

MR MICHAEL OLJNYK, Supervisor of classifications and treatment in the Youth Welfare Division of the Social Welfare Department, Victoria, offers this commentary on Dr Maultsby's system of "rational self-counseling".

COMMENT

Dr Maultsby's paper implies that the education system should incorporate a welfare/health component. It is clear that the previous model of education, strongly emphasising academia, is passing and now real attempts are made to view the student as a total person and conceive of the school as a community.

This broadening has resulted in the introduction of professionals such as social workers and psychologists either into individual schools or as consultants from outside agencies. This follows a medical model of an identified problem (disease) being solved (cured) by an appropriate specialist (physician), whether he be a psychologist, social worker, or clergyman.

But, because of his dissatisfaction with the one-to-one emphasis of current approaches to handling students' problems, and partly for economic reasons, Dr Maultsby proposes client self-help as an alternative. Students are to be instructed in the classroom setting, in techniques of self-improvement, enabling them to analyse and handle their own problems.

This model of classroom health care seems to me to have limited application. It would be suitable for intelligent, well-integrated students who may in fact address themselves to such problems as Watergate, nuclear stockpiles, and like concerns that are not related to the interpersonal problems that quickly reach crisis levels for many people.

What of the student who also has problems in coping with his educational aspirations because of peer pressure that negates them, the boy who fears arrest for a car larceny committed in association with some friends, the girl who feels she is unattractive and is shunned by boys, the students who want to leave school because the administration exerts pressure on them to conform to various outmoded school standards? What of the teacher who feels unfulfilled in his endeavors to reach troubled students; the principal who attempts to innovate but is hampered by a shortage of good teachers? The medical orientation does not give full recognition to the dynamic and interactive nature of problems and conflicts within their social context. For example, the effectiveness of a self-help program would be seriously hampered in an authoritarian school milieu. Such a positive system would be countered by another system which has a different set of values. "Solutions" would be temporary and incomplete and many problems would be insoluble.

Perhaps more significant than self-help centering on a "unit" (individual student), is the concept of "participatory process" which may be applied to it at a community level, whether it be a classroom community (teacher and students), or the school and wider community (principal, parents, teachers, students).

Such a broader model of self-help groups may help to overcome problems of the counter-productiveness of the school caste system, and the tokenism of student representative councils or parent-teacher nights. Furthermore, it avoids the needs for ever increasing numbers of "expert" outsiders

entering the school system and attempting to impose programs that may suit neither individual students in need of help nor the total school.

The participatory type of self-help process, in tackling shared problems, would help to overcome the apathy of both teachers and students. In an optimistic climate of care, real opportunities exist for individual needs to be identified and models of change to be developed whether for the individual or the school community.

In my field of adolescent corrections, a number of changes have occurred. Originally, as in education, a singular approach was taken—in this case, centred on punishment, with incarceration as the focus of reform of young offenders. Later, a medical model was partially introduced which resulted in the introduction of valuable personnel such as psychiatrists and social workers, who developed intensive assessment and treatment models. Often, however, clinical work with individuals was done in isolation from the inter-related spheres of institutionalised peers, parents, and the wider community. In recent times a series of alternative models of care and treatment has been developed, including more intensive programs within residential centres, and community-based, intensive non-residential programs. A major feature of these developments has been the realisation that although the individual problems of young people have emotional components, they also have systemic features, and therefore groups are often the most suitable forum for the management of problems.

We certainly need to recognise the potential of a more total orientation where the classroom can be conceptually not only the centre for education but also of emotional care and well-being. Human potential, in co-operation, in the classroom, is a major factor in arguing for teachers and students to join forces and develop an education model which is integrative in function.

A school, in the terms of Erving Goffman, the American sociologist, is a total institution where separate value systems develop among students and teachers, and hence separate directions are taken. By opening the system with effective group techniques, styles of management and communication would change, enabling students to feel less alien-

30 YEARS AGO

IN THE EDUCATIONAL MAGAZINE

In the first place proper emotional and spiritual growth is only possible to a person who has the security, the freedom, and the affection that active membership of a family affords. In the second place the family is the first and finest training ground for the citizen who must learn to live with others, to give and receive respect, and to plan co-operatively. With family living threatening to break down under the stress of modern methods of living and modern industrial and commercial practice, it is claimed, it is at least a large part of the school's task to "sell" its satisfactions and its responsibilities to the pupils.

