

## REASON AND EMOTION IN THE INDIVIDUAL PSYCHOLOGY OF ADLER<sup>1</sup>

ALBERT ELLIS<sup>2</sup>

*Institute for Advanced Study in Rational Psychotherapy*

Every time I reread Alfred Adler, I am amazed at the similarity between the main principles of Individual Psychology and my own theory and practice of Rational-Emotive Psychotherapy. Whereupon the thought again occurs to me: Why did I originally, back in 1956, start a new school of therapy instead of mainly listing myself as an Adlerian and, working within the Adlerian framework, become something of a revisionist in this system?

A good question! Naturally, I can answer it with several plausible reasons—or should I say rationalizations? Rational-Emotive Therapy (or RET, for short) is not only a theory of personality development and change. It also has developed a specific methodology. Moreover, philosophically, RET takes a rather extreme, and unique, stand on human worth and self-evaluation. In these two respects it differs significantly from Individual Psychology as well as from virtually all other therapeutic psychologies. Where Adler showed human beings how to esteem themselves in spite of their innate and acquired limitations, RET makes a determined effort to induce the individual not to rate or esteem himself at all (13, 15, 16). Moreover, as I pointed out in my first published paper on rational-emotive therapy (12), RET places less specific emphasis on social interest and more on self-interest than does Individual Psychology.

I can think, however, of a few more honest reasons why I probably overstressed RET and understressed Individual Psychology. For one thing, I was too lazy to re-check the Adlerian position before I began systematically to postulate and present my own variation of it. Although I had originally read Adler in the early 1930's and been favorably impressed by his works, and although I had been equally influenced by various important neo-Adlerians—such as

<sup>1</sup>Presented in part at Division 24 (Philosophical Psychology) and Association for Humanistic Psychology symposium: "Adler's Concept of Man and Present-Day Theorizing," commemorating the Centennial of Alfred Adler's birth, 78th Annual Convention, American Psychological Association, Miami Beach, Florida, September 7, 1970.

<sup>2</sup>Author's address: as above, 45 East 65th Street, New York, N. Y. 10021.

Stekel (34), Horney (22), Fromm (20), and Sullivan (35)—I largely forgot my debt to him in originating the theory and practice of RET, and I mainly focused on the differences between my own views and those of various therapists from whom I had significantly borrowed. This, to say the least, was careless!

In terms of my other motivations, it might well be suspected that I *wanted* to seem as original as possible in my RET formulations and that therefore I *willfully* or *wishful-thinkingly* neglected the statements of Adler which I was essentially duplicating.

Consciously and unconsciously, then, Adler was certainly one of my main mentors; and it is highly probable that without his pioneering work, I would have never arrived at the main elements of RET. I still, however, feel a little uncomfortable about referring to myself as an Adlerian. Perhaps this reluctance stems from my grandiosity. But it also leaves me with a real advantage: I can now revere many or most of Adler's writings and find much theoretical substance and practical usefulness in them. But I can also in the way of constructive criticism highlight their distinct limitations and unhesitatingly try to construct ideas and techniques to overcome these limitations and to help make Individual Psychology—and, if you will, Rational-Emotive Therapy—more precise, more empirically founded, and more valid.

#### COGNITIVE BASIS FOR ACTIONS AND FEELINGS

In general, the founder of Individual Psychology was unusually incisive, perceptive, and to my way of thinking correct in regard to the interrelationship between ideation and emotion. Freud (10) had originally devised, in his typically brilliant way, the theory that emotional disturbance, or neurosis, is basically *ideogenic*. Unfortunately, however, this great idea got lost in the scuffle about the Oedipus myth.

