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REBT in Italy: Dissemination and Integration with Constructivism and Metacognition

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Abstract This paper describes and critically discusses how rational emotive behavior therapy (REBT) spread among Italian cognitive psychotherapists. In the 1980s Cesare De Silvestri, with the help of Carola Schimmelpfennig, Franco Baldini, and Mario Di Pietro, brought REBT to Italy and eagerly disseminated it. In addition, De Silvestri cooperated with the two leading figures in the Italian clinical cognitive movement, Vittorio Guidano and Gianni Liotti. Guidano and Liotti applied the ABC framework to their constructivist version of cognitive therapy. Given that the large majority of Italian cognitive therapists adopted Guidano and Liotti's approach, they all started applying the ABC framework and are still applying it today. However, Italian therapists adapted the ABC framework to their constructivist training. For example, Guidano and Liotti interpreted the ABC framework as aimed at promoting cognitive and emotional awareness in clients, while they considered the 'disputing' phase to be not compatible with the constructivist principles they held. They also encouraged the application of John Bowlby's ideas to REBT and the use of life experience report techniques in the ABC. Sandra Sassaroli and Roberto Lorenzini applied George Kelly's "laddering" technique to the ABC framework, a technique more focused on dilemmatic structures than on REBTian dysfunctional thought. Caselli investigated REBT's influence on Adrian Wells' metacognitive version of the ABC. Finally, Ruggiero and Ammendola have made a strong call for "back to Ellis".

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This implies that any innovation should involve a more stringent and faithful application of REBT principles.

Keywords Constructivism · De Silvestri · Guidano · Italy · Kelly · Liotti · REBT

Introduction

This paper describes and critically discusses how rational emotive behavior therapy (REBT) spread among Italian cognitive psychotherapists. Two main features distinguished the REBT movement in Italy from the beginning: the direct and strong contact with the theory and clinical practice of REBT and its integration with a cognitive—constructivist movement that arose in Italy in the same period. The coexistence of these two seemingly contradictory features depended on two specific events.

The first event was that REBT was brought to Italy in the early 1980s by Cesare De Silvestri (1926–2009) and Carola Schimmelpfennig (1950–). At the beginning of the 1980s De Silvestri and Schimmelpfennig had completed a thorough theoretical and practical training in REBT and in 1981 they founded an affiliated REBT Institute in Rome where it was possible to receive a high quality and up-to-date training. In addition, from the 1990s onwards other important therapists actively disseminating REBT in Italy were Franco Baldini and Mario Di Pietro.

The second event was that in the 1970s De Silvestri established a personal contact, both professionally and as a friend, with the two leading figures in the Italian clinical cognitive movement and main sponsors of the Società Italiana di Terapia Comportamentale e Cognitiva (SITCC) [*Italian society of behavioral and cognitive therapy*]: Vittorio Guidano and Gianni Liotti. Guidano and Liotti were the authors of an internationally successful clinical model that combined cognitive, behavioral, constructivist and evolutionary elements (Guidano and Liotti 1983). This personal contact allowed for some of the affinities between REBT and constructivism to be built upon. In fact, as Ellis himself wrote, there are significant components in REBT compatible with constructivism (Ellis 1990). Guidano and Liotti, in spite of some occasional criticism of the rationalistic components of REBT, adopted the ABC framework intensely, as they found it suitable for eliciting personal meanings in constructivist interventions (Guidano and Liotti 1983).

In the 1980s there was a further integration of REBT and constructivist models, when Lorenzini and Sassaroli (1987) borrowed from George Kelly's model, namely personal constructs psychology (PCP) (Kelly 1955), the dilemmatic construct concept and the assessment technique called 'laddering', and included them in the ABC framework.

Other contributions to this integrated approach including REBT components came from Castelfranchi et al. (2002) and from Mancini (1990), who applied the concept of goals and purposes, and from Dimaggio and Semerari (2003), and Spada et al. (2012), who developed metacognitive models that showed some aspects similar to the REBT model (Caselli 2013). A specific section of this paper will be devoted to each of these approaches. We begin with the description of De Silvestri in 1970s Italy.

