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Clinical Training and Practice: The Fun Factor

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Key words: REBT, humor, training

### Abstract

The use of humor has always been a distinctive aspect of REBT. Albert Ellis viewed and advocated humor as an effective tool to help clients dispute their irrational beliefs. The article presents ways in which humor can be used in the training of REBT practitioners. It also suggests applications of the same methods to clinical practice.

### Clinical Training and Practice: The Fun Factor

From its origins as in the mid 1950s, there were many features of Albert Ellis's approach to psychotherapy that set it apart from other systems. The emphasis on "rational" thinking and the importance of cognitions in the creation of emotions are often considered the defining features that distinguished Ellis's approach from other therapies. While one cannot dispute the belief that the now ubiquitous B-C connection has become the hallmark of all cognitive-behavioral systems, a distinctive and unique aspect of REBT may be found elsewhere.

I would argue that there is another aspect of Ellis's approach which set, and still sets, it apart from other systems. REBT's use of humor set it apart from other systems when first introduced in the 1950's as Rational Therapy and to this day distinguishes it from many other contemporary cognitive behavioral approaches. While Freud may have analyzed wit and its relationship to the unconscious, Ellis was consciously using wit to help clients change their irrational thoughts and self-defeating behavior. He even appeared as a superhero of sorts in a comic book (Merrifield, 1979). As "RET-Man", Ellis is arrested by the police but not before helping a depressed jilted lover give up his thoughts of suicide in favor of more rational thinking.

Ellis (1977) wrote about "fun" as a part of effective psychotherapy. He cited examples of his humorous comments and witty (and sometimes slightly off color!) challenges to client's irrational beliefs. His Friday night workshops in the late 1970's often included community-style sing alongs of his rational-lyrics set to familiar tunes. Ellis (1987) enjoyed composing these rational ditties and viewed them as a useful tool in psychotherapy. Ellis's "greatest hits" included such classics as "Perfect, Perfect", sung to

the tune of “Funiculi, Funicula”; and “I Wish I Were Not Crazy” sung to the tune of “I Wish I Were in Dixie”. His ode to procrastinators, sung to the tune of “Oh, how I hate to get up in the morning” included the memorable lines:

“and so I’ll just procrastinate  
and always get my ass in late”

The contribution of humor to one’s overall emotional health was noted by Borchardt (2002). Ellis and Dryden (1997) noted humor’s usefulness to specific presenting problems. Their book included the case of Jane, who suffered from a panic disorder and was treated by Ellis. Ellis noted “as one of its *main techniques* [emphasis mine] to combat this kind of exaggerated, or “awfulizing”, thinking, REBT employs a good deal of humor” (p. 78).

The application of humor to combat morbid jealousy (Ellis, 1996a) also has been documented. Regarding the “difficult client”, Ellis (2007) observed that “many resistant clients, like many regular clients, lose their sense of humor when they neuroticize themselves. They not only take things seriously, but too seriously, giving exaggerated significance to the events of their and others people’s lives” (p. 76).

In an interview (Heery, 2001), Ellis elaborated on the idea of assisting the client to not take one’s self so seriously, He observed that “we have many cognitive, thinking techniques, many experiential emotive, feeling techniques, many behavioral techniques, but one of the ones that overlap is humor because it’s a thinking technique...it’s a feeling technique and it’s also behavioral. It pushes you on.”

As Dryden (1996) observed “Ellis has often noted that RET/REBT advocates the use of humor in that it helps people to laugh at their silly ideas...[it] helps people take

themselves seriously, but not too seriously – an important ingredient of psychological health” (p. 83).

Dryden also recognized that “the use of humor also qualifies as a neglected aspect of REBT” (p. 83). With tongue firmly in cheek, Dryden also predicted yet another name change in the evolution of Ellis’s approach from RT to RET to REBT. According to Dryden in the year 2031, REBT would become ALBERT, “Actualizing Laughter – Based Behavioral Emotive Rational Therapy” (p. 83). It is the “laughter-based” aspect that will be the focus of this article.

### *Training*

While REBT trainers can teach *about* the importance and the use of humor in clinical practice, my proposal is for the use of humor *in* their training. In the section on The Use of Humor in *Better, Deeper and More Enduring Brief Therapy*, Ellis (1996b) noted “I used strong language, fables, stories, and metaphors” (p. 98) in his therapeutic work. I have found that fables and stories, as well as cartoons, also can be quite effective in the training of aspiring practitioners of REBT.

Some twenty odd years ago I was teaching a graduate level course on REBT. As the time to prepare the final exam approached, I happened upon a one panel cartoon. The cartoon triggered an aha moment for me that was preceded by a ha-ha moment. In addition to the usual list of terms (e.g. discomfort anxiety, LFT, etc.) that they needed to define, my students found a photocopy of the cartoon on their final exam.

Visualize the cartoon. It was a simple line drawing of a cocktail lounge, empty save for two figures. One was a bartender; the other a patron. And, oh yes, they were both rabbits. The patron rabbit had a surly look on his face. He held a glass of whiskey

in his hand, ah, paw. On the bar counter was a half-empty whiskey bottle. The bartender rabbit was saying “For heaven’s sake, FORGET about the Tortoise!”

