CHAPTER ONE

What you need to know about the theory of rational emotive behaviour therapy to get started

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 'A's' 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'

'Bs'

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.

Rational beliefs are:

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-depreciating 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:
>
> Acceptance belief = 'Negatively evaluated aspect' component + 'Negated global negative evaluation' component + '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.

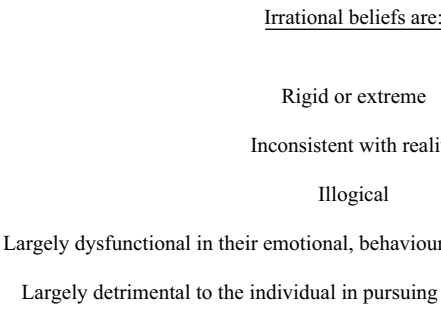

Figure 1.3 Defining characteristics of irrational beliefs

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).

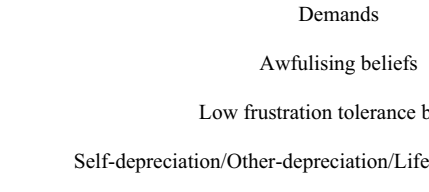

Figure 1.4 Four types of irrational beliefs

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:

Demand = 'Asserted demand' component

Demand = 'Asserted preference' component + 'Asserted demand' 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.'

- *Predictive should:* This use of 'should' indicates predictions about the future: 'I should be on time for my flight' is interpreted as 'I predict that I will be on time for my flight.'
- *Ideal should:* This 'should' describes ideal conditions. For example: 'People should not litter' expresses the viewpoint 'ideally people should not litter'. Another way of phrasing this 'should' is to say 'In an ideal world *x, y and z* conditions would exist.'
- *Empirical should:* This 'should' points to the existence of reality. It encapsulates the idea that when all conditions are in place for a given event to occur then that event *should* occur. For example: 'Because the car is old and in ill repair it *should* have broken down' or 'Because of laws of gravity you *should* have fallen when you stepped off the ladder.'
- *Preferential should:* This 'should' indicates a desire or preference for a given condition to exist: 'My husband preferably should remember our anniversary' for example, carries an implicit additional meaning 'it would be good if he remembered but he does not have to.'
- *Conditional should/must:* This 'should' denotes that in order for one condition to exist another primary condition must be met. Examples include: 'I *should* eat healthily in order to become slimmer' and 'I *must* pass the interview in order to be accepted onto the course.'
- *Absolute should:* This term obviously refers to disturbance-creating demands at B in the ABC model of REBT. 'I *absolutely should* visit my aunt in hospital' and 'I absolutely *must* tend to my aunt at all times and under any conditions' are examples of absolute 'shoulds.'

Given the fact that the word 'should' has many meanings in English, we recommend that you use the qualifier 'absolute' when using the disturbance-creating should with your clients.

According to Albert Ellis, a demand is the primary irrational belief and three other irrational beliefs are derived from it. These beliefs are awfulising beliefs, low frustration tolerance (LFT) beliefs and self-, other- and life- depreciation beliefs. We will deal with each in turn.

Awfulising beliefs When your client does not get what he believes he must get, then he will tend to conclude that it is awful that he has failed to get what he considers essential. Awfulising, according to REBT theory, can be placed on a continuum from 101 % – infinity and means worse than it absolutely should be.

Taking your client whose primary irrational belief is: 'Because I really want to do well in my forthcoming test, therefore I absolutely have to do so', his full awfulising belief is:

'Not only will it be bad if I fail to do well in my forthcoming test ('asserted badness' component), it would be awful if I fail ('asserted awfulising' component).'

More frequently, this is abbreviated as:

'It would be awful if I fail to do well in my forthcoming test.'

In practice, in an awfulising belief, the asserted badness component is rarely articulated and therefore is held to be implicit. Thus, awfulising beliefs are most often only shown with the 'asserted demand' component shown ('e.g. 'It would be awful if I do not do well in my forthcoming test'). We will show both cases below.

In short we have:

Awfulising belief = 'Asserted awfulising' component

Awfulising belief = 'Asserted badness' component + 'Asserted awfulising' component

The awfulising belief (i.e. 'It would be awful if I fail to do well in my forthcoming test') is irrational for the following reasons:

- It is extreme in that your client does not allow for the fact that there are things that can be worse than not doing well on the test.
- It is inconsistent with reality in that your client really cannot prove that it would be awful if he does not do well. Whilst there is evidence that it would be bad for him not to do well, there is no evidence that it would be more than 100 % bad.
- It is illogical in the sense that the idea that it would be awful if he does not do well ('asserted awfulising' component) does not logically follow from the idea that it would be bad if this occurred ('asserted badness' component). The former is extreme and does not follow logically from the latter which is non-extreme.
- It will lead to immediate dysfunctional emotions, behaviours and thoughts and interfere with him pursuing his longer-term goals. It will not help him to do well in that it will discourage him from focusing on what he needs to do in order to perform well on the test; rather it will draw him to focus on how poorly he is doing while he is doing it.