Adler was much more tenacious in holding to the hypothesis that a person's emotional reactions, and in fact his entire healthy or neurotic life style, are directly correlated with his basic ideas, beliefs, attitudes, goals, or philosophies—are, in essence, *cognitively* created. He stated, for example:

It is very obvious that we are influenced not by "facts" but by our interpretation of facts . . . Everyone possesses an "idea" about himself and the problems of life—a life-pattern, a law of movement—that keeps fast hold of him without his understanding it, without his being able to give any account of it (3, pp. 26-27).—We orient ourselves according to a fixed point which we have artificially created, which does not in reality exist, a fiction. This assumption is necessary because

of the inadequacy of our psychic life (1, pp. 72-73).—The individual . . . does not relate himself to the outside world in a predetermined manner, as is often assumed. He relates himself always according to his own interpretation of himself and of his present problem . . . It is his attitude toward life which determines his relationship to the outside world (3, p. 67).

The very core of Adler's theory of emotion, therefore, is his statement, "In a word, I am convinced that *a person's behavior springs from his idea*" (3, p. 19; italics in original). This is also the central theme of the philosophy of Epictetus and Marcus Aurelius (21), of Spinoza (33), of Bertrand Russell (32), of V. J. McGill (26), and of many other ancient and modern thinkers. Among outstanding psychotherapists, it has been vigorously espoused by Berne (9), Dubois (11), Frank (19), Kelly (24), Low (25), Phillips (30), Rotter (31), Thorne (36), and many others.

#### *Inferiority Feelings and Self Rating*

More specifically and importantly, Adler realized that the individual's deep-seated feelings of inadequacy, inferiority, or worthlessness are also of cognitive origin. Thus, in this connection he noted,

we shall . . . find many people who spend their whole life fighting for their lives and others to whom life is a vale of sorrows. We must understand that they are the victims of a mistaken development the unfortunate consequence of which is that their attitude toward life also is mistaken (1, p. 157).—The most important and valuable fundamental thesis for our communal life is this: *The character of a human being is never the basis of a moral judgment, but is an index of the attitude of this human being toward his environment, and of his relationship to the society in which he lives* (1, p. 189).

In these passages, Adler shows that he fairly clearly grasped the most important idea which has recently been promulgated, and probably in somewhat clearer form, by rational-emotive therapists: namely, that the value or worth of an individual cannot really be scientifically or empirically measured. As Adler wrote in the 1920's: "Let us be very modest then, in our judgment of our fellows, and above all, let us never allow ourselves to make any *moral* judgments, judgments concerning the moral worth of a human being!" (1, p. 157).

All this sounds, at least to my rational-emotive ears, great! But it is still much too vague and too easily misinterpreted by emotionally aberrated individuals whom a therapist is trying to help. In RET, therefore, we attempt to show the individual how to differentiate his measurements and evaluations of his *acts* and *deeds* rigorously from his judgments and ratings of *himself* or what Adler calls his "moral worth."

That is to say, it is usually beneficial for a person to observe his behavior and to acknowledge that "My study habits are poor, my reactions of anger are too easily provoked, and my socializing with others leaves much to be desired." But it is exceptionally foolish and harmful for him to conclude, "Therefore, I am a rotten person, I have no moral worth." Because, although his *acts* are measureable, *he*, a total human being, is not; and if he does rate *himself*, he will sooner or later tend to (a) feel depressed and inadequate; (b) become obsessed with his self-rating instead of with bettering his performances; (c) act *less* efficiently; and (d) ultimately become falsely convinced that he *cannot* perform adequately. Adler generally saw this difference between the person's rating his traits and rating himself; but he did not too precisely show his clients exactly how they were doing this, and how they could challenge and dispute their self-evaluations until they rarely rated themselves at all.

#### *Private Sense and Rationality*

In 1928 Adler made a significant addition to his inferiority feeling-compensation paradigm. In a paper, entitled "Brief Comments on Reason, Intelligence, and Feeble-Mindedness" (4, pp. 41-49) he distinguished between private intelligence and reason or common sense. The latter is associated with social interest (meaning, an openness toward the world and empathy) while the former is characterized by lack of social interest. While not completely abandoning his earlier attempts to place the crux of psychological disorders on overwhelming inferiority feelings and grandiose compensation attempts, he did shift his emphasis to "the individual's distance from the . . . reasonable, generally human solution of a life problem," and he noted that all failures in life "are characterized by lack of social feeling," that is, lack of common sense (4, p. 53).

