

We don't choose our parents, our siblings, the situations our caretakers put us in when we are young, who is driving on the road when we are, or natural disasters. We have a say regarding some of the events (triggers) we experience, and others are completely out of our control.

### **Do I choose my thoughts and feelings?**

To answer this question, let's try a brief exercise. Close your eyes. Picture a giraffe. Can you do it? Picture a snowflake. Can you see it? Picture yourself in your best friend's house. Can you conjure up these images? Of course you can. *Now* feel enraged. Just feel it. Can you do it? What did you have to do to feel enraged? You had to *think* about something that would get you there. Maybe you thought about an ex. Some of you perhaps thought about an issue that ticks you off. Patients will often think about an abusive situation or "the jerk that cut me off in traffic." Regardless of *what* you thought, the point is that it's almost impossible to command our feelings. Has anyone ever said to you something like, "Oh, come on, there's no need to be depressed—you have so much to be thankful for"? How many times has that been helpful? How many of you have said, "Oh, thanks for the feedback—I'll now choose to be happy"? It is worth noting that well-meaning people can say hurtful and invalidating things. Sometimes people want to help but just don't know how. The point here is that we typically don't have direct access to our feelings; we generally only have access to our feelings through our thoughts. So if you have been frustrated when someone told you to just "be happy," you're not alone! However, if feelings are influenced by thoughts—and as our exercise just illustrated, we do have some control over our thought life—then we do have the power to influence our feelings by learning to slowly retrain the way we think. Does that mean we choose all of our thoughts? Absolutely not. We all have thoughts that "just come." Sometimes we know exactly where they came from, and sometimes it seems as though they came "out of left field." The clinical term for these is *automatic thoughts*. We all have these thoughts, some of which we will never be able to keep ourselves from experiencing. However, although we don't always have a choice about whether these thoughts "appear," once they do, we can get better at increasing our awareness, paying attention to them, and working to change them through the tools this workbook teaches!

### **What is the difference between thoughts and feelings?**

Thoughts are not feelings. A lot of people say things like, "I felt like he was scheming against me." That is not a feeling—it is a thought. That type of thought often leads to feelings of *fear*, *hurt*, or *betrayal*. We teach our patients, "If it's a full sentence, it's a thought." Feelings are one word and are expressions of emotion. Examples include *angry*, *sad*, *mad*, *happy*, *excited*, *fearful*, *anxious*, *overwhelmed*, *panicked*, and *annoyed*. Some people do not get the importance of this, but for a person to learn to use the tools this workbook provides, it is important to understand the difference. As we discuss in the paragraphs that follow, it is the *content* of our thoughts that determines what *types of emotions* we feel.

### **Is rational thinking the same thing as positive thinking?**

No. There are a lot of different terms used to describe unhealthy thinking (e.g., *irrational*, *dysfunctional*, *maladaptive*, *distorted*), but positive thinking focuses only on the positive. Rational thinking focuses on probability, likelihood, patterns, and evidence. So there is such a thing as rational thinking that is negative. The reality is that there are a lot of negative aspects to life that require acceptance. There is also a sort of positive thinking that is irrational. In extreme forms, this may be called delusional thinking. It is often helpful to focus on positives but not to ignore the reality of negatives in our lives. Several "tools" have been designed to help you in this process and are discussed in this chapter.

### **Do we choose our actions?**

Occasionally, this question gets some people fired up. This book provides a tool or two to help you in this area. But the short answer is that we almost always choose our actions. (There are a couple of clinical conditions in which a person literally does things outside of his or her awareness, but these are rare.) Some people say things like, "He made me do it" or "I didn't have a choice" or "what about fight or flight?" Some decisions are made

## Chapter 1 **CBT 101**

instantaneously, and the thought process behind them is less conscious, but in order to determine whether thinking was involved, helpful questions to ask include:

- Would it have been possible to NOT do the action in that situation?
- Is there someone else in my life who would have reacted differently?

