

## Personality Theories

### Albert Ellis

1913 - 2007

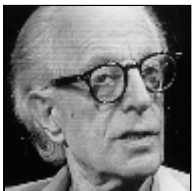
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Since I began putting these personality theories on the internet, I have received requests to add this or that theorist, sometimes with the added notion that I must be a total dunderhead to have left out such a genius! I added Allport, for example, on the basis of one such request. But most I did not add, because, however much the writer loves the genius, the genius is rarely up to the standards set by theorists such as Rogers or Horney, much less Jung or Binswanger. But Albert Ellis has gotten my attention! Although his is admittedly a "clinical" theory (i.e. devoted primarily to advancing a form of therapy), it is, in my opinion, as sophisticated as any.

To simplify my life, I have used, with permission of the Albert Ellis Institute (<http://www.rebt.org/>), pieces of two articles to present Ellis's theory.

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*Ellis was born in Pittsburgh in 1913 and raised in New York City. He made the best of a difficult childhood by using his head and becoming, in his words, "a stubborn and pronounced problem-solver." A serious kidney disorder turned his attention from sports to books, and the strife in his family (his parents were divorced when he was 12) led him to work at understanding others.*



*In junior high school Ellis set his sights on becoming the Great American Novelist. He planned to study accounting in high school and college, make enough money to retire at 30, and write without the pressure of financial need. The Great Depression put an end to his vision, but he made it through college in 1934 with a degree in business administration from the City University of New York. His first venture in the business world was a pants-matching business he started with his brother. They scoured the New York garment auctions for pants to match their customer's still-usable coats. In 1938, he became the personnel manager for a gift and novelty firm.*

*Ellis devoted most of his spare time to writing short stories, plays, novels, comic poetry, essays and nonfiction books. By the time he was 28, he had finished almost*

*two dozen full-length manuscripts, but had not been able to get them published. He realized his future did not lie in writing fiction, and turned exclusively to nonfiction, to promoting what he called the "sex-family revolution."*

*As he collected more and more materials for a treatise called "The Case for Sexual Liberty," many of his friends began regarding him as something of an expert on the subject. They often asked for advice, and Ellis discovered that he liked counseling as well as writing. In 1942 he returned to school, entering the clinical-psychology program at Columbia. He started a part-time private practice in family and sex counseling soon after he received his master's degree in 1943.*

*At the time Columbia awarded him a doctorate in 1947 Ellis had come to believe that psychoanalysis was the deepest and most effective form of therapy. He decided to undertake a training analysis, and "become an outstanding psychoanalyst the next few years." The psychoanalytic institutes refused to take trainees without M.D.s, but he found an analyst with the Karen Horney group who agreed to work with him. Ellis completed a full analysis and began to practice classical psychoanalysis under his teacher's direction.*

*In the late 1940s he taught at Rutgers and New York University, and was the senior clinical psychologist at the Northern New Jersey Mental Hygiene Clinic. He also became the chief psychologist at the New Jersey Diagnostic Center and then at the New Jersey Department of Institutions and Agencies.*

*But Ellis' faith in psychoanalysis was rapidly crumbling. He discovered that when he saw clients only once a week or even every other week, they progressed as well as when he saw them daily. He took a more active role, interjecting advice and direct interpretations as he did when he was counseling people with family or sex problems. His clients seemed to improve more quickly than when he used passive psychoanalytic procedures. And remembering that before he underwent analysis, he had worked through many of his own problems by reading and practicing the philosophies of Epictetus, Marcus Aurelius, Spinoza and Bertrand Russell, he began to teach his clients the principles that had worked for him.*

*By 1955 Ellis had given up psychoanalysis entirely, and instead was concentrating on changing people's behavior by confronting them with their irrational beliefs and persuading them to adopt rational ones. This role was more to Ellis' taste, for he could be more honestly himself. "When I became rational-emotive," he said, "my own personality processes really began to vibrate."*

*He published his first book on REBT, **How to Live with a Neurotic**, in 1957. Two years later he organized the Institute for Rational Living, where he held workshops to teach his principles to other therapists. **The Art and Science of Love**, his first really successful book, appeared in 1960, and he has now published 54 books and over 600 articles on REBT, sex and marriage. He is currently the President of the Institute for Rational-Emotive Therapy in New York, which offers a full-time training program, and operates a large psychological clinic.*

*(From **A Sketch of Albert Ellis**, by Gary Gregg)*

Albert Ellis died of heart and kidney failure July 24, 2007. You can read his obituary in the *New York Times* online by clicking [here](#).

