

DUYGUSAL VE DAVRANIŞSAL BOZUKLUKLARDA MANTIKSIZ İNANÇLARIN ROLÜ: BİLİŞSEL-DAVRANIŞSAL BİR BAKIŞ AÇISI¹ THE ROLE OF IRRATIONAL BELIEFS IN EMOTIONAL AND BEHAVIORAL DISORDERS: A COGNITIVE-BEHAVIORAL PERSPECTIVE

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Article Info Öz

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Bu derleme makale, Rasyonel Duygusal Davranış Terapisi (REBT) çerçevesinde mantıksız inançların tanımını, bilişsel yapılar içindeki yerini, duygusal ve davranışsal etkilerini ve terapötik müdahale yöntemlerini incelemeyi amaçlamaktadır. Literatür, mantıksız inançların yalnızca bireysel psikolojik süreçleri değil, sosyal ilişkiler, akademik performans ve mesleki işlevselliği de etkilediğini göstermektedir. Bu inançlar, katı ve mutlak talepler biçiminde ortaya çıkarak kaygı, depresyon, öfke ve düşük öz-kabul gibi olumsuz sonuçlara yol açmaktadır. Araştırmalar, mantıksız inançların stresli yaşam olaylarına karşı duyarlılığı artırdığını ve mükemmeliyetçilik, düşük hayal kırıklığı toleransı ve sosyal onay ihtiyacı ile ilişkili olduğunu ortaya koymaktadır. REBT, bilişsel ve davranışsal tekniklerle bireylerin mantıksız düşüncelerini fark etmelerini, sorgulamalarını ve rasyonel inançlarla değiştirmelerini sağlar. Bu süreç, duygusal istikrar, psikolojik esneklik, yaşam memnuniyeti ve sosyal uyum üzerinde olumlu etki yaratır. Önerilen uygulamalar, mantıksız inançların erken yaşta fark edilmesini sağlayacak önleyici REBT temelli eğitimlerin okul ve toplumsal bağlamlarda yaygınlaştırılmasıdır. Ayrıca, terapötik müdahalelerde hem bireysel hem de kültürel bağlamın dikkate alınması, müdahalelerin etkinliğini artırabilir.

Anahtar Kelimeler: İrrasyonel Bilişler, Rasyonel Duygusal Davranışçı Terapi, Bilişsel Çarpıtmalar, Duygusal Düzenleme, Bilişsel Yapılar.

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Abstract

This review article aims to examine the definition, cognitive basis, emotional and behavioral effects, and therapeutic interventions of irrational beliefs within the framework of Rational Emotive Behavioral Therapy (REBT). Literature indicates that irrational beliefs affect not only individual psychological processes but also social relationships, academic performance, and occupational functioning. These beliefs, manifesting as rigid, absolutist demands, contribute to anxiety, depression, anger, and low self-acceptance. Studies further show that irrational beliefs increase vulnerability to stressful life events and are associated with perfectionism, low frustration tolerance, and the need for social approval. REBT employs cognitive and behavioral techniques to help individuals identify, challenge, and replace irrational beliefs with rational ones, promoting emotional stability, psychological flexibility, life satisfaction, and social adaptation. Practical recommendations include the implementation of preventive, REBT-based programs in educational and social settings to detect and address irrational thinking early. Additionally, therapeutic interventions should consider both individual and cultural contexts to enhance effectiveness and support the development of adaptive coping strategies and overall psychological well-being.

Key Words: Irrational Cognitions, Rational Emotive Behavior Therapy, Cognitive Distortions, Emotional Regulation, Cognitive Structures

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Introduction

Irrational beliefs, which play a significant role in how individuals perceive, evaluate, and emotionally respond to life events, are cognitive structures that profoundly impact psychological functioning. These beliefs cause individuals to develop absolute, rigid, generalized, and unrealistic expectations of themselves, others, and the world (Ellis, 1993). Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis in the 1950s, made significant theoretical contributions to this field by arguing that irrational beliefs are the primary source of psychological disorders (Ellis, 1955). According to Ellis, it is not the events individuals experience, but the meanings they attribute to them—in other words, their beliefs—that determine emotional outcomes (Ellis & Dryden, 1997).

This approach offers a cognitive-behavioral framework that aims to identify irrational beliefs and foster rational thinking in the treatment of emotional problems (Türkçapar, 2014). It is worth noting, however, that while REBT provides a robust theoretical model, the translation of these principles into empirical validation requires careful consideration of cultural, developmental, and situational factors.

