Rationality: Whither or wither?[1]

Windy Dryden

Introduction

I began my career in counselling in the mid-1970s having been trained in what is now known as person centred therapy. At that time, the counselling field in Britain was predominantly humanistic and psychodynamic in orientation. While I resonated with the optimistic nature of person centred theory, I could not make sense of how it was supposed to be practised. So, I looked around for an alternative approach to inform my counselling work. I initially explored psychodynamic therapy, but I thought that the assumption that the therapist's interpretations would lead to the client implementing a self-change program on the basis of these interpretations was far-fetched.

On my original counsellor training course, I had come across the work of Albert Ellis and was attracted to it for a number of reasons. First, it had an educational emphasis. Ellis (1973) argued that therapists could actively teach their clients how to use an explicit and comprehensible framework to understand their problems and thence to deal with them. In short, Ellis argued that clients could be taught to become their own therapists. The idea that the counsellor could be an educator was not a popular one then and it is still not popular. Indeed, when I gave a keynote lecture on this subject at the European Conference on Counselling in Dublin in 1995 it was received very badly (Dryden, 1995). However, well before that, I learned that if I were to train professionally in what was known as RET at the time, I would not be in the

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therapeutic mainstream. In a way, I compensated for this by editing more general books in the field of counselling and psychotherapy.

In 1978, I began my formal training in RET; not only did I value its educational focus as just described, but it also resonated with my own natural approach to emotional problem-solving. Thus, in my teens, I had a very bad stammer and was badly teased for it at school. I learnt from listening to Michael Bentine, a comedian and one of the Goons, that it was important not to regard stammering as a personal horror. Yes, it was a drawback, but a horror? No! It also occurred to me that while I stammered in many situations, there were also many situations where I did not stammer. Hence, I resolved not to regard myself as "a stammerer", but as a person who stammered at times and was fluent at other times. Little did I know at that time but I was learning to develop non-awfulising and self-acceptance beliefs. Parenthetically, my firm view is that it is important for therapists to apply to themselves the approach that they employ with clients (Spinelli & Marshall, 2001). Indeed, my experience of training REBT therapists is that my most talented students were those who did just that.

In 1981, I took a six-month sabbatical from my lecturing post at the University of Aston in Birmingham and spent it at the Center for Cognitive Therapy, which was part of the University of Pennsylvania in Philadelphia, under the stewardship of Aaron T. Beck, the founder of Cognitive Therapy. There, I learned the importance of session structure, agenda-setting and getting client feedback, but as I came to realise that year, I was a committed REBT therapist and struggled to implement Cognitive Therapy's initial emphasis on automatic thoughts and its insistence on a single style of conducting therapy known as collaborative empiricism. I came to see that while clients could gain relief from questioning their automatic thoughts and the distorted inferences that were associated with their psychological disturbance, they remained

vulnerable to such disturbance when they faced clear-cut adversities because, in REBT terminology, their irrational beliefs remained unassessed and thus unchanged. As Albert Ellis (1985, 2002) noted in his book "Overcoming Resistance", people can obtain relief from their emotional distress in many ways, but the most "elegant" approach is for them to develop rational beliefs about life's adversities. The term "elegance", parenthetically, has proven to be one of the stumbling blocks to the wider acceptance of REBT in the broader therapeutic community as it implies superiority.

In the 1980s, I began a correspondence with Arnold Lazarus, the founder of multimodal therapy, which turned into a friendship and lasted until he died in 2013. From Lazarus, I learned the importance of conducting a modality-based assessment and the value of authentically varying one's therapeutic style with different clients. However, I did not fully embrace multimodal therapy because, in my view, it under-emphasized the role of rigid and extreme beliefs in psychological disturbance and the role of flexible and non-extreme beliefs in psychologically healthy functioning.

For all my therapeutic explorations, I have remained faithful to the core ideas of REBT, but have watched with attached frustration and detached curiosity as other approaches in the cognitive-behavioural tradition have become more fashionable than REBT, which has declined in popularity over the years. In this lecture, I will address possible reasons for this and suggest some ways of addressing it.

