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The Difference is Personal: A Comparison of the Theory and Practice of Ellis and Beck

by

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Abstract

Psychology students are introduced to several major schools of modern psychology, including Albert Ellis' rational emotive therapy (RET), and Aaron Beck's cognitive therapy (CT). Both of these theories are based on analyzing and changing the way clients think. However, introductory psychology textbooks typically do not compare and contrast these two major theories in any depth. As such, the goal of this thesis was to compare RET and CT. The author found that a few differences exist between the theories of RET and CT, and that the main distinction lies in the style of therapeutic relationship recommended and practiced by each theorist. All the differences identified by the author appear to be at least partly due to Ellis' and Beck's divergent personal backgrounds and interpersonal characteristics. The implications of this conclusion for training novice psychologists are discussed.

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Introduction

During my undergraduate program in psychology, I enrolled in an introductory logic course to fulfill a program requirement. I became enamoured with the structure of logic. I enjoy converting an argument into syllogistic form to prove/disprove its validity based merely on its structure. This is straightforward, simple, and it provides an absolute judgment on the worth of an argument. I subsequently took two additional logic courses as options. Also during my undergraduate program, I was introduced to all the major schools of modern psychology, including psychodynamic, behavioral, and cognitive psychology. I immediately connected with cognitive-based therapies, as they apply logic and reason to the clinical practice of psychology.

I began my graduate degree believing that I would work with clients from a cognitive-based orientation. However, when I tried to employ these methods within sessions, I found it difficult to connect with my clients. I also found that more experiential methods, such as art therapy, appeared to better facilitate my work with clients. Thus, although I connect with the rationale of cognitive-based theories, I have not yet been able to use these techniques in an effective manner.

The two most prominent cognitive-based theories are rational emotive therapy (RET) and cognitive therapy (CT), which were independently developed by Albert Ellis and Aaron Beck, respectively (Ellis, 1958, 1963; Beck, 1963, 1964). The textbooks used in my undergraduate (Weiten, 1998) and graduate (Truscott, 2010) systems of psychology courses discuss some of the similarities between RET and CT. For example, both RET and CT propose that illogical and

maladaptive thought processes underlie psychological distress, and that people may live more satisfactory lives by changing these problematic cognitions. However, my psychology classes also included videos of Ellis and Beck each conducting therapy (Shostrom, Rogers, Perls & Ellis, 1965; Shostrom, Strupp, Meichenbaum & Beck 1986), which showed each therapist working in a significantly different manner. For instance, Beck frequently looked down at his note pad to write or review his notes, and he gently probed the client with questions to uncover their problematic cognitions. As Beck conveyed a sense of warmth and wisdom, he seemed analogous to a compassionate grandparent – an elder who could be approached with ease to help solve a problem. In contrast, Ellis did not take notes in his taped session; rather, he focused intensely on the client, and appeared to forcefully argue with them regarding their illogical thoughts. Thus, my impression of Ellis was more akin to a wise, but opinionated and arrogant uncle – the family member no one wants to invite to Thanksgiving dinner.

The divergent information contained in the textbooks compared to the videos left me wondering − if RET and CT are such similar theories, which my academic textbooks suggested, then what is the source of the observable differences between Ellis and Beck conducting therapy? Or, do the textbooks simply neglect a discussion of the differences between these theories that may explain the dissimilar clinical methods of Ellis and Beck? And, could the differences between Ellis and Beck conducting therapy shed light on how I may apply cognitive-based techniques in a more effective manner? This gap in my

training and education led me to embark on a literature review and critical examination of the similarities and differences between RET and CT, which helped to explain the observed distinctions between Ellis' and Beck's methods of practice.

Thesis Statement and Outline

As my research progressed, I discovered that the fundamental differences between RET and CT are a function of the personal backgrounds and interpersonal styles of each theorist. I also found that despite these differences, there are many basic similarities between the theories and clinical practice of RET and CT that will be elucidated in this thesis. Accordingly, I first provide foundational information required to understand the philosophies that influenced Ellis and Beck, as well as the historical context of the discipline of psychology during their education and training. Next, I describe the personal backgrounds of Ellis and Beck, including their familial, political, educational, and early vocational experiences. Subsequently, I review both RET and CT in terms of their theoretical and clinical applications. A summary of the similarities and differences between RET and CT is then provided. This is followed by a discussion of the changes made to my own understanding of these approaches, as well as the implications for training novice therapists. The final section summarizes the main conclusions drawn in this thesis.

Purpose

Although this thesis was originally designed to address a gap in my own training and knowledge, during my graduate program I discovered that my cohort

also did not understand the differences between RET and CT, including those students who ultimately subscribed to Beck's CT model of psychotherapy. As such, the conclusions drawn from my research may enhance the knowledge of other psychology students. Moreover, cognitive-based therapies have been found to be useful in numerous areas of mental health, including individual and group therapy (Stangier, Heidenreich, Peitz, Lauterbach & Clark, 2002), health psychology (Turk, Swanson & Tunks, 2008), and child therapy (Bennett & Gibbons, 2000). As such, the results of this project may also increase the knowledge-base of practicing psychologists that work from a cognitive-based orientation. Moreover, the findings of this project suggest that there may be gap in terms of helping novice psychologists identify and manage personal characteristics that may impact their ability to conduct therapy effectively. Thus, this thesis may also provide considerations for training future therapists.

Methodology

This research project is based on a broad literature review consisting of biographies, an autobiography, published interviews (in written format), videos of each theorist conducting therapy, as well as psychology publications (articles and books). Thus, the examined literature includes peer-reviewed psychological materials, along with historical and biographical information. To understand the similarities and differences between RET and CT, the fundamental principles of each approach are examined. As the core concepts of RET and CT were first published during the 1950s and 1960s, the focus of this project is on the development of these theories and their clinical applications prior to 1970. More

recent publications were also used to obtain information regarding Ellis' and Beck's personal histories; however, these are retrospective writings, and as such, they may contain more biases. For instance, while reading Ellis' autobiography I observed that he appeared to overestimate his early reasoning abilities and underrepresent any personal weakness. These observations are also noted by the author of Ellis' biography (Wiener, 1988). To address the potential biases associated with retrospective reports, this thesis focuses on convergent information extracted from diverse sources, and critically examines these materials to draw conclusions.

Chapter 1: Foundational Information

The following section reviews the foundational knowledge that readers will require to understand the basic similarities and differences between RET and CT. First, some scholars have suggested that the differences between RET and CT are a function of their divergent epistemological approaches (Ellis, 2005a; Padesky & Beck, 2003; Padesky & Beck, 2005). Epistemology is the portion of philosophy concerned with the nature of knowledge and how knowledge is acquired. As such, a brief description of the two main epistemological approaches used by Ellis and Beck are provided below, namely rationalism and empiricism. Second, it has been hypothesized that the historical context of a theorist may play a significant role in their theory development and clinical practice (Ellis, 1950); thus, a summary of the field of psychology in the 1940s and 1950s is presented to enable readers to understand the historical context in which Ellis and Beck were trained, and developed their theories.

Epistemology

It has been argued that a main difference between RET and CT is their divergent epistemological approaches (Ellis, 2005a; Padesky & Beck, 2003; Padesky & Beck, 2005). Specifically, it has been suggested that CT is based on empiricism, while RET is based on rationalism. To evaluate this hypothesis, a review of the main principles of empiricism, followed by rationalism, is provided below.

Empiricism. Empiricism is an epistemological approach based on the idea that humans connect with the world through their senses (sight, sound, touch,

taste, and smell), and as such, reliable knowledge is only obtained from sensory information (Bergmann, Moor & Nelson, 2004; Copi & Cohen, 2005). Accordingly, empiricism uses inductive reasoning − the logical process of collecting sensory data (e.g., observations), then searching for patterns amongst the data to create a universal principle. Moreover, the worth of an inductive argument is determined by its strength. Strength is evaluated by the probability that the conclusion is true given the premises, and it relies on the amount and quality of evidence that supports the premises. Additionally, empiricism holds the position that there is always a possibility of finding disconfirming evidence; thus, the universal principles derived by inductive reasoning are only *probably true*. To illustrate a relatively weak inductive argument, an example is provided below in syllogistic form:

Socrates and Descartes are philosophers.

Socrates and Descartes are male.

Therefore, all philosophers are male.

This inductive argument commits the fallacy of hasty generalization, as it uses a very small number of observations to derive a universal principle (Copi & Cohen, 2005). Therefore, due to the limited amount of supportive evidence, this argument is relatively weak. In contrast, an example of a relatively strong inductive argument is:

The sun rose every day last week.

The sun rose every day the previous week.

Therefore, the sun will rise every day.

In this syllogism, there are many instances of data that support the conclusion (i.e., the sun rose on 14 consecutive days). However, according to empiricism there is at least a small possibility that the sun may die tomorrow (e.g., supernova). As such, the conclusion "The sun will rise every day" is only *probably true.* Nonetheless, because the possibility of the sun dying in the near future is very unlikely, the above argument is relatively strong.

Rationalism. In contrast, rationalism proposes that human senses can be easily deceived; therefore, reliable knowledge is acquired through the use of reason and logic (Bergmann, et al., 2004; Copi & Cohen, 2005). Accordingly, rationalism uses the method of deductive reasoning, whereby previously known universal principles are used as the premises that lead to a new and more specific conclusion. Moreover, the worth of a deductive argument is based on its validity and soundness. Validity is determined by the structure of the argument, as the premises must *necessarily* lead to the conclusion. This means that there are no reasonable alternative conclusions that can be drawn from the premises. On the other hand, the soundness of an argument is determined by the truth of its premises, and whether the argument is valid − if at least one of the premises is false, and/or the argument is invalid, then the argument is unsound. It should be noted that if a deductive argument is sound, then its conclusion is deemed to be *absolutely true*.

Three arguments are presented below in syllogistic form to illustrate the role of validity and soundness in deductive reasoning. First, an example of an invalid, and consequently unsound, argument is provided:

Some philosophers are male.

Socrates is a philosopher.

Therefore, Socrates is male.

This argument is invalid, because it is possible to derive another conclusion from the major (first) and minor (second) premises. Specifically, the alternative conclusion “Socrates is female” can also be deduced from these two premises. Nonetheless, both the major and minor premises are presumed to be true – there are some philosophers who are male, and Socrates was a philosopher. As such, if this were a valid argument, then it also would be sound. Next, an example of an unsound deductive argument is provided:

All philosophers are male.

Socrates is a philosopher.

Therefore, Socrates is male.

Contrary to the previous example, the conclusion of this deductive argument necessarily follows from its premises; thus, it is valid. However, in this case the major premise “All philosophers are male” is false, because female philosophers exist (e.g., Simone de Beauvoir). This means that the argument is unsound due to the false nature of the major premise, despite having a valid conclusion. The final example presents a deductive argument that is both valid and sound, as follows:

All men are mortal.

Socrates is a man.

Therefore, Socrates is mortal.

This argument is valid, because the conclusion necessarily follows from its premises. In addition, both the major and minor premises are presumed to be true, and as such, this argument is also sound. This means that the conclusion "Socrates is mortal" is *absolutely true.*

Summary of empiricism and rationalism. Empiricism posits that knowledge is acquired via the senses, and it employs the use of inductive reasoning to create universal principles from sensory information. Accordingly, empirical conclusions provide information on the probability of truth, and the strength of these arguments is based on the amount and quality of supporting evidence for the premises. In contrast, rationalism proposes that knowledge is gained through reason, and it uses deductive reasoning to arrive at more specific conclusions from a set of previously known universal principles. In addition, the worth of a deductive argument is based on its validity and soundness. Lastly, a sound (and therefore, valid) deductive argument has a conclusion with *absolute truth*, as opposed to the *probabilistic truth* determined by inductive reasoning.

Purity of epistemological approaches. In the history of philosophy there have been devout supporters of rationalism, and separately, empiricism (e.g., Descartes and Locke, respectively; Benjafield, 2010). However, people typically employ a blend of inductive and deductive reasoning in their daily lives. For example, an infant may be told that two particular round objects are "ball", and they may generalize that word to represent all round objects. This reflects the use of inductive reasoning, as outlined below:

This round object is "ball".

That round object is “ball”.

Therefore, all round objects are “ball”.

If this same infant subsequently encounters a new round object, for example a balloon, the child may use deductive reasoning to conclude that this object is also “ball”, as follows:

All round objects are “ball”.

This is a round object.

Therefore, this is “ball”.

These two examples illustrate that even relatively simple problems, such as learning to discern the essential characteristics of a ball, may require a mixture of both rationalism and empiricism.

Similarly, the scientific method is a complex blend of rationalism and empiricism. The scientific method can be categorized into five steps: hypothesize, predict, test, analyze, and generalize (Ellis, 1950). During the first step, hypothesize, a researcher may use previous findings and theories as the premises of a deductive argument. The conclusion of this deductive argument is the hypothesis, and reflects the role of rationalism in the scientific method. For example, previous findings may have shown that X causes Z, and Z causes Y. In this case, the researcher may deduce that X causes Y, as follows:

X causes Z.

Z causes Y.

Therefore, X causes Y.

In this example, the researcher used a combination of previous empirical findings and deductive reasoning to create their hypothesis (Step 1). Then, the researcher may use their hypothesis to make an observable prediction (Step 2), which provides the framework for the experiment, as displayed below:

X causes Y.

X.

Therefore, Y.

In this case, the researcher will cause X, and then they will observe whether Y occurs. This reflects Step 3 – testing the hypothesis. Next, the researcher analyzes their data (Step 4), determines whether the predicted outcome occurred, and uses this information to formulate a generalization (Step 5). Accordingly, steps 3 through 5 reflect the use of inductive reasoning – developing universal principles from specific observations. This suggests that empiricism plays a significant role in the later steps of the scientific method, while rationalism is emphasized in the earlier steps.

Pure rationalism (a.k.a., classic rationalism) proposes that all sensory information can be inaccurate, and as such, it requires premises that are either innately known to be true or that have been previously deduced to be true (Benjafield, 2010; Ellis, 1963). However, researchers may use the generalizations formed by the scientific method (Step 5) as premises for deducing a new hypothesis (Step 1). Accordingly, empirical findings can provide evidence for the truth of premises, and empiricism can consequently contribute to determining the soundness of a deductive argument. Therefore, despite the advocacy of pure

rationalism or empiricism by some philosophers, a complex blend of both epistemological approaches is used in our daily lives and in the scientific method. This further suggests that both Ellis and Beck employed a blend of these two epistemological approaches to develop their respective theories, as suggested by Padesky and Beck (2005), and Ellis (2005a).

History of Psychology in the 1940s and 1950s

Ellis and Beck completed their psychological training during the 1940s and 1950s. This training provided them with a psychotherapeutic framework from which they conceptualized clients' concerns and attempted to alleviate psychological distress. Ellis (1950) argued that the historical context of psychotherapists and theorists may play a significant role in their clinical practice and theory development. Accordingly, the state of psychological theory and practice during the period of Ellis' and Beck's education and training may have played a significant role in the development of RET and CT. As such, a brief description of the major schools of psychology during the 1940s and 1950s is provided (see Prochaska & Norcross, 2010, for a more extensive review of the major modern schools of psychotherapy).

Orthodox psychoanalysis. Ellis and Beck were both trained in psychoanalysis (a.k.a., orthodox psychoanalysis, or Freudian psychoanalysis), which was the dominant psychotherapeutic orientation during the 1940s and 1950s (Wiener, 1988; Weishaar, 1993). Developed by Freud, the core thesis of orthodox psychoanalytic theory is that distress is caused by conflicts that occur

within the human mind's processes (primary vs. secondary) and structures (id, ego, and superego; Prochaska & Norcross, 2010; Truscott, 2010).

Processes of mind. Freud proposed that the human mind has a primary and secondary mode of function (Prochaska & Norcross, 2010; Truscott, 2010). The primary process is automatic, illogical, and contains information outside of the individual's awareness (latent content); thus, it is also known as the *unconscious*. In contrast, the secondary process is voluntary, logical, and contains information that is easily accessible (manifest content). As such, the secondary process is known as the *conscious* aspect of the mind. Freud further proposed that people have a constant discrepancy between the content of their unconscious and conscious, due to the conflicts amongst the three structures of the mind – the id, ego, and superego.

Structures of mind. Freud hypothesized that the *id* is responsible for appeasing the human instincts of Eros (life and sex) and Thanatos (death and aggression; Prochaska & Norcross 2010). This means that the id's role is to meet these hedonistic wishes that demand immediate gratification, such as the desire for food, water, sex, urination, or affection. The id is also responsible for murder, rape, and other socially immoral acts. In contrast, the *superego*'s role is to ensure that the person acts in accordance to societal expectations. Because the desires of the id are socially inappropriate if expressed in their true form (e.g., eating with one's mouth open, having sex in public, pillaging a neighbour's house, etc.), the id and superego are in constant conflict. It is therefore the duty of the third structure of mind, the *ego*, to meet the demands of the id in a manner that is

acceptable to the superego. Thus, the ego attempts to minimize social guilt and punishment by meeting the person's instinctive desires in an indirect and relatively safe manner. Freud further stated that the ego is able to manage this balance between the demands of the id and superego by using defense mechanisms.