Within the context of REBT, irrational beliefs are: It is shaped by themes such as overestimating one's self-worth, a high need for the approval of others, intolerance to disappointment, and perfectionism (Ellis, 1990). Such beliefs influence an individual's self-perception, social relationships, and responses to environmental events, leading to the emergence of dysfunctional emotions such as anxiety, depression, anger, and guilt (Ellis, 1997a; Burns, 2006).

For example, individuals who believe, "I must be successful and gain the approval of important people," may experience feelings of worthlessness when they perceive themselves as unsuccessful. Similarly, individuals who believe, "Other people should always treat me fairly and respectfully," may develop anger and hostility when their expectations are not met (Ellis, 1990). Although these examples are compelling, it is critical to question whether these beliefs manifest uniformly across different populations and life contexts, and how they interact with resilience factors or social support systems.

The formation of irrational beliefs is not only limited to individual thought processes but is also greatly influenced by sociocultural influences; environmental factors such as family, society, religion and media can pave the way for the development of rigid and absolutist thought patterns in the individual. Ellis (1997b) categorizes irrational beliefs into three basic compulsive thoughts: self-imposed obligations (e.g., "I must be perfect"), other-imposed obligations (e.g., "People should treat me with respect"), and world-imposed obligations (e.g., "Life should be easy"). These beliefs are seen as the source of negative emotions and behavioral problems.

It is important to recognize that while the theoretical categorization is useful, individual differences in cognitive flexibility and emotional intelligence may moderate these effects, suggesting a need for empirical nuance.

Irrational beliefs can cause not only emotional but also behavioral dysfunctions in an individual. In this context, the REBT approach aims to help the individual recognize, challenge, and replace these beliefs with rational alternatives (Dryden & Ellis, 1988).

This review article aims to comprehensively examine the definition of irrational beliefs, their place within cognitive structures, their emotional and behavioral impacts, and therapeutic intervention methods within the framework of Rational Emotive Behavior Therapy. Furthermore, the relationship between irrational beliefs and themes such as perfectionism, low frustration tolerance, and need for social approval will be discussed, and the impact of these beliefs on emotional problems will be evaluated from a holistic perspective (Flett et al., 1991; Spörrle, 2006).

Rational Emotive Behavior Therapy (REBT) is deeply rooted in philosophical and humanistic traditions. Ellis (1962) was notably influenced by Stoicism, particularly the Stoic emphasis on the role of beliefs in shaping emotional experiences and the idea that individuals can cultivate resilience through rational evaluation. Similarly, humanistic psychology contributed to REBT's focus on personal responsibility, self-acceptance, and the individual's capacity for growth and self-improvement (Corey, 2008).

These philosophical underpinnings distinguish REBT from purely behavioral interventions by emphasizing the reflective, cognitive, and evaluative processes that give rise to emotional responses. By combining the action-oriented nature of behavioral techniques with the philosophical reflection inherent in Stoicism and humanistic psychology, REBT provides a comprehensive framework for both understanding and transforming maladaptive beliefs.

Empirical Evidence on Irrational Beliefs in Emotion Regulation, Motivation, and Workplace Functioning

Recent empirical studies highlight the pervasive influence of irrational beliefs across emotion regulation, motivation, and professional functioning. In terms of emotion regulation, individuals who hold rigid, absolutist beliefs tend to experience higher levels of anxiety, depression, anger, and guilt when faced with stressful or challenging situations (DiGiuseppe & Linscott, 1993; Turner et al., 2018). Such beliefs limit adaptive coping strategies, making it harder to recover from setbacks or tolerate frustration.

Motivational processes are also significantly affected. Irrational beliefs, particularly those related to perfectionism, approval-seeking, and low frustration tolerance, reduce intrinsic motivation and persistence in goal-directed activities. For instance, individuals who believe they must always succeed to gain approval often abandon challenging tasks after setbacks, resulting in lower academic, personal, and occupational achievement (Burns, 2006; David et al., 2005). Conversely, holding rational beliefs enhances task engagement, resilience, and a stronger sense of personal agency.

In professional settings, irrational beliefs can negatively affect workplace outcomes. Employees exhibiting high levels of absolutist demands and catastrophizing tendencies are more susceptible to burnout, job dissatisfaction, and interpersonal conflicts (Sonntag et al., 2010; Moran & Mohr, 2009). Interventions grounded in Rational Emotive Behavior Therapy, which aim to challenge and replace irrational beliefs with flexible, rational alternatives, have been shown to improve coping strategies under occupational stress, enhance emotional regulation, and increase both intrinsic and extrinsic motivation (Ellis & MacLaren, 2005; David et al., 2005).

