

AN INTRODUCTION TO

COGNITIVE BEHAVIOUR THERAPY

FROM AN REBT PERSPECTIVE



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An Introduction to Cognitive-Behaviour Therapy from an REBT Perspective

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Introduction - Why choose CBT?

Over the past two to three decades, therapies in general, and Cognitive Behaviour Therapy in particular, have been the subject of many thousands of studies. In these studies CBT has consistently been shown to be the most effective therapy for a wide range of concerns. Other therapies do work, but one of the characteristics of CBT is that clients are helped to learn how to help themselves to feel better, to act in ways that are less self-defeating and to generally function more effectively. Rather than feeling better without understanding how this change came about, or listening to your therapist impart some nugget of wisdom which suddenly makes your problems evaporate, in CBT you learn skills that can be applied again and again should the need arise. You learn how to make yourself less vulnerable to life's ups and downs and more able to overcome problems should they reoccur.

CBT is not one uniform type of therapy that is the same wherever you go or whoever treats you. There are a number of slight variations on the CBT theme, all with different names (which are mainly of interest to other therapists but not necessarily of much importance to a client sitting opposite a therapist). The form of CBT referred to in this booklet is Rational Emotive Behaviour Therapy (REBT) and is the oldest of the CBTs, having been kick-started into existence back in the mid-1950s. The ideas in this booklet are mainly based on REBT.

A brief note about the examples used in this booklet: these are fictitious examples based on how people commonly react, and are not intended to represent anyone in particular.

The cause of the problem: it's all their fault ... or maybe not.

The fundamental principle behind CBT is the idea that it is not events themselves that lead to emotional problems but instead it is our attitudes towards events that govern how we react.

It is common for people to think that unfortunate events and other people cause them to feel upset. We often hear someone say, "He makes me so angry," or "She made me feel so stupid." The assumption in these statements is that it's the other person's fault for how we feel. If it were true that our feelings are directly governed by what happens to us, then everyone would feel the same way when they get held up in a traffic jam, or short-changed in a shop, or rejected by a lover. But people don't all react in the same way when these things happen, so it can't be the events themselves that cause us to feel angry or anxious, depressed or hurt.

Strange as it may seem, it is our own beliefs and attitudes that cause us to feel distressed. To illustrate this, take the following example of public speaking, suggested by psychologist Peter Trower: Three speakers give speeches that are equally well received by the audience. One speaker might notice the applause and be pleased with her performance. The second speaker might feel depressed because she thought that the audience was only clapping to be polite, and that they were actually bored. The third speaker might feel angry because she had put a great deal of effort into preparing the speech and she thought the audience was not sufficiently appreciative. With this example it can be clearly seen that the same event may lead to a range of different emotions, depending on how the event is interpreted.

The fact that our beliefs and attitudes govern our feelings is good news. Why?... because although we may not always be able to choose how people treat us and what happens to us, we *can* choose how we *respond*.

The realisation that the way we think affects how we feel is not a new idea. In the first century AD the Roman stoic philosopher Epictetus said, "Men are disturbed not by things but by the views which they take of them." And as Shakespeare wrote in Hamlet, "There is nothing good or bad but thinking makes it so."

Despite these ideas having been around for a long time it wasn't until the 1950s that they were properly integrated in psychotherapy with the work of the American Psychologist, Albert Ellis, who developed an approach now referred to as Rational Emotive Behaviour Therapy (REBT). Ten years later in the 1960s Aaron Beck published similar ideas under the label of Cognitive Therapy, and Cognitive Behaviour Therapy as we know it today was born.

In the years since Ellis and Beck developed REBT and Cognitive Therapy psychologists have made further refinements to the techniques, giving additional attention to the profound effect that our behaviour has on how we feel. These behavioural aspects of therapy are touched on later in this booklet.

Understanding irrational beliefs

Our emotional state can be affected by various things in addition to our thoughts; a smell might uplift us (freshly baked bread perhaps), a piece of music might soothe us, doing some exercise might invigorate us. However, whilst these sorts of things have some short-term effect on our mood the most sustainable way to control our emotions is to change our beliefs and attitudes.

As mentioned in the previous section, in any given situation the way we feel emotionally will be governed by our beliefs about the situation; if our beliefs are *rational* and appropriate to the situation we experience appropriate *healthy* emotions. If our beliefs are *irrational* and inappropriate we experience inappropriate *unhealthy* emotions (there is more about this on page 12). The term ‘rational’ can be a bit off-putting for both therapists and clients as it carries overtones of being rather intellectually aloof or judgemental. It is not meant this way and the term simply refers to a belief that is unrealistic, illogical or which does not get us good results. Perhaps a more acceptable term is ‘unhealthy’ belief.

CBT holds the idea that we often misinterpret the events around us in various ways: perhaps by exaggerating the likelihood of something bad happening, or perhaps by paying selective attention to things or by taking things personally. Most of the time challenging these kinds of misperceptions is sufficient to bring about positive changes in people’s lives. However, in addition to looking at these sorts of negative thoughts which seem to happen automatically we should also look at why you might be prone to these misinterpretations. The reason this is important is because our negative assumptions or misinterpretations do not arise out of thin air; in fact they stem from holding a number of more deep-seated unhealthy attitudes. These unhealthy attitudes are referred to as irrational beliefs and there are four main ones: *Demands*, *Awfulising*, *Discomfort Intolerance*, and *Self-Depreciation*.

- A *Demand* is an inflexible rule that we hold about how things should be (e.g. “I must not be late for my appointment.”). When our rules or demands get broken we are liable to become very distressed.
- Secondly, when our demands are broken we tend to take an extreme view of the situation (*Awfulising*). For example, instead of viewing it as bad if you are late for an appointment you see it as absolutely catastrophic, literally the worst possible thing that could happen.
- Thirdly, *Discomfort Intolerance* beliefs lead you see the situation as totally unacceptable, something you tell yourself you cannot stand or cannot tolerate.
- Finally, *Self-depreciation* beliefs are ones where you put yourself down, labelling yourself as a complete failure or completely stupid or totally unlikable. You may also do this for other people (other-depreciation) or for life in general (life-depreciation).

