

Cognitive therapy teaches you to change the way you “see” the world and yourself. It is an active process requiring you to read articles, books and complete between-session-assignments. The word cognitive refers to cognition. Cognition involves perception; intuition and reasoning it can be a thought or an image of any sensory modality e.g., touch or visual.

Core Beliefs and Schemas.

Core beliefs are one’s most central ideas of Self.

Some writers use the term’s schema and core beliefs interchangeably. Others, such as Beck, differentiate the two. For them schemas are cognitive structures in the mind. The content of the schema (structure) includes core beliefs. Beck states that negative core beliefs fall into two broad categories: negative core beliefs associated with helplessness or, negative core beliefs associated with unlovability. Some individuals have negative core beliefs that fall into just one category whereas others have beliefs that fall into both categories

Cognitive models state that emotions and behaviours are influenced by the individual’s perception of the event. It is not the event or situation itself that determines what people feel and how they behave but rather the way in which they construe (interpret) that event or situation. The interpretation of any situation is determined by the mental set we bring to it rather than the situation itself. For example when you say something such as “he makes me feel so irritated!” you are saying *he makes* me so angry. Cognitive theory would argue that it is your personal interpretation of what the other person did that determines your reaction. Therefore it is really better stated as “**I** allowed myself to feel really irritated by the things he said/did etc. etc. There would be such slow progress in life if we had to work out the same event every time we came in contact with it. Therefore we need internalised rules that we call upon to make guesses of what will happen next. This all happens at a mental level that is not in our conscious awareness; in other words, it is an unconscious process. Some of these rules are universal and shared by every one else, but others are very personal and idiosyncratic. These rules that guide **how** and **what** we attend to are hypothetical cognitive structures call **schemas** Core beliefs have their origin in our childhood. From our early interactions with ‘significant’ (e.g. parents) others we ‘hear’ certain types of (verbal or non-verbal) messages. These are built upon to produce certain beliefs about themselves, other people and the (their) world in general. These fundamental and deep core beliefs are often not articulated. During the stages of childhood development we organised our experiences into categories that contain information relevant to concepts such as I’m OK and/or I’m not OK (self-schema), you’re OK and/or you’re not OK (others-schema) and, life in general has much or little to offer (world-schema).

In a well integrated and functioning individual there will be a well developed positive schema accompanied by a less developed negative companion schema. For example, a strong belief that one is loveable would also have its counterpart of I’m unlovable Some beliefs may operate all of the time. Others may operate only when the individual is in a certain state of being such as depression and or anxiety. During such times the “I’m unlovable “ schema will become activated leading to a lowering of mood. However, the well developed positive schema still influence perception of life events and reduces the impact of the negative core beliefs regarding the rule of unlovable. When a negative schema has developed in such a way that it is greater than the positive schema or, where there is an absence of a positive companion schema the schema is said to be maladaptive and leads to frequent psychological distress. Cognitive therapy includes identifying maladaptive schemas and building companion positive schemas

Core beliefs are the most fundamental level of belief and are frequently out of conscious awareness. They are global, rigid and overgeneralised. **Automatic thoughts** are the actual words/thought and images that influence our experiences. They are situation specific. Automatic thoughts are the cognition’s closest to conscious awareness.

Automatic thoughts can be considered to be above the surface like weeds and flowers are above the ground. Continuous cutting will remove the weeds in other words continuous attending to automatic thoughts will bring about change of feeling and behaviour. However for some people the weeds keep coming through again which means they should get to the roots. Between core beliefs and auto thoughts are the **intermediate** beliefs. These are rules, attitudes and assumptions. For example to quote Judith Beck (1995): an individual may have an **attitude** of “It’s terrible to be incompetent”. This may lead to an **assumption**, which states: “If I work as hard and as often as I can or I may be able to do the things that other people can do easily”. Therefore, a **rule** is developed which states: “I must work as hard as I can all of the time”.

Assumptions are born out of attitudes, and out of these are born the rules of how to be, feel, and do. Underlying assumptions are also considered as **conditional** beliefs in the form of *If..... then.....*. So for the above it would state *if* I work hard *then* I will be competent. *If* I am competent *then* others will like me.

Cognitive Conceptualisation

Therapy can be considered as a journey and the *conceptualisation* as the map of the journey.