Low frustration tolerance beliefs When your client does not get what he believes he must get, then he will tend to conclude that this situation is intolerable and that he can't stand it. In REBT theory 'I can't stand it' either means that the person will disintegrate or that he will never experience any happiness again if

the 'dreaded' event occurs. Adhering to a philosophy of low frustration tolerance (LFT) discourages your client from putting up with the frustration of having his goals blocked and thus he will tend to back away from dealing with these obstacles.

Applying this to our example when your client believes: 'Because I really want to do well in my forthcoming test, therefore I absolutely have to do so', his LFT belief will be:

'Because it would be difficult for me to tolerate not doing well on my forthcoming test ('asserted struggle' component) it would be intolerable if I fail ('asserted unbearability' component).'

More frequently this is abbreviated as:

'If I don't do well in my forthcoming test, it will be intolerable.'

In practice, in an LFT belief, the 'asserted struggle' component is rarely articulated and therefore is held to be implicit. Thus, LFT beliefs are most often only shown with the 'asserted unbearability' component shown ('e.g. 'It would be intolerable if I do not do well in my forthcoming test'). We will show both cases below.

In short we have:

LFT belief = 'Asserted unbearability' component

LFT belief = 'Asserted struggle' component + 'Asserted unbearability' component

This LFT belief (i.e. 'If I don't do well in my forthcoming test, it would be intolerable') is irrational for the following reasons:

- It is extreme in that your client does not allow for the fact that not doing well is tolerable.
- It is inconsistent with reality in that if there was a law of the universe which stated that your client couldn't bear not doing well, then he couldn't bear it no matter what attitude he held. This means that he would literally disintegrate or would never experience any happiness again if he failed to do well in the test. Hardly likely!
- It is illogical in that the idea that not doing well on a test is unbearable ('asserted unbearability' component) does not logically follow from the idea that it is difficult to tolerate ('asserted struggle' component). The former is extreme and does not logically follow from the latter which is non-extreme.

- 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 it will lead him to focus on the 'intolerable' aspects of doing poorly rather than on what he needs to do to circumvent the obstacles in his way.

For a detailed discussion of different categories of LFT see Chapter 5 of Neenan and Dryden (1999).

Self-, other- and life-depreciation beliefs In this section, we will focus on self-depreciation beliefs. However, the same substantive points apply to other-depreciation beliefs and life-depreciation beliefs. When your client does not get what he believes he must get and attributes this failure to himself, then he will tend to dislike himself as well as his own poor behaviour. Adopting a philosophy of self-depreciation, for example, will discourage your client from focusing on what needs to be done to correct his own behaviour.

In our example, if your client who believes: 'Because I really want to do well in my forthcoming test, therefore I absolutely have to do so', fails to do well because of his own failings, then his self-depreciation belief will be:

'Because I failed to do well on the test and that is bad ('negatively evaluated aspect' component), therefore I am a failure ('asserted global negative evaluation' component).'

Or more frequently: 'I am a failure for not doing well on the test' (see below).

In practice, in a self-depreciation belief, the 'negatively evaluated aspect' component is rarely articulated and therefore is held to be implicit. Thus, self-depreciation beliefs are most often only shown with the 'asserted global negative evaluation' component shown (e.g. 'I am a failure for not doing well on the test'). We will show both cases below.

In short we have:

Self-depreciation belief = 'Asserted global negative evaluation' component

Self-depreciation belief = 'Negatively evaluated aspect' component + 'Asserted global negative evaluation' component

The self-depreciation belief (i.e. 'I would be a failure if I fail to do well on the forthcoming test') is irrational for the following reasons:

- It is extreme in that the person only sees himself as a reflection of his behaviour, rather than a complex person with many different facets.
- It is inconsistent 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 cannot prove that he is a failure. Indeed if he was a failure then he could only and ever fail in life. Again this is hardly likely!
- It is illogical in that the person's conclusion that he is a failure does not logically follow from the observation that he did poorly on the test. He is making a part-whole error of logic.
- 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 motivate him to focus on his negatively evaluated self rather than on helping him to deal with his negatively evaluated behaviour.

