

# MY PHILOSOPHY OF PSYCHOTHERAPY

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**M**y approach to psychotherapy is to zero in, as quickly as feasible, on my clients' basic philosophy of life, to get them to see exactly what their core irrational beliefs are and how they are often self-defeating; and to persuade them to work their heads off, cognitively, emotively, and behaviorally, to change them. My basic assumption is that virtually all "neurotic" individuals at times actually think crookedly, magically, dogmatically, and unrealistically. They do not only want, wish, or prefer; they *demand*. They do not merely wish to achieve success, pleasure, or loving relationships; they insist on being King or Queen of the May: noble, perfect, godlike. They want to *prove* themselves instead of *be* themselves. They stubbornly refuse to work at changing obnoxious reality, or to gracefully lump it when it is truly unchangeable. They would much rather command that life *should, ought, and must* be the way they want it to be; and they consequently spend a considerable part of their lives whining, crying, depressing, and angering themselves when they are not getting their wants fulfilled.

My psychotherapeutic philosophy holds, in other words, that the vast majority of humans, in every part of the world, are much more disturbed than they have to be—because they simply will not accept themselves as fallible, error-prone *humans*. They often aspire to be super-humans; and because they cannot be, and because they also have inborn and acquired tendencies to denigrate themselves (and not merely their performances) when they fall short of their unrealistic ideals, they largely think of themselves as subhumans. They then feel anxious, guilty, ashamed, worthless, and self-hating. They also usually have low frustration tolerance for the incapable foibles of others and for the hassles of living in an inexorably difficult world. Because of their belief that others must be utterly kind, considerate, loving and fair, and that life conditions must be easy, effortless, and untroubled, they quickly escalate from the adaptive feelings of sorrow, regret, and annoyance to the unhealthy feelings of anguish, self-pity, rage or depression.

Let me, at the risk of becoming boring, repeat—for this point is essential to the understanding of my philosophy of psychotherapy. Practically all individuals have strong innate and learned tendencies to act like babies all their lives: to define their *wants* as absolute *needs*; to devoutly believe that they *must* perform well, that others *ought* to treat them fairly, and that their life conditions *have to* be comfortable and pleasant. To make matters worse, they extend their illogical and self-defeating demandingness into the realm of their disturbances. They consequently believe that they *must* not be emotionally disturbed; and that if they are, and if they go for some form of therapy, they *have to* get *completely* better, *fast*. Thus they frequently down themselves on three important levels: first, about their original failures; secondly, about their failing to be free from symptoms; and thirdly, about their failing to improve in therapy. As a result of this perfectionism—which, in a sense, *is* the human condition—they are often disturbed or self-defeating. Their resistance to therapy is continual and strong not because they hate their therapists or do not want to get better, but because they almost always *do* have a hard time giving up their magical assumptions, accepting the harsh facts of reality, and working persistently and strongly to change their basic philosophic premises, or what Alfred Adler called their neurotic goals, aims and purposes.

## THERAPEUTIC GOALS AND STYLE

If all this is true, then it is fairly obvious what my goals and psychotherapeutic style are. I am largely determined to efficiently and effectively show my clients that: (1) They are partly responsible for their present symptoms; and while the past or present conditions of their lives importantly influence and affect them, these events alone do not create their current disturbance. (2) Understanding exactly what they are thinking and doing to upset themselves emotionally is usually a *prelude* to personality change; but only determined effort to *use* this understanding to make themselves

think, feel, and act differently is likely to help them improve and remain improved. (3) The main attitudinal core of most serious disturbance is not people's tendency to rate theirs and others' deeds, acts, and performances (which is actually good and probably necessary to survival and happiness), but rather their strong, devout tendency to rate themselves and others as humans: to give a report card to their essence, their worth, their total-ity. The underlying purpose of this global rating and measuring of one's own and others' total worth is not to increase their own (or others') enjoyment, but rather to deify or devil-ify humans. Unless they give up this purpose, they are virtually doomed to lifelong anxiety, depression, shame, and hostility. (4) By working hard against their innate and acquired dispositions to control the universe and to prove that they are better *people* than others, and by using a variety of cognitive, emotive, and behavioral techniques, they can significantly change their philosophic outlooks, decrease their thinking and acting like whiny children, and finally become emotionally well-balanced and self-accepting individuals.

## ACTIVE-DIRECTIVE THERAPY

Because I optimistically believe that most individuals, and particularly those who are sufficiently motivated to come for therapy, can at least partially achieve these goals (frequently within a few months' time), I take a very active-directive role as a psycho-therapist. My main activity, most of the time, consists of involved, concerned, vigorous *teaching*. I show clients, using recent examples from their own lives, that whenever they feel anxious, guilty, depressed, self-hating, or enraged, at point C (which stands for emotional Consequence), they are not merely *made* so by A (Adversities that occur or that they think might occur) prior to their experiencing C. Rather they *make themselves* needlessly disturbed or symptomatic by consciously and unconsciously choosing to follow certain Beliefs at point B.

Moreover, the theory of Rational Emotive Behavior Therapy (that I have been using for almost fifty years) holds that whenever people upset themselves, they tend to have both a Rational Beliefs (RBs) which lead them to respond with healthy feelings (Such as sorrow, regret and frustration) at point C. They also have Irrational Beliefs (IBs), which lead them to respond with unhealthy negative feelings (such as anxiety, depression, and rage) at point C. Thus, when you are rejected by someone you care for (A), and you feel depressed and worthless (C), you are first telling yourself something like, "It's really unfortunate that I was rejected; I don't like this occurrence and wish it hadn't happened; but I can stand it and still lead a relatively happy (though not *as* happy) existence." Consequently, you feel sad, sorrowful, frustrated, or annoyed at point C.

