

Defense Mechanisms in Rational Emotive Cognitive Behavior Therapy Personality Theory

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Published online: 18 February 2016
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Abstract It has been argued that if rational emotive cognitive behavior therapy (RECBT) is to survive and prosper in the present century, the personality theory underlying it requires further development, greater clarification, and more comprehensiveness. In this article it is argued that RECBT personality theory could be further broadened and strengthened by attempting to incorporate the classic defense mechanisms of psychoanalytic theory via stripping them away from Freud's hypothetical dynamic unconscious and instead resting them on Ellis's concept of the unconscious. First, to provide proper context, the unconscious and the defense mechanisms are briefly discussed. Then attention is turned to the 10 classic defense mechanisms, discussed one by one. In each described mechanism, the mechanism in question is defined, then placed in the framework of RECBT personality theory along with ample examples. Then the clinical implications of each mechanism are briefly explored, with RECBT practitioners in mind. It is hoped that this discussion will, in some way, help to broaden and strengthen RECBT theory and practice.

Keywords Defense mechanisms · Rational emotive cognitive behavior therapy

Introduction

Toward the end of the last century, it was argued that if rational emotive cognitive behavior therapy (RECBT) was to survive and prosper in the present century, the personality theory underlying it required further development, greater clarification,

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and more comprehensiveness (Ziegler 1989). The need for such personality theory advancement was clearly acknowledged by Ellis (1989) at the time, and he took important steps in this direction (Ellis 1991, 1994, 2000). Further, since the time of the earlier argument and critique of RECBT personality theory (Ziegler 1989), irrational beliefs have been tied empirically to cognitive appraisal of daily hassles (Mills Harran and Ziegler 1991), an explicit definition of the term *personality* in RECBT theory has been proposed (Ziegler 1999), Ellis's basic assumptions concerning human nature have been identified and delineated (Ziegler 2000), RECBT personality theory has been linked to other cognitive-behavioral theoretical constructs (Ziegler and Hawley 2001) and established cognitive-behavioral constructs have been incorporated into RECBT theory (Ziegler 2001), Ellis's personality theory has been compared and contrasted with the personality theories of Freud and Rogers (Ziegler 2002), irrational beliefs were further linked empirically to daily stressors (Ziegler and Leslie 2003), a definition of the essence of psychological health in RECBT theory was proposed and discussed (Ziegler 2003), and the unhealthy negative emotion of anger was further linked empirically to the ABC model underlying RECBT theory (Ziegler and Smith 2004).

Most significant of all is that Ellis, toward and at the end of his long and extraordinarily productive life, chose to co-author an extremely comprehensive, six-hundred plus page *Personality Theories* textbook, designed primarily for graduate students (Ellis et al. 2009). In that book, one can find an entire, very well-conceived, chapter entitled, "Albert Ellis and the Rational Emotive Behavioral Theory of Personality". A careful reading of this chapter by your present writer clearly indicated that many of the then shortcomings of RECBT personality theory pointed out by the present writer (Ziegler 1989) were rather nicely addressed.

Nevertheless, with the passing of Albert Ellis, it is here argued that there is still more work to be done by other RECBTers so inclined to further broaden and strengthen it as a personality theory. The purpose of the present article is to take one more step in that direction.

In this article, it is argued that RECBT personality theory could be further broadened and strengthened by attempting to incorporate the classic defense mechanisms of psychoanalytic theory, insofar as possible, by stripping them away from their basis in Freud's deep, dark, and largely hypothetical unconscious, and instead resting them on Ellis's concept of the unconscious (Ellis et al. 2009). At first glance, a RECBT attempt to incorporate anything from psychoanalytic theory could seem to some readers as borderline preposterous! Given what Ellis often searingly wrote and, as this writer often heard directly, what Ellis frequently even more searingly said in his public presentations, about psychodynamic theory in general and Freudian theory in particular, one finds virtually no criticisms of defense mechanisms by him. Indeed, as will be evident in the next section here, Ellis actually accepted the concept of defense mechanisms!

