

Low Frustration Tolerance

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1. Core Definition

Low Frustration Tolerance (LFT) is a core concept primarily associated with Rational Emotive Behavior Therapy (REBT), positing that an individual believes that pain, difficulty, discomfort, or frustration is fundamentally unbearable and must be avoided at all costs. This mindset is characterized by an exaggerated or distorted perception of reality, where a situation is appraised as significantly worse than it objectively is, coupled with a grossly underestimated belief in one's own capacity to endure or cope with such adversity. Individuals exhibiting LFT often articulate their experience with phrases such as "I can't stand it," "It's too much," or "This is too difficult," implying an inherent inability to tolerate challenging circumstances rather than a preference for their absence. This cognitive rigidity and emotional hypersensitivity can lead to significant distress and maladaptive coping strategies, proving self-defeating in the long run as it prevents engagement with necessary challenges for personal growth and problem resolution.

The essence of LFT lies not in the mere experience of discomfort, which is a universal human experience, but in the irrational belief that such discomfort is intolerable and should not exist or endure. This irrational demand for ease and immediate gratification transforms ordinary inconveniences into catastrophic events in the individual's mind. For instance, encountering a common frustrating situation like a traffic jam, a person with LFT might immediately catastrophize, thinking, "This traffic is horrible, I'll never make it to work on time, and I can't stand waiting like this." This internal narrative often leads to impulsive and potentially counterproductive behavioral responses, such as seeking an unnecessarily convoluted alternate route, which paradoxically might result in a longer travel time than simply enduring the initial inconvenience. Such examples highlight how the belief system of LFT actively undermines effective problem-solving and contributes to avoidable negative outcomes, reinforcing the distorted perception of the world and one's place within it.

Furthermore, LFT is deeply intertwined with other irrational beliefs, such as demandingness, awfulizing, and global self-rating, which collectively contribute to an individual's emotional and behavioral disturbances. Demandingness, for instance, manifests as rigid expectations that life's conditions *should* always be easy and comfortable, and when they are not, it is seen as an injustice or an unbearable imposition. Awfulizing refers to the tendency to evaluate adverse events as 100% bad or worse than they could possibly be, transforming minor setbacks into absolute catastrophes. These cognitive distortions feed into LFT, creating a cycle where any deviation from an idealized, frustration-free existence is deemed unbearable, leading to emotional dysregulation,

avoidance behaviors, and a persistent inability to achieve long-term goals that inherently involve overcoming obstacles and tolerating temporary discomfort.

2. Etymology and Historical Development

The concept of **Low Frustration Tolerance (LFT)** was prominently introduced and developed by Dr. Albert Ellis, the founder of Rational Emotive Behavior Therapy (REBT), in the mid-20th century. Ellis, a clinical psychologist, challenged the prevailing psychodynamic approaches of his time, arguing that emotional disturbances were not primarily caused by external events or past experiences, but rather by irrational beliefs that individuals held about themselves, others, and the world. LFT emerged as a specific category within Ellis's framework of irrational beliefs, alongside demandingness, awfulizing, and global self-downing. Ellis identified LFT as a central irrational belief that significantly contributes to human misery and maladaptive behaviors, emphasizing its role in procrastination, addiction, anger, and anxiety disorders.

Before Ellis, psychological thought often attributed frustration-related issues to repressed conflicts or environmental deprivations. Ellis, however, shifted the focus to the individual's **interpretation** and **evaluation** of frustrating events. He posited that it is not the frustration itself that causes distress, but the belief that one "cannot stand" the frustration. This perspective was revolutionary, as it empowered individuals to challenge and change their own thought patterns, rather than solely seeking to alter external circumstances or endlessly delve into historical causes. The development of LFT as a concept was integral to REBT's ABC model, where 'A' represents the activating event, 'B' represents the belief about that event, and 'C' represents the emotional and behavioral consequences. In this model, LFT resides at 'B' - the irrational belief that transforms a challenging 'A' into a debilitating 'C'.

