

RATIONAL PSYCHOTHERAPY AND INDIVIDUAL PSYCHOLOGY

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Rational psychotherapy is a theory of personality and a system of therapeutic technique which has evolved from the writer's clinical practice over the last decade. Although, like all modern psychodynamic theorizing, it owes an inestimable debt to the thinking of Sigmund Freud (12, 13), it has philosophic roots in the rational analyses of some of the early philosophers, such as Epictetus (11), and psychological roots in the persuasive techniques of some of the late nineteenth century therapists, such as Dubois (5).

When the first public paper on rational psychotherapy was presented in 1956 (10), it was pointed out by Dr. Rudolf Dreikurs and others that there seemed to be a close connection between many of the views expounded by the writer and some of the basic thinking of Alfred Adler. This connection will now be examined, to determine what are the main points of agreement and disagreement between rational therapy and Individual Psychology.

RATIONAL PSYCHOTHERAPY

Rational psychotherapy starts with the hypothesis that human emotion is caused and controlled in several major ways and that, for all practical purposes, the most important of these is usually by thinking. Much of what we call emotion is nothing more or less than a certain kind—a biased, prejudiced, or strongly evaluative kind—of thought. Since, in our culture, thinking normally takes place in terms of language, positive human emotions, such as feelings of love or elation, generally result from conscious or unconscious sentences stated in some form or variation of the phrase "This is good!" and negative human emotions, such as feelings of anger or depression, generally are caused by some form or variation of the sentence "This is bad!" If an adult would not employ, on some conscious or unconscious level, such sentences, much of his emoting simply would not exist.

If human emotions largely result from thinking, then one may appreciably control one's feelings by controlling one's thoughts—or by changing the internalized sentences, or self-talk, with which one largely created the feelings in the first place. This is what the rational therapist teaches his clients to do: to understand exactly how they

create their own emotional reactions by telling themselves certain things, and how they can create different emotional reactions by telling themselves other things.

The rational therapist believes that emotional disturbance essentially arises when individuals tell themselves negative, unrealistic, illogical, self-defeating sentences. He further believes that, for the most part, disturbed individuals are not aware *that* they are talking to themselves illogically; or of *what* the irrational links in their internalized sentences are; or of *how* they can learn to tell themselves saner and more realistic thoughts or sentences. This is the therapist's main task: to make them aware—or conscious—of their inner verbalizations.

Although it is possible that some of man's illogical ideas are rooted in his biological limitations, it seems clear that many or most of them are inculcated or over-emphasized by his upbringing, especially by (a) his parents, (b) his teachers, and (c) his contact with his general culture and particularly the media of mass communication in this culture. As a result of these biosocial conditions, virtually all humans in our society hold several major illogical ideas or philosophies which inevitably lead to some measure of self-defeat and neurosis.

Some of the most important irrational ideas which are presently ubiquitous in our culture are these: (1) the idea that it is a dire necessity for an adult human being to be loved or approved by everyone for everything he does; (2) the idea that one should be thoroughly competent, adequate, and achieving in all possible respects; (3) the idea that certain people are bad, wicked, or villainous, and that they should be severely punished and blamed for their villainy; (4) the idea that it is terrible, horrible, and catastrophic when things are not the way one would like them to be; (5) the idea that human unhappiness is externally caused, and people have little or no ability to control their sorrows and disturbances; (6) the idea that if something is, or may be, dangerous or fearsome, one should be terribly concerned about it; (7) the idea that it is easier to avoid than to face certain life difficulties and self-responsibilities; (8) the idea that one should be dependent on others and needs someone stronger than oneself on whom to rely; (9) the idea that the past is all-important and that because something once strongly affected one's life, it should indefinitely have the same effect; (10) the idea that one should become quite upset over other people's problems and disturbances; (11) the idea that it is exceptionally difficult to find the right solution to many human problems, and

that if the precise and correct solution is not found the results will be catastrophic; (12) the idea that human happiness can be achieved by inertia and inaction.

The rational therapist believes that ideas like these can be proved to be illogical, unworkable, and self-defeating (though, for lack of space, no attempt to prove this will be made in the present paper); and that when clients are forcefully disabused of these unrealistic beliefs they steadily, and often with remarkable speed, overcome their emotional disturbances. The therapist frequently employs the usual expressive-emotive, supportive, relationship, and insight-interpretative techniques which the present author (7, 8) has outlined elsewhere. But where most therapists directly or indirectly show the client that he is behaving illogically, the rational therapist goes beyond this point to make a forthright, unequivocal *attack* on the client's general and specific irrational ideas and to try to *induce* him to adopt more rational ones in their place.

Rational psychotherapy makes a concerted attack on the disturbed individual's irrational positions in two main ways: (a) the therapist serves as a frank counter-propagandist who directly contradicts and denies the self-defeating propaganda and superstitions which the client originally learned and keeps self-propagandistically perpetuating. (b) The therapist encourages, persuades, cajoles, and at times commands the client to partake of some kind of activity which itself will act as a forceful counter-propagandist agency against the nonsense he believes. Both these therapeutic acts are consciously performed with the goal of finally getting the client to internalize a rational philosophy of living just as he originally internalized the irrational ideas and attitudes of his parents and his culture.

SIMILARITIES WITH INDIVIDUAL PSYCHOLOGY

These, very sketchily expounded, are some of the central hypotheses of rational psychotherapy. Although they were evolved largely from empirical observation, and within the framework of a highly eclectic orientation, objective analysis will show that they significantly overlap at many points with the views of Alfred Adler, and that Adler unquestionably had priority in boldly expressing these views.