These four beliefs are examined in more detail in the next section.

The four main types of irrational belief

Demands

All of us have hopes and desires. These desires are an important factor in our lives, driving us to improve our own lives and the lives of those around us. However, Albert Ellis proposed the notion that it is a human characteristic for us to tend to escalate our most important desires from being simple wishes or wants to being things we think we absolutely must have. For instance rather than simply wanting to avoid being rejected by a lover we might tell ourselves we must not be rejected, that it just cannot be allowed to happen. Or because we do not want to disappoint our parents we might think that we absolutely have to get the highest grades in all our exams. Ellis called this our innate tendency to irrationality. By this he meant that even though it is not a healthy thing for us to do, we are very likely to fall into the trap of developing inflexible rules or demands for how we should behave. We are also prone to do the same for how other people should treat us, and for how the world around us should be.

Of course, even the most distressed person doesn't hold these extreme and demanding beliefs about everything. However, if you find your thoughts and speech are peppered with words like *must*, *have to*, *got to*, *must not*, and *cannot*, then there's a high likelihood that you are holding demanding beliefs.

Awfulising

If we hold the kinds of dogmatic and inflexible rules or demands described above, then when those demands are not met we are almost inevitably going to evaluate the situation in an extreme and exaggerated way. Awfulising, in this context refers to viewing the situation as pretty much the worst thing that could happen. Literally, 100 per cent bad. We tend to jump to this extreme position because if we are holding an 'all-or-nothing' demand about what must happen, we are going to find it nigh-on impossible to accept that things have not gone the way they should have. It is a bit like letting go of a ball at the base of a slope and finding the ball rolls uphill. It simply isn't something we can comprehend. With our demanding beliefs we have a fixed view of how things must be and anything that breaks these conditions is seen as being incomprehensibly bad.

Discomfort intolerance

Discomfort intolerance is sometimes referred to as Low Frustration Tolerance (LFT) and in this sense means we have a very low threshold for tolerating our desires being thwarted, frustrated or blocked. It is another form of extreme thinking that stems from holding inflexible demands – in this case about whether things should go our way or about how comfortable life should be. Albert Ellis summed up these beliefs with the rather snappy phrase of, 'catching a dose of I can't stand it-it is.' (Ellis liked introducing humour into his work – not to poke fun at

his patients but to help people take themselves and their unhelpful thinking less seriously. To misquote Epictetus, if you can laugh at yourself you will never run out of jokes).

This LFT belief is apparent when for instance we eat a large slice of cake despite trying to lose weight. In this case we might be holding the belief that we cannot stand the idea of missing out on the enjoyment of eating the cake, or the belief that we cannot stand the discomfort of resisting the temptation. Similarly LFT beliefs might be at play when we put off writing a booklet about CBT believing that we have to be in the right mood and we cannot tolerate the discomfort of doing something that seems uncomfortably like hard work.

Self-depreciation

Also referred to as self-downing, self-depreciation is when we put ourselves down in some way and, like Awfulising and LFT, tends to arise when we fail to meet a self-imposed demand. In the case of self-downing the demands are usually about our own performance. For example if you give in to the temptation to eat a chocolate bar despite trying to lose weight, you might conclude that breaking your rule of avoiding chocolate means you are a weak person. Other common examples can be seen with parents of young children: because most people think they have to be caring parents, they might see themselves as being useless or failures as parents when they lose their temper. Self-depreciation should not be confused with being *self-deprecating* which is a term used to describe when we are being humble; self-depreciation is when we really beat ourselves up over failing to do something that we believe is non-negotiable. We over-identify with our shortcomings and think that these shortcomings sum up our whole character.

Self-depreciation also kicks in when we base our self worth on aspects of ourselves that might change over time or on certain status symbols such as wealth, looking youthful or having a job that we consider is worthy and important. A desire to have wealth, or an enjoyment of being youthful or of finding satisfaction in doing a well-esteemed job are not bad things, and it is good that we all want different things in life. Where these desires become unhealthy is when we base our self-worth on these factors. It is unhealthy because by investing your self-worth in things that may change you are likely to experience a crash in your self-esteem if you were ever to lose those things. If you think that you are a worthwhile person because you look young, how would you feel about the prospect of growing old? We would be well advised to watch out for thinking that we *have to* look young or that we *have to* have a high-powered job, or lots of friends, or so on, and the faulty conclusion that if we do not have these things it means we are *worthless*.

This sort of damnation is not only confined to ourselves: we can be damning of other people too. We can easily fall into the trap of labelling people who do things we believe should not be done: People who push in front of us in a queue, or people who let their dogs foul the pavement might be labelled as idiots or inconsiderate fools (or worse, usually).

We can even be damning of the world around us and of the future, such as when we say, 'People shouldn't endure hardship or suffering unfairly, and the fact that there are floods and earthquakes shows the world is a cruel place.' Or, 'I failed to get the job I applied for. I had to get it and now my future is ruined.'

These four main types of irrational or unhelpful beliefs have healthy and rational alternatives. These are discussed in the next section.

The four main types of rational belief

Preferences

Demands have their equivalent healthy or rational alternative, referred to as preferences. The principal characteristic of preferences is that they are flexible and realistic attitudes towards life. They are flexible because we acknowledge that we do not always get what we want: sometime we do, sometimes we do not. They are realistic because the sad reality is that we do not always get what we want.

One of the leading CBT/REBT psychotherapists in the UK, Dr Windy Dryden states that it is important to note that rigid, demanding beliefs share the same starting point as flexible, adaptive beliefs: in both instances the person starts from the position of wanting or not wanting something to happen. With unhealthy rigid demands the person goes on to tell themselves that because they do not want the thing to happen then it must not happen. For example they might say to themselves that because they do not want to fall ill just before going on holiday, that they must not fall ill. The person with the healthy, flexible belief starts from the same idea that they do not want to fall ill before going on the holiday of a lifetime, but they also acknowledge that there is a possibility it might happen.

