The Fundamentals of Rational Emotive Behaviour Therapy

A Training Handbook

Second Edition

by

Windy Dryden
and
Rhena Branch
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About the authors

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While his primary therapeutic orientation is REBT, Windy has been very much influenced by his cognitive therapy colleagues and by the working alliance theory of Ed Bordin. His research interests are in the historical and theoretical roots of REBT (with Arthur Still) and the phenomenology of hurt, the study of which is informed by REBT theory.

Windy is perhaps best known for his voluminous writings in REBT/CBT and the wider field of counselling and psychotherapy. To date he has authored or edited over 160 books, making him probably the most prolific book writer and editor currently alive in the field today. He has also edited 17 book series including the best selling ‘Counselling in Action’ series.

Windy was the founding editor of the *British Journal of Cognitive Psychotherapy* in 1982 which later merged with the *Cognitive Behaviorist* to become the *Journal of Cognitive Psychotherapy: An International Quarterly*. Windy was co-founding editor of this journal with E. Thomas Dowd. In 2003, Windy became the editor of the *Journal of Rational-Emotive and Cognitive-Behavior Therapy*.

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Introduction

Having given numerous introductory training courses in Rational Emotive Behaviour Therapy (REBT) in Britain and throughout the world, it seemed to me (WD) that it would be valuable to write a training handbook on the fundamentals of REBT in which we attempt to recreate the atmosphere of these training courses. In particular, because REBT is a simple approach that is difficult to practise well, we wanted to alert trainees to areas of difficulty that they are likely to experience while attempting to use the approach and show them how they can deal constructively with the problems that they will doubtless encounter along the way.

To do this, we have used constructed verbatim transcript material between trainees and ourselves as trainer. What this means is that to highlight trainee difficulty and trainer response, we have constructed dialogues that approximate those that have occurred between ourselves and our trainees over the years. None of these dialogues have actually taken place, however. As we do not record our training sessions, we do not have access to actual trainer–trainee dialogues that have occurred. Nevertheless, the constructed dialogues illustrate the typical errors that trainees make in the practice of REBT. In addition, we will make extensive use of actual and constructed dialogue between ourselves as therapist and our clients. Where the dialogue was real, we have obtained permission from clients to use our therapeutic work for educational purposes. In these cases, we have changed all names, some clients’ gender and all identifying material.

Please note that on introductory training programmes in REBT, peer counselling is used extensively as a training vehicle. This means that trainees form a pair and take turns counselling one another on real emotional problems and concerns using REBT. In our experience this is a far more effective way of learning how to use REBT and what it feels like to be an REBT client than the use of role-plays. To preserve confidentiality, any dialogue that appears in this book between trainees in peer counselling has also been constructed. However, these dialogues are typical of the emotional problems that are raised in this part of the course by trainees in the client role. The performance of REBT trainees in these interchanges approximates the level of skill beginning trainees tend to demonstrate on introductory training courses.

It is important for us to stress that no book on Rational Emotive Behaviour Therapy, however practical, can be a substitute for proper training and supervision in the approach. Thus, this book is best used as an adjunct to these educational
activities. We have provided information on where to get training and supervision in REBT in Appendix III, should you be interested in pursuing your interest in this therapeutic approach. Indeed, we hope that this handbook might encourage you to attend initial and more advanced training courses in REBT so that you can learn for yourself what it has to offer you and your clients.

As we said earlier, this training handbook deals with the fundamentals of REBT practice. As such, we have omitted issues of greater complexity, which may distract you from learning the basics. Let us briefly summarise what we will cover in this volume. In the first two chapters, we outline the basic theoretical and practical information that you need to begin to practise REBT. In the third chapter, we present material on how to teach your clients the ‘ABCs’ of REBT, whilst in the fourth chapter, we deal with the important issue of helping your clients to distinguish between healthy and unhealthy emotions. In Chapter 5, we stress that when you come to assess your clients’ problems, at the outset it is important to be specific. In Chapters 6, 7 and 8, we show you how to assess ‘C’, ‘A’ and irrational beliefs respectively. Then, in Chapter 9, we discuss how you can assess your clients’ meta-emotional problems and when to work with them in therapy. In Chapter 10, we go on to deal with the important issue of helping your clients to set goals, while in Chapter 11, we show you how to build on goal-setting by encouraging your clients to make a commitment to change. At the heart of REBT is the key task of disputing clients’ irrational beliefs and we devote the next four chapters (Chapters 12–15) to disputing. Then, in Chapter 16, we discuss how to help clients construct rational alternatives to their irrational beliefs and how to question these constructed rational beliefs. In the next two chapters, we discuss how to negotiate homework assignments with your clients (Chapter 17) and how to review them (Chapter 18). We conclude the book (Chapter 19) by discussing how you can deal with your clients’ misconceptions of REBT theory and practice.

