Consequences of Holding Irrational and Rational Beliefs; and Their Impact on Educational Performance

Tayebeh Najafi ¹, Diana Lea-Baranovich ²

Abstract
Irrational beliefs are those illogical and rigid views about events, which are inconsistent with reality. These beliefs consequently lead to self-disturbing behaviors. Also, they are linked with poor individual functioning and individual adjustment. The counter parts to irrational beliefs are rational beliefs, which are flexible and non-extreme views of adversities. In the present article, the first part will be consisted of the meaning, causes, and consequences of holding irrational beliefs. In the second part, the meaning and consequences of holding rational beliefs will be discussed. In the third part, the impact of holding irrational and rational beliefs on educational performance will be addressed. The fourth part will provide the reason and the ways of changing irrational beliefs to rational ones in educational settings. The result of the study will be the fifth part of the article. Eventually, the final part of the article will be consisted of conclusion and recommendations.

Keywords: Irrational Beliefs- Rational Beliefs-Educational Performance.

1. Introduction

Holding irrational beliefs (IBs) causes emotional problems (Coon & Mitterer, 2009), dysfunctional behaviors, and a lack of self-acceptance (Davies, 2008). In fact, what are important in holding irrational beliefs are the negative consequences, which cause different problems. This means, “irrational and maladaptive beliefs are associated with and may lead to psychological and physical malfunctioning” (Amuto & Smith, 2007: 321). Therefore, “people who suffer from psychological disorders, often carry around faulty or irrational beliefs about the world and about themselves” (Nairne, 2009: 493). This is because “irrational beliefs (IBs) are at the core of emotional problems and rational beliefs (RBs) are at the core of the solutions to these problems” (Dryden, 2006: 14). In fact, changing irrational beliefs to rational ones can have a positive impact on emotions and behavior (Coon & Mitterer, 2009). Rational Beliefs (RBs) are the result of a healthy way of thinking, “produce healthier emotions, more functional behaviors and greater acceptance of the self and others” (Davies, 2008: 102).

This research aims to answer the following questions:

1- How do irrational beliefs have an impact on educational performance?
2- Why and how to change irrational beliefs to rational beliefs in educational settings?

At first, the meaning, causes, and consequences of holding irrational beliefs will be produced in this article.

2. Irrational Beliefs

According to Lega and Ellis (2001), Albert Ellis initially conceptualized the concept of Irrational Beliefs, in 1955 for a talk given at the Annual Meeting of American Psychological Association, and then it was first published in1958 under a theory called Rational Psychotherapy. As Ellis (2003) has cited, irrational

---

¹Institute for Educational Research, Kharazmi University, Tehran, Iran
²Department of Educational Psychology and Counseling, Faculty of Education, University of Malaya, Kuala Lumpur, Malaysia
beliefs have the following characteristics: (1) rigid and extreme; (2) inconsistent with reality; (3) illogical or nonsensical; (4) proneness to produce dysfunctional feelings; (5) proneness to lead to dysfunctional behavioral consequences; (6) demanding; (7) awfulizing and terribilizing; (8) depreciating human worth. In other words, irrational beliefs are those illogical and rigid views about events, and human beings are disturbed by these extreme views (Dryden, 2006). According to Ellis, general irrational beliefs are dysfunctional beliefs about oneself and one’s world. These kinds of beliefs are linked with poor individual functioning (Foran & Smith Slep, 2007). Harries, Davies, and Dryden (2006: 108) have given the meaning of irrational and rational beliefs in relation with blood pressure. Therefore, “irrational thinking may be described as holding a rigid belief with an elevation in systolic blood pressure, whereas rational thinking may be described as holding a flexible belief with a reduction in systolic blood pressure”.

Ellis also believed that people “importantly create their disturbing emotions and actions by unconsciously and consciously elevating their Rational Beliefs (RB’s)—which consist of preferences for success, approval, and pleasure—into Irrational Beliefs (IB’s)—which mainly consist of absolutely demanding and insisting that these preferences must be fulfilled” (Ellis, 2000: 23). Of course, human beings experience emotional disturbances in their lives. Nonetheless, as Ciarrochi (2004: 172) has cited, “a certain amount of emotional disturbance is natural, but humans also experience a great deal of unnecessary disturbance. This unnecessary disturbance is proposed to stem to some extent from dysfunctional attitudes or beliefs”.