Overall, empirical evidence consistently demonstrates that irrational beliefs profoundly influence emotional well-being, motivational processes, and workplace functioning. Addressing these cognitive patterns through targeted interventions not only reduces psychological distress but also fosters adaptive behaviors and enhanced performance across multiple life domains. Future research should therefore aim to integrate these empirical findings with considerations of individual differences, environmental constraints, and longitudinal trajectories to develop more nuanced models of belief-behavior-emotion interactions.

Assumptions Regarding Irrational Beliefs

Irrational beliefs are not graded based on whether they are in an individual's conscious awareness. While rational beliefs are more easily accessible through introspection (Bernard, 1980, as cited in Bernard, 1995), conscious awareness can be distant or very close to the realm of introspection (Bernard, 1995b).

Within rational emotive therapy, irrational beliefs are based on several fundamental assumptions (Ellis et al., 2010):

- People have free will. However, the choices of this free will are limited by biological tendencies, social life, and social learning.
- People have many goals, such as survival, happiness, and avoiding pain.
- People's beliefs or cognitions are powerful and influential in making choices. When experiencing a feeling, thinking and acting occur together. These three processes are interrelated and integrated. When one of these processes is experienced, the others accompany it in a supportive way.
- People's priorities include their wishes and preferences.
- People's wishes and preferences are generally healthy and productive. Obligations and demands are unhealthy and harmful.

- People are motivated by feelings, thoughts, and behaviors such as sadness, regret, and disappointment they experience when they fail to achieve what they want. This allows them to find ways to achieve their desires and avoid what they don't want.
- When an individual's desires turn into strong demands, they can lead to unhealthy emotions and depression.
- An individual who performs highly and seeks approval may experience sadness, regret, anxiety, anger, and depression only when they experience the opposite.

Irrational Beliefs in Cognitive Therapies

Compared to other cognitive-behavioral approaches, such as Beck's Cognitive Therapy, REBT places greater emphasis on the philosophical examination of beliefs and their alignment with rational principles. While Beck (2014) primarily focuses on identifying and restructuring automatic negative thoughts to reduce cognitive distortions and alleviate depressive or anxious symptoms, REBT targets broader, underlying irrational beliefs that influence emotional reactions across diverse situations.

This includes challenging absolutist demands, catastrophizing, low frustration tolerance, and global evaluations of self or others. By addressing these deeper cognitive schemas, REBT not only seeks symptom relief but also promotes a fundamental restructuring of the individual's worldview, emphasizing personal responsibility and acceptance (Ellis & Dryden, 1997; MacLaren et al., 2016).

According to Ellis's cognitive theory, individuals experience various activating events (A) in their lives that may be unwanted or distressing. However, it is not these external events themselves that lead to emotional or behavioral consequences (C), but rather the beliefs (B) individuals hold about these events. In other words, people's dysfunctional emotional reactions stem from their irrational evaluations and interpretations rather than from the activating situations per se (Ellis, 1991, 1994; Bernard, 1995b; Froggatt, 2005; MacLaren et al., 2016; Özkaleli, 2018; Turner, 2016).

This highlights the central role of cognitive processes in shaping emotional and behavioral outcomes. When individuals critically examine and modify their irrational beliefs, they gain greater control over their emotional reactions, allowing for more adaptive responses to life's challenges. Thus, therapeutic interventions that target these beliefs not only alleviate immediate distress but also contribute to longer-term psychological resilience and well-being.

Rational emotive therapy is an action-oriented, humanistic approach to emotional development that emphasizes an individual's capacity to identify, change, and control their emotional states. Rational emotive therapy emphasizes the ways in which irrational beliefs about present-moment experiences can cause painful emotions and dysfunctional behaviors that can prevent a fuller life. In this respect, Rational Emotive Behavioral Therapy aims to overcome problems and teach the individual how to achieve psychological satisfaction and realistic alternatives (Corey, 2008).

The goal of Rational Emotive Behavioral Therapy is to replace the client's emotional problems and destructive factors with healthier, more realistic ones. Therefore, recognizing their functional feelings and thoughts is the first step. According to Ellis, the two primary goals are as follows: unconditional acceptance of the individual and unconditional acceptance of others (Corey, 2008). REBT is briefly summarized in Ellis's ABC model. However, Ellis also mentioned three insights in his model (Ellis & MacLaren, 2005):

- Emotional problems arise from the combination of experienced difficulties with irrational beliefs.
- While emotional disturbances may have past experiences and developmental roots, the vast majority are maintained by irrational beliefs that exist in the here and now.
- Changing stereotyped irrational beliefs requires considerable practice and effort.