Defense mechanisms. Defense mechanisms enable the ego to keep the desires of the id in the primary process of mind – the unconscious (Prochaska & Norcross, 2010). By keeping these desires out of awareness, the ego is able to prevent the individual from directly fulfilling these socially inappropriate wishes; thus, the ego uses defense mechanisms to protect the individual from social punishment and feelings of guilt. Moreover, defense mechanisms are also held in the unconscious; otherwise, the individual may become overwhelmed with curiosity to know the content of the repressed material (i.e., their true desires), which would ultimately result in the individual seeking direct fulfillment of their socially inappropriate wishes. There are various types of defense mechanisms that the ego can use to keep the desires of the id unconscious, and Freud proposed that the particular defense mechanisms available to the ego depends on the person's stage of psychosexual development.

Stages of development. Freud proposed that humans progress through five stages of development (oral, anal, phallic, latency, and genital), which are all based on sexual gratification (see Prochaska & Norcross, 2010, for more detail). First, during the oral stage a child's sexual desires are focused on oral pleasure, such as sucking on their mother's nipple for nourishment. Second, the anal stage

is the period when children learn that society disapproves of the pleasure associated with bowel movements, and that they must control this bodily response. During the third stage, phallic, children are focused on the pleasure derived from their genitalia and learn that they need to censor this type of enjoyment. Fourth, the latency period is the developmental stage consisting of sexual repression. The final stage, genital, is the period when adolescents begin directing their sexual desires towards appropriate objects, such as a receptive partner. Accordingly, Freud theorized that people should progress through all the developmental stages prior to adulthood.

The psychosexual stages are linear and categorical in that every person is presumed to progress through the stages in the same order, and each stage must be completed before the next may begin (Prochaska & Norcross, 2010). Freud suggested that parents who are overly permissive to either the id or superego during a developmental stage may cause the child to become fixated at that particular stage. As each progressive developmental stage is associated with more mature defense mechanisms, an individual who progresses to the genital stage will therefore have more adaptive methods available to cope with stressors.

Psychopathology. Defense mechanisms play a pivotal role in the development of psychopathology, according to Freudian theory. Specifically, psychological distress (e.g., anxiety) is believed to occur when the conflicts between the id and superego become overly intense, which causes the ego's defense mechanisms to become excessively restrictive (Prochaska & Norcross, 2010). In addition, the particular psychopathological symptoms experienced by a

person are directly related to which defense mechanisms are employed. For example, it is socially inappropriate to express hostility in its true form. As this negative emotion cannot be expressed, it can then become directed at oneself, which may result in symptoms of depression (e.g., self-criticism, suicidal behaviors, etc.; Beck & Stein, 1961).

As previously mentioned, a person's psychosexual stage of development determines their available defense mechanisms to cope with a stressor. This means that a person fixated at an early stage of development may be more vulnerable to psychological distress due to their relatively immature defense mechanisms (Prochaska & Norcross, 2010). For example, a person fixated at the oral stage may respond quite differently to a partner admitting infidelity, in comparison to someone who is fixated at the anal stage. According to Freudian theory, people fixated at the oral stage will typically feel excessively dependent on others, and therefore they may deny that their partner committed any wrongdoing. Instead, they may blame themselves for their partner's extra-marital affair. This blame may then lead to symptoms of depression, such as feelings of worthlessness. On the other hand, a person fixated at the anal stage may have an intellectual conversation with their partner regarding the reasons for the infidelity, akin to the logical conversations parents and children typically have regarding toilet training. This conversation may in turn lead to a better understanding of the various factors that led to their partner's affair and possible solutions to repair their relationship. Accordingly, the person fixated at the anal stage may be better equipped to navigate this difficult and emotional interpersonal problem. In sum,

Freudian theory argues that a person's developmental stage determines the manner in which they cope with a stressor, as well as their resulting symptoms and their vulnerability to psychological distress.

Role of the therapist. Freud proposed that problematic conflicts and defense mechanisms are repressed in the unconscious, and as such, he believed that clients must become aware of these factors to alleviate psychological distress (Prochaska & Norcross, 2010). The role of the therapist is therefore to bring this unconscious information to the client's conscious awareness (Prochaska & Norcross, 2010; Truscott, 2010). This allows the client to consciously decide how they will meet the desires of the id in a manner that is socially acceptable. Moreover, as the need for a defense mechanism decreases, less energy is required to maintain the defense mechanism and repress the associated desires. This allows the client to have more energy to find appropriate solutions to their internal conflicts, and to facilitate their psychosexual growth.

Freud noted that psychopathological symptoms are difficult to change, because they are protecting the client from social punishments while simultaneously allowing at least a minimal degree of wish fulfillment (Prochaska & Norcross, 2010). In addition, uncovering unconscious materials is inherently difficult, because this information is repressed and hard to access. Accordingly, Freud stated that an essential component of orthodox psychoanalysis is the requirement of therapists to play the role of the *blank slate*. This passive stance requires the therapist to refrain from interrupting the client's exploration of their unconscious materials, and the therapist is required to sit out of the client's view

to reduce any potential influence on the client's explorative process. When the therapist assumes this passive role, all material brought forth by the client is assumed to reflect the content of the client's unconscious. This means that orthodox psychoanalytic therapists are passive in the sense that they do not direct the content of therapy; rather, the client is responsible for guiding the content of the session.

Focus of therapy. The client's cognitions (e.g., ideas, thoughts, statements, etc.) are seen as a reflection of their defense mechanisms, and therefore are not taken at face value (Prochaska & Norcross, 2010). Rather, the therapist must analyze and interpret the meanings of the information brought forth by the client in order to detect the client's unconscious conflicts (Prochaska & Norcross, 2010; Truscott, 2010). As such, orthodox psychoanalysis is focused on phenomenology (i.e., understanding the client's subjective meanings). Further, orthodox psychoanalysis explores the past experiences of the client, especially childhood events. The reason for this past-focus is to identify the client's developmental stage, conflicts, and defense mechanisms, which were all established prior to adulthood. The therapist can then analyze these early experiences to understand the conflicts that are causing the client's current distress. Thus, the overall focus of orthodox psychoanalysis is on phenomenology and the client's past experiences.

Techniques. A few of the most popular techniques endorsed by Freud are dream analysis, free association, and transference analysis (Prochaska & Norcross, 2010; Truscott, 2010). In *dream analysis*, the client provides a detailed

description of their dreams, while the therapist analyzes both the manifest (conscious) and latent (unconscious) meanings of the dreams. Alternatively, during *free association* the client is required to say everything that comes to their mind, no matter how trivial or socially inappropriate. This theoretically allows the client to disengage their defense mechanisms, making the materials of the unconscious more accessible. Additionally, because the therapist maintains the position of a blank slate, the client should not have negative reactions to the therapist; thus, any *transference* reaction (an irrational or inappropriate response to the therapist) is simply a reflection of the client's conflicts and active defense mechanisms. Accordingly, dream analysis, free association, and transference analysis are all theorized to make the client's unconscious materials more accessible and available for the therapist to interpret. Nonetheless, unconscious materials are inherently difficult to access, and it can take clients a significant amount of time to learn how to properly complete techniques like free-association. As such, psychoanalytic treatment plans typically consist of weekly sessions for up to four to six years (Prochaska & Norcross, 2010).

Summary of orthodox psychoanalysis. Orthodox psychoanalysis is a passive and past-focused approach, as the therapist does not direct the content of the session and the focus of therapy is on the client's early experiences. This approach also emphasizes human sexual development, phenomenology, and the contents of the unconscious. Moreover, as unconscious materials are inherently difficult to access, treatment plans typically consist of weekly sessions for up to four to six years.

Liberal psychoanalysis. Neo-Freudians typically dispute Freud's focus on sexual development and desires, and instead tend to emphasize the importance of social influences (Ellis, 1963; Prochaska & Norcross, 2010). Nonetheless, neo-Freudians still support a significant portion of orthodox psychoanalytic theory, and as such, this school of psychotherapy has been referred to as *liberal psychoanalysis*. Various neo-Freudian theories have been cited as having influenced the development of RET (Wiener, 1988) and/or CT (Bloch, 2004), including the liberal psychoanalytic theories developed by Adler, Horney, Fromm, Erickson, and Rogers.

Adler, Horney, and Fromm all broke away from orthodox psychoanalysis prior to the 1940s. First, Adler proposed that humans experience feelings of inferiority due to their perceived physical, psychological, and/or social weaknesses (Ellis, 1953; Prochaska & Norcross, 2010). These inferiority complexes motivate the individual to rise above their current circumstances to achieve a more perfect and fulfilling lifestyle. Adler further proposed that clients should actively analyze the factors contributing to their psychological distress, rather than this being the sole responsibility of the therapist as Freud suggested. In addition, Adler advocated for shorter therapeutic programs, because it is not always feasible for clients to complete weekly sessions for four to six years. Second, Karen Horney proposed that an individual has their *actual self* (i.e., the person they currently are) and their *ideal self* (i.e., the person they want to become). The ideal self is influenced by the person's social context (e.g., the socially defined characteristics of a "good person"). She further suggested that an

individual may create a list of “shoulds” and “should-nots” that are impossible to maintain, and this results in an ideal self that is impossible to achieve. She hypothesized that this process underlies psychological distress, and referred to it as the “tyranny of the shoulds” (Horney, 1950). Third, Erich Fromm suggested that humans have innate feelings of insecurity due to, for example, the acknowledgement of one’s own mortality (Ellis, 1953). These insecurities can then lead people to submit to the beliefs and commands of authorities (e.g., politicians, religious leaders, etc.) as a way to feel more secure; however, Fromm noted that these authorities are frequently irrational, and they distract people from pursuing satisfying lives.

Two more theorists began developing popular neo-Freudian approaches during the 1940s and 1950s – namely, Erik Erikson and Carl Rogers. First, Erikson formulated seven psychosocial stages of development, which are similar to Freud’s psychosexual stages in that they are linear and categorical (Prochaska & Norcross, 2010). However, in contrast to Freud’s emphasis on sexual development, Erikson’s theory focuses on a person’s interactions with, and adaptations to, their social context. Additionally, Erikson included adult developmental stages, unlike Freud’s psychosexual stages that end during adolescence. As a consequence of having developmental stages throughout the lifespan, Erikson advocated for a review of the client’s current experiences, rather than being solely past-focused like orthodox psychoanalysis. Lastly, Carl Rogers developed person-centered therapy (Rogers, 1940; Truscott, 2010). This is similar to Horney’s approach, in that psychological distress is seen as the result of the

client's dissonance between their actual self and their ideal self. However, Rogers proposed that this dissonance is caused by society (e.g., family, media, etc.) placing *conditions of worth* on individuals. For example, society may profess that someone is a bad person if they have sex outside of wedlock, which may result in an individual having low self-esteem and symptoms of depression if they are sexually active and not married. Rogers therefore proposed that the role of the therapist is to provide *unconditional positive regard* – accept the client as they currently are (i.e., as a flawed individual) – and interact with the client in a manner that expresses *genuine* interest and *empathy* for the client. These three qualities of the therapist must be present to foster client change (i.e., unconditional positive regard, genuineness, and empathy; Truscott, 2010). As such, Rogers argued that feedback and directions should not be provided outside of these three conditions of therapy. This suggests that person-centered therapy is similar to orthodox psychoanalysis in that they are both passive approaches (i.e., the therapist does not direct the content of the sessions).

Behaviorism. Behaviorism also gained momentum during the 1940s and 1950s. In contrast to the neo-Freudians, behaviorists reject all Freudian philosophies. Specifically, behaviorism is based on empirical research and direct observations (Prochaska & Norcross, 2010; Truscott, 2010). This means that behaviorists ignore phenomenology and the client's past experiences, because only current and observable behaviors are seen as relevant to psychotherapy. Moreover, these theorists hold empirical data as the only valid basis from which psychological theories and techniques can be developed. For example, Pavlov and

Skinner both employed strict empirical methods to develop their theories of conditional reflexes and operant conditioning, respectively (Truscott, 2010). Further, these two theories contain the main principle of behaviorism – that all adaptive and maladaptive behaviors are learned, and as such, they can be unlearned.

Behavioral therapists formulate therapeutic plans to extinguish a problematic behavior, which can be achieved by altering the antecedents and/or consequences of that behavior (Prochaska & Norcross, 2010; Truscott, 2010). Alternatively, Watson's *in vivo desensitization* technique (Ellis & Joffe-Ellis, 2010), can theoretically extinguish a problematic phobia by exposing a client to their feared stimulus. Over repeated exposures, with gradually increased intensity, the client learns that the feared stimulus poses less danger than originally believed; consequently, their phobia dissipates. Behavioral therapists also use the techniques of *goal setting* and *goal measurement* to evaluate the effectiveness of the implemented therapeutic plan (Prochaska & Norcross, 2010; Truscott, 2010). This is therefore an active method of therapy that focuses on present concerns and disregards phenomenology. Accordingly, behaviorism directly contradicts the theories and methods employed by orthodox psychoanalytic therapists. In addition, as an active approach, behaviorism allows treatment plans to be significantly shorter than orthodox psychoanalysis.

Summary of the psychological schools during the 1940s and 1950s. Psychotherapists during the 1940s and 1950s were typically trained in orthodox psychoanalysis. Orthodox psychoanalysis is a passive approach, in that the

therapist is not responsible for directing the content brought forth by the client. This psychotherapeutic orientation also focuses on childhood experiences, sexual development, and the contents of the unconscious. Due to the focus on unconscious materials, which are difficult to access, orthodox psychoanalysis is typically conducted for several sessions a week, for up to four to six years.

Alternative psychotherapeutic approaches also developed during this historical period, such as neo-Freudian and behaviorist orientations. First, neo-Freudians typically emphasize the importance of societal forces, and some of these therapists have experimented with shorter-term and more active methods that focus on the client's present issues (e.g., Adler). Horney and Rogers also posited that psychological distress is caused by the client feeling they are failing to meet the standard of who they "should" be. Fromm additionally emphasized the idea that psychological distress is due to the irrational principles that are taught by authorities. In contrast, early behaviorists conducted empirical research to develop their active, goal-oriented, short-term, and present-focused psychotherapeutic orientation (e.g., Skinner). Additionally, behaviorism rejects phenomenology, because the most important information to these therapists is observable behaviors.

The dominance of orthodox psychoanalysis during the 1940s and 1950s, along with the emerging neo-Freudian and behaviorist theories, provided numerous perspectives from which Ellis and Beck could conceptualize client concerns. Accordingly, this historical context of the field of psychology

subsequently influenced the formulation and development of RET and CT, as will be elucidated in a later section.

Chapter 2: Personal Backgrounds

It is the conclusion of this thesis that the personal backgrounds of Ellis and Beck contributed substantially to the development of their respective theories, as well as to their divergent clinical approaches. Accordingly, relatively concise biographies of Ellis and Beck are provided below. To maintain clarity, the first names of family members and friends are used, while the last names of Ellis and Beck refer to the theorists.

Albert Ellis

There are few modern theorists as controversial as Albert Ellis. He was logical, authoritarian, arrogant, and he frequently used vulgar language with his clients and colleagues (Ellis & Joffe-Ellis, 2010). He lived according to his own rules and expectations, and he unapologetically attacked what he saw as others' stupidity. In addition, he forcefully criticized other professionals for creating theories that were not based on valid and sound logic (Ellis, 1948). Ellis' arrogance is also mentioned by the Albert Ellis Institute (2013), which may have been a contributing factor to Ellis' banishment from training or presenting at his own foundation in 2005 (Ellis & Joffe-Ellis, 2010). The following section provides a depiction of this brazen theorist, particularly his personal development, education, and early career, all of which may have influenced his RET theories and clinical practice.

Family. Ellis was born in Pittsburgh in 1913, and he moved with his family to New York City when he was 4 years old (Wiener, 1988). During childhood, he lived with his mother, father, brother (19 months younger), and

sister (4 years younger; Ellis & Joffe-Ellis, 2010). Ellis' father, Henry, was a businessman who frequently travelled for work, so he rarely spent time with his children. Henry was also critical and absolutistic − he viewed values and moral standards as fixed, and not relative or flexible. Further, Henry was unafraid to express his views of how the world should run, although he typically did not directly confront people when their behaviors were incongruent with these standards. Similar to Henry, Hettie (Ellis' mother) also had dogmatic moral standards. Moreover, Hettie was frugal, prone to variable and unpredictable moods, and she was more focused on her social activities than caring for her children. Ellis further stated that while he was in school, his mother was typically asleep when he needed to get ready in the morning, and that she was normally engaged in social activities when he returned home. Thus, Henry and Hettie are described as being absent and neglectful parents. However, it should be noted that Ellis described this neglect as a positive experience due to the freedom it afforded him. Even so, Ellis felt additional responsibility to help raise his two siblings, and he believed that neither of his parents had a direct impact on his early intellectual development (Wiener, 1988).

Henry had variable financial success during Ellis' childhood, and as such, the family fluctuated between periods of affluence and extreme financial restriction (Ellis & Joffe-Ellis, 2010). When Ellis was 11 years old, Henry and Hettie obtained a divorce, which was at least partly due to Henry's extra-marital affair with Hettie's best friend. After the divorce, however, Henry did not consistently provide the agreed amount of alimony, which may have been due to

his business difficulties as the Great Depression approached. As such, Ellis' family experienced a more consistent state of economic deprivation after the divorce. Ellis and his brother were subsequently required to "find odd jobs" (Wiener, 1988, p. 47) to help financially support their mother and sister.