The challenge is to identify when our flexible desires inadvertently become turned into something more extreme, and when we start to think in terms of ‘must haves’. When we notice this happen then we can usually understand the extreme and unrealistic nature of our thinking: that just because we want something, this does not mean we will automatically get it. It is pretty clear that even though we might not want to fall ill before a holiday, there is no guarantee that it cannot or will not happen.

Anti-awfulising

We have already seen that awfulising beliefs are those in which we view a situation as the worst situation imaginable. In this sense life becomes like walking along a tightrope: there is only one direction to go, with no possibility of deviating from this linear course. Unlike a pedestrian who, when bumped into, might stumble but be able to get up again (bad but not catastrophic), if we fall or get knocked off our tightrope the results are very bad indeed.

Holding flexible beliefs about the possibility of negative events happening is a bit like walking on the pavement rather than on a tightrope: we can see that if the negative event happens it might be bad but there are plenty of events that could be a great deal worse. In Windy Dryden’s book ‘Ten Steps to Positive Living’ he quotes Albert Ellis who gave a lecture and said that probably the worst thing that could happen is being run over by a steamroller. A bright spark in the audience made the comment that the situation could in fact be worse – the steamroller could be going very slowly. This is a rather light-hearted remark but the point being made is that however terrible the situation seems there is likely to be something that could be worse. Understanding this helps us to gain a degree of perspective about the bad things we experience. We can acknowledge that the situation is bad but not the worst thing

that could happen. Windy Dryden likes to cite the singer Smokey Robinson's mother who told her son, "From the day you are born, till you ride in the hearse, ain't nothing so bad that it cannot be worse."

Discomfort Tolerance

Discomfort tolerance (as opposed to *intolerance*), also referred to as High Frustration Tolerance (HFT) relates to the nature of the hardships we face and to our ability to live with that hardship.

As discussed previously, with discomfort intolerance, or LFT, we tell ourselves that we cannot stand the discomfort or inconvenience of a situation, and that we cannot live with such a state of affairs. However, as with the Smokey Robinson quote about anti-awfulising, logically we can tolerate or live with anything up to the point at which it stops us from living. This may seem a rather extreme position, but at its most basic level a high frustration tolerance (HFT) belief is one which reflects that however bad a situation might seem, as long as we are alive, we are tolerating it. Tolerating does not mean liking; when we tolerate a situation we may not like it, but we do live with it. In many cases the adverse situation is temporary or will change over time, but even in situations where the adversity is not going to change (the loss of a limb for example) it is important for us to think about the reality of whether we can live with the situation or not. This does not mean liking it, it means understanding we can live with it.

In the sense that we can live with or tolerate any situation that does not kill us, HFT beliefs tick the box for being realistic. They also have another characteristic, which is that they help us to behave in ways that work in our favour. Albert Ellis calls this, 'responsible hedonism'. He is not talking about engaging in a self-indulgent lifestyle or sensual gratification, he is talking about acting in ways that we find personally meaningful. In this context responsible hedonism is about acting in ways that are personally rewarding but which also take account of other people's needs and desires.

Another form of LFT occurs when we focus on being comfortable or avoiding any kind of discomfort, even though enduring a bit of discomfort might be in our interests in the long run. This idea could be thought of as one in which we prioritise short-term hedonism over long-term benefit. HFT involves putting up with a certain amount of discomfort such as doing physical exercise or foregoing the slice of chocolate cake, because in the long run this will be much more rewarding than the temporary gratification of sitting on the sofa shovelling the cake into our mouth.

Self Acceptance

We have already seen that a self-downing belief is one in which we over-identify with our shortcomings and come to believe that we are defined by our failings. An example given in the section on self-downing was believing that we have 'worth' because we look youthful – a problematic belief because we cannot hope to remain youthful-looking forever (after all, you

will never look as young as you do now). This kind of belief is problematic in a number of ways: firstly things like youthful looks, the size of our pay cheque, the number of people who approve of us or who laugh at our jokes, all these things are largely outside our control. Secondly, this over-identification with certain characteristics or achievements is an error of logic – it is a ‘part-whole’ error, by which I mean we take one small part of ourselves and imagine that this defines our whole being. This is a bit like a film critic seeing a one-second excerpt from a movie and writing a review of the whole film based on that single moment. It simply doesn’t reflect the whole thing and we wouldn’t take that kind of review seriously. But this is what we are doing when we over-identify with our shortcomings.

So what is the alternative? The healthy alternative is to accept that we are vastly complex beings, composed of millions of different aspects – all our hopes, dreams, likes, dislikes, the people we know, the places we have been, everything we have experienced or even thought about. All these things make us the individuals that we are, and differentiate us from the person next to us. If you had an identical twin you might look and act very similarly but you would not be the same person as your twin. You would differ because you have your own set of features, characteristics and experiences. And of course, these experiences change as each moment passes, so the sum total of all our parts is always changing. We continually become a slightly different version of ourselves from the person we were a moment before. So trying to rate our ‘worth’ is like trying to preserve ourselves in a frozen moment and to reduce the complexity of being a human to a simplistic single rating such as clever, stupid, beautiful, ugly, loveable, unlovable.

Characteristics such as good looks, highly paid jobs, lots of friends, physical health, or good mental health, are all nice things to have if that is what you want. But these things do not make us more worthy than the person without these attributes. If two people have a train ticket and there is only one seat left in the carriage, who has the ‘right’ to sit in it? The wealthy person or the poor person? The religious person, or the person with no religious belief? The answer is that they both have equal right. This is difficult idea to hold if we have a history of believing that our own deficiency makes us less worthy, but it is one that is well worth developing.