REBT theorizes that most clients have somewhat similar irrational beliefs (IBs), especially the three major absolutistic musts that frequently plague the human race: (a) I must achieve outstandingly well in one or more important respects or I am an inadequate person! (b) Other people must treat me fairly and well or they are bad people!; (c) Conditions must be favorable or else my life is rotten and I can not stand it (Ellis, 1999; Coon & Mitterer, 2009). Therefore, those who think irrationally assume that events make them feel upset and guilty. The following example demonstrates how a client believes the event made him feel guilty (Neenan & Dryden, 2004: 87):

<table>
<thead>
<tr>
<th>Event</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arriving ten minutes late to pick up his sons from school.</td>
<td>Guilty</td>
</tr>
</tbody>
</table>

In the above example, “the client supports his viewpoint by stating that if he got to the school on time, then he would not have felt guilty, so ‘it surely follows that the situation made me feel guilty, because I turned up late’. In response to the therapist’s enquiry, the client tentatively agrees that not every father (or parent) would feel guilty if he arrived late at the school to pick up his children. Having made this opening into his thinking, the therapist asks him what it means to him to turn up late at the school” (Neenan & Dryden, 2004: 87):

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arriving ten minutes late to pick up his sons from school.</td>
<td>My boys were very worried when I wasn’t there to pick them up. I shouldn’t have worried them like that. I’m a bad father for putting them through that ordeal.</td>
</tr>
</tbody>
</table>

In therapy, “the therapist demonstrates to the client that his feelings are mediated by his interpretation of
the event and not directly caused by the event itself (‘it makes sense. If I had arrived late and my boys were playing about enjoying themselves, then I would have felt relieved, not guilty’)” (Neenan & Dryden, 2004:88).

Although, “Ellis initially described eleven irrational beliefs, however, subsequent research has identified four categories of irrational cognitive processes” (Dilorenzo, David, & Montgomery, 2007: 766): The first is Demandingness. This “is viewed as a core belief involved in primary appraisal. It refers to absolutistic requirements expressed in the form of “musts”, “shoulds”, and “oughts” (e.g., “I must pass the exam”)” (Dilorenzo et al, 2007: 766). Demands are rigid beliefs that can be placed on you, others, and life conditions (Dryden, 2006). The second is awfulizing/catastrophizing. This “refers to an individual’s belief that a situation is worse than it absolutely could be (e.g., “It is awful that I did not pass the exam”)” (Dilorenzo et al, 2007: 766). In fact, these kinds of beliefs are extreme ideas about how bad it is when his/her demands are not met (Dryden, 2006). The third is low frustration tolerance. This “refers to an individual’s belief that he/she will not be able to endure situations or have any happiness if what he/she wants does not exist (e.g., I could not stand failing the exam)” (Dilorenzo et al, 2007: 766). Low frustration tolerance beliefs are extreme ideas, which are derivatives from demands (Dryden, 2006). The fourth is global evaluation and self-downing. This “appears when individuals overgeneralize about others, themselves, and the world. It is typically expressed in excessively critical (e.g., self-downing), global evaluations (e.g., “I am stupid and worthless because I did not pass the exam”)” (Dilorenzo et al, 2007: 766). Global evaluation and self-downing beliefs (or depreciation believes) are extreme ideas, which are derivatives from demands (Dryden, 2006).

David, Schnur, and Belloiu (2002) have called those emotions that follow rational beliefs about negative events as functional/adaptive negative emotions (e.g., concern) and emotions that follow rational beliefs about positive events as functional/adaptive positive emotions (e.g., happiness).

There is an important issue that clients are not the only people who may have irrational beliefs. Counselors might also hold these kinds of self-defeating beliefs that “are usually unrealistic and illogical musts and demands” (Ellis, 2002: 290). In counselors’ irrational beliefs there are words of ‘must’ and ‘must not’. For example, “I must be successful with practically all my clients and help them quickly, or else I am a rotten counselor! My clients and my supervisors must not be too difficult and impede my counseling, or else they are not worth helping! The conditions of counseling must not be too difficult and demand too much of me, or else this profession is too hard and awful and I’d better seek another vocation!” (Ellis, 2002: 290).

Some counselors feel to be competent, having a lot of knowledge, but “counseling stressors and adversities may arise no matter how competent counselors may be” (Ellis, 2002: 290). Creating irrational beliefs does not help counselors to be helpful for themselves and for their clients. As Ellis (2002: 290) has pointed out, “when counselors are disturbed and in danger of burnout, they frequently also tell themselves a set of self-defeating irrational beliefs such as ‘I can’t stand these adversities of counseling! They make counseling so hard that they may cause me to fail at quickly helping my clients. That would be terrible, and would make me an incompetent counselor and an inadequate person’!”