At this point, a brief historical note seems appropriate. In the middle of the last century, Dollard and Miller (1950) attempted to integrate psychoanalytic concepts with the then dominant Behaviorism of the day. Ellis described that effort as follows: "On their integrations of psychoanalytic and behavioral concepts, Dollard and Miller proposed that neuroses are caused by the conditioned repression of

thoughts or behaviors that result in anxiety” (Ellis et al. 2009, p. 482). Given that monumental effort, it does not seem too much of a stretch today to attempt to incorporate just one aspect of psychoanalytic theory (defense mechanisms) into today’s RECBT personality theory.

Finally, in more recent times, there appear to be at least some similarities between defense mechanisms, as conceptualized here, and a core aspect of Acceptance and Commitment Theory (the ACT model) developed primarily by Steven C. Hayes. Specifically, a central conception of ACT is that psychological suffering is, in part, caused by *experiential avoidance*. Experiential avoidance is seen as attempts to avoid thoughts, feelings, memories, and other internal experiences, even when doing so creates harm in the long run (Hayes and Wilson 1994). Thus, experiential avoidance appears to function much in the same self-defeating manner as do defense mechanisms.

A brief and general discussion of the unconscious and the defense mechanisms follows and then each of the classic defense mechanisms will be described from a RECBT perspective, along with their clinical implications. This writer’s goal is that both the theoretically-inclined and the numerous RECBT practitioners and trainees throughout the world may hopefully benefit.

The Unconscious and the Defense Mechanisms

Many readers of this Journal most probably will be very familiar with Freud’s concept of the *unconscious*, so there is no need to dwell upon it here. But just for the sake of completeness, the Freudian unconscious has been described as: “That aspect of the psyche that contains one’s unacceptable conflicts and desires. These can be brought to the conscious mind through techniques such as free association and dream interpretation” (Hjelle and Ziegler 1992, p. 134).

Ellis wrote that, with a little effort, most so-called repressed or banished material could be recalled. Ellis also based a number of his premises on nonconscious processes.

“The nonconscious he refers to, however, is consistent with cognitive psychology as opposed to the nonconscious of psychoanalysis. Nonconscious beliefs, according to Ellis, are those that are innate or are so deeply learned that they require no conscious mediation to process. All nonconscious beliefs that are learned began as conscious beliefs or attitudes... Such unconscious cognitions can readily be made conscious if the individual needs to attend to them or is directed to them” (Ellis et al. 2009, p. 508).

The defense mechanisms will be briefly considered now. Freud’s daughter, Anna Freud, revised her father’s orthodox psychoanalytic theory to expand the role of the ego functioning independently of the id. In her classic work, *The Ego and the Mechanisms of Defense* (1936), she clarified the defense mechanisms, claiming they operated to protect the ego from anxiety. The standard grouping of Freudian defense mechanisms then was substantially her work. Anna Freud also gave these

mechanisms more precise definition and offered examples based upon her well-known analyses of children.

Freudian defense mechanisms share two common characteristics: (1) they operate at an unconscious level and are therefore self-deceptive and (2) they distort, deny, or falsify perception of reality, so as to make anxiety less threatening to the individual. Further, people rarely rely upon a single defense mechanism to defend themselves against anxiety; typically people employ several defense mechanisms to resolve conflict and thereby relieve anxiety (Hjelle and Ziegler 1992).