How and When REBT Came to Italy: Cesare De Silvestri and Carola Schimmelpfennig

De Silvestri was an Italian physician, psychiatrist, psychotherapist and journalist. He was born in 1926 in Viterbo in Latium, and grew up in Livorno in Tuscany. He graduated in medicine in Pisa in 1953 but in the 1950s and 1960s he worked as a journalist for Agenzia Nazionale Stampa Associata (ANSA), the leading wire service in Italy and one of the world's leading news agencies. De Silvestri dealt in particular with scientific news. This job gave him widespread international connections, including scholars in the British and American scientific communities, who spoke to him about REBT (personal communication of Giuliana Ruti, 30th November 2013; Giuliana is Cesare de Silvestri's widow and knew him from 1959).

In the early 1970s De Silvestri chose to change the course of his life and went back to medicine. In 1972 he applied for a specialization in Psychiatry at Rome's "Sapienza" University. According to Ruti (personal communication, 30th November 2013) in order to become a REBT therapist, De Silvestri wrote to the New York REBT Institute and kept in touch via mail.

In 1975 De Silvestri specialized in Psychiatry and started his clinical activity as a cognitive therapist. He integrated behavioral treatment learnt during his psychiatric training with REBT treatment. We know for certain that De Silvestri carried out his specific training in REBT in the period from 1979 to 1981. In 1979 he attended the REBT Practicum that took place in Villars-sur-Ollon (Switzerland) and was conducted by Albert Ellis, Richard Wessler, Raymond Di Giuseppe, and René Diekstra.

In Villars-sur-Ollon Cesare De Silvestri met the German psychology student Carola Schimmelpfennig (1950–) who was also attending the REBT training. During the following 3 years De Silvestri and Schimmelpfennig attended an intense supervision training course in Germany. They were supervised by two German certified REBT supervisors: Friederich Försterling at Braunschweig University and Monika Hoffmann at Bielefeld University. These two supervised De Silvestri—who travelled to Germany every 2 or 3 months over a period of 2 years—using the English language and translating REBT session audio tapes from Italian.

In 1980 Schimmelpfennig graduated in Psychology and in 1981 she moved to Rome. By 1981 De Silvestri and Schimmelpfennig thus had a thorough theoretical and practical knowledge of REBT and founded an affiliated REBT Institute in Rome, where it was possible to receive high quality and up-to-date training. In the following 30 years they trained about 50 REBT Associate Fellows (i.e. authorized REBT therapists) and about 100 clinicians attended either the primary or advanced REBT training courses.

Therefore, the REBT that De Silvestri disseminated and taught in Italy was accurate and correct. In 1981 he published a book entitled "I fondamenti teorici e clinici della terapia razionale emotiva" [theoretical and clinical principles of rational emotive therapy], which contains a clear and comprehensive description of the ABC model. Irrational thoughts are correctly classified in four different categories: awfulizing, musts, low frustration tolerance and self—or other evaluations. Above all, the typical mixture of stoic and epicurean atmospheres

found in Albert Ellis' view of well-being and—in general—of life is clearly present: bearable negative mental states instead of an intolerable condition.

However, it is interesting to note that, at least at the beginning of his disseminating mission, there were some partial omissions in De Silvestri's initial presentation of REBT. The most serious was that De Silvestri seemed to give preference to the ABC assessment phase, while the description of the 'disputing' procedure was not fully developed. This tendency to prefer the assessment of beliefs to the detriment of disputation is also clear in his 1989 paper written in English (De Silvestri 1989). For example, the pragmatic disputing question was not mentioned. On the other hand, De Silvestri correctly reported the logical question: "Posso sostenere razionalmente tale pensiero o convinzione?" ("Can I rationally bear this thought or belief?", De Silvestri 1981, p. 54); the empirical question: "Quali prove esistono della verità di questo pensiero?" ("What evidence is there of the truth of this thought?" De Silvestri 1981, p. 55), and concluded the list with a 'worst scenario' question: "Quali sembrano la cose peggiori che potrebbero effettivamente capitarmi se gli eventi andassero nel modo che io penso debbano andare ovvero se non andassero nel modo in cui io penso che debbano andare?" ("What seem to be the worst things that could actually happen to me if events went the way that I think they should go or if they did not go the way I think they should go?", De Silvestri 1981, p. 55).