Throughout this book we will address you directly as if you are on one of our training courses. Please note that we will alternate the gender of the client.

We hope that you find this training handbook of use and that it stimulates your interest to develop your skills in REBT.

Windy Dryden & Rhena Branch

London

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Most books on counselling and psychotherapy begin by introducing you to the theory and practice of the approach in question. This is obviously a sensible way to start such a book because otherwise how are you to understand the practical techniques described by the author(s)? However, in our experience as readers of such books, we are often given more information than we need about an approach to begin to practise it, at least in the context of a training setting. As we explained in the introduction, our aim in this training handbook is to recreate the atmosphere of a beginning training seminar in REBT. In such seminars the emphasis is on the acquisition of practical skills and, consequently, theory is kept to a minimum. What we aim to do in such seminars and what we will do in this opening chapter is to introduce the information you will need to know about the theory of REBT so that you can begin to practise it in a training seminar setting. In the following chapter, we will cover what you need to know about the practice of REBT to get started.

Let us reiterate a point that we made in the introduction. When learning any approach to counselling and psychotherapy, you will need to be trained by a competent trainer in the approach you are learning and supervised in your work with clients by a competent supervisor in that approach. To do otherwise is bad and, some would say, unethical practice. Certainly, when learning to practise REBT you will need to be trained and supervised by people competent not only in the practice of REBT, but also in educating others how to use it (see Appendix III). A book such as this, then, is designed to supplement not to replace such training and supervision.

The situational ‘ABC’ model of rational emotive behaviour therapy

Rational Emotive Behaviour Therapy is one of the cognitive-behavioural approaches to psychotherapy. This means that it pays particular attention to the
role that cognitions and behaviour play in the development and maintenance of people's emotional problems. However, as we will presently show, REBT argues that at the core of emotional disturbance lies a set of irrational beliefs that people hold about themselves, other people and the world.

When assessing clients’ psychological problems, REBT therapists employ a situational 'ABC' framework and we will now discuss each element of this framework in turn.

**Situations**

In this handbook, you will learn how to help your clients deal with their problems by working with specific examples of these problems. These specific examples occur in specific ‘situations’. Such ‘situations’ are viewed in the ‘situational ABC’ model as descriptions of actual events about which you form inferences (see below). Briefly, inferences go beyond the data at hand and may be accurate or inaccurate.

‘Situations’ exist in time. Thus, they can describe past actual events (e.g. ‘My boss asked me to see her at the end of the day’), present actual events (e.g. ‘My boss is asking me to see her at the end of the day’), or future events (e.g. ‘My boss will ask me to see her at the end of the day’). Note that we have not referred to such future events as future actual events since we do not know that such events will occur and this is why such future events may prove to be false. But if we look at such future ‘situations’, they are still descriptions of what may happen and do not add inferential meaning (see below).

‘Situations’ may refer to internal actual events (i.e. events that occur within ourselves, e.g. thoughts, feelings, bodily sensations, aches and pains, etc.) or to external actual events (i.e. events that occur outside ourselves, e.g. your boss asking to see you). Their defining characteristic is as before: they are descriptions of events and do not include inferential meaning.

**‘As’**

‘As’ are usually aspects of situations which your client is potentially able to discern and attend to and which can trigger his beliefs at ‘B’. Whilst your client is potentially able to focus on different ‘As’ at any moment, in an ‘ABC’ episode, what we call the ‘critical A’ represents that actual or psychological event in his life which activates, at that moment, the beliefs that he holds (at ‘B’) and which lead to his emotional and behavioural responses (at ‘C’). The key ingredient of a ‘critical A’ is that it activates or triggers beliefs. A ‘critical A’ is usually an aspect of the situation that your client was in when he experienced an emotional response. The other ‘As’ that he could have focused on in that situation, but didn’t may be regarded as ‘non-critical As’ in that they did not trigger his beliefs in the situation.