Ellis also accepted the concept of defense mechanisms. To wit: “Like Anna Freud, who coined most of the terminology related to defense mechanisms, and current theorists..., Ellis holds that people do indeed use defense mechanisms” (Ellis et al. 2009). This writer has often heard Ellis use defense mechanism terminology in his public presentations and during this writer’s tenure as a Summer Fellow at the Albert Ellis Institute. In addition to this admittedly hearsay evidence, Ellis also alluded to them in his aptly named autobiographical tome, *All Out* (Ellis and Ellis 2010). For several examples:

“Did I temporarily squelch my panic by convincing myself that ‘I must not be panicked’ and therefore sweep it under the rug, only to have it rear its ugly head again as it broke through my strong repression?” (p. 114); Perversely—humans are incredible in their rationalizations...” (p. 222); Anyway, as the king of the RECBT May, I had better not be too crazy. So it is certainly possible that I defensibly hide my dementedness—from others and from myself—or that I promptly push my ass to make myself less disturbed” (p. 245); “... but I was obsessed with her all the time. I resolved to keep sublimating my affection in poetry and pictures. I cried freely when composing some poems” (p. 349).

The major difference between the psychoanalytic view of defense mechanisms and that of Ellis is that Ellis held that defenses were initially conscious or volitional (Ellis et al. 2009). Given Ellis’s view of the unconscious, these defense mechanisms should be readily accessible to consciousness, most especially with professional help, a fact that should be of some significance to RECBT practitioners and trainees.

Another important distinction between the psychoanalytic and RECBT views of defense mechanisms is that, in psychoanalytic theory, what is being protected by defense mechanisms is the *ego*. There is no *ego* per se in RECBT theory. Instead, Ellis relied on *self*-theory (Ellis 1973; Ellis et al. 2009). So in RECBT theory, what is being protected by defense mechanisms is the *self*.

Finally, Ellis maintained that defense mechanisms are inelegant and inefficient solutions to emotional disturbances because they do nothing to change the irrational belief system that necessitates their use (Ellis et al. 2009). Therefore, psychologically speaking, they were not a good thing for a client to have—once again, a potentially important consideration for RECBT practitioners and trainees.

At this juncture, just how these defense mechanisms might operate within a RECBT framework will be explored. Once again, they will be stripped away from their present Freudian theoretical base. The defense mechanisms per se will remain intact but, instead, be placed within a RECBT personality theory context.

Defense Mechanisms in RECBT Personality Theory

The 10 defense mechanisms considered here follow.

Repression

Repression is that defense mechanism in which unwanted thoughts or impulses are prevented from entering one's conscious awareness (Hjelle and Ziegler 1992). Freud regarded Repression as the primary ego defense, not only because it served as a basis for more elaborate mechanisms of defense, but also because it involved the most direct approach to contain anxiety. In psychoanalytic theory it is the most basic and widely used defense mechanism (Hjelle and Ziegler 1992). Further, Freud considered repression into, or banishment into, the unconscious, as one of his greatest discoveries (Jones 1953).

It is here envisioned that Repression would occupy a similarly important place in RECBT personality theory, but with two very important differences: (1) the nature of *what* is being repressed, and (2) the accessibility of repressed material to consciousness. In RECBT theory, it is here argued that what is being repressed are Irrational Beliefs (IBs) along with their well-known Derivatives (Dryden and Neenan 1995). To illustrate: "I *must* be perfect in everything that I do (IB) and, if I am not, I can't stand it!" (Low Frustration Tolerance (LFT) Derivative, aka "I can't stand it itus"). Consistent with Ellis's position, it is here hypothesized that this IB begins in consciousness but, somewhat like a skilled gymnast who practices movements until they become automatic and "unconscious", our unfortunate repressor tells him or herself this IB so frequently and so long that it becomes automatic and unconscious. When reality probably frequently, and often harshly, shows the person that he or she is indubitably not perfect in every way, what Ellis calls *emotional disturbance* is the inevitable result, e.g., anxiety, anger, guilt, depression, etc. Thus, in addition to the two important differences cited above, it would also appear that defense mechanisms serve a somewhat different function in the two theoretical positions. In psychoanalysis, they help individuals to avoid anxiety by preventing unacceptable thoughts to enter the conscious mind, whereas in RECBT theory, they prevent Irrational Beliefs from being fully and consciously recognized by the individual. As Ellis noted:

"I have not rejected the notion that much of cognition is nonconscious. Indeed, most of the beliefs that influence our behavior are unconscious until evoked and often can be discovered only by inferring them from emotions and behavior" (Ellis et al. 2009, pp. xvi–xvii).