—from a book review, October 1944.

ated and, with teachers, to perceive a common and co-operative purpose. Often, what would follow is that many severe adolescent problems (formerly needing professional help) would appear less serious and would be able to be managed in a self-help group.

By the use of self-help groups in schools, which recognises the totality of problems, adult resources can be reallocated so that staff, such as social workers and psychologists, can be utilised in more appropriate ways. For example, in adolescent corrections, Youth Officers were previously seen as being capable of only custodial functions. Today they engage in both individual and group work. This has enabled social workers to engage in more difficult cases that truly require intensive one-to-one work.

Dr Maultsby's strong argument, which must be endorsed, is that adolescent conflict does not require the intervention of experts engaging in individualised therapy. I believe that the group process involving as much of the school and wider community as possible is the best basic model for handling the many emotional, interpersonal, and organisational problems encountered in a school.

Teaching Rational Self-Counseling to Middle Graders

Maxie C. Maultsby, Jr.

Rational self-counseling (Maultsby 1976, 1978, 1980, 1984; Maultsby, Knippings, & Carpenter, 1974) is a research-based self-help method for dealing with emotions. People who receive rational behavior therapy (Maultsby, 1984) are systematically taught this easy way to help themselves emotionally. Because rational self-counseling helps clients so quickly, it makes rational behavior therapy a short-term psychotherapy that produces long-term results.

In addition, research (Costello & Dougherty, 1977; Husa, 1982; Maultsby, Costello, & Carpenter, 1976; Maultsby, Knippings, & Carpenter, 1974; Newhouse and Schwager, 1978; Reister, Stockton, & Maultsby, 1977; Smith, Jenkins, Petko, & Warner, 1979) has shown that rational self-counseling improves the emotional health and life adjustment of normal adults (i.e., people who do not need professional psychotherapy or counseling). Other research (Knippings, Maultsby, & Thompson, 1976; Ross, 1978; Zelig, Christopher, & Lehr, 1980) has revealed that normal junior and senior high school students also benefit from learning rational self-counseling. In addition, I have recently received a personal communication from K.T. Hinkle (June 1985) describing research on rational self-counseling with Iowa teachers of "behaviorally disordered youth," which indicates that learning rational self-counseling prevents teacher burnout (I will provide further information on request).

Am I suggesting that classroom teachers and school counselors teach middle-grade students how to counsel themselves? Yes, I am. But is it safe to let immature, impulsive middle-grade students counsel themselves? Yes, it is safe. And no one could stop them from counseling themselves even if it were not safe.

Self-counseling is the sole basis for self-control. That becomes obvious when one clearly understands what self-counseling is. Self-counseling occurs when people (including middle graders) think the ideas that they believe, then react to those ideas with logical emotional reactions and logical physical behaviors.

It does not matter where people get their ideas—whether it be from parents, relatives, peers, church, radio, television, teachers, or mental health professionals. Before any idea can influence a person's emotions or physical behavior, two things must happen: (a) the person must think an idea and (b) he or she must believe that idea. There is no other basis for healthy self-control of human emotions or physical behaviors.

As soon as people think and believe any idea, these three things happen: (a) the idea immediately becomes theirs, (b) they instantly get logical emotional feelings for the idea, and (c) if they do not think and believe any contrary ideas, they

Maxie C. Maultsby, Jr., is director of the Rational Behavior Training Center, College of Medicine, Department of Psychiatry, University of Kentucky, Lexington.

will react to their first idea with logical physical behaviors. But regardless of people's physical behaviors, self-counseling has occurred the moment people think and believe an idea and then have logical emotional reactions to it.

Those objective facts of human behavior make it a waste of time to debate the safety of letting middle-grade students counsel themselves. They cannot be stopped from doing it. The important questions for classroom teachers and school counselors are: "Are we going to continue to sit passively by and watch middle graders self-defeatingly counsel themselves to abuse drugs, to commit unlawful violent acts against themselves and teachers, to go through school learning as little as possible, and to do the many other self-defeating things they often do? Or, are teachers and counselors going to actively help middle graders learn the best possible way to counsel themselves?"

If classroom teachers and school counselors are interested in helping middle graders learn the best possible way to counsel themselves, they will immediately start teaching their students how to do rational self-counseling. (A 2-day intensive workshop for teachers and counselors on rational self-counseling is available; write the author for more information.)