An individual may well have a genetic predisposition to anxiety or depression. However, for many years they are OK until such an event is perceived in such a way that it facilitates the predisposition toward anxiety or depression.

In general the questions to ask when 'designing' the road map are as follows:

How did you come to develop the situation you are presently experiencing.

What were the significant life events, experiences, and interactions?

What are the most basic beliefs about yourself, your world, and others?

What are your intermediate beliefs (attitude/assumptions/rules)?

What strategies have you used throughout life to cope with these negative beliefs?

What auto thoughts, images and behaviours maintain your situation?

Looking at past experiences, what life situations interacted with your developing beliefs to cause the vulnerability to your present life position/ situation?

What is happening right now and how do you perceive it?

Conceptualisation (map making) is an ongoing process and subject to change as new information is discovered within the therapeutic relationship.

NEGATIVE AUTOMATIC THOUGHTS

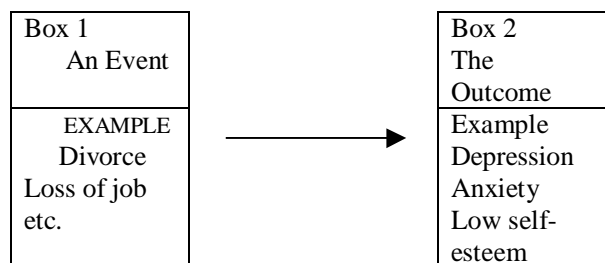
DEALING WITH NEGATIVE THOUGHTS

The following information is borrowed from Cognitive Behavioural Therapy (CBT). CBT includes carefully examining one's cognitions. Cognitions are, in simple terms, the thoughts and pictures that one generates in one's mind. It requires you to be introspective, i.e., to examine the patterns of thought that you normally pay no attention to. It requires you to (a) identify negative thought patterns that are relevant to the present problem and (b) recognise connections between your thoughts, feelings and the things that you do, (c) examine the evidence for and against key beliefs, (d) try out alternatives, and (e) every day be on the look out for negative thoughts and replace them with positive alternatives.

AUTOMATIC THOUGHTS

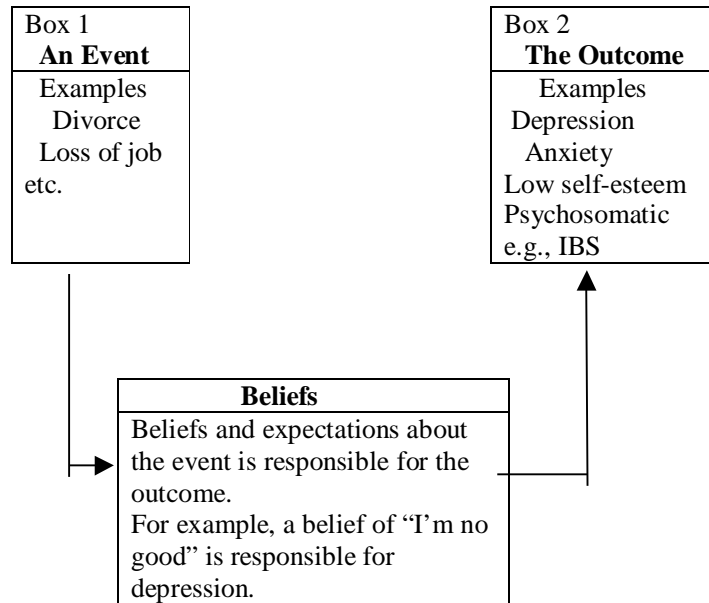
Automatic thoughts with negative connotations lead to unwanted feelings and behaviours. Increasing your awareness of negative automatic thoughts (NAT's) takes much time because they have been applied for so long that you are unaware of them – they have become part of the scenery, so to speak. Any behaviour and thought process is the result of an acquired or learned way of responding to things in ways that reflect your beliefs of what you expect from life. For example, what you believe others may think of you or what you believe about yourself has an impact on the many things you do in life including the things that you don't do through fear and lack of belief in yourself. The influence of these beliefs can be in either a positive or a negative direction. A positive direction if you are confident and with a good level of self-esteem or in a negative direction if you have a lowered opinion of yourself or others. We all differ in the way we react to everyday events. This difference is based upon our personal belief systems. By this I mean that your interpretation and expectation of everything seen, felt, done and thought is based upon all the previous experiences throughout your life. All these experiences together form your basic beliefs and expectation of your 'personal world view'. This in turn effects how you experience everyday events. In Fig.1 the box labelled *event* represents life events. For example, losing one's job would be such an example. Over a period of time during which the individual remains unemployed, he or she gradually becomes depressed. It could be said, therefore, that the event of losing one's job has caused the depression. This is shown in box 2 and is referred to as the outcome of the event. This suggests a simple-cause-and-effect explanation; in other words the *event* caused the *outcome*.