The good news here is that, given Ellis's aforementioned view of the unconscious, the IB in the above example, along with the very capable assistance of a RECBT therapist, can readily be brought to the client's consciousness and disputed through standard RECBT techniques. Then a new Rational Belief (RB) can be developed and substituted for the newly disputed and vanquished IB, e.g., "I strongly *prefer* to have high standards in as many things that I reasonably can do

(RB) but, if I do not always act up to those standards, I won't like it, but I certainly can always stand it! (High Frustration Tolerance (HFT) Derivative).

Finally, it is important to recognize that secondary emotional disturbance is most probably operative in this example and in the other examples to follow. Secondary emotional disturbance refers to: "disturbed feelings derived from primary disturbances, e.g., ashamed about feeling anxious; angry about feeling hurt." (Dryden and Neenan 1995, p. 125) In effect, the C (Consequence) becomes a new A (Activating Event), along with an Irrational Belief that is likewise repressed. In the above example, let us assume that the person feels anxious (C). That feeling becomes a new A, accompanied by a repressed IB: "I *must* not feel anxious (IB) and, if I do, I am an utter weakling and am no damned good!" (Damnation Derivative).

In terms of treatment, the secondary emotional disturbance will most probably need to be treated first, in order to get to the original primary disturbance (Ellis and Dryden 1987). Lastly, as noted above, secondary emotional disturbance is most probably present in the other examples to follow. Space considerations do not permit their discussion. The reader is simply advised here that this writer believes that they are probably present and would require treatment.

Projection

Projection is that defense mechanism in which the person unconsciously attributes unacceptable internal thoughts, feelings, and behaviors to other people or to the environment. First the unacceptable material is repressed, and then it is projected. In psychoanalytic theory, Projection ranks next to Repression in terms of its theoretical importance (Hjelle and Ziegler 1992).

It is here envisioned to play an equally prominent role in RECBT personality theory. Here is how it could operate. Take a case of a man who is biologically predisposed to be prudish, and then is subjected to rigid, strict, and overly moralistic upbringing. Such an individual might well be inclined to repress (by the process described in the previous section) something like this: "I must never have any lustful thoughts or feelings toward any woman other than my wife (IB) and, if I do, it is terrible, horrible, awful, and catastrophic!" (Awfulizing Derivative).

To further keep this IB in its proper repressed unconscious place, Projection is resorted to, e.g., the man begins to perceive, think, and believe, very inaccurately, that the other men in the office in which he works are inappropriately, constantly, and filthily consumed with lustful thoughts and feelings toward his and their female co-workers, while he himself, of course, remains far above the lascivious fray in this regard. In essence, he blames these men for the unconscious thoughts and feelings that he himself unknowingly has.

As can be readily inferred, the potential emotional disturbance consequences here are not good, but there is good news. In RECBT theory, the originally repressed IB can readily be uprooted to the client's consciousness, then disputed, and then a new RB often can be adopted, all with the capable help of a good RECBTer. Then the client could be shown the utter falseness of his previously projected thoughts and feelings, the reasons why he fallibly projected in the first place, and the absurdity or waste of time of continuing to do so in the future.

Displacement

Displacement is that defense mechanism in which feelings or impulses are unconsciously redirected from a more threatening person or object to a less threatening one. An example of Displacement would be a wife who is unfairly criticized by an overwhelming employer and then later reacts with inappropriate anger to the slightest provocation by her husband, children, or, for that matter, her dog (Hjelle and Ziegler 1992). In essence, the husband, children, or dog become a kind of scapegoat.