WHAT MAKES SELF-COUNSELING RATIONAL?

Self-counseling is rational when people think rational ideas that they believe and then react to those ideas with logical, emotional reactions and logical, physical behaviors. Yes, most of the ideas that sane, intelligent people normally think and believe are rational ideas. But sometimes they are not. Those irrational ideas usually go un-

noticed because most sane, intelligent people never bother to check objectively the rationality of their ideas. They just assume that the word *rational* means both the best ideas to think and the ones they happen to believe. In addition, most people assume that *irrational* means the contrary or conflicting ideas that others believe.

These two assumptions, however, reliably indicate only differences in personal beliefs, but either or both of these beliefs can be rational or irrational. When, then, can the word *rational* objectively mean the best way for people to think? Only when its meaning goes beyond personal beliefs and disbeliefs to the level of optimal health for everyone at the same time. That is why, in both rational behavior therapy (Maultsby, 1984) and in rational self-counseling (Maultsby & Hendricks, 1974, 1976, 1978, 1979, 1980), the term *rational thinking* means thinking that has at least three of the following characteristics:

1. It is based on obvious facts.
2. It does help people protect their lives and health.
3. It does help people achieve their short-term and long-term goals.
4. It does help people avoid their most dreaded conflicts with other people.
5. It does help people feel the emotions they want to feel without having to use alcohol or drugs.

WHY RATIONAL SELF-COUNSELING FOR MIDDLE GRADERS?

The earlier children learn to control themselves with emotionally healthy thinking, the more likely they are to have lifelong, emotionally healthy self-

control. Also, students who have emotionally healthy self-control do not abuse drugs, do not commit unlawful, violent acts, do not go through school learning as little as possible, and they only rarely, if ever, have the other self-defeating behaviors most middle-grade and high school students normally have.

TEACHING RATIONAL SELF-COUNSELING

Teaching middle graders the "emotional ABCs" is the first step in teaching them rational self-counseling. Middle graders (like many adults) are ruled by their emotional feelings, yet they almost never have useful insight into how healthy human emotions work. That is what the emotional ABCs clearly describe. That is why teaching students the emotional ABCs is the first step in teaching them rational self-counseling.

The Emotional ABCs

What happens when people think about their (or anyone's) emotions objectively? They see clearly that before they have an emotional reaction, they first become aware of something. That something is a perception, "A" in the emotional ABCs.

Awareness is exclusively an activity of people's brains. It is the main basis for the important brain function of keeping people alive and comfortable. But before people's brains can logically direct their approach, avoidance, or neutral behavior toward an idea, their brains (under the direction of their minds) must mentally evaluate that. (As used in both rational behavior therapy and rational self-counseling, the concept of the *mind* refers to the functional units of the human brain that deal primarily, if

not exclusively, with learning and self-control [Maultsby, 1984, p. 34].)

People's mental evaluations produce an operational assumption about whether or not their perception is likely to enhance or interfere with their survival and comfort. Otherwise, people's behaviors would be erratic and incomprehensible to themselves as well as to everyone else.

The personal beliefs and attitudes of people are the only bases for their minds, through their brains, to evaluate their perceptions. In addition, personal beliefs and attitudes form three main groups: (a) positive, (b) negative, and (c) neutral. Those three groups of beliefs and attitudes are "B" in the ABCs of human emotions. With their positive, negative, or neutral beliefs and attitudes at B, people force their undrugged, healthy brains to trigger the most logical emotional feelings at "C" for their perceptions at A.

Emotionally naive middle graders and adults either do not know that or they ignore it. That is why they incorrectly conclude that their emotional feelings are both logical for and caused by the external situation represented by A, their perceptions. By learning their emotional ABCs, however, middle graders and adults can quickly eliminate that self-defeating emotional confusion.

The emotional ABCs, therefore, are as follows:

- A—a person's perceptions
- B—a person's beliefs and attitudes about A
- C—a person's emotional feelings triggered by B, his or her beliefs and attitudes about A, his or her perceptions

The emotional ABCs make it clear that external life events (most com-

monly referred to as *it*) never do anything to anyone emotionally. Instead, people cause their own emotions with their beliefs and attitudes about the *its* in their lives. The emotional ABCs also make obvious that the only way people can change their emotional feelings about any life event without alcohol, drugs, or brain damage is by changing their supporting beliefs and attitudes.