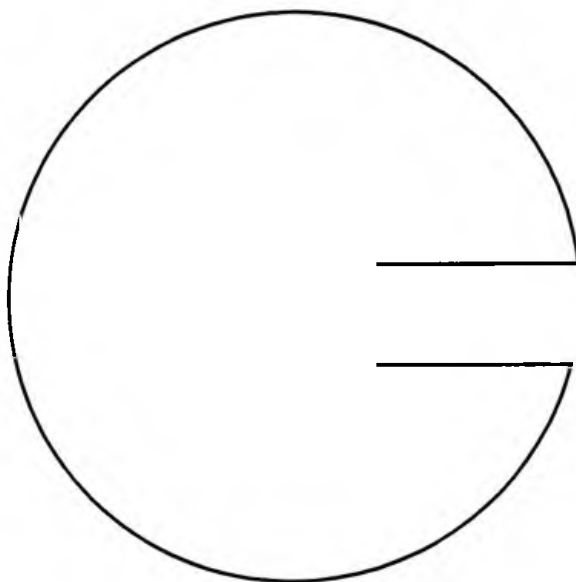
### **Do I choose my results?**

Our actions *influence* our results. *Influence* is an important word to understand, because it doesn't mean *dictate*. Thus, it is not accurate to say we *choose* our results. It is possible that when we make healthy decisions, bad things still happen. It is also possible to make a certain number of poor choices and get away with it. But, generally speaking, the more healthy choices you make, the better chance you have of a positive outcome, and the more unhealthy choices you make, the better chance you have of running into trouble in some area of your life (relationally, occupationally, financially, legally, etc).

Another important principle of CBT is that all behavior makes sense. That is, we all come to think the way we do for specific reasons—all behavior serves a purpose. However, the ideas we have learned over the years aren't always healthy—some may have worked in one setting but not in another. Some may have worked at one point in life but not anymore. So, ideas that don't work aren't necessarily crazy, irrational ideas. They helped at one point in one setting in life but are no longer helpful. The idea, then, is to identify ways of thinking that are in some way distorted or dysfunctional and test and modify them over time. The clinical term for changing the way you think is *cognitive restructuring*. The good news is that over time, anything that is learned can be unlearned. Notice the phrase *over time*. It took your whole life thus far to come to think the way you do. So, retraining the way you think takes time. CBT is not “don't worry, be happy” therapy. It takes a critical look at how you process information, attempts to test and modify this over time, and eventually helps you change the way you think and respond to life circumstances.

### **How can two different people go through the exact same life event and come out with a vastly different experience?**

People are different. We have each gone through unique experiences in life that shape how we view things. These experiences help create what are often called *core beliefs* or *schemas*. Although technically, these two terms don't have exactly the same meaning, this workbook uses the terms interchangeably. Our definition for both is “a mental filter that guides how people interpret events.” Judy Beck, the director of The Beck Institute for Cognitive Therapy, created a visual of a schema that looks like this:



When life events are inconsistent with one's particular belief, the person often comes up with some reason the experiences don't "count." This is how low self-esteem is maintained. This book provides tools designed to help with this.

Another way to think about beliefs is that they make us pay attention to some things more than other things. Although these beliefs are typically unconscious, we can, through awareness exercises, become more in tune with them and how they are being reinforced. Politicians use beliefs purposefully to manipulate the public and call the process "spin."

As an example of the ways in which beliefs shape how we interpret events, I often remember the television commercial featuring Michael Jordan in which he said, "I missed more than 9000 shots, lost 300 games, missed 26 game-winning opportunities the team trusted me with .... I have failed over and over and over in my life ...." Would we view him as a "failure?" Of course not. He is the undisputed best player to ever play the game of basketball, but almost always, that. Our filters give meaning to events by shaping how we interpret them and what we pay attention to.

Identifying what specific beliefs or "filters" you have is an important part of recovery, as these are what shape how you respond to life situations. The following (AT Beck, 1987, J. Young, 1993) is not an exhaustive list, but some common themes this workbook addresses are:

**Failure:** The belief that one isn't good enough, can't do anything right, is a loser.

**Approval seeking/Unlovable or unlikable:** The belief that one is not likable or lovable, that nobody cares about him or her, and that he or she can't make or keep friends or romantic relationships, and he or she is bothered by these thoughts. If you are a "people-pleaser," this is the belief that is involved.

**Helplessness:** The belief that one can't cope—with a particular situation or with life in general. This core belief leads to feelings of inadequacy and anxiety.

**Worthlessness/Defectiveness:** The belief that one has no value or is unworthy ... or is "damaged goods." For some people, these beliefs feel similar, and for others, they are different.