Ellis experienced significant illnesses during childhood, including intense headaches, tonsillitis, and nephritis (i.e., kidney inflammation; Ellis & Joffe-Ellis, 2010*).* Consequently, he was hospitalized on eight occasions during the ages of five to seven years, and he experienced various uncomfortable medical treatments. Ellis' parents rarely visited him in the hospital; thus, he was left to cope with these unpleasant experiences on his own. Despite these illnesses and parental neglect, Ellis stated that he had a happy childhood. Nonetheless, it appears that Ellis may have developed an avoidant attachment style during childhood (Ainsworth & Bowlby, 1991), as he was not overly distressed regarding his parents' absence and neglect (Ellis & Joffe-Ellis, 2010). This means that because his parent's neglected his needs during childhood, Ellis may not have learned how to form strong interpersonal bonds with others, and he may not have developed a relatively strong sense of security and self-confidence (Ainsworth & Bowlby, 1991)

Politics. During adolescence, Ellis was introduced to philosophy, and he became interested in economics and politics (Ellis & Joffe-Ellis, 2010). He was particularly drawn to the stoic philosophers, such as Epictetus. Ellis also began to spend his leisure time writing essays that critiqued the validity and soundness of some of the most renowned theories in recorded history. For example, he wrote an

essay refuting Schopenhauer's position that *will* and *idea* are independent constructs. Creating these argumentative essays was intensely enjoyable for Ellis, and it is possible that writing these logical essays fostered Ellis' ability to form and present his arguments to others.

Ellis was anti-authoritarian in that he believed people do not need to respect the ideals advocated by authorities (e.g., parents, governments, religion; Ellis & Joffe-Ellis, 2010). Accordingly, at the age of 12 years, Ellis reasoned that the probability of God's existence was extremely low, but also not absolutely impossible; hence, Ellis became a "probabilistic atheist" (Ellis & Joffe-Ellis, 2010, p. 258). This perspective allowed Ellis to be unrestricted by religious doctrines, which enabled him to have a considerable amount of freedom in his thinking. He also stated that his freedom of thought was further nurtured by the parental neglect he experienced. Ellis continued to value freedom of thought throughout his life.

In terms of his political beliefs, Ellis blamed the Republicans for causing the Great Depression (Ellis & Joffe-Ellis, 2010). Specifically, Ellis believed that if American assets were collectively owned by the citizens, then technology would be used more efficiently to ensure that the basic needs of all citizens were met. As such, Ellis joined an organization that supported socialist and collectivist ideals called "Young America." Ellis spoke publicly at the weekly meetings for Young America. This allowed him to practice presenting his arguments to a wide address, while simultaneously alleviating his phobia of public speaking through Watson's method of in vivo desensitization. Of note, Young America was

controlled by New America, which was a larger organization with a similar political agenda. One of New America's leading members, Richard Storrs Childs, paid Ellis to be an undercover political agent for approximately one year; however, the specific revolutionary activities completed by Ellis are not discussed in the reviewed literature.

Ellis began to view dictators (e.g., Stalin) as oppressors of the working-class citizens instead of liberators of the proletariat (Ellis & Joffe-Ellis, 2010). Ellis also acknowledged the tendency of the proletariat class to sabotage the ideals of collectivism. In addition, he read an essay written by Harold Lasswell (1930; as cited by Ellis & Joffe-Ellis, 2010) that stated revolutionaries are primarily motivated by emotion (e.g., sense of inadequacy, need to rebel, etc.) rather than by logic. This emotion-based motivation seemed especially plausible to Ellis in light of how devout and absolutistic revolutionaries tend to be regarding their political views. As a consequence, this essay prompted Ellis to reflect upon his own motives for supporting revolutionary ideals, and he found that his primary motivation was to boost his ego. Accordingly, Ellis began to believe that (a) dictators do not protect the proletariat class, (b) it is unrealistic for all citizens to support collectivist ideals, and (c) his advocacy of collectivism was based on his emotions; thus, Ellis began to view capitalism as a more practical and rational political framework.

Even so, Ellis continued to be a political and social activist throughout his life. For instance, he advocated for sexual liberty and gay rights prior to the liberal political momentum of the 1960s (Ellis & Joffe-Ellis, 2010). He also believed that

society teaches illogical and rigid moral standards that prevent people from living with more satisfaction, similar to Fromm's theories. Accordingly, Ellis advocated for every person to hold rational beliefs based on valid and sound logic, and he wanted to free people from the dogmatic doctrines taught by society. Ellis continuously, and forcefully, pursued this goal until his death in 2007.

Sex, marriage, and procreation. ***Frottage.*** In addition to his phobia of public speaking during adolescence and young adulthood, Ellis also had a phobia of approaching women (Ellis & Joffe-Ellis, 2010). This made it difficult to initiate intimate relationships with women, and consequently Ellis was sexually frustrated. His solution to this frustration was to engage in frotteurism while completing his regular commutes on the New York City Subway system. As the train cars were typically crowded, Ellis was provided with the opportunity to inconspicuously press his body against female passengers. Ellis regularly engaged in these behaviors between the ages of 15 years to 19 years, approximately. Of note, Ellis' solution to his sexual frustration is congruent with the empirically-based theory that men who engage in frottage behaviors typically have difficulties forming and/or maintaining mature and intimate relationships with women (Franzini & Grossberg, 1995).

Marriage. Ellis acknowledged that he needed to overcome his phobia of approaching women in order to develop the type of sexual relationships that he desired (Ellis & Joffe-Ellis, 2010). Because in vivo desensitization helped him overcome his phobia of public speaking, Ellis decided to use this technique to address his phobia of approaching women. Accordingly, he attended the Bronx

Botanical Gardens every day for one month, and started a conversation with every woman who sat near him. This resulted in Ellis approaching an estimated 130 women; however, only 1 woman agreed to go on a date with him, and she stood him up. Nonetheless, Ellis learned through this empirical experiment that nothing catastrophic occurred when a woman rejected him; his phobia of approaching women subsequently was extinguished. This allowed Ellis to develop a sense of control over his emotions, which increased his sense of control over his life in general. Consequently, he found it easier to initiate romantic relationships.

Ellis met his first wife, Karyl, when he was 24 years old (Ellis & Joffe-Ellis, 2010). Their relationship was turbulent, and Ellis struggled to understand why Karyl refused his sexual advances. Ellis' attention was consumed by this relationship, including possible solutions to improve it. As such, he began reading materials on human sexuality in an effort to become more sexually successful with Karyl. After five months of courtship, Ellis and Karyl began discussing the possibility of marriage. At this time, Ellis wrote Karyl a 97 page single-spaced letter that outlined her "worst traits" (Ellis & Joffe-Ellis, 2010, p. 364), and reasons why their potential marriage would not work unless she made significant changes. In response, Karyl stated that she did not want to be in love with Ellis, because he was too logical. This was not the outcome Ellis was hoping for, so he re-read writings by Epictetus for guidance. Epictetus was a stoic philosopher, who stated that people are not disturbed by events, but by their views of events (Epictetus, trans. 1994). Ellis subsequently realised that it was merely his *perception* of his relationship with Karyl that was upsetting him and consuming

his life (Ellis & Joffe-Ellis, 2010). Specifically, Ellis acknowledged that he was acting and feeling as if he *needed* to be with Karyl, which was irrational because he really only *wanted* to be with her. Thus, three weeks after the original 97 page letter, Ellis wrote Karyl a 76 page letter that recommended they get married to test whether their relationship could last. Two months later, Ellis and Karyl married secretly; however, their marriage was annulled within six months. After their annulment, Ellis and Karyl maintained a friendship, and occasionally a sexual relationship, until she died in 2001.

In regard to his views on marriage in general, during adolescence Ellis was exposed to anti-monogamist perspectives and he began to support sexual varietism (Ellis & Joffe-Ellis, 2010). Varietism is the practice of having numerous sexual partners for pleasure and/or love (Hustak, 2012), and it is therefore in opposition to monogamy. Ellis specifically believed that humans are naturally varietists, and that men and women should be liberated from conventional social standards, including monogamy (Ellis & Joffe-Ellis, 2010). It should be noted that Ellis' main focus was on his work, so his romantic relationships were at least a secondary priority. He also held firm expectations regarding his relationships, in that his partners were not permitted to interfere with his rigid daily schedule and long work hours. When a woman became dissatisfied with his priorities, the relationship would typically be terminated by either or both parties.

It appears that Ellis' varietism may have led to the 53 affairs that he had over the course of his life, which varied in terms of degrees of intimacy and commitment (Ellis & Joffe-Ellis, 2010). Notably, Ellis had three marriages,

another engagement that did not develop into a marriage, and a 20-year non-monogamous relationship with a woman named Janet. Further, Ellis stated that he was only monogamous in one relationship – his third and final marriage to Debbie. This particular relationship began when Ellis was almost 90 years old with substantial physical health issues. As such, it is possible that his age and health factored into his decision to begin a monogamous lifestyle.

Procreation. Ellis' ex-wife, Karyl, did not want to continue procreating with her new husband, because their first child appeared to have mental deficiencies that Karyl blamed on her husband's genes (Ellis & Joffe-Ellis, 2010). Nonetheless, Karyl wanted to have more children, so she propositioned Ellis. She suggested to Ellis that they could have an affair to procreate, but with the condition that Karyl's husband and children would not be informed. This proposal suited Ellis, because (a) he did not want to be a father, as he knew his intense focus on work would cause him to be a neglectful parent, (b) his partner at the time did not want to have children, and (c) he thought he was ethically obligated to propagate his genes, which he viewed as superior to the majority of genes that were overpopulating the world. Consequently, Karyl and Ellis had three children without their partners' knowledge. The children also were not informed that Ellis was their biological father until after Karyl's husband died. Besides contributing to the children's genetic make-up, Ellis did not fulfill any significant parental duties.

Education. After high school, Ellis decided that a post-secondary education in business would most likely guarantee him vocational and financial

stability (Ellis & Joffe-Ellis, 2010). Of note, while completing a Bachelor of Business Administration program at the City College of New York, Ellis was suspended for a short period due to writing a column for the college paper that contained radical and erotic content (Wiener, 1988). Nonetheless, he graduated in 1934.

After college, Ellis had difficulty obtaining stable employment, which may have been partly due to the economic conditions during the Great Depression. Specifically, Ellis was unemployed for a year, and then he and his brother worked together selling pants for approximately three years (Ellis & Joffe-Ellis, 2010). During this post-college period, Ellis also spent a year as a paid revolutionary, he worked with his father in two unsuccessful businesses, he was employed at a publishing company for a few years, and he was the assistant to the president of a gift and novelty item distributor. Accordingly, Ellis struggled financially during young adulthood, and this was exacerbated by his responsibility to help financially support his family (as previously discussed).

Also during this post-college period, Ellis began reading materials on sexuality to improve his own sexual success with Karyl, and he began advising his friends on sexual matters (Wiener, 1988). He found that most people were ignorant regarding sexual matters, and typically held prudish and irrational beliefs regarding sex. Accordingly, Ellis wanted to free people from these dogmatic beliefs and sexual repression, as he believed this would increase people's degree of life satisfaction. Ellis also found that he was talented at providing his friends with advice on sex, so he decided to pursue a career in psychology (Ellis, 2005b).

In 1942 Ellis began a graduate program in clinical psychology at Columbia University (an Ivy League school; Ellis & Joffe-Ellis, 2010). Of note, Ellis was able to financially afford this additional degree, because he completed all his duties at the gift and novelty distributor in a more efficient manner that allowed him to work shorter hours while still earning the same amount of income (Wiener, 1988). As such, Ellis was able to pursue his educational aspirations while ensuring his family was financially supported.

During his graduate studies, Ellis was trained in orthodox psychoanalysis and he began experimenting with person-centered therapy (Ellis, 2005b*)*. However, Ellis was also the subject of controversy. His original dissertation topic was on the love emotions of college-level women (Ellis, 1949a), and some of the faculty members disapproved of this project because it related to the taboo topic of sex (Ellis & Joffe-Ellis, 2010). Consequently, after a year of research, Ellis' project was terminated by the department. In response, Ellis changed his dissertation topic to the investigation of personality questionnaires (e.g., the use of direct vs. indirect questions on personality questionnaires; Ellis, 1947). Ellis completed his PhD in 1947 (Ellis & Joffe-Ellis, 2010).

Early career. At the start of his psychological career, Ellis believed that neo-Freudian psychoanalysis was the most intensive psychotherapy available (Ellis, 1950, 2005b*)*, and as such he wanted to become a liberal analyst. This required him to first receive intense psychoanalytic therapy. Ellis subsequently spent two years participating in regular psychoanalysis with Richard Holbeck,

who was one of the founders of the Karen Horney Institute (Ellis & Joffe-Ellis, 2010). Of note, Holbeck also supervised Ellis' work with clients for two years.

After Ellis completed his master's degree, he began providing psychotherapy from his mother's two bedroom apartment (Ellis & Joffe-Ellis, 2010; Wiener, 1988). Once he could afford to move, Ellis' own apartment became the location for his private practice. Along with his own practice, Ellis also established the Love and Marriage Problem Institute, he was the chief psychologist at the New Jersey State Diagnostic Centre, and he was the founder and first president of the Society for the Scientific Study of Sexuality (Ellis & Joffe-Ellis, 2010). However, in 1951 Ellis was charged by the Department of Institutions and Agencies of the State of New Jersey for working in both New York and New Jersey, which was considered illegal practice at the time. Ellis believed that working in more than one state was not abnormal, and suggested that he was targeted because of his recently released controversial book, "Folklore of Sex" (1951b; as cited by Ellis & Joffe-Ellis, 2010). In response to this charge, Ellis left his position in New Jersey and began working full-time in New York. He also established the Institute for Rational Living in 1959, which later became the Albert Ellis Institute for Rational Emotive Behavior Therapy (Wiener, 1988; Ellis & Joffe-Ellis, 2010).

Prior to developing RET, Ellis published over 100 articles and books (Ellis & Joffe-Ellis, 2010). Included in these works were Ellis' empirical research on personality tests (Ellis, 1947), love emotions of women (Ellis, 1949a), and potential interview methods of sexual offenders (Ellis, 1954). He also wrote

extensively on the flaws of psychoanalytic research (Ellis, 1949b, 1950, 1952). Ellis specifically began to criticize psychoanalytic theory for containing constructs that could not be empirically investigated, such as defense mechanisms that are contained in the unconscious. Ellis posited that if these constructs cannot be empirically evaluated, then any theory that relies on these constructs as premises cannot be deemed as sound; thus, such theories are irrational. For instance, Ellis criticised both Rogers and Horney for having hypothetical constructs, such as the "spontaneous self" (Ellis, 1952; Rogers, 1940) and the "real self" (Ellis, 1951a; Horney, 1950), which cannot be empirically tested. Ellis also criticized psychoanalytic researchers for being devout, as they dogmatically adhered to the principles of psychoanalysis, even when their empirical evidence was in direct contradiction to these principles (Ellis, 1950). As such, Ellis wanted psychotherapeutic theories to be based on valid and sound logic.

In terms of his own therapeutic practice, Ellis disliked passive approaches, such as orthodox psychoanalysis and Rogerian therapy (Ellis & Joffe-Ellis, 2010). Specifically, he found that these approaches were inefficient and ineffective − clients could undergo intensive therapy for years and still be distressed. He also disliked the lack of rigorous empirical research to support orthodox and liberal psychoanalytic theories, as previously discussed. On the other hand, Ellis appreciated the direct methods of behaviorism, along with its empirical foundation. He also believed that humans are naturally hedonists, and that their behaviours are shaped by pleasant and unpleasant consequences and influences, which further supports behaviorist ideas. Nonetheless, Ellis did not support the

behaviorist stance that phenomenology should be ignored; rather, Ellis argued that people are heavily influenced by symbolic language, which allows them to communicate with themselves and others. For example, a child may not fear spiders, but after being told that spiders can bite, the child may then develop arachnophobia despite never having a negative experience with a spider. In sum, Ellis was unable to find a psychotherapeutic orientation that he believed was (a) effective, (b) efficient, and (c) that provided a valid and sound explanation for all types of psychological distress.

As Ellis found stoic philosophies helped alleviate his own distress regarding his relationship with Karyl, he started to bring more philosophy into his psychotherapy sessions (Ellis & Joffe-Ellis, 2010). He particularly focused on Epictetus' proposition that the cause of distress is the individual's *perception* of their experiences, rather than the events themselves. Ellis also observed that clients appeared to make rapid and significant improvements when he was more active, when he directly confronted the client's illogical beliefs, and when clients completed homework assignments between sessions (Wiener, 1988). Accordingly, in 1955 Ellis began holding meetings in his apartment with other professionals to discuss his emerging ideas on a new therapy that would be more efficient and effective (Ellis & Joffe-Ellis, 2010). He proposed that such a therapy would need to be active and directive. In addition, this new approach would need to be based on valid and sound logic, such that the premises of its theories could be empirically investigated. This means that his approach would require the combined use of rationalism and empiricism. Ellis also believed that Epictetus'

stoical theory that psychological distress is due to one's own misperceptions could be the core thesis of this new psychotherapeutic orientation.

Summary of Ellis' background. Ellis' personal background did not match the American ideal. He was raised by absent and neglectful parents, and appeared to have an insecure attachment style; however, this lack of parental influence also afforded him a certain degree of freedom. In addition, Ellis' family was financially unstable during his childhood, and he experienced fiscal difficulties during his adolescence and young adulthood. Ellis also completed a business degree after high school, but he was unable to find steady employment. He subsequently worked at numerous positions, and created business ventures with his brother and father − all these vocational pursuits were short-lived and relatively unsuccessful. Ellis's sexual development was also unusual, in that he had a phobia of approaching women, and he engaged in frottage behaviors to meet his sexual needs during adolescence. Additionally, he was an anti-monogamist, a varietist, and he had three children with his ex-wife (unbeknownst to their partners or the children). In addition, Ellis was a political and social activist, and he worked as a paid revolutionary for a brief period of time. In sum, Ellis' early experiences and development were somewhat atypical, but this appears to have also fostered his anti-authoritarian stance, his independence, and his freedom to think critically.