The ABCs of Negative Emotions

In the cartoon (see Figure 1) a man looks at a cake and thinks: "That cake might make me sick because flies probably have been on it. Just the thought of eating it makes me sick. Flies are filthy and they have dirty germs that make people sick."

Just by knowing the negative thoughts that man believed about the cake, one could predict immediately how he would probably feel about it and how he would probably react physically to it. Thus, one is not at all surprised that the man in the cartoon immediately felt nauseated about the cake, refused to buy it, and tried to get away from it as soon as possible.

The ABCs of negative emotions are as follows:

- A—a person's perceptions
- B—that person's negative beliefs about A
- C—that person's emotional feelings triggered by B, his or her negative beliefs about A, his or her perceptions

The cake illustration clearly demonstrates four important facts about self-control that people with poor emotional control either do not know or usually ignore. First, healthy, undrugged human brains work like cameras. Second, human brains, however, are not limited (as real cameras are) to

taking pictures of only external events. Human brains take pictures of both objective, external reality and subjective, personal reality.

The mental pictures of people's inner worlds of subjective reality always show the scenes people's beliefs (or sincere words) represent to them. For example, in the illustration in Figure 1, there was not and had never been a single fly near the cake. Yet Ralph believed infected flies had probably been on it. That is why his healthy brain gave him a realistic mental picture of that imaginary scene. Then, as demonstrated by the last two scenes in Figure 1, Ralph's brain had no other basis than his imaginary mental picture triggering and controlling his emotional and physical reactions to the real cake.

Obviously, then, mental pictures triggered by people's beliefs have more direct control over their emotional and physical behaviors than have their mental pictures which accurately describe objective reality. That is the third important fact that people with poor emotional control either do not know or ignore. Next is the equally important fourth fact that people with poor emotional control usually do not know or ignore. Human brains have to make people's emotional control just as irrational or rational as their attitudes or beliefs and sincere words are. (Attitudes are the superconscious mind's unspoken form of the conscious mind's beliefs.)

The ABCs of Positive Emotions

James saw the same cake Ralph saw, but he made a positive evaluation of it. He thought, "Oh, it looks good. I would love to eat it." His positive thoughts about the cake caused his brain to trigger positive emotional feelings. When people do not have any sincere con-

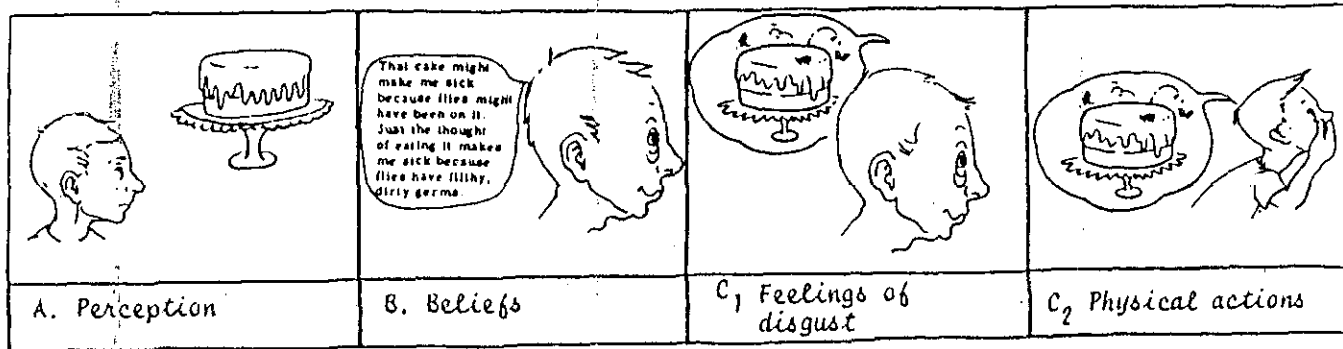


FIGURE 1
The ABCs of Negative Emotional Feelings

trary thoughts, they act logically for the way they feel. Predictably, therefore, James bought the cake, carried it home, and ate it. Thus, the ABCs of positive emotions work exactly the same as the ABCs of negative emotions.