Rationality

First, let me revisit the concept of rationality in REBT. As we all know, the word "rational" can be a red rag for many people as they respond to it as if it means "cold logic" and the opposite of engaging with things emotionally. Also, the term "irrationality" is generally

regarded as a pejorative term and thus likely to be resisted. Indeed, when Beck contrasted his approach to CBT with REBT, he went out of his way to mention that Cognitive Therapy did not aim to show clients that their beliefs were irrational but that its intention was to collaborate with them to examine the pragmatic nature of their problematic cognitions. The pragmatic status of what Ellis called rational and irrational beliefs is, of course, one way of distinguishing between these beliefs, the others being their empirical status and their logical status. Using these three criteria, the REBT position is that so-called rational beliefs are largely consistent with reality, tend to make good logical sense and in the words of Dr Phil, the American TV therapist, they tend to work for the person and that so-called irrational beliefs are largely inconsistent with reality, don't make logical sense and tend not to work for the person.

However, there is another way of distinguishing between rational and irrational beliefs and one that avoids using the controversial terms “rational” and “irrational”. This approach focuses on the different qualities of these beliefs. When considering rational beliefs. Ellis argues that there are four such beliefs. The first is flexible and the other three are non-extreme. By contrast, irrational beliefs (again four) have very different qualities. The first is rigid rather than flexible while the other three are extreme rather than non-extreme. Thus, instead of talking about rational and irrational beliefs with non-REBT therapists and clients alike, it may make our theory more palatable to refer to flexible and non-extreme beliefs, on the one hand and rigid and extreme beliefs, on the other. Don't forget that the same three distinguishing criteria already described (i.e. empirical, logical and pragmatic) apply whether we refer to these beliefs as rational vs. irrational or flexible and non-extreme vs rigid and extreme.

One of the strengths of REBT, in my opinion, has recently been beautifully summed up by a good friend and colleague of mine, Dr. Walter Matweychuk, who said that REBT is

particularly useful when your worst nightmare has come to pass. While it is important in psychotherapy to help clients to question distorted inferences about reality and encourage them to understand the processes that lead them routinely to make such inferences, it is perhaps even more important to help them to deal constructively with adversity, for sometimes in life shit really does happen and it is better to be prepared for this than not be prepared for it. In doing so, one of REBT's strengths is to help clients understand and implement the idea that it is constructive to respond to adversity with what we call healthy negative emotions and the functional behaviour and balanced thinking that tend to be associated with these emotions. In short, one of our prime tasks is to help clients to feel bad when adversity strikes – bad, but not disturbed. From an REBT perspective, healthy negative emotions stem from flexible and non-extreme beliefs while psychological disturbance or unhealthy negative emotions and the dysfunctional behaviour and highly distorted negative thinking that tend to be associated with these emotions stem from rigid and extreme beliefs.

As many clients don't want to feel negatively about adversity even when these negative emotions are healthy, much explicit discussion between therapists and clients needs to take place for the latter to understand fully the REBT position on this issue. This again demonstrates REBT's educational focus. As part of this discussion and at other critical junctures, REBT therapists help their clients understand how flexible and non-extreme beliefs differ from rigid and extreme beliefs. As in my experience even REBT seasoned therapists are not clear on this issue (Dryden, 2012), let me review these differences with apologies to all my students, friends and colleagues in the REBT community who hopefully know this.

Rigid Beliefs vs. Flexible Beliefs

One of Albert Ellis's many legacies is that rigid beliefs about adversity lie at the very core of psychological disturbance, while flexible beliefs lie at the very core of a psychologically healthy response to the same adversity. It is important to note that a rigid belief and a flexible belief share the same root. This root points to what the person wants to happen or not happen. An example might be where I hold the following desire: "I want REBT to flourish in the UK". Now, and this is the crucial point, this desire can be kept flexible or made rigid. When the person keeps their desire flexible they explicitly negate the rigid position that they could take. Thus, in my example, my flexible belief would be as follows: "I want REBT to flourish in the UK, but sadly it does not have to do so". When the person makes their desire rigid, they add the inflexible position explicitly negated in their flexible belief. Thus, in my example, my rigid belief would be as follows: "I want REBT to flourish in the UK and therefore it has to do so". While commonly this belief is collapsed to show only the rigid component (i.e. "REBT has to flourish in the UK"), I recommend using the fuller "desire with rigidity asserted" version, since it helps all concerned to see the difference between this and the "desire with rigidity negated" form of the flexible belief. This careful analysis shows why when an REBT therapist teaches a client that the healthy alternative to a "must" is a "preference", this is only half the story. Thus, in my example, the belief "I want REBT to flourish in the UK" is neither flexible nor rigid since we don't know in which direction I'm going to take this desire. I have been accused of pedantry when I carefully, even rigorously, differentiate flexible from rigid beliefs for my clients, but this price is well worth paying if it helps people to embark on the rocky road to psychological health.