It would be reasonable to conclude as well that Ellis' early childhood may have contributed to some emotional disturbance in his make-up. For instance, although Ellis adamantly stated that he was easily able to overcome any distress

related to his mother's neglect, and that he enjoyed the freedom that her neglect afforded him, it also appears that his manner of relating to others is congruent with the avoidant attachment style (Ainsworth & Bowlby, 1991). This means that partly due to his mother's disregard of his needs as a child, Ellis developed a relatively ambivalent attitude towards others. According to attachment theory, the interpersonal patterns established during childhood tend to continue into adulthood, and as such, this theory predicts that Ellis would have difficulty developing and maintaining intimate relationships as an adult. In accordance with this prediction, Ellis' partners were secondary priorities to his intense focus on work, and he had numerous sexual relationships with relatively little emotional involvement. Additionally, this insecure attachment style may have contributed to Ellis' phobia of approaching women, his uninvited sexual pressings on women in subway cars, and his lack of success in courting over 130 women within one month. Moreover, Ellis' difficulty establishing and maintaining interpersonal bonds may have negatively impacted his professional relationships, including his relationships with the board members of the Albert Ellis Institute for Rational Emotive Behavior Therapy, who banned him from working there in 2005. Therefore, despite Ellis' bravado in adamantly stating that he did not have difficulties forming and maintaining relationships, and that he was not adversely affected by his parents' neglect, it seems that Ellis struggled to form strong interpersonal bonds in almost all types of relationships.

Ellis decided to pursue a career in psychology because he enjoyed researching and providing advice on sex. He gained acceptance to an Ivy League

school for his training in clinical psychology, which was based on orthodox psychoanalysis. During his graduate studies, Ellis began to critique the validity of both orthodox and liberal psychoanalysis, as well as the lack of rigorous empirical research to support these theories. He also disliked the passivity and inefficiency of these approaches, but he nonetheless supported their focus on phenomenology. Ellis further believed that behaviorism is limited, because people are influenced by their symbolic language abilities (which are ignored by behavioral therapists). Even so, Ellis appreciated the active and goal-directed methods behaviorists employ, as this appeared to be more efficient and effective than the passivity of orthodox psychoanalysis.

Ellis claimed that he overcame psychological distress by logically evaluating how his beliefs and perceptions were contributing to his own misery. As such, he wanted to show the world that psychological distress could be alleviated through the use of reason, and by proving one's problematic beliefs as unsound. In sum, the combination of (a) Ellis' discontent with the available psychotherapy orientations, (b) his background in philosophy, and (c) his experiences in overcoming his own distress, appears to have led Ellis to develop a new approach to psychotherapy. Accordingly, RET would combine the desirable aspects of the current orientations, and blend them with Epicurean and stoical concepts. It would also employ a blend of rationalism and empiricism to avoid the faulty logic he observed in other approaches. Therefore, it appears that Ellis' personal, educational, and early professional backgrounds contributed to the development of RET.

Aaron Beck

In contrast to Ellis' arrogance, Beck is typically described as having fatherly warmth (Goode, 2000; Weishaar, 1993). Additionally, his biography and interviews do not include a detailed account of his sexual history, and he was not banned from working in his own institute (Annual Reviews Conversations, 2011; Bloch, 2004; Weishaar, 1993). Thus, in comparison to Ellis, Beck appears to be relatively uncontroversial.

Family. Beck was born in 1921 as the youngest of five children (Weishaar, 1993). He was raised and educated in New England, and he lived a relatively typical American middle- to upper-class lifestyle with his parents and three siblings (two siblings died before Beck's birth). Beck's father, Harry, took psychology and literary courses at Brown University, and he owned a printing company. Harry was also described as "tranquil" (Weishaar, 1993, p. 10). On the other hand, Beck's mother, Elizabeth, was described as being dominant, overbearing, and outspoken. After the death of her second child, Elizabeth began suffering depressive symptoms that would last the rest of her life. She was also prone to scream when she was in a bad mood, and she was overprotective of her youngest child, Beck. Nonetheless, Beck stated that his mother's overprotectiveness did not interfere with his sense of autonomy. Beck further noted that he had loving parents, as well as few unpleasant experiences during childhood (Bloch, 2004). Of note, at the age of seven years, Beck broke his arm and subsequently developed a life-threatening blood infection (Weishaar, 1993). His parents are noted to have spent time at the hospital while he recovered.

Accordingly, it appears that Beck may have developed a secure attachment style. This means that because his parents cared for his needs as a child, Beck developed the ability to form strong bonds with others, along with a relatively strong sense of security and self-confidence (Ainsworth & Bowlby, 1991).

Politics. Beck's parents were both politically active. Harry was an anti-Bolshevik, a socialist, and a supporter of the labour union movement in America (Weishaar, 1993). In addition, Elizabeth was a suffragette. Although Beck stated that he holds democratic values, and that he took political science courses during his first post-secondary degree, Beck nonetheless has never been a political activist (Bloch, 2004).

Sex, marriage, and procreation. In 1950, Beck married his first and only wife, Phyllis, and together they have four children (Weishaar, 1993). Although Beck was focused on his work while his children were young, he gradually became more available to his children over the years (Goode, 2000). However, unlike Ellis, Beck has not released an explicit description of his sexual development, and as such, no information is available for a discussion of this topic.

Education. During his youth, Beck became interested in science, nature, and literature (Weishaar, 1993). His parents encouraged these interests; hence, Beck joined the Audubon Society where he enjoyed observing birds and plants, and he was the editor of his high school newspaper. Of note, he graduated high school as first in his class.

After high school, Beck was accepted into Brown University, which is an Ivy League school (Weishaar, 1993). He majored in English and political science, and he took courses in everything except engineering. Beck was particularly interested in organic chemistry, so he decided to pursue a medical career. He graduated from Brown University in 1942, and was subsequently accepted into the Yale School of Medicine (also an Ivy League school). Beck's dissertation topic was on the abnormally high level of nitrogen waste in blood (prerenal azotemia) due to excessive vomiting (pyloric stenosis; Beck, 1948).

Early career. After his first semester in medical school, Beck enlisted in the army (Weishaar, 1993). He then gained experience in a variety of medical specialties, and decided to focus on neurology. At that time there was a large number of World War II veterans returning to America who needed vocational placements, like in neurology departments; consequently, Beck's neurology residency was delayed. Instead of waiting, Beck decided to accept an immediate placement at Cushing Veteran Administration Hospital (CVAH). However, Beck was required to complete the first six months of his residency at CVAH in the Psychiatry Department due to staff shortages; thus, Beck was "pushed into psychiatry against [his] will" (Bloch, 2004, p. 856).

The treatment programs in the Psychiatry Department at CVAH were based on orthodox psychoanalytic theory (Weishaar, 1993). Beck had reservations about this orientation, because he thought it was esoteric and he disliked its lack of empirical evidence. He also struggled to conceptualize clients from an orthodox psychoanalytic model. Nonetheless, Beck appreciated how orthodox

psychoanalysis has an explanation for every disorder, and that it claims to be able to cure mental health issues (Beck & Stein, 1961; Weishaar, 1993). Therefore, to gain a better understanding of this orientation, Beck remained in the Psychiatry Department after his rotation was completed (Weishaar, 1993). He specifically wanted to know whether orthodox psychoanalysis is a valid approach to understanding human behavior (Bloch, 2004).

In 1950, Beck began a two-year fellowship in psychiatry at Austin Riggs Center, where Erik Erikson was one of his supervisors (Weishaar, 1993). Accordingly, this psychiatric institution had neo-Freudian influences, and therapists were not required to maintain the traditional passive stance of orthodox psychoanalysis (Bloch, 2004). After Beck completed this fellowship, he then obtained a diploma in psychoanalysis from the Philadelphia Psychoanalytic Institute, which also required that he receive intense psychoanalysis (Annual Reviews Conversation, 2011). Beck stated that he did not notice any personal change after two and a half years of analysis (Weishaar, 1993). Of note though, his training in psychoanalysis was extensive, intense, and of a long duration.

Next, Beck worked at the Valley Forge Army Hospital during the Korean War (Weishaar, 1993). During this time, Beck was the assistant chief of neuropsychiatry, as well as the chief of outpatient psychiatry, and he developed outpatient services. In 1959, Beck obtained an assistant professorship at the University of Pennsylvania, and he received his first research grant. As Beck believed that empirical data should be trusted over the perspective of an authority,

and he wanted to know whether orthodox psychoanalysis is a valid approach, he used his first research grant to investigate the validity of psychoanalytic theories.

Early research. Beck's first research project on psychoanalytic theory investigated the hypothesis that depression is the result of anger turned towards oneself (Weishaar, 1993). From an orthodox psychoanalytic orientation, dream content is theorized to be the expression of the individual's motivations and defenses (Beck & Hurvich, 1959). As such, Beck and Hurvich theorized that the dreams of depressed clients should contain content related to the hypothesized anger turned towards oneself.

Accordingly, this project evaluated the manifest content of dreams from two groups: depressed, and non-depressed (Beck & Hurvich, 1959). The experimental hypothesis was that the manifest dream content of the depressed group would have more hostility than the non-depressed group (Bloch, 2004). However, the results showed that the depressed group had *less* hostile manifest dream content than the non-depressed group (Beck & Hurvich, 1959). Nonetheless, the data also suggested that the depressed clients had more masochistic manifest dream content, in comparison to the non-depressed clients. As masochistic content is defined as the *need to suffer* (e.g., being rejected, receiving criticism, etc.), this finding supported the psychoanalytic hypothesis that depression is hostility turned towards oneself. However, this study received criticism, because it did not prove that people with symptoms of depression necessarily have a need to suffer (Bloch, 2004).

Accordingly, Beck and his colleagues deduced another hypothesis according to the following argument:

Depressed clients have a need to suffer.

Negative feedback fulfills a need to suffer.

Therefore, depressed clients should prefer negative feedback.

Accordingly, Beck and his colleagues conducted a study on the impact of feedback type (positive or negative) on participants' mood and performance on a word completion task (Loeb, Feshbach, Beck & Wolf, 1964). Once again, the experimental design included a depressed group and a non-depressed group. The hypothesis was that the performance of the depressed clients should respond more to the negative feedback than the positive feedback, due to their need to suffer (Bloch, 2004). However, the results showed that performance did not change for either group as a result of the type of feedback (Loeb, et al., 1964). Further, the positive affect of the depressed group increased more in response to positive feedback, in comparison to the non-depressed group. This finding contradicted the experimental hypothesis, because if the depressed group truly had a need to suffer, then they would have responded less to the positive feedback than the non-depressed group (Bloch, 2004). As such, the results of this study contradict the psychoanalytic theory that depression is hostility turned inwards. This caused Beck to begin questioning the validity of the psychoanalytic framework; thus, Beck's empirical findings eventually led him to reject orthodox psychoanalysis.

Beck's clinical work also contributed to him moving away from his orthodox psychoanalytic roots (Annual Reviews Conversations, 2011). For

instance, he experimented with more active and directive methods, such as setting goals and sitting face-to-face with clients, which are supported by some liberal psychoanalytic theorists (e.g., Adler; Ellis, 1963; Prochaska & Norcross, 2010). He also continued to value the role of phenomenology in human experience. Additionally, a client explained to Beck that she repeatedly thought she was boring him, and further noted that she frequently experienced similar thoughts outside of their sessions (Goode, 2000). This led Beck to contemplate the existence of pre-conscious automatic thoughts that are typically not reported during psychoanalytic techniques (Weishaar, 1993). Beck subsequently began to investigate this secondary stream of consciousness with other clients, and he found that clients frequently misinterpreted his statements in a negative way. Beck reasoned that this negative bias may explain the results of his first psychoanalytic research project − that depressed clients may have more masochistic dream content due to a negative bias in how they view themselves (Annual Reviews Conversations, 2011).

Beck started to contemplate the possibility that dreams may reflect an individual's perception of themselves and their experiences (Annual Reviews Conversations, 2011). During this time, the field of cognitive psychology was emerging as a discipline, and Beck reviewed some of its literature. He subsequently began to consider the possibility that the negative bias found in depressed clients, both in his clinical work and in his empirical studies, may relate to cognitive psychology's information processing theories − it seemed plausible that depressed clients may process incoming information in a negatively biased

manner. Thus, a combination of (a) Beck's empirical studies, (b) his experimentation with more active and directive techniques, (c) his clinical observations, and (d) the emerging field of cognitive psychology all led Beck to reject orthodox psychoanalysis. He would subsequently create a new psychotherapeutic orientation, CT, based on the thesis that distorted cognitive processes are the foundation of psychological distress.

Summary of Beck's background. Beck had loving parents who encouraged his interests and education; thus, in contrast to Ellis, Beck appears to have developed a secure attachment style. Additionally, Beck attended two Ivy League schools, decided to pursue internal medicine, and obtained a medical degree. During his medical training, Beck was required to complete a rotation in a psychiatric unit due to staff shortages, where he became enamoured with Freudian theories. He subsequently obtained a diploma in psychoanalysis, and engaged in regular personal psychoanalytic therapy for two and a half years. However, Beck disliked the lack of empirical evidence for Freudian theories, as he valued empirical evidence over authoritative perspectives. This led Beck to use his first research grant to begin investigating one tenet of psychoanalytic theory – that depression is caused by hostility turned towards oneself.

Although his first project supported the psychoanalytic explanation of depression, Beck's second study provided contradictory evidence. This led him to re-interpret the results of his first project, such that he began to see a pattern of negative self-perception in the dream content of depressed clients. Beck was also experimenting with more active and directive clinical methods during this time,

and he observed that depressed clients tended to misinterpret his statements in a negative way. In particular, one client stated that she had negative thoughts while speaking with Beck during a session. This led Beck to consider that there may be another level of thought that typically is not accessible by psychoanalytic techniques. He also began to consider the possibility that dream content is a reflection of an individual's perception of themselves and their experiences. Accordingly, in conjunction with the emerging field of cognitive psychology, Beck formulated a new school of psychotherapy based on the thesis that biased information processing is the foundation of psychological distress.

Chapter 3: Theoretical Considerations

The following section describes the fundamental theoretical principles of Ellis' RET, followed by Beck's CT.

Rational Emotive Therapy

As previously discussed, Ellis wanted to create a new psychotherapeutic approach that would be more effective and efficient than orthodox psychoanalysis. Specifically, he combined the active and directive methods of behaviorism with the orthodox and liberal psychoanalytic focus on phenomenology. He also incorporated stoical philosophical concepts that had previously helped alleviate his own anxiety – namely, Epictetus' theory that psychological distress is due to one's own misperceptions. As Ellis criticized other psychotherapeutic orientations for having unsound theories, Ellis' new orientation needed to have constructs based on premises that could be empirically investigated.

Aspects of experience. Ellis stated there are four fundamental life operations: thinking, emoting, sensing, and moving (Ellis, 1963). Ellis proposed that these human experiences do not act in isolation − while one aspect of experience may be the focus at a given moment, the other life operations will simultaneously be involved at lower levels of intensity. In addition, Ellis noted that "human thinking and emotion are not two disparate or different processes…they significantly overlap and are in some respects, for all practical purposes, essentially the same thing" (Ellis, 1963, p. 38).

Ellis' main focus was not on behaviors (i.e., moving), because he found behaviorism to be limited due to the influence of symbolic language on human learning (Ellis, 1963). He also did not focus on sensing, most likely because this aspect of experience is based on physiological responses that are not easily altered through psychological interventions. Further, Ellis posited that emotions are transient experiences that can only be sustained over the long-term by the involvement of another life operation, namely thinking. For instance, if you become angry at a colleague's hostile comment, you will typically begin to calm down (i.e., return to homeostasis) within a few minutes. However, if you repeatedly think about how awful that comment was, and what a jerk your colleague is, then you will continue to feel angry over a longer period of time. Ellis additionally proposed that cognitions may cause the misperceptions that underlie psychological distress (as per Epicurean stoical theory), and therefore negative emotions will not change until the associated cognitions cease. Moreover, Ellis found that cognitions can be accessed in a relatively easy manner, and altered with concerted effort. As Ellis believed that cognitions (a) maintain emotional distress, (b) can be accessed with relative ease, and (c) can be altered, he focused RET on the cognitive aspect of human experience. By focusing on cognitions, which reflects the internal subjective experience of the client, Ellis also incorporated phenomenology into RET.

Constructs. *Life philosophies*. Ellis proposed that *life philosophies* are the fundamental beliefs one holds regarding what is important, moral, immoral, valued, etc. (Ellis, 1963; Shostrom, et al., 1965). These value systems are

proposed to influence the perceptions of oneself and one's experiences. Accordingly, if a person's life philosophies are rational (i.e., based on valid and sound logic), then the person will have realistic perceptions and expectations of themselves and others. Ellis proposed that having realistic expectations and perceptions should foster life satisfaction, because it facilitates adaptive interactions with one's environment. However, if a person holds irrational life philosophies, then they will have misperceptions and unreasonable expectations that may lead to disappointment and psychological distress, as per Epicurean stoical theory.