Rational emotive behavior training is an extension of rational emotive behavior therapy; the therapy itself is a training process. Knaus (2004) stated that Rational emotive behavior training is a positive and preventative psychological training program whose goal is to change irrational beliefs, resulting in more functional emotions and behaviors (Bora et al., 2013). In rational emotive therapy, clients first learn to identify their irrational beliefs, such as absolutist "you have to" and "you should," "self-destructive beliefs," and "event catastrophizing." They then confront and discuss these irrational beliefs by learning how to functionally challenge and disbelieve these irrational beliefs, and ultimately, they learn to distinguish between their rational beliefs (Ellis, 1994).

People have rational thoughts and irrational thoughts. Emotions, thoughts, and behaviors related to a situation are not independent of one another. Functionality in these three areas can be described as the individual's psychological dimension related to the event. A change in one of these areas will be affected by the other two areas (Ellis, 1994).

There are 12 Irrational Beliefs created by Albert Ellis, considered the father of Rational Emotive Behavior Therapy (Ellis, 1962; David, Szentagotai, Kállay & Macavei, 2005);

1. Adults must gain the acceptance of significant others for everything they do.
2. Some actions are truly awful or bad and must be condemned.
3. It is terrible when things don't go the way one wishes.
4. Human misery is always external and is always imposed on the individual from the outside.
5. If an event is very scary or dangerous, one shouldn't be too upset or dwell on it.
6. It is easier to avoid life's challenges or personal responsibilities than to face them.
7. There is an absolute need for a being stronger or greater than oneself to rely on.
8. One must be competent and successful in every possible endeavor.
9. If something has once strongly affected an individual's life, it must affect them forever.
10. I must maintain absolute and perfect control over events.
11. Human happiness is achieved through inertia and inertia.
12. An individual has no control over their emotions.

In cognitive therapies, recognizing dysfunctional beliefs and changing them can be achieved through detailed questioning and testing of alternatives. Assumptions have been in an individual's life for a long time and have become unique rules governing their lives, even though the individual may not realize it (Thomas & Drake, 2012).

In cognitive therapy, dysfunctional thinking (which affects an individual's emotions and behavior) is the root cause of psychological distress. When an individual adopts more realistic and adaptive thoughts/beliefs, they will not experience emotional and behavioral distress. For example, an individual who thinks, "I can't do anything right now," may feel sad and curl up on the edge of their bed. When this thought is evaluated realistically, the individual realizes that they are overgeneralizing and are actually capable of many things. In other words, an individual who evaluates from a realistic perspective feels better and behaves more effectively (Beck, 2014).

According to this approach, the therapeutic approach is based on the fact that people act based on what they believe to be true about the world, themselves, and others (Ellis, 1962; Ellis & Dryden 1997). Within the framework of Rational Emotive Behavior Therapy, this approach emphasizes that individuals' thoughts and actions are fundamentally guided by their beliefs about themselves, others, and the world, and that altering these beliefs can lead to more adaptive emotional and behavioral outcomes.

The fundamental principles of cognitive therapies are that thoughts and beliefs significantly influence and are influenced by emotions, actions, and experiences, and that changing these thoughts and beliefs facilitates clinical improvement (Ramsay & Rostain, 2014).

In cognitive therapies, individuals are fundamentally taught the following: "The way you think affects the way you feel." This simple approach is also the cornerstone of rational and emotional therapy. Despite this simple approach, individuals fail to recognize how their thoughts/beliefs affect their mood. Individuals often blame situations, rather than their cognitions/beliefs, for their emotions (Clark & Beck, 2010).

In cognitive therapy, cognitive, behavioral, physiological, motivational, and emotional schemas related to anxious states are explored. Cognitive schemas represent beliefs, rules, and assumptions related to inferring and interpreting threatening situations (Clark & Beck, 2010). Similarly, irrational beliefs respond to the situation with rules, requirements, and assumptions. However, while responding to a threat makes life easier, the irrational beliefs Ellis describes make life more difficult.

It's truly fascinating to think that these beliefs can be changed to better serve the individual. However, one must first become aware of how these beliefs operate in our lives, recognize their irrationality, and then replace these irrational beliefs with rational ones. Easier said than done (Ellis, 1962; Ellis & Dryden 1997). This process requires not only recognizing one's current beliefs but also restructuring them into more functional and adaptive ones; this is where Rational Emotive Behavior Therapy comes in.