Displacement is envisioned to work much in the same manner in RECBT theory as it does in psychoanalytic theory, with the now familiar caveat that it rests on Ellis's argument for a cognitive unconscious rather than Freud's concept of a much deeper and less accessible unconscious. First an IB is repressed and then Displacement sets in. To wit: "I *must* at all times be treated fairly and well by my employer, and she *must* never unfairly criticize me (IB)—and, if she does, I can't stand it!" (Low Frustration Tolerance Derivative).

The poor woman is once again unfairly criticized by her boss at work and predictably feels pent-up anger which she dare not express to this boss. She then goes home with her duffle bag of pent-up anger (woe to her unsuspecting loving husband, Dan!). Upon entering and getting settled in at home (while saying nothing about what happened to her at work), Dan eventually says, in his customary mild-mannered way, "Peggy, I have had a really long, tough, day today at work, and I am just exhausted. I know it's my turn to do the wash tonight, but would you mind if, under the circumstances, I skipped my turn tonight and maybe you do it?" Peggy, normally a kind, considerate, and understanding person, explosively responds: "Go to hell! Do not pass Go and go directly to hell, you lazy SOB! It's your turn to do the wash tonight, and you damned well better do it!" In essence, poor Dan becomes the scapegoat here.

Needless to say, Displacement isn't a very good thing to build relationships or to maintain positive human relationships generally. But, once again, RECBT can come to the rescue! This woman's IB could be uprooted and disputed, then a new RB developed, thereby changing her inappropriate negative emotion of anger to an appropriate negative emotion of irritation—thus largely eliminating the need for Displacement. Ideally, she could also be shown by the therapist just what Displacement really is, how it insidiously operates, and just how damaging it can be to relationships. More ideally, the therapist could give her some skills training in how to more effectively deal with her boss, along with a homework assignment to listen to Ellis's classic tape "Dealing with Difficult People", or a similar rendition.

Rationalization

Rationalization is that defense mechanism in which the individual unconsciously provides plausible but inaccurate justifications for his or her failures; the individual unknowingly deceives him or herself. Reality is thus distorted and irrational behavior is made to appear rational and thus justifiable to oneself and others (Hjelle and Ziegler 1992). In his *Personality Theories* textbook, Ellis provides a

hypothetical example of Rationalization: “If an executive fails at her dream of becoming the chief executive officer of a corporation, she may rationalize it by stating that she is happy not to have been burdened with such a taxing job” (Ellis et al. 2009 p. 101).

Staying with Ellis’s example, Rationalization might work this way in RECBT personality theory. First the IB is repressed: “I must become the CEO of my corporation (IB), and it will be terrible and awful if I do not!” (Awfulizing Derivative). Reality smacks this executive squarely in the face by denying her the desired job, and then Rationalization sets in: “Whew! I just dodged a bullet here—Really, who’d want to be burdened with a job like that? Glad I didn’t get it!”

The RECBT therapist’s task here is probably less arduous than usual because, in Ellis’s (2009) view, the unconscious material here is much closer to consciousness. Ellis opined that people are often somewhat consciously aware that they are rationalizing (Ellis et al. 2009). So uproot and dispute the IB, substitute a new RB, and then show the client that her rationalizing is counter-productive, unrealistic, and will get her nowhere. A person so well situated in a corporation should, in Jack Nicholson’s famous words (here paraphrased) in *A Few Good Men*, “be able to handle the truth!”

Finally, at this juncture, it is important to recognize that, in virtually all of the examples provided for the defense mechanisms here, there very well could be more than one IB operative in each case. For example, in the case of this executive, she may also harbor the repressed IB: “I *must* not fail (IB), and, if I do, I won’t be able to stand it!” (Low Frustration Tolerance Derivative). Rationalization could just as easily follow. Upon failing to be appointed as the CEO, the executive might tell herself: “Well, maybe this experience is a good thing. It may make me a stronger, more effective person in the future. In a way, I’m glad it happened!”