Ellis provided eleven commonly held irrational life philosophies that are all based on extreme, rigid, and absolutistic thinking (Ellis, 1958, 1963). This means that irrational life philosophies reflect ideas that all things must be a particular way, and there is no flexibility in these beliefs for things to be any other way. Moreover, people tend to hold these beliefs despite encountering contradictory evidence. For example, a person may believe that they must be loved by everyone. As there are no universal principles regarding morals and interpersonal expectations that all humans adhere to, it is consequently impossible to act in a loveable manner to all people at all times; thus, this belief is anti-empirical and based on unsound logic. Another illogical life philosophy is the belief that one's worth is equivalent to their ability to be perfect. Imperfection is an inherent part of the human condition; thus, only non-humans (e.g., gods) can be perfect. As one cannot be both human and non-human (i.e., they are mutually exclusive categories), and perfection can only apply to non-humans, it is therefore

irrational to believe that a human can be perfect. It thus follows that a person's worth should not be dependent on their ability to be perfect, as such a belief is based on unsound logic. The final example of irrational life philosophies that I provide in this section (see Ellis, 1963 for a complete list) is the belief that the world, including other people, should act in accordance with one's expectations. This is related to the previous example, because this belief also rests on the faulty premise that humans are perfect. If one acknowledges that they are human, and as such they are imperfect, then they must also accept that all other humans are imperfect; if all humans are imperfect, then it is impossible for them to always act in a manner consistent with one's expectations. Therefore, the belief that the world should act in a manner congruent with one's expectations is unsound. As shown in the above three examples, irrational life philosophies are typically based on extreme and absolutistic thinking, as they do not include conditions for (a) at least one person to disapprove of us, (b) the ability to make at least one mistake without losing our worth, or (c) someone failing to meet our expectations at least once. These beliefs are also rigid, because they remain stable even after encountering disconfirming evidence (e.g., observing other people making mistakes while still being classified as a "good person").

Ellis believed that life philosophies are first learned during childhood, and are taught by society (e.g., parents, media, etc.; Ellis, 1963). Similar to Fromm, Ellis believed that such authorities tend to teach irrational ideologies. The irony is that society may teach irrational beliefs that make it more difficult for people to function adaptively within society. For instance, a parent may teach their child

that mistakes are unacceptable, and consequently, the child may develop performance anxiety that makes it harder for them to achieve their maximal potential. Accordingly, children internalize socially-defined beliefs into their own life philosophies, and may either continue to hold these beliefs throughout their lives, or may alter their set of life philosophies to be more rational and adaptive to their environment.

Of note, Ellis suggested that life philosophies are typically outside of conscious awareness (Ellis, 1963), which makes them difficult to empirically evaluate. However, he concluded that the emotional response provides evidence for a person's particular set of life philosophies (Shostrom, et al, 1965). For example, if a client thinks "I made a mistake," then the emotional consequences of that thought are far less intense than a client who thinks "I made a mistake, so I am a loser." Thus, although he included constructs in RET that are difficult to directly observe, he nonetheless suggested that the truth of these constructs can be indirectly evaluated.

Re-indoctrinating statements. Ellis stated that life philosophies will extinguish if they are not reinforced (Ellis, 1963). He also proposed that the content of self-talk statements continue to indoctrinate a person to their particular life philosophies, and as such, Ellis called these *re-indoctrinating statements*. In comparison to life philosophies, a person's re-indoctrinating statements are relatively easy to access (i.e., on the periphery of consciousness), and can theoretically be used to gain insight into the content of life philosophies.

ABC model. Ellis simplified his theory into the ABC model, which is comprised of three stages (Ellis, 1963). The first stage is the *activating event* (A), which refers to the external stimulus that the person encounters. The information regarding the event is then filtered through the person's life philosophies, or *beliefs* (B). Regardless of whether these beliefs are rational or irrational, they contribute to the person's emotional and/or behavioral responses, which is the final stage of *consequences* (C).

According to this model, rational beliefs result in less distress and a higher degree of life satisfaction. This is due to the ability of rational beliefs to facilitate realistic perceptions and expectations, which minimize a person's experience of disappointment and frustration when interacting with their environment. In addition, Ellis stated that the emotional and/or behavioral consequences (C) of a belief may then become an activating event (A); thus, the process begins again. This negative feedback loop is hypothesized to be the process through which depression and anxiety get progressively worse.

Rationalism and empiricism. Ellis did not support classic rationalism's stance that sound logic requires premises based on innate knowledge or previously deduced conclusions (Ellis, 1963). Rather, Ellis argued that empirical evidence provides the means to evaluate the truth of premises, and consequently the soundness of a belief. Moreover, Ellis referred to premises that are not able to be empirically validated as *definitional premises*. Definitional premises do not necessarily reflect reality, as their truth cannot be empirically tested; thus, they are simply an individual's definition of how the world ought to be. This means that

due to their anti-empirical nature, definitional premises may result in faulty logic and reduced life satisfaction.

To illustrate, an example of an illogical belief based on a definitional premise is provided:

Genocide is awful and terrible.

All things awful and terrible should not exist.

Therefore, genocide should not exist.

This argument relies on definitional premises, because there is no empirical method to test the minor premise "All things awful and terrible should not exist." The issue resides in the use of "should," because it is practically impossible to test whether something *should* or *should not* − entities either *do* or *do not* according to empiricism (e.g., exist or do not exist, increase or do not increase, float or do not float, etc.). As such, Ellis would argue that although genocide is defined by most people as an immoral act, there is no empirical evidence to show that genocide *should* not exist; consequently, the conclusion is erroneous and irrational.

Ellis stated that extreme and rigid beliefs are typically based on at least one definitional premise, and that these types of inflexible life philosophies underlie psychological distress. Accordingly, Ellis argued that events are typically only *defined* as being distressing and upsetting, and as such, these beliefs can be changed by evaluating their validity and soundness (including an examination of the truth of their premises). Ellis therefore supported the use of both rationalism and empiricism in developing one's life philosophies.

Irrational vs. maladaptive. As previously discussed, the conclusion "Genocide should not exist" is based on unsound logic (i.e., it cannot be empirically investigated), and is therefore an irrational belief. Even so, this is arguably an adaptive belief. For instance, if every single human held this belief, then it follows that genocide would not occur, or at least would not occur as frequently as it has in recent history. It can also be reasoned that less genocide would result in less human suffering; thus, "Genocide should not exist" is theoretically an adaptive belief. However, Ellis emphasized the logic of a belief more than its adaptive qualities; thus, it appears likely that he would argue that people should not hold the belief "Genocide should not exist," because it is based on faulty logic. This focus on the logic of a belief may be due to Ellis' position that "irrational" and "maladaptive" are basically synonyms (Ellis, 2005a), and as such, he viewed irrational life philosophies as being maladaptive to interacting with one's environment. This means that although he emphasized the logic of the belief, to a lesser extent he also acknowledged the adaptive qualities of these erroneous beliefs.

Psychopathology. As previously mentioned, Ellis believed that society teaches children irrational beliefs, which contributes to the sustained experience of negative emotions. Ellis also proposed that irrational beliefs are typically based on definitional premises, and tend to be extreme, rigid, and absolutistic. Such beliefs typically contain words like "should," "must," "absolutely," etc., which is similar to Horney's "tyranny of the shoulds" theory (Ellis, 1963; Horney, 1950). For instance, Ellis noted that people in Western society typically teach children

that they must be perfect, and that mistakes are absolutely unacceptable (Ellis, 1963). Both of these life philosophies are extreme, as there is no room to make even an occasional mistake. They are also rigid, as these beliefs typically remain stable even after the person encounters disconfirming evidence (e.g., seeing someone else make a mistake while still considering them to be a good person). As such, the inflexible and extreme nature of irrational beliefs can limit a person's ability to find solutions to problems and/or learn from their experiences. Moreover, the particular irrational belief held by a client may contribute to their emotional and behavioral symptoms. For instance, a client (who believes they must be perfect) may consequently experience performance anxiety while writing exams, and may achieve relatively low grades due to this anxiety. As irrational beliefs may cause people to interact with their environments in an ineffective manner, Ellis proposed that irrational life philosophies need to be altered in order to reduce psychological distress and promote life satisfaction.

Ease of change. Ellis cited multiple reasons for why life philosophies are inherently difficult to change (Ellis, 1963). The first reason relates to the principle of inertia – while a significant amount of energy is required to initiate movement, relatively little energy is needed to maintain status quo. Thus, old habits (e.g., life philosophies) are easy to maintain and hard to change. Second, philosophical change is not merely learning a new pattern of thinking and behaving, but it also involves *unlearning* a previous pattern. As such, changing one's beliefs requires more energy than simply learning a new set of beliefs. Third, Ellis hypothesized that a distressed person may experience more difficulty implementing change,

because they may be in the exhaustion stage of Selye's stress model (Selye, 1950). This means that the client may have less energy and attention available to implement change (Ellis, 1963). Lastly, a common irrational belief held by people in Western society is that avoiding difficulties is easier than directly facing problems. This is an irrational belief because although this achieves short-term hedonistic desires, it sabotages the long-term well-being of the individual. Moreover, if a client believes it is easier to avoid problems, then this belief must first be altered before therapeutic progress can be achieved. In sum, Ellis stated that life philosophies need to be altered in order to alleviate psychological distress, but he also acknowledged that such change is inherently difficult.

Life satisfaction. Ellis outlined three philosophies that tend to promote life satisfaction and prevent psychological distress (Ellis & Joffe-Ellis, 2010). First, *unconditional self-acceptance* reflects the idea that each person should acknowledge they are human, and as such, they are flawed. Because imperfection is an inherent part of the human condition, there is no need to put excessive pressure on oneself to adhere to some idea of what it means to be perfect. Moreover, perfection is a hypothetical construct based on definitional premises, as previously discussed, which means that it is irrational to believe that one must be perfect. Similarly, *unconditional other-acceptance* requires the acknowledgement that other people are also human, and consequently they too are flawed. This suggests that people should not upset themselves when others do not act in accordance with their expectations. Lastly, *unconditional life-acceptance* refers to Ellis' belief that people should not unnecessarily upset themselves about aspects

of their lives that cannot be changed; rather, people should focus on areas of their lives and experiences that are within their control. Ellis proposed that by living in accordance with the principles of unconditional self-acceptance, unconditional other-acceptance, and unconditional life-acceptance, people will hold more rational life philosophies and be able to live with a higher degree of satisfaction.

Limitations of RET. Ellis stated that neurosis is "stupid behavior by a non-stupid person" (Ellis, 1958, p. 38). A basic assumption of this statement is that the client must have at least the potential to be rational. If not, then their psychological distress is not primarily due to irrational life philosophies; rather, the fundamental issue resides in the cognitive deficiency of the person. RET may consequently have limited effectiveness with clients who have cognitive impairments. This also relates to Ellis' remarks that although RET is one of the most effective psychotherapeutic orientations, it does have limitations, and as such it is not the only effective psychotherapeutic orientation (Ellis, 1963; Ellis & Joffe-Ellis, 2010).

Summary of the theoretical considerations of RET. Ellis developed a psychotherapeutic orientation that incorporated Freud's concepts of the primary and secondary processes (i.e., unconscious and conscious) in terms of life philosophies and re-indoctrinating statements. As these are subjective experiences of the individual, RET focuses on phenomenology, also similar to orthodox psychoanalysis. In addition, Ellis developed the ABC model to illustrate the role of cognitions in psychological distress, which also supports RET's Epicurean foundation. Moreover, Ellis emphasized the logic of beliefs over their adaptive

qualities. Ellis further proposed that the combined use of rationalism and empiricism fosters life satisfaction by minimizing irrational and unrealistic beliefs. The goal of RET is therefore to maximize rationality by having beliefs that can be empirically investigated.

Cognitive Therapy

As previously discussed, Beck wanted to prove the validity of the orthodox psychoanalytic theory of depression. However, his early research, in conjunction with his clinical experience, led him to reject the hypothesis that depression is caused by anger turned towards oneself. He was also influenced by the emerging field of cognitive psychology, and began to consider the possibility that the negative bias he observed in depressed clients (e.g., masochistic dream content and negative misinterpretations) may be related to information processing theories. Accordingly, the thesis of CT states that "The affective response is determined by the way an individual structures his experience" (Beck, 1967, p. 287, italics omitted). The fundamental principles of CT are provided in the following section.

Aspects of experience. Beck (1967) discussed four aspects of experience: cognitive, emotional, physiological, and behavioral. He also proposed that these four aspects interact with one another to create the essence of human experience. However, Beck did not focus on physiology, because it is not easily altered through psychological interventions. In addition, he found that people behave and feel emotions in accordance with their cognitions. His early research also showed that people tend to experience a thought with negative content prior to feeling a

negative emotion (Beck, 1963, 1964). Beck further noted that one's thoughts are malleable and relatively easy to access. Thus, he focused CT on the cognitive aspect of experience, because (a) cognitions can be accessed with relative ease, (b) cognitions can be altered, and (c) cognitions contribute to one's emotional and behavioral responses.

Constructs. S*chemas.* According to Beck, *schemas* are relatively stable cognitive structures that screen, code, and interpret external stimuli (Beck, 1964). In addition, schemas direct internal thought processes, and reflect a person's beliefs, values, morals, etc. (Weishaar, 1993). Accordingly, a person's schemas influence their perceptions of themselves and the world, and provide a framework for the person to organize their experiences (Beck, 1967). Information from the environment is specifically abstracted and interpreted in a manner congruent with the content of the related schema (Beck, 1964). This means that a realistic schema will cause the individual to interpret an event with relative accuracy; however, if the activated schema is unrealistic, then the person will have a biased understanding of the event. In addition, Beck stated that schemas exist in the unconscious part of the mind; thus, they are not easily accessed. He further proposed that a variety of stimuli may activate a particular schema, and as such, people tend to have consistent patterns of thinking across different situations. For instance, a client may have a belief that they are worthless, and this schema will be activated across a variety of situations, such as while they are at work, while they are at the grocery store, etc. Beck also suggested that schemas remain latent until stimulated, and they strengthen whenever activated. This strengthening

process causes the particular belief to be more easily activated in future, and also blocks alternative schemas from being engaged. In sum, Beck's construct of schemas refers to unconscious cognitive structures that influence the processing of information, that strengthen with repeated activation, and that can be triggered by a variety of stimuli.

Cognitive distortions. Beck (1963) argued that all humans have biases in the processing of information, but that systematic biases are *cognitive distortions*. Cognitive distortions are congruent with the content of the activated schema, and they are the lens through which schemas process information in a meaningful way. Beck stated that although schemas typically emerge during childhood, they are reinforced and maintained via a feedback loop with cognitive distortions (Weishaar, 1993). For example, a person may have a schema that they are a good person who is well-liked. Accordingly, this person will filter incoming information in a confirmatory manner with their schema, such that they may interpret the actions of their boss (e.g., making a grunting sound) as a sign of approval. This interpretation of their boss' actions then reinforces their original belief that they are a good person who is well-liked. In contrast, a person who holds the belief that they are not well-liked may interpret their boss' grunt as disapproval, which then reinforces their negative schema. Accordingly, cognitive distortions contribute to the maintenance of schemas by distorting incoming information to be congruent with the activated schema. Cognitive distortions therefore reflect systematic biases in how information is processed.

Beck (1963) originally developed five different cognitive distortions, and all reflect some degree of unrealistic thinking. For instance, the *magnify/minimize* distortion is the tendency of a person to magnify their flaws and minimize their positive attributes. This describes a person who, for example, focuses on their difficulties forming relationships while ignoring their strong vocational abilities. Consequently, this person will hold an unrealistic and negative understanding of their overall abilities. Alternatively, the *shoulds and oughts* distortion reflects the phenomenon whereby a person focuses on how they should or ought to act, instead of accepting themselves as they are (similar to Horney's theory). These expectations are typically unrealistic, and result in the person consisting failing to meet their own standards. The final cognitive distortion I review in this section is *inexact labeling* (for a more complete list of Beck's cognitive distortions, please see Beck, 1963). Inexact labeling describes the phenomena of placing an unrealistic label on an event, which results in an inappropriate or exaggerated emotional response. For example, labelling a particular relationship as a "need" is unrealistic, because although a specific relationship may be desirable, it is typically not a necessity for life (excluding relationships between a caregiver and a person who is unable to independently meet their own physical needs). Accordingly, cognitive distortions reflect biases in the schematic processing of information, and they result in unrealistic perceptions.

Automatic thoughts. *Automatic thoughts* are cognitions that occur automatically, and are typically in the periphery of consciousness (Beck, 1967). This means that most people do not realize they are making these self-

verbalizations, but that the content of these thoughts can be easily uncovered with direct focus. Beck also stated that the content of a person's automatic thoughts is determined by the activated schema and cognitive distortion. Accordingly, if an activated schema posits that the individual is worthless and disliked, then the individual will interpret their experiences in a manner congruent with this belief. This may cause the person to experience automatic thoughts like "I am not good at anything, and nobody likes me." Moreover, Beck observed that negative automatic thoughts typically occur prior to experiencing a negative emotion (Beck, 1963, 1964). This suggests that a person who has the automatic thought "I am not good at anything, and nobody likes me" may subsequently experience negative affect, such as sadness or despair. In sum, automatic thoughts (a) are automatic, (b) are related to the activated schemas and cognitive distortions, (c) can be brought into the realm of consciousness, and (d) contribute to a person's emotional experiences. This also suggests that automatic thoughts can be used to gain access into a person's schematic content, which is unconscious and difficult to access.