Extreme Beliefs vs. Non-Extreme Beliefs

Another of Albert Ellis's legacies is that a set of three extreme beliefs are deemed to be derived from the rigid core and correspondingly, a set of three non-extreme beliefs are deemed to

be derived from the flexible core. In what follows, I will show the importance of helping clients to see the differences between these extreme and non-extreme alternative beliefs.

Awfulising beliefs vs. non-awfulising beliefs

The first derivative belief pairing is known as an awfulising belief versus a non-awfulising belief. Again, these beliefs share the same root which is an evaluation of badness with respect to the adversity being faced. Thus, in my example, this would be: "It would be bad if REBT did not flourish in the UK". This evaluation of badness can be kept non-extreme or made extreme. When the person keeps their evaluation of badness non-extreme they explicitly negate the extreme position that they could take. Thus, in my example, my non-extreme, non-awfulising belief would be as follows: "It would be bad if REBT did not flourish in the UK, but it would not be awful".

By contrast, when the person makes their evaluation of badness extreme, they add the extreme position explicitly negated in the non-awfulising belief. This becomes their awfulising belief. Thus, in my example, my awfulising belief would be as follows: "It would be bad if REBT did not flourish in the UK and therefore it would be awful". Commonly again, this belief is collapsed to show only its extreme component (i.e. "It would be awful if REBT did not flourish in the UK". Again, I recommend using the fuller "evaluation of badness with extremeness asserted" version, since it helps all concerned to see the difference between this and the "evaluation of badness with extremeness negated" form of the non-awfulising belief. As before, while the belief: "It would be bad if REBT did not flourish in the UK" sounds non-extreme, it is neither non-extreme nor extreme since we don't know in which direction I am going to take this evaluation of badness.

Discomfort intolerance belief vs. discomfort tolerance belief

The second derivative belief pairing is known as a discomfort intolerance belief versus a discomfort tolerance belief. These beliefs once again share the same root which represents the struggle which the person experiences in the face of adversity. I refer to this as a struggle belief. Thus, in my example, this would be: "It would be hard for me to tolerate it if REBT did not flourish in the UK". This struggle belief can be kept non-extreme or made extreme. When the person keeps their struggle belief non-extreme they explicitly negate the extreme position that they could take. In my example, my non-extreme, discomfort tolerance belief would be as follows: "It would be hard for me to tolerate it if REBT did not flourish in the UK, but that does not mean that I could not tolerate it". In addition, a non-extreme, discomfort tolerance belief has two other features: an assertion of discomfort tolerance and a statement which indicates the value of tolerating the discomfort. Thus, in my example, my full discomfort tolerance belief would be: "It would be hard for me to tolerate it if REBT did not flourish in the UK, but that does not mean that I could not tolerate it. I could tolerate it and it would be worth it for me to do so because……" And then I would add the reason(s) for tolerating this discomfort.

By contrast, when the person makes this struggle belief extreme, they add the extreme position explicitly negated in the discomfort tolerance belief. This becomes their discomfort intolerance belief. Thus, in my example, my discomfort intolerance belief would be as follows: "It would be hard for me to tolerate it if REBT did not flourish in the UK and therefore I could not tolerate it". Commonly, once again, this belief is collapsed to show only its extreme component (i.e. "I could not tolerate it if REBT did not flourish in the UK"). Again, I recommend using the full "struggle with extremeness asserted" version since it helps all concerned to see the difference between this and the "struggle with extremeness negated" form of the discomfort tolerance belief. Also, again, while the belief: "It will be hard for me to tolerate

it if REBT did not flourish in the UK" sounds non-extreme, it is neither non-extreme nor extreme since we don't know in which direction I am going to take my struggle belief.

