

# CBT

## COGNITIVE BEHAVIOR THERAPY



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# CBT is a short-term talking treatment that has a highly practical approach to problem-solving

Cognitive behavior therapy, or CBT, aims to change patterns of thinking or behavior that are behind people's difficulties, and so change the way they feel.

## What is cognitive behavior therapy?

Cognitive behavior therapy (CBT) describes **a number of therapies that all have a similar approach to solving problems** - these can range from sleeping difficulties or relationship problems, to drug and alcohol abuse or anxiety and depression. CBT works by **changing people's attitudes and their behavior**. The therapies focus on the thoughts, images, beliefs and attitudes that we hold (our cognitive processes) and how this relates to the way we behave, as a way of dealing with emotional problems.

An important advantage of CBT is that it **tends to be short, taking three to six months** for most emotional problems. Clients attend **a session a week, each session lasting either 50 minutes or an hour**. During this time, the client and therapist are working together to understand what the problems are and to develop a new strategy for tackling them. CBT introduces them to **a set of principles** that they can apply whenever they need to, and which will stand them in good stead throughout their lives.

CBT is a form of psychotherapy which combines cognitive and behavioral therapy. **Cognitive therapy** looks at how our thoughts can create our feelings and mood. **Behavioral therapy** pays close attention to the relationship between our problems, our behavior and our thoughts. CBT may focus on what is going on in the present rather than the past, but often the therapy will also look at **how thinking patterns may have begun in early childhood** and the impact patterns of thinking may have on how we interpret the world as adults.



## What are the Main Principles of CBT?

Briers (2009) highlights five main principles underlying CBT which must be understood in order for this approach to be effective. These key principles include the following: **recognizing that another point of view always exists, events are not responsible for our feelings, everyone's unique experiences shape their beliefs, feelings impact behavior and everyone is a scientist at heart.**

**Principle one** recognizes that the manner or style of thinking impacts upon the way events or the world is viewed.

**Principle two** is a crucial one as it is easy to think if x happens then one will feel y, for example if one loses one's wallet this will make them feel angry. CBT teaches us to take responsibility for our feelings and that it is the way we interpret events that impacts our mood/emotions as opposed to the event itself.

**The third principle** explains that beliefs we hold about our self, other people and the world in general arise from our personal experiences while principle four recognizes that if one thinks depressive thoughts they are more likely to act in the same way causing more negative thoughts.

**The fifth principle** is central to the way CBT is used to challenge the way one think and behaves through observing, testing, and experimenting.

## What's the history of CBT?

In the 1960s, a US psychiatrist and psychotherapist called **Aaron T. Beck** observed that, during his analytical sessions, his patients tended to have an **'internal dialogue'** going on in their minds, almost as if they were talking to themselves. But they would only report a fraction of this kind of thinking to him.

For example, in a therapy session the client might be thinking to him- or herself: 'He (the therapist) hasn't said much today. I wonder if he's annoyed with me?' These thoughts might make the client feel slightly anxious or perhaps annoyed. He or she could then respond to this thought with a further thought: 'He's probably tired, or perhaps I haven't been talking about the most important things'. The second thought might change how the client was feeling.

Beck realized that the **link between thoughts and feelings** was very important. He invented the term **'automatic thoughts'** to describe emotion-filled or 'hot' thoughts that might pop up in the mind. Beck found that people weren't always fully aware of such thoughts, but could learn to identify and report them. If a person was feeling upset in some way, the thoughts were usually negative and neither realistic nor helpful. Beck found that **identifying these thoughts was the key to the client understanding and overcoming his or her difficulties**.

Beck called it cognitive therapy because of the importance it places on **thinking**. It's now known as CBT because the therapy incorporated **behavioral** techniques as well. The balance between the cognitive and the behavioral elements varies among the different therapies of this type, but all come under the general term 'cognitive behavior therapy'. CBT has since undergone scientific trials in many places by different teams, and has been applied to a wide variety of problems.



### **What's so important about negative thoughts?**

CBT is based on a 'model' or theory that **it's not events themselves that upset us, but the meanings we give them**. Our thoughts can block us seeing things that don't fit with what we believe is true. In other words, **we continue to hold on to the same old thoughts and fail to learn anything new**.

For example, a depressed woman may think, 'I can't face going into work today: I can't do it. Nothing will go right. I'll feel awful.' As a result of having these thoughts - and of believing them - she may ring in sick. By behaving like this, she won't have the chance to find out that her prediction was wrong. She might have found some things she could do, and at least some things that were OK. But if she stays at home, brooding about her failure to go in, she may end up thinking: 'I've let everyone down. They will be angry with me. Why can't I do what everyone else does? I'm so weak and useless.' She will probably end up feeling worse, and have even more difficulty going in to work the next day. Thinking, behaving and feeling like this may start a **downward spiral**. This vicious circle can apply to many different kinds of problems.