As written above, this presentation of REBT was not inaccurate but only incomplete, because it corresponded to that expounded in Ellis' seminal book "reason and emotion in psychotherapy" (Ellis 1962). Of course, "reason and emotion in psychotherapy" certainly was a great work. However, it was mainly focused on biased beliefs, while reported a disputing technique that was only roughly sketched. The plausibility of this idea is further supported by the fact that in Italy De Silvestri during the 1980s and 1990s neglected to disseminate the books where Ellis explicitly described the disputing intervention. For example, "Executive Leadership" (Ellis 1972), "Disputing Irrational Beliefs" (Ellis 1974) and "The handbook of RET" (Ellis and Grieger 1977).

On the other hand, according to anecdotal reports of a direct pupil of De Silvestri, during the 1980s when training in the Rome REBT Institute De Silvestri delivered a full explanation of disputing (Antonio Di Tucci, personal communication, August 20 2013). In addition, in the 1980s De Silvestri knew "Disputing Irrational Beliefs" (Ellis 1974), given that in his 1981 book he quotes it. It is also true that De Silvestri never lost contact with the New York REBT Institute. In addition, he used to invite REBT colleagues from the USA to his Rome Institute and had them give REBT seminars to his Italian pupils. For example, James MacMahon was in Rome many times in the 1990s (personal communication to the first author, 12 July 2013).

Further Dissemination in Italy: Franco Baldini and Mario Di Pietro

From the 1990s onwards REBT also spread outside Rome, thanks to Franco Baldini and Mario Di Pietro. Baldini is a psychologist trained in the Albert Ellis Institute of New York and was a direct pupil of De Silvestri. He works as a REBT therapist in Verona, northern Italy. Baldini, with the help of De Silvestri, promoted the I-RET

(Institute for Rational-Emotive Therapy), a body aimed at promoting and disseminating REBT in Italy. The I-RET was able to organize a workshop led by Albert Ellis in person in Verona in 1993 and from 1996 to 2006 arranged many REBT primary and advanced Practicum training sessions. Baldini also published a book of therapeutic homework that includes some REBT interventions (Baldini 2004).

Mario Di Pietro is a psychologist and psychotherapist who works as a REBT therapist in Padua, northern Italy, and also teaches in the Psychology Department of Padua University. He did his REBT training at the Albert Ellis Institute of New York and actively promoted and promotes the knowledge and dissemination of REBT in Italy. In 1998 he edited a collective Italian book about REBT that included chapters by Ellis and De Silvestri (Di Pietro 1998). In Italy Di Pietro was seminal in stressing the integration between behavior and rational-emotive interventions. For this reason he extensively used the new acronym REBT in place of the old RET, still preferred by De Silvestri. In addition, he also brought to Italy the concepts of rational living and rational education for children (Di Pietro 1992).

Integrating REBT and Constructivism: Vittorio Guidano and Gianni Liotti

As already mentioned, in the 1970s De Silvestri became acquainted and cooperated with Vittorio Guidano and Gianni Liotti, two medical doctors who had a behaviorist training strongly influenced by constructivism and evolutionism. Guidano and Liotti were trained by Victor Meyer in London, with whom they learned behavioral techniques, among which the most famous was “exposure and response prevention” (ERP), used to treat agoraphobic and obsessive compulsive symptoms (Meyer 1966; Meyer et al. 1974).

At that time Guidano and Liotti were aware of the theoretical limitations of the behaviorism model and were looking for a new model that included cognitive mediators between stimulus and response (Guidano and Liotti 1983). Thanks to their contact with De Silvestri and REBT Guidano and Liotti became acquainted with a clinical model that was, in the end, quite compatible with their future constructivist path. In fact, Ellis not only saw cognitive mediation in terms of irrational mistakes and lack of reality testing—like Beck (1975), when he described anxious clients overrating the probability of danger—but was also interested in the emotional aspect of frustration intolerance and in the functional aspect of assessing clients’ goals and purposes (Ellis 1990). In addition, in therapy Ellis was less interested than Beck in assessing incorrect predictions of possible dangers (saying: ‘whether or not this is true we don’t know, but let’s assume that it will happen’; thus considering it an A) and more focused on exploring the effects of seeing things as awful and intolerable and their mental representations. This attention to mental representations makes REBT compatible with both constructivist and metacognitive models (Ellis 1990).