Cognitive model. As previously discussed, Beck proposed that events activate related schemas. The schemas subsequently contribute to how the information is processed, via cognitive distortions, and determine the content of the person's automatic thoughts. In return, these cognitions cause the person's affective and behavioral responses to the event. Thus, there is a linear relationship between the *stimuli*, *cognitions*, and *affect/behavior* (Beck, 1967). This reflects Beck's cognitive model – namely, that a person's affect is due to the way they

construct their experiences, and this construction is based on their belief systems. In addition Beck stated that the emotional and/or behavioral response may then become the stimulus that re-triggers the cognitions. For example, a person's boss may give them a neutral response (e.g., grunt). If this person believes they are worthless, then they may interpret their boss' behavior as disapproval. This may result in feelings of worthlessness. These feelings of worthlessness may then re-activate the person's schema that they are worthless, which serves to strengthen this negative schema and continue the person's unpleasant emotional response. This negative feedback loop is proposed to be the process through which depression and anxiety get progressively worse.

Beck further argued that the intensity of a person's emotional response increases in relation to the subjective plausibility of their beliefs (Beck, 1967). For instance, if a person believes it is very likely that all dogs will bite them (even if this is not empirically accurate), then they will experience more fear in response to encountering a dog, in comparison to a person who believes it is less likely that all dogs will bite them. Moreover, Beck stated that heightened affect tends to strengthen the subjective plausibility of a belief, and as such, he proposed that it is more difficult for a person to objectively evaluate the validity of a belief when they are emotionally aroused.

Irrational vs. maladaptive. Beck emphasized the truth of a belief in terms of a client's specific context. This means that rather than focusing on universal truths (like Ellis), Beck concentrated on an individual person's truths − whether the particular unrealistic belief is facilitating or impeding the person's

interactions with their specific environmental context. Accordingly, CT emphasizes the adaptive qualities of beliefs over their logical basis. Nonetheless, in his early publications on CT (Beck, 1963, 1964, 1967) Beck discussed the illogical basis of cognitive distortions and schemas, as well as the ways in which they may be maladaptive. This means that although he emphasized the adaptive qualities of beliefs, to a lesser extent he also acknowledged their logical properties.

Rationalism and empiricism. Beck used deductive reasoning within the CT framework − the schema represents the broad major premise, the external stimulus is the minor premise, and the automatic thought is the more specific conclusion derived from the premises (Beck, 1964). An example provided by Beck (1964) is paraphrased below:

All dogs that approach me will bite me *(schema).*

This dog is approaching me *(stimulus).*

Therefore, this dog will bite me *(automatic thought).*

Beck also argued that these syllogistic arguments are not consciously processed; rather, they are represented in the conscious realm only by their conclusions. This means that the automatic thought (i.e., conclusion) provides vital information regarding the schematic content (i.e., major premise). As such, the automatic thought, in conjunction with the external stimulus, can be used to identify the schematic content by inductive reasoning, as illustrated below:

This dog will bite me (*automatic thought).*

This dog is approaching me (*stimulus).*

Therefore, all dogs that approach me will bite me (*schema).*

After identifying the client's problematic cognitions, the client is subsequently required to test these beliefs. For instance, observational evidence may show the automatic thought is false. In response to the client's acknowledgement of this disconfirming evidence, the schema will then either be altered to incorporate the new information, or it will weaken and begin to extinguish. Thus, CT uses a combination of deductive and inductive reasoning to evaluate cognitions that underlie psychological distress, and then employs empirical methods to evaluate the truth of these beliefs. CT is therefore a blend of rationalism and empiricism.

Psychopathology. As previously mentioned, Beck believes that extreme, rigid, and overly active schemas underlie psychological distress. He also proposed that the specific content of the problematic schema varies according to nosological category (Beck, 1967). For instance, Beck found that depressed clients typically have a masochistic bias in how they interpret their experiences, while anxious clients tend to interpret events as being overly threatening. Moreover, he found that various cognitive distortions can occur within a specific nosological category. To illustrate, Depressed Patient A may tend to use the magnify/minimize distortion, while Depressed Patient B may typically use the shoulds and oughts distortion. As these negative cognitive lenses influence the processing of information, they contribute to a distorted perception of reality that results in negative affect and maladaptive behaviors (as per Beck's cognitive model). In turn, the negative affect (e.g., sadness) and maladaptive behaviors (e.g., suicidal tendencies) are the symptoms of the mental health disorder (e.g.,

depression). This means that according to CT, the underlying cognitions and biased processing of information causes the symptoms of psychological disorders.

Ease of change. Beck stated that although cognitions are relatively easy to change, this therapeutic process still requires a significant amount of energy (Beck, 1967). He thus developed standardized procedures to increase the efficiency of this process. For example, he established guidelines for addressing different types of mental illness (e.g., personality disorders; Beck & Freeman, 1990), and he created standardized measures to evaluate client progress, (e.g., a depression inventory; Beck, Ward, Mendelson, Mock & Erbaugh, 1961). These procedures and tools are designed to focus therapy on the client's problematic cognitions, which should consequently maximize the effectiveness and efficiency of therapy.

Life satisfaction. Beck (1963) acknowledged that every person processes information in a biased manner. As not every person is psychologically distressed, this biased interpretation is not the cause of mental illness, per se. Rather, Beck stated that overactive schemas, which reflect extreme and rigid beliefs, underlie psychological distress. Accordingly, Beck suggested a particular schema should not be allowed to dominate one's cognitive processes (Beck, 1967). He further proposed that empirical validation can prevent the dominance of a particular schema, specifically by searching for empirical evidence to support the belief and/or by considering alternative explanations. Beck therefore suggested that life satisfaction can be enhanced by holding the attitude of a scientist, in that all of one's beliefs should be placed under empirical scrutiny.

Limitations of CT. Beck noted that CT is most effective for clients that have the capacity to learn and the ability to be introspective (Beck, 1967). Thus, Beck suggested that a base level of intellectual ability facilitates the effectiveness of CT. Beck also suggested that CT is more effective when clients are asymptomatic, as emotional arousal may prevent the objective evaluation of one's problematic cognitions. Even so, empirical research has shown that CT is effective for treating a wide variety of psychological distress, such as depression and anxiety (Butler, Chapman, Forman & Beck, 2006), social phobia (Butler, et al., 2006; Stangier, et al., 2002), and anti-social behavior (Bennett & Gibbons, 2000).

Summary of the theoretical considerations of CT. Beck incorporated the Freudian concepts of primary and secondary processes (unconscious and conscious) in terms of schemas and automatic thoughts. As these are subjective experiences of the individual, CT also focuses on phenomenology, similar to orthodox psychoanalysis. In addition, Beck developed the cognitive model to illustrate the role of cognitions and information processing in psychological distress. Moreover, Beck emphasized the adaptive qualities of beliefs over their validity and soundness. He also proposed that the combined use of rationalism and empiricism fosters life satisfaction, by preventing schemas with extreme content from becoming dominant. The goal of CT is therefore to identify problematic beliefs, empirically evaluate these beliefs, and consider alternative explanations.

Chapter 4: Practical Considerations

This next section reviews the basic clinical applications of RET, followed by CT.

Rational Emotive Therapy

Therapist. As previously discussed, Ellis viewed the passive stance of orthodox psychoanalysis as inefficient and ineffective, and he valued the active and directive methods of behaviorism. Accordingly, Ellis expected RET therapists to directly respond to clients, and actively investigate the client's life philosophies underlying their psychological distress (Ellis, 1963). RET therapists should also be directive in that they need to structure sessions (e.g., formulate a therapeutic treatment plan to address client concerns, develop homework for clients to complete between sessions, etc.). Ellis also stated that therapists and clients should interact in a face-to-face manner, as opposed to the orthodox psychoanalytic approach that placed the therapist out of the client's view. Moreover, a necessary condition for an RET therapist is that they must thoroughly understand RET theory and be able to conceptualize clients according to this framework. As such, Ellis expected RET therapists to be active and directive, along with being experts on RET theory and its clinical application.

Therapy. *Educate.* Ellis stated that the terms "psychotherapy" and "re-education" are basically synonyms (Ellis, 1963). He identified numerous irrational life philosophies that people may hold, all of which are extreme, rigid, and absolutistic beliefs. Accordingly, Ellis proposed that clients should not simply be shown the faulty logic of their current irrational life philosophies, but rather,

clients should be educated on the core thesis of RET − that people contribute to their own emotional distress by re-indoctrinating themselves to irrational beliefs. This means that therapists should instruct clients on how to identify their re-indoctrinating statements and erroneous life philosophies, as well as provide clients with methods to challenge these beliefs. By understanding the RET rationale and methods, Ellis hypothesized that clients should be able to address any irrational life philosophies that they may develop in the future. This should also decrease client relapse rates.

Focus of therapy. As irrational life philosophies are viewed as the root cause of psychological distress, these value systems are the focus of RET (Ellis, 1963). Ellis also emphasized the logical analysis of these beliefs over an evaluation of their adaptive qualities, as previously discussed. In addition, the problematic life philosophies and re-indoctrinating statements occur in the present. Accordingly, RET is a present-focused therapy, and it emphasizes the logic of a client's beliefs.

Techniques. The main techniques used by RET therapists are *disputing irrational beliefs* and *reality testing* (Ellis, 1963). Disputing irrational beliefs consists of a logical discussion, during which the therapist attempts to show the client that a particular life philosophy is invalid and/or unsound. This requires clients to be actively engaged in the therapeutic process within sessions, as they should not simply accept the conceptualization provided by the therapist. Rather, the client is expected to critically evaluate the argument posed by the therapist. The second main technique, reality testing, requires the client to collect empirical

data (e.g., observations) that provides information on whether a particular belief is realistic. It should be noted that Ellis supported the use of techniques from other approaches when deemed appropriate for the particular client, and as such, he conceptualized RET as an eclectic approach.

Therapy session. RET therapists organize sessions to include four main components, as demonstrated in a video of Ellis conducting therapy (Shostrom, et al., 1965). First, the therapist conducts an interview with the client, during which the client describes any relevant information regarding their present concerns. If it is not the initial session, the client may also provide any insights gained from their completed homework tasks. Second, the therapist conceptualizes the concerns brought forth by the client according to the RET framework, including the particular re-indoctrinating statements and life philosophies that are leading to the client's psychological distress. The therapist may also review reasons that the client's completion of the homework was successful or unsuccessful in supporting their life philosophies. Third, the therapist applies psychotherapeutic techniques, such as disputing irrational beliefs or reality testing, to test the validity and soundness of the client's life philosophies. Fourth, the therapist confirms the client is willing to complete the assigned homework before the next session. All four components should be included at some point during each session; however, the amount of time spent on each component may vary across sessions.

Outside therapy. Ellis proposed that RET is an active form of therapy for both the therapist and client (Ellis, 1963). He also stated that the most dramatic changes are typically made by attacking irrational beliefs through both verbal and

sensory-motor (i.e., behavioral) modes. As such, Ellis strongly advocated for the use of homework assignments in facilitating the therapeutic process. Homework tasks usually require clients to change a particular behavior to test whether their related life philosophy is realistic. For example, a client (who holds the irrational belief that they must be perfect to have self-worth) may be required to observe the behavior of a person who they consider to be perfect with a high degree of worth. This may be a friend, co-worker, boss, family member, etc. The likely outcome of this assignment is that the "perfect person with a high degree of worth" actually commits a significant number of mistakes. This information can then be used to dispute the irrational belief that one must be perfect to have worth. Alternatively, a client (who believes that everyone must love them) may be required to approach people who do not love them (e.g., an apathetic parent, a disgruntled co-worker, etc.) and observe whether anything catastrophic occurs. Most probably, such a task will result in the client recognizing that they are able to continue living without a particular person's love. As homework assignments help clients learn techniques to test their beliefs, it follows that the client should be able to apply these techniques on their own in the future − this should also reduce client relapse rates. In sum, clients are expected to actively engage in their treatment both within and outside of the therapy sessions, and homework is a vital aspect of RET.

Therapeutic relationship. Ellis stated that therapists are in an authoritative position and they hold the majority of the power in the therapeutic relationship (Ellis, 1963). As Ellis viewed authorities as being able to efficiently persuade others, his support of this power imbalance may have been partly due to

an effort to maximize efficiency in therapy. Additionally, this unequal power dynamic relates to Ellis' belief that therapists are more rational and emotionally stable than clients; thus, clients seek the expertise and authority of therapists to help overcome their irrationality and psychological distress.

In accordance with this difference in power, the client is expected to complete the homework tasks that are designed and assigned by the therapist. Moreover, Ellis proposed that therapists need to directly attack clients' irrational beliefs in order to facilitate change, because life philosophies are inherently difficult to alter. To illustrate the forcefulness employed by Ellis, the following quote is provided, which presents Ellis' hypothetical response to a client who did not complete their homework assignment:

> So you didn't feel like doing the assignment. Tough! Well you're goddam well going to have to do it if you want to overcome the nonsense you keep telling yourself. And you didn't like me for giving you the assignment. Well, I don't give a shit whether you like me or not. We're here not to have a lovey-dovey relationship − and thereby to gratify you for the moment so that you don't *have* to work to get better − but to convince you that unless you get off your ass and do that assignment I gave you, and many equivalent assignments, you're going to keep stewing in your own neurotic juices forever. Now when are you going to cut out the crap and *do* something to help yourself? (Ellis, 1963, p. 198)

Summary of the practical considerations of RET. Ellis required RET therapists to be experts on the theory and clinical application of RET. These

therapists are also required to have an active and directive manner within sessions, and be blunt and forceful as required. In accordance with RET theory, the focus of therapy is on the client's present re-indoctrinating statements and irrational life philosophies. Ellis particularly focused on the logical basis of these beliefs, rather than their adaptive qualities. Additionally, RET therapists should educate clients on the rationale and methods of this approach, so clients will be able to apply RET on their own and prevent relapse. Further, Ellis supported the use of a variety of techniques; however, he particularly advocated for the use of disputing irrational beliefs and reality testing. In accordance with reality testing, homework tasks are typically designed by the RET therapist to evaluate the accuracy of a client's irrational life philosophies. Lastly, Ellis viewed the therapeutic relationship as having an unequal power dynamic, with the therapist as the authoritarian expert. In accordance with this authoritative position, and to facilitate the efficiency and effectiveness of RET, therapists are expected to forcefully attack the irrational beliefs of clients.

Cognitive Therapy.

Therapist. As previously discussed, Beck experimented with active and directive approaches to psychotherapy, which he found to be more effective with clients than the passive stance of orthodox psychoanalysis. As such, he expected CT therapists to directly respond to clients, and actively investigate the problematic cognitions that underlie psychological distress (Weishaar, 1993). Therapists and clients should also interact in a face-to-face manner, as opposed to the orthodox psychoanalytic approach that places the therapist out of the client's

view. Moreover, CT therapists should be directive in terms of structuring the session (e.g., formulate a therapeutic treatment plan to address the client's concerns, develop homework for clients to complete between sessions, etc.). Beck further proposed that CT therapists should be more directive earlier in treatment, and gradually place this responsibility upon the client as they become able to fulfill a more directive role in their own lives. Additionally, a necessary condition for a CT therapist is they must thoroughly understand CT theory, and be able to conceptualize clients according to this framework. Therefore, Beck expected CT therapists to be active, directive, and experts on the theory and clinical application of CT.

Therapy. ***Educate.*** Beck proposed that therapists fill the role of a teacher during therapy, such that they instruct clients on the CT rationale and methods (Weishaar, 1993). For instance, clients typically believe that only events cause their emotional distress; therefore, clients must be taught to identify the role that their cognitions play in their degree of life satisfaction (Beck, 1967). Clients should specifically be shown that their beliefs typically do not reflect reality with 100% accuracy, and that their schemas can produce systematic biases in how they process information. As there are various cognitive distortions that people may have, clients should be instructed on how to identify the specific beliefs that may be causing their psychological distress, as well as given methods to challenge these cognitions. By understanding the CT rationale and methods, Beck believed that clients should be able to address any problematic schemas that may develop in future. The therapist's goal is therefore to teach the client the fundamental CT

theories and methods, so the client can continue applying CT once their primary concern is resolved. This allows the client to become their own therapist, and should reduce client relapse rates.

Focus of therapy. During the earlier stages of therapy, when the client's symptoms are more intense, the focus of therapy is typically on identifying, evaluating, and correcting automatic thoughts and cognitive distortions (Beck, 1964). This is due to the relative ease of accessing automatic thoughts and cognitive distortions, in comparison to accessing the content of schemas. In addition, activated problematic schemas can block alternative and more reality-based schemas; thus, it is easier to evaluate problematic schemas when the client is relatively asymptomatic (i.e., later in therapy). Moreover, as automatic thoughts, cognitive distortions, and problematic schemas are impacting the client in the present, CT is a present-focused therapy. In sum, CT focuses on the client's present experiences in terms of their automatic thoughts and cognitive distortions, and once the client is less symptomatic, the client's problematic schematic content is subsequently addressed.

Techniques. The main psychotherapeutic techniques advocated by Beck are *Socratic dialogue* and *reality testing*. Socratic dialogue requires the therapist to propose questions in a manner that helps the client to (a) examine their experiences, (b) identify their problematic cognitions, and (c) evaluate the validity of their beliefs (Overholser, 1994; Weishaar, 1993). This also requires the client to be actively engaged in the therapeutic process during sessions. On the other hand, reality testing requires the client to provide data to show whether the

identified automatic thoughts, cognitive distortions and/or schemas are realistic (Weishaar, 1993). Beck also supported the use of techniques from other approaches as deemed appropriate for the particular client, and therefore CT is an eclectic approach.

