Albert Ellis

1913-
American psychologist who originated rational-emotive therapy (RET), also known for his work as an author and counselor in the areas of marriage and sexuality.

Raised in the Bronx, New York, Albert Ellis was shy and physically frail when he was young. Although he had literary ambitions in his teens and twenties, he earned degrees in accounting and business. While in his twenties, he found that he had a gift for advising his friends on sexual matters and undertook an intensive independent study of human sexuality. Deciding to become a professional therapist, he earned a Ph.D. in clinical psychology at the Teachers College at Columbia University in 1947, followed by four years of psychoanalytic training with Charles R. Hulbeck at the Karen Horney Institute. By 1952, he had a full-time practice in Manhattan.

However, Ellis soon became dissatisfied with the limits of psychoanalysis. He found it slow and ineffective, and he was frustrated with the passive role it assigned to the therapist. In 1953 he began experimenting with different therapeutic techniques, and within two years he developed rational-emotive therapy (RET), which he then began to practice and advocate in writing. It was based on the idea that psychological problems are caused by self-defeating thoughts (such as “I must be loved or approved by everyone” and “If I don’t find the perfect solution to this problem, a catastrophe will result”). Once such thoughts are changed, emotional and behavioral changes will follow. The therapist’s task is to help the client recognize illogical and self-destructive ways of thinking and replace them with healthier, more positive ones. Ellis outlined an active role for the therapist: his own therapeutic style involved continually challenging the client’s illogical and self-destructive ideas in a dynamic and provocative manner.

When Ellis first began promoting his new system of therapy, it was met with widespread professional opposition. However, the growing dissatisfaction with behaviorism created a climate that was more hospitable to a therapeutic method like RET that emphasized the role of cognition in changing behavior. Other psychologists, including Aaron Beck and social learning theorist Julian Rotter, developed their own cognitive-oriented therapies, and Ellis found himself the pioneer of a new school of therapy—the cognitive-behavioral approach. He has described himself as “the father of RET and the grandfa-
Emotional development

The process by which infants and children begin developing the capacity to experience, express, and interpret emotions.

The study of the emotional development of infants and children is relatively new, having been studied empirically only during the past few decades. Researchers have approached this area from a variety of theoretical perspectives, including those of social constructionism, differential emotion theory, and social learning theory. Each of these approaches explores the way infants and children develop emotionally, differing mainly on the question of whether emotions are learned or biologically predetermined, as well as debating the way infants and children manage their emotional experiences and behavior.

Early infancy (birth-six months)

Emotional expressivity

To formulate theories about the development of human emotions, researchers focus on observable display of emotion, such as facial expressions and public behavior. A child’s private feelings and experiences cannot be studied by researchers, so interpretation of emotion must be limited to signs that can be observed. Although many descriptions of facial patterns appear intuitively to represent recognizable emotions, psychologists differ on the their views on the range of emotions experienced by infants. It is not clear whether infants actually experience these emotions, or if adults, using adult facial expressions as the standard, simply superimpose their own understanding of the meaning of infant facial expressions.

Between six and ten weeks, a social smile emerges, usually accompanied by other pleasure-indicative actions and sounds, including cooing and mouthing. This social smile occurs in response to adult smiles and interactions. It derives its name from the unique process by which the infant engages a person in a social act, doing so by expressing pleasure (a smile), which consequently elicits a positive response. This cycle brings about a mutually reinforcing pattern in which both the infant and the other person gain pleasure from the social interaction.

As infants become more aware of their environment, smiling occurs in response to a wider variety of contexts. They may smile when they see a toy they have previously enjoyed. They may smile when receiving praise for accomplishing a difficult task. Smiles such as these, like the social smile, are considered to serve a developmental function.

Laughter, which begins at around three or four months, requires a level of cognitive development because it demonstrates that the child can recognize incongruity. That is, laughter is usually elicited by actions that deviate from the norm, such as being kissed on the abdomen or a caregiver playing peek-a-boo. Because it fosters reciprocal interactions with others, laughter promotes social development.

Later infancy (7-12 months)

Emotional expressivity

During the last half of the first year, infants begin expressing fear, disgust, and anger because of the maturation of cognitive abilities. Anger, often expressed by crying, is a frequent emotion expressed by infants. As is the case with all emotional expressions, anger serves an adaptive function, signaling to caregivers of the infant’s discomfort or displeasure, letting them know that something needs to be changed or altered. Although some infants respond to distressing events with sadness, anger is more common.

Fear also emerges during this stage as children become able to compare an unfamiliar event with what they know. Unfamiliar situations or objects often elicit fear responses in infants. One of the most common is the presence of an adult stranger, a fear that begins to appear at about seven months. The degree to which a child reacts with fear to new situations is dependent on a variety of factors. One of the most significant is the response of its mother or caregiver. Caregivers supply infants with a secure base from which to explore their world, and accordingly an exploring infant will generally not move beyond eyesight of the caregiver. Infants repeatedly check with their caregivers for emotional cues regarding safety and security of their explorations. If, for instance, they wander too close to something their caregiver perceives as dangerous, they will detect the alarm in the caregiver’s facial expression, become alarmed themselves, and retreat from the potentially perilous situation.