Unconditional acceptance belief vs. depreciation belief

The third and final derivative belief pairing is known as a depreciation belief versus an acceptance belief. This belief pairing can refer to self, other(s) or life/the world. These two beliefs once again share the same root which normally concerns a negative evaluation of an aspect of self, other(s) or life/the world. I will call this a negative part evaluation belief. Thus, in my example, it would be: “This aspect of life would be bad if REBT did not flourish in the UK". This negative part evaluation belief can be kept non-extreme or made extreme. When the person keeps the negative part evaluation belief non-extreme they do two main things. First, they explicitly negate the extreme position that they could take. In my example, my non-extreme life-acceptance belief would be as follows: "This aspect of life would be bad if REBT did not flourish, but this would not mean that life as a whole would be bad". Second, they explicitly assert the complexity and/or the unrateability of self, other(s) and life/the world. In my example, this would be as follows: "This aspect of life would be bad if REBT did not flourish in the UK, but this would not mean that life as a whole would be bad. Rather, life is an unrateable, complex mix of positive, negative and neutral events of which REBT not flourishing in the UK is one such negative event".

By contrast, when the person makes their negative part evaluation belief extreme they add the extreme position explicitly negated in the acceptance belief. This becomes their depreciation belief. This depreciation belief is an example of the part-whole error of logic. Thus, in my example, my life depreciation belief would be as follows: "This aspect of life would be bad if REBT did not flourish in the UK and therefore life as a whole would be bad". Yet again

this belief is commonly collapsed to show only its extreme component (i.e. "Life as a whole would be bad if REBT did not flourish in the UK").

As before I recommend using the fuller "negative part evaluation with negative whole evaluation asserted" version since it helps everyone see the difference between this and the "negative part evaluation with negative whole evaluation negated" form of the life-acceptance belief. Once again, while the belief: "This aspect of life would be bad if REBT did not flourish in the UK" sounds non-extreme, it is neither non-extreme nor extreme since we don't know in which direction I am going to take my negative part evaluation belief.

These clear distinctions between rigid and flexible beliefs and the extreme and non-extreme beliefs that are derived from them are often criticised for being overly wordy and sometimes even playing with words, but the essential point to realise is that these different beliefs are pointing to very different forms of meaning and once these meanings are grasped then more individualistic, shorthand language may be used to represent these differences.

In essence this central plank of REBT theory puts forward the idea that when adversity is present or inferred to be present if the person holds a rigid belief and one or more extreme beliefs about this adversity then it will be likely that the person will respond to that adversity in a disturbed manner. But, if a person holds a flexible belief and one or more non-extreme beliefs about the same adversity then it will be likely that the person will respond to that adversity in a non-disturbed, healthy manner. It thus follows that a fundamental therapeutic task is to help clients respond to adversity with flexible and non-extreme beliefs rather than with rigid and extreme beliefs.

The Value of Rationality

While I have used in the examples I have discussed the adversity of REBT not flourishing in the UK, I think we will all agree that REBT is not, in fact, doing as well in the UK as it deserves to. While there are probably many reasons for this, I want to focus here on one and that is the concept of rationality. I briefly touched on some of the difficulties with this concept earlier, but want here to concentrate on its strengths. I have mentioned that the terms "rationality" and "irrationality" in REBT refer to beliefs that are flexible and non-extreme and rigid and extreme respectively. Whether or not we continue to use the terms "rational" and "irrational" to refer to health-creating and disturbance-creating beliefs in the face of adversity, we do need to show the CBT field and the wider field of psychotherapy the benefits to be gained by holding flexible and non-extreme beliefs about a wide range of adversities that our clients struggle with. I think that we can do that in two major ways: a) by showing how rational beliefs can be a firm foundation for the development of three states of mind that are that are currently in vogue in the CBT therapeutic tradition: of acceptance, mindfulness and compassion; and b) by showing how the REBT framework is a trans-diagnostic approach to the assessment and treatment of the emotional disorders.

Rational acceptance

Let me begin by discussing what I have referred to as "rational acceptance" (Dryden, 2006). This state can be applied to self, others, life, frustration and psychological processes amongst others. So what does rational acceptance mean? It has, in my view, the following components. The first is an acknowledgement of the existence of a state of affairs and its nature. The second component is an evaluation (implicit or explicit) of that state of affairs. This evaluative component of rational acceptance is in sharp contrast to the non-judgmental nature of acceptance stressed in definitions put forward by other approaches within the CBT tradition (e.g.

