

Shoulds

Authored by
mohammad looti

October 6, 2025

RECOMMENDED CITATION

mohammad looti (2025). *Shoulds*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=35162>

Shoulds

Primary Disciplinary Field(s): Cognitive Behavioral Therapy, Psychology

1. Core Definition and Manifestations

The concept of "Shoulds," often referred to as "should statements" or "musterbation," represents a pervasive and often debilitating form of **cognitive distortion** characterized by rigid, unrealistic, and often unarticulated expectations placed upon oneself, others, and the world. These irrational beliefs manifest as an inflexible set of internal rules or demands, prescribing how individuals, events, or situations "should" or "ought to" be, rather than acknowledging how they are in reality. Such statements are frequently expressed through phrases like "I **should** be more accomplished," "He **ought to** understand my feelings," or "Life **must** always be fair." The essence of "Shoulds" lies in their absolute and dogmatic nature, leaving little room for variance, imperfections, or the unpredictable complexities of human behavior and external circumstances.

When these deeply ingrained "shoulds" are not met, individuals are highly prone to experiencing intense negative emotions. If the expectations are directed towards oneself, failure to live up to these self-imposed mandates often leads to profound feelings of **guilt**, shame, inadequacy, and self-criticism. For instance, the thought "I should always be productive" can result in debilitating guilt over moments of rest or leisure. Conversely, when these rigid expectations are projected onto others or external events, their violation can trigger intense feelings of **anger**, resentment, frustration, and bitter **disappointment**. An individual who believes "My partner should always anticipate my needs" is likely to experience significant anger when their partner fails to do so, regardless of their partner's actual intentions or awareness.

These "should statements" are not merely preferences or desires; they carry a moralistic imperative, imbued with a sense of right and wrong, even when objectively illogical. This creates a psychological environment where individuals are constantly evaluating themselves and their surroundings against an impossibly high and inflexible standard, setting themselves up for inevitable emotional distress. The cognitive rigidity inherent in "Shoulds" prevents individuals from adapting to changing realities, fostering a cycle of frustration, self-condemnation, and interpersonal conflict, thereby significantly impairing emotional well-being and adaptive functioning.

2. Etymology and Historical Development within Cognitive Therapy

The recognition and systematic identification of "Shoulds" as a significant cognitive distortion are deeply rooted in the foundational work of **Aaron T. Beck**, the pioneering psychiatrist who developed **Cognitive Behavioral Therapy (CBT)** in the 1960s. Beck's groundbreaking cognitive theory proposed that an individual's thoughts, or cognitions, play a fundamental role in shaping

their emotions and behaviors. He observed that psychological distress, particularly in depression and anxiety, was often linked to distorted, dysfunctional, or irrational thought patterns. Beck's initial work identified several categories of these faulty thinking patterns, which he termed "cognitive distortions."

Building upon Beck's innovative framework, his student and colleague, **David D. Burns**, extensively elaborated on and popularized these different types of cognitive distortions in his influential 1980 book, "Feeling Good: The New Mood Therapy." Burns's work made Beck's complex cognitive theory accessible to a broader audience, providing clear definitions and examples of each distortion. It was within this systematization that "Shoulds," or "Should Statements," gained prominence as one of the most common and impactful cognitive distortions. Burns specifically highlighted how these rigid internal demands contribute significantly to emotional suffering, labeling the phenomenon of excessive "shoulds" as "musterbation," a colloquial term he coined to emphasize the self-defeating and often obsessive nature of these demands.

The development of "Shoulds" as a distinct cognitive distortion was critical for the advancement of cognitive therapy. By identifying and categorizing such specific thought patterns, therapists gained concrete tools to help clients recognize, challenge, and ultimately modify their irrational beliefs. This systematic approach allowed for targeted interventions aimed at restructuring these cognitive distortions, thereby alleviating the associated emotional distress. The historical progression from Beck's initial theoretical constructs to Burns's practical articulation solidified "Shoulds" as a central concept in the assessment and treatment protocols of modern CBT, underscoring its enduring relevance in understanding and addressing psychopathology.