In 1936, Adler stated in an interview, "It is always the child who has no social interest who shuts himself up in himself, who develops imaginary grievances." And he said about the "inferiority complex": "That is only a phrase. All the world uses it now, but I seldom use it myself" (7).

From a new translation of Immanuel Kant's "The Classification of Mental Disorders" (23) Ansbacher (5) notes that the great philosopher, a century before Adler, made the distinction between private intelligence and common sense: "The only feature common to all mental disorders is the loss of common sense (*sensus communis*),

and the compensatory development of a unique, private sense (*sensus privatus*) of reasoning" (23, p. 19). Ansbacher (5) therefore concludes:

To the present writer it is comforting to know that when he uses the Adlerian pair of opposites, "private sense" and "common sense," he actually goes back to Kant, and that there is most likely a direct line from Kant to Adler. This last knowledge should remove all doubt, if some people still had any, that Adler belongs among the phenomenological, cognitive, understanding, Gestalt and field psychologists such as Spranger, Stern, Wertheimer, Lewin, all of whom can be said to have developed under the influence of Kant. On the other hand, "Freud was never influenced by Kant" (37, p. 395).

I was very happy to learn about this—particularly since it helps me to remember that I, too, was keenly influenced by Kant. When I was nineteen years old, I was so impressed with his *Critique of Pure Reason* and so sorry that it was, largely because of its complicated style, little known to Americans, that I began to make a simplified summary of it, and was only dissuaded from completing it (and then going on to do the same for his *Critique of Practical Reason*, with which I was much less impressed) by several publishers assuring me that the work had no market. In recent years, I have always assumed that my originating the theory and practice of RET largely stemmed from my favorable views of the writings of Epictetus, Marcus Aurelius, and Spinoza; but now I realize that Kant may well have influenced me in this respect even more than these pre-Kantians.

Adler's view on common sense and reason still leaves some important differences between Individual Psychology and RET. For example, where I speak of the irrationality of the individual, I imply that he has both false premises and illogical deductions from these. Adler contends that only his basic premises and goals are false but that he actually proceeds quite logically once he assumes that these premises are true. Adler and the Adlerians thereby seem to gain some therapeutic advantage, since the disturbed individual is not asked by them to change completely but only to change an error in his premises and goal. They can honestly show him that he is quite intelligent, but that he is merely starting with wrong assumptions; while I might have to state or imply that since both his assumptions and his deductions are wrong, he is really pretty stupid.

The individual's tendency, when he is disturbed, to think illogically as well as to make irrational assumptions, I think can easily be clinically and experimentally validated. Thus, Beck (8)

found that depressed patients differed significantly from nondepressed medical patients in that they produced many more cognitive distortions, including arbitrary inference, selective abstraction, overgeneralization, magnification and minimization, and inexact labeling. Overall and Gorham (29) found in schizophrenic individuals disruption of formal thought processes, including irrelevant responses, disconnected ideas, vagueness, and peculiar word usage or syntax. My own studies (13) show that in addition to nonveridical premises, all kinds of disturbed individuals tend to engage more frequently than do nondisturbed persons in various kinds of illogicalities, including short-sightedness, extremism, unthinkingness, wishful thinking, ineffective focusing, discrimination difficulties, and overgeneralization. Unless, therefore, a therapist fully faces the reality of human illogicality and crooked thinking (as well as the reality of the human proneness to accept false premises and goals), he will tend to be somewhat handicapped in his encounters with seriously disturbed people.

#### EMOTIONS AND THEIR TREATMENT

As we have seen, the understanding of emotions as being ideationally created, is very similar in Adler and RET. The views of some of the more specific negative emotions, such as anger, depression, and anxiety, as we shall see below, are also very similar.