The ABCs of positive emotions are as follows (see Figure 2):

A—a person's perceptions

B—that person's positive beliefs and attitudes about A

C—that person's positive emotional feelings triggered by B, positive beliefs and attitudes about A, and perceptions

A Common Emotional Myth

Before people learn their emotional ABCs, they often believe that if they control their emotions more rationally—that is, if they stop feeling their useless or self-defeatingly negative emotion—they will completely lose their ability to feel and will end up without any emotions at all. Those emotionally naive people incorrectly believe that the following are the only emotional states: positive emotional states, negative emotional states, and the state of no emotions. That incorrect belief commonly creates a potentially serious emotional dilemma.

Sane people almost never want to be in a state in which they have no emotions. Yet, people usually do not want to feel good about the things they are upset about. Thus, if people believe their only alternative to feeling miserable about something is to feel good about it or to have no emotions, they will refuse to work at feeling less miserable.

The best way to prevent that emotional dilemma is to teach people these two medical facts. First, conscious, physically healthy people can never be in a state of no emotions. Second, neu-

tral emotions are real emotions too, and emotionally healthy people spend most of their time experiencing them. Therefore, it is a serious mistake to believe that the neutral emotional state is a state of no emotions.

The ABCs of Neutral Emotions

Harry saw a cake and gave it both a positive and a negative evaluation. He thought, "The cake looks good. I would love to eat it, but am trying to lose weight, so eating it would be bad for me. I shall personally ignore the cake, but because Helen and Harry Junior love it, I will buy it for them."

By thinking both positive and equally negative thoughts about the cake, Harry's healthy, undrugged brain put him in the state that physicians call *healthy emotional homeostasis* (i.e., the pleasant state of emotional peace). In this state people do not have any noticeably positive or negative emotions. It is also in this state that emotionally healthy people spend most of their waking hours because neutral emotions mean that people are calmly accepting and dealing in a personally satisfying way with the realities of the moment.

The ABCs of neutral emotions are as follows (see Figure 3):

A—a person's perceptions

B—that person's neutral beliefs and attitudes about B

C—that person's neutral emotional feelings triggered by B, neutral beliefs and attitudes about A, and perceptions

The only times healthy human beings can get into a state of no emotional feelings are when they have high cervical spinal cord damage that interrupts completely the autonomic nervous system's outflow from the brain.

