institute presents the story exactly this way (interpretation; Tobias, 2015). But it is his own account, with no witnesses or records. And it is not a recipe: with marked social anxiety, exposure is planned together with a professional.

Trousers, novels and psychoanalysis

Ellis wanted to be a writer and composer. In 1934 he graduated in business administration **documented fact; Columbia University Libraries, 2011**. During the Depression he and his brother ran a business matching trousers to jackets customers already owned, and he wrote novels and then books on sexuality **in the institute's own words; Albert Ellis Institute**. Friends began asking him for advice, which drew him into psychology: in 1947 he earned a PhD in clinical psychology at Teachers College, Columbia University **documented fact; Columbia University Libraries, 2011**.

He then went through psychoanalysis with an analyst from the Karen Horney Institute and practised it himself for several years **the author's own account; Ellis, Abrams & Abrams, 2012**. He later described his time as a patient as long and useless **the author's own account; Teachers College, 2007**. He disliked the fact that clients understood where their problems came from for years and went on living the same way. He found support in the Stoics, above all Epictetus **the author's own account; Miller, NY Sun, 2007**, whose line is discussed in Episode 1: people are disturbed not by things but by their opinions about them.

Of his colleagues' reaction to the new method, he recalled: "I was very severely criticized when I first did it because it was not emotional, evocative or psychoanalytic… I went ahead despite opposition" **the author's own account; Counseling Today, 2007**.

The ABC model: between the event and the feeling sits a judgement

Ellis's best-known idea. It looks simple, but it has a subtlety that often gets lost.

Picture this: you send your manager a report and get back one word, "Redo". You lie awake half the night and can't bring yourself to open the file in the morning. It seems obvious that the reply upset you. Ellis suggested splitting the situation into three letters **the author's own account; Ellis, 1962, as summarised in REBT textbooks**:

Letter	What it means	In the example
A, activating event	What happened, outside or inside (a memory, a thought, a body sensation)	The reply "Redo"
B, beliefs	How the person evaluates the event	"I should have got it right first time. This is awful. I can't stand another failure. I'm incompetent"
C, consequences	What the person feels, does and thinks next	Anxiety, sleeplessness, avoiding the file

The central claim: C is caused not by A but by B. Two colleagues get the same reply. One thinks, "Annoying, but it's a normal edit." The other thinks what's in the table. Same event, different consequences, because the B is different.

The subtlety: evaluation, not inference

Popular versions throw everything into B: "he doesn't respect me", "the report is bad". REBT distinguishes two things **clinical consensus; REBT textbooks, after Dryden and Ellis**:

- **An inference about facts**: "my manager is unhappy", "he doesn't respect me". It may or may not be true. REBT often places such inferences under A and calls them the "critical A", the part of the event that really hit home.
- **An evaluative belief**: what that fact *means* to me. "It's awful", "I can't stand it", "so I'm worthless". That is B in the strict sense.

Hence a typical REBT move: "Suppose your manager really is unhappy. What does that say about you?" The therapist doesn't argue with the fact but works on the evaluation. How this differs from Beck's approach is covered below.

Important ABC does not mean "you are to blame for your feelings". The model says evaluations can be noticed and changed, not that real events don't matter. Poverty, violence, illness and injustice are real As, and they call for real action and protection, not only for "changing beliefs" (interpretation; critiques of REBT).

The loop: anxiety about anxiety

A C can become a new A. Someone notices they are anxious and thinks, "I mustn't be this nervous, it's awful." Now there is anxiety about the anxiety, or shame about the sadness. Ellis treated these secondary problems as a target in their own right **the author's own account; Ellis, "Emotional Disturbance and Its Treatment in a Nutshell"**.

The four irrational beliefs

What exactly Ellis looked for in B, and what the data showed 60 years later.

Ellis called a belief irrational if it is rigid, doesn't follow logically from the facts, doesn't fit reality and gets in the way of the person's goals. A rational belief is flexible, fits the facts and helps with goals **the author's own account; Ellis, 1962, as summarised in REBT textbooks**. "Rational" here does not mean cold or unfeeling.

Belief	How it sounds	Flexible alternative
Demandingness	"I must get everything right first time", "he had to understand", "it shouldn't be this way"	Preference: "I really want it, but it doesn't have to be so"
Awfulizing	"This is awful, it couldn't be worse"	"This is bad, but it isn't the end of the world"
Low frustration tolerance, LFT	"I can't stand it", "it's unbearable"	"This is hard and unpleasant, but I can bear it, and it's worth it"
Global evaluation	"I'm a failure", "he's worthless", "life is rubbish"	"I'm a person who made a mistake, not a mistake"

The wording in the table is ours, based on descriptions of REBT.