‘Critical As’ have a number of features that we will explain below.
‘Critical As’ can be actual events When actual events serve as belief-triggering ‘As’ they do not contain any inferences that your client adds to the event.

While Susan was in therapy, her mother died. She felt very sad about this event and grieved appropriately. Using the ‘ABC’ framework to understand this we can say that the death of her mother represented an actual event at ‘A’ which activated a set of beliefs that underpinned Susan’s grief.

‘Critical As’ can be inferred events

When Wendy was in therapy, her mother died. Like Susan she felt very sad about this and as such we can say that the death was an actual ‘critical A’, which triggered her sadness-related beliefs. However, unlike Susan, Wendy also felt guilty in relation to her mother’s death. How can we explain this?

According to REBT, people make interpretations and inferences about the events in their lives. We regard interpretations and inferences as hunches about reality that go beyond observable data which may be correct or incorrect, but need to be tested out. Whilst most REBT therapists regard interpretations and inferences to be synonymous, we make the following distinction between them. Interpretations are hunches about reality that go beyond observable data, but are not personally significant to the person making them. They are, thus, not implicated in the person’s emotional experience. Inferences are also hunches about reality that go beyond the data at hand, but unlike interpretations they are personally significant to the person making them. They are, then, implicated in the person’s emotional experience.

For example, imagine that I (RB) am standing with my face to a window and I ask you to describe what I am doing. If you say, ‘You are looking out of the window’, you are making an interpretation in that you are going beyond the data at hand (e.g. I could have my eyes closed) in an area that is probably insignificant to you (i.e. it probably doesn’t matter to you whether I have my eyes open or not) and thus you will not have an emotional response while making the interpretation.

However, imagine that in response to my request for you to describe what I was doing in this example, you said, ‘You are ridiculing me.’ This, then, is an inference in that you are going beyond the data available to you in an area that is probably significant to you (i.e. it probably matters to you whether or not I am ridiculing you) and thus you will have an emotional response while making the inference. Whether this emotional response is healthy or not, however, depends on the type of belief you hold about the inferred ridicule.
Returning to the example of Wendy who felt guilty about the death of her mother, we hope you can now see that she is guilty not about the death itself, but about some inferred aspect of the death that is significant to her. In this case it emerged that Wendy felt guilty about hurting her mother's feelings when she was alive. This, then, is an inferred 'critical A' – it points to something beyond the data available to Wendy; it is personally significant to her and it triggered her guilt-producing belief.

'Critical As' can be external or internal  

So far we have discussed 'critical As' that relate to events that have actually happened (e.g. the death of Susan's mother) or were deemed to have happened (e.g. Wendy's inference that she hurt her mother's feelings when she was alive). In REBT, these are known as external events in that they are external to the person concerned. Thus, the death of Susan's mother is an actual external 'critical A' and Wendy's statement that she hurt her mother's feelings is an inferred external 'critical A'.

However, 'critical As' can also refer to events that are internal to the person. Such events can actually occur or their existence can be inferred.

An example of an actual internal event is when Bill experiences a pain in his throat. An example of an inferred internal event is when Bill thinks that this pain means that he has throat cancer. When Bill is anxious in this situation, the inferred internal event ('I have cancer') is more likely to trigger his irrational belief than the actual internal event ('I have a pain in my throat'). As such the inferred internal 'A' is critical and the actual internal 'A' is non-critical.

As well as bodily sensations, internal 'As' can refer to such phenomena as a person's thoughts, images, fantasies, emotions and memories.

It is important to remember that, as with external 'As', internal 'As' have their emotional impact by triggering beliefs at 'B'. When they do they are regarded as critical and when they do not they are regarded as non-critical.

'Critical As' can refer to past, present and future events  

Just as 'As' can be actual or inferred and external or internal, they can also refer to past, present or future events. Before we discuss the time-dimensional nature of 'As', remember that the 'critical A' in an 'ABC' episode, by definition, is that part of the person's total perceptual field which triggers his belief at 'B'.

When your client's 'A' in an 'ABC' episode is a past actual event, then she does not bring any inferential meaning to this event. Thus, if her father died when she was a teenager, this very event can serve as a 'critical A'. However, more frequently, particularly in therapy, you will find that your clients will bring inferential meaning to past events. Thus, your client may infer that her father's
death meant that she was deprived in some way or she may infer that his passing away was a punishment for some misdeed that she was responsible for as a child. It is important to remember that it is the inferences your client makes now about a past event that triggers her beliefs at ‘B’. Such inferences may relate to the past, present and future.