Over decades, LFT has remained a cornerstone of REBT, influencing subsequent cognitive-behavioral approaches. While terms might vary across different schools of therapy, the underlying principle that one's tolerance for discomfort is largely a function of one's beliefs about that discomfort has permeated modern psychology. Ellis rigorously refined the concept, distinguishing between healthy frustration (a natural response to obstacles that can motivate problem-solving) and unhealthy LFT (a demand for immediate gratification and avoidance of any perceived hardship). His work provided therapeutic tools and strategies specifically designed to help individuals identify, challenge, and dispute their LFT beliefs, thereby fostering greater resilience, emotional regulation, and goal achievement. The historical development of LFT underscores a fundamental shift in understanding human emotional suffering, from a passive reception of external stimuli to an active, cognitive appraisal of life's challenges.

3. Key Characteristics and Manifestations

The manifestations of **Low Frustration Tolerance** are diverse and permeate various aspects of an individual's life, significantly impacting their emotional, cognitive, and behavioral functioning. Cognitively, individuals with LFT frequently engage in catastrophizing, where minor inconveniences are escalated into insurmountable obstacles, and the likelihood of negative outcomes is dramatically overstated. They may also exhibit rigid and absolutist thinking, using terms like "always," "never," "must," and "should" when evaluating situations. This cognitive rigidity prevents flexible problem-solving and adaptive coping, leading to a narrow focus on the immediate discomfort rather than long-term solutions or potential benefits of enduring hardship. Emotionally, LFT is often accompanied by intense negative emotions such as profound anxiety, severe anger, despair, and a pervasive sense of helplessness when confronted with challenges. These emotional responses are disproportionate to the actual activating event, reflecting the underlying irrational belief that the situation is unbearable.

Behaviorally, LFT typically manifests in a range of avoidance strategies. Procrastination is a common symptom, as individuals postpone tasks perceived as difficult or frustrating, opting for immediate but temporary relief at the expense of long-term goals. Similarly, impulsivity can arise from LFT, where individuals hastily abandon challenging endeavors or seek quick fixes to escape discomfort, often without considering the consequences. For example, in academic settings, a student with LFT might abandon a complex assignment at the first sign of difficulty, rather than persevering through the learning process. In interpersonal relationships, LFT can lead to arguments or withdrawal when faced with relational discomfort or conflict, hindering effective communication and conflict resolution. The core behavioral pattern revolves around the active avoidance of any situation that is perceived to induce pain, difficulty, or discomfort, even if that avoidance ultimately leads to greater problems or missed opportunities for growth.

Furthermore, LFT can be observed in the pursuit of immediate gratification and an unwillingness to delay rewards. This can be particularly evident in areas such as financial management, health behaviors, and career development. For instance, a person with LFT might struggle with saving money because the immediate gratification of spending is prioritized over the delayed reward of financial security, finding the act of denying oneself unbearable. Similarly, adherence to exercise or dietary regimes often falters when an individual perceives the discomfort or effort involved as intolerable. The central characteristic is the pervasive belief that one **must not** experience discomfort, and if it occurs, it **must** immediately cease. This absolute demand for comfort and ease is not only unrealistic in the context of human existence but also profoundly limiting, preventing individuals from developing resilience, perseverance, and a robust sense of self-efficacy in navigating the inevitable challenges of life.

4. Psychological Underpinnings

The psychological underpinnings of **Low Frustration Tolerance** are deeply rooted in the cognitive

framework that individuals employ to interpret and react to the world. At its core, LFT is an expression of irrational beliefs, which Dr. Albert Ellis identified as rigid, illogical, and empirically unsupported cognitions that lead to emotional distress and self-defeating behaviors. Specifically, LFT is often driven by a demanding philosophy, where individuals hold absolute and inflexible demands about how life **should** or **must** be. They believe that things **must** be easy, that challenges **must not** arise, and that they **must** always feel comfortable. When reality inevitably deviates from these rigid demands, the individual experiences intense frustration, which they then irrationally conclude is unbearable, rather than a normal part of life. This demandingness transforms preferences into necessities, making any deviation a catastrophic failure rather than a manageable inconvenience.

Another critical underpinning is the phenomenon of catastrophizing, where individuals with LFT exaggerate the negative implications of a difficult situation, viewing it as truly awful and beyond their capacity to cope. This cognitive distortion involves blowing problems out of proportion, transforming a challenging task into an impossible feat, or a minor setback into a complete disaster. Coupled with this is a significant underestimation of one's own coping resources and resilience. Individuals tend to discount their past successes in overcoming adversity and harbor a pessimistic outlook on their ability to handle future challenges. This learned helplessness or perceived lack of self-efficacy further fuels LFT, as they genuinely believe they lack the internal strength or external resources to tolerate discomfort, perpetuating a cycle of avoidance and emotional overreaction. The belief that one **cannot** cope becomes a self-fulfilling prophecy, as attempts to cope are aborted prematurely due to the perceived unbearableness of the situation.