In particular, Liotti—unlike Guidano—stressed the affinities between REBT and some aspects of constructivism and claimed that in REBT the definition of ‘belief’ is much more connected to the mental representation itself (“What was on your mind at that moment?”) than in CBT, where beliefs are more like mental schemata

than phenomenological representations. According to Liotti, Ellis' conception of belief as being what is actually in a client's mind at a particular moment emphasizes the distinction between knowledge enclosed in non-represented processes and the conscious representation of thought in terms of internal dialogue, mental images and, in general, active and intentionally attention-focused reasoning. Irrational thoughts are automatic (and irrational) applications of previously acquired knowledge. As Liotti wrote, "La RET consente una grande semplicità e chiarezza nell'uso, implicito ma presente, di queste distinzioni—mentre altrettanto non si può dire di altre scuole di terapia cognitivo-comportamentale". ["The REBT model allows great simplicity and clarity in the use, implicit but present, of these distinctions—while the same cannot be said of other schools of cognitive-behavioral therapy"] (Liotti 1990, p. 1).

Other aspects in common between REBT and Italian constructivism are the evaluative emphasis of Ellis's "beliefs" as opposed to the direct interpretation of reality in schemata found in other CBT models, and the intuition, common to both Ellis and Liotti, regarding the priority of emotions in assessing problematic situations. In fact, in 2001 Liotti described a personal adaptation of ABC called SEPA, where "S" is "situazione" (situation), "E" is "emozione" (emotion), "P" is "pensiero" (thought, belief) and "A" is "azione" (action). This is only apparently different from ABC, with the sole difference being that in SEPA emotions are located before thought. However, in ABC it is also recommended that the assessment of C (emotion and/or behavior) should generally precede the exploration of B (beliefs and thought), as clearly stated in Neenan and Dryden (2006, p. 60, edition officially approved by the Ellis Institute of New York).

This does not mean that the two models perfectly overlap with each other. The SEPA model belongs to a theoretical movement in cognitive science that gives ever more stress to the importance of emotions and their independence from cognition. This is not the case of REBT, which maintains the causal link between thoughts and emotions and recommends that therapists encourage clients to be aware of this link during the implementation of the ABC framework.

This is another confirmation that the REBT model is far from being purely rationalistic and is compatible with more constructivist versions of cognitive analysis.

Differences Between REBT and Guidano's Later Radical Constructivism

Of course, besides the common aspects there were also some clear differences. In particular, Guidano, in the later theoretical development that he himself called "post-razionalismo" (post-rationalism), turned to so-called radical constructivism and hermeneutics, which were theoretically and even clinically incompatible with the most rationalistic aspects of REBT, i.e. logical and empirical disputing (Guidano 1987, 1991). Michael Mahoney, who visited Guidano in Rome many times from the beginning of the 1980s, followed a parallel path, passing from behaviorism to radical constructivism and combining the latter with hermeneutics (Mahoney 1974, 1995, 2003).

In fact, the hermeneutic paradigm devalues any conception of shared truth and any possibility of real rational disputing. Guidano thus denied the possibility of formalizing any therapeutic technique, recommended a type of therapeutic restructuring without rational disputing of biased beliefs and reduced psychotherapy to a question of individual talent and accumulation of experiential training, excluding the possibility of any formal learning. In Guidano's later years psychotherapy became an art which, at the end of the day, could not be taught or described. In his very own words, the psychotherapist is a "perturbatore strategico" (a strategic disturber), who should never follow a formalized procedure (Guidano 1992, p. 106).

However, even the late Guidano's radical constructivism maintained a bridge with REBT. Ellis himself answered Guidano by stressing common aspects between them (Ellis 1990). The emphasis of this model on personal meanings had a relationship with the importance given, in REBT, to disputing not only the logical and empirical grounds of biased beliefs but also the emotional tolerability of the failure to respect idiosyncratic and subjective 'musts'. As Dryden writes, "LFT (i.e. low frustration tolerance) beliefs stem from the demand that things must not be as frustrating or uncomfortable as they are" (Dryden 2009, p. 22).

In fact, in REBT 'musts' are rooted in an emotional emphasis that the client attributes to a personal value in an idiosyncratic way that make it impervious to logical and empirical disputing. In this case REBT emphasizes emotional interventions aimed at promoting increased acceptance and tolerance of emotional sufferance, which means that a therapist should not attempt to challenge the logical content of a client's 'musts' but prefer to encourage the latter to think that he or she can tolerate the emotional distress linked to action that contradicts and does not comply with his or her 'musts'. In addition, the 'musts' are idiosyncratic preferences, while the corresponding rational beliefs that are supported in REBT theory align with the constructivist theory.