There is, however, a clear difference in treatment. Adler's therapy would require that the disturbed individual's basic mistaken premises and false goals be pointed out to him. These mistakes are always seen as in the direction of greater self-centeredness, and disordered emotions seen as in the service of the false goals. The rational-emotive position shows him concretely what irrational beliefs he subscribes to that create his disturbed feelings and specifically how to dispute, to question and challenge, these ideas, until they are surrendered and until the feelings they engender not only temporarily abate but become, in time, much less likely to arise again spontaneously. For in RET, the individual is clearly shown how to differentiate his irrational from his rational beliefs, how empirically and logically to attack and uproot the latter, and how to carry out activity "homework" assignments that will help him depropagandize himself from his unscientifically-held and self-defeating beliefs, and how to acquire a basically sensible philosophy of living.

*Anger*

In regard to anger, Adler most perceptively and pioneeringly stated:

Anger is an affect which is the veritable epitome of the striving for power and domination. This emotion betrays very clearly that its purpose is the rapid and forceful destruction of every obstacle in the way of its angry bearer. Previous researchers have taught us that an angry individual is one who is striving for superiority by the strenuous application of all his powers (1, p. 267).—We must designate all irascible, angry, acrimonious individuals as enemies of society, and enemies of life. We must again call attention to the fact that their striving for power is built upon the foundations of their feeling of inferiority . . . Temper tantrums are much more frequent among children than among adults. Sometimes an insignificant event is sufficient to throw a child into temper tantrums. This arises from the fact that children, as a result of their greater feeling of inferiority, show their striving for power in a more transparent manner. An angry child is striving for recognition. Every obstacle he meets appears exceptionally difficult, if not insurmountable (1, pp. 269-270).

It is probably true, as Adler states here, that “anger is an affect which is the veritable epitome of the striving for power and domination.” Not that the angry individual *consciously* craves to be godlike and indomitable; but if we are thoroughly honest about it, which we rarely are about our feelings of anger, resentment, and hostility, we’d better admit that virtually every time we become irate, we at least temporarily believe that someone else *should* not be acting in a certain manner or that some aspect of the world *ought* not be the way it indubitably is. But to demand or dictate that people or things *must* be the way we want them to be *is* to be grandiose: since only God, obviously, has that power; and these days, even he’s having one devil of a time exercising it!

As far as is scientifically known, there *are* no shoulds, oughts, or musts in the universe; and the world *doesn’t* really, nor ever will, give a fig about us. The universe simply *is*; and it simply doesn’t think we are special, care whether we live or die, or insist that things go our way. To believe otherwise, is clearly to be godlike. Anger, therefore, is obviously a two-year-old, grandiloquent *insistence* that we get what we want.

Adler also notes that “The belief that the cosmos ought to have an interest in the preservation of life is scarcely more than a pious hope” (3, p. 272). And going along with my notion that the individual need not experience low frustration and anger just because he is severely deprived, Adler writes that the sensible (or should I say “common sensible”?) individual feels “at home on this earth with all its advantages and disadvantages. This feeling at home is

directly a part of social interest. . . [The normal person] regards the adversities of life not as an injustice inflicted upon him" (4, p. 43).

Observation of normal and neurotic children and adults would tend to indicate that humans frequently are grandiose on the side of or in addition to their feelings of inadequacy. The young child strongly craves another child's toys and is furious when he cannot have them, not necessarily because he thinks he is inferior and impotent (which on other occasions he may also think) but simply because he is naturally the kind of creature who has low frustration tolerance: who easily believes that he *should* have what he wants. Similarly, very powerful adults—such as kings and millionaires—who have relatively few feelings of inadequacy, still childishly think that they *must* not be balked and become terribly enraged when, even in some minor way, they are (18).

This is still similar to Adler's conception of the pampered life style where a person "has pictured to himself a world in which he is *entitled* to be first in everything . . . Resentment is commonly found as a reaction . . . as soon as the outside world ceases to fulfill the expectations . . ." (4, pp. 98-99).

Anger, in other words, invariably stems from grandiose crooked thinking: from the false conclusion that because one *wants* something very much and because one *could* theoretically obtain it, one *ought* to be endowed with it. If there is any feeling of resentment, rage, hostility, fury, or temper that does not directly stem from some consciously or unconsciously held belief in a *should*, *ought*, or *must*. I have never yet observed it. Nor do I ever expect to.