**Abandonment:** The belief that significant others in one's life will leave or won't be there for him or her and that he or she will not be able to tolerate being alone. People with this belief may go to extreme measures to keep from being alone.

**Mistrust:** The belief that others are untrustworthy, out to get one, or otherwise not looking out for one's best interest. This is a core belief that leads people to become overly suspicious or outright paranoid.

**Vulnerability:** There are different versions of this belief, as it can show up in different areas of life, but in general, this is the belief that one is unsafe and in some way (relationally, medically, financially) overly susceptible to being hurt. People with this belief interpret events in life as more threatening than they really are.

**Emotional inhibition:** The belief that one must inhibit one's emotions—not speak up or not share thoughts or feelings—because to do so would be unacceptable or harmful in some way.

**Emotional deprivation:** The belief that one will not get emotional needs met, so he or she often doesn't try. Some people with this belief will say, "I don't have needs," "Your needs are more important than mine," or "It's weak to have needs."

**Subjugation:** This belief is related to control. Some people believe they must turn control over their lives to others, while others make efforts not to be controlled or controlling. If you have “control issues,” this belief is involved.

**Entitlement:** People with this filter believe that they are special or in some way better than or more deserving than others. Often, this serves to cover up an underlying insecurity (defectiveness, emotional deprivation beliefs): People who feel insecure but do not want to be seen as fragile put on a “tough guy” or “tough girl” facade. However, some were raised with no limits growing up and really do view themselves as better than others.

**Punishment:** The belief that one deserves to be punished. Punishment can be directed toward self or others. Our society has become quite litigious due to this belief. There are some psychiatric patients and inmates who just can’t wait to file a grievance. Sadistic, masochistic, and self-harming behaviors may also be products of this belief.

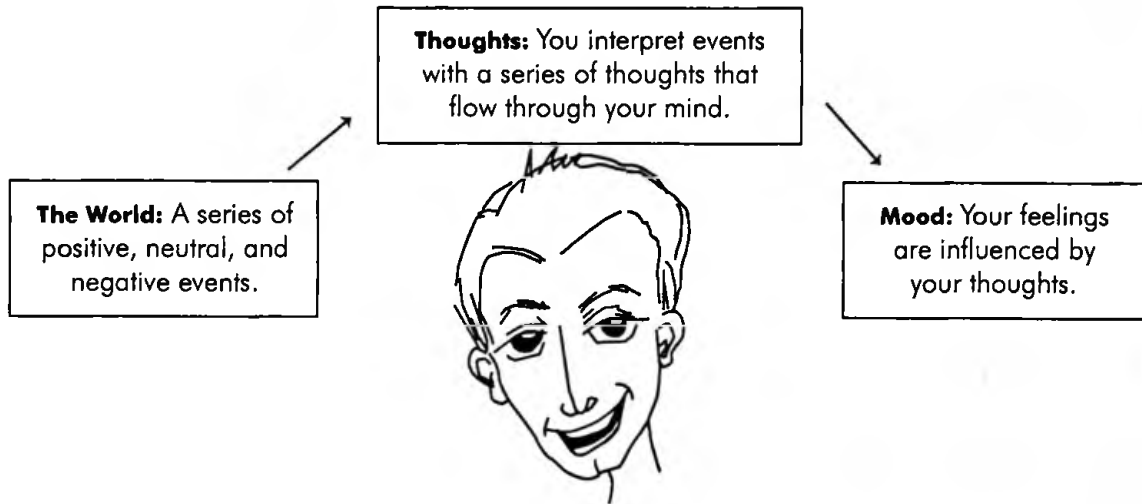
**Insufficient self-control:** The belief that produces the cognition, “I have to have it now.” People with this belief in the “heat of the moment” believe that they have no self-control, no ability to restrain themselves or delay gratification. Impulsive substance abuse, sexual promiscuity, binge eating, or temper tantrums and shopping sprees may be products of this belief.

It is important to remember that core beliefs *feel* true, but just because they feel true doesn’t mean they are. That is what core beliefs do: They make things that aren’t facts feel like facts. Patients will often say, “I feel like such a loser,” to which I will always reply, “Just because you feel like a loser doesn’t mean you are one.” Labeling beliefs as beliefs and not accepting them as global facts about ourselves is a vital part of getting better. This book contains tools designed to help you in this process of testing your beliefs, but it is of fundamental importance to keep an open mind and recognize that things can feel true that aren’t. CBT is not for closed-minded people.