Therapy session. CT therapists organize sessions to include four main components, as illustrated in a video of Beck conducting therapy (Shostrom, et al., 1986). First, the therapist conducts an interview with the client, during which the client discusses information relevant to their present concerns. If it is not the initial session, the client may also review their completion of the homework assignment. Second, the therapist conceptualizes the client's concerns according to the CT framework. This may include providing a hypothesis of the client's schematic content that may underlie their psychological distress. The therapist may also investigate reasons that the client's completion of the homework may have been successful (or unsuccessful) in empirically supporting their automatic thoughts, cognitive distortions, and/or schemas. Third, therapeutic techniques are applied, such as reality testing and/or Socratic dialogue. The therapist and client also work together to develop a homework assignment tailored to evaluate the cognitions and beliefs that underlie the client's psychological distress. Fourth, the therapist confirms the client is willing to complete the homework before the next session. Although all four components should be included at some point during each session, the amount of time spent on each component may vary across sessions.

Outside therapy. Beck proposed that CT is an active form of therapy for both the therapist and client (Weishaar, 1993). As such, the client is expected to complete homework tasks between sessions. If the client is unsure whether they are experiencing a particular cognition, homework may include gathering information regarding their automatic thoughts (e.g., content, frequency of occurrence, potential triggers, etc.). Alternatively, homework assignments may test whether the client's cognitions accurately reflect reality. For instance, a client (who believes no one likes her) may be asked to record every instance of someone smiling at her during the week. In sum, clients are expected to actively engage in their treatment both within and outside of the therapy sessions, and homework is a vital aspect of CT.

Therapeutic relationship. Beck viewed therapy as a collaborative and empirical process between the therapist and client; consequently, he referred to the therapeutic alliance as "collaborative empiricism" (Weishaar, 1993, p. 78). As such, he advocated for homework assignments to be designed by both the therapist and client, and he argued that there should be an equal distribution of power between both parties. Although Beck viewed the client and therapist as having equal power in their relationship, he also acknowledged that they each have different areas of expertise – while the therapist is the expert on CT, the client is the expert on their own lives (Prochaska & Norcross, 2010). Accordingly, the therapist and client should be co-investigators in applying CT theories and methods to the client's life, and as such, they should have a relationship based on collaborative empiricism.

As people tend to become defensive and/or hostile when their beliefs are attacked, which can fracture a collaborative relationship (Ackerman & Hilsenroth, 2001), Beck argued that CT therapists should not directly attack a client's beliefs. Moreover, Beck advocated for therapists to be empirical and acknowledge that there is at least a small possibility that their conceptualizations may be inaccurate (Weishaar, 1993); thus, therapists should not interact with clients from the position of an all-knowing authority. This further suggests that Beck would take an inquisitive approach to a client who did not complete their homework assignment. For example, Beck may ask the client if (a) they had originally intended to complete the task, (b) they experienced any thoughts that were unsupportive of completing the task, or (c) they knew of any particular reason why they did not complete the task. Beck may also ask what the client is feeling (and/or thinking) while they are explaining that the task was not completed, because this information may help identify any beliefs that blocked the client from performing their homework.

Summary of the practical considerations of CT. CT requires therapists to be experts on the theory and clinical application of CT. As Beck preferred the neo-Freudian approaches that were more active and directive than orthodox psychoanalysis, he expected CT therapists to also be active and directive within sessions. However, Beck proposed that therapists should become less directive as the client is able to assume more responsibility for applying CT theories and methods to their own lives. The focus of CT therapy is on the adaptive qualities of the client's present automatic thoughts, cognitive distortions, and schemas. Beck

further advocated for CT therapists to educate clients on the CT rationale and methods, because this may reduce relapse rates and promote continued life satisfaction. In addition, Beck supported CT therapists to employ a variety of techniques; however, he particularly advocated for the use of Socratic dialogue and reality testing. Homework assignments are also a vital aspect of CT, and are typically designed to test the empirical accuracy of the client's problematic automatic thoughts, cognitive distortions, and/or schemas. Lastly, Beck viewed the therapeutic relationship as having an equal power dynamic, with the therapist as the expert on CT theory and the client as the expert on their own life. Accordingly, Beck believed that the therapist and client should have a relationship based on collaborative empiricism in order to successfully apply CT to the client's life. As a consequence of this collaboration, and research that showed confrontation can fracture this type of relationship, Beck advocated for therapists to take a softer approach than Ellis, and make gentle inquiries into clients' belief systems.

Chapter 5: Overall Comparison of the Theory and Practice of Ellis and Beck

Similarities Between RET and CT

There are a number of similarities between Ellis and Beck, including their education and training in psychotherapy, most of the fundamental principles of their respective theories, and numerous aspects of the clinical application of RET and CT.

Education and training in psychotherapy. Ellis and Beck were both trained in orthodox psychoanalysis. This is apparent in RET and CT, as each theorist maintained the orthodox psychoanalytic focus on phenomenology, as well as constructs consistent with Freud's primary and secondary processes (discussed later in this section). In addition, Ellis and Beck were influenced by alternative approaches that were gaining momentum during the 1940s and 1950s, such as behaviorist and neo-Freudian orientations. These alternative approaches influenced the more active and directive methods employed in RET and CT.

Theories. ***Aspects of experience.*** Although their terminology differs, Beck and Ellis agreed that there are at least four aspects of experience: thinking, feeling, sensing, and moving. They also agreed that cognitions are malleable, are relatively easy to access, and underlie psychological distress. As such, both RET and CT focuses on the cognitive aspect of experience.

***Constructs*.** Ellis and Beck developed very similar constructs to provide a cognitive-based explanation of psychological distress. First, life philosophies and schemas are parallel concepts, as they refer to the beliefs people hold and that underlie psychological distress. Also, these constructs are presumed to exist

within the unconscious, and as such they reflect the influence of Freud's primary process. Second, re-indoctrinating statements and automatic thoughts refer to the same phenomenon, as they are the verbal statements that occur within the mind, and they are associated with an underling belief (i.e., life philosophy or schema). As re-indoctrinating statements and automatic thoughts are presumed to exist in the periphery of consciousness, and can be brought into the realm of consciousness with relative ease, these two constructs reflect the influence of Freudian secondary process on RET and CT theories. Accordingly, RET and CT contains parallel constructs.

Models. Ellis and Beck each developed a simple model to explain the role of beliefs in psychological distress, and each model consists of similar components and processes. For instance, while Ellis' ABC model involves an activating event (A), a belief (B), and a consequence (C), Beck's cognitive model includes a stimulus, a cognition, and an emotional and/or behavioral response. In addition, both models propose that the emotional and/or behavioral consequences of a problematic belief can subsequently serve to become the stimulus (i.e., activating event); thus, there is a negative feedback loop between the final and initial components of these models. This negative feedback loop is the process by which each model proposes that depressive and anxiety symptoms progressively become worse. Accordingly, the models used by Ellis and Beck are parallel in terms of their components and processes.

Inclusion of rationalism and empiricism. RET and CT both consists of a blend of rationalism and empiricism. For instance, each approach includes an

investigation of the client's beliefs that may be the source of their current distress. These beliefs can then be placed under logical scrutiny, and the client may consequently be shown to have illogical beliefs. In addition, both Ellis and Beck encouraged clients to empirically test these problematic beliefs, which may be completed between sessions as homework. This type of empirical validation may subsequently show the client's logic is unsound and unrealistic. Thus, both rationalism and empiricism are employed in RET and CT.

***Psychopathology*.** Ellis and Beck both proposed that erroneous beliefs underlie psychological distress. They also suggested that it is more difficult to attain life satisfaction when one holds irrational beliefs, because such beliefs make it harder to interact adaptively with one's environment. Accordingly, Ellis and Beck both believed that life satisfaction may be enhanced by holding beliefs that are more realistic and rational. In addition, they both stated that beliefs underlying psychopathology require a significant amount of effort to change, and that the client's symptoms are a function of their particular problematic beliefs. As such, RET and CT contains similar theories regarding psychopathology.

Clinical application. Therapeutic sessions conducted by Ellis and Beck are parallel in many respects. First, similar to psychologists who adhere to other psychotherapeutic orientations, both RET and CT therapists should be experts and skilled at applying their respective theories. RET and CT therapists are also required to be active and directive during sessions, and they should educate clients on the rationale and methods of their respective approach. Moreover, therapy sessions for both approaches follow a similar format: (1) conduct a therapeutic

interview; (2) conceptualize the client's concerns according to the RET or CT framework; (3) apply therapeutic techniques; and (4) confirm the client is willing to complete the homework before the next session. Further, both approaches posit that clients should be actively engaged both within and outside of sessions, because beliefs are inherently difficult to change. As such, homework is viewed as a vital component of RET and CT, because it teaches the client how to empirically test their beliefs, which may increase life satisfaction and reduce relapse rates. In addition, both RET and CT therapy sessions are present-focused, and address the problematic cognitions connected with the client's current psychological distress. Therefore, the clinical application of RET and CT is similar in many respects, including the active role of both therapists and clients, the structure of the sessions, the use of homework, and the focus on the client's present cognitions.

Summary of the similarities. Ellis and Beck are similar in terms of their education and training. Also, although the theories and models within RET and CT use different terminology, they each describe parallel concepts. Moreover, the sessions for RET and CT are similar in terms of: active and directive therapists; the structure of therapy sessions; active clients, both within and outside of therapy; the importance of homework assignments; and the focus on the client's current experiences. Of note, Ellis stated that RET and CT can be employed in basically the same manner (Ellis & Joffe-Ellis, 2010), which further supports the conclusion that these modern psychotherapeutic orientations are very similar.

Differences Between RET and CT

Despite the similarities described above, there are three main differences between the therapy conducted by Ellis and Beck. The first difference is in terms of the practical application of RET and CT, namely, the type of therapeutic relationship employed by each theorist. The other two distinctions are in terms of the theories of RET and CT, and reflect a divergent degree of emphasis placed on rationalism vs. empiricism, as well as the logical vs. adaptive qualities of beliefs. However, all three differences appear to be related to the distinct personal characteristics and backgrounds of Ellis and Beck.

Therapeutic relationship. ***Albert Ellis.*** Ellis advocated for RET therapists to hold an authoritative position of power within sessions. He also argued that a direct and forceful attack on a client's irrational life philosophies is the most effective manner of alleviating psychological distress. This therapeutic relationship style appears to be associated with Ellis' interpersonal patterns in both his personal and professional life, as well as being related to Ellis' early development.

First, Ellis argued that he enjoyed the freedoms his neglectful parents permitted. Even so, it seems likely that this contributed to Ellis developing an insecure attachment style that may have negatively impacted his ability to form strong and intimate bonds with others (Ainsworth & Bowlby 1991). For instance, Ellis was fearful of approaching women, which may have been partially due to Ellis not learning how to establish a strong bond with his primary caregiver (i.e., his mother). This phobia of approaching women also seems to have influenced Ellis' frottage behaviors during adolescence, as Franzini and Grossberg (1995)

suggested that men who engage in these behaviors typically have difficulty establishing mature and intimate relationships with women. Of note, Ellis mentioned in his autobiography that during his later adult years he experienced some remorse for his previous frotteurism (Ellis & Joffe-Ellis, 2010); however, he also provided a rationalization of these illegal and aggressive behaviors. Specifically, Ellis reasoned that his sexual objectification of women was not abhorrent because (a) as a male, he was biologically predisposed to view women as sexual objects, and (b) due to the anti-feminist era in which he was raised, he was taught to treat women as sexual objects. Although his frotteurism ended once he overcame his phobia of approaching women, he nonetheless admitted that he continued to objectify women until his final marriage. Thus, in accordance with the theory that Ellis had an insecure attachment style, it appears that he had difficulty forming mature and intimate bonds with women during adolescence and young adulthood.

In terms of the significant relationships that he established during adulthood, Ellis expected his partner to support him by not interfering with, or complaining about, his rigid daily schedule and his 85 to 90 hour work week (Ellis & Joffe-Ellis, 2010). In reading his autobiography, it further appears that Ellis' work was his first priority, while his relationships were (at most) his second priority. Ellis' biographer (Wiener, 1988) also noted that Ellis appeared to be ambivalent towards his friendships, including his life-long friends from childhood. In addition, Ellis admitted that he did not fulfill an active parental role to the children he fathered with Karyl (Ellis & Joffe-Ellis, 2010). Thus, it appears

that Ellis maintained an avoidant attachment style in his personal life, at least until his final marriage (of note, Ellis claimed that he started to change his attitudes towards women and relationships when he began a courtship with his third and final wife, Debbie).

Ellis' interpersonal difficulties are also apparent in his interactions with colleagues, including professionals at the Albert Ellis Institute for Rational Emotive Behavior Therapy (AEI). For instance, Ellis forcefully disputed the opinions of other professionals, and he frequently used vulgar language in these arguments (Wiener, 1988). This is illustrated in Ellis' statement to his long-term partner Janet (who was the executive director of AEI at the time) and another AEI board member (who was in conflict with Janet) that they were both being "fucking babies" (Ellis & Joffe-Ellis, 2010, p. 534). Additionally, Ellis noted that in 2004 he began to have fundamental disagreements with the majority of the current board members at AEI. Specifically, there appeared to be a significant power struggle within the institute, as illustrated in the following quote by Ellis:

> The bogus AEI has unjustly and unethically occupied our 45 East 65th Street building, jilted me from the presidency of the institute, stopped me from teaching there, and drastically cut down the remuneration for the considerable work that I do for it. (Ellis & Joffe-Ellis, 2010, p. 546)

It is possible that the AEI board members were attacking Ellis without provocation; however, due to Ellis' noted history of interpersonal difficulties and abrasive manner of interacting with others, it seems likely that Ellis at least contributed to these conflicts in his professional relationships. Of note, it also

seems plausible that Ellis would take significant offence to his authoritative position being questioned at his own institute.

It has thus been argued that Ellis had difficulties forming and maintaining strong interpersonal bonds in his personal and professional life. Accordingly, his authoritative position within therapy sessions may have been at least partly due to his pattern of relating to others. For instance, Ellis was not overly concerned whether people in his professional or personal life approved of him. Likewise, he was not concerned whether clients liked him, and he did not see rapport as necessary to achieving treatment goals (Ellis, 1963). It also seems likely that Ellis' relative inability to form strong interpersonal bonds may have manifested itself in his arrogant, forceful, and blunt interactions with clients; this seems especially likely given how arrogant, forceful, and blunt he was while interacting with his romantic partners, friends, and colleagues. Accordingly, the authoritative therapeutic relationship endorsed by Ellis appears to be a function of his interpersonal style.

Ellis' advocacy of an authoritative therapeutic relationship also appears to be influenced by his relatively difficult and atypical upbringing. First, Ellis' experience with financial instability, in conjunction with the responsibility of supporting his family, may have contributed to his need to be efficient. For instance, his ability to maximize efficiency allowed him to financially support himself and his family while he attended graduate school (Wiener, 1988). It therefore seems likely that these financial constraints influenced Ellis' value of maximizing efficiency within therapeutic sessions. Second, Ellis' pleasure in

reading philosophy and writing logical essays (Ellis & Joffe-Ellis, 2010), which are activities that most teens typically do not enjoy, may have contributed to his enjoyment and comfort in debating with others. This may have influenced his technique of disputing irrational beliefs, as well as his argumentative manner. Third, the absence of his parents afforded Ellis freedoms that he otherwise would not have obtained. This may have contributed to his insecure attachment style (as previously discussed) along with the importance he placed on the freedom of thought. Accordingly, he strongly disliked the irrational beliefs society places upon citizens, and he was unafraid to directly attack the policies and beliefs that he viewed as irrational – these factors may have also influenced his forceful manner with clients. Lastly, Ellis observed that authorities (e.g., parents, media, and government) are typically able to persuade people with relative ease (Ellis, 1963). In sum, Ellis' (a) focus on being efficient, (b) belief that authorities can persuade others with relative ease, and (c) comfort debating and being confrontational with others, appears to have influenced his view that the most efficient therapeutic relationship style is for the therapist to attack a client's irrational beliefs in an authoritative manner. Moreover, this position of power, combined with his relative difficulty forming strong interpersonal bonds, appears to have contributed to his authoritative therapeutic style, which was blunt, forceful, and confrontational.

Aaron Beck. In contrast to Ellis, Beck had a typical middle- to upper-class American upbringing. For instance, Beck had loving parents who were involved in developing his areas of interest. His family was also relatively financially

stable, so Beck was not expected to support his family with additional income. It further appears that Beck supports monogamy (although a detailed account of his sexual development has not been published). Also in contrast to Ellis, Beck has never been politically active. In sum, Beck had a relatively typical upbringing, in comparison to Ellis.