In RET we discriminate clearly between what I call rational and irrational beliefs. When at point A, some ACTION of an unjust or frustrating nature occurs, the individual can react to it, at point B, with a (RATIONAL) BELIEF to the effect of "Isn't it unfortunate that his injustice of frustration happened?" In which case he will feel, at point C (the CONSEQUENCE) the emotion of annoyance or irritation—but not anger! But if, at point B, he reacts with an (IRRATIONAL) BELIEF, and convinces himself "It is awful that this injustice occurred! It *should* not have happened I *can't stand* its occurrence!" he will then experience at point C (the CONSEQUENCE) the emotion of anger, hostility, or rage. Irritation can be very effective in helping the individual tackle the injustices and frustrations he encounters, and possibly minimizing or eliminating them. Real anger, however, that is either felt or

expressed, seems invariably to have the additional magical element, or (IRRATIONAL) BELIEF at point B, "Injustice and frustration *should* not exist; and I can't stand the way that reality includes their existence!"

### *Sadness*

The second negative or destructive emotion that Adler discusses in detail is what he calls "sadness," one of the synonyms of which is depression. He writes:

The affect of sadness occurs when one cannot console himself for a loss or deprivation. Sadness, along with the other affects, is a compensation for a feeling of displeasure or weakness, and amounts to an attempt to secure a better situation. In this respect its value is identical with that of a temper paroxysm. The difference is that it occurs as a result of other stimuli, is marked by a different attitude, and utilizes a different method. The striving for superiority is present, just as in all other affects, whereas an irate individual seeks to elevate his self-evaluation and degrade his opponent, and his anger is directed against an opponent . . . The sad person complains and with his complaint sets himself into opposition to his fellows. Natural as sorrow is in the nature of man, its exaggeration is a hostile gesture against society (1, p. 270).

The rational-emotive solution of this problem would be:

At point A, an ACTION occurs: The individual gets rejected by, say, his girl friend. At point B, his BELIEF system intervenes to interpret what has happened to him at point A. First, he has a RATIONAL BELIEF—"Isn't it unfortunate that I got rejected; this is really too bad." If he stuck rigorously with this RATIONAL BELIEF, he would have, as Adler points out, the feeling of sadness at point C, the CONSEQUENCE. He would feel terribly sorry about his loss, and because of his feeling of displeasure would attempt to secure a better situation—for example, to win his girl back or to get another girl friend.

But the individual, alas, does not stay with his RATIONAL BELIEF about the ACTION that has occurred at point A. Instead, he immediately tends to leap over to the additional, magical, IRRATIONAL BELIEF at point B—"Isn't it awful that I got rejected! What a worm I am! I'll probably never be able to get a suitable girl friend again!" This IRRATIONAL BELIEF leads to the inappropriate or neurotic CONSEQUENCE at point C—deep-seated feelings of anxiety and depression, withdrawal, and inertia in regard to trying to find another girl.

What is more, Adler indicates, the individual may have some other IRRATIONAL BELIEFS at point B. He may conclude that,

having lost his girl friend, he is no longer the king of lovers that he thinks he *should* be. He may feel so inadequate because of this belief that he may then feel forced to compensate and to gain false superiority again by trying to degrade his girl friend, showing extreme hostility to her, and making a real enemy of her. So his IRRATIONAL BELIEFS at point B may cause him to be, at one and the same time, inappropriately self-deprecating and hostile to others.

I think Adler is probably mistaken when he implies that the depressed or despairing individual is also hostile to society. Though, statistically speaking, this is often true, he will very frequently be self-condemning. And it is his irrational *ideas* that he *should* never be rejected, that he is a no-goodnik when he is, and that he will probably *never* have another suitable girl friend again that *create* his depression.