Different beliefs produce different types of thoughts. Alcoholics Anonymous has a term called *stinkin’ thinkin’*, or basically, thoughts that don’t serve us well. CBT has a more accurate and specific way of categorizing these types of thoughts that are unhelpful and lead to different types of feelings. In other words, every time you feel angry, there is a certain type of thought you are experiencing. Every time you feel anxiety, there are certain types of thoughts going through your mind.

Following is a list of types of thought processes that don’t serve people well, known as cognitive distortions. There are many versions of the list floating around out there using different terminology. Much of this can be attributed to the work of David Burns (1999) in his initial work, *The Feeling Good Handbook*, which does an excellent job of breaking down in every day terms the work of Drs. Aaron Beck, Albert Ellis, and others who are considered pioneers of this field. The list that follows the diagram is my adaptation from Burns’ book. Every chapter in this book refers to this list and teaches you tools based on it.

## Cognitive Distortions



Your emotions result from the way you *look* at things. Before you can experience any feeling, you must process it with your mind and give it meaning. The way that you *understand* what is happening influences how you *feel* about it. To the degree that your thinking about a given event is biased in any way, your feelings may be that much more intense, which will make it that much harder to act in a way that is helpful.

What follows are 10 misperceptions, which we will call cognitive distortions, that form the basis for your emotional difficulties (adapted from Burns, 1990).

**1. Rationalization.** In an attempt to protect yourself from hurt feelings, you create excuses for events in life that don't go your way or for poor choices you make. We might call these *permission-giving statements* that give ourselves or someone else permission to do something that is in some way unhealthy.

**2. Overgeneralization.** You categorize different people, places, and entities based on your own experiences with each particular thing. For example, if you have been treated poorly by men in the past, "all men are mean," or if your first wife cheated on you, "all women are unfaithful." By overgeneralizing, you miss out on experiences that don't fit your particular stereotype. This is the distortion on which all of those "isms" (e.g., racism, sexism) are based.

**3. All-or-nothing thinking.** This refers to a tendency to see things in black and white categories with no consideration for gray. You see yourself, others, and often the whole world in only positive or negative extremes rather than considering that each may instead have both positive and negative aspects. For example, if your performance falls short of perfect, you see yourself as a total failure. If you catch yourself using extreme language (best ever, worst, love, hate, always, never), this is a red flag that you may be engaging in all-or-nothing thinking. Extreme thinking leads to intense feelings and an inability to see a "middle ground" perspective or feel proportionate moods.

**4. Discounting the positive.** You reject positive experiences by insisting that they "don't count" for some reason or another. In this way, you can maintain a negative belief that is contradicted by your everyday experiences. The terms *mental filter* and *selective abstraction* basically describe the same process.

**5. Fortune telling.** You anticipate that things will turn out badly and feel convinced that your prediction is already an established fact based on your experiences from the past. Predicting a negative outcome before any outcome occurs leads to anxiety and other negative emotions. A lot of people call this process the “what ifs.”

**6. Mind reading.** Rather than predicting future events, engaging in this distortion involves predicting that you know what someone else is thinking when in reality you don’t. This distortion commonly occurs in communication problems between romantic partners.

**7. Should statements.** You place false or unrealistic expectations on yourself or others, thereby setting yourself up to feel angry, guilty, or disappointed. Words and phrases such as *ought to*, *must*, *has to*, *needs to*, and *supposed to* are indicative of “should” thinking.

**8. Emotional reasoning.** You assume that your negative feelings reflect the way things really are. “I feel it, therefore it must be true.”

**9. Magnification.** You exaggerate the importance of things, blowing them way out of proportion. Often, this takes the form of fortune telling and/or mind reading to an extreme. This way of thinking may also be referred to as *catastrophizing* or *awfulizing*.

**10. Personalization.** You see yourself as the cause of some external negative event for which, in fact, you were not primarily responsible. You make something about you that is not about you and get your feelings hurt.

Now that you have the basic CBT framework, you are ready to learn specific “tools” to add to your therapeutic toolbox that will equip you on your journey toward recovery!