The four main types of irrational belief:
(inflexible and extreme)

Demands	I have to x,y,z [e.g. succeed]... or, I must not x,y,z [e.g. fail]
Awfulising	This would be the worst thing that could happen.
Discomfort intolerance	I couldn't stand it. I would be unable to tolerate it.
Self/other deprecation	This would prove I am or they are useless/ worthless/ inferior.

The rational alternatives:
(flexible and non-extreme)

Preferences	I don't want to x,y,z [e.g. fail], but I accept that it's possible, I'm not immune from [failing].
Anti-awfulising	It would be bad, but it's far from the worst thing that could happen.
Discomfort tolerance	It would be hard to tolerate, but I could tolerate it, and results would benefit me because ...
Self/other acceptance	I am a fallible human being. There is more to me/ life than x,y,z

Negative emotions: Healthy or Unhealthy?

One of the main contributions that REBT has brought to therapy is to distinguish between *healthy* and *unhealthy* emotions. Healthy emotions are ones which suit the situation. Unhealthy emotions neither suit the situation nor are they helpful. However, just because we are trying to generate appropriate emotions in any given situation this does not mean the emotions will be enjoyable. It is common to think that all negative emotions are unhealthy and of course feeling sad, irritated or remorseful is not much fun. However, it is often the case that it is appropriate to feel these sorts of emotions. For example, when someone we love dies we feel sadness. This negative emotion is understandable, appropriate and a *healthy* emotional response. If we did not feel sad that would be rather odd. If, however, after a number of years we are still feeling depressed or angry about our loved one's death, this emotional response is likely to be viewed as *unhealthy* and inappropriate. This emotional response is neither healthy nor helpful because it hinders us from acknowledging our loss and may delay us moving through the natural stages of grieving, acceptance and 'letting go'.

Based on the realisation that you are unlikely to feel positive emotions such as happiness when you face an adversity, the goal in REBT is to help you experience appropriate healthy negative emotions. The various unhealthy negative emotions and their healthy counterparts are listed in the table below.

Unhealthy negative emotion	Healthy negative emotion
Anxiety	<i>Concern</i>
Depression	<i>Sadness</i>
Anger	<i>Annoyance, healthy anger</i>
Guilt	<i>Remorse</i>
Shame	<i>Disappointment</i>
Envy	<i>Positive regard</i>
Jealousy	<i>Concern for one's relationship</i>
Hurt	<i>Sorrow</i>

Naming the emotion

The sorts of unhealthy or inappropriate emotions that people seek help for are often labelled generally, as 'stress' or 'upset'. CBT therapists find such labels too vague to be of use. The initial focus in therapy is on agreeing a clearer, more precise description of the emotion. The main unhealthy negative emotions, as listed on page 12, are; anxiety, depression, anger, guilt, shame, envy, jealousy, and hurt.

If you feel distressed or upset but are not quite sure what emotion you are feeling, the following explanation of the eight main unhealthy negative emotions may help.

- **Anxiety** is an emotional reaction to threat, danger, or pressure (including self-generated pressure).
- **Depression** is an emotional reaction to loss or failure, with consequences for the future (we're talking about "reactive" depression here - reaction to life events - rather than "endogenous" depression which is thought to be due to an imbalance in brain chemistry and may require medication).
- **Anger** is an emotional reaction to frustration, transgression by another person, or a threat to one's self-esteem.
- **Guilt** is an emotional reaction to having done the wrong thing or not having done the right thing.
- **Shame** is an emotional reaction to revealing your weakness in public or breaking an important social code and being subjected to other people's subsequent disapproval or ridicule.
- **Envy** is an emotional reaction to comparing yourself to others who possess some object or personal attribute that you don't possess.
- **Jealousy** is an emotional reaction to a threat to your relationship from another person.
- **Hurt** is an emotional reaction to being treated undeservedly badly.

The triggering event for such emotions (e.g. the threat, failure, frustration, wrongdoing, ridicule) may be real or imagined, it may be an internal sensation or an external event, and it may relate to something in the past, present or future.

As mentioned earlier the goal of therapy is not to abolish negative emotions completely, as this could be seen to be equally unhealthy. The aim is to convert them into '*healthy negative emotions*' - such as *concern*, *sadness*, *annoyance* and *disappointment* - which tend to lead to constructive rather than self-defeating consequences (see the table of emotions on p.12).

Behaviour

In addition to dealing with unhealthy emotions, people may also want to change self-defeating or destructive behaviour patterns. CBT therapists view such behaviour as an integral part of underlying emotional issues.

- **Anxiety** tends to lead to avoidance (including phobic and obsessive behaviours) in an attempt to reduce the threat, danger or pressure.
- **Depression** tends to lead to prolonged withdrawal from friends and enjoyable activities, creating an environment which lowers the mood even further.
- **Anger** tends to lead to aggression and revenge-seeking behaviour.
- **Guilt** tends to lead to self-punishing behaviour, begging for forgiveness, and often a retreat into substance use or other activities to avoid torment.
- **Shame** tends to lead to “shying away” behaviour, e.g. averting one's gaze, withdrawing from the situation, isolating yourself.
- **Envy** tends to lead to spoiling or wanting to spoil the other person's enjoyment of the desired possession.
- **Jealousy** tends to lead to spying on the other person, or prolonged intensive questioning.
- **Hurt** tends to lead to sulking and passive-aggressive behaviours.

Sometimes a problem behaviour (e.g. smoking, excessive alcohol consumption, or eating disorders) will mask or reflect a whole series of underlying emotions.

Identifying irrational beliefs

The previous section looked at the different ways that we might experience distress, and the kinds of beliefs that contribute to our distress. In this section we will look at how to react more healthily.

In order to change how we react to things we need to identify our irrational beliefs and then change them to rational ones. To do this it is helpful to break down what goes on when we react unhealthily. Albert Ellis devised a simple ABC framework to do this, where **A** represents our Assumptions about an event, **B** is our Beliefs about this event, and **C** is how we react as a Consequence.