The Causes of Irrational Beliefs in Human Beings

When do people have rigid and extreme views of adversities? Where do irrational beliefs come from? In Freud’s theory, conscious thoughts and beliefs provide clues to the inner working of the unconscious mind, but, in cognitive therapy conscious beliefs are important themselves (Nairne, 2009). Albert Ellis (1999) believed that people, have biological tendencies to construct rational wishes and preferences. But, they also have the choice of holding and raising their preferences to absolutistic, rigid demands, which can be self-defeating.

In other words, REBT “proposes that humans teach themselves irrational beliefs and are biologically prone to do so” (James & Gilliland, 2003, p. 234). This means that human beings have either resources for growth and powerful inborn tendencies to think irrationally (Gelso & Fretz, 2001). Ellis has cited that human beings “are born with an exceptionally strong tendency to want, to ‘need’, and to condemn: (1) themselves,
(2) others, and (3) the world when they do not immediately get what they supposedly 'need’” (Gelso & Fretz, 2001: 353).

However, the concepts of learning, family and environment are important because, those strong “tendencies are then deeply influenced by one's family upbringing and by social conditioning; early conditioning is the most durable. The irrational beliefs once conditioned, are maintained by the person's continual indoctrination of himself or herself” (Gelso & Fretz, 2001: 353).

Also, Nairne (2009: 477) has emphasized the role of learning: “Irrational beliefs and explanatory styles that characterize depression must be learned somewhere, although two people with the same experiences may not always share the same set of beliefs”. Nairne (2009: 486) also has mentioned: “We might learn to think and act in abnormal ways in much the same way that we acquire other thoughts and actions- through operant conditioning”. Also, we might act in abnormal ways “through modeling the behavior of significant people around us” (Nairne 2009: 480). Adults’ behavior may lead children to start engaging in irrational beliefs such as blaming other people for their behaviors, or being intolerance of others (Geldard & Geldard, 2004). Neenan and Dryden (2004) have cited the role of early learning experiences. “Core beliefs are usually formed in the light of early learning experiences. They can be both positive (e.g., “I’m likeable”) and negative (e.g., “I’m unlikeable”); most people have both” (Neenan & Dryden, 2004: 203).

On the other hand, from Beck’s point of view predisposing factors for a disorder may be genetic, or may be learnt in the person’s developmental years. Therefore, Beck’s theory of depression emphasizes this reality that “children exposed to a number of negative influences and judgments by significant figures would be prone to extract such negative attitudes and incorporate them into their cognitive organization” (Free, 1999: 12).

Also, Weinrach (2006: 177) has cited that “dysfunctional early messages sometimes come from one’s family. Clients learn some of their irrational ideas from their parents”. Stackert and Bursik (2003: 1427) referred to the previous experiences of individual as an infant. They pointed out that “an insecure adult who experienced unsatisfying and unfulfilled relationship as an infant, would presumably enter an adult romantic relationship with the same expectations. In the same way, a secure individual who experienced safety and comfort as an infant would enter a romantic relationship anticipating a similar environment”.

Stackert and Bursik (2003: 1427) also emphasized that clinicians working with an individual or couple in a therapeutic relationship should be aware of these associations, which influence the relationship. “An individual’s unique relationship with an attachment figure furnishes a framework for an individual within which information about the self and the world is organized into a structured whole. During this process, an insecure background, and thus a vulnerable self-concept, may promote the acceptance of irrational and contradictory self-defeating beliefs”. Also, Bohnert, Martin, and Garber (2007) have emphasized the relation of maternal rejection and verbal criticism to negative cognitions in children and adolescents.

However, the role of social skills is important in how a person thinks and behaves. Weiten (2007) has mentioned that poor social skills may lead to a paucity of lives reinforces such as good friends, top jobs, and desirable spouses. This could induce negative emotions in human being.

According to Cognitive Therapy, stressful life events play an important role in inducing irrational beliefs, because “during psychological distress a person’s thinking becomes more rigid and distorted, judgments become over generalized and absolute, and the person’s basic beliefs about the self and the world become fixed” (Neenan & Dryden, 2004: 5).