Rational emotive behavioral therapy aims to minimize distress, increase life satisfaction and joy, and assist the individual in achieving specific goals (MacLaren et al., 2016). These overarching goals are as follows (Ellis & Bernard, 1986, as cited in MacLaren et al., 2016).

1. An emotionally healthy individual prioritizes their own interests over those of others.
2. Individuals live in social groups. Therefore, it is wise to defend the rights of their social group.
3. People should be able to maintain social harmony and be tolerant of their own shortcomings and those of their environment. It is appropriate to dislike and discourage those who act imperfectly.
4. While people cooperate with others, they should not expect others to care for them or assume responsibility for them.
5. Absolute predictability is not an option. Individuals should also be able to tolerate uncertainty.
6. Healthy individuals think and act flexibly.
7. Individuals should be able to seek support from people they can trust or creative forces beyond themselves.
8. Emotionally healthy individuals should have the ability to take risks.
9. People should have realistic expectations. It is impossible to achieve eternal happiness or everything they desire.
10. Healthy people do not blame others, the world, or fate for the troubles they experience. They take responsibility for their own thoughts, feelings, and behaviors.
11. They must be patient and maintain composure in the face of obstacles encountered, and develop a high tolerance for disappointment.
12. A healthy individual accepts themselves unconditionally, rather than rating, comparing, etc.

Moreover, REBT encourages clients to actively adopt philosophical reasoning as a therapeutic tool, fostering critical reflection on their core beliefs and value systems. This approach enhances cognitive flexibility, allowing individuals to develop rational alternatives that are logically consistent, emotionally adaptive, and socially constructive. The integration of philosophical principles with empirical cognitive-behavioral techniques exemplifies REBT's unique contribution to the field of psychotherapy, providing both preventative and corrective strategies that support long-term psychological resilience and well-being (Dryden et al., 2010; Turner, 2016).

In summary, the examination of irrational beliefs within cognitive therapies, particularly in REBT, highlights a crucial distinction between symptom-focused interventions and deeper cognitive restructuring. While traditional cognitive therapies such as Beck's approach prioritize modifying automatic negative thoughts to alleviate distress, REBT extends this focus to underlying, pervasive irrational beliefs that govern emotional and behavioral responses across diverse contexts. This broader philosophical and therapeutic perspective emphasizes personal responsibility, cognitive flexibility, and the integration of rational principles into everyday reasoning.

The discussion also underscores the dynamic interplay between beliefs, emotions, and behaviors, suggesting that sustainable psychological well-being is not merely achieved through symptom reduction but through cultivating awareness, challenging dysfunctional beliefs, and fostering adaptive alternatives. Consequently, REBT presents a model in which philosophical inquiry and empirical strategies converge, offering both preventative and corrective pathways to resilience.

However, it is worth considering the potential limitations, such as the effort required to consistently identify and modify entrenched beliefs, and the degree to which these interventions can be generalized across diverse populations and cultural contexts. Future research should continue to explore the mechanisms by which rational belief restructuring contributes to long-term emotional regulation and adaptive functioning, bridging theoretical insights with practical applications in clinical settings.

Irrational Beliefs and Counter-Rational Beliefs

The terms irrational and rational are used to describe the part of rational-emotive and behavioral therapy that involves assessing cognition (Ellis et al., 2010). While Ellis (1963) initially identified 11 irrational beliefs in his early work, later research and developments suggest four main categories: demandingness (i.e., absolutist/inflexible needs), catastrophizing (or catastrophizing), frustration, intolerance (or low frustration tolerance), and global evaluation of self or others (self-depreciation). In stressful activation

situations, irrational beliefs are hypothesized to lead to dysfunctional emotions (Dryden, 2012; Ellis, 1994; Turner, 2016).

Of these four beliefs, demandingness and catastrophizing are more rigid and prioritized. Frustration, intolerance, and global evaluation of oneself or others are secondary because they stem more from demandingness (Dryden, 2012). Another important characteristic of demandingness is that it is the cause of other dysfunctional thoughts, such as negative automatic thoughts, faulty attributions, and excessively negative evaluations in Cognitive Behavioral Therapies (MacLaren et al., 2016).

The opposite of the four irrational beliefs is preferences, anti-catastrophizing, high disappointment tolerance, and unconditional acceptance of self or others (Ellis, 1994).