Fig. 1



The above diagram implies that the contents of box 1 (event) cause the outcome as shown in box 2. Yet, as was previously stated, not everyone reacts in the same way to a given event. How then, within a cognitive explanation, can we explain this difference?

If we sever the connection between event and the outcome and place between them the box labelled '*Beliefs*' (as shown below) this can begin to provide some explanation for such individual differences.



The beliefs you bring to any event will, by virtue of expectation, influence how you interpret the event (perceive). If the outcome matches your beliefs these are consolidated or made stronger each time the outcome is in accordance with your expectations

Changing the content of the box labelled beliefs will result in a change of outcome e.g. a lifting of mood. This in turn will influence how you perceive the event and that in turn will continue to consolidate your personal belief system. One approach of therapy would be to explore your past experiences which led you to your present belief system which influence your perception of all of life's events. However, for the purpose of this programme the cognitive approach is for you to actively seek out your negative thought patterns and substitute them with positive alternatives.

The above example provides an example that things are not always what we believe them to be. Once we accept this possibility it provides the opportunity to build new expectations and beliefs about both ourselves and how we react to the things in our lives. An example of how thoughts can influence the outcome or consequence can be seen in the following very simple example. It is so simple I am sure (based upon my beliefs) that you will consider it blatantly obvious and, perhaps, not even worthy of explanation.

It is 3.00 a.m. and suddenly I awaken having heard some unusual noise. At first I am unsure of what woke me, but then I hear it again. I can hear several people talking and suddenly I experience sheer cold fear when I realise that they are downstairs. I lay there for some time as if frozen. I want to go downstairs and investigate yet at the same time I don't want to go down. Somehow, I hold both beliefs in my head at the same time. Unable to act upon either of them I remain fixed for what seems an eternity. After hearing the voices several more times I get up. My heart is pounding and I feel a sense of unreal. Nervously I open the bedroom door. I feel naked with no protection other than my fists. I peer over the banister and see a light beneath the closed living room door. Suddenly it hits me - the TV is on. My thoughts race from a burglar is watching my TV to I forgot to switch it off. I think back to when I last left the room and I recall clearly I did switch it off therefore, it must be a burglar. It is at that instant in time I have made an assumption based not on tangible evidence but rather my expectations.

After some considerable time I cautiously enter the living room where I eventually discover the real truth. When I left the room I had closed the door behind me and inadvertently left the cat on the inside. Later, by sheer chance, he had walked across the remote control and in so doing so he had switched on the TV. Now the point of this tale is that the sound coming from the TV (the activity) was no different to what it would be if I was in the room watching TV. So why was I scared? Of course it wasn't the TV that I was scared of but rather, some imaginary outcome. I had placed my interpretation (my beliefs) to what I had heard which

resulted in my fear (the consequence). The second point of this story is that I looked for and found evidence to validate or invalidate my automatic thoughts about the event. It is the belief that triggers the fear not the event itself. Check out the evidence and this will lead to a changed outcome. Now that may appear as so obvious it did not warrant explanation but this same explanation can be applied to other events as well. Our interpretation of every event in our life is based upon expectations. If we have negative expectations we frequently get negative outcomes and, *visa versa*, if we have positive expectations we are more likely to experience positive outcomes. With reference to the above example my wish for survival dictated that I expected the worst outcome.

Utilising this cognitive approach it is possible to examine many other consequences, results, symptoms and outcomes. On pages 19 - 29 you will find some examples of distorted thinking (cognitive errors). Spend a number of days looking out for these so-called cognitive errors and then as you discover them turn them into thoughts that would be considered more positive. The search for the Automatic Negative Thought or Cognitive Errors is not an easy option. Initially it takes much focused attention to increase your awareness of these thoughts. However, with practice it becomes automatic and eventually you not only hear your own but as yours diminish you begin to notice the negative words of other people.