Below the cartoon, the instructions for the students were listed. “Having taken this course, you decide to do a shame attacking exercise. You approach the rabbit and offer your assistance. He offers you a swig from his whiskey bottle. You – being aware of the professional code of ethics – decline his offer but restate your willingness to lend your expertise to his plight. He agrees but with one stipulation: he requests you provide an REBT solution. Write a description of what you would do. Include a dialogue that clearly identifies the A B C’s and D’s of your interaction.”

The students loved the exam. A quick review of the story of the tortoise and the hare was necessary for some, but overall, the students became enthusiastically, creatively, and, more importantly, clinically involved in the task. They responded in equal good humor with references to having a “bad hare day”, and, going to a “12 Hop program”. And, more significantly, they were able to identify the hare’s awfulizing that he was beaten by a tortoise; his self-downing for foolishly deciding to nap instead of completing the race; his absolutistic belief that he must always be the fastest animal; and his anger when his demand to defeat the tortoise was not met.

The fun factor was high for these students. And, they did quite well on the task. Inspired by the success of the hare raising cartoon, I began to collect other relevant cartoons for use in future classes. The search was both fun and fruitful. I soon had what I referred to as my “clinical cartoon collection”. Cartoons related to a variety of clinical and everyday problems as well as daily frustrations were compiled. I soon found myself sharing selected cartoons with my patients. The cartoons were well received. They

became a fun addition to the standard disputation techniques I employed. Patients reported posting the cartoons on their refrigerators as daily reminders to be more rational in their thoughts and actions. Some patients began clipping cartoons to share with me. Their search for relevant cartoons served as useful homework to reinforce, in a good spirited way, the work done in our session.

### *Role Plays*

Role-plays always have been an important part of REBT training. At the Institute, trainees are typically paired off to make audio recording of their counseling sessions with one another. The trainees experience the role of counselor and client. A certain degree of trust is a requisite in order for the role-plays to be effective. Each trainee is encouraged to self-disclose about personal problems in order to complete the role play in an accurate and personally useful manner.

I have found that on a graduate level some students are more reticent about self-disclosing. Ethical issues, including those related to confidentiality, may prohibit or limit the viability of “real-life” role-plays. Rather than asking a student to take on a role of client, I assume that role.

Enter the fun factor. I will announce to the class that I will be the client. The students are then told that I am a nine year old girl. As a group, they are to interview me with the goal of determining a diagnosis and identifying the ABCs found in my responses to their questions.

As the questions are asked and answered, the students realize their client suffers from Post Traumatic Stress Disorder. They also recognize some sociopathic tendencies as manifested by her breaking into someone’s home, consuming their food, destroying

furniture and, finally, falling asleep in the third bed she tried. Of course, by now the students recognize that their client, little Goldie, is none other than Goldilocks.

The students then identify her irrational beliefs, including those related to low frustration tolerance (LFT), as in “if I feel like going into a stranger’s home, I will. I can’t stand it if I have to delay gratification, so I will sample the bowls of porridge until I find one to my liking. And, why shouldn’t I sleep wherever I want to sleep?”

The students also identify and challenge beliefs such as “it would be awful if the Bears ever found me” and “I could not stand it if I had to face them and apologize”. Goldilocks learns that she can indeed stand it, even if only bearly!

Joining in the fun, students also speculated that perhaps Goldilocks was also hypoglycemic. She did, after all, fall asleep shortly after eating the porridge.

For the next part of the training students are organized into small groups to do an ABC analysis of another young client. They are also directed to prepare a script of key aspects of how they would dispute the detected irrational beliefs. After working in their group, students are selected to role-play the counseling session.

As the case is presented to them, they realize that young Baby Bear also has been traumatized. He came home from a pleasant walk with his loving parents to find that someone had broken into his home, vandalized his chair, and then had the audacity to sleep in his small bed! Baby Bear now has nightmares. He feels anxious when he has to leave the house. He fears returning to find another intruder in his bed, and, indeed, refuses to use the same bed after the blond haired stranger had been in it.

Trainees quickly get into the spirit of the session. One student’s suspension of disbelief and willingness to anthropomorphize was so strong that he objected to the

language used by the other student who role-played Baby Bear. The first student argued that some of the words used by the other student were too sophisticated to be in Baby Bear's vocabulary.

A variation of this exercise can involve application to couples or family therapy. It is interesting to observe the students identify the irrational beliefs as Papa Bear blames Mama Bear for not locking the door to their cottage. Mama Bear, of course, retaliates by saying how awful it is that because of Papa Bear's addiction to honey they can't afford to live in a safer neighborhood. He bitterly wishes they had never left their hibernation cave. And of course, one wonders why they sleep in separate beds.

### *Resources*

In addition to the Tortoise and the Hare, Aesop's fables provide many other possible scenarios that can be used for training purposes. For example, the procrastinating, LFT grasshopper and the tough-minded industrious ant provide many themes ripe for REBT harvesting.