3. Key Characteristics and Psychological Underpinnings

The key characteristics of "Shoulds" stem from their inherently rigid and absolutist nature, fundamentally distinguishing them from healthy preferences or aspirations. Firstly, they operate under a principle of **all-or-nothing thinking**; there is no room for nuance, compromise, or exceptions. For example, "I should always be happy" leaves no space for normal human emotions like sadness or frustration, classifying any deviation as a personal failure. This black-and-white perspective creates an unrealistic and unsustainable standard that inevitably leads to emotional distress when reality fails to conform to these strictures. The absence of flexibility is a hallmark, meaning that situations are evaluated solely on whether they meet the prescribed "should," rather than on a continuum of possibilities or acceptance of ambiguity.

Secondly, "Shoulds" often carry a strong moralistic tone, implying that failure to meet these demands is not just a mistake, but a moral failing or a sign of personal inadequacy. This is particularly true for self-directed "shoulds," which frequently lead to intense self-criticism and guilt. For instance, "I should always put others first" can create a pervasive sense of guilt whenever an

individual prioritizes their own needs. This moral imperative can be internalized from childhood experiences, societal expectations, cultural norms, or even personal interpretations of religious doctrines, becoming deeply embedded in an individual's core beliefs about themselves and the world. The psychological underpinning is often a deep-seated need for control, predictability, or a misguided attempt to ensure safety and acceptance by strictly adhering to perceived rules.

Another crucial characteristic is their often implicit nature. While some "shoulds" are consciously articulated, many operate at a subconscious level, forming the unquestioned assumptions through which an individual interprets their experiences. These unspoken rules are powerful precisely because they are not subjected to critical examination, functioning as automatic evaluative filters. When reality clashes with these hidden "shoulds," the resulting emotional turmoil can feel inexplicable, as the individual may not be consciously aware of the underlying cognitive distortion driving their reaction. Uncovering these implicit "shoulds" is a primary goal in cognitive therapy, enabling individuals to gain insight into the root causes of their emotional distress and begin the process of challenging and modifying these unhelpful thought patterns.

4. Impact on Emotional and Behavioral Responses

The pervasive presence of "Shoulds" in an individual's cognitive framework has profound and often detrimental impacts on their emotional and behavioral responses. Emotionally, these distortions are a direct conduit to chronic feelings of **anxiety**, **depression**, frustration, and resentment. When self-directed "shoulds" go unmet, the individual experiences heightened self-criticism, leading to reduced self-esteem and a sense of perpetual failure, even in the face of accomplishments. This can manifest as persistent guilt over perceived shortcomings or an inability to enjoy successes due to the belief that they "should have done more." The pressure to conform to these rigid standards can also trigger significant stress and burnout, as individuals relentlessly push themselves beyond healthy limits.

When "shoulds" are directed towards others, they frequently lead to interpersonal difficulties. Expecting others to behave in a specific, often idealized, manner inevitably results in disappointment and anger when those expectations are not met. This can strain relationships, as the individual becomes critical, judgmental, and unable to accept others as they are. For example, believing that a friend "should always prioritize my needs" can lead to resentment when the friend acts independently, fostering a cycle of blame and conflict. This rigidity prevents empathy and understanding, as the individual is preoccupied with the violation of their internal rules rather than the other person's perspective or circumstances.

Behaviorally, "Shoulds" can lead to both avoidance and maladaptive perfectionism. The fear of not measuring up to an internal "should" can cause individuals to avoid situations where they might fail, limiting their experiences and opportunities for growth. Conversely, the relentless pursuit of an

impossible standard can result in **perfectionistic tendencies**, where individuals overwork, procrastinate due to fear of imperfection, or struggle to complete tasks because nothing ever feels "good enough." This behavioral rigidity, driven by the underlying cognitive distortion, can hinder productivity, creativity, and overall life satisfaction, trapping individuals in a cycle of striving and dissatisfaction.