Boelen, Kip, Voorslujs, and Bout (2004) carried out a study on irrational beliefs and basic assumptions in bereaved university students. In this study, bereaved students were compared with non-bereaved matched control subjects. Results of this study showed that bereaved students had a less positive view of the meaningfulness of the world and the worthiness of the self than their non-bereaved counterparts. Also, the bereaved were found to have higher levels of irrational thinking. Furthermore, it was found from this study that the degree to which bereaved individuals indorsed general as well as bereavement specific irrational beliefs was significantly associated with the intensity of symptoms of traumatic grief. Therefore,
the results of this study are in line with one of the notions central to REBT that the human tendency to think irrationally is likely to increase after a stressful life event such as the death of a loved one.

Nairne (2009: 477) has emphasized the role of cultural factors in human being’s health. “Cultural goals or ideals can also influence psychological health. For example, living in a society that places enormous emphasis on weight ideals can increase the chances that individuals will suffer from an eating disorder such as bulimia or anorexia nervosa”.

In general, as Gomathy and Singh (2007: 173) have pointed out: “human beings are exceptionally complex and there neither seems to be any simple way in which they become ‘emotionally disturbed’, nor is there a single way in which they can be helped to be less-defeating”. Nonetheless, what is obvious is this reality that people’s “psychological problems arise from their misperceptions and mistaken cognitions about what they perceive; from their emotional under reactions or over reactions to normal and usual stimuli; and from their habitually dysfunctional behavior patterns which enable them to keep repeating non-adjusted responses even when they ‘know’ that they are behaving poorly” (Gomathy & Singh, 2007: 173).

Consequences of Holding Irrational Beliefs

The influence of holding irrational beliefs on emotions, behaviors and subsequent thinking can be summed up as follows: (1) emotional= largely negative and unhealthy; (2) behavioral= largely dysfunctional; (3) thinking= largely negatively distorted and skewed (Dryden, 2006). Irrational and maladaptive beliefs are associated with and may lead to psychological and physical malfunctioning (Amutio & Smith, 2007). “People who suffer from psychological disorders, often carry around faulty or irrational beliefs about the world and about themselves” (Nairne, 2009: 493).

Some people may think that all of their beliefs are correct and by these beliefs they can achieve their goals. Nonetheless, in reality, irrational thinking “blocks persons from achieving their goals, creates extreme emotions that persist and which distress and immobilize, and leads to behaviors that harm oneself, others and one’s life in general” (Gomathy & Singh, 2007: 173).

In fact, the consequence of holding irrational beliefs is negative, because “as a result of holding irrational beliefs, people acquire unhealthy emotions, dysfunctional behaviors, and a lack of self-acceptance” (Davies, 2008: 102). Negative thinking is a significant factor contributing to depression, and depression may result in negative consequences, including isolation (Newman & Newman, 2009) and suicide (Charoensuk, 2007).

Irrational and maladaptive beliefs are associated with and may lead to other psychological and physical malfunctioning (Amutio & Smith, 2007) such as anxiety (Harries, Davies, & Dryden, 2006), anger (Martin & Dahlen, 2004; Jones & Trower, 2004), worry (Lorcher, 2003), neuroticism (Davies, 2006), social phobia (Rowa & Antony, 2005), blood pressure (Harries et al., 2006) and plasma inflammatory (Papageorgiou, Panagiotakos, Pitsavos, Tsetsekou, Kontoangelos, Stefanadis, et al. 2006).

3. Rational Beliefs

According to Dilorenzo et al (2007); and David et al (2002), the counter parts to Irrational Beliefs (IBs) are Rational Beliefs (RBs). Dryden (2006) pointed out that people can respond healthily to adversities by holding flexible and non-extreme views of these adversities. These flexible and non-extreme views are known as Rational Beliefs.

Rational beliefs are healthy and “non-dogmatic preferences lie at the very core of these healthy reactions. As such, for Ellis, they are the most important in accounting for healthy responses to life adversities” (Dryden, 2006: 16). Rational beliefs have these characteristics: (1) flexible or non-extreme; (2) consistent with reality; (3) logical or sensible; (4) largely constructive in their consequences (Dryden, 2006).