Depending upon the composition of the trainees, I have found some to engage quickly with the presented case of a teenage girl forbidden by her family to date the boy she loves. Half of the students will work with her while the others work with her boyfriend, Romeo

In addition to literary sources, pop culture provides plenty of potential patients for case studies and role-plays. Whether film or television characters like Fred and Wilma, Oscar and Felix, or, real life celebrity couples like Brad and Angelina, or Bill and Hillary, students readily join in the fun.

One picture, it is said, is worth a thousand words. Today's technology allows for words and pictures in the form of DVD's and video recordings to be easily and readily available for training purposes. Watching a brief, ten minute segment of a particular scene can be more interesting and informative than simply being told about it. Excerpts from series such as Seinfeld, Fawlty Towers, Keeping Up Appearances, Friends, and, King of Queens have proven to provide comedic, but clinically useful, grist for the proverbially therapeutic mill.

### *Practice*

In addition to use with the trainees, cartoons and tales are also quite applicable for use with clients. As noted above, the search for cartoons can be given as homework assignments. The stories can be used with adults to illustrate irrational beliefs and their rational counterparts.

The use of stories is not restricted to adults. An additional value may be found when working with children. Depending on the age of the child, the stories can be read to or by them. Some children will already be familiar with the stories and will eagerly relate the story to you. Children easily identify with the animal characters. The children can also be engaged in discussions about the character's thoughts, feelings, and behaviors.

Older children can also be engaged in the therapeutic process by referencing fictional characters. Older children can be asked about their favorite heroes, drawn from movies, novels, comic books, or television series. Discussions, for example, about Harry Potter can easily be directed to whether he was thinking rationally in a particular situation. As if magic, the discussion can then explore the youngster's own thoughts.

During my initial interview with a youngster I will usually inquire about the television shows he or she enjoys. The question is more than a simple “ice breaker.” Clinically useful information can be gleaned from questions such as: “Which TV shows do you like? Why? Which ones do you dislike? Why?”

I will watch the particular shows prior to my next appointment with the youngster. This viewing provides me with possible ways to engage the youngster. It aids in developing rapport for the therapeutic process. It also allows us to speculate about the TV character’s thoughts, emotions and behaviors.

It is often easier for the youngsters to identify the TV character’s rational and irrational thoughts than their own. In a variation of the popular religious catchphrase, I have found myself asking “what would Hannah Montana do?”

Would you find it difficult to watch shows directed to the young audience?  
Think of it as an exercise in combating your own LFT!

### *Conclusion*

The use of popular children’s stories, fables, and cartoons can provide a fun method of teaching REBT concepts to trainees as well as to clients. There is universality to the concepts whether applied to real or fictional character’s problems. They can help trainees enjoy and remember their learning experiences. Similar to how one can remember catchy terms like “masturbation”, and “LFT”, so too can fun stories serve to anchor therapeutic concepts for clients and trainees.

The humorous aspect of such training can also serve to decrease performance anxiety. The trainee’s self-imposed demand to perform perfectly is often challenged by the very anti-awfulizing – and just plain fun – aspect of the training.

While the fun factor is high, the importance of accurate clinical assessment and sound REBT skills is never ignored or minimized. In some ways the concepts become easier to understand when they are applied in the lighthearted atmosphere associated with the scenarios. Learning can, indeed, be fun if presented in a fun way.

Additionally, the use of humor can also make the trainee and therapist roles more enjoyable. If you are going to spend your professional life helping troubled people, you might as well have fun doing it!

## References

- Borcherdt, B. (2002). Humor and its contributions to mental health. *Journal of Rational-Emotive & Cognitive-Behavioral Therapy*, 20 (3-4), 247-257.
- Dryden, W. (1996). The name change debate: Ellis's real agenda. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 14 (2), 81-84.
- Ellis, A. (1977). Fun as psychotherapy. *Rational Living*, 12, 2-6.
- Ellis, A. (1987). The use of rational humorous songs in psychotherapy. In Fry, W. and Salameh, W. (Eds.). *Handbook of humor and psychotherapy*. (pp. 265-86). Sarasota, FL: Professional Resource Exchange.
- Ellis, A. (1996a). The treatment of morbid jealousy: A rational emotive behavior therapy approach. *Journal of Rational-Emotive & Cognitive Behavioral Therapy*, 10 (1), 23-33.
- Ellis, A. (1996b). *Better, deeper, and more enduring brief therapy*. (p. 98). New York: Brunner/Mazel.
- Ellis, A. (2007). *Overcoming resistance: A rational emotive behavior therapy integrated approach*. (2<sup>nd</sup> ed., p. 76). New York: Springer.
- Ellis, A., & Dryden, W. (1997). *The Practice of rational emotive behavior therapy*. (2<sup>nd</sup> ed., p. 78). New York: Springer.
- Heery, M. (2001). An interview with Albert Ellis, Ph.D.: Rational Emotive Behavior Therapy. Retrieved Dec. 18, 2008 from, <http://www.psychotherapy.net>.
- Merifield, C. (1979). *Call me RET-Man and have a ball*. New York: Institute for Rational Living.

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