"Must": the root, according to Ellis

Ellis saw demandingness as primary: in his theory, a rigid "it must be so" gives rise to "it's awful", "I can't stand it" and "so I'm bad" **the author's own account; Ellis, "Nutshell"; historians' interpretation; Ruggiero et al., 2018**. He jokingly called the habit of motivating oneself with "I must" "musturbation" **documented fact; Psychology Tools**.

The difference between "must" and "want" is subtler than it looks. "I'd really like my manager to accept the report straight away" leaves room for disappointment. "He had to accept it" turns every edit into a breach of cosmic law, to which anger or despair feel like the natural answer.

Example In many families "you must" is part of the culture: "you must call your mother every day", "what will people say". Working on demandingness doesn't mean giving up family values. The target is the rigidity of the rule, not the value: "my family matters to me" is a value; "I'm obliged to please everyone or I'm a bad daughter" is a demand that makes both sides unhappy (interpretation).

What the data showed: "can't stand it" beats "must"

In 2016, Vîslă, Flückiger, grosse Holtforth and David pooled 83 studies: 100 samples, 16,110 participants. The overall link between irrational beliefs and psychological distress was moderate, r = 0.38 **proven by research; Vîslă et al., 2016**. The correlation coefficient r shows how closely two things move together: 0 means not at all, 1 means perfectly. Beliefs were most strongly linked to anxiety (r = 0.41), then general distress (0.36) and depression (0.33), less so to guilt (0.29) and anger (0.25).

The most interesting part is which belief matters most. Low frustration tolerance, "I can't stand it", was more strongly linked to depression, anxiety, anger and guilt than the other types. Demandingness, which Ellis saw as the root of it all, did not come first; the authors called this unexpected in light of the theory **proven by research; Vîslă et al., 2016**.

The authors' caveats matter:

- almost all the data are self-report, i.e. people's answers to questionnaires;
- 78 of the 100 samples were non-clinical, 66 were student samples, and nearly all came from Western countries;
- beliefs were manipulated experimentally in only 5 samples, so causation is not established.

Myth vs fact **Myth:** Ellis proved that irrational beliefs cause disorders. **Fact:** the data are mostly correlational. Beliefs and distress go together, but the data can't say which drives

which proven by research; Vîslă et al., 2016. Some of it may run the other way: when you feel terrible, everything seems less bearable.

Global evaluation and unconditional acceptance

Ellis saw the fourth belief as a trap that catches people with "high self-esteem" too. If I'm good when I succeed, I'm bad when I fail. Rating yourself as a whole makes your mood hostage to every event.

Instead of self-esteem he proposed unconditional self-acceptance: rate your actions and qualities, but not "yourself as a person", and accept yourself because you are alive and human the author's own account; Ellis, 2005, *The Myth of Self-Esteem*; in the institute's own words; Sy, 2017. The same applies to other people (unconditional other-acceptance) and to life. "I gave a bad talk" rates an action. "I'm worthless" rates a person, and for Ellis that makes no sense: a person is too complex to boil down to a single score.

The idea later echoes in the acceptance-based approaches of CBT's third wave, covered in Episode 13 (interpretation).

Testing beliefs: D and E

The two letters Ellis added to ABC are where the work of therapy happens.

D and E are briefly explained in Episode 1. Here is what they look like from the inside.

D, disputing. An irrational belief is tested with three kinds of question clinical consensus; REBT textbooks:

Kind	Question	In the report example
Empirical	Where's the evidence that it has to be this way?	"Where is it written that reports get accepted first time?"
Logical	Does "I want it" lead to "it must be"?	"Does wanting success very much mean it has to happen?"
Pragmatic	What does this belief do for me?	"Does 'this is awful' help me redo the report?"

The style of disputing varies: Socratic questions, direct teaching, humour, metaphor, the therapist's own story. Ellis was known for a blunt, joking style; it is not a required part of the method (interpretation).

E, effective new philosophy: a flexible version that is then tested in real life. For example: "I really wanted the report accepted straight away, but edits are a normal part of the job. It's unpleasant, not awful. I can bear it, and one round of edits doesn't make me incompetent."

How a session works through it

REBT textbooks describe roughly this sequence (clinical consensus; REBT textbooks, after Ellis & Ellis, 2019; we did not check the details against the primary source):

1. Pick a specific episode rather than "I'm anxious in general": not "I have problems at work" but "yesterday, when the 'Redo' reply came in".
2. Pin down C: which unhealthy emotion, and what the person did or wanted to do.
3. Clarify A and the "critical A": what in the event hit hardest.
4. Find B: which of the four beliefs is at work.
5. Connect B and C: "If you strongly wanted this but didn't demand it, how would you feel?"
6. Dispute B (D) and phrase a flexible alternative (E).
7. Test E in action, with homework between sessions.