According to Dilorenzo et al (2007), rational Beliefs are as follows (1) Desire rather than demanding. “The rational counterpart to demandingness stresses desires rather than demands. In therapy, individuals are
taught to express their beliefs in the form of wishes, wants, and preferences rather than escalating into dogmatic “musts”, “shoulds”, and “oughts”, (e.g., “I really want to pass the exam, though I am aware that this may not happen”)” (Dilorenzo et al. 2007: 766); (2) Moderate evaluation of bad things rather than awfulising them. “A rational belief would be a more moderate evaluation of badness. In REBT individuals learn to evaluate negative events as bad rather than awful, (e.g., “It is very bad that I did not pass the exam, but this is not the end of the world”)” (Dilorenzo et al, 2007: 766); (3) Statements of tolerance rather than low frustration tolerance. “The rational counterpart is statement of tolerance. Therapists teach individuals that they can tolerate discomfort, (e.g., “Failing the exam would not make me feel good, but I could stand it”)” (Dilorenzo, et al, 2007: 766); (4) Acceptance of fallibility rather than global evaluation of human worth and self downing. “Acceptance of fallibility comprises the rational belief in this category. In treatment, individuals learn that no person can be evaluated based on a single global rating, and that life conditions are composed of good, bad, and neutral elements, (e.g., “I did not pass the exam. It was dumb not to prepare enough, but this does not mean that I am stupid and worthless”)” (Dilorenzo, et al, 2007: 766). According to Dryden (2006), all these beliefs, which are the counter parts to Irrational Beliefs, are non-extreme ideas. They are also derivatives from non-dogmatic preferences.

**Consequences of Holding Rational Beliefs**

The influence of holding rational beliefs on emotions, behaviors and subsequent thinking can be summed up as follows: (1) emotional= largely negative and healthy; (2) behavioral= largely functional; (3) thinking= largely realistic and balanced (Dryden, 2006). Holding rational beliefs can lead to having better relationships, in that “more rational and realistic ways of thinking produce healthier emotions, more functional behaviors and greater acceptance of the self and others” (Davies, 2008: 102). Rational beliefs “help people to achieve their basic goals” (Montgomery et al, 2007: 20), and “clients will likely feel better when they think more rationally” (Weinrach, 2006: 171). In general, by holding rational beliefs, human beings can be able to manage their lives positively.

**The Impact of Holding Irrational beliefs on Educational Performance**

As cited earlier, based on the empirical studies, the consequence of holding irrational beliefs is negative. This means that irrational and maladaptive beliefs are associated with, and may lead to psychological and physical malfunctioning. As Flett, Hewitt, and Chen (2008) and Davice (2006) have cited, there is an association between irrational beliefs and psychological distress. Irrational and maladaptive beliefs may lead to psychological problems such as anxiety, depression, social phobia, anger, and so on. These negative consequences of irrational beliefs may lead to negative impacts on educational performance.

Some studies have revealed the association between irrational beliefs and psychological distress in students. For example, Flett et al. (2008) examined the association between dimensions of perfectionism and irrational beliefs in high school students. They tested the association between psychological distress and irrational beliefs in adolescents. Participants of the study were 250 students (108 males and 142 females). Results of the study confirmed the association between perfectionism and irrational beliefs, and their respect roles in psychological distress among high school students. In addition, both perfectionism and irrational beliefs were found to be linked with depression. Therefore, depression, which is a common mental illness, may be caused by cognitive distortions. Froged, Nissinen, Pelkonen, Marttunen, Maija-Koivisto, and Kaltiala-Heino (2008) in a study found that depression in pupils was associated with difficulties in concentration, social relationships, self-reliant school performance and reading and writing as well as perceiving schoolwork as highly loading.

There is a unique study by Marcott (1996), which explored the presence of different categories of irrational beliefs in relation to depressive symptoms in a sample of 11-18 year old adolescents. In this study, positive correlations were found between cognitive distortions and the presence of depressive symptoms. As irrational believes increased, reported depressive symptoms also increased. Results of this study support the hypothesis regarding the co-occurrence of depressive symptoms and irrational beliefs, and highlight the presence of a relationship between cognitive distortions and depression in adolescents.
On the contrary, based on the empirical research, rational beliefs and positive attributions about life lead to more positive educational performance. For instance, Bohnert, Martin, and Garber (2007) in a study found that adolescents who reported higher self-worth and more positive attributions about life events tended to become more involved in organized activities during high school. Sapp (1996) describes empirical data, which show that once students learn to be more rational, tolerant, nonutopian, and nondemanding they improve in their academic self-concept and achievement.

Bistamam and Nasir (2009) in a study found that group counseling based on Rational Emotive Behavior Therapy was effective in changing the subject’s belief system from irrational to a rational belief system. The rational belief system was able to adjust total feeling and behavior of the subject mainly help develop future objective which is more realistic and clear, develop positive emotion such as reducing depression, having a more constructive behavioral expectation and did not cause harm to self and others; being able to accept reality whereby the subject was guided to make a right and positive expectation towards the event that took place; finally the subject developed a more logical way of assessing herself, others and the world around her.