Hayes, Strosahl & Wilson, 2012). In REBT we argue that negative evaluations or judgements of aspects of self, others and life are, on their own, non-problematic when considering psychological disturbance. Indeed, we argue that since human beings are essentially evaluative organisms, the long-term gains of encouraging them to take a non-judgmental stance towards phenomena are likely to be limited. Humans can adopt such a non-judgmental stance, but, in my view, can only do so for short periods of time. REBT argues then that human evaluation, per se, in psychological disturbance is not the issue to be tackled. Rather, it is the type of evaluation that humans make of self, others and the world that is the problem. The third component of rational acceptance follows from the second. Here, the person asserts both their desire for the state of affairs to be different and that this desire does not have to be met. Indeed, empirically, the person acknowledges in rational acceptance that the current state of affairs has to exist in the form that it exists given that all the conditions are in place for it to exist in that form. This latter point is often hard to grasp by clients and requires sensitive, but clear exposition in therapy. The fourth component of rational acceptance is that it does not preclude attempts to change the extant state of affairs. In fact, it often facilitates such change efforts. It is very important to emphasise the change-facilitating nature of rational acceptance given the fact that people frequently think that acceptance means resignation to the state of affairs in question.

One of the major foci of so-called third wave CBT is on the role of acceptance of psychological processes as a hallmark of productive change. Given this, it is important that we in the REBT community make clear our position on this issue. Applying the rational acceptance framework just outlined to a situation where a client and therapist co-identify a troublesome negative thought, the therapist can help the client to: a) acknowledge the existence of the thought; b) make a suitable implicit or explicit evaluation of the thought; c) hold a flexible and

acceptance belief about the thought; d) change the thought or spend an agreed specified time on this change activity and e) get on with life even if the thought is still present.

Rationality and mindfulness

What has REBT got to say about mindfulness? Given that the states of mindfulness and non-judgmental acceptance often appear together in so-called third wave CBT approaches, similar points can be made about mindfulness as I have made about acceptance. Herbert & Cardaciotto (2005) have argued that mindfulness can be conceptualised as comprising two factors: a) enhanced awareness of a full range of present experience and b) an attitude of non-judgmental acceptance of that experience. Certainly, REBT theory would have little problem with the first ingredient in that enhanced awareness of "C" in the "ABC" framework may well facilitate subsequent therapeutic work, particularly when it is important to maintain an emotional resonance in REBT. I would argue that the second ingredient may be used after a period of examining irrational beliefs and distorted inferences has been concluded. My view of the disputing/examination/questioning process (whatever one chooses to call it), particularly when it is focused on rigid and extreme beliefs and their flexible and non-extreme alternatives is that it is akin to the work one might do in the gym. You don't go to the gym intending to become fully fit in one visit. You go to the gym with the intention of engaging in a process of becoming fitter. This process is actually facilitated by engaging in periods of rest when you deliberately refrain from exercising. Similarly, disputing is a process whereby clients can work towards becoming more rational (i.e. more flexible and non-extreme) in the beliefs they hold about adversity. Thus, I recommend to my clients that they engage in regular, but time bounded periods of disputing. Now when a client has completed one such period, it may be the case that the irrational belief

and/or the cognitive consequence of this belief may still be reverberating in the client's mind. They may be tempted to reengage in the disputing process at this point or attempt to distract themselves from these cognitions or to suppress them. These processes of re-engagement and avoidance/suppression only serve to keep problematic cognitions alive in the person's mind precisely at a time when the person needs to take a rest from them.

This is where mindfulness techniques can be practically helpful. Once the person has finished a piece of disputing and the irrational belief/distorted inference is still reverberating in their mind, they can notice the presence of these thoughts and choose to go about their business with these thoughts still in their mind, but without re-engaging with them or attempting to eliminate them. In REBT this use of mindfulness is best implemented after the client accepts the rationale for their use. Mindfulness here helps the person to take a break from attempting to change rigid and extreme beliefs and the distorted inferences that stem from them. They are decidedly not to be used in the place of disputing. Whether non-judgmental acceptance of what I call cognitive reverberations (i.e. beliefs and/or thoughts that linger in the mind after being targeted for change) is more effective here than rational acceptance is an interesting area for future investigation.

Rationality and compassion

It is interesting to note the Eastern influence when considering states of mind that are currently popular in the CBT tradition. So far I have looked at acceptance and mindfulness and I conclude my discussion in this part of the lecture by considering the state of mind known as compassion which features prominently in the work of Paul Gilbert (2010). I will focus particularly on self-compassion as conceptualised by Kristin Neff (see Neff & Lamb, 2009). Neff & Lamb outlined three major components of self-compassion that are reflected in the following

definition: "Self-compassion involves showing yourself kindness, recognizing that you are connected to other humans and mindfully accepting your negative experiences without engaging with them". In response to a written enquiry from me concerning the relationship between unconditional self-acceptance (which involves you acknowledging that as a person you are human, unique, complex, in flux, unrateable and fallible and that this is true about you no matter what conditions exist in the world) and self-compassion, Neff (personal communication, 27/12/2011) said the following: "I think self-compassion and self-acceptance are highly related and that self-compassion basically requires self-acceptance…." This is consistent with Ellis's (2005) position on the importance of developing unconditional self-acceptance before self-compassion. It follows from this that before we can truly show ourselves kindness, really feel connected to other humans and mindfully accept and disengage from our negative self-related experiences we first need to have achieved a fair measure of unconditional self-acceptance.