Here are the steps for using this framework;

- When you are feeling distressed try to identify what emotion you are feeling. Write this down at C.
- Identify the Aspect of the situation that you are most distressed about. This may be something that actually happened, or it may be an assumption you are making. Write this down at A.
- Ask yourself what you are *demanding* should be different in this situation, whether you are holding an extreme *awfulising* belief about how bad it is, and whether you consider it to be *intolerable*. Note also whether you are labelling yourself or others in a damning or *depreciating* way. Write these beliefs at B.

When using the ABC format it is best to work with a specific example of an unhealthy emotional or behavioural response. This is because it will make it easier for you to identify the specific irrational beliefs that lie behind your reactions.

On the next page is an example of an ABC sequence, written by John, who became intensely angry when another driver cut in front of him one day:

<p>Situation</p> <p><i>I have been 'cut up' by someone driving inconsiderately.</i></p>
<p>A (Assumption/ inference)</p> <p><i>This person is not showing me due respect.</i></p>
<p>B (Belief)</p> <ul style="list-style-type: none"> • <i>This person <u>absolutely should</u> show me due respect. (Demand)</i> • <i>It is <u>intolerable</u> that he is not showing me due respect. I can't stand it. (Frustration Intolerance)</i> • <i>He is a <u>complete low-life</u> for not showing me due respect. (Other depreciation)</i>
<p>C (Consequence)</p> <p><i>Anger, swearing, chasing the other driver</i></p>

Doing a written exercise like this can seem rather boring and frankly unnecessary. I thought along similar lines when I started training as a therapist; when reading 'how to...' books it is very tempting to skip past the practical exercises. However, making a record of your thoughts really is a useful process. One of my clients used the phrase, "expression clarifies thought." By this he meant that writing his ideas down forced him to be clear about what he was thinking, and I was struck by how accurate this observation was.

Challenging the irrational beliefs

Having written down your irrational beliefs you can start to challenge them by asking yourself the following three questions;

- Where's the proof that this belief is true? (the reality check)
- Does this belief make sense? (the logical argument)
- Does this belief help me to lead a happy life? (the pragmatic argument)

As you challenge each of the irrational beliefs by asking if they make logical sense, whether they fit with reality, and whether or not they are helpful, you may begin to identify alternative, more rational ways of seeing your situation. These more rational beliefs (refer back to the beliefs on p.11) will enable you to experience healthier emotions when you find yourself in the previously troublesome situation.

The rational alternatives to John's irrational beliefs on the previous page may look something like this:

<p>Situation</p> <p><i>I have been 'cut up' by someone driving inconsiderately.</i></p>
<p>A (Assumption/ inference)</p> <p><i>This person is not showing me due respect.</i></p>
<p>B (Belief)</p> <ul style="list-style-type: none"> • <i>I'd like this person to show me respect but I accept that there's nothing to say he has to. (Preference)</i> • <i>It is tough that he is not showing me respect but I can live with it. (Frustration Tolerance)</i> • <i>He is behaving poorly in not showing me respect, but that doesn't make him a terrible person – he is a human being and therefore prone to making mistakes. (Other acceptance)</i>
<p>C (Consequence)</p> <p><i>Mild annoyance or disappointment, continue driving calmly.</i></p>

Strengthen your rational beliefs

Okay, so you've got to the point where it all makes sense, and you can see the rational belief that would be more appropriate for you... but you just don't believe it in your heart. Moving from this phase of *intellectual understanding* (you know something consciously, but don't fully believe it) to *emotional understanding* (you know deep down in your heart that it is true) is the key to cognitive-behavioural therapy. Intellectual insight on its own is not sufficient to help you overcome your difficulties and is likely to have only minimal effect on your emotions. Windy Dryden makes the following analogy: Just reading a book on physical fitness does not make you fit - you have to do the physical exercises mentioned in the book in order to get physically fit. *Knowing* how to get fit is not the same as *being* fit. Similarly, in order to gain emotional insight and to habitually have rational rather than irrational thoughts you need to practise challenging your irrational beliefs until you are mentally fit. The healthy rational beliefs will only come naturally to you after you have put in sufficient practice in generating these new beliefs and *acting upon* the beliefs.

To strengthen your new, rational beliefs you will find it helpful if you can develop persuasive arguments that back up your new beliefs. The more reasons you can find to support your new beliefs the more readily your mind will accept this more healthy way of thinking (imagine you are in court trying to persuade a judge and jury of your new belief).

Take action

Possibly the most important and effective way of strengthening your healthy beliefs is to act in ways that are consistent with these beliefs: For example, to convince yourself that your friend's dog won't bite you, you need to stroke its head; to convince yourself that people at the gym won't laugh at you for being unfit, you need to go along to a gym. Profound change only happens when you put your new beliefs into practice.

It may be helpful to remember that while you are getting used to holding more rational beliefs, you may feel a level of discomfort, the process may feel unnatural and you may feel a lack of confidence in using these techniques. This is quite normal. Acting differently from how you have previously acted is challenging. It takes a while for your feelings and emotions to change. Just like any habit it takes a while to become comfortable with a new way of doing things, but after a while the new way doesn't feel new any more, it feels entirely natural.

Windy Dryden makes the point that irrational beliefs may also affect therapy. Consider these specific irrational beliefs about change, and the impact they might have:

- *I must be able to change with little discomfort, effort, and practice on my part.*
- *Changing how I think, feel, and behave shouldn't be so hard.*
- *I must change quickly and profoundly.*
- *When changing, I must not have any setbacks.*

Unhelpful thinking

Gaining control over your thoughts

As mentioned at the beginning of the section on irrational beliefs earlier in this booklet (p.4) we will often misinterpret events in a variety of unrealistic ways: we might imagine that if we fail an exam then our future life will be ruined, or we might assume that if someone looks at their phone while we are talking to them that they find us dull and uninteresting.

