



## Post-Congress Message of the President of the 4<sup>th</sup> REBT International Congress

Dear participants, dear REBT/CBT/Clinical/Research colleagues:

**The 4<sup>th</sup> International Congress of REBT, organized in Cluj-Napoca, Transylvania, Romania, in 13-15 September 2019, has brought together about 400 participants from about 20 countries (<http://www.rebt2019.org/>).**

Rational Emotive Behavior Therapy (REBT) is a foundational form of cognitive behavioral therapies/CBTs (i.e., the first CBT approach). As part of the CBT family, REBT-oriented academics and professionals participate regularly in major national and international CBT conferences/congresses (including REBT national meetings/conferences/congresses) and clinical and/or general conferences in psychology and relevant fields. However, at critical times for the field, REBT has also held its own major international Congresses. Thus, the first major CBT Congress was organized by Albert Ellis and the Institute in New York in 1976, bringing together the founding fathers of CBT (e.g., Aaron T. Beck, Albert Ellis, Michael Mahoney, Donald Meichenbaum, etc.), marking an official merge of behavioral and cognitive therapies into cognitive behavior therapy (CBT), as well as highlighting the role of cognitions in psychopathology, and the key role of CBT as a treatment. Then, each major founder followed and emphasized mainly his/her own approach in the CBT family (i.e., Cognitive Therapy/CT-Aaron T. Beck; REBT-Albert Ellis; Constructivist CBT-Michael Mahoney; Cognitive Behavioral Modifications/CBM-Donald Meichenbaum, etc.). The second REBT Congress was organized by the Albert Ellis Institute in 1994 (the 35<sup>th</sup> anniversary of REBT - Keystone, USA), and the third one in 2001 (the 45<sup>th</sup> anniversary of REBT - Keystone, USA).

Today, many people take the information processing paradigm (i.e., cognitive paradigm) for granted, not being aware of the “scientific paradigmatic wars” which had to be fought, in order to have what we today consider the best academic/professional practices in psychology! Indeed, Albert Ellis’ fundamental role in the ignition and development of the “cognitive revolution” in psychology in 1950s and the role of REBT as an innovative treatment was acknowledged explicitly by the American Psychological Association in 1985, by awarding him the *Distinguished Contribution to Knowledge*:

*“... Dr. Albert Ellis’s theoretical contribution has had a profound effect on the professional practice of psychology. His theories on the primacy of cognitions in psychopathology are at the forefront of practice and research in clinical psychology...Dr Ellis expanded his clinical work in marital and sex therapy into a comprehensive theory of psychopathological treatment, Rational-Emotive Therapy. His theories have provided a starting point for many who investigate the nature of human emotional disturbance and its treatment ...”* (text selection from the 1985 APA Award).

**REBT was designed by its founder, Dr. Albert Ellis, as a scientific psychotherapy! Therefore, it is natural to see REBT evolving in the inevitable context of science progression.** Indeed, between 1957-1982, Albert Ellis became one of the most cited authors in major counselling/psychological journals. Moreover, a 1982 survey of approximately 800 American clinical and counselling psychologists showed that Albert Ellis was considered one of the most influential psychotherapists in the history of the field (together with Carl Rogers and Sigmund Freud). However, because REBT was initially less related to the evidence-based movement, which started to dominate the clinical/psychotherapy field in the 1990s, it lost its prominence in the academic field, although it continued to be very influential in clinical/professional practice/training. However, over the last decade, we have witnessed the resurgence of REBT in the academic/research field, with multilevel (i.e., from

neurogenetics to cross-cultural) fundamental, translational, and applied research (including various rigorous clinical trials focused on efficacy/effectiveness/mechanism of change/cost-effectiveness).

**Therefore, the main aims of the present Congress were:**

- (1) To bring together the REBT community to discuss the state of the art in REBT theory and practice;
- (2) To stimulate CBT and other evidence-based psychotherapy professionals to participate in the Congress, to explore bridges and collaboration strategies, with the goal of moving the field closer to a more integrative CBT and/or evidence-based psychotherapy;
- (3) To stimulate professionals from the major fields of psychology and REBT to interact with each other (e.g., developmental/educational/school psychology with rational emotive education; work/organizational psychology with REBT/CBT coaching; pastoral/spiritual psychology with REBT pastoral counseling);
- (4) To encourage researchers from clinical cognitive neurogenetic sciences to participate, in order to explore together the role of REBT in understanding human mind and behavior.

In addition, there were meetings of the Directors of the 31 REBT-Affiliated Training Centers from all over the world with the Albert Ellis Institute representatives and of the International Training Standards Committee, which will focus on developing strategic plans for the dissemination of REBT theory and practice.

**I really think that we fully met our aims!** Indeed, during the congress, one could see that REBT is a vibrant approach, with a well-established core - generally agreed upon by the large majority of the REBT/scientific/professional community - and with newly emerging (even competing) models, whose validity will be established by future research. In this context, we should remember the distinction made by Albert Ellis between specific REBT and general REBT; while maybe specific REBT can guide more our practice and training, general REBT can stimulate more the research component (some of it informed by specific REBT) and then, based on it, we can further develop the specific REBT.

**Because REBT almost missed the boat of the evidence-based movement in the 1990s, it should be better prepared for the new paradigms to come in science and practice.** REBT should be prepared for the new paradigms in the health field (e.g., transdiagnostic approaches, network analyses, process-based therapies, personalized approaches, new developments in clinical cognitive sciences, theory integration, multimodal protocols, etc.). Also, it should be in strong connections with top-down (e.g., cross-cultural – e.g., why not an ABC model at the country level?) and bottom-up approaches (e.g., neurosciences, molecular and behavioral genetics), and strongly immersed in the new technological developments (e.g., virtual technologies, robotics, online/computer-based approaches, AI, big data, machine learning, etc.). In this process, REBT should be sensitive to society and consumers' needs and regularly consult the stakeholders in the relevant fields. From such a status, REBT can then academically and professionally successfully influence various fields (e.g., clinical-health/education/organizational/life in general, etc.), various aspects relating to human beings (e.g., human optimization-development/health promotion/prevention of suffering/treatment of subclinical and clinical issues) and thus, can be even better disseminated as a lifestyle (i.e., “philosophy” of life). Such an approach will allow a bidirectional relation between REBT and various sciences and society, thus keeping REBT a progressive program, relevant both academically and professionally.

**In conclusion, indeed, *Being Classic is Good and Being Rational is Cool!***

**I am looking forward meeting you all in the next REBT congress organized by the Albert Ellis Institute and its future partners!**

President of the Congress  
Professor, Ph.D., Daniel David (website: <http://www.psychotherapy.ro>)