## HOW TO USE THIS WORKBOOK

The following “tools” are skills and activities you can add to your toolbox of resources to be better equipped to deal with problems that may come your way. Some people may struggle in all of these areas, while other users may find only one or two chapters to be relevant to them. For example, some may struggle only with depression or anxiety, whereas others may struggle with toxic relationships or codependency.

You may notice the same tools show up in different chapters. The reason for this is that even though the *process* is the same, the *content* is different. For instance, events that trigger low self-esteem may be very different from the events that trigger anger, and although the process of identifying and changing thoughts and testing beliefs is the same, the types of beliefs involved with different problems differ. In other words, the types of thoughts that need to be changed to combat depression are different than the types of thoughts that perpetuate anxiety. So if you find that a tool in Chapter 8 appears to be the same as a tool you’ve worked with in Chapter 3, it’s important not to assume, “I’ve already done that in a previous chapter.” Even though the questions in the tool may sound similar, your answers will probably be different because it is a different problem you are addressing. Also, while in each chapter the first 14 tools look similar, the last several tools are different and are specifically related to the problem area discussed in that chapter.

## Chapter 2 **Self-Esteem**

## COMMON BELIEFS

- I am undeserving.
- I am unlovable.
- I am defective.
- I am vulnerable.
- I am a loser
- I am weak
- I am stupid
- I am not good enough
- I am ugly



## COMMON DISTORTIONS

- Discounting of the positive
- Selective abstraction
- Mental filter

## COMMON AUTOMATIC THOUGHTS

- "Because I failed this project, I'll never succeed."
- "Because I didn't do it perfectly, it's no good at all."
- "If I can't be perfect, I might as well not even start."
- "Because I'm overweight, I don't matter as much as others who are in shape."
- "If I let them get to know me, people won't like me."

## COMMON FEELINGS

- Inadequacy
- Sadness
- Hopelessness
- Anxiety

## COMMON BEHAVIORS

- Underachieving in work
- Underachieving in school
- Choosing poor relationships

## TOOL 1 IDENTIFICATION OF TRIGGERS

Many people would describe themselves as having "low self-esteem" all the time. But it is worse for some people than for others. Even though many think of themselves as having low self esteem "all the time," the reality is that most people have times when they may feel better or worse than others about themselves but just don't recognize those times.

One helpful exercise involves paying close attention to what life events trigger these feelings of low self-worth. Triggers can be people, places, or things. Sometimes, they are more obvious, such as someone yelling at you in the same way a parent did. Other triggers are more subtle, such as a song on the radio that reminds you of a time in your life or passing someone in the mall wearing a perfume that reminds you of a person or a situation. Take a few minutes to answer the following questions that may give you a window into your low self-esteem triggers.

**I usually notice my low self-esteem most when** \_\_\_\_\_

**I seem to feel worst about myself when** \_\_\_\_\_

**The last time I noticed feeling this way was** \_\_\_\_\_

**Themes in times I feel poorly about myself include** \_\_\_\_\_

**Things that seem to happen right before I feel this way are** \_\_\_\_\_

**My low self-esteem triggers are:**

1.

2.

3.

4.

5.

## TOOL 2 FEELINGS IDENTIFICATION

Some people are very good at expressing their feelings. Others have difficulty recognizing feelings, giving names to feelings, or even recognizing that they have feelings at all. The following "Feelings Face Sheet" is often helpful for aiding people in identifying what feelings they are actually having. Using the face sheet as your guide, pick out several emotions that seem to describe best what you experience when you are feeling low self-esteem. If this "feelings face sheet" is helpful, many versions of it exist as well and can be located at multiple sources.



**HAPPY**



**IRRITATED**



**FRUSTRATED**



**AFFECTIONATE**



**GRATEFUL**



**SAD**

Feelings Log

Type of Feeling	Mon	Tues	Wed	Thurs	Fri	Sa
Happy						
Sad						
Excited						
Angry						
Irritated						
Frustrated						
Proud						
Regretful						
Disgusted						
Excited						
Guilty						
Ashamed						
Anxious						
Confident						
Resentful						
Gloomy						
Fearful						
Scared						
Panicked						
Grateful						
Loved						
Envious						
Jealous						
Compassionate						
Affectionate						

My low self-esteem feelings are:

- 1.
- 2.
- 3.
- 4.
- 5.