These sorts of misinterpretations do not come out of nowhere. It is likely that these assumptions and biased thoughts arise when we hold irrational demands about things (e.g. that we must succeed in everything we do, or that people must find us interesting). Take the example of Nadia who held a belief that she *must* perform her work assignments perfectly, and that it would be *intolerable* not to perform them perfectly. The effect of holding this demand led Nadia to be extra vigilant for errors in her work, and of course she would then notice even the most minor mistake. She would then be more prone to exaggerate the seriousness of any mistakes, and more prone to imagine that others would notice the errors too.

Reassess your distorted thinking

Whilst for many people to feel emotionally more content it might be sufficient to challenge their assumptions or misinterpretations, as a general rule it is preferable to challenge your underlying demands. This can be particularly relevant in problems such as social anxiety: for a socially-anxious person it may well be (and usually is) helpful to rethink their assumptions that people are going to reject them or act dismissively towards them – most of the time people are going to be pretty accepting and kind. But, and this is an important ‘but’, people won’t always be nice to us, and unless we can get rid of the underlying demand that people *must* be nice, then we remain at risk of becoming very distressed on the rare occasions when people are not nice to us.

There are various assumptions or “cognitive distortions” detailed in Appendix A. Tackling these biased ways of thinking is done in the same way as for demands, awfulising, frustration intolerance and self-downing. Write down your thoughts (which might be in the form of pictures that pop into your mind, or words that you are telling yourself) and then ask yourself if these assumptions are the only way that you can interpret the situation you are thinking about.

Appendix B contains a list of questions you can ask yourself to help identify your biased thoughts and to generate more helpful alternative thoughts.

A brief note about your childhood

Whilst CBT is not generally associated with examining past experiences, most CBT therapists acknowledge that looking to the past to find an understanding of where our current problems originate can indeed be useful, particularly when we are trying to change our deeply-held beliefs. The influential psychotherapist and author, Richard Nelson-Jones states that it is during our early formative years that it is most easy to acquire irrational beliefs – human beings are born with a distinct proneness to irrationality, and this tendency is most pronounced during childhood. Young children are unable to think clearly, they insist on immediate gratification and are unable to distinguish between real and imaginary fears. Also, because children are dependent upon other people to provide safety, security, nourishment and mental stimulation, they tend to rely on other people's versions of the truth in order to form their own view of reality. Unfortunately, parents and caregivers tend to have their own irrational ideas and these can be passed on to their offspring. The media isn't entirely blameless either in perpetuating irrational beliefs – the mass media play on our desires for security, knowledge, reassurance and conformity, persuading us to buy into fashion movements, political ideals and social stereotypes; ideas such as, 'you have to be thin to be happy', 'dirt is dangerous', and so on.

Having an insight into why we feel the way we do is often necessary before we can make changes, but simply exploring the past is often not wholly beneficial, and it does little to help us overcome our current difficulties. The point is that every problem must have begun somewhere, and discussing how it began may or may not be helpful in trying to overcome it. The chief value, when there is any, in going over disturbing memories is to identify repeating patterns that can give the therapy more focus and make it more efficient. No matter how much we wish it were otherwise, we know that we cannot change the past. The solution to dealing with the past and dealing with the way the past continues to affect us is to change how we *think* about the past.

Practical exercises

As you may have gathered from the previous sections CBT takes a structured approach to changing how you feel and behave. Like other skills that you develop there are a number of strategies you can use to help you learn to think and act differently. Below is a small selection.

1. Write it down

Use a standard form to record your ABCs and to come up with rational alternatives to the irrational beliefs. There are many variations on this theme, you can find my version in Appendix B and a completed version in Appendix C.

In Appendix C a fictitious client has filled in the ABC sheet with their negative assumptions (A), their irrational beliefs (B) and their unhealthy reactions (C). The client has then questioned their beliefs and written down a set of new rational beliefs alongside the old irrational ones.

2. Build a portfolio of persuasive arguments

Draw up a list of all the reasons why your new rational belief is;

- true
- logical
- helpful.

Add to the list all the reasons why the old irrational belief is;

- untrue
- illogical
- unhelpful.

3. Keep a 'flashcard'

Another practical tip you might find helpful, is to write down your new rational beliefs on a small card (flashcard) that you can carry with you. You can then consult this flashcard when you have difficulty recalling your beliefs. Here's an example...

I would prefer to create a good impression, but I know I can't do so all the time. If I don't create a good impression that wouldn't be ideal, but equally it wouldn't be the end of the world – worse things happen.

4 Be a Copy-Cat

Not just because imitation is the sincerest form of flattery! Model your behaviour and your attitudes on someone who acts the way you would like to, and you will find that you really start to become that more confident version of yourself. “Acting as if...” is a great way of making the transition from knowing something in your head to believing it with your heart.

5 Count to ten

The old trick of counting to ten before reacting is a good way of preventing the automatic negative thoughts from hijacking your emotions. But you have to count *slowly*. The idea is to give yourself time to not react automatically, time during which you can take a couple of gentle slow breaths to calm the body and then identify whether you are slipping into an old pattern of thinking and reacting, and time to identify what *demand* might be leading to your negative thinking. You then have the option of carrying on with the unhelpful negative way of thinking or you can employ your new, more helpful rational thinking.

6 Zig-zag

The zig-zag technique is a way of having a bit of an argument with yourself, weakening your conviction in your irrational beliefs and strengthening the rational ones. In other words, moving the new belief from your head to your heart. An example is shown in Appendix C.

The various steps you take are;

- a. Write down your healthy rational belief in the top left-hand box. This is the belief that you know is realistic, logical and helpful. Give a rating to how much you believe this in your heart on a scale from 1 to 100.
- b. In the next box over on the right hand side write down your doubts or objections to this belief. Don't hold back, use all your old irrational reasons for not believing it.
- c. Now go back over to the left hand side and, using rational logical thinking, defend your healthy belief.
- d. Keep swapping back and forth from the rational beliefs on the left to the irrational arguments on the right and then back again. Keep going until you run out of unhealthy arguments. Make sure you end with a healthy rational statement defending your new belief.
- e. Re-rate how much you believe 'in your heart' that the rational belief is true.