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### **Theory**

**REBT** -- Rational Emotive Behavioral Therapy -- begins with **ABC!** A is for activating experiences, such as family troubles, unsatisfying work, early childhood traumas, and all the many things we point to as the sources of our unhappiness. B stands for beliefs, especially the irrational, self-defeating beliefs that are the actual sources of our unhappiness. And C is for consequences, the neurotic symptoms and negative emotions such as depression panic, and rage, that come from our beliefs.

*Although the activating experiences may be quite real and have caused real pain, it is our irrational beliefs that create long-term, disabling problems! Ellis adds D and E to ABC: The therapist must dispute (D) the irrational beliefs, in order for the client to ultimately enjoy the positive psychological effects (E) of rational beliefs.*

*For example, “a depressed person feels sad and lonely because he erroneously thinks he is inadequate and deserted.” Actually, depressed people perform just as well as non-depressed people. So, a therapist should show the depressed person his or her successes, and attack the belief that they are inadequate, rather than attacking the mood itself!*

*Although it is not important to therapy to pin-point the source of these irrational beliefs, it is understood that they are the result of “philosophical conditioning,” habits not unlike the habit of answering the phone just because it rings. Further, Ellis says that we are biologically programmed to be susceptible to this kind of conditioning!*

*These beliefs take the form of absolute statements. Instead of acknowledging a preference or a desire, we make unqualified demands on others, or convince ourselves that we have overwhelming needs. There are a number of typical “thinking errors” people typically engage in, including...*

- 1. ignoring the positive,*
- 2. exaggerating the negative, and*
- 3. overgeneralizing.*

*I may refuse to see that I do have some friends or that I have had a few successes. I may dwell on and blow out of proportion the hurts I have suffered. I may convince myself that nobody loves me, or that I always screw up.*

*There are twelve examples of irrational beliefs that Ellis often mentions...*

### ***12 Irrational Ideas That Cause and Sustain Neurosis***

*1. The idea that it is a dire necessity for adults to be loved by significant others for almost everything they do -- instead of their concentrating on their own self-respect, on winning approval for practical purposes, and on loving rather than on being loved.*

*2. The idea that certain acts are awful or wicked, and that people who perform such acts should be severely damned -- instead of the idea that certain acts are self-defeating or antisocial, and that people who perform such acts are behaving stupidly, ignorantly, or neurotically, and would be better helped to change. People's poor behaviors do not make them rotten individuals.*

*3. The idea that it is horrible when things are not the way we like them to be -- instead of the idea that it is too bad, that we would better try to change or control bad conditions so that they become more satisfactory, and, if that is not possible, we had better temporarily accept and gracefully lump their existence.*

*4. The idea that human misery is invariably externally caused and is forced on us by outside people and events -- instead of the idea that neurosis is largely caused by the view that we take of unfortunate conditions.*

*5. The idea that if something is or may be dangerous or fearsome we should be terribly upset and endlessly obsess about it -- instead of the idea that one*

would better frankly face it and render it non-dangerous and, when that is not possible, accept the inevitable.

6. *The idea that it is easier to avoid than to face life difficulties and self-responsibilities -- instead of the idea that the so-called easy way is usually much harder in the long run.*

7. *The idea that we absolutely need something other or stronger or greater than ourself on which to rely -- instead of the idea that it is better to take the risks of thinking and acting less dependently.*

8. *The idea that we should be thoroughly competent, intelligent, and achieving in all possible respects -- instead of the idea that we would better do rather than always need to do well and accept ourself as a quite imperfect creature, who has general human limitations and specific fallibilities.*

9. *The idea that because something once strongly affected our life, it should indefinitely affect it -- instead of the idea that we can learn from our past experiences but not be overly-attached to or prejudiced by them.*

10. *The idea that we must have certain and perfect control over things -- instead of the idea that the world is full of probability and chance and that we can still enjoy life despite this.*

11. *The idea that human happiness can be achieved by inertia and inaction -- instead of the idea that we tend to be happiest when we are vitally absorbed in creative pursuits, or when we are devoting ourselves to people or projects outside ourselves.*

12. *The idea that we have virtually no control over our emotions and that we cannot help feeling disturbed about things -- instead of the idea that we have real control over our destructive emotions if we choose to work at changing the masturbatory hypotheses which we often employ to create them.*

*(From **The Essence of Rational Emotive Behavior Therapy**, by Albert Ellis, Ph.D. Revised, May 1994.)*

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To simplify, Ellis also talks about the three main irrational beliefs:

1. "I must be outstandingly competent, or I am worthless."
2. "Others must treat me considerately, or they are absolutely rotten."
3. "The world should always give me happiness, or I will die."