Integrating REBT and George Kelly's Personal Construct Psychology: Sandra Sassaroli and Roberto Lorenzini

Guidano and Liotti were not the only Italians who integrated the REBT and constructivist approaches. For example, Lorenzini and Sassaroli (1987) combined REBT with concepts drawn from George Kelly's PCP (Kelly 1955). Sassaroli underwent cognitive (and constructivist) training with Vittorio Guidano in the early 1980s. In that same period Sassaroli contacted both the REBT Institute in Rome directed by De Silvestri and PCP therapists and theorists, like Don Bannister in London and Gabriele Chiari and Laura Nuzzo in Rome. Chiari and Nuzzo translated Bannister and Fransella's description of PCP into Italian (1971) and disseminated PCP in Italy (Chiari and Nuzzo 1984, 1986).

Chiari and Nuzzo were never interested in REBT and in the 1990s developed a form of radical PCP combined with hermeneutic concepts, in a similar way to what Guidano and Mahoney had done in radical constructivism (Chiari and Nuzzo 2003). On the other hand, Sassaroli chose to develop a clinical model that was

constructivist but not radical, given that she maintained the concept that there is an external and objective reality and that, at least partially, objective knowledge is possible given that we can know at least a portion of this external reality.

Sassaroli's major contribution regarded clinical practice where she combined REBT and PCP interventions. She added so-called "laddering", a technique described by Kelly allowing a different way of assessing the cognitive meaning of events and situations, to the ABC of REBT. To understand "laddering", however, we must first understand Kelly's personal construct concept.

According to George Kelly, an event is evaluated positively (or negatively in the case of clients) because of chains of cognitive implications called "personal constructs", which are subjective evaluations grounded on personal meanings that do not depend on cognitive biases (Gutman 1982; Reynolds and Gutman 1988). In short, Kelly defines negative thinking not in terms of overrated (but really possible) dangers or threats, but in terms of negative meanings attributed to events. These personal meanings are arranged in pairs of bipolar concepts, in which each component defines the other and is defined by the other. If rigidly dichotomous, these constructs can lead to dysfunctional and inflexible ways of thinking (Kelly 1955).

Translated in clinical terms, this may mean that in clients these constructs can be particularly rigid, given that the two poles can become mutually exclusive. Last but not least, clients are frequently stuck in the manifest and negative pole because the opposite pole, which is in principle healthier and positive, is subjectively perceived as worse (Chiari and Nuzzo 1984; Lorenzini and Sassaroli 1987). For example, a client with social anxiety might see that the goal of being able to speak in public (positive pole) involves negative aspects that are worse than their impairing shyness: they might think that public speaking involves being inauthentic and even arrogant. This is the negative aspect of the positive pole which is worse than the negative pole. It follows that for this client the opposite of "shy" is not "able to socialize" but actually "bullying" and "arrogant". In this way the client is paralyzed by a dilemma in which both alternatives are negative.

C.: My problem is public speaking. It's difficult each and every time

T.: During public speaking do you perhaps find something you disapprove of?
What does this mean to you? Is there any negative aspect to public speaking?

C.: I must confess that I sometimes find myself thinking that people who can speak well in public are also fakes

According to Sassaroli, laddering can also be used to assess and dispute a "must" in REBT. Let us see how.

C.: My problem is the fear of failure

T.: Why does this happen?

C.: Because I must be good at things. It's very important for me

The client uses the word "I must", which is a signal of an REBTian "must". Sassaroli continues by posing a Kelly-type question, which is: "What do you like in this "must"?" (while Ellis would have perhaps started disputing by asking "Why do you take for granted that you must?").

T.: And why is this so important? You said that you “must become good”. What do you like in this “must”?

C.: I like it because I think that things are always to be done well. Showing negligence or incompetence means failure

This is the core aspect differentiating Kelly's laddering from Ellis' disputing. Laddering explores not only negative meanings and consequences, but also positive meanings that are, according to Kelly's model, more paralyzing and emotionally engaging than negative meanings. As suggested by Kelly, a negative opinion is sometimes clarified only by its subjective and idiosyncratic opposite. In theory the opposite of “failure” should be “success”. But for this client (displaying an obsessive personality trait) the opposite of failure is morality, fairness and respectability.

