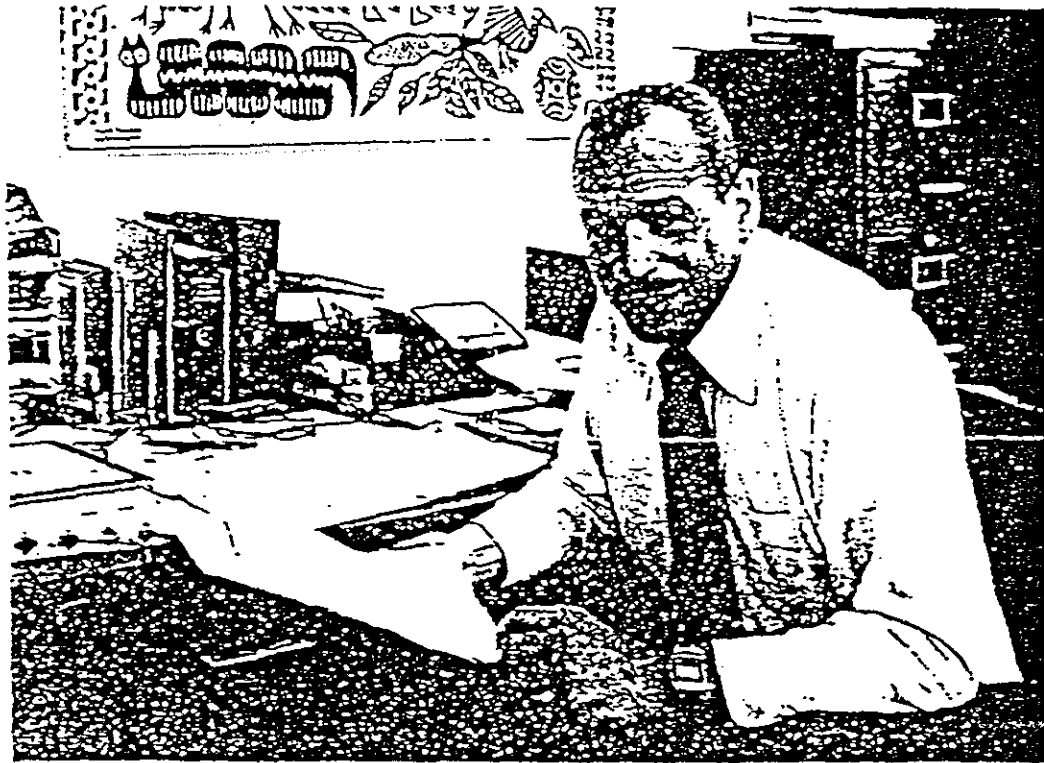


CWRU Education Begins the Making of a Psychiatrist— Maxie C. Maultsby, Jr. '57



*"Listen To Your Patients . . . They'll Tell You The Diagnosis . . .
They'll Tell You The Treatment."—Dr. Maultsby*

by Sylvia Wrobel

Case Western Reserve University School of Medicine gave Maxie C. Maultsby, Jr. '57, his initial medical training—an unusual education that the founder of Rational Behavior Therapy credits with making him look at a patient's life, style of living and outlook as well as at isolated disease processes.

Dr. Maultsby, now professor of Psychiatry and director of the Rational Behavior Therapy Center at the University of Kentucky College of Medicine, entered the School of Medicine in 1953, a member of the second class under the school's new family-oriented approach to medical education. Students not only studied Biochemistry and Anatomy their first year but were also assigned a patient-family expecting a child. For the next four years, the

students followed their families through childbirth and all the resulting sociopsychological and biomedical twists and turns. Thirty years later, Dr. Maultsby still remembers his first family. "We learned that patients' medical problems are only one aspect of their life experience," he says today. "CWRU was far ahead of its time in teaching students that how people live has a significant impact on their health."

Because he was the only black physician when he opened his family medicine practice in Cocoa, Florida, Dr. Maultsby was overwhelmed with an influx of patients. He worked seven days a week, accepting fees from people who brought the money with them, never sending bills to those who did not.

Within six months he discovered that half his patients were actually sick with worry. Many of the problems that repeatedly brought people to his office seemed to stem from how they perceived the life situation in which they believed they had to live, not how they lived.

Dr. Maultsby says that the main reason he didn't turn to the traditional pills, platitudes, and pats on the back common to many physicians was the influence of the CWRU approach to medical training. That he didn't turn to routine psychiatric or counseling referrals, he attributes both to the absence of mental health professionals in the county and the cultural preference of his patients for handling their own emotional distress.

While stationed at U.S. Air Force

cases in the Philippines and Japan. Dr. Maultsby says he discovered his Florida patients' preference for emotional self-help was neither economically nor racially specific. Indeed, the need to feel emotionally self-sufficient was repeated among his diverse military patient group, which included enlisted men's families and high-ranking officers and dependents. The scarcity of military psychiatrists in the early 60s, coupled with Dr. Maultsby's success in practicing the art of medicine, resulted in his being asked to start an emotional counseling clinic within the medical outpatient operation. At the clinic, therapy increasingly included the self-help approach.