5. Differentiation from Healthy Standards and Goals

It is crucial to differentiate "Shoulds" from healthy, realistic standards and aspirational goals, as the distinction lies in their flexibility, intent, and the emotional consequences of their non-fulfillment. Healthy standards and goals are typically flexible and realistic; they serve as guides for improvement and personal growth, acknowledging that setbacks and imperfections are part of the learning process. For example, "I would like to improve my public speaking skills" is a healthy goal that allows for gradual progress, mistakes, and learning. If the goal isn't met perfectly, it leads to constructive evaluation and renewed effort, not crushing guilt or anger. These healthy aspirations are often framed as preferences or desires, "I prefer to..." or "It would be good if...", rather than absolute dictates.

In contrast, "Shoulds" are rigid and prescriptive; they demand perfect adherence and leave no room for human error or circumstantial variations. The phrase "I should never make a mistake" is a "should" because it sets an impossible standard, leading to self-condemnation at the first sign of imperfection. The intent behind healthy goals is typically self-improvement, growth, and achieving desired outcomes through effort and adaptability. The intent behind "Shoulds," however, is often rooted in a desire for absolute control, a fear of disapproval, or a misguided attempt to secure self-worth through flawless performance or adherence to external dictates. They reflect a demand for reality to conform to one's internal blueprint, rather than an adaptive engagement with reality itself.

The emotional consequences are the clearest differentiator. When a healthy goal is not immediately achieved, an individual might experience disappointment, but this disappointment is usually motivating and transient, prompting them to adjust their strategy or re-evaluate their expectations. When a "Should" is violated, the emotional response is typically intense, punitive, and debilitating--marked by profound guilt, shame, anger, or resentment. This destructive emotional aftermath highlights the pathological nature of "Shoulds," revealing how they trap individuals in cycles of self-recrimination and interpersonal conflict, rather than fostering constructive progress. Recognizing this distinction is the first step in challenging and transforming these unhelpful cognitive patterns.

6. Therapeutic Interventions and Strategies

Addressing "Shoulds" is a cornerstone of **cognitive restructuring** within Cognitive Behavioral

Therapy (CBT). The primary therapeutic intervention involves helping clients identify, challenge, and ultimately replace these rigid beliefs with more flexible, realistic, and adaptive thoughts. The process typically begins with psychoeducation, where therapists explain what cognitive distortions are and how "Shoulds" contribute to emotional distress. Clients are then taught to recognize their own "should statements" as they occur, often through journaling or thought records where they document activating events, their thoughts (including "shoulds"), emotions, and behaviors. This initial step of awareness is crucial, as many "shoulds" operate unconsciously.

Once identified, the therapist guides the client in challenging the validity and utility of these "shoulds." This involves asking a series of Socratic questions: "Is this thought **100% true?**", "What evidence do I have that this 'should' is absolute?", "What are the advantages and disadvantages of holding onto this belief?", "How does this 'should' make me feel?", "What would happen if I didn't adhere to this 'should'?", "What would I tell a friend who held this belief about themselves?" This questioning helps clients to critically examine the irrationality and unhelpfulness of their demands, revealing their arbitrary nature and the negative impact they have on their well-being. The goal is not necessarily to abandon all standards, but to transform rigid demands into flexible preferences.

The final stage of intervention involves generating and adopting alternative, more balanced thoughts. Instead of "I should always be perfect," a client might learn to say, "I prefer to do my best, and it's okay if I make mistakes," or "I am capable and will strive for improvement, accepting that perfection is unattainable." This involves reframing demands into preferences, duties into desires, and criticisms into constructive feedback. Through repeated practice, clients learn to internalize these new ways of thinking, gradually replacing the rigid "shoulds" with more compassionate and adaptive self-talk. Behavioral experiments, where clients deliberately act in ways contrary to their "shoulds" to test their negative predictions, can also be used to solidify these new cognitive patterns and demonstrate that the feared consequences rarely materialize.