Regarding how an ideal Kellian therapist would handle any ‘constructs’ or ‘musts’ identified, we would say that, in a typically constructivist way, he would be more focused on discovery and exploration. This does not mean that a Kellian therapist is not interested in the change process. However, this kind of therapist sees therapeutic change more as the spontaneous fruit of increased awareness and knowledge than as an active effort. Rather than arguing and disputing, he would tend to accept and validate a client's mental states. This is the insurmountable divide between REBT and constructivism.

The Dissemination of REBT in Italy: A Critical Analysis

Constructivism is a psychological paradigm that privileges an active conception of knowledge. The mind construes and builds knowledge and it is not a passive system that gathers its contents from the external environment and, through the act of knowing, produces a copy of reality. “Constructivism is, on the contrary, an epistemological premise grounded on the assertion that, in the act of knowing, It is the human mind that actively gives meaning and order to that reality to which it is responding” (Balbi 2008).

Since the 1970s Constructivism has been the dominant paradigm in cognitive psychotherapy in Italy. Historically this paradigm has always rejected rationalistic and empiricist explanations of reality, including REBT. This situation may explain why the strategy adopted for REBT by De Silvestri in the 1980s and in the 1990s was of only gradual dissemination. In fact, it seems that only in 2000 De Silvestri chose to report and publish a fully exhaustive presentation in Italian of the ‘disputing’ (De Silvestri 2000). In this paper De Silvestri provided a clear and step-by-step description of the empirical question and of the pragmatic question perfectly corresponding to the disputing model published in the Ellis' 1974 paper “Disputing Irrational Beliefs”. Therefore, anecdotal information and the analysis of the content and chronology of the papers published by De Silvestri suggests that he consciously chose to delay the dissemination of an exhaustive presentation of the disputing intervention in Italy. This hypothesis is also confirmed by De Silvestri himself in a paper available on his still existing website (<https://sites.google.com/site/retitaly/>)

[home/la-ret-e-l-italia](#)), in which he explicitly writes that he had to look for a compromise with Italian therapists' constructivist orientation when he began disseminating REBT in Italy.

Summing up, De Silvestri had to find a compromise between the rationalistic aspects of REBT and the constructivist viewpoint dominant in Italy. From this viewpoint, 'disputing' was seen as the most rationalistic portion of REBT and, therefore, an anti-constructivist intervention. Indeed, at that time the major theorists of constructivism in psychotherapy (Guidano and Liotti in Italy and Mahoney in the USA) questioned the concept of absolute truth favored in standard cognitive therapy (Guidano and Liotti 1983; Guidano 1987, 1991; Mahoney 1974, 1995, 2003).

However, this concept of absolute truth is actually more applicable to standard cognitive behavior therapy (CBT) as described by Beck (1975) than to REBT. This criticism would, therefore, actually be more appropriate if it was directed at Beck's model. In any case, Guidano (1987) used it to criticize Albert Ellis and the REBT model. Summing up, Guidano preferred a style of constructivist restructuring that totally skipped the direct 'disputing' of clients' thoughts. This technique corresponds to some extent to a vision of an alternative construction of reality without challenging cognitive distortions (Guidano 1987, 1991).

In 1990 Ellis replied to Guidano's criticism by arguing that his approach was not purely rational, but rational-emotive, as the core of REBT 'disputing' is not to question irrational reality testing biases (for example, when clients evaluate the world as a too dangerous place) but to undermine the emotional conviction of frustration intolerance. The focus of REBT is, therefore, not only to dispute whether and how much the world is dangerous [empirical disputation according to the "Practitioner's Guide" 1st edition, (Walen et al. 1980); and disputation of the A according to the "Practitioner's Guide" 3rd edition, (DiGiuseppe et al. 2014)] but above all discuss why the idea that the world is dangerous (not a totally wrong belief, we would say) is unacceptable and how thoughts can be changed such that clients can accept the bad/dangerous things in life. REBT disputation thus deals more with internal perceptions and emotions cognitive and emotive processes and less with biased evaluations of external reality.

It is consequently much more compatible with constructivism than Guidano thought. However, this criticism was widely accepted by Italian psychotherapists and probably contributed to suggesting that the disputing intervention was incompatible with the constructivist point of view.