One way of working with the auto thoughts is to identify the consistent cognitive errors responsible for the cognitive distortions and its accompanying symptoms. It takes a great deal of focused attention to 'catch' your negative self-talk. To begin with it may seem disrupted. However, with perseverance you will soon come to quickly recognise them. At least twice a day aim to catch those negative thoughts and then substitute them with positive self-talk. As soon as you have become expert in recognising one form of cognitive error then continue listening for others (work sheets are provided). Stopping negative self-talk will become an everyday life-skill for handling IBS/depression/anxiety/stress etc. As an analogy to learning to recognise negative thought patterns consider the following: have you ever bought something such as new car or an item of clothing then 'discovered' that there are many of them around? Of course they were there in the first place yet you paid no attention to them. In a similar fashion it's like that with negative thoughts. They have always been there but you have not noticed them before but now you are beginning to own them (before discarding them) and suddenly there seems an abundance of them.

On the following pages you find examples of 10 common negative thinking styles. Identify those that you recognise as your typical ways of thinking. Below each description is a large space. Use this space to describe examples of your experiences of that particular cognitive error.

Cognitive Error 1: All or nothing thinking. There's no grey area. It's one extreme or the other.

Any slight deviation from a set goal or an expectation is seen as total failure rather than a temporary setback. For example, an individual on a diet who has an off day when they succumb to a so called 'forbidden' food interprets it as total failure and decides to terminate the diet at that point with an air of 'what's the point anyway!' Why should there not be a day when self-discipline tapers off slightly? Why can they not continue with the diet? The answer lies in the all-or-nothing thinking. It's as if nothing in between exists.

Labelling

Labelling is an extreme version of all-or-nothing thinking. Using the example again of a set back a cognitive error would go beyond the diet is a total failure. Instead the individual would feel the failure was with them. It would move toward thoughts of '*I am* the failure; *I am* a fool; *I am* a loser, and any other derogatory label that can be found to maintain their already low self-esteem.

Does any of the above description seem familiar to you? If so use the space below to provide some examples from your personal experiences of things that you feel you have been unable to achieve.

To help you create alternative ways of thinking restate the points you have listed above. Change them into the positive i.e. exclude all words such as *not*, *can't*, *won't*, *should*, and replace with positive alternatives. For example, "*I can't do it*" sounds so final whereas "*I find it very difficult to do*" leaves the possibility for change. Dr David Burns in his book *The Feeling Good Handbook* says of the word *should*: "there are only three valid uses of this word. 1. the *moral should* e.g. I should pay back the money I borrowed from my friend; the *legal should* e.g. I should not drive my car with worn tyres because it's illegal; and the *laws of nature should* e.g. nature makes things happen – objects fall to the ground they do not fall to the sky. If you use the word *should* and it does not fit the *moral*, *legal* or *laws of the universe should*s then perhaps you ~~should~~ could use words that fit well with the word *choice*

Cognitive Error 2: PERSONALISATION

Personalisation refers to a characteristic of the individual there is a sense of being fully in 'the picture' so to speak during any interaction with others. Difficulty removing his or herself from the scene. When the individual looks at their screen of their picture it is filled by their own presence. Thought patterns follow the form of *everything in the world is my fault!*

The individual believes that they are responsible for any event despite the fact that they are not. We have all experienced accidentally bumping into someone and automatically saying sorry. For the individual that personalises everything, the apology goes beyond that of social convention, it is a sincere apology. They take the blame in many situations and it often leads to a feeling of guilt or a sense of shame along with feelings of inadequacy. For example, take the idea of a manager being told by his or her boss that several of the workforce were seen to be lazy in their attitude toward their work. After receiving this information the manager assumes responsibility and blames his or herself for being such a useless manager.

Does any of the above description seem familiar to you? If so use the space provided below to describe some examples from your personal experiences where you hold yourself responsible for the actions of others even when it's not really you to blame.

Again to help you create alternative ways of thinking the points you listed above change them to positives and place the alternative words in the box below.

Golden rule: your unconscious mind is unable to process negatives.