Similar points can be made about other- and life-depreciation beliefs.

'Cs'

In REBT theory 'C' stands for consequences of holding beliefs about 'critical As'. These consequences can be emotional, behavioural and thinking in nature. We will deal with each set of consequences in turn.

Emotional consequences of beliefs The REBT theory of emotions is distinctive both in the field of psychotherapy and even within the tradition of cognitive behaviour therapy (CBT). It is a qualitative theory of emotions rather than a quantitative theory in that it distinguishes between healthy and unhealthy negative emotions. For example, anxiety (healthy emotion) is deemed to be qualitatively different from concern (unhealthy emotion) rather than quantitatively different. We will discuss this issue more fully in Chapter 4.

Healthy and unhealthy negative emotions As we will discuss in detail in Chapter 4, REBT theory holds that your clients experience *healthy* negative emotions when their preferences are not met. These negative emotions (which are listed in Figure 1.5) are healthy because they encourage your clients to change what can be changed or make a constructive adjustment when the situations that they face cannot be changed.

Alternatively, your clients experience *unhealthy* negative emotions when they get what they *demand* they must not get or when they do not get what they *demand* they must get. These negative emotions (which are also listed in Figure 1.5)

Healthy negative emotions	Unhealthy negative emotions
Concern	Anxiety
Sadness	Depression
Remorse	Guilt
Sorrow	Hurt
Disappointment	Shame
Healthy anger	Unhealthy anger
Healthy jealousy	Unhealthy jealousy
Healthy envy	Unhealthy envy

Figure 1.5 Types of healthy and unhealthy negative emotions

are unhealthy in that they tend to discourage your clients from changing what can be changed and from adjusting constructively when they cannot change the situations that they encounter. In short, healthy negative emotions stem from rational beliefs about negative 'critical As', whilst unhealthy negative emotions stem from irrational beliefs about negative 'critical As'.

As I (WD) have explained elsewhere (Dryden, 1991), it is important for you to understand that your clients may use emotion words very differently from the way they are used in REBT theory. As such, you will need to explain very carefully the distinctions between healthy and unhealthy negative emotions and adopt a shared vocabulary when working with your clients. We will discuss this issue fully in Chapter 4.

Mixed emotions As we will discuss in Chapter 5, when you and your client select a problem to work on, this problem is called a target problem. While assessing a target problem, you will ask for a concrete example of its occurrence. You need to realise at this point that it is likely that your client will have a mixture of emotions about the situation in which her problem occurred, rather than having a single, unalloyed emotion.

For example, let's suppose that Betty, your client, has difficulty expressing her negative feelings to her friends when she considers that they take advantage of her. Thus, Betty keeps her feelings to herself with the result that her friends continue to use her. When you come to assess a specific example of this problem you may well find that Betty experiences a mixture of the following emotions: anger, hurt, anxiety and shame. Now, it is important to appreciate that each of these emotions is about a different 'critical A', which as you know may be an actual event or, more frequently, an inferred event. Thus, Betty may be:

- unhealthily angry when focusing on the selfish aspects of her friends' behaviour
- hurt when focusing on the uncaring aspects of their behaviour

- anxious when thinking about the possible rejection that might follow any assertion and
- ashamed when focusing on her own weakness for not having the courage to speak up.

We argue that if you want to deal with all these issues, then it is helpful to do an 'ABC' analysis for each of the four unhealthy emotions that your client experienced. If you try to do one 'ABC' for the entire experience, you will become confused and so, undoubtedly, will your client.

Meta-emotions As human beings, your clients have the ability to reflect on their experiences and think about their thoughts, feelings and behaviours. Thus, a client's emotion can serve as a 'critical A' in an 'ABC' episode in which her beliefs determine what subsequent emotions she will have about her prior emotion. We call these emotions about emotions, 'meta-emotions'. As is the case with negative emotions, negative meta-emotions can be healthy or unhealthy. Thus, as Figure 1.6 shows, your clients may have healthy negative meta-emotions about both healthy and unhealthy negative emotions and they may also experience unhealthy negative meta-emotions about both healthy and unhealthy negative emotions. The term we use to describe the latter situation, where clients have emotional problems about their emotional problems is 'meta-emotional problems'. As you will see in Chapter 9, the identification and analysis of meta-emotional problems plays a particularly important role in the overall REBT assessment process.