4. Changing Irrational Beliefs to Rational Beliefs in Educational Settings

Since “irrational beliefs are at the core of emotional problems, and rational beliefs are at the core of the solutions to these problems” (Dryden, 2006: 14), therapists use cognitive therapy in order to change irrational beliefs to rational ones (Ellis, 2002). In cognitive therapy, “the therapist demonstrates to the client that his/her feelings are mediated by his/her interpretation of the event and not directly caused by the event itself” (Neenan & Dryden, 2004: 88). Therefore, in cognitive therapy, therapists help clients examine and change their maladaptive thoughts and beliefs.

Some empirical studies have shown that reducing irrational beliefs has an impact on reducing some problems such as anxiety. For example, Egbochuku, Obodo, and Obadan (2008) in a quasi-experimental study examined the efficacy of REBT on the reduction of test anxiety among adolescents in secondary schools. Two independent variables were involved in the study namely, treatment (2 types), and entry test anxiety level (2 levels). The independent variable of primary interest was REBT. Instrument used for assessment was Test Anxiety Inventory. Entry test anxiety level was studied. In this study REBT was found effective in the reduction of test anxiety.

In another study, Kumar (2009) examined the impact of REBT on adolescent students with conduct disorder. It was hypothesized that the REBT psychotherapy would have a positive impact on adolescents’ conduct disorder symptoms. Subjects were thought the techniques of REBT and how to apply it on their problems. The results of this study showed that REBT has a positive impact on conduct disorder and other emotional and behavioral disorders co morbid with conduct disorder experienced by adolescents.

Also, Sharp (2003) in a study examined an anger management group-training program based on REBT. Sixteen seventh and eighth graders from a rural East Tennessee middle school participated in this study. The participants were identified as having behavior problems in the school setting, characterized by the number of office referrals acquired in the previous school year. Results of this study suggest that training programs such as this may be effective in teaching children the principles of REBT. Such knowledge may lead to an increase in the use of these principles for anger management, thus reducing aggressive behavior.

Based on the cited studies, by providing REBT training programs in educational settings, counselors can help students change their irrational beliefs to more realistic rational ones. This means that counselors teach the basic principles of REBT in schools. By this kind of program, they make students familiar with identifying irrational thinking patterns, and how to effectively replace irrational beliefs with rational ones. This program needs trained counselors.
5. Results

Based on the empirical studies cited in this article, irrational and maladaptive beliefs may lead to negative emotions and psychological problems such as anxiety, depression, social phobia, anger, and so on. Psychological disorders lead to dysfunctional behaviors. Eventually, these negative consequences of irrational beliefs may lead to negative impacts on educational performance. This concept can be shown in the following figure:

On the contrary, rational beliefs and positive attributions about life lead to positive emotions and more functional behaviors. Eventually, these positive consequences of rational beliefs may lead to positive impacts on educational performance. This concept can be shown in the following figure:

Changing irrational beliefs to rational ones in students need psycho-educational programs. Therefore, counselors may use Rational Emotive Behavior Therapy (REBT). In REBT, the counselor demonstrates to the client that his/her feelings are mediated by his/her interpretation of the event and not directly caused by the event itself. By this kind of program, counselors make students familiar with identifying irrational thinking patterns and how to effectively replace irrational beliefs with rational ones. Positive consequences of rational beliefs may lead to positive impacts on educational performance.
6. Conclusion and Recommendations

Rational and irrational beliefs have different impacts on education. Rational beliefs lead to greater acceptance of the self and others and achieving basic goals. This could lead to positive educational performance, while irrational beliefs have negative impact on education. Therefore, in educational settings, counselors help students change their irrational beliefs to more realistic rational ones. Based on the results of this study, it is suggested to provide psycho-educational programs in educational settings for reducing students’ irrational beliefs. These psycho-educational programs need trained and competent counselors. Therefore, it is suggested to train counselors for providing these kinds of programs.

Moreover, it is suggested that cognitive programming be integrated as part of classroom curriculum. This means that counselors teach the basic principles of REBT in educational settings, and make students familiar with identifying irrational thinking patterns and how to effectively replace irrational beliefs with rational ones. This needs trained counselors. Therefore, it is suggested to train competent counselors for this program. Rational beliefs help students increase their ability to perform productively in educational settings, and eventually have productive lives in the society.

References