A typical beginner's mistake is to write inferences ("he doesn't respect me") under B instead of evaluations ("and that's unbearable"), or to phrase E as an affirmation. More on that in the myths chapter.

Myth vs fact **Myth:** E is a positive phrase like "everything will be fine". **Fact:** E doesn't cancel out what's unpleasant or promise a good outcome. It removes "must", "awful", "can't stand it" and global self-rating, but keeps the right to be upset **clinical consensus; REBT textbooks**.

What else REBT involves

REBT is not just talk. This is how Ellis and the textbooks describe it **the author's own account; Ellis, "My Philosophy of Psychotherapy"**:

- **Homework.** Written ABC analyses of specific episodes, and behavioural tasks: doing unpleasant things in measured doses (a phone call, a postponed task) and noticing "I stood it".
- **Rational emotive imagery.** The person pictures a difficult event, lets themselves feel the unhealthy emotion, then, without changing the picture, shifts to the healthy one (say, from anxiety to concern) and notices what they had to tell themselves to do it.
- **Shame-attacking exercises.** The person deliberately does something harmless but "embarrassing" for them in public and practises not condemning themselves, with no harm to others and nothing illegal. As far as we know, these exercises haven't been tested

separately **not verified**, and they aren't offered to people with marked social anxiety without preparation with a professional (interpretation).

Sadness is not depression

An Ellis idea that CBT summaries almost always skip: negative emotions can be healthy.

Ellis didn't teach people not to be sad. He split negative emotions into healthy (functional) and unhealthy (dysfunctional) ones. Healthy ones grow out of a flexible "I'd really have liked it to be different"; unhealthy ones out of a rigid "it should never have happened" **the author's own account; Ellis, as summarised in REBT textbooks**.

Healthy negative emotion	Unhealthy negative emotion
Concern: helps you prepare	Anxiety: stops you acting
Sadness: helps you grieve a loss	Depression: brings life to a halt
Annoyance	Anger, rage
Regret: helps you put things right	Guilt that gnaws and fixes nothing
Disappointment	Shame

In Ellis's theory these are different emotions, not the same one at different volumes: the so-called binary model of distress **the author's own account**. There are few tests of it. In a Romanian study, 72 students rated pairs of emotions (sadness–depression, concern–anxiety, annoyance–anger, regret–guilt) as differing more in kind than in intensity **proven by research, one small study; Opriş & Macavei, 2005**. The sample was small and non-clinical, so this is a first check, not a final answer.

The practical upshot of the model: after a hard day, there's no need to rush to "fix" sadness. A more useful question is whether the emotion is helping you, or getting stuck and getting in the way.

Myth vs fact **Myth:** in CBT, negative emotions are a sign of faulty thinking and should be removed. **Fact:** in REBT, sadness, concern and regret are healthy reactions. Only the unhealthy ones are worked on, and even then by swapping them for a healthy emotion from the same "family", not by "don't feel" **the author's own account; Ellis, as summarised in REBT textbooks**.

Beck and cognitive distortions: five, seven, ten

Where the lists of "cognitive distortions" came from, and why different books give different lists.

Alongside Ellis and independently of him, the psychiatrist Aaron Beck was studying thinking in depression (his story is in Episode 1; the cognitive model of automatic thoughts and beliefs is in Episode 2). In a 1963 paper he described not only what his patients thought, but also the processes that pull thinking away from the facts. He called these processes cognitive distortions **documented fact; Beck, 1963**.

A cognitive distortion is a systematic, recurring error in processing information about yourself, the world and the future that keeps painful emotions going. "Systematic" means the errors aren't random; they lean one way.

Where do distortions sit in Beck's model? In short: a situation triggers quick automatic thoughts ("I've ruined everything again"), and behind them sit deeper beliefs about yourself, others and the world ("I'm not good enough"). Distortions are how those beliefs turn a situation into an automatic thought: what a person notices, how they interpret it and what they remember afterwards. Beck and Haigh state explicitly that distortions occur in interpretation, attention and memory **documented fact; Beck & Haigh, 2014**. The levels of thoughts and beliefs are covered in detail in Episode 2.