What I am proposing as a result of the relationship between rationality on the one hand and compassionate mindful acceptance on the other is that developing flexible and non-extreme beliefs provides a firm foundation for the enhancement of these other states of mind and that we need to demonstrate the foundational value of rationality as one way of re-invigorating ourselves as a therapeutic community and connecting with other approaches to CBT.

REBT as trans-diagnostic therapy

Another area in which we need to demonstrate REBT's relevance to current developments in CBT is to show that REBT is basically a trans-diagnostic approach to the assessment and treatment of the emotional disorders. McEvoy, Nathan & Norton (2009: 20) had this to say about trans-diagnostic approaches to treatment. They …."capitalize on the commonalities across individualized case formulations for emotional disorders. The questions posed by unified

formulations are what common elements lead individuals to develop emotional disorders, at what times, and what functional relationships appear to maintain them? It is argued that once these common processes are understood, they can be used to guide individualized case formulations so that both diagnosis-specific and common maintaining factors can be targeted during treatment". An example of such a trans-diagnostic approach is that developed by David Barlow and his group at the University of Boston (Barlow et al., 2011). Their approach, which is known as the "Unified Protocol", has eight components. These are as follows:

1. Enhancing motivation for treatment engagement
2. Providing psychoeducation and a treatment rationale
3. Training clients in emotional awareness
4. Helping clients to focus on their cognitive appraisals & and helping them to reappraise when necessary
5. Identify and deal with emotion driven behaviours and emotional avoidance
6. Help clients to become aware of and to tolerate their physical sensations
7. Encouraging clients to expose themselves to external adversity and to painful internal stimuli (i.e. environmental and interoceptive exposure)
8. Help clients to maintain their gains and to prevent relapse prevention

While it would take an entire lecture for me to make the case that each of these components are dealt with in REBT, I do want to argue that by McEvoy et al.'s definition and Barlow's components REBT can rightfully be regarded and promoted, yes promoted, as a trans-diagnostic approach to CBT.

Promoting REBT

I will end this lecture with the word "promotion" since I believe that is our main current task as an association if we do want to see REBT flourish in the UK. I think that we need to promote REBT in three contexts: within our own association, within BABCP and in the wider psychotherapeutic community. First, we need to answer the often implied and sometimes explicitly made criticism that REBT has not been shown to be therapeutically effective. This is not the case. For example, in a recent meta-analysis, Haddock et al (submitted) found that REBT was significantly more effective than non-active treatments at reducing distress for anxiety and anger and that it was equally effective when compared with active treatments. Indeed, whenever REBT is compared with other approaches to CBT in research studies it generally does equally well in promoting therapeutic change. However, it is a truism to say that we need more research to study REBT's effectiveness and perhaps AREBT might think of appointing an honorary Director of Research whose job it would be to facilitate research studies and disseminate existing research findings. Second, we need to resurrect REBT training in the UK. When I retired from Goldsmiths in 2014, there was nobody to replace me and the Masters course that I established in 1995 was closed. While there are a few places in the UK that offer REBT training, none is at Masters level and perhaps AREBT might consider appointing an honorary Director of Training to get things moving here. We need another Masters level training course in REBT. That said perhaps the most pressing need is that as an association we need people to step up to the plate and get things done. Ask not what AREBT can do for you. Rather ask yourself what you can do for AREBT to help REBT flourish in the UK.

I will throw my hat into the ring by saying that now I have retired from Goldsmiths and having adjusted to semi-retirement it is time for me to make a more active contribution to AREBT and its work. In the past, I construed my role as patron as someone who stayed on the

sidelines and let others get on with the work. I was a kind of Princess Margaret figure who smiled sweetly and waved, but did not get involved. But no more. Clear the decks because Dryden is back! And in the words of the great Michael Buffer: “Let’s get ready to rumble!

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