Cognitive Error 3: OVER GENERALISATIONS

When the individual makes an error or fails in some way, the interpretation of the event is not specific to that one situation, but is transferred to every aspect of their life. Failure in one area means failure in all areas. The individual gets trapped in a never-ending pattern of defeatist words and attitudes. Key phrases that belong with over-generalisations frequently include words such as always and never. *Nothing ever goes right I always get it wrong . I'll never be able to grasp that*

Take the previous quoted example of the self-blaming manager. On this occasion the cognitive error would follow the lines of "this is always happening to me. I'm always having trouble with staff. When someone is late the habitual response might be: *people are never on time.*

If the above description sound like you then use the space below to provide some examples from your personal experiences.

Again to help you create alternative ways of thinking the points you listed above change them to positives and place the alternative words in the box below.

Golden rule: your unconscious mind can only process positives.

Cognitive Error 4: SELECTIVELY FILTERING THE POSITIVE

When the individual is given much praise but with a tagged-on comment such as “but you could improve even more if you were to pay a little more attention to” The response to this add-on comment would destroy the positive part of the message. In other words much attention is given to the criticism with little or no attention to positive appraisal. The use of *but* in the statement negated the positive aspect. What followed the *but* has a context quite different from where it originated from.

If this cognitive error has applied to you, then you may find that any single negative experience take the whole of your attention and you remain oblivious to any positive aspects that may be around you. Almost obsessed by that one experience it seems to take over your mind. It’s like an internal conflict between a part of the self that knows it to be true and a part that doesn’t want it to be true. The point is however, that the first part is wrong and is following beliefs progressively acquired by previous developmentally-stunting experiences ***If the above description fit you then use the space below to provide some examples from your personal experiences.***

Again to help you create alternative ways of thinking the points you listed above change them to positives and place the alternative words in the box below.

Cognitive Error 5: DISCOUNTING OR BLINDNESS TO POSITIVE INPUTS.

This refers to an inability to accept praise. Language patterns include phrases such as *it was nothing* or *anyone could have done it*

Whenever positive feedback (reinforcement) presents itself an automatic reaction is to reject it in some way. There might be a sense of feeling embarrassed or uncomfortable when receiving intended compliments. A real difficulty is in believing in one's own ability

If the above description fit you then use the space below to provide some examples from your personal experiences.

Again to help you create alternative ways of thinking the points you listed above change them to positives and place the alternative words in the box below.

Cognitive Error 6: Arbitrary Inference. Cognitive psychologists refer to this as jumping to conclusions. Jumping to conclusions refers to the equivalent of *mind reading*. When seeing a person that looks angry or depressed, the individual responds with thoughts along the lines of *what have I done wrong?*

If this cognitive error applies to you, then your thinking is frequently along the lines of making predictions of negative outcomes. You may use many *what if* statements. *What if I do it wrong? What if I feel anxious? What if the taxi doesn't arrive on time?*

Before you move on to the next *what if* stop and ask yourself *if what?* In other words if you make a mistake, or if the taxi doesn't arrive' what is the worst thing that is going to happen?

Challenge your beliefs with follow-throughs

Follow the *what if* through to a logical conclusion. Keep asking yourself what will happen. And what happens next and then what happens etc. Is the conclusion really that bad? If it is then you are probably correct in being wary.

Use the space below to provide some examples from your personal experiences of jumping to conclusions. For the next week (at least) apply the follow-through technique whenever you find yourself with thoughts and attitudes containing what if statements.

Again to help you create alternative ways of thinking the points you listed above change them to positives and place the alternative words in the box below.

Cognitive Error 7: Catastrophising

Magnification or Calamity Jane thinking. Minor incidents are turned into major dramas and crises.

Perhaps you think in terms of the worst possible outcome. Sometimes known as the binocular trick.. Magnifying difficulties rather than keeping things in the correct proportion.

The reverse is also true when looking at successes through the wrong end of the same pair of binoculars, thus minimising positive achievements

Have you any memories of over-reacting to a situation? If so, describe it in the box below.

How could you have reacted differently? Describe how it could be calmly different!

COGNITIVE ERROR 8: FEELINGS ARE NOT JUST FEELINGS THEY ARE FACTS.

This distortion is frequently one of individuals with eating problems. For example there may be thoughts such as *I feel full and feeling full equals feeling fat. If I feel fat then I am fat.* Another example might be *I feel inferior therefore I am inferior.*

The cognitive distortion comes from allowing feeling to represent facts.

Does the above description seem familiar to you? If so use the space below to provide some examples from your personal experiences.

How could you have reacted differently? Describe how it could be calmly different!