How did he know what to prescribe in the way of emotional self-help when he had not yet had any psychiatric training? Dr. Maultsby says that he simply followed the advice of his CWRU medical school professors who told students to, "Listen to your patients because they are telling you the diagnosis and, 60 to 80 percent of the time, they can also tell you the most effective treatment." Dr. Maultsby soon realized that what patients needed most was respect, and the authoritative permission and encouragement to help themselves—something they already knew how to do.

At the end of his military service, almost a decade after he completed medical school and a medical internship at Philadelphia General Hospital, Dr. Maultsby entered residency programs in Adult & Child Psychiatry at the University of Wisconsin Hospital. During the same period he took time out from his residencies to do special intensive training with Albert Ellis, Ph.D., the founder of Rational Emotive Therapy and Dr. Joseph Wolpe, the innovator of classical behavior therapy.

After completing his psychiatric training, Dr. Maultsby began slowly to evolve Rational Behavior Therapy, an approach to psychotherapy that focuses on people's habits of thinking, offering them ways to untangle their confusing emotional habits and inaccurate perceptions.

"People almost never consult me concerned about the way they've been thinking lately. It's always about the way they have been feeling lately. It's only after I teach

them their emotional "A-B-Cs" that they start to see that they feel the way they feel largely because they think the way they think," says Dr. Maultsby.

His A-B-Cs form the underlying basis of Rational Behavior Therapy. A is what people perceive, since awareness must precede an emotional response to something. B is what they think about the perceptions whether positive, neutral, or negative. And C is what they experience as an emotional feeling, triggered by their thinking about A. After a number of experiences, A is followed so quickly by C that people no longer notice B, their beliefs about A. For example, some people may respond to the sight of a snake with fear seemingly caused BY THE SNAKE rather than by their own thinking about the snake as "dangerous, dangerous." But if the perceived snake really caused the fear, why would all fear disappear when the snake turned out to be rubber?

RBT has generated an international audience due to Dr. Maultsby's excellent clinical programs, professional training programs for medical students and health professionals, and his research. The therapy appears to work even when applied to people of different cultural backgrounds and varied belief systems.

RBT's universality explains his success with such diverse population groups as elementary school children, prisoners and college students. A wide range of problems also responds to the therapy. Alcoholism, a special interest of the doctor's, obsessive behaviors, anxiety, and even suicidal behavior have been treated by applying RBT techniques.

Dr. Maultsby's extensive library of clinical video tapes demonstrates the broad spectrum of people and problems he and his staff see. Portrayed are RBT sessions with street urchins who barely speak the same kind of English he and his staff do, much less think with the same values and references. The tapes show university professors, who can explain their problems in well-spoken, Pavlovian, Freudian or Skinnerian terms but still can't seem to start writing the papers upon which their academic futures hinge, also benefit from RBT. In fact, a Guggenheim prize-winning poet dedicated her last book of

poetry to Dr. Maultsby for helping her overcome writer's block.

The list of RBT success stories goes on and on. After Dr. Maultsby's intervention, a racially troubled and losing Big Ten football team turned into a much-improved and harmonious squad.

Dr. Maultsby began the Rational Behavior Therapy Training and Treatment Center at the University of Kentucky Medical Center in 1972. He still directs the Center's many activities which include publishing much of its own therapeutic materials. Books, audio and video tapes, self-help and training kits cover the full range of problems appropriate for psychotherapy.

Dr. Maultsby, the author of many books and numerous chapters, articles, columns, and programs, recently wrote *Rational Behavior Therapy*, published by Prentice Hall. Many believe the book will become a classic in the field of cognitive behavior therapy, providing an extremely well-written enunciation of Rational Behavior Therapy as a practical and effective approach to treating a myriad of emotional and behavior problems.

The early, pre-publication reviews stressed the book's "teachability," both to the neophyte and the seasoned professional. The structure of the book as an aid to learning could, itself, serve as a textbook, said one reviewer. Others stressed the clinical research carefully woven through the book. The focus on brain function, cognitive skills and how thinking evolves into beliefs and attitudes toward living is especially important. Also stressed is that thinking produces either emotions people choose to accept or want to deny. Other early readers praised the case-history approach to the RBT process of emotional re-education.

Many patients, students and books of his own have come and gone since that first pregnant patient was assigned him at CWRU. But Dr. Maxie C. Maultsby likes to point out that the seeds of his medical school experiences still bloom in the vast body of his work. He continues to listen to the patient who has a problem and to the therapist who must learn to work with the problem.



I am a person with human dignity no matter what other people think of me. Even if they don't think of me the way I would like, I can stand it. I don't need the approval or caring of others in order to feel good about myself. I am the most important person in my life because I control my life.

I control my thoughts, feelings and behavior. I feel good about the things I do well and regret some things I don't do well. I accept all those behaviors and accept myself.

I feel calm about myself; I feel acceptable to myself; I feel good about accepting myself.