

# **Dysfunctional Assumptions**

Dysfunctional assumptions are the rules for living, often expressed in terms of “If...then” statements or “shoulds”.

Dysfunctional assumptions arise from the deep well of schemas or core beliefs.

Automatic thoughts are localised areas of turbulence in the lake thus formed.

The turbulences come and go, but the lake changes slowly.

# Characteristics of Dysfunctional Assumptions

They do not reflect the reality of human experience.

They are rigid, over-generalised and extreme.

They prevent rather than facilitate goal attainment.

Their violation is associated with extreme and excessive emotions.

They are relatively impervious to ordinary experience.

[Hawton et al, 1989]

# Common Themes for Dysfunctional Assumptions

- Achievement
- Acceptance
- Control

# Achievement

“If I can’t do something perfectly, it’s not worth doing at all”.

“Unless I have the highest possible standards, I will never do anything well”.

“If someone is better at something than me, it means they are a better person than me”.

# Acceptance

“If you upset people, they will reject you”.

“If someone dislikes you, that means there’s something wrong with you”.

“Unless I am loved, I cannot be happy”.

## Control

“Unless I keep a tight rein on my feelings at all times, I will be a complete emotional mess”.

“Asking for help is a sign of weakness”.

“If I allow other people to influence me, I will lose my independence”.

# Identifying Dysfunctional Assumptions

- Themes arising in therapy.
- Errors in N.A.T.s.
- Global evaluations of self.
- Memories, family sayings.
- Follow the opposite – working from positive affect. (e.g. “What is about this situation that makes you feel good?”)
- Comments on behaviour of others.
- Downward arrow technique [see next page]



# Downward Arrow Technique

- This is a process of successive questioning which aims to reach the deeper levels of meaning that a situation might hold for a client.
- It is often used to help identify underlying schemas, but also has a role in making dysfunctional assumptions more explicit.
- A typical format:
  - What is so bad about w? [*answer –x*]
  - What is so bad about x? [*answer –y*]
  - So what is so bad about y? [*answer – z*]
- You will reach a point where the client will not be able to answer or will say something like *“It just is!”*.
- At this point, clinical experience will tell you if this is “the bottom line”, or if the client is unable to go further because of avoidance or insufficient understanding at this stage.
- **Caution:** Gentle questioning, along the lines of collaborative exploration, is needed in this situation. Also, the client has to have a level of resilience and adequate distress tolerance skills to cope with what could be a profoundly upsetting conclusion.

# Challenging Dysfunctional Assumptions

- *Understanding* their origins in early experiences.
- *Assessing* their irrationality – the extent to which they are unreasonable, excessive, exaggerated and fail to account for human limitations.
- *Checking* dysfunctionality – comparing the advantages and disadvantages of the beliefs.
- *Developing* a reformulation – a guideline for living which is more flexible (retaining advantages and losing disadvantages).
- *Implementing* an action plan.