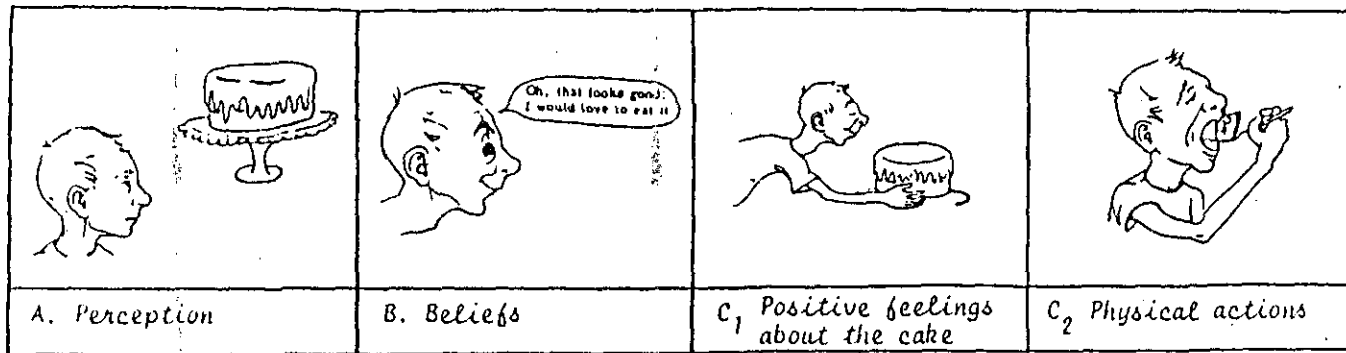


FIGURE 2
The ABCs of Positive Emotional Feelings

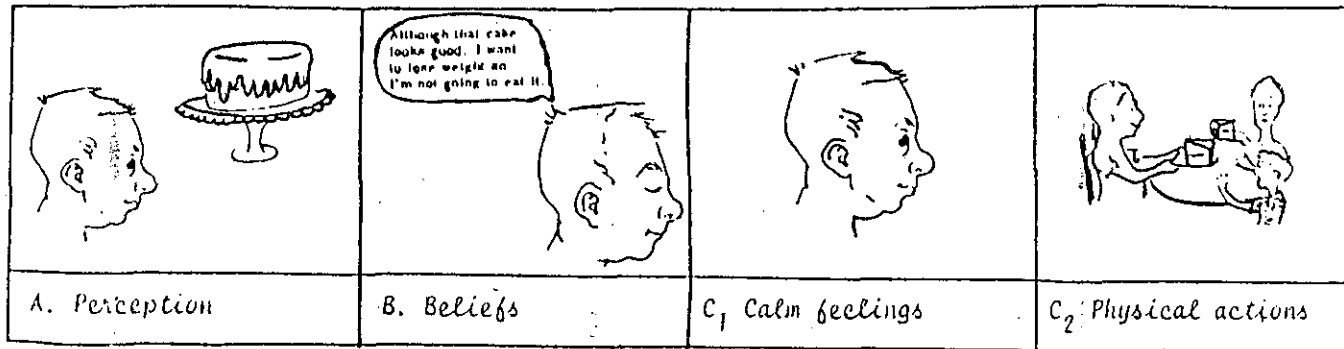


FIGURE 3
The ABCs of Neutral Emotional Feelings

when they are in some type of coma, or when they are dead. Otherwise, as long as healthy people have conscious physical control of themselves, they will also have one of the three basic types of emotional feelings.

The first and most important result of teaching middle graders the emotional ABCs is that these ABCs make it unnecessary for sane, intelligent people to blame their emotional feelings on the imaginary "it monsters" (see Figure 4).

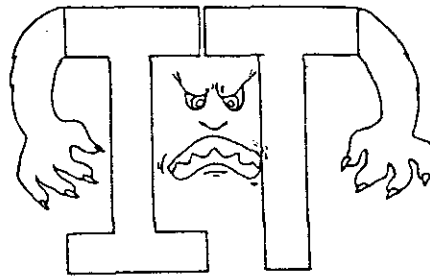


FIGURE 4
The It Monster

The it monsters are all the life events emotionally naive middle graders and adults blame for their emotional feelings, especially their negative ones. Like most people before they learn the emotional ABCs, then "It upsets me, it drives me up the walls, it makes me mad, it depresses me, it bores me, it discourages me, it disgusts me, and it makes me sick" are perfectly valid explanations for what causes their emotions.

The it monsters do not always seem to be malevolent; sometimes they seem to be surprisingly benevolent. When that is the case, people say things like, "It makes me feel good, it picks me up, it motivates me, or it encourages me."

Generally, though, the it monsters seem to give middle graders many more negative emotions than positive ones, especially in the public schools. Fortunately, the emotional ABCs make it clear that the it monsters are people's own beliefs and attitudes. That insight makes it unnecessary for middle graders to ever again "blame" imaginary it monsters for any of their emotional feelings.

The other five important facts the illustrations reveal are:

1. The external world at A never does any emotional thing to people.

2. People (including children) always do every emotional thing to themselves with their Bs (personal beliefs and attitudes) about the external world at A.

3. People often see only what they already believe exists and not what objectively exists right before their eyes.

4. Healthy, undrugged human brains do not care what sincere words people use to think, but healthy, undrugged brains will always immediately convert people's sincere words into realistic mental pictures of whatever those words represent to those people.

5. If people's sincere word pictures do not accurately fit the external, objective reality, both their emotional and physical reactions will often be unhealthy for those people and inappropriate for their objective situations.

A CASE EXAMPLE

This example demonstrates how middle graders react to being required to learn the emotional ABCs. A Black middle grader named Jo Carroll was required to take a course titled "The

ABCs of Success" (The ABCs of Success or of Happiness or How Best to Cope are common labels for my classroom course in rational self-counseling; further information is available on request). She had a long history of consistently intolerable behavior toward her White teachers and White classmates. But in Jo Carroll's mind, she was defending herself against "it monsters" (i.e., teachers and students "who do not like me and do not want me to be successful in school"), and the real and imagined undesirable situations she experienced each day. The following is an excerpt from an interview with Jo Carroll after she had learned her emotional ABCs.

JO: One of my most helpful insights was why I upset myself when I thought someone didn't like me.

COUNSELOR: What was your insight?