	Healthy negative emotion	Unhealthy negative emotion
Healthy negative meta-emotion	Disappointment about being healthily angry	Disappointment about being unhealthily angry
Unhealthy negative meta-emotion	Shame about being healthily angry	Shame about being unhealthily angry

Figure 1.6 Negative emotion and meta-emotion matrix

Behavioural consequences of beliefs REBT theory distinguishes between an overt action and an action tendency. Whenever your client holds a belief then he has a tendency to act in a certain way. Whether or not your client actualises that tendency and goes on to execute a behaviour consistent with it depends mainly on whether or not he makes a conscious decision to go against the tendency. One major task that you have as an REBT therapist is to help your client to see the purpose of going against the action tendencies that are based on irrational beliefs and to develop alternative behaviours that are consistent with action tendencies based on the corresponding rational beliefs. Before you can do this you need to help your client to identify and dispute his irrational beliefs and to develop and strengthen his alternative rational beliefs. We will discuss more fully in Chapter 4,

the action tendencies associated with each of the major healthy and unhealthy negative emotions listed in Figure 1.5 above.

For now, we just want to stress that according to REBT theory, constructive behaviours and action tendencies stem from rational beliefs about 'critical As' and unconstructive behaviours and action tendencies stem from irrational beliefs about 'critical As'

Thinking consequences of beliefs You will recall that earlier we discussed the differences between actual events and inferred events. We argued that although inferences are cognitions, they are best considered as 'As' in that when critical, they trigger your client's beliefs at 'B'. In this straightforward case the A triggers the 'B'. We can denote this by the following formula:

'Critical A' → 'B'.

However, the beliefs that your client holds can influence the subsequent inferences that he makes at 'C'. Remember that 'C' can stand for thinking consequences of beliefs as well as emotional and behavioural consequences of beliefs. In this more complicated case, we can denote this influence by the following formula:

'B' → 'CInf'

Let us illustrate the influence of beliefs on subsequent inferences at 'C' in two ways. The first concerns a series of experiments that I (WD) conducted with my colleagues in the late 1980s. In one of these studies (Dryden, Ferguson & Clark, 1989), we asked one group of subjects to imagine that they held a rational belief about giving a class presentation and another group to imagine that they held an irrational belief about the class presentation. Then we asked them to make a number of judgements on a series of inferential measures related to giving a class presentation, while maintaining the belief that they were asked to hold. We found that the type of beliefs subjects held had a profound influence on the inferences that they subsequently made. In general, subjects holding the irrational belief made more negatively distorted inferences about their performance in the class presentation and about other people's reactions to it than did subjects who held the rational belief.

The second illustration of the effect of beliefs on subsequent inferences at 'C' is a clinical one. Sarah, a 34-year-old woman, came into therapy because she was depressed about her facial appearance. At the beginning of therapy

she held the following irrational belief: 'I must be more attractive than I am and I am worthless because I am less attractive than I must be.' At this point she thought that everybody that she met would consider her ugly and that no man would want to go out with her. You will note that these latter statements are her inferences about the reactions of people in general and men in particular and that these inferences are the thinking consequences of her irrational beliefs. During therapy I (WD) worked predominantly at the belief level and at no time did I target her distorted inferences for change. As a result of my interventions, Sarah came to hold the following rational belief:

> I would like to be more attractive than I am, but there is no reason why I must be. I don't like the fact that I am less attractive than I would like to be, but I can accept myself as a fallible, complex human being with this lack. I am not worthless and my looks are just one part of me, not the total whole.

As a result of this belief change, Sarah reduced markedly her inferences that others would consider her ugly and that men would not want to go out with her. In fact, soon her after therapy ended she started dating a man whom she later married. This clinical vignette shows quite clearly, we believe, the influence of beliefs on inferences.

'ABCs' interact in complex ways: the principle of psychological interactionism

So far in this chapter, we have discussed the 'ABCs' of REBT as if they were separate processes, distinct from one another. However, while in therapy it is important to deal with the 'ABCs' as if they were separate components – because otherwise your clients will end up confused – in reality, REBT theory has, right from the outset, advocated the principle of psychological interactionism. This principle states that the events that we choose to focus on, our interpretations and inferences, the beliefs that we hold and the emotions, behaviours and thoughts that stem from these beliefs are all interrelated and reciprocally influence one another often in complex ways. It is beyond the scope of this book for us to discuss fully and in detail these complex interactions. Those of you who are interested to learn more about the principle of psychological interactionism should consult Ellis (1994) and Dryden (2000).

Having introduced you to the theoretical fundamentals of REBT in this chapter, in the next we will cover what you need to know about the practice of REBT to begin to practise it in a training seminar setting.