Rational therapy, for example, holds that it is people's irrational *beliefs* or *attitudes* which usually determine their significant emotional reactions and lead to their disturbances. Adler continually emphasized the importance of the individual's style of life (4, p. 2) and insisted

that "The psychic life of man is determined by his goal" (1, p. 19). The common factor is that both, beliefs and attitudes, and goals, are a form of thought.

Adler noted that when an individual is neurotic, "We must decrease his feeling of inferiority by showing him that he really undervalues himself" (2, p. 112). Rational therapists teach their clients that their feelings of inadequacy invariably arise from the irrational beliefs that they should be thoroughly competent in everything they do, and that they should severely blame themselves when they make any mistakes or when someone disapproves of them.

The rational therapist makes relatively little use of the Freudian notion of a highly dramatic "unconscious" in which sleeping motivations lie ever ready to rise up and smight the individual with neurotic symptoms (6, 9), but he does keep showing his clients that they are unconsciously, or unawarely, telling themselves statements, naively believing these unconsciously-perpetuated statements, and significantly affecting their own conduct thereby. Adler says much the same thing in these words: "The unconscious is nothing other than that which we have been unable to formulate in clear concepts. It is not a matter of concepts hiding away in some unconscious or subconscious recesses of minds, but of parts of our consciousness, the significance of which we have not fully understood" (4, pp. 232-233).

Adler points out that the therapist "must be so convinced of the uniqueness and exclusiveness of the neurotic direction line, that he is able to foretell the patient's disturbing devices and construction, always to find and explain them, until the patient, completely upset, gives them up—only to put new and better hidden ones in their place" (4, p. 334). This, in his own terms, is exactly what the rational therapist does, because he knows, even before he talks to the client, that this client *must* believe some silly, irrational ideas—otherwise he could not possibly be disturbed. And, knowing this, the rational therapist deliberately looks for these irrationalities, often predicts them, and soon discovers and explains them, or mercilessly reveals their flaws, so that the client is eventually forced to give them up and replace them with more rational philosophies of living.

The rational therapist, as noted above, insists on *action* as well as *depropagandization*, and often virtually or literally forces the client to do something to counteract his poor thinking. Adler wrote in this connection: "The actual change in the nature of the patient can only be his own doing" (4, p. 336).

Speaking of individuals with severe inadequacy feelings, Adler noted that "the proper treatment for such persons is to encourage them—never to discourage them" (2, p. 76). The rational therapist, more than virtually any other kind of psychotherapist, particularly gets at long-ingrained negative beliefs and philosophies by persuading, cajoling, and consistently encouraging the clients to be more constructive, more positive, more goal-oriented.

The rational therapist believes that human beings are not particularly affected by external people and things, but by the views they take of these things, and that they therefore have an almost unlimited power, through changing their sentences and their beliefs, to change themselves and to make themselves into almost anything they want. Said Adler in this connection: "We must make our own lives. It is our own task and we are capable of meeting it. We are masters of our own actions. If something new must be done or something old replaced, no one need do it but ourselves" (3, pp. 23-24).

DIFFERENCES FROM INDIVIDUAL PSYCHOLOGY

In many important respects, then, it should be obvious by now that rational psychotherapy and Individual Psychology overlap and support each other's tenets. There are, however, some significant differences. Although it has been reported (15) that Adler's therapeutic technique was often quite persuasive and even commanding, as the rational therapist's technique quite candidly is in many instances. Adler himself espoused a more passive view: "Special caution is called for in persuading the patient to any kind of venture. If this should come up, the consultant should say nothing for or against it, but, ruling out as a matter of course all generally dangerous undertakings, should only state that, while convinced of the success, he could not quite judge whether the patient was really ready for the venture" (4, p. 339).

It is mainly, however, in the realm of his views on social interest that Adler would probably take serious issue with the rational therapist. For the latter believes that rational human behavior *primarily* must be based on *self-interest*; and that, if it is so based, it will by logical necessity also have to be largely rooted in *social* interest. Adler seemed to believe the reverse: that only through a primary social interest could an individual achieve maximum self-love and happiness (4, p. 161; 3, p. 259).

Ansbacher and Ansbacher report in this connection: "To the most general formulation of the question, 'Why should I love my neighbor?', Adler is reported to have replied: 'If anyone asks me why he should love his neighbor, I would not know how to answer him, and I could only ask in my turn why he should pose such a question'" (4, p. 161). The rational therapist would tend to take a different stand and to say that there is a very good answer to the question of why one should love one's neighbor, or at least why one should take care not to harm him, namely, that only in so doing is one likely to help build the kind of society in which one would best live *oneself*. The rational therapist believes, in other words, that self-interest *demand*s social interest; and that the rational individual who strives for his own happiness will, *for that very reason*, also be interested in others. Moreover, the rational therapist tends to believe, with Maslow (14) and other recent personality theorists, that the human animal *normally* and *naturally* is helpful and loving to other humans, provided that it is not enmeshed in illogical thinking that leads it to self-destructive, self-hating behavior.

Where Adler writes, therefore, that "All my efforts are devoted towards increasing the social interest of the patient" (3, p. 260), the rational therapist would prefer to say, "Most of my efforts are devoted towards increasing the self-interest of the patient." He assumes that if the individual possesses rational self-interest he will, on both biological and logical grounds, almost invariably tend to have a high degree of social interest as well.

CONCLUSION

In some theoretical ways, then, and in several specific elements of technique, which were not examined here for lack of space, rational psychotherapy and Individual Psychology significantly differ. It is more interesting and important, however, to note the many ways in which they amazingly agree. That Alfred Adler should have had a half century start in stating some of the main elements of a theory of personality and psychotherapy which was independently derived from a rather different framework and perspective is indeed a remarkable tribute to his perspicacity and clinical judgment.

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