The above factors appear to have influenced Beck's preferred style of therapeutic relationship, which he referred to as *collaborative empiricism*. For instance, Beck viewed empirical data as more trustworthy than authorities, which may be due to his interest in science that developed during childhood. Thus, Beck did not believe that the therapist should take an authoritative approach; rather, he viewed the therapist and client as co-investigators of the client's psychological distress and problematic beliefs. As he viewed the therapeutic relationship as collaborative, and research has shown that attacking a client's beliefs may fracture this relationship (Ackerman & Hilsenroth, 2001), Beck supported softer techniques within sessions than Ellis. Specifically, Beck used relatively gentle methods, such as Socratic dialogue, that respects the client's beliefs while also encourages them to provide empirical evidence for those beliefs. Beck additionally emphasized the importance of rapport in therapy, which may be at least partly due to the empirical research that indicates a positive alliance between the therapist and client facilitates positive therapeutic outcomes (Horvath & Symonds, 1991). In addition, Beck appears to have a secure attachment style during adulthood, as he is noted to have developed and maintained relationships relatively well (Weishaar, 1993). His secure attachment style may have further

fostered the importance he placed on rapport in the therapeutic relationship. Moreover, Beck's interest in science appears to have influenced his original decision to pursue medicine. This scientific and medical background may have subsequently influenced Beck's belief that therapeutic efficiency is best attained through the use of standardized protocols and tools to measure symptom severity. In sum, Beck supported the therapeutic relationship style of collaborative empiricism, and this relational dynamic appears to be influenced by his secure attachment style, as well as his belief that empirical data should be trusted over authorities. Moreover, Beck attempted to maximize efficiency within sessions by developing standardized measurements and procedures, rather than directly attacking a client's beliefs like Ellis.

Emphasis of rationalism and empiricism. It has been argued that a main difference between RET and CT is the emphasis on rationalism and empiricism, respectively (Ellis, 2005a; Padesky & Beck, 2003; Padesky & Beck, 2005). As previously discussed, Ellis advocated for the use of philosophical debate to show the illogic in a client's problematic beliefs. This reflects an emphasis on rationalism. However, Ellis' homework assignments were typically designed to show client's that their beliefs (and/or premises) are false, and as such, their logic is unsound. This suggests that while rationalism is the focus within sessions, empiricism is the focus outside of sessions. In contrast, Beck conducted therapy sessions with a focus on empirical inquiry, as he would prompt clients to provide evidence for their beliefs. However, Beck also required clients to evaluate the validity of their beliefs, which suggests that although he emphasized empiricism,

rationalism is also important in CT. Therefore, RET and CT both include aspects of rationalism and empiricism; however, they each have a different emphasis, with RET being more focused on rationalism, and CT being more focused on empiricism. Therefore, the conclusions of this thesis further support the argument that RET and CT differ in terms of their degree of emphasis on rationalism and empiricism, respectively.

However, this difference in the particular epistemological approach emphasized by Ellis, in comparison to Beck, may be a function of the therapeutic relationship endorsed by each theorist. For instance, Ellis preferred the therapist to be in a position of authority, and as such RET therapists are empowered to make judgements on the absolute truth of their clients' beliefs; this facilitates the focus of RET on rationalism. In contrast, Beck supported collaborative empiricism. Accordingly, CT encourages therapists and clients to work together in order to empirically examine the client's problematic beliefs, and this facilitates the focus of CT on empiricism. It therefore appears that although Ellis emphasized rationalism and Beck emphasized empiricism, this difference may be a function of their divergent therapeutic relationship styles.

Irrational vs. maladaptive. Another notable difference between Ellis and Beck is their respective focus on the logical vs. adaptive qualities of a belief. This discrepancy between RET and CT may be due to the epistemological approach emphasized by each theorist. Specifically, Ellis focused on rationalism, and consequently, he typically evaluated the universal truth of a client's belief (i.e., the validity and soundness of the belief). This is congruent with Ellis'

authoritative relationship style, because it places the therapist in a position of determining the absolute truth of the client's problematic beliefs. It should also be noted that Ellis believed that an irrational belief is maladaptive (Ellis, 2005a); therefore, he did not completely ignore the adaptive qualities of beliefs. On the other hand, Beck emphasized empiricism, and as such he typically evaluated the individual truth of the client's beliefs (i.e., whether the particular belief helps the client adapt to their specific environmental context). Beck additionally held the empirical position that only the probability of a belief's truth can be determined, because there is always the possibility of finding disconfirming evidence. Accordingly, he suggested that a CT therapist should refrain from judging the absolute truth of a belief, and instead should collaboratively work with the client to evaluate evidence for the probability of the problematic belief being true. Nonetheless, Beck also discussed the logical basis of problematic schemas and cognitive distortions (Beck, 1963, 1964, 1967); thus, to a lesser extent he also evaluated the logical qualities of a belief. In sum, it appears that the emphasis on the irrational vs. maladaptive qualities of a belief may be based on the epistemological approach and therapeutic relationship style employed by the therapist. Moreover, this also relates to Ellis' and Beck's divergent personal characteristics and backgrounds, because these factors appear to have contributed to each theorist's preferred epistemological approach and therapeutic relationship style (as previously discussed).

Summary of the differences. Ellis had a difficult and atypical early development. Additionally, Ellis was a socio-political critic, and he appeared to

have had significant difficulties developing and maintaining strong interpersonal bonds. He was also influenced more by philosophy and rationalism, in comparison to Beck. On the other hand, Beck's early development was relatively typical. In addition, Beck was influenced more by empiricism and the field of medicine, and he does not appear to have had the interpersonal difficulties displayed by Ellis. The above factors may have contributed to the differences between the theories of RET and CT, both in terms of their emphasis on rationalism vs. empiricism and the illogical vs. maladaptive qualities of beliefs. Further, the main discrepancy between RET and CT appears to be one aspect of their clinical applications − Ellis and Beck each preferred a different style of therapeutic relationship. Moreover, all three differences between RET and CT appear to be a function of Ellis' and Beck's divergent personal characteristics and backgrounds.

Critical Discussion

A new perspective of RET vs. CT. The original purpose of this thesis was to gain a better understanding of the similarities and differences between RET and CT. The results of this project suggest that RET and CT appear to be fundamentally parallel, with their theoretical differences being only in terms of emphasis. For instance, while Ellis emphasizes rationalism and the universal truth of beliefs (e.g., their inherent logic), Beck focuses on empiricism and the probability of the belief being true given the client's context (e.g., their adaptive qualities). Nonetheless, RET and CT both employs a blend of rationalism and empiricism. As these differences in theory are only a matter of degree, it appears

appropriate for RET and CT to continue to be classified under the same psychotherapeutic school of cognitive-based therapies (also referred to as *cognitive-behavioral therapies*). Moreover, undergraduate students typically do not conduct psychotherapy, and as such, it is not necessary for introductory psychology courses to review the divergent therapeutic relationship styles endorsed by Ellis and Beck. It additionally follows that introductory psychology textbooks may continue to provide only a basic description of RET and CT, because their differences are essentially a matter of degree, and the purpose of introductory psychology courses is not to provide an in-depth review. Moreover, alternative textbooks are available that provide a more detailed description of the modern schools of psychology, including a comprehensive review of the theories and therapeutic relationships endorsed by each approach (e.g., Prochaska & Norcross, 2010); these texts may be more appropriate for students in advanced psychology courses, and students who are beginning to conduct psychotherapy.

Popularity of RET vs. CT among novice therapists. Within my graduate cohort, it appears that Beck is more popular among novice psychotherapists, in comparison to Ellis. I propose that this may be due to the relative accessibility of CT, in comparison to RET.

Reading Ellis' books and publications is not an easy task. Although Ellis boasts that he is a talented author, and that his writing requires minimal (if any) editing (Ellis & Joffe-Ellis, 2010), it can be difficult as a reader to fully understand Ellis' main points. For instance, he used the term "hedonistic-stoical" (Ellis, 1963, p. 124) to describe RET, but he did not immediately provide an

explicit definition for this term. In other sections of the same book, Ellis discussed the importance of living in accordance with the ideas of long-term hedonism and maintaining a stoical stance, such that you act in the best interest of your long-term well-being and do not allow the actions of others to distress you; thus, it seems reasonable to assume that this is what Ellis meant by "hedonistic-stoical." Even so, if Ellis had consistently provided definitions for such unusual terms, the cognitive load required to understand his points could have been greatly reduced. In addition, Ellis' autobiography is difficult to follow, because it has a chronological order interspersed with retrospective rationalizations for his behaviors. Consequently, the reader may feel that Ellis is jumping around the timeline and digressing into random rants, rather than following a linear progression that is concise and focused on his main arguments. Moreover, Ellis was sometimes inconsistent in his writing, which makes it difficult to understand his actual viewpoint. For example, Ellis explicitly stated that he promoted feminist ideals prior to the liberal political momentum of the 1960s; however, he also admitted that he objectified women until he began his final marriage (when he was almost 90 years old). As the sexual objectification of women contradicts the core feminist ideal that women are equal members of society (Prochaska & Norcross, 2010), Ellis' true position on feminism appears to be unclear. Accordingly, it can be somewhat difficult to understand Ellis' main theories and opinions.

In contrast, Beck's writing is relatively easy to follow, as he presents his ideas in a concise and logical order. Beck also has a number of specific treatment

protocols and assessment tools for various disorders (Beck & Freeman, 1990; Beck, et al., 1961) that numerous psychotherapists use to develop treatment plans and evaluate client progress. Accordingly, Beck's theories, protocols, and assessment tools are easily accessible, even to novice therapists. This relative ease of understanding and utilizing CT theories may have contributed to my observation that CT is more popular among novice therapists than RET. However, my observations are based off limited personal experience, and as such it is possible that the premise "CT is more popular than RET among novice therapists" is unsound. Even so, this may be an interesting topic for future research.

Personal impact. During my first year of graduate-level training in psychotherapy, I was instructed on the importance of the therapeutic relationship, because it is a common factor of client change (Hubble, Duncan & Miller, 2005). This means that across all types of psychotherapeutic orientations, a therapist's degree of effectiveness is significantly influenced by their ability to form strong therapeutic relationships with their clients. Bordin (1994) described three aspects of the therapeutic relationship: goals, tasks, and bonds. According to this model, the *goals* of therapy are the outcomes that the client and therapist hope to achieve, while the therapeutic *tasks* are the specific interventions used in therapy to achieve the goals. These two activities, identifying goals and selecting tasks, may indirectly foster the third aspect of the therapeutic relationship, namely the *bond*. The bond refers to the affective relationship that develops between a therapist and client. This specific type of interpersonal bond may be experienced or expressed as feelings of trust, respect, and liking one another. In sum, the therapeutic

relationship is a common factor that facilitates client change, and it theoretically consists of goals, tasks, and an affective bond.

As (a) the bond between a therapist and client is a component of the therapeutic relationship, and (b) the therapeutic relationship is an important factor in conducting effective therapy, it therefore appears that (c) a therapist's ability to form interpersonal bonds may influence their degree of therapeutic effectiveness. This hypothesis has been supported by empirical research. For example, Daniel (2006) provided a review of the empirical studies conducted on the association between the therapeutic relationship and therapist attachment styles. Some of the studies in this review concluded that therapists with secure attachment styles are able to establish relatively strong therapeutic relationships, in comparison to therapists with insecure attachment styles. However, Daniel noted that there are relatively few studies conducted on this topic, and some of the results are inconsistent across different studies; therefore, she suggests further research should be conducted to verify the conclusions.

Nonetheless, Daniel's (2006) findings, in conjunction with the conclusions drawn in this thesis, have led me to consider the impact my personal characteristics may have on my ability to conduct effective therapy. For instance, I would like to improve my ability to establish bonds with clients more quickly, as this may reduce therapy dropout rates and further facilitate my therapeutic relationships with clients. As the findings within this thesis suggest that a therapist's personal factors may influence the therapeutic relationship, I can subsequently not ignore the potential negative impact my own insecure

attachment style may have on my ability to establish bonds with clients. This evaluation of my ability to bond with clients appears to be especially important, because I have found that my degree of therapeutic effectiveness appears to increase when I conduct therapy from a more experiential, rather than distant, framework.

Bugental (1987) supports an experiential psychotherapeutic framework, as he suggested that a deep and immediate experience between the therapist and client facilitates client change. This type of interaction requires the therapist to engage in both the client's, and their own, immediate emotional experiences. In contrast, I have found that I tend to automatically hold myself back from experiencing this intimate level of communication, even in some of my personal relationships, and particularly when interacting with clients. Although this relatively distant interpersonal pattern is consistent with my insecure attachment style, and it feels comfortable to me, it nonetheless appears to negatively impact my ability to conduct effective therapy.

It currently appears that I need to learn a new pattern of relating to others, which is uncomfortable and unfamiliar to me, in order to improve my ability to conduct effective therapy. As research suggests that attachment styles can be altered (Daniel, 2006), it appears that I can make this change; however, this change may require concerted effort and a significant amount of emotional risk on my part. To manage the risk to my emotional well-being, as well as any potential negative impact to my clients, I will first experiment with new relationship

patterns in my personal life prior to applying these changes within therapy sessions.

In sum, therapists may need to adjust a pattern of behavior that has been ingrained since childhood (e.g., interpersonal patterns) in order to improve their abilities to provide effective therapy. Moreover, people grow and change overtime; consequently, it is possible that therapists may need to evaluate how their personal factors are facilitating or impeding their effectiveness within therapy over the course of their careers.

Implications for Training

Due to the conclusion of this thesis that personal factors may impact the manner in which a therapist conducts therapy, it appears fallacious to state that all therapists who adhere to the same approach will conduct therapy in a similar manner. This is illustrated by the divergent application of RET observed by Wiener (1988), for example. Wiener observed numerous RET therapists conducting therapy at the Albert Ellis Institute for Rational Emotive Behavior Therapy (AEI), and he noticed that none were as forceful as Ellis. Moreover, Wiener stated that it was sometimes difficult to tell that the various RET therapists were conducting the same type of therapy, because they applied RET theories in divergent ways. He further theorized that in general therapists apply psychological approaches in a manner congruent with their personalities, and consequently therapists that adhere to the same psychotherapeutic orientation may conduct therapy in a significantly different manner. Therefore, it appears that the theories of a psychotherapeutic orientation do not guarantee that different

therapists, who adhere to that approach, will conduct sessions the same way; rather, it seems that the personal characteristics of the therapist plays a significant role in how they interact with clients.

Accordingly, in addition to selecting a psychotherapeutic orientation, novice therapists may also need to learn how to apply their preferred approach in a manner congruent with their authentic selves. As such, it appears that the personal factors of a novice therapist are important to evaluate and address during training. Henry and Strupp (1994) suggested that traditional training methods (e.g., lectures, clinical supervision, etc.) adequately provide novice therapists with the knowledge required to select a psychotherapeutic orientation, as well as specific tasks to use in therapy. However, Henry and Strupp also noted that traditional training methods may be insufficient for helping novice therapists identify and manage their personal factors that may negatively impact the therapy they provide. Similarly, this topic was not reviewed during my own training, and as such there seems to be a gap in the training of novice therapists.

It therefore appears that supervisors should be encouraged to discuss with their trainees the personal factors that may impact therapy. According to my own experience, supervisors do not explicitly discuss this topic with novice therapists. Moreover, this potential gap in the training of novice therapists may not be the fault of supervisors, because supervisors may not be aware of this obstacle, or they may not have the knowledge required to be able to address this topic with trainees. Therefore, it is suggested that further research be done to develop a framework that may (a) help novice therapists understand their personal

characteristics that can impede their ability to conduct effective therapy, and (b) provide novice therapists with possible solutions to overcome any barriers that these personal factors may pose.

Conclusion

The main purpose of this thesis was to increase the understanding of RET and CT, as the differences between these approaches typically are not discernible in introductory textbooks, but the videos of Ellis and Beck conducting therapy are observably different. The results of this thesis indicate that these two approaches are fundamentally parallel. Nonetheless, RET and CT theories differ in terms of their degree of emphasis on rationalism vs. empiricism, as well as the irrational vs. maladaptive qualities of beliefs. As these distinctions are only a matter of degree, it therefore appears that the typical description of RET and CT theories in introductory psychology textbooks is appropriate given the purpose of these courses. On the other hand, the main difference lies in the therapeutic relationship endorsed by Ellis (i.e., authoritative) and Beck (i.e., collaborative empiricism), which reflects an important aspect of the clinical application of these approaches. Accordingly, alternative texts (e.g., Prochaska & Norcross, 2010) may be suitable for more advanced psychology courses that require an in-depth evaluation of the various schools of psychotherapy, and that may include students who are beginning to conduct therapy. Moreover, the differences I observed in the videos of Ellis and Beck each conducting therapy appears to be a function of the style of therapeutic relationship endorsed by each man.

A subsequent finding of this thesis was that the style of therapeutic relationship preferred by a therapist appears to be at least partly due to their personal characteristics. For instance, it appears that the attachment style developed by a therapist during childhood may later influence their ability to form

close and intimate bonds with clients. In turn, this ability to bond with clients may then impact the style of therapeutic relationship preferred by the therapist. It has also been argued that additional factors in a therapist's early development may influence the way they conduct therapy. For example, an adolescent that enjoys philosophy and discovering *absolute truth* may develop into a therapist that focuses more on rationalism and the logic of beliefs, in comparison to an adolescent who enjoys science and evaluating *probable truth.*

This project, as well as previous research (Daniel, 2006), has found that a therapist's personal characteristics may play a significant role in their ability to conduct effective therapy. This suggests that once a novice therapist has selected a psychotherapeutic orientation, they should subsequently be provided with assistance to apply this approach in a manner congruent with their authentic self. Additionally, supervisors and trainees should discuss the personal characteristics that may impact therapy (e.g., attachment style) and possible solutions to overcome these barriers. Moreover, in accordance with the findings of this project, experienced therapists are also encouraged to periodically evaluate how their personal factors may facilitate or impede the therapy they provide. Therefore, in addition to increasing my own understanding of RET and CT, as well as illuminating the way my relational pattern may be impacting my degree of therapeutic effectiveness, I hope that the findings of this thesis are similarly helpful to psychology students, novice therapists, and experienced therapists.

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