In Rational Emotive Behavioral Therapy, the terms "rational" and "irrational" are used as adjectives before the word "beliefs." These terms refer to attitudes because they express an individual's attitude or position toward something (Dryden et al., 2010).

Table 1.

Comparing rational and irrational beliefs (Reference: Dryden et al., 2010).

Rational Beliefs	Irrational Beliefs
It is flexible.	It is rigid.
It is not excessive.	It is extreme.
A rational belief is true.	An irrational belief is false.
It is logical.	It is not rational.
A rational belief is largely constructive.	An irrational belief is largely unconstructive.

Rational beliefs help achieve goals that are consistent with social reality, flexible, adaptable, and beneficial to the individual (healthy emotions and harmonious behaviors). These are the individual's wishes, desires, and preferences. Irrational beliefs, on the other hand, are thought structures that are inconsistent with social reality, inflexible, maladaptive, and prevent the individual from achieving unhelpful goals. These are demands (oughts, needs, and obligations) and have dysfunctional consequences (unhealthy emotions and maladaptive behaviors) (MacLaren et al., 2016).

Irrational beliefs are absolutist, fallible, non-empirical, and emotionally charged constructs; in contrast, rational beliefs are based on preference, desire, and experience, are verifiable, and possess a more functional cognitive structure (Bernard, 1995b). Overgeneralization, exaggeration, and absolute statements can reinforce maladaptive thoughts by creating negative emotional effects in the individual; certain cognitive statements, however, create a fertile ground for processing these thoughts (Şanlı & Pişoft, 2016).

The Relationship of Irrational Beliefs to Emotion and Behavior

Rational emotive behavioral therapy emphasizes that cognitions, emotions, and behaviors are interconnected, and that if an individual experiences a disorder, it is due to dysfunctional, self-defeating thoughts, feelings, and behaviors. This understanding of how to be more adaptable in life is possible by focusing on changing the emotional and behavioral system (MacLaren et al., 2016).

Rational emotive behavioral therapy argues that, beyond beliefs, an individual's biological makeup also influences their emotions and behaviors. This reminds us that therapy alone can only change people to some extent. Belief systems are seen to be based on social learning and biological inheritance (Froggatt, 2005). The contemporary CBT model does not claim that thoughts and beliefs necessarily cause all emotions and behaviors. In fact, emotional processing may precede cognitions (Ramsay & Rostain, 2014).

According to Ellis (1963), both long-term (trait) and momentary (situation) negative emotions are the result of the interaction of negative events and specific irrational beliefs to some extent. In the rational emotive approach, the therapist uncovers the most significant factors underlying the patient's irrational beliefs. The therapist then redirects these beliefs toward more rational thoughts and acceptable behaviors (Ellis, 1958, as cited in Ellis, 1999). Irrational beliefs result in dysfunctional behaviors, unhealthy emotions, and a lack of self-acceptance. More rational and realistic ways of thinking lead to healthier and

more functional emotions and behaviors, as well as greater acceptance of oneself and others (Dryden & Neenan, 2004).

Dysfunctional thoughts also underlie dysfunctional behaviors and emotional problems. These thoughts are irrational beliefs and are at the root of most emotional disorders (Çelikkaleli, 2018). Replacing irrational beliefs with realistic thoughts will also lead to a change in the individual's emotional state and a better quality of life (Burns, 2006). The risks of holding irrational beliefs for psychological health and well-being can generally be consistently stated (Višlā et al., 2015).

The emotional component in rational emotive behavioral therapy relates to emotions. Here, the initial phase focuses on emotional relief (Dryden et al., 2010). According to the emotion model in rational emotive behavioral therapy, the emotions experienced by an individual are based on their beliefs about themselves, others, and the world (Dryden et al., 2010; Froggatt, 2005). A high level of irrational beliefs leads to "unhealthy" negative emotions in response to life's challenges, while more rational beliefs lead to "healthy" negative emotions. If an individual wants to experience healthy positive emotions, they must replace their irrational beliefs with rational beliefs (Dryden et al., 2010; MacLaren et al., 2016).

Rational emotive behavioral therapy focuses on the individual's thoughts and behaviors rather than on their expression of emotions (Corey, 2008). The term "behavior" in rational emotive behavioral therapy refers to both overt behavior and actions that do not translate into overt behavior. In other words, the latter meaning refers to the tendency to act. Behavior in rational emotive behavioral therapy suggests that irrational beliefs lead to unconstructive behavior, while rational beliefs lead to constructive behavior. Unconstructive behavior is associated with unhealthy negative emotions, while constructive behavior is associated with healthy negative emotions (Dryden et al., 2010).