An example of a future-related inference that your client might make about an actual past event is as follows:

Because my father died when I was a teenager, I will continually look for a father figure to replace him.

We have already discussed present ‘As’. However, we do want to stress that your clients can make past-, present- or future-related inferences about present events.

For example, if one of your clients has disturbed feelings about his son coming home late (present actual ‘A’), he may make the following time-related inferences about this event that trigger his disturbance-provoking beliefs:

1. Past-related inference: ‘He reminds me of the rough kids at school who used to bully me when I was a teenager.’
2. Present-related inference: ‘He is breaking our agreement.’
3. Future-related inference: ‘If he does this now he will turn into a criminal.’

The importance of assuming temporarily that the ‘critical A’ is true. As we will show in greater detail in Chapter 7, in order to assess a client’s beliefs accurately you will need to do two things. First, you will need to help your client to identify the ‘critical A’ which triggered these beliefs. Because there are many potential ‘As’ that are in your client’s perceptual field, it takes a lot of care and skill to do this accurately. To distinguish between the ‘A’ that triggered the client’s beliefs and the other ‘As’ in his perceptual field, we have adopted the convention where the former is called the ‘critical A’ and the latter, ‘non-critical As’. Second, it is important that you encourage your client to assume temporarily that the ‘critical A’ is true when it is an inferred ‘A’. The reason for doing this is to help your client to identify the beliefs that the ‘critical A’ triggered. You may well be tempted to help your client to challenge the inferred ‘critical A’ if it is obviously distorted, but it is important for you to resist this temptation if you are to proceed to assess B accurately.

This is such an important point that we wish to emphasise it.

Assume temporarily that your client’s ‘critical A’ is true when it is an inferred ‘A’
A major difference between REBT and other approaches to cognitive-behaviour therapy is in the emphasis REBT gives to beliefs. In REBT, beliefs are at the core of clients’ emotions and significant behaviours. Such beliefs are the only cognitions that constitute the ‘B’ in the ‘ABC’ framework in REBT. Thus, whilst other approaches which use an ‘ABC’ framework lump all cognitive activity under ‘B’, REBT reserves B for beliefs and places inferences, for example, under ‘A’. It does so because it recognises that it is possible to hold two different types of beliefs at ‘B’ about the same inferred ‘As’. It is the type of belief that determines the nature of the person’s emotional response at ‘C’.

Let us stress this point because it is very important that you fully grasp it.

In REBT, beliefs are the only cognitions that constitute ‘B’ in the ‘ABC’ framework.

**Rational beliefs** REBT keenly distinguishes between rational and irrational beliefs. In this section, we will discuss rational beliefs. When applied to beliefs, the term ‘rational’ has five defining characteristics as shown in Figure 1.1.

- Flexible or non-extreme
- Consistent with reality
- Logical
- Largely functional in their emotional, behavioural and cognitive consequences
- Largely helpful to the individual in pursuing his basic goals and purposes

**Figure 1.1** Defining characteristics of rational beliefs

People do not only proceed in life by making descriptions of what they perceive, nor do they just make interpretations and inferences of their perceptions. Rather, we engage in the fundamentally important activity of holding beliefs about what we perceive and infer. REBT theory posits that people have four types of rational beliefs as shown in Figure 1.2.

- Non-dogmatic preferences
- Non-awfulising beliefs
- High frustration tolerance (HFT) beliefs
- Self-acceptance/Other-acceptance/Life-acceptance beliefs

**Figure 1.2** Four types of rational beliefs
Non-dogmatic preferences  As humans we often express our flexible beliefs in the form of preferences, wishes, desires, wants, etc. According to REBT, our non-dogmatic preferences are at the core of psychological health.

Non-dogmatic preferences are often expressed thus:

‘I want to do well in my forthcoming test (‘asserted preference’ component), but I do not have to do so (‘negated demand’ component).’

If only the first part of this rational belief was expressed which we call the ‘asserted preference’ component – ‘I want to do well in my forthcoming test’ then your client could, implicitly, change this to a demand, which as we shall see, REBT theory considers an irrational belief – ‘I want to do well in my forthcoming test. . . (and therefore I have to do so)’. So, it is important to help your client express fully his non-dogmatic preference and this involves helping him to include both the ‘asserted preference’ component (i.e. ‘I want to do well in my forthcoming test’) and the ‘negated demand’ component (i.e. ‘but I do not have to do so’).