Adding Child and Adolescent Psychology Aspects to REBT: Guidano, Liotti, Lorenzini, and Sassaroli

Another special feature of the Italian cognitive movement was the attention it paid to clients' personal development and to the rooting of their biased beliefs in difficult parental and familiar relationships. Both Guidano and Liotti (1983) and later Liotti (2001) outlined a model that was both developmental and constructivist, using John Bowlby's attachment theory as the theoretical basis for a mixed cognitive and

developmental model that assumes that a difficult attachment relationship paves the way for a cognitive vulnerability to emotional disorders (Bowlby 1988).

The researchers who switched from theory to clinical practice and actually included this hypothesis in the ABC framework were Lorenzini and Sassaroli (1995). They proposed adding developmental analysis to ABC by simply asking a client: “Where did you learn this?” after the assessment of irrational thoughts in the ABC. This simple question encourages a client to report his or her personal story about a particular irrational thought, including the episodes and experiences that fed it and led to it emerging. For example, a ‘must’ associated with rigid perfectionism or inflated responsibility may have its developmental roots in an attachment relationship heavily imbued with coldness, emotional distance and criticism on the part of parents. This kind of analysis not only helps a therapist to collect a larger and more detailed amount of information about a client’s irrational thoughts but also encourages the latter to adopt a more detached viewpoint towards his or her own thoughts. And it, consequently, paves the way for disputing,

REBT and the Cognitive Goal-Focused Model: Francesco Mancini

Another development of REBT in Italian cognitivism was the analysis of its relationship with the psychological theory of goals and the latter’s existential aspects. The importance of ‘goals’ in REBT was emphasized by Windy Dryden and Jane Walker, who in 1992 introduced this concept in the ABC (Dryden and Walker 1992). This innovation made it clear that what was previously called ‘E’ or ‘new effects’, i.e. new emotional states and new behaviors, could also be considered ‘goals’ (or ‘F’), therapeutic goals that the client and therapist should agree on honestly and explicitly and which cannot be considered automatic effects of new rational beliefs.

Considering new effects to be committed therapy goals and not automatic treatment outcomes is important because it makes clear how the concept of REBT is not reducible to a naive rationalism in which a client feels automatically better after a rational disputing of his or her cognitive biases. REBT instead follows a sophisticated rationalism, in which well-being is the result of a pragmatic effort to increase the flexibility of a sufferer’s life plan and of a conscious pursuit of new, pragmatic, more realistic—and not simply more rational—goals.

In this pursuit of more flexible goals an important role is played by the philosophical values recommended by REBT, values that we might call a synthesis of Stoicism and Epicureanism. They can be summarized in the concept that emotional suffering can be tackled in particular by increasing the capacity to tolerate. This aspect adds an existential and almost philosophical dimension to REBT (Liotti 1990).

Among Italian clinical cognitivists some researchers have developed important theoretical work on goals that is similar to that of Dryden and Walker. Castelfranchi and Paglieri (2007, 2008) and Mancini and Gangemi (2012) defined the importance of aims and goals in the cognitive process and distinguished them from beliefs and schemata. According to Mancini (1990), the focus of REBT on aims, goals and purposes makes it possible to conceptualize clients as individuals following a

functional (or dysfunctional) life plan. This focus provides a breath of existentialism to the clinical view of cognitive therapy (Paciolla and Mancini 2010). A life plan is the long-term set of goals that an individual pursues in his or her life and which enables him or her to give a direction and a meaning to life.

REBT and Metacognition in Italy

Another specific feature of the Italian view of REBT is the strong importance given to the so-called 'secondary' problem. Generally speaking, the secondary problem is a vicious circle in which the client have a biased negative belief towards their own mental states. For many Italian theorists there is the tendency to think that all emotional disorders are, in fact, always generated by a secondary process (Lorenzini and Sassaroli 1987; Mancini 1990). This is also clearly the case with De Silvestri, if we read his view of REBT in the paper published in the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* in 1989. In this paper a version of REBT emerges in which the secondary problem seems to play a major role (De Silvestri 1989).