Behavioral schemas represent reactions to events, physiological schemas represent automatic arousal and physiological responses, motivational schemas represent goals and intentions, and emotional schemas represent the perception of emotional states and subjective emotional responses (Clark & Beck, 2010).

In conclusion, REBT emphasizes that emotions and behaviors are deeply influenced by beliefs, and modifying irrational beliefs can enhance psychological well-being. While biological and social factors also shape emotional responses, targeting dysfunctional cognitions provides individuals with practical tools to manage distress and promote adaptive functioning. Nonetheless, the extent of change may be limited by ingrained traits and contextual factors, highlighting the need for integrative approaches and ongoing research to optimize the effectiveness of REBT across diverse populations.

Cognitive Levels and Their Psychological Effects

Deficiencies in the cognitive domain lead to erroneous perceptions, unrealistic expectations, exaggerated reactions, negative self-perceptions, negative friendships, and the development of irrational beliefs (Galassi & Galassi, 1979).

People think in three ways: 1) inferences, 2) evaluations, and 3) core beliefs (Froggatt, 2005; MacLaren et al., 2016). Inferences are predictions about what is happening in a given situation. Inferences are statements about reality (things considered to be true; they can be true or false). Inferences are like opening a window to enable evaluations (Froggatt, 2005). All people have a unique perception of reality. Inferential cognitions are the conclusions a person draws from these perceptions (MacLaren et al., 2016).

Evaluation, on the other hand, goes beyond the facts themselves and determines what they mean to the individual. Evaluations can be conscious or unconscious. Irrational evaluations involve one or more of four irrational beliefs: demandingness, debilitating, discomfort/intolerance, and self/other evaluation (Froggatt, 2005; MacLaren et al., 2016). Evaluations have a greater impact on the development of emotional distress than inferences (MacLaren et al., 2016). Appraisal; "I need him/her to love me, because if he/she didn't, that would prove I'm worthless." Core belief; "For me to be valuable as a person, I must have someone who loves me unconditionally." (Froggatt, 2005). Accordingly, thinking style is one of the determinants of the formation of irrational beliefs.

Core beliefs are the underlying, schematic demands that shape individuals' inferences and evaluations and often take the form of rigid, irrational expectations about how reality should be rather than how it is (Froggatt, 2005; MacLaren et al., 2016). Within Rational Emotive Behavioral Therapy, such inflexible core

beliefs marked by resistance to new or disconfirming information are viewed as central to psychological disturbance, and the differentiation between inferential, evaluative, and core (schematic) cognitions is a key feature that distinguishes REBT from other cognitive-behavioral approaches.

Albert Ellis was disappointed by the slow pace of change in his therapy sessions with clients. As a result, he realized that better outcomes were achieved when clients changed their ways of thinking about themselves, their problems, and the world. This led him to conclude that focusing directly on the client's beliefs was necessary (Froggatt, 2005).

Emotional, behavioral, and self-defeating situations related to mental health and disorders are rooted in acquired maladaptation stemming from faulty appraisal patterns (Szentagotai & Jones, 2010). Rational emotive behavioral therapy does not solely address irrational beliefs or mental health. It provides preventative benefits by strengthening rational beliefs and mental health (Turner, 2016).

Because individuals are social beings, they acquire many irrational, self- and socially harmful beliefs, whether consciously or unconsciously accepted or not, from factors such as their family, religion, and culture (Ellis, 1991). The environment injects rational and irrational beliefs into individuals. An individual's understanding of themselves and the world is comprised of representations of sociocultural information (rational and irrational beliefs). An individual with a high level of irrational beliefs is likely to develop more irrational beliefs, while an individual with a high level of rational beliefs will develop rational beliefs. According to this approach, irrational beliefs increase or decrease depending on educational background and the sociocultural environment (David & DiGiuseppe, 2010).

Irrational beliefs formed in this way are like prejudices. It can be argued that there is an acceptance without questioning their validity. Functional thinking skills are less accessible in anxiety states. This is because the threat situation makes it more difficult to inhibit logical and effortful, balanced thinking, and deductive reasoning (Clark & Beck, 2010).

This suggests that irrational beliefs affect not only thought processes but also an individual's self-view and level of self-acceptance; therefore, the effects of these beliefs on self-esteem and self-acceptance are worth examining.