In short, we have:

Non-dogmatic preference = ‘Asserted preference’ component + ‘Negated demand’ component

This non-dogmatic preference belief is rational for the following reasons:

- It is flexible in that your client allows for the fact that he might not do well.
- It is consistent with reality in that (a) your client really does want to do well in the forthcoming test and (b) there is no law of the universe dictating that he has to do well.
- It is logical in that both the ‘asserted preference’ component and the ‘negated demand’ component are not rigid and thus the latter follows from the former.
- It will help your client to have immediate functional emotions, behaviours and cognitions and help him pursue his longer-term goals. Thus, the rational belief will motivate him to focus on what he is doing as opposed to how well he is doing it.

According to Albert Ellis, the originator of REBT, a non-dogmatic preference is a primary rational belief and three other rational beliefs are derived from it. These beliefs are non-awfulising beliefs, high frustration tolerance beliefs and self, other- and life-acceptance beliefs and we will deal with each in turn. In doing so, we will emphasise and illustrate the importance of negating the irrational belief component in formulating a rational belief in each of these derivatives.
Non-awfulising beliefs  When your client does not get his non-dogmatic preference met, then it is rational for him to conclude that it is bad, but not awful that he has failed to get what he wanted. The more important his non-dogmatic preference, then the more unfortunate is his failure to get it. Evaluations of badness can be placed on a continuum from 0 %–99.99 % badness. However, it is not possible to get to 100 % badness. The words of the mother of pop singer Smokey Robinson capture this concept quite nicely. ‘From the day you are born till you ride in the hearse, there’s nothing so bad that it couldn’t be worse.’ This should not be thought of as minimising the badness of a very negative event, rather to show that ‘nothing is truly awful in the universe’.

Taking our example of the client whose primary rational belief is: ‘I want to do well in my forthcoming test, but I do not have to do so’, his full non-awfulising belief is:

‘It will be bad if I fail to do well in my forthcoming test (‘asserted badness’ component), but it is not awful if I don’t do well (‘negated awfulising’ component).’

If only the first part of this rational belief was expressed which we call the ‘asserted badness’ component – ‘It will be bad if I fail to do well in my forthcoming test’ then your client could, implicitly, change this to an awfulising belief, which as we shall see, REBT theory considers an irrational belief – ‘It will be bad if I fail to do well in my forthcoming test… (and therefore it will be awful if I don’t do well).’ So, it is important to help your client express fully his non-awfulising belief and this involves helping him to include both the ‘asserted badness’ component (i.e. ‘It will be bad if I fail to do well in my forthcoming test’) and the ‘negated awfulising’ component (i.e. ‘but it is not awful if I don’t do well’).

In short, we have:

Non-awfulising belief = ‘Asserted badness’ component + ‘Negated awfulising’ component

This non-awfulising belief is rational for the following reasons:

- It is non-extreme in that your client allows for the fact that there are things that can be worse than not doing well on the test.
- It is consistent with reality in that your client really can prove that it would be bad for him not to do well and that it isn’t awful.
It is logical in that both the ‘asserted badness’ component and the ‘negated awfulising’ component are non-extreme and thus the latter follows logically from the former.

It will help your client to have immediate functional emotions, behaviours and cognitions and help him pursue his longer-term goals. Thus, the non-awfulising belief will again motivate him to focus on what he is doing as opposed to how well he is doing it.

**High frustration tolerance beliefs** When your client does not get his non-dogmatic preference met, then it is rational for him to conclude that while this is difficult to bear, it is not intolerable to do so and it is worth tolerating. Adhering to a philosophy of high frustration tolerance (HFT) enables your client to put up with the frustration of having his goals blocked and in doing so he is more likely to deal with or circumvent these obstacles so that he can get back on track. REBT holds that the importance of developing a philosophy of HFT is that it helps people to pursue their goals, not because tolerating frustration is in itself good for people.

Applying this to our example, when your client believes: ‘I want to do well in my forthcoming test, but I do not have to do so’, his HFT belief will be:

‘If I don't do well in my forthcoming test, that will be difficult to bear (‘asserted struggle’ component), but I can stand it. It will not be intolerable (‘negated unbearability’ component) and it is worth it for me to tolerate it (‘worth tolerating’ component).’