It becomes almost crystal-clear that the angry individual would better vigorously DISPUTE—at point D—his IRRATIONAL BELIEFS that it is *awful* that injustice occurred, that it *should* not have happened, and that he *can't stand* its occurring, until he fully acknowledges that it is not *awful* but only *inconvenient* if others treat him unfairly, that *it would be better* if these others treated him justly but that is no reason why they *should*, and that he *can* stand and gracefully lump, though never like, the injustices of life. At this point, he will arrive at E, the therapeutic EFFECT, which is to feel annoyed and irritated but no longer angry and upset about the injustices that occurred at point A.

Similarly, the depressed and despairing individual would better DISPUTE, at point D, *his* IRRATIONAL BELIEFS. Then he will arrive at E, the therapeutic EFFECT, which is to feel sad and sorry but no longer depressed and despairing about his girl's rejection at point A.

### *Anxiety*

Let us consider one more profoundly dysfunctional emotion which Adler analyzes—that of anxiety. He writes:

The mechanism of *anxiety* does not directly demonstrate any superiority—indeed it seems to illustrate a defeat. In anxiety one seeks to make oneself as small as possible, but it is at this point that the conjunctive side of this affect, which carries with it at the same time a thirst for superiority, becomes evident. The anxious individuals flee into the protection of another situation, and attempt to fortify themselves in this way until they feel themselves capable of meeting and triumphing over the danger to which they feel exposed . . . In this case we

are dealing with individuals who demand support from someone, who need someone paying attention to them at all times. As a matter of fact it amounts to nothing more than the institution of a master-slave relationship, as if someone else had to be present to aid and support the anxious one. Investigate this further and one finds many people who go through life demanding particular recognitions. They have so far lost their independence (as a result of their insufficient and incorrect contact with life) that they demand exceptional privileges, with extraordinary violence. No matter how much they seek out the company of others, they have little social feeling. But let them show anxiety and fright, and they can create their privileged position again. Anxiety helps them evade the demands of life, and enslaves all those about them. Finally it worms itself into every relationship in their daily lives, and becomes their most important instrument to effect their domination (1, pp. 274-275).

Adler incisively sees that superiority strivings and inferiority feelings are almost invariably connected, but I am not sure that he accurately sees *how* they are connected. If an individual devoutly wishes and ardently thinks that he needs to be almost perfect—as I think practically all of us do—he will almost certainly end up by thinking of himself as inferior or inadequate. For he is incredibly *fallible*; and he simply cannot get these particular wishes or so-called needs fulfilled. Once, moreover, he starts feeling inadequate, he will often (since he still has the overwhelming demand that he be adequate) rationalize and compensate for his failings, and he may not only then *desire* to be godlike but may actually begin to *behave* like God. But often, of course, does not mean always; and much more frequently, in fact, he will first demand that he be noble and great; then feel terribly inferior because he cannot achieve that demand; and then berate himself mercilessly for his feelings of inadequacy. In the process, he will not only give up his underlying *striving* to be superior but may even surrender his *desire* to be.

Adler, in zeroing in on that minority of individuals who feel inadequate and who *therefore* “demand exceptional privileges, with extraordinary violence,” forgets that the majority merely feel inadequate and nothing else. Certainly, as he points out, *some* “spoiled brats” dominate those they love by immensely needing their help. But many nonspoiled brats dominate no one and end up by feeling almost total slobs.

Nonetheless, Adler is basically right about anxiety. If clearly parsed, it usually is a destructive emotion which starts when, at point A, an individual may not receive approval or achieve some goal he wishes to attain. At point B, his BELIEF SYSTEM, this individual then rationally tells himself, “Isn’t it unfortunate if I fail! I shall be terribly sorry about failing. Let me see what I can

do to succeed. If he sticks rigorously to this RATIONAL BELIEF, at point B, he will almost immediately experience, at point C, the emotional CONSEQUENCE of concern or caution; and he will thereby be helped to achieve the approval or goal that he desires.