Beck's five distortions (1963)

Distortion	What it is	Example
Arbitrary inference	A conclusion without evidence, or against it	"She hasn't replied, so she's upset with me"
Selective abstraction	A detail taken out of context while the rest is ignored	Of nine compliments and one criticism, only the criticism sticks
Overgeneralisation	One case becomes a rule for all	"I never get any luck"
Magnification and minimisation	The bad is blown up, the good shrunk	Your mistakes are huge, your successes "nothing"
Inexact labelling	The wrong name for an event or for yourself	"I've failed at everything" after one bad meeting

Names from Psychology Tools **documented fact**; examples are ours. In the 1979 manual *Cognitive Therapy of Depression*, Beck and colleagues added two more: personalisation ("the boss is in a mood because of me") and dichotomous, all-or-nothing thinking **documented fact; Psychology Tools, on Beck et al., 1979**.

Burns's ten distortions (1980)

The famous "10 cognitive distortions" are the list of David Burns, Beck's student, from his self-help book *Feeling Good* (1980). Burns rewrote the clinical terms in everyday language **documented fact; Psychology Tools**:

Burns's distortion	How it sounds	A question used in therapy
1. All-or-nothing thinking	"Either perfect or not at all"	"What would 70% look like?"
2. Overgeneralisation	"This always happens to me"	"Always: how many times out of how many?"
3. Mental filter	Only the bad gets remembered	"What else happened in that situation?"
4. Disqualifying the positive	"They only praised me to be polite"	"What would count as real recognition?"
5. Jumping to conclusions: mind reading and fortune telling	"They think I'm stupid", "I'll fail the interview"	"What other explanations are there? How often has the forecast come true?"
6. Magnification and minimisation (the "binocular trick")	Others' successes are huge, yours are trivial	"How would I rate the same thing in a friend?"
7. Emotional reasoning	"I feel guilty, so I must be guilty"	"What did I actually do?"
8. "Should" statements	"I should always be available"	"Who wrote this rule, and what if I softened it?"
9. Labelling	"I'm lazy"	"What exactly did I do and not do?"
10. Personalisation and blame	"My child got a bad mark, so I'm a bad mother"	"What other causes could there be?"

The phrases and questions are ours, for illustration. Socratic questioning and the thought record, where such questions are asked step by step, are covered in Episode 5.

How Ellis's "must" ended up on Beck's list

Look at item eight. "Should statements" match the core idea of Ellis's demandingness. Psychology Tools links this item of Burns's directly to Ellis's "musturbation" (interpretation; Psychology Tools). In a 2020 podcast episode, Burns himself traces the history of "shoulds" to the Buddha, Karen Horney and Albert Ellis **the author's own account; Burns, 2020**. Horney had a

related idea, the "tyranny of the shoulds" (interpretation). That is how Ellis's idea entered the most popular list associated with Beck's name.

Why the lists differ

There is no official, single correct list of distortions (interpretation; Psychology Tools). The reasons are simple:

1. **Different purposes.** In 1963 Beck described the processes that pull thinking away from the facts. Burns wrote for readers who needed to recognise themselves. Paul Gilbert (1998) added an evolutionary view and items such as social comparison. Rachman and Shafran (1999) described "thought–action fusion" in OCD, the belief that thinking something bad is almost the same as doing it **documented fact; Psychology Tools**.
2. **The categories overlap.** "Catastrophising" is close to "fortune telling" and "magnification"; "labelling" is close to "overgeneralisation". We found no validated classification in which each distortion is a separate, independent factor **not verified**.
3. **The lists are working tools.** They are clinical descriptions that help you spot a pattern, not a periodic table.

Myth vs fact **Myth:** the "10 cognitive distortions" are Beck's classic list. **Fact:** the list of ten was compiled by David Burns in 1980 for a self-help book; Beck had five distortions in 1963 and seven in 1979 **documented fact; Psychology Tools**.

Beck and Ellis: hypothesis or dispute

Episode 1 compares the two approaches in general. Here is exactly where they part ways when working on the same thought.

Beck himself acknowledged Ellis's priority. In a 2014 review, he and Emily Haigh write: "Ellis (1958) was the first to attempt to develop a comprehensive cognitive model of psychopathology" **documented fact; Beck & Haigh, 2014, p. 7**. In the same place they list three weaknesses of that model **the author's own account; Beck & Haigh, 2014, pp. 7–8**:

1. it doesn't explain why different people develop different disorders;
2. it doesn't recognise that a "rational" belief can also be unhelpful: for a tightrope walker, "I might fall" is perfectly rational, but it doesn't help on the rope;
3. it leaves out other cognitive processes, such as attention and memory.

One thought, two approaches

Take the thought "My manager thinks I'm incompetent".