The two key ideas which summarise the message of this booklet are:

- 1. Question your unhelpful thinking**
- 2. Act according to your new, more helpful thoughts**

Appendix A – Irrational Beliefs and Cognitive Distortions

Irrational Beliefs

- **Demands** You impose inflexible rules on yourself, others, and life. Such as, *‘I must not make mistakes.’*
- **Awfulising** You get caught up in the horror of the moment and see the situation as absolutely terrible, as bad as things possibly could be – literally ‘awful’.
- **Discomfort Intolerance** You tell yourself the situation is intolerable, saying things like, *‘I can’t stand it; it’s unbearable.’*
- **Depreciation (Self- or other-downing)** You give yourself, or others, or the world in general, a global rating such as, *‘I am a failure,’* or *‘they are losers,’* or *‘the world is an evil place.’*

Checklist of COGNITIVE DISTORTIONS/Assumptions

1. **Black and white thinking/ All-or-nothing thinking:**
You look at things in absolute, black-and-white categories, with no shades of grey. (e.g. If your performance falls short of perfect, you see yourself as a total failure – a pass mark of 80% might be good, but for you it counts as complete failure).
2. **Jumping to conclusions:**
You make a negative interpretation even though there are no definite facts that convincingly support your conclusion.
 - a. Mind reading: you think you know what other people are thinking. You assume that people are reacting negatively to you when there’s no evidence for this.
 - b. Fortune-telling: you predict that things will turn out badly, despite having little or no evidence of this.
3. **Focusing on the negative and discounting the positive/ Mental filter:**
You dwell on the negative aspects of a situation and filter out or ignore any positives. For example your boss praises a project you have completed and points out some areas for future improvement – you disqualify the praise and focus only on what you have done ‘wrong’.
4. **Emotional reasoning:**
You assume that your negative emotions truly reflect the way things really are:
 “I feel stupid, so I must really be stupid.”
 “I feel guilty, so what happened must be my fault.”
 “Because I feel like a failure, this proves that I really am a failure.”
5. **Personalization and blame:**
You assume that you are the centre of an experience, or responsible for a situation, and that people are focusing on you. (e.g. if you walk past a group of people and they start laughing, you may think they are laughing at you). Or you may blame yourself for something you weren’t entirely responsible for, (leading to feelings of Guilt) or you blame other people and overlook ways that your own attitudes and behaviour might contribute to a problem.
6. **Magnification (catastrophising):**
You exaggerate the importance of things (such as a mistake you may have made).
7. **Overgeneralization:**
You see a single negative event as a never-ending pattern of defeat (“it will always be this bad”).

Appendix B – Thought-Challenging Hint Sheet

Questions to help challenge your negative thoughts and arrive at alternative, balanced or rational thinking.

- Am I predicting the future, mind-reading or generally jumping to conclusions?
 - Am I overestimating how terrible things would be if they don't go as well as I want them to? (catastrophising)
 - Am I seeing things in black or white terms; 'all or nothing'?
 - Am I focusing only the negative aspects of the situation and ignoring any positives?
 - Am I underestimating my ability to cope, or saying I could not tolerate the discomfort of the situation?
 - Am I putting myself or others down in some way – saying negative things about myself or other people? (labelling)
 - Am I making unrealistic demands, or establishing unrealistic rules?
-
- Could there be an alternative way of thinking about this?...
 - How might another person see this situation?
 - What would I say to my best friend or to someone I love if they were in the same situation?
 - What would someone I respect say to me?
 - What is the evidence for my thought? What is the evidence against it? Is there anything that might suggest that the thought could be wrong?
 - What are the advantages and disadvantages of thinking this way?

Appendix C – Blank ABC Form

A: Activating event (Actual event, physical sensation, memory, thought about future event, etc. Who, where, what, when?).

Assumptions / inferences (what was it about the event that you felt so distressed about?)

B: Beliefs

What rule or demand is being broken? (Demand/Rule)	Preference
How bad am I saying this is? (Awfulising)	Anti-Awfulising
What am I saying about how intolerable or unbearable this is? (Discomfort Intolerance)	Discomfort Tolerance
What does this mean about me? How am I labelling myself or others? (Self/ Other depreciation)	Self/ Other appreciation

C: Consequences

Unhealthy Emotion: (rate how intense the feeling was/ is)

Healthy Emotion:

Behaviours: (How did you behave or feel like behaving?)

Behaviours:

Appendix D – Completed ABC Form

A: Activating event (Actual event, physical sensation, memory, thought about future event, etc. Who, where, what, when?).

My boss telling me I'm going to be presenting a talk to a group of colleagues next week.

Assumptions / inferences (what was it about the event that you felt so distressed about?)

I'll forget what to say – 60%

My voice will go 'wobbly' – 100%

I'll blush – 70%

The others will notice I'm nervous – 100%

I will make a fool of myself – 100%

I will show everyone that I am incompetent – 100%

I might forget one or two items, but that's pretty unlikely, particularly if I rehearse beforehand.

My voice might be a bit shaky for a short while, but not for long.

Some people might notice... if they do they'll be sympathetic. Not everyone likes public speaking.

Being nervous has nothing to do with being competent or incompetent. I know that I am good at what I do – I may not be perfect but I'm certainly not incompetent.

B: Beliefs

What rule or demand is being broken? (Demand/Rule)

I must always be competent and capable

Preference

I'd like to be competent and capable all the time but I accept there's no rule that says I've got to be.

How bad am I saying this is? (Awfulising)

It is totally awful to be incompetent.

I can't think of anything worse..