The therapist uses his or her skills to argue against these irrational ideas in therapy, or, even better, leads the client to make the arguments. For example, the therapist may ask...

1. Is there any evidence for this belief?
2. What is the evidence against this belief?
3. What is the worst that can happen if you give up this belief?
4. And what is the best that can happen?

In addition to argument, the REBT therapist uses any other techniques that assist the client in changing their beliefs. They might use group therapy, use unconditional positive regard, provide risk-taking activities, assertiveness training, empathy training, perhaps using role playing techniques to do so, encourage self-management through behavior modification techniques, use systematic desensitization, and so on.

### **Unconditional self-acceptance**

Ellis has come to emphasize more and more the importance of what he calls "unconditional self-acceptance." He says that, in REBT, no one is damned, no matter how awful their actions, and we should accept ourselves for what we are rather than for what we have achieved.

One approach he mentions is to convince the client of the intrinsic value of him or herself as a human being. Just being alive provides you with value.

He notes that most theories make a great deal out of self-esteem and ego-strength and similar concepts. We are naturally evaluating creatures, and that is fine. But we go from evaluating our traits and our actions to evaluating this vague holistic entity called "self." How can we do this? And what good does it do? Only harm, he believes.

There are, he says, legitimate reasons for promoting one's self or ego: We want to stay alive and be healthy, we want to enjoy life, and so on. But there are far more ways in which promoting the self or ego does harm, as exemplified by these irrational beliefs:

I am special or I am damned.  
I must be loved or cared for.  
I must be immortal.  
I am either good or bad.  
I must prove myself.  
I must have everything that I want.

He believes very strongly that self-evaluation leads to depression and repression, and avoidance of change. The best thing for human health is that we should stop evaluating ourselves altogether!

But perhaps this idea of a self or an ego is overdrawn. Ellis is quite skeptical about the existence of a “true” or “real” self, ala Horney or Rogers. He especially dislikes the idea that there is a conflict between a self promoted by actualization versus one promoted by society. In fact, he says, one’s nature and one’s society are more likely to be mutually supporting than antagonistic.

He certainly sees no evidence for a transpersonal self or soul. Buddhism, for example, does quite well without it! And he is skeptical about the altered states of consciousness mystical traditions and transpersonal psychology recommend. In fact, he sees these states as being more inauthentic than transcendent!

On the other hand, he sees his approach as coming out of the ancient Stoic tradition, and supported by such philosophers as Spinoza. He sees additional similarities in existentialism and existential psychology. Any approach that puts the responsibility squarely on the shoulders of the individual and his or her beliefs is likely to have commonalities with Ellis’s REBT.

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## **Aaron Beck**

I would be remiss if I did not at least include a mention of Aaron Beck while talking about Ellis. If Ellis is the grandfather of cognitive-style therapies, Beck is the father. The influence of these two gentlemen on psychotherapy cannot be ignored!

Aaron Beck was born in Providence, Rhode Island, on July 18, 1921 to Russian Jewish immigrants. He received his bachelors degree (magna cum laude) from Brown University in 1942, and his MD from Yale Medical School in 1946. He is married and has four children, one of whom (Judith) followed in her father’s

footsteps.

He is still active as a professor at the University of Pennsylvania. He is also the director of the Center for the Treatment and Prevention of Suicide, and the president of the Beck Institute for Cognitive Therapy and Research in Philadelphia, of which Dr. Judith Beck is the director.

Beck developed a form of therapy he called CT (**Cognitive Therapy** - also known as CBT or Cognitive Behavioral Therapy), which has a number of commonalities with Albert Ellis's RET:

Cognitive therapy is based on the idea that many psychological problems ultimately derive from cognitive "errors," especially regarding one's self, one's world, and one's future. In conversational style, the therapist helps the patient explore and test their beliefs and thought processes and develop better approaches to life's problems. Among the original thinking errors Beck discovered were overgeneralization, minimization of positives, and maximization of negatives.

Originally, Beck applied his methods to depression and suicidal thoughts, but he and his students have since expanded their range to include anxiety disorders, personality disorders, and even schizophrenia.

In 2007, the online magazine Psychotherapy Networker conducted a survey among psychotherapists concerning the most influential therapists. Dr. Beck came in second, right after Carl Rogers.

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