	Beck's cognitive therapy	Ellis's REBT
What they work on	Testing whether the thought is accurate	Often "suppose it's true" and working on the evaluation
How	Collaborative empiricism: the thought is a hypothesis; therapist and client look for evidence for and against and set up behavioural experiments	Active disputing: "Where is it written that you must be approved of? Why is it awful rather than unpleasant?"
Negative emotions	Reduce distress, make the picture more accurate	Tell healthy from unhealthy emotions; remove not the negativity but its unhealthy form
The self	Reshape negative core beliefs about the self into more balanced ones	Drop global self-rating altogether; accept yourself unconditionally
Theory	Separate models for different disorders	One general theory applied to each case

The summary table is ours, based on Padesky & Beck (2003), Beck & Haigh (2014) and REBT textbooks (interpretation).

The 2003 debate

In 2003, Christine Padesky and Beck published "Science and philosophy: Comparison of cognitive therapy and rational emotive behavior therapy". The main difference, in their view, is that cognitive therapy is empirically based while REBT rests on philosophy **the author's own account; Padesky & Beck, 2003**. Ellis replied in the same journal issue with a paper on similarities and differences **documented fact; Ellis, 2003, as listed in D. J. Ellis's 2022 course syllabus**. We did not open the full texts of either paper, so we don't summarise his reply **not verified**.

It's worth remembering that "science versus philosophy" is one side's framing. There are few direct comparisons of REBT with cognitive methods, and they show almost no difference **proven by research; David et al., 2018; more below**.

In practice, many CBT therapists today draw on both: Beck's thought records, and from Ellis the "want" versus "must" distinction, attention to "I can't stand it" and unconditional acceptance (interpretation).

Does REBT work?

Short answer: yes, roughly as well as other established therapies, but the evidence is thinner than for Beck's cognitive therapy.

Early meta-analyses of rational-emotive therapy (then still called RET) covered 70 studies (Lyons & Woods, 1991) and 28 controlled studies (Engels et al., 1993). The method did better than no treatment and placebo, and about as well as other methods **proven by research; Lyons & Woods, 1991; Engels et al., 1993**.

The most complete summary is the "50 years of REBT" meta-analysis (David et al., 2018), covering 82 studies. The effect size d shows how far apart groups are in standard deviations; roughly, 0.2 is small, 0.5 medium and 0.8 large.

REBT compared with	d after treatment	What it means
All control conditions	0.58 (0.66 at follow-up, i.e. when checked again later)	Medium effect
Waitlist, no treatment	0.88	Large effect
Placebo	0.47	Medium
Treatment as usual	0.46	Medium
Other psychotherapies	0.26	Small advantage
Cognitive interventions	0.08	No difference
Behavioural interventions	0.07	No difference
Medication	0.32	Not significant (only 5 studies)

proven by research; David et al., 2018

Beliefs changed during REBT too (d = 0.70), and studies where beliefs changed more tended to show bigger improvements. But that is an association across studies, not proof that changing beliefs is what does the healing **proven by research; David et al., 2018**.

Honest caveats

The meta-analysis authors themselves note **proven by research; David et al., 2018**:

- randomised studies showed bigger effects (0.69) than non-randomised ones (0.39);
- the higher a study's quality, the smaller the effect;
- there are signs that some unfavourable results went unpublished: in the within-group analysis, correcting for this cut the effect from 0.56 to 0.39;
- beliefs were nearly always measured by questionnaire.

One more caveat is ours: the main meta-analyses come from the Romanian REBT school (Babeș-Bolyai University), which has ties to the Albert Ellis Institute. That doesn't make them wrong, but such ties are normally taken into account (interpretation).

Depression: one large trial

In a randomised trial, 170 outpatients with major depressive disorder received 14 weeks of REBT, Beck's cognitive therapy or the antidepressant fluoxetine. Straight after treatment there was no difference between groups. Six months later, REBT was significantly better than medication; cognitive therapy was also better, but not significantly so. The advantage showed only on the Hamilton scale, not on the Beck Depression Inventory **proven by research; David et al., 2008**.

The American Psychological Association's Society of Clinical Psychology (Division 12) rates the research support for REBT in depression as "modest" **clinical consensus; Society of Clinical Psychology**. The UK's NICE guideline on depression (2022) lists CBT among first-line options but doesn't name REBT separately **clinical consensus; NICE, 2022**. How CBT compares with other therapies overall is the subject of Episode 14.

Bias or distortion: Kahneman and Beck

Why posts about "cognitive distortions" mix up two different sciences.

From the 1970s, the psychologists Amos Tversky and Daniel Kahneman studied how everyone makes errors when estimating probabilities and making decisions. Their classic paper "Judgment under uncertainty: Heuristics and biases" appeared in *Science* in 1974 **documented fact; Tversky & Kahneman, 1974**. In 2002 Kahneman received the Nobel Memorial Prize in Economic Sciences **documented fact; Nobel Prize**. The errors they studied are called cognitive biases. Beck's are cognitive distortions. In Russian, both are usually translated with the same phrase, which is where much of the confusion starts.