JO: I have always had the belief that if you don't act in a certain way that I like, that means you don't like me. And everything has been I, I: what I think and what I've been saying to myself. But I've been thinking that it's not me; it's you. It's what you are doing to me. But actually it's not that at all; it's what I think or what I perceive about what you are doing.

COUNSELOR: Right.

JO: And it really took a long time for me to really see and believe that you have never made me mad. It really has because I've always felt that it was the other person and not me who caused my feelings. But I produce my own thoughts and feelings.

COUNSELOR: Right.

JO: It's hard for me to admit this because I just hate to think that all these years I've gone around accusing other people. I've "cussed" people out, called them a lot of names; I've walked

out of classes and told teachers off. I just did a lot of things because I felt that people didn't like me, or they said something that I didn't like. I always thought that they made me mad. And now I want to go back to them and apologize and say: "It wasn't you. I wasn't mad at you; I was mad because of the way I thought about you."

COUNSELOR: As long as you believed that they or the it monster upset you, there didn't seem to be anything that you could do. You seemed to yourself to be just a victim. But now that you have changed from blaming the it monsters to "I upset me about it," what difference does that make in you?

JO: Well, when I say, "I upset myself," I get the thought in my mind that I can do something about it. That is the big difference. I feel that if I don't like something about something, then I can change it, or I can solve it myself. I'm in control of me. And all I have to do to change my emotional feelings is to change my thoughts.

Jo Carroll's counselors did not let her stop with the insight that to change her emotional feelings all she had to do was change her thoughts; after all, any feeling that people can change for the better they can also change for the worse. To ensure that Jo always made changes for the better, the counselors helped her to see that rational self-counseling requires people to make only rational changes in their thoughts. Then, the counselors taught Jo an easy, yet quick and reliable way to check the rationality of her thoughts. All she had to do was form the habit of answering these five rational questions:

1. Is my thinking based on obvious facts?

2. Will my thinking best help me protect my life and health?
3. Will my thinking best help me achieve my short-term and long-term goals?
4. Will my thinking best help me prevent my most unwanted conflicts with other people?
5. Will my thinking best help me feel the emotions I want to feel without having to use alcohol or drugs?

Honest "no" answers for three or more of these questions about the same thoughts reveal irrational thoughts that need to be changed immediately to more rational ones. The new thought must have the next two characteristics: (a) the person must be able to give at least three honest "yes" answers to the five rational questions for the new thought, and (b) the person must be willing to use that new thought every time he or she formerly used the old thought.

The five rational questions let middle graders discover for themselves their own irrational thoughts. People generally (and middle graders especially) are most likely to change their irrational thoughts when they have discovered them themselves: when other people make that discovery for them, most people (and especially middle graders) will defend, rather than change, those irrational thoughts. That is why teaching students how to counsel themselves rationally is so helpful to them.

MAINTAINING INTEREST IN RATIONAL SELF-COUNSELING

Counselors and teachers can maintain middle graders' interest in rational self-counseling by assigning them self-help readings in short booklets especially

designed to teach that skill. The booklets should have all five of the following characteristics of ideal self-help reading material for students learning rational self-counseling:

1. The material has been written by an expert on rational self-counseling.
2. The booklets are thin and do not remind students of regular school textbooks.
3. The booklets are well illustrated with humorous examples of common problems in daily life that irrational thinking causes, problems with which almost every middle grader can readily identify.
4. Easy rational solutions should accompany each illustrated problem, and the students should be able to readily identify with the rational thinking used in these solutions.
5. The chapters in the booklet should be short and written at the reading level of the Sunday comic strips.

The research-derived, standard readings in rational self-counseling used in the Rational Behavior Therapy Center at the University of Kentucky are (a) the cartoon-illustrated booklet, *You and Your Emotions* (Maultsby & Hendricks, 1974), and, for people who need rational self-help reading related to drug abuse, (b) the five-booklet series, *Freedom from Alcohol and Tranquilizers* (Maultsby, 1979). (Additional information on these booklets is available, on request, from the author.)

Assigning students these reading materials along with regular class assignments is one of the best ways to keep them interested in learning ra-

tional self-counseling. But having students occasionally watch our self-instructional videotapes is also a highly effective way to keep them interested in learning rational self-counseling.

Special Reading Instructions

People generally (and especially middle graders) do not know the best way to read self-help materials. Thus, the reading instructions given are one of the most important factors in helping students get the most out of their self-help reading.