Furthermore, LFT is connected to a lack of psychological flexibility and an overreliance on short-term gratification. Individuals with LFT often struggle with the ability to tolerate distress for the sake of long-term goals or values. They prioritize immediate comfort and the cessation of negative feelings above all else, even if this means abandoning important commitments or opportunities. This short-sighted perspective prevents them from engaging in behaviors that require sustained effort and perseverance, such as acquiring new skills, maintaining healthy relationships, or pursuing ambitious career paths, all of which inherently involve periods of discomfort, struggle, and delayed rewards. The psychological mechanism here is a failure to properly weigh the costs of avoidance against the benefits of endurance, driven by the overwhelming, albeit irrational, belief that the present discomfort is too much to bear. This deep-seated cognitive pattern requires deliberate intervention to challenge and restructure for healthier psychological functioning.

5. Therapeutic Approaches and Interventions

Addressing **Low Frustration Tolerance** is a central component of Rational Emotive Behavior Therapy (REBT) and is also tackled within broader Cognitive Behavioral Therapy (CBT) frameworks. The primary goal of therapeutic intervention is not to eliminate frustration, which is an

inevitable part of life, but to help individuals develop a healthier, more realistic perspective on discomfort and enhance their capacity to tolerate it constructively. In REBT, the core strategy involves identifying, challenging, and disputing the irrational beliefs that underpin LFT. Therapists guide clients through the ABCDE model, where 'A' is the activating event, 'B' is the client's irrational belief (e.g., "I can't stand this"), 'C' is the emotional/behavioral consequence, 'D' involves disputing the irrational belief, and 'E' represents the effective new belief and emotional/behavioral outcome. Through this process, clients learn to transform their "I can't stand it" beliefs into more rational preferences, such as "I don't like this, but I can certainly stand it."

Specific techniques employed in therapy include cognitive restructuring, where clients are taught to identify their catastrophic thoughts and replace them with more balanced and realistic appraisals. This often involves asking questions like, "Is this truly unbearable, or merely uncomfortable?" "Will I literally die or fall apart if I experience this discomfort?" and "What is the worst that could realistically happen, and could I cope with that?" Therapists also use Socratic questioning to help clients logically and empirically examine the validity of their LFT beliefs. For instance, they might be asked to recall times they have successfully endured difficult situations, thus challenging their belief in their own inability to cope. Homework assignments are crucial in REBT and CBT, encouraging clients to deliberately expose themselves to mild, tolerable frustrations (e.g., waiting in a long line, delaying gratification) to gather empirical evidence that they can indeed "stand" discomfort and that the world does not end.

Beyond cognitive disputation, behavioral strategies are also vital. Exposure therapy, often used in anxiety disorders, inherently addresses LFT by gradually habituating individuals to feared situations or sensations, thereby demonstrating that the anticipated discomfort is tolerable and often diminishes over time. For LFT, this might involve planned exercises where individuals intentionally engage in activities they would normally avoid due to perceived frustration, such as tackling a difficult project in small increments or enduring a minor delay without resorting to avoidance. Mindfulness and distress tolerance skills, often taught in therapies like Dialectical Behavior Therapy (DBT), also provide valuable tools. These techniques help individuals stay present with uncomfortable emotions and sensations without being overwhelmed by them, fostering a greater capacity to endure distress without engaging in maladaptive coping behaviors. The overarching aim is to cultivate a philosophy of high frustration tolerance, where discomfort is viewed as a natural part of life, an opportunity for growth, and something that can be effectively managed rather than pathologically avoided.

6. Significance in Mental Health

The concept of **Low Frustration Tolerance** holds significant importance in the realm of mental health, as it is implicated in the development, maintenance, and exacerbation of a wide array of psychological disorders and maladaptive coping patterns. LFT can be a central contributing factor

to anxiety disorders, where individuals may avoid situations that evoke even mild anxiety, believing the sensation to be unbearable. This avoidance prevents them from confronting their fears and learning that anxiety is manageable, thereby perpetuating the anxiety cycle. Similarly, LFT plays a crucial role in depressive disorders, as individuals may become overwhelmed by life's challenges, perceiving them as too difficult to overcome and believing they "can't stand" the effort required for recovery or problem-solving, leading to helplessness and withdrawal.