	Cognitive bias (Tversky and Kahneman)	Cognitive distortion (Beck)
Field	Psychology of judgement and decision-making, economics	Clinical psychology, psychotherapy
Question	How people judge probability under uncertainty	Why, in depression and anxiety, people consistently see themselves, the world and the future negatively
Who has them	Everyone; it's how an economical mind normally works	Linked to emotional difficulties (though everyone has milder versions)
Direction	Either way: too optimistic or too pessimistic	Almost always against the person
How studied	Tasks that have a correct answer	Clinical interviews and questionnaires, usually with no correct answer
Examples	Availability heuristic, anchoring, confirmation bias	Mind reading, "should", personalisation

The comparison is ours (interpretation), based on Beck & Haigh (2014) and Psychology Tools.

The two traditions do share something. In their 2014 review, Beck and Haigh describe two information-processing systems: a fast automatic one that saves effort and makes mistakes, and a slow reflective one that can correct it **documented fact; Beck & Haigh, 2014**. Kahneman popularised a similar split into "System 1" and "System 2". Yet Beck and Haigh don't cite Kahneman or Tversky in that review **documented fact; Beck & Haigh, 2014**: the traditions developed in parallel. And Beck's paper on distortions (1963) is eleven years older than Tversky and Kahneman's (1974).

Myth vs fact **Myth:** the hundred-plus "cognitive biases" from behavioural economics are what CBT sets out to fix. **Fact:** most of these effects have nothing to do with emotional difficulties; only a small minority have traditionally mattered in CBT (interpretation; Psychology Tools). And neither list is a tool for "diagnosing" other people.

Distortion language in books

In 2021, Bollen and colleagues analysed over 14 million Google Books in English, Spanish and German. They searched for short phrases that experts judged typical of 12 kinds of distortion, from catastrophising to should statements. In American English, the share of such phrases fell for most of the twentieth century, bottoming out in 1978, and then surged from the 1980s: today it is almost two standard deviations above the historical level, higher than during the Great Depression and both world wars **proven by research, correlational analysis; Bollen et al., 2021**.

The authors state plainly that they make no causal claims: books are not society, the Google Books sample is incomplete, and phrase frequency is not a diagnosis of authors or readers. Inequality, social media and polarisation are only hypotheses **documented fact; Bollen et al., 2021**.

Three myths about distortions

What gets garbled most often when people talk about cognitive distortions.

Myth 1: a distortion means a lie

A distortion is about *how* a thought was reached and how flexible it is, not a verdict that it's false. You may really have been criticised in the meeting. The distortion begins not at "I was criticised" but at "so I'm useless" or "this is a catastrophe" (interpretation; Psychology Tools; Beck & Haigh, 2014). That is why REBT so often asks, "Suppose it's true. What follows from it?"

Myth vs fact **Myth:** depressed people see the world more accurately ("sadder but wiser", depressive realism). **Fact:** a meta-analysis of 75 studies (7,305 participants) found an almost zero effect, d = −0.07, and it was larger in studies without an objective standard of reality **proven by research; Moore & Fresco, 2012**. In 2022 researchers tried to replicate the effect in two new samples, about 380 people, and found nothing **proven by research; Dev et al., 2022**.

Myth 2: CBT is positive thinking

The aim of CBT and REBT is to think more accurately and flexibly, not more cheerfully. Episode 1 touches on this briefly; here is a study that shows it well. The Canadian psychologists Wood, Perunovic and Lee (2009) asked people to repeat the statement "I'm a lovable person". For people with high self-esteem it slightly improved mood. People with low self-esteem felt worse after repeating it than those who didn't **proven by research; Wood, Perunovic & Lee, 2009**.

The authors' explanation: a statement too far from what a person believes sets off an inner argument, and the old beliefs win **the author's own account; Wood et al., 2009**. E in Ellis's model works differently: not "I'm wonderful" but "this is hard, it's not a catastrophe, and I'll cope".

Myth 3: if you know the names of the distortions, you're free of them

The names are a tool for spotting a pattern. Knowing the list doesn't change thinking by itself; in therapy it is combined with regular practice and testing things out in behaviour (clinical consensus). There's a trap the other way too: "distortion hunting", where every thought gets a label. The person hears "you're thinking wrong" and feels misunderstood (interpretation).

Ellis after ABC: the institute, the stage and the court

The second half of Ellis's life: a public therapist, ranked second only to Rogers, and a clash with his own institute at 92.