Anti-Awfulising

It's not great if I'm not completely competent, but it's hardly the worst thing that that can happen.

What am I saying about how intolerable or unbearable this is? (Discomfort Intolerance)

I couldn't stand being incompetent.

I simply couldn't bear it.

Discomfort Tolerance

It would be hard to live with being incompetent but of course I can live with it.

What does this mean about me? How am I labelling myself or others? (Self/ Other depreciation)

If I am incompetent at giving the presentation this proves how useless I am. Other people are better than me at everything. I am hopeless at everything.

Self/ Other appreciation

If I am not competent at giving the presentation this would be a shame, but I can't be good at everything. There are plenty of things I can do well that others struggle with.

C: Consequences

Unhealthy Emotion: (rate how intense the feeling was/ is) →

Anxiety – 80%

Healthy Emotion:

Concern – 40%

Behaviours: (How did you behave or feel like behaving?) →

Avoidance – pretending to be ill and not going in to work on the day of the presentation

Behaviours:

Careful (but not obsessive) preparation and rehearsal beforehand.

Appendix E – Zig-Zag Form

Healthy belief

I would prefer my family to show love and respect for my husband, but they don't absolutely have to. It's bad that they don't but it's not terrible.

Rating of conviction = 40%

Response

It would be nice if my family showed more respect, but I know they don't have to. They are fallible human beings with strengths and weaknesses. My family have so many good points and there's no way that their lack of gratitude alone makes them bad people.

Response

First, the world is not a fair place – demanding fairness is therefore unrealistic since if it had to be fair it would be. Second, while it would be nice if my family made as much effort with my husband as he does with them, they are in no way obliged to. They are not, repeat, NOT me, and definitely don't have to behave the way I do. My demand for them to be like me or like my husband is unhealthy, irrational and unhelpful.

Re-rating of conviction in Original Belief = 75%

Attack

But he has done so much for them, particularly when my sister was in debt. They absolutely should acknowledge this and be grateful. They are bad people if they aren't grateful.

Attack

But they know how much it would mean to me if they were more respectful and grateful – my husband has shown them so much kindness. It's terrible that they don't fully reciprocate. My husband has put so much effort into showing respect for them – it's simply not fair that they don't treat my husband the way he treats them.

N.B.

Look out for;

- Demands (“musts & shoulds”)
- Awfulising (“it’s terrible”)
- Frustration Intolerance (“I can’t stand it”)
- Globally damning yourself or others (“I’m a bad person”)

Appendix F - Common Adverse Events and Associated Irrational Beliefs

Here is a list of commonly arising situations and the sorts of beliefs that might be associated with these situations.

- Failure:** I have to succeed in all I do. If I fail then I am a failure.
- Poor performance:** I must do well. If I do not then this shows that I am totally incompetent.
- Loss of useful role:** I have to be useful. If I am not useful then I am useless and will never be of use again.
- Loss of status:** I must maintain my status. My status is the be-all and end-all in my life and to lose it would make me worthless.
- Relying on others:** I have to be self-reliant at all times. If I were to rely on others this would show that I am a weak person.
- Depression:** I must not be depressed. Depression is a sign of weakness. If I am depressed then I am weak.
- Disapproval:** I have to be approved of at all times by all people. If I am disapproved of then this means that I am either a bad person or an unlikeable person.
- Loss of love:** I must be loved in my close relationships. If I am not loved then this means that I am unlovable.
- Criticism:** I must not be criticised. If I am criticised then there is something wrong with me as a person.
- Not belonging:** I must belong to my chosen social group. If my social group does not accept me then this will be terrible and I will never experience happiness again.
- Loss of helping role:** I have to be helpful to others. If I am not helpful to others then I am of no worth.
- Unattractiveness:** I must be attractive to look at. If I am not attractive then I am an ugly person.
- Others withdrawing care/support:** In order to feel okay I have to be looked after and supported by other people. I could not bear it if other people withdrew their support and care for me.
- Unfairness:** Life must be fair. Unfairness is terrible and I cannot tolerate it.
- Others' misfortune:** People absolutely should not experience misfortune when they do not deserve it.
- Hardship:** Life must not be hard.
- Bereavement:** My loved one absolutely should not have died. I cannot put up with their death. My life has lost all meaning.
- Goal frustration:** I must achieve my goal without frustration. To have to struggle to attain my goal is intolerable.

Further reading

10 Steps to Positive Living. By: Dr Windy Dryden (1994), London: Sheldon Press.

A clear and concise book that is relatively easy to read and which gives an overview of the main ways in which we can help ourselves to live more happily and productively. Written from an REBT perspective by the leading REBT practitioner and trainer in Europe.

Cognitive Behavioural Therapy for Dummies. By: Rob Willson and Rhena Branch, John Wiley & Sons Ltd.

Written in an accessible and readable style, this book gives an excellent overview of the principles of CBT/REBT with a particularly good chapter (amongst others) on Self-Esteem/Self-Acceptance.

Boosting Self-Esteem for Dummies. By: Rhena Branch and Rob Willson, John Wiley & Sons Ltd.

Building on the information in the CBT book by the same authors (above), this is a great text for anyone whose main concern is low self-esteem.

Feeling Good: The New Mood Therapy. By: David D Burns (1999), New York: Avon Books.

This excellent book is often prescribed to clients as reading therapy. It is geared mainly toward dealing with depression and anxiety, and gives clear instructions for using CBT principles to challenge and defeat cognitive distortions.

Think your way to happiness. By: Dr Windy Dryden & Jack Gordon (1990), London: Sheldon Press.

A useful introduction to using REBT/CBT to improve your mood, this book outlines the ABC process and looks at each of the major emotional problems such as depression, anxiety, anger, hurt, etc..

The final word

This is a saying much used in the therapeutic community. Depending on which book you read it is attributed either to St Francis of Assisi or Reinhold Niebuhr. It is referred to as the Serenity Prayer.

Grant me the serenity to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.