Ideally, self-help reading is done daily for short periods of time (usually less than an hour) to accommodate the middle graders' relatively brief attention span. Each reading period has a definite, easy-to-achieve reading goal to meet the middle graders' need for relevancy. (A research-derived, daily reading instruction sheet, plus permission to reproduce it for the use of students, is available on request from the author.)

I have found that the most practical way to maintain student interest after they have completed the booklets mentioned above is to have them complete "The Instant Self-Checklist for Potential Emotional Distress" (Maultsby, 1980). Each week the teacher or counselor should choose two of the highest scored items on the list and have the class use the five rational questions to decide whether the items are really irrational. Then, based on the discussion of each checklist item given in the self-help manual, *Your Guide to Emotional Well-Being* (Maultsby, 1980), the teacher or counselor gives a brief talk describing the suggested rational replacement for each item. After that talk, the students discuss why they can or cannot

apply the suggested rational replacements.

If five or more students are interested, the teacher or counselor encourages them to form a chapter of the International Association for Clear Thinking (I-ACT), a nonprofit, international organization of normal people who use rational self-counseling to help themselves gain as much happiness as they desire.

CONCLUSION

Rational self-counseling can be an effective tool that school counselors and teachers can use with middle graders. This method is particularly appropriate for middle graders because it assists them in coping effectively with the physical, cognitive, emotional, and social changes they encounter. For example, rational self-counseling as a form of self-help enhances the middle grader's developmental task of becoming independent. Its emphasis on rationality encourages middle graders to use their increasing cognitive prowess. Rational self-counseling's focus on emotionally healthy self-control lends itself to assisting middle graders to handle effectively peer group pressures. Because rational self-counseling can be performed in groups, it helps meet the growing social needs of youth at this age. Counselors and other educators are encouraged to use rational self-counseling to assist middle graders in making an effective transition into adolescence.

REFERENCES

- Costello, T.R., & Dougherty, D. (1977). Rational behavior training in the classroom. *Rational Living*, 12, 13-15.

- Husa, H.E. (1982). The effects of rational self-counseling on college students' locus of control. *Journal of College Student Personnel*, 23, 304-307.
- Knippings, P., Maultsby, M.C., & Thompson, P. (1976). The technology for using the classroom as an emotional center. *Journal of School Health*, 46, 278-281.
- Maultsby, M.C. (1976). *Help yourself to happiness*. New York: Institute for Rational Living.
- Maultsby, M.C. (1978). *A million dollars for your hangover*. Lexington, KY: Rational Self-Help Aids.
- Maultsby, M.C. (1979). *Freedom from alcohol and tranquilizers*. Lexington, KY: Rational Self-Help Aids.
- Maultsby, M.C. (1980). *Your guide to emotional well-being*. Lexington, KY: Rational Self-Help Aids.
- Maultsby, M.C. (1984). *Rational behavior therapy*. Englewood Cliffs, NJ: Prentice-Hall.
- Maultsby, M.C., & Hendricks, A. (1974). *You and your emotions*. Lexington, KY: Rational Self-Help Aids.
- Maultsby, M.C., Knippings, P., & Carpenter, L. (1974). Teaching self-help in the classroom with rational self-counseling. *Journal of School Health* 44, 445-448.
- Maultsby, M.C., Costello, R.T., & Carpenter, L.C. (1976, December). Classroom emotional education and optimum health. *Journal of International Academy of Preventive Medicine*, 21-31.
- Newhouse, R.C., & Schwager, H. (1978). Rational behavior therapy as related to self-concept of disadvantaged adults. *Journal of Instructional Psychology*, 5, 35-38.
- Reister, B.W., Stockton, R.W., & Maultsby, M.C. (1977). Counseling the test anxious: An alternative. *Journal of College Student Personnel*, 18, 506-510.
- Ross, G. (1978). Reducing irrational personality traits, trait anxiety and intra-interpersonal needs in high school students. *Measurement and Evaluation in Guidance*, 11, 44-50.
- Smith, R., Jenkins, W.O., Petko, C.M., & Warner, R.W. (1979). An experimental application and evaluation of rational behavioral therapy in a work-release setting. *Journal of Counseling Psychology*, 26, 519-525.
- Zelig, J., Christopher, F., & Lehr, E. (1980). Cognitive behavioral intervention in school discipline. *Personnel and Guidance Journal*, 59, 80-83.