Life in dates

1959 — Institute for Rational Living founded
Albert Ellis Institute; Episode 1

1962 — *Reason and Emotion in Psychotherapy*
Ellis, 1962

1965 — The "Gloria" training films: one client talks in turn with Rogers, Perls and Ellis
Teachers College, 2007

1982 — Survey of 800 APA members: second most influential psychotherapist, after Carl Rogers and ahead of Freud
Columbia University Libraries, 2011

2004 — Marries the psychologist Debbie Joffe
Kaufman, NYT, 2007

2005 — The institute's board votes to remove Ellis from the board (18 September)
Ellis v. Broder, 2006

2006 A court rules the removal invalid (30 January)
Ellis v. Broder, 2006

2007 Dies on 24 July, aged 93
Kaufman, NYT, 2007

2011 Ellis's papers go to Columbia's Rare Book & Manuscript Library
Columbia University Libraries, 2011

Therapy in front of an audience

For decades, on Friday evenings, Ellis held open sessions at the institute: a volunteer from the audience brought an everyday problem, Ellis worked through it step by step with REBT in front of everyone, then took questions **documented fact; Counseling Today, 2007; REBT Network**. Sources differ on how long the workshops ran: the NYT says that in 2004 he was still leading them "as he had for about 30 years", the REBT Network says "more than 40 years" **sources disagree; Kaufman, NYT, 2007; REBT Network**. At workshops he sang "rational humorous songs" with the audience, parodies set to popular tunes **documented fact; Counseling Today, 2007; Zeig, 2007**.

In 1965 he was one of three therapists in the "Gloria" training films, alongside Carl Rogers and Fritz Perls **documented fact; Teachers College, 2007**. The films have been shown to students for decades to compare styles.

His lines stuck. He called neurosis "a high-class word for whining" **the author's own account; Kaufman, NYT, 2007**. In a 2004 New York Times interview he said: "The trouble with most therapy is that it helps you to feel better. But you don't get better" **the author's own account; quoted in Dallas Morning News, 2007**. Many "inspirational" Ellis quotes on social media can't be traced to a primary source, so we don't use them.

Ahead of Freud, and outside the top 100

In 1982, *American Psychologist* surveyed 800 members of the American Psychological Association about the most influential psychotherapists: Carl Rogers came first, Ellis second and Freud third (documented fact; Columbia University Libraries, 2011; Smith, 1982, *American Psychologist, 37*, 802–809 — as cited in the Canadian Journal of Counselling). More on this survey in Episode 1.

It is often said that "the APA named him the second most influential psychologist of the 20th century in 2003". We found no 2003 source; it is probably a retelling of the 1982 survey **not verified**. And in the well-known academic ranking "The 100 most eminent psychologists

of the 20th century" (Haggbloom et al., 2002), based on citations in journals and textbooks, a survey and awards, Ellis does not appear **documented fact; Dittmann, APA Monitor, 2002**. Practitioners ranked him above Freud, yet he didn't make the academic top 100 (interpretation).

The clash with the institute (2005–2006)

The most reliable account of this episode is the court ruling *Ellis v. Broder* **documented fact; Ellis v. Broder, 2006**:

- On 18 September 2005, at a regular board meeting, five trustees voted to remove Ellis from the board and one abstained. No advance notice had been given that the matter would come up.
- The board's stated reason was "excess benefits": in 2005 the institute, with revenue of about $1.5 million, paid about $500,000 of Ellis's medical expenses. The board feared losing its tax-exempt status.
- The bylaws allowed a trustee to be removed "for cause" only at a special meeting with a week's notice.
- On 30 January 2006, Justice Edward Lehner ruled the removal invalid: a trustee must be told of the charges and given a chance to defend himself. The court called the defendants' position "disingenuous".
- Whether the board was right on the merits, the court did not decide.

The board also cancelled the Friday workshops; Ellis's supporters said the institute was moving away from his methods, while the board cited economic necessity **documented fact; Kaufman, NYT, 2007**. Ellis continued the workshops in rented space next door **documented fact; Counseling Today, 2007**. Other retellings give different sums and details; we stick to the court ruling and don't cast either side as villains (interpretation).

Ellis died on 24 July 2007, aged 93, in his apartment above the institute, of kidney and heart failure **documented fact; Kaufman, NYT, 2007**. His widow, Debbie Joffe Ellis, continues to teach REBT, including at Teachers College **documented fact; D. J. Ellis, 2022**.

A complicated reputation

It would be dishonest to tell only the heroic part.

- **Style.** He was blunt, abrasive, profane and funny **documented fact; Counseling Today, 2007; NPR, 2007**. The psychotherapist Jeffrey Zeig, who respected him, called him "impossibly cantankerous" and also "humane and self-aggrandizing" in his tribute **biographers' interpretation; Zeig, 2007**. REBT's directness is not the same as rudeness: Ellis's style was his own, not a required part of the method (interpretation).