If, however, this same individual irrationally tells himself, at point B, "Isn't it awful if I fail! I shall be an utter worm, a worthless person if I do! I absolutely *must* succeed!" he then, as a result of this IRRATIONAL BELIEF, starts experiencing anxiety, over-concern, and panic. No matter how much he rationalizes, compensates, or rules others by his overweening anxiety, he still underlyingly feels it: because he is still an essentially fallible human who will at times fail and he still, definitionally and foolishly, is convinced that it is awful to fail and that he *must* succeed.

The individual would better DISPUTE, at point D, his IRRATIONAL BELIEFS, by asking himself: "*Why* would it be awful if I fail? *Where is the evidence* that I would be an utter worm if I do? *Why must* I succeed?" If he keeps logically and empirically questioning his magic assumptions at point B, he will then almost always be able to answer himself: "It is not awful, but merely inconvenient, if I fail. There is no evidence, nor ever can be, that I am an utter worm if I do. I don't *have* to succeed, although it would be lovely if I did." He will then experience, at point E, the behavioral and emotional EFFECTS of his disputing his irrational beliefs: namely, a significant drop in his anxiety.

All this, I think, is implicit in Individual Psychology. For it is pretty obvious that Adler thought that disturbed humans guided their lives by fictions and by unrealistic goals and purposes and that, in order to become less disturbed, they'd better change these fictions and goals. The task of rational-emotive therapy is to identify concretely just what the basic irrational, disturbance-creating ideas of people usually are, and what precisely can be done about disputing and changing them. In significant respects, therefore, individual psychology and RET importantly complement each other.

#### CONCLUSION

There are essentially three different views of the origins of human emotions and how they can be changed. The first view is that of the behaviorists and of the Freudians: namely, that emotional reactions are primarily caused by external stimuli, events, or experiences—either in the individual's past or present life. The second

view is that of the anti-intellectualists, many of whom are now represented in the modern encounter group and sensory awareness movement: namely, that emotions are sacrosanct unto themselves and essentially spring from themselves. The third view is that of the stoics and the phenomenologists: namely, that emotions are the result of human evaluations, appraisals, interpretations, and cognitions. Adler was largely in this third camp. He unequivocally stated:

No experience is a cause of success or failure. We do not suffer from the shock of our experiences—the so-called *trauma*—but we make out of them just what suits our purposes. We are *self-determined* by the meaning we give to our experiences; and there is probably something of a mistake always involved when we take particular experiences as the basis for our future life. Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations (2, p. 14).

This seems to me to be an essentially rational and sensible view of human emoting and experiencing. It is the main view, moreover, which profoundly and distinctly shows what man can do to change his disordered and inappropriate emotionalizing. While I am still reluctant to call myself a pure, kosher Adlerian, I am happy to follow Alfred Adler just about all the way in this highly rational and emotive conception.

Although, as I note above, Adler at times was not too clear about how, in detail, man's self-defeating emotional reactions can be modified, he was very definite about the general method of changing them: namely, education. He above all other modern therapists pioneered in advancing the concept that psychotherapy is education and that education would better be psychotherapeutic. At the Institute for Advanced Study in Rational Psychotherapy in New York City we now operate a private school for normal children where, in addition to the principles of academic education, we also teach those of emotional education (14). Though our school has only been operating a short time, and though it started only with six and seven year olds, we have found that it is very possible to teach these youngsters how to think rationally about themselves and the world and how prophylactically and therapeutically to nip in the bud their dysfunctional feelings of anxiety, depression, anger, and guilt (17). Naturally, we are beholden to the educational work of Maria Montessori (27) and A. S. Neil (28). But to an even greater degree we are employing some of the direct teaching methods recommended by Alfred Adler (1-4, 6). For Adler was in many respects

the real founder of emotional education and would better be given full credit for his remarkable innovations in this extremely important area.