This interest in the role of the secondary problem was bound to meet another specific Italian interest: metacognition. The interest in metacognition grew among Italian cognitivists, when two research groups emerged: that of Semerari and Dimaggio in Rome in 1990s and that of Spada and Caselli in Modena (and in Manchester, where they work together with Adrian Wells) in the first decade of this millennium (Spada et al. 2012). While Semerari and Dimaggio were not interested in REBT, Caselli (2013) found some intriguing common aspects between metacognition and REBT. In fact, Caselli has noticed that in REBT the concept of 'secondary emotional problem' is partially related to metacognition. It is not coincidental that Windy Dryden called it 'meta-emotional problem' (2011, p. 70), a name emphasizing its affinities with metacognition. In fact, the secondary problem is a biased awfulizing, demanding, self-downing or low frustration tolerance belief that clients have towards their mental states. For example, in Adrian Wells' metacognitive therapy (MCT) model (2009) the emotional suffering in generalized anxiety disorder is explained in terms of a secondary cognitive (but not emotional) problem generated by dysfunctional beliefs that the client feels about his own worry.

Of course, all this could simply be a coincidental convergence in which similarities prevail over differences. And there are differences too. In fact, it is true that in Wells' model the metacognitive component is a secondary appraisal of cognitions and not also of emotions, or the whole ABC as happens in the ABC framework.

However, Caselli (2013) argues that between MCT and REBT there may be non-coincidental concordances. The MCT model, in fact, explicitly follows a transformed version of Ellis' ABC framework and renames it AMC, or metacognitive analysis. In AMC thoughts are always metacognitive (M), replacing the beliefs in the ABC framework.

According to Wells (2009), the core pathological mechanism is always based on metacognitions, in the form of metacognitive beliefs and processes that drive toward

dysfunctional cognitive responses (e.g. worry and rumination). In the REBT model too there is a special emphasis on the problem of meta-emotional secondary problems, an emphasis in which REBT differs from other therapies (Ellis and Dryden 1997; David et al. 2005). One might therefore say that there is a special relationship between REBT and MCT, and that this relationship has been especially clear to Italian MCT clinicians who were familiar with REBT and the ABC framework.

Another possible common ground between MCT and REBT is so-called “pragmatic disputing”. In REBT, a therapist uses the pragmatic question to encourage clients to critically reconsider whether it will help the way they are used to thinking. This question clearly invites clients to assume a metacognitive stance towards their own thoughts. In MCT something similar happens in the verbal reattribution, a technique aimed at modifying meta-beliefs about the usefulness of cognitive control strategies (e.g. worry and rumination), such as their uncontrollability or danger.

Conclusion: Back to Ellis

Summing up, REBT in Italy developed by following two main paths: the classic REBT learning, teaching and clinical approach promoted by De Silvestri (1981, 1989, 2000) and the theoretical and clinical integration with constructivist and developmental models favored by Guidano and Liotti (1983) and Lorenzini and Sassaroli (1987). In addition, REBT in Italy displayed common aspects with the work of clinicians developing cognitive models focusing on goals and purposes (Castelfranchi et al. 2002; Mancini 1990) and metacognition (Dimaggio and Semerari 2003; Spada et al. 2012).

A possible factor limiting knowledge of REBT in Italy has been that developments in it from the 1980s onwards were not followed much. In particular, De Silvestri probably chose to consciously delay delivering a full presentation of the ‘disputation’ part of the ABC framework in order to favor the acceptance of REBT by the Italian community of cognitive therapists. In fact, Italian cognitive therapists were (and are) deeply influenced by constructivist models and have (have built up) a historical distrust in ‘disputing’. This distrust is encouraged by any constructivist model, which is naturally prone to show preference for a relativistic and non-disputing conception of truth.

A likely future development is that REBT will get revitalized through a more correct knowledge and application of it. However, such a rebirth should aim to include all the new developments occurring in REBT after the 1980s and leave the door open to an integration with Italian constructivist and meta-cognitive models.

Limitations

This paper aims to achieve objectivity in its attempt to describe the dissemination of REBT in Italy. Among the factors that may undermine this pursuit of objectivity is

the fact that we ourselves (the authors) are involved in the process of adoption (and re-adoption) of REBT in Italy. As De Silvestri looked to integrate constructivism and REBT, our viewpoint is partially biased by the need to integrate REBT in recent developments of cognitive therapy. In particular, we are inclined to look for commonalities between the historical attention by REBT to so-called secondary disturbances or secondary problems (Ellis and Dryden 1997) and recent models focusing on meta-cognitive and meta-emotional appraisal (David 2003).

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