- **Views on homosexuality.** In 1965 he published *Homosexuality: Its Causes and Cure*, which presented homosexuality as something psychotherapy could "cure" documented fact; Kirkus Reviews, 1965. Secondary sources say he later revised this position not verified against the primary source; Wikipedia, "Albert Ellis". It is part of the history of psychology in that era, worth knowing without excuses or moralising.
- **Religion.** He was long a sharp critic of religiosity: in 1961 he called religion opposed to the goals of mental health on almost every count. Later he wrote that REBT's philosophy is compatible with many religious views and can be used effectively with devout clients, while remaining an atheist himself (documented fact; Ellis, 2000, *Professional Psychology: Research and Practice, 31*(1), 29–33; Albert Ellis Institute, "REBT and religion").
- **Evidence.** His method has been tested less rigorously than Beck's cognitive therapy proven by research; David et al., 2018.

What it looks like in life, and when to see a professional

The ABC model can be used for self-observation. But self-observation is not therapy.

Questions for self-observation

This is not a test or a diagnosis, just a way to notice your own Bs (the questions are ours, based on Ellis's model):

1. Think of one unpleasant situation from the last few days. Where is the "must" hiding in your thoughts? Who, in your view, should have acted differently?
2. Say the same thought with "I'd really have liked...". Does the feeling change?
3. Is it really awful, or is it bad and something you can cope with?
4. When did you last tell yourself "I can't stand this", and did you stand it?
5. What's the emotion right now: sadness or despair? Concern, or anxiety that paralyses?

> Example A composite example, not a real client. A: a friend hasn't replied to a message for two days. B: "She should have replied. So I don't matter to her. This is unbearable." C: hurt, an urge to send something sharp. After working through it: "I'd like a quick reply, but she may have plenty of reasons. It's unpleasant, but I can stand it. I'll ask calmly." The emotion doesn't vanish, but it becomes annoyance rather than hurt and anger.

How to support someone else

Helpful: "It sounds like you're demanding a lot of yourself. What would be good enough?"; "You made a mistake, but that doesn't make you a bad person." Unhelpful: "That's a cognitive distortion" (it sounds dismissive), "think positive", "stop overthinking it" (interpretation). Distortion labels are better applied to yourself than to the people close to you.

When to see a professional

- Low mood, loss of interest, or changes in sleep and appetite lasting more than two weeks are a reason to see a psychiatrist or clinical psychologist **clinical consensus**.
- Anxiety, panic or intrusive thoughts that limit your life call for a psychotherapist trained in CBT.
- If writing down your thoughts on your own makes self-criticism or going round in circles worse, stop and talk it through with a professional (interpretation).
- Thoughts of death, of not wanting to live, or of self-harm: don't stay alone with them; get help straight away, see If you need help now.

REBT and work on distortions don't replace treatment in an acute crisis, psychosis or severe depression; these need a professional assessment **clinical consensus**.

Check yourself

1. **What do A, B and C stand for?** A is the event, B the beliefs about it, C the emotional and behavioural consequences. For Ellis, C is caused by B, not A.
2. **Name REBT's four irrational beliefs.** Demandingness, awfulizing, low frustration tolerance ("I can't stand it"), and global evaluation of self, others or life.
3. **Which was most strongly linked to distress in the 2016 meta-analysis?** Low frustration tolerance, not the "must" Ellis considered central. The data are correlational.
4. **How does a healthy negative emotion differ from an unhealthy one?** For Ellis, in kind rather than intensity: sadness helps you grieve a loss, depression brings life to a halt.
5. **Who wrote the list of ten distortions?** David Burns, *Feeling Good*, 1980. Beck's 1963 paper had five.
6. **How is a cognitive bias different from a cognitive distortion?** Biases are systematic judgement errors everyone makes, studied with tasks that have a right answer; distortions are negative processing of information about self, world and future, linked to depression and anxiety.

Key takeaways

- Between an event and your reaction sits an evaluation. It can be noticed and changed, but that doesn't mean real circumstances don't matter.
- "Must" turns a wish into a demand. The flexible alternative is "I really want it, but it doesn't have to be so".
- In the data, "I can't stand it" is linked to distress more strongly than the other beliefs. Often it turns out you can.

- Sadness, concern and regret are healthy emotions. The aim is not to stop feeling, but not to get stuck.
- A distortion isn't a lie, and CBT isn't positive thinking.
- Lists of distortions are working tools from different authors, not a canon; the "10 distortions" are Burns's.
- REBT works about as well as other established therapies, but its evidence is thinner than for Beck's cognitive therapy.

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If you need help now

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