While, once again, space considerations do not permit more than one IB example per defense mechanism here, at least the reader should be aware that this writer believes that more than one IB operative is most certainly possible and, in many cases, quite likely.

Reaction Formation

In Freudian theory *Reaction Formation* is that defense mechanism in which anxiety is reduced by repressing one set of impulses or feelings and overemphasizing an opposite set of impulses or feelings in consciousness. In essence, the ego guards against forbidden impulses or feelings by expressing their opposite in both thought and behavior, e.g., a woman threatened by her own repressed sexual desires becomes a staunch crusader to ban pornography in her community (Hjelle and Ziegler 1992).

Reaction Formation might work in RECBT theory as follows, using the example of Reaction Formation provided by Ellis in his Personality Theories textbook. In his chapter on Freud and the Dynamic Unconscious, Ellis offered an example of a mother who felt resentment against her child for thwarting her career plans (Ellis et al. 2009, p. 102). Within the context of RECBT theory, what is first being repressed in the IB: “I must not feel resentment against my child (IB), but I hate the

little rat for holding me back! If I feel this way, I am an absolutely rotten mother who is no damned good!” (Damnation Derivative). Then Reaction Formation rears its ugly head in the example given. Since it is unacceptable for the woman to express her hostility directly, she becomes an overly “loving” mother to the extent that she smothers her child’s life through overprotection. She says such things as, “I’m not letting you play with other children because you will get hurt.”

Once again, the clinical implications seem clear here. The RECBTer uproots and successfully disputes the woman’s IB, encourages and teaches her a healthier RB, and then, ideally, shows her the counter-productive, self-defeating, relationship-ruining, and highly unfortunate nature of Reaction Formation (Once again, in RECBT with no ego concept, it is the self that is defended). In the ideal therapeutic world, once the IB is successfully disputed and a new RB substituted, there would be a little, if any, further need for Reaction Formation. The mom could move on here to greater mental health and a much better, psychologically healthy, relationship with her, up to now, highly restricted child.

Denial

Denial is that defense mechanism that protects a person against threatening experiences from the environment by blocking out their existence. Essentially, the individual refuses to consider extremely unpleasant reality as it is, e.g., a father who refuses to believe that his daughter has been brutally raped and murdered and acts as though she is still alive—or the child who denies the death of a pet and persists in believing that it is still alive (Hjelle and Ziegler 1992).

Denial might work this way in RECBT theory. A man is informed by his physician that he has a terminal disease diagnosis (Hjelle and Ziegler 1992). Let us assume that he probably already harbors a repressed IB—“I *must* not die!” Confronted by this new highly threatening medical information, this already repressed IB could rather quickly morph into “Because I *must* not die, I *can’t* have a terminal illness (IB), and it would be terrible, awful, horrible, and catastrophic if I did!” (Awfulizing Derivative). Denial then fully sets in—“Hell, I don’t and can’t have this terminal illness—this quack doctor is full of malarkey!” And off he unproductively goes in search of a second, third, fourth, and fifth medical opinion. Alternatively, he seeks New Age magical cures.

Should this poor man come to a RECBT therapeutic office along his journey, his IB is disputed with great delicacy—delicacy because, as is obvious to empathic readers, this poor guy is looking directly at the Grim Reaper here. For example, therapists who often adopt a forceful “confrontational” style when disputing many of their client’s IBs might wish to adopt a “kinder, gentler” style in disputing this particular client’s IBs, albeit at the probable cost of less efficiency. However, once his IB is successfully disputed and a new RB substituted through “gentle” RECBT, he can be shown the utter counter-productive and self-defeating nature of the Denial mechanism. If the client were religious, his beliefs may be a great source of strength and comfort in times like these (Bergin 1983). If he were not particularly religious, a homework assignment would be to have him read the classic “How to Stubbornly Refuse to Make Yourself Miserable About Anything—Yes, Anything!” (Ellis

1988)—paying particular attention to the last chapter in which Ellis sagely instructed people what to think, feel, and do when the very worst happened in their lives.