## REFERENCES

1. ADLER, A. *Understanding human nature*. New York: Greenberg, 1927.
2. ADLER, A. *What life should mean to you* (1931). New York: Capricorn, 1958.
3. ADLER, A. *Social interest: a challenge to mankind* (1933). New York: Capricorn, 1964.
4. ADLER, A. *Superiority and social interest* Ed. by H. L. & Rowena R. Ansbacher. Evanston, Ill.: Northwestern Univer. Press, 1964.
5. ANSBACHER, H. L. Sensus privatus versus sensus communis. *J. Indiv. Psychol.*, 1965, 21, 48-50.
6. ANSBACHER, H. L., & ANSBACHER, ROWENA R. (Eds.) *The Individual Psychology of Alfred Adler*. New York: Basic Books, 1956.
7. BARKER, D. A talk with the man who wants to cure the world of crime. *London Evening Standard*, May 6, 1936, 11.
8. BECK, A. T. *Depression*. New York: Hoeber-Harper, 1967.
9. BERNE, E. *Games people play*. New York: Grove Press, 1964.
10. BREUER, J., & FREUD, S. *Studies in hysteria* (1895). New York: Basic Books, 1957.
11. DUBOIS, P. *The psychic treatment of nervous disorders*. New York: Funk & Wagnalls, 1907.
12. ELLIS, A. Rational psychotherapy and Individual Psychology. *J. Indiv. Psychol.*, 1957, 13, 38-44.
13. ELLIS, A. *Reason and emotion in psychotherapy*. New York: Lyle Stuart, 1962.
14. ELLIS, A., with WOLFE, JANET L., & MOSELEY, S. *How to prevent your child from becoming a neurotic adult*. New York: Crown, 1966.
15. ELLIS, A. *Is objectivism a religion?* New York: Lyle Stuart, 1968.
16. ELLIS, A. Psychotherapy and the value of a human being. In V. W. Davis (Ed.), *Value and Valuation: essays in honor of Robert S. Hartman*. Knoxville, Tenn.: Univer. Tenn. Press, 1971.
17. ELLIS, A. *Emotional education*. New York: Julian Press, in press.
18. ELLIS, A., & GULLO, J. M. *Murder and assassination*. New York: Lyle Stuart, 1971.
19. FRANK, J. D. *Persuasion and healing*. Baltimore: Williams & Wilkins, 1961.
20. FROMM, E. *The sane society*. New York: Rinehart, 1955.
21. HADAS, M. (Ed.) *Essential works of stoicism*. New York: Bantam Books, 1963.
22. HORNEY, KAREN. *New ways in psychoanalysis*. New York: Norton, 1939.
23. KANT, I. *The classification of mental disorders*. Trans. & ed. by C. T. Sullivan, Doylestown, Pa.: Doylestown Foundation, 1964.
24. KELLY, G. A. *The psychology of personal constructs*. New York: Norton, 1955.
25. LOW, A. *Mental health through will-training*. Boston: Christopher Publ., 1952.
26. MCGILL, V. J. *Emotions and reason*. Springfield, Ill.: Thomas, 1954.
27. MONTESSORI, MARIA. *Dr. Montessori's own handbook*. New York: Schocken Books, 1969.

28. NEILL, A. S. *Summerhill*. New York: Hart, 1964.
29. OVERALL, J. E., & GORHAM, D. Basic dimensions of change in the symptomatology of chronic schizophrenics. *J. abnorm. soc. Psychol.*, 1961, 63, 597-602.
30. PHILLIPS, E. L. *Psychotherapy*. Englewood Cliffs, N. J.: Prentice-Hall, 1956.
31. ROTTER, J. B. *Social learning and clinical psychology*. New York: Prentice-Hall, 1954.
32. RUSSELL, B. *The conquest of happiness*. New York: Pocket Books, 1950.
33. SPINOZA, B. DE. *Improvement of the understanding, ethics and correspondence*. New York: Dunne, 1901.
34. STEKEL, W. *Technique of analytical psychotherapy*. New York: Liveright, 1950.
35. SULLIVAN, H. S. *The interpersonal theory of psychiatry*. New York: Norton, 1953.
36. THORNE, F. C. *Principles of personality counseling*. Brandon, Vt.: Clin. Psychol. Publ., 1950.
37. WOLMAN, B. B. *Contemporary theories and systems in psychology*. New York: Harper, 1960.