Cognitive Error 9: The eternal - internal critic. Self-critical self-talk. Rigid and demanding Self-talk includes numerous use of 'should', or, 'should not'.

Should is a very harsh word compared to *could*. Thoughts such as *It should not have happened this way; life's not fair* could be changed to *that's the way it is – this time!* In other words (pun intentional) it could be different. Look back at page 19 to remind yourself of what was previously suggested to be the rules for the use of *should*. *must*, *ought* and *have to* belong to the same set of negative thought patterns.

The frequent use of *should* when aimed at oneself may lead to guilt and frustration. *Should* aimed at others may also lead you to feelings of anger and frustration. Apply the three rules (page 19) and ask yourself why should you? It may be valid e.g. you should put warm clothes on before you go out into severe weather conditions.

Ask yourself whether you are saying I should do something when in actual fact it's OK whether I do it or not.

Another word to look at is the negative power of 'but'. Every use of *but* negates everything that comes before it. A simple but very effective intervention is to place the positive after the *but*. This will cancel the negative, two negatives are said to cancel each other out. For example consider the following two statements: *I had a great time at Linda's party last night but I'm paying for it today with a terrible hangover*. Now compare that with *I've got a terrible hangover this morning but never mind I had a great time at the party last night*. In the latter statement the positive is in the belief that it was worth it despite the hangover. Whereas in the other statement it sounds more like was it worth it?.

Dealing with criticism.

If criticism is not to become a ¹stressor then there is a need to deal with it without getting angry, upset, or 'put-down'.

Is the criticism really coming from you rather than what someone has said? In other words you are seriously influenced by what the person has said because their words are a reflection of your beliefs about you. Even though you don't want those beliefs to be true, deep down and out of your awareness is a belief that it is true. These core beliefs influence how you react (perceive) everyday events. For example, when asked: have you finished those papers yet? You may have a sense of *I'm so slow* when in fact the other individual may not have been thinking along those lines at all.

Next time you find yourself in this situation try the following exercise:

A. Is the criticism really coming from you rather than what someone has said?

If it is THEN GO TO 1 on the following page. If not THEN GO TO B

B. Do you believe other people are criticising you?

C. If so who?

D. What do you think they are thinking?

Imagine you are observing that person or those persons doing the same to someone else.

Does that someone else deserve the criticism?

E. What evidence do you have to support that they are in fact criticising you?

If no evidence THEN GO BACK TO A

If you have evidence THEN GO TO F

F. Could it be interpreted as feedback?

¹ A stressor is an event that places a strain on the individual's coping strategies leading to what is commonly referred to as stress.

In other words, what you are experiencing as criticism could be used as positive feedback, which in turn can be used to improve your performance.

If it could be interpreted as feedback THEN GO TO H.

If it can't be interpreted as feedback explore the possibility that the other person may well behave to other people in the same way as they do to you. Perhaps they are angry and resentful about other things in their life and are taking it out on you? Perhaps with greater self-assertiveness skills you could prevent this from happening? **END**

H. What new interpretation could be applied to the feedback that you receive?

What can you learn from the learning-experience?

Use the space below to provide some examples from your personal experiences.

Now apply each of your examples above stages A to H.

Cognitive Error 10: Self-defeating Thinking - you lose anyway you do it.

Frequent use, or an attitude of *why does this always happen to me?*

One negative experience means all similar circumstances will result in negative experiences. Relationships frequently become abusive in some way. It's as if the individual is wearing a label on their forehead that tells people they want to be treated in that way. Supposing a number of bad experiences lead the individual to believe (subconsciously) that they are unworthy/ boring/ stupid, or any negative description they could choose for themselves. Their internalised beliefs influence how they 'select' individuals that will validate those negative beliefs they have of themselves. And all without conscious awareness of doing so.

With greater awareness that such a process can occur along with increased self-esteem and self-assertiveness skills you may slowly begin to change the nature of relationships and how, in general terms you interact with others.

Summary

All of the above cognitive errors have provided you with examples of frequently used cognitive distortions, and you may have even come up with ones not mentioned here. These cognitive distortions have helped keep your self-esteem or confidence in a lowered status.

Over a period of time you will become ever increasingly skilful at spotting the style of thinking you adopt and which has held your self esteem at a low level. With this increasing ability to change your patterns of thought will come a corresponding increase in levels of self-esteem.