Introjection

Introjection is that defense mechanism in which we take the characteristics of another person, usually a more powerful person, or object into our own psyche (Ellis et al. 2009). An example might be abused children who internalize the hostile attitudes of their caretakers and act aggressively and cruelly toward younger siblings or family pets. This defense seems most common when people have values opposed to the values held by a majority population, values that might be viewed as threatening. In order to avoid the real or imaginary fear of rebuke or rejection, people instead adopt the new values as their own (Ellis et al. 2009).

This mechanism might work in RECBT as follows. There is the “I *must* not be rejected (IB), and, if I am, it proves that I am no damned good!” (Damnation Derivative). So now what happens when it begins to dawn on this poor misguided soul that he holds values opposed to the values of the majority, values which—ye gads!—could cause him to be rejected!—his worst fear. Introjection then comes to the rescue! He simply and unknowingly adopts the values of the majority, thereby avoiding the much feared rejection and then proceeds to live unhappily ever after.

Should he wander into a RECBT therapist’s office seeking some solace, that nasty IB badly needs to be disputed and a new healthy RB put in its place. In this particular case, Ellis’s famous shame-attacking exercises seem like a natural for homework assignments (Ellis and Dryden 1987). Ideally, this client, armed with his new RB, needs to develop more courage to get rid of his introjected values and live healthily and comfortably with his own values. If the majority doesn’t like it, then, as Ellis used to say—“Too Damned Bad!”. A good therapist, by showing the client the poisonous nature of Introjection, could significantly help the client to reach this healthy point in his life. It is just so much easier to live life when you truly don’t need other people’s approval.

Regression

Regression is that defense mechanism in which the individual retreats to an earlier developmental stage that was more secure and pleasant and/or the use of less mature responses in attempting to cope with stress. Essentially, the person reverts to immature and childlike patterns of behavior. Readily observed forms of Regression used by adults include losing their temper, pouting, giving people “the silent treatment”, using baby talk, destroying property, rebelling against authority, and driving fast and recklessly (Hjelle and Ziegler 1992).

Here is how Regression might work in RECBT theory. Say that a man has harbored a long-term repressed IB—“Really bad things must never happen to me!” He is then hit with a really bad adversity or Activating event (an A in the A–B–C model), e.g., he loses all of his money in the stock market. That long term repressed IB remains repressed but now becomes much more specific—“This *must* not be

happening to me now (IB) but if it is, I absolutely can't stand it! (Low Frustration Tolerance Derivative). Regression then sets in, and the guy begins to act like a child. He pouts, whines, and inappropriately loses his temper with people. In essence, he begins drowning in a self-created well of self-pity, instead of a more adult response such as seeing what he might rationally and realistically do about his dire financial situation.

Clinically, dispute the IB, then one can substitute a new RB which should enable the poor guy (literally, in this case) to cope more effectively with the A. Then maybe show him that his childlike behavior is not getting him anywhere and is, indeed, helping to do him in.

Intellectualization

Intellectualization is that defense mechanism in which people use reason, logic, technical jargon, or an excessive focus on intellectual fine points to avoid confronting an objectionable emotion or impulse. Sometimes called a “flight into reason”, this mechanism essentially strips away the emotional content of a situation or experience (Ellis et al. 2009). Since there seldom is a thought without a feeling, and vice versa, Intellectualization is essentially created out of an incomplete thinking-feeling kind of mechanism.

Ellis (2009) used an example of Intellectualization, citing a patient told by his primary physician that he had cancer. The man immediately began to do large amounts of research on his form of cancer, the treatment for it, the success rates of each form of treatment, and the names and locations of specialists who had published studies of his type of cancer. Moreover, he began using technical words like *carcinoma* or *malignant neoplasm* when talking about his disease and using the chemical names of the drugs used in his chemotherapy.