Beyond anxiety and depression, LFT is a significant factor in addiction and substance abuse. Individuals with LFT may turn to drugs, alcohol, or other compulsive behaviors (e.g., gambling, overeating) as a means of escaping uncomfortable emotions, boredom, or the demands of reality, perceiving the discomfort as intolerable without their chosen coping mechanism. The immediate gratification provided by addictive behaviors serves as a temporary antidote to the perceived unbearable frustration, reinforcing the LFT belief system. Furthermore, LFT contributes to chronic anger management issues; when expectations are unmet or desires are thwarted, individuals with LFT experience intense anger, believing that the frustrating event "shouldn't" have happened and that they "cannot stand" the injustice or inconvenience. This can lead to explosive outbursts, aggression, and damaged relationships.

From a broader perspective, LFT undermines personal growth, resilience, and the ability to achieve long-term goals. Life inherently involves challenges, setbacks, and periods of discomfort. Individuals with a robust capacity for frustration tolerance are better equipped to persevere through difficulties, learn from failures, and adapt to changing circumstances. Conversely, those with LFT often abandon goals prematurely, avoid new experiences, and struggle to develop a sense of mastery and self-efficacy. This can lead to chronic underachievement, unfulfilled potential, and a diminished quality of life, as they constantly navigate the world through a lens of vulnerability to discomfort. Therefore, addressing LFT is not merely about managing symptoms of specific disorders but about fostering fundamental psychological strengths that enable individuals to lead more fulfilling, resilient, and adaptive lives.

7. Debates and Nuances

While the concept of **Low Frustration Tolerance** is widely accepted and therapeutically useful within cognitive-behavioral frameworks, certain debates and nuances exist regarding its application and interpretation. One primary area of discussion revolves around distinguishing between genuine, debilitating pain or trauma and mere discomfort that an individual irrationally deems "unbearable." Critics or those seeking a nuanced understanding emphasize the importance of validating an individual's subjective experience of suffering, even while challenging the irrationality of their beliefs. It is crucial for therapists to avoid dismissiveness, ensuring that clients feel understood before engaging in disputation of their LFT beliefs. The goal is not to trivialize an individual's distress but to help them reframe their cognitive appraisal of that distress, thereby

empowering them to cope more effectively.

Another nuance lies in the potential for cultural variations in frustration tolerance. What is considered a tolerable level of discomfort or a reasonable expectation of effort can differ across cultures, influenced by societal values, upbringing, and collective coping mechanisms. For instance, cultures that emphasize stoicism or collective resilience might implicitly foster higher frustration tolerance compared to cultures that prioritize immediate individual comfort. While the core psychological mechanism of LFT (irrational demandingness) remains universal, its manifestations and the societal context in which it operates can vary. Therapists must therefore be culturally sensitive, adapting their approach to consider these external influences without compromising the core principles of challenging irrational beliefs.

Furthermore, some discussions center on the relationship between LFT and other psychological constructs, such as emotion regulation difficulties, impulsivity, and executive function deficits. While LFT is primarily a cognitive construct rooted in irrational beliefs, its behavioral manifestations (e.g., impulsivity, avoidance) often overlap with challenges in these other areas. This raises questions about causality and comorbidity: Is LFT a primary cause of these difficulties, or do pre-existing issues in emotion regulation or executive function predispose individuals to developing LFT? The prevailing view within REBT is that LFT is a key cognitive driver that influences emotional and behavioral responses, but acknowledging the interplay with other psychological processes allows for a more comprehensive and integrated therapeutic approach, potentially drawing on techniques from other modalities that specifically target emotion regulation or impulse control.

Further Reading

[The Albert Ellis Institute](#)

[American Psychological Association: Cognitive Behavioral Therapy](#)

[National Association of Cognitive-Behavioral Therapists](#)

[Psychology Today: Getting Past Low Frustration Tolerance](#)

[Wikipedia: Rational Emotive Behavior Therapy](#)