If only the first part of this rational belief was expressed which we call the ‘asserted struggle’ component – ‘If I don't do well in my forthcoming test, that will be difficult to bear’ then your client could, implicitly, change this to a low frustration tolerance (LFT) belief, which as we shall see, REBT theory considers an irrational belief – ‘If I don't do well in my forthcoming test, that will be difficult to bear . . . (and therefore I can't stand it if I don't do well)’. So, it is important to help your client express fully his HFT belief and this involves helping him to include all three components: the ‘asserted struggle’ component (‘If I don't do well in my forthcoming test, that will be difficult to bear’); the ‘negated unbearability’ component (‘but I can stand it. It will not be intolerable’ and the ‘worth tolerating’ component (‘and it is worth it for me to tolerate it’). The latter component, which we think of as the motivational component is particularly important as it gives the client reasons to tolerate the adversity.

In short, we have:

High frustration tolerance belief = ‘Asserted struggle’ component + ‘Negated unbearability’ component + ‘Worth tolerating’ component
This high frustration tolerance belief is rational for the following reasons:

- It is non-extreme in that the person allows for the fact that not doing well is tolerable as opposed to the extreme position that it is unbearable.
- It is consistent with reality in that the person (i) recognises the struggle involved in putting up with the adversity, (ii) acknowledges the truth that he really can bear that which is difficult to tolerate and (iii) can see the truth that it is in his interests to put up with the adversity.
- It is logical in that the ‘asserted struggle’ component and the ‘negated unbearability’ component are both non-extreme and thus the latter follows logically from the former.
- It will help him to have immediate functional emotions, behaviour and thoughts and help him pursue his longer-term goals. Thus, it will help him to do well in the sense that it will lead him to focus on what he needs to do to avoid the ‘difficult to tolerate’ situation of not doing well rather than on the ‘intolerable’ aspects of doing poorly.

**Self-, other- and life-acceptance beliefs**  In this section, we will focus on self-acceptance beliefs. However, the same substantive points apply to other-acceptance beliefs and life-acceptance beliefs. When your client does not get his non-dogmatic preference met and this failure can be attributed to himself, for example, then it is rational for him not to like his behaviour, but to accept himself as a fallible human being who has acted poorly. Adopting a philosophy of self-acceptance, for example, will encourage your client to focus on what needs to be done to correct his own behaviour.

In our example, if your client who believes: ‘I want to do well in my forthcoming test, but I do not have to do so’, fails to do well on this test because of his own failings, then his self-accepting belief will be:

‘I don’t like the fact that I messed up on the test (‘negatively evaluated aspect’ component), but I am not unworthy for my poor performance (‘negated global negative evaluation’ component). Rather I am a fallible human being too complex to be rated on the basis of my test performance (‘asserted complexity/unrateability/fallibility’ component).’

If only the first two parts of this rational belief were expressed which we call the ‘negatively evaluated aspect’ component – ‘I don’t like the fact that I messed up on the test’ and the ‘negated global negative evaluation’ component – ‘but I am not unworthy for my poor performance’ then the person could, implicitly, change this to a self-deprecating statement, which (as we shall see) REBT theory considers an irrational belief – ‘I don’t like the fact that I messed up on the test, but I am not
unworthy for my poor performance (but I would be worthier if I did well than if I did poorly).’ So, it is important to help your client express fully his self-acceptance belief and this involves helping him to include all three components: the ‘negatively evaluated aspect’ component (‘I don’t like the fact that I messed up on the test’); the ‘negated global negative evaluation’ component (‘but I am not unworthy for my poor performance’) and the ‘asserted complexity/unrateability/fallibility’ component (‘Rather I am a fallible human being too complex to be rated on the basis of my test performance’).

In short, we have:

\[
\text{Acceptance belief} = \text{‘Negatively evaluated aspect’ component} + \text{‘Negated global negative evaluation’ component} + \text{‘Asserted complex fallibility’ component.}
\]

This self-acceptance belief is rational for the following reasons:

- It is non-extreme in that the person sees that he is able to perform well and also poorly.
- It is consistent with reality in that whilst he can prove that he did not do well on the test (remember that at this point we have assumed temporarily that his inferred A is true), he can also prove that he is a fallible human being and that he is not unworthy as a person.
- It is logical in that the person is not making the part-whole error. He is clear in asserting that the whole of himself is not defined by a part of himself.
- It will lead to immediate functional emotions, behaviours and thoughts and help him pursue his longer-term goals. For example, it will help him to do well in the future in the sense that he will be motivated to learn from his previous errors and translate this learning to plan what he needs to do to improve his performance on the next test rather than dwell unfruitfully on his past poor performance.