How might Intellectualization work in RECBT theory? First, let us assume a repressed IB, e.g., “I must not die from this cancer (IB), and it would be truly awful and catastrophic if I did!” (Awfulizing Derivative). Then Intellectualization comes into play to help keep the repressed IB nicely repressed. If this man is truly facing imminent death, and the defense mechanism of Intellectualization is working well, and no canons of professional ethics are violated, maybe no therapeutic action is the appropriate action here. Just leave this man alone and let him think his life away with dignity would be one possible approach. However, just to leave him alone would not be doing good RECBT. Assume that the man shows up at your office, presenting with anxiety, depression, or anger. The Intellectualization mechanism isn't working too well. Challenge and dispute the IB, substitute an appropriate RB, show him what he's really doing with the Intellectualization mechanism, and give him as much emotional support as is consistent with RECBT philosophy and practice—emphasis on support.

Sublimation

Sublimation is that defense mechanism in which the person unconsciously but adaptively diverts impulses so that they may be expressed via socially approved

thoughts or actions. In Freudian theory, Sublimation is considered the only healthy constructive defense mechanism. Indeed, Freud made the extraordinary claim that Sublimation, especially of the sexual motive, is the psychological basis for western civilization! (Hjelle and Ziegler 1992).

In his autobiography, *All Out* (Ellis and Ellis 2010), Ellis described a most interesting example of how he himself employed Sublimation. He devoted an entire chapter to his relationship with Karyl, circa 1934–1937, who he eventually married. Describing in painful detail the utterly inconsistent way in which she treated him, and his subsequent misery... obsessiveness about her, and for Albert Ellis, very rare feelings of depression. As quoted earlier in this article he wrote” “... but I was obsessed with her all the time. I resolved to keep sublimating my affection in poetry and pictures. I cried freely while composing some poems.” (Ellis and Ellis 2010, p. 349).

How might Sublimation work in RECBT theory? Since Sublimation is the only healthy defense mechanism, there need not be an unconscious Irrational Belief underlying it. Instead, when one’s preferences, desires, feelings, goals, or objectives are not satisfied by reality, as was the case with Albert Ellis above, Sublimation sets in. Thus, one’s preferences, desires, feelings, goals, and objectives can be indirectly and partially satisfied, again, as was the case in the Albert Ellis example quoted above.

What about the all-important sex drive in Freudian theory—can that too be sublimated in RECBT theory. This writer’s answer is yes. Given the centrality, power, and importance of the sex drive from the perspective of Darwinian Evolution (Darwin 1871), there is simply no reasonable way for humans to satisfy their every sex urge always and immediately in reality. Thus, they resort to fantasy and Sublimation. While many good things can thereby result from Sublimation, this writer cannot agree with Freud that all of civilization did.

To return to the case of Albert Ellis, probably only orthodox Freudians would claim that his extraordinarily prolific writing output was purely the result of Sublimation. A more common sense RECBT interpretation would be that yes, Sublimation probably contributed somewhat to it, but much more importantly, Ellis was probably biologically predisposed to have an extremely high energy level, an extraordinary work ethic (he worked seven days a week and never took vacations!) (Yankura and Dryden 1994), and had an unmatched zeal to spread the “gospel” of RECBT to professionals and laypersons alike. His teachings and writings have greatly touched the lives of countless people, including this writer’s.

Conclusion

The essential purpose of this article is to help broaden, and thereby strengthen, the personality theory underlying rational emotive cognitive behavior therapy. It is hoped that the suggested incorporation of defense mechanisms, originally couched in psychoanalytic theory, may in some modest way help to accomplish this objective. It is also hoped that some of the ideas presented here may prove helpful to

RECBT practitioners as they do their daily work, and to RECBT students and trainees, as they increase their understanding of the theory and practice of RECBT.

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