You also, however, tend to add Irrational Beliefs (IBs), such as: "It's *awful* that I was rejected! *I can't stand* being refused. I *should* have acted better and thereby got accepted; and since I didn't do what I *should* have done, I'm a worm who will probably *always* be rejected and can experience little or no joy in life!" By devoutly believing this nonsense, you make yourself feel inappropriately anxious, depressed, and valueless.

In Rational Emotive Behavior Therapy (REBT), the most important method of helping you give up your Irrational Beliefs, and consequently feel and behave appropriately at point C, is to have you Dispute (D) these Beliefs, as I have shown in several books listed in the references section of this article. Thus, I would encourage you to ask yourself, at D: "Why is it *awful* for me to be rejected? Where is the evidence that *I can't stand* being refused? Prove that I *should* or *must* have acted better and thereby got accepted. Even if I never act well and always get rejected (which is highly improbable), how does that make me a worthless *person*? Damnable? A worm?"

If you persist at this Disputing, you will usually (and sometimes fairly quickly) acquire an Effective New Philosophy (E) that goes something like this: "There isn't anything *awful*, *terrible*, or *horrible* in the universe, including rejection by someone for whom I care; there are only serious inconveniences and frustrations, that I shall never like but that I can definitely *stand*. There are no absolutistic *shoulds*, *oughts*, or *musts*, but only *it would be better*. I shall therefore keep trying until someone I care for accepts me; but if by unusual bad luck or lack of talents on my part, no one ever does, that is *still* only highly inconvenient, never the end of the world. If I fail, I fail! Tough!"

When, after a number of individual or group therapy sessions, or by reading or listening to REBT materials, you finally acquire *this* kind of value system, you become significantly less disturbed. But in all probability, you will always be a highly fallible human who tends to fall back on self-defeating beliefs and who thereby sometimes

needlessly makes yourself anxious, depressed or enraged. However, if you have managed to make yourself basically rational and less self-defeating, these episodes of emotional disturbance will likely decrease in frequency, intensity, and duration.

On the *emotive* side, using REBT I employ (in individual and group sessions) role playing, unconditional acceptance, rational emotive imagery, shame-attacking exercises, evocation of feelings, dramatic confrontation, risk-taking procedures, and a variety of other experiential techniques. And on the *behavioral* side, I use desensitization, assertion training, *in vivo* homework assignments, operant conditioning, and other methods. REBT has led to the development of cognitive behavior therapy (CBT); and while for ten years it was alone in this respect, it has now found respectability in the eyes of many behavior and other therapists who partly or largely have adopted its theory and its practice, including Aaron Beck, Arnold Lazarus, and Donald Meichenbaum, and David Barlow.

My evaluation of the present state of the practice of psychotherapy is that while it is still somewhat superficial, at long last it seems to be on the way to becoming deep, efficient and sane. On the superficial side, we have a seemingly endless host of “feeling,” “experiential,” “primal,” and “new age” therapies that are largely anti-cognitive. These therapies often carry the message to their adherents that people should not use their heads too much; that they should become obsessed with “getting in touch with” and uninhibitedly expressing their feelings (thus remaining childish and whiny); that their natural body reactions are better guides to creative and happy living than is sensible self-discipline; and that mysticism and magic are more self-fulfilling than scientific, flexible thinking.

## **SIFTING FICTION FROM FACT**

On the other hand, things are looking up in the field of psychotherapy. Many younger clinicians and researchers, most of whom appear to be oriented toward some form of cognitive-behavior therapy, are carefully and scientifically sifting therapeutic fiction from fact and discovering why and how certain methods work and others do not. I especially recommend, in this respect, the kind of literature appearing in such journals as *Cognitive Therapy and Research* and the *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, that has given a true shot in the arm to the cause of scientifically evaluated therapeutic studies.

What role is suitable for psychotherapy to play in society-at-large? I would say: an exceptionally educative rather than primarily re-educative role. If psychotherapy works at all, then it has some very important things to say about the way humans behave when they are emotionally disordered, how they tend to get that way, and what they can do to help themselves think, feel, and act much more efficiently and enjoyingly. If it has these things to say, then it had better say them to youngsters and their teachers, preventively as well as curatively, so that eventually most people will be able to understand themselves and work hard at staving off severe emotional disturbances.

The future of psychotherapy, in my opinion, will be largely along educational rather than along therapist-to-client lines. Therapists will tend to follow the educational rather than the psychodynamic, medical, or other models, and will invent and use a wide variety of pedagogical methods to reach and affect literally millions of people. Thus (as we already do in part at the Albert Ellis Institute in New York City), they will employ lectures, seminars, workshops, recordings, films, pamphlets, books, programmed material, and a number of other educational techniques to help people understand and change themselves.

How do I like being a therapist? Pretty well. Largely because I am exceptionally active and spend most of my time talking people out of their irrational beliefs instead of mainly listening to their tales of woe and supportively patting them on the head. Also, to stave off possible boredom, I am always involved in developing and redeveloping my theories of psychotherapy, and in changing my ideas and techniques to try to bring about more effective results.