7. Significance in Cognitive Behavioral Therapy (CBT)

The concept of "Shoulds" holds immense significance within the framework of Cognitive Behavioral Therapy (CBT) due to its direct link to emotional dysregulation and common psychological disorders. As one of the most prevalent cognitive distortions, addressing "Shoulds" is often central to treating conditions such as **Generalized Anxiety Disorder (GAD)**, **Major Depressive Disorder**, **Social Anxiety Disorder**, and even aspects of **Obsessive-Compulsive Disorder (OCD)**. Individuals with GAD, for example, often harbor "shoulds" about always being prepared or preventing negative outcomes, leading to chronic worry. Depressed individuals may be burdened by "shoulds" about their performance or social roles, fueling feelings of worthlessness when these are not met.

By identifying and challenging "Shoulds," CBT empowers individuals to gain greater control over

their emotional lives. The rigid nature of these beliefs often traps individuals in a cycle of self-blame, anger, and disappointment. Through cognitive restructuring techniques, clients learn to dismantle these self-imposed prisons of expectation, fostering greater emotional flexibility and resilience. This process moves beyond merely coping with symptoms to addressing the underlying cognitive patterns that generate distress, providing clients with enduring tools for self-management and preventing future relapses. The ability to distinguish between rigid demands and healthy preferences is a critical skill taught in CBT that promotes adaptive thinking.

Furthermore, the emphasis on "Shoulds" highlights CBT's practical and educational approach. It provides a clear, actionable target for intervention that clients can readily understand and work on. The simplicity of identifying a "should statement" makes it accessible, while the systematic methods for challenging it offer a structured path toward change. This focus on "Shoulds" not only helps clients alleviate specific symptoms but also cultivates a more compassionate and realistic self-perspective, leading to improved relationships, increased self-acceptance, and a greater capacity to navigate life's inevitable challenges with flexibility and equanimity. It is a fundamental element in teaching individuals to live authentically rather than perpetually striving for an unattainable ideal.

8. Debates and Nuances

While the concept of "Shoulds" as a cognitive distortion is widely accepted and therapeutically effective within CBT, there are nuances and ongoing discussions regarding its application and interpretation. One area of discussion revolves around distinguishing between a truly irrational "should" and a healthy moral or ethical imperative. Critics might argue that not all "shoulds" are inherently damaging; some societal "shoulds," such as "I should not harm others," are essential for social cohesion and ethical behavior. The key distinction, as emphasized in CBT, lies in the rigidity and the emotional consequences. A healthy moral "should" is often accompanied by a sense of responsibility and purpose, leading to constructive action or remorse when violated, whereas a distorted "should" leads to crippling guilt or destructive anger.

Another nuance involves the cultural context of "Shoulds." What might be considered a rigid, irrational "should" in one culture could be a deeply ingrained and socially adaptive expectation in another. For instance, collective societies might place a higher value on "shoulds" related to familial duty or community obligation, which, if violated, could lead to significant social consequences beyond individual emotional distress. Therapists working with diverse populations must be sensitive to these cultural differences, understanding when a "should" represents a genuine cultural value that needs respectful navigation versus a personal cognitive distortion that causes undue suffering. The goal is not to eradicate all societal norms but to help individuals develop flexibility in their interpretation and application of these norms to prevent personal distress.

Finally, the debate sometimes touches on the potential for oversimplification. While categorizing "Shoulds" as a distortion is helpful for therapeutic intervention, human cognition is complex, and rigid beliefs can be intertwined with core schemas, early life experiences, and deeply held values. Some psychological perspectives might argue that focusing solely on the "should statement" itself might miss deeper existential or developmental roots of these rigid demands. However, CBT's pragmatic approach is to address the immediate and accessible cognitive patterns that maintain distress, while often acknowledging that deeper work on underlying schemas can follow. The ongoing discussion refines how therapists can most effectively address "Shoulds" by integrating an understanding of their surface manifestation with their deeper psychological origins.

Further Reading

[Aaron T. Beck - Wikipedia](#)

[David D. Burns - Wikipedia](#)

[Cognitive Behavioral Therapy - Wikipedia](#)

[Cognitive Distortion - Wikipedia](#)

[Cognitive Behavioral Therapy \(CBT\) - Psychology Today](#)

[Feeling Good: The New Mood Therapy by David D. Burns - Goodreads](#)