Once again let us state that the same points can be made for other-acceptance beliefs and life-acceptance beliefs.

**Irrational beliefs**  As we mentioned above, REBT keenly distinguishes between rational and irrational beliefs. Having discussed rational beliefs, we will now turn our attention to irrational beliefs which are, according to REBT theory, the core of psychological problems. When applied to beliefs, the term ‘irrational’ has five defining characteristics as shown in Figure 1.3.
Irrational beliefs are:

Rigid or extreme
Inconsistent with reality
Illogical
Largely dysfunctional in their emotional, behavioural and cognitive consequences
Largely detrimental to the individual in pursuing his basic goals and purposes

**Figure 1.3** Defining characteristics of irrational beliefs

We explained earlier in this chapter that people can have four types of rational beliefs. According to REBT theory, people easily transmute or change these rational beliefs into four types of irrational beliefs (see Figure 1.4).

**Demands**

**Awfulising beliefs**

**Low frustration tolerance beliefs**

**Self-depreciation/Other-depreciation/Life-depreciation beliefs**

**Figure 1.4** Four types of irrational beliefs

**Demands**  As humans we often express our rigid beliefs in the form of musts, absolute shoulds, have to's, got to's, etc. According to REBT, our dogmatic musts or demands are at the core of psychological disturbance.

Taking the example which we introduced above, the demand is expressed thus: ‘I must do well in my forthcoming test’.

Dogmatic demands are often based on asserted preferences. According to Dryden (1999a), it is difficult for human beings only to think rationally when their desires are strong. Thus, in our example, if your client’s asserted preference is strong it is easy for him to change it into a must: ‘Because I really want to do well in my forthcoming test, therefore I absolutely have to do so.’ As you can see this belief has two components: an ‘asserted preference’ component (i.e. ‘I really want to do well in my forthcoming test’) and an ‘asserted demand’ component (‘… therefore I absolutely have to do so’). In practice, in a demand, the asserted preference component is rarely articulated and therefore is held to be implicit. Thus, demands are most often only shown with the ‘asserted demand’ component shown (e.g. ‘I must do well in my forthcoming test’). We will show both cases below.
In short we have:

\[
\text{Demand} = \text{‘Asserted demand’ component} + \text{‘Asserted preference’ component}
\]

This demand is irrational for the following reasons:

- It is rigid in that your client does not allow for the fact that he might not do well.
- It is inconsistent with reality in that if there was a law of the universe that decreed that your client must do well in his forthcoming test, then there could be no possibility that he would not perform well in it. Obviously, no such law exists.
- It is illogical in that there is no logical connection between his ‘asserted preference’ component which is not rigid and his ‘asserted demand’ component which is rigid. In logic, something rigid cannot logically follow from something that is not rigid.
- It will lead to immediate dysfunctional emotions, behaviours and thoughts and interfere with him pursuing his longer-term goals. It will interfere with him doing well in the sense that the belief will draw him to focus on how poorly he is doing rather than on what he is doing.

A note on language. The demands targeted for change in REBT are absolute unconditional ‘musts’ as described above. Your clients will often express their demands using terms such as ‘must’, ‘should’, ‘got to’, ‘have to’ and so on. As an REBT therapist it is important to be able to distinguish between unconditional demands that underpin emotional disturbance and conditional ‘musts’, and ‘shoulds’ which do not. In the course of normal conversation your client is likely to use non-absolute ‘shoulds’ regularly. At this point in your training it is a good idea to familiarize yourself with the different ways of using words like ‘should’ so you can better assess your client’s irrational beliefs. Encouraging your client to place the pertinent descriptor before the word ‘should’ or ‘must’ can help you both to make a clear distinction between absolute and non-absolute ‘shoulds’. Below is a list of different ways of using the word ‘should’.

- **Recommendatory should**: This ‘should’ specifies a recommendation for self or other: ‘You should read this book’ translates to ‘I recommend that you read this book’ or ‘I really should go to bed early tonight’ means ‘It’s in my best interest to go to bed early tonight.’