Davies (2006) investigated the relationship between irrational beliefs and self-esteem. According to the study findings, irrational beliefs are associated with low conditional self-acceptance, while rational thinking is associated with high unconditional self-acceptance. Rational/irrational thinking is a driver of unconditional/conditional self-acceptance. In another experimental study by Davies, holding rational beliefs resulted in greater unconditional self-acceptance, while holding irrational beliefs resulted in greater conditional self-acceptance (Davies, 2006).

Conclusion

This review examines irrational beliefs within the framework of Rational Emotive Behavioral Therapy (REBT), focusing on their definition, cognitive basis, emotional and behavioral effects, and therapeutic interventions. Conceptualized as rigid, illogical, and maladaptive cognitive structures, irrational beliefs negatively affect mental health by fostering unhealthy emotions and dysfunctional behaviors (Ellis, 1993; Burns, 2006; Dryden, 2012). These effects stem from distorted evaluations of the self, others, and the world, which intensify stressors and weaken emotional resilience.

Within Ellis's ABC model, it is not the activating events themselves but the meanings ascribed to them that determine emotional and behavioral outcomes (Ellis, 1991; Bernard, 1995b). Irrational beliefs amplify vulnerability to stressful life events, whereas rational beliefs foster adaptability, psychological resilience, and the capacity to respond to challenges in constructive ways. This highlights a central premise of REBT: addressing and restructuring cognitive patterns is essential for promoting emotional and behavioral health.

The development of irrational beliefs is influenced by a combination of individual cognitive schemas, social learning, and cultural or religious contexts (Bernard, 1995; Dryden et al., 2010). These beliefs may be unconsciously embedded in daily life, functioning as automatic evaluative filters that shape self-perception, interpersonal relationships, and life satisfaction. Through REBT, individuals are guided to identify, question, and replace these dysfunctional beliefs with rational alternatives – flexible, empirically

grounded, and reality-consistent cognitions. This process not only mitigates psychological distress but also enhances overall well-being, self-acceptance, and social functioning (Corey, 2008; Davies, 2006).

Empirical evidence synthesized in this review confirms that irrational beliefs operate across multiple cognitive levels, including core beliefs, evaluative cognitions, and inferential processes, and that they interact dynamically with biological, situational, and sociocultural factors (Froggatt, 2005; MacLaren et al., 2016). Such a multilevel understanding distinguishes REBT from other cognitive-behavioral approaches, such as Beck's Cognitive Therapy, by addressing deeper, pervasive belief structures rather than focusing solely on automatic thoughts (Beck, 2014; MacLaren et al., 2016). Consequently, REBT not only alleviates symptoms but also facilitates long-term cognitive restructuring and personal growth.

The influence of irrational beliefs extends to motivation and professional functioning. Absolutist standards, low frustration tolerance, and approval-seeking tendencies reduce intrinsic motivation, persistence, and task engagement, contributing to academic, occupational, and interpersonal difficulties (Burns, 2006; David et al., 2005; Sonnentag et al., 2010). Conversely, rational beliefs support goal-directed behavior, cognitive flexibility, and resilience under stress, reinforcing the therapeutic significance of belief modification.

A unique aspect of REBT is its integration of philosophical and humanistic principles, particularly Stoicism and humanistic psychology, with empirical cognitive-behavioral techniques (Ellis, 1962; Corey, 2008). By encouraging philosophical reasoning and critical reflection on core beliefs, REBT fosters cognitive flexibility and promotes rational alternatives that are logically consistent, emotionally adaptive, and socially constructive (Dryden et al., 2010; Turner, 2016). This integration allows REBT to provide both preventative and corrective interventions, addressing not only immediate distress but also long-term psychological resilience.

Despite its demonstrated effectiveness, several limitations remain. The generalizability of REBT interventions across diverse cultural, developmental, and occupational contexts requires further investigation. Additionally, longitudinal studies are needed to clarify the mechanisms through which belief restructuring produces sustained behavioral and emotional change. Future research should also explore the moderating role of individual differences in cognitive flexibility, emotional intelligence, and resilience, as well as the impact of sociocultural variables on the formation and maintenance of irrational beliefs.

In conclusion, this review underscores that irrational beliefs constitute a fundamental cognitive determinant of emotional and behavioral maladaptation. REBT offers a structured, integrative framework to identify, challenge, and replace these beliefs with rational alternatives, enhancing emotional regulation, life satisfaction, and self-acceptance. By addressing cognition, emotion, and behavior holistically, REBT equips individuals with functional life skills and the psychological resilience necessary for adaptive functioning. Ultimately, transforming irrational beliefs into rational ones is crucial for achieving both emotional and behavioral well-being, providing a sustainable pathway to mental health and personal growth.

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