### **How does this kind of problem start?**

Beck suggested that these thinking patterns are set up in childhood, and become automatic and relatively fixed. So, a child who didn't get much open affection from their parents but was praised for school work, might come to think, 'I have to do well all the time. If I don't, people will reject me'. Such a rule for living (known as a **'dysfunctional assumption'**) may do well for the person a lot of the time and help them to work hard.

But if something happens that's beyond their control and they experience failure, then the dysfunctional thought pattern may be triggered. The person may then begin to have 'automatic' thoughts like, 'I've completely failed. No one will like me. I can't face them'.

CBT acts to help the person understand that this is what's going on. It helps him or her to **step outside their automatic thoughts and test them out**. CBT would encourage the depressed woman mentioned earlier to examine real-life experiences to see what happens to her, or to others, in similar situations. Then, in the light of a more realistic perspective, she may be able to take the chance of testing out what other people think, by revealing something of her difficulties to friends.



Clearly, negative things can and do happen. But when we are in a disturbed state of mind, we may be basing our predictions and interpretations on a biased view of the situation, making the difficulty that we face seem much worse. CBT helps people to **correct these misinterpretations**.

### What form does treatment take?

CBT differs from other therapies because **sessions have a structure**, rather than the person talking freely about whatever comes to mind. At the beginning of the therapy, the client meets the therapist to describe specific problems and to set goals they want to work towards. The problems may be troublesome symptoms, such as sleeping badly, not being able to socialize with friends, or difficulty concentrating on reading or work. Or they could be life problems, such as being unhappy at work, having trouble dealing with an adolescent child, or being in an unhappy marriage.

These **problems and goals then become the basis for planning the content of sessions** and discussing how to deal with them. Typically, at the beginning of a session, the client and therapist will jointly decide on the main topics they want to work on that week. They will also allow time for

discussing the conclusions from the previous session. And they will look at the progress made with the 'homework' the client set for him- or herself last time. At the end of the session, they will plan another assignment to do outside the sessions.

### Doing homework

Working on homework assignments between sessions, in this way, is a vital part of the process. What this may involve will vary. For example, at the start of the therapy, the therapist might ask the client to **keep a diary** of any incidents that provoke feelings of anxiety or depression, so that they can examine thoughts surrounding the incident. Later on in the therapy, another assignment might consist of **exercises** to cope with problem situations of a particular kind.

### The importance of structure

The reason for having this structure is that it helps to **use the therapeutic time most efficiently**. It also makes sure that important information isn't missed out (the results of the homework, for instance) and that both therapist and client think about new assignments that naturally follow on from the session.

The therapist takes an active part in structuring the sessions to begin with. As progress is made, and the client grasps the principles they find helpful, they take more and more responsibility for the content of sessions. So by the end, **the client feels empowered** to continue working independently.

### How else does it differ from other therapies?

CBT also differs from other therapies in the nature of the relationship that the therapist will try to establish. Some therapies encourage the client to be dependent on the therapist, as part of the treatment process. The client can then easily come to **see the therapist as all-knowing and all-powerful**. The relationship is different with CBT.

CBT favors **a more equal relationship that is, perhaps, more business-like, being problem-focused and practical**. The therapist will frequently ask the client for feedback and for their views about what is going on in therapy. Beck coined the term '**collaborative empiricism**', which emphasizes the importance of client and therapist working together to test out how the ideas behind CBT might apply to the client's individual situation and problems.



### What kind of people benefit?

People who describe having particular problems are often the most suitable for CBT, because it works through having **a specific focus and goals**. It may be less suitable for someone who feels vaguely unhappy or unfulfilled, but who doesn't have troubling symptoms or a particular aspect of their life they want to work on.

It's likely to be more helpful for anyone who can relate to CBT's ideas, its problem-solving approach and the need for practical self-assignments. People tend to prefer CBT if they want a **more practical treatment**, where gaining insight isn't the main aim.

CBT can be an effective therapy for a number of problems:

- anger management
- anxiety and panic attacks
- child and adolescent problems
- chronic fatigue syndrome
- chronic pain
- depression
- drug or alcohol problems
- eating problems
- general health problems
- habits, such as facial tics
- mood swings
- obsessive-compulsive disorder
- phobias
- post-traumatic stress disorder
- sexual and relationship problems
- sleep problems



CBT does not claim to be able to cure all of the above problems. For example, it does not claim to be able to cure chronic pain or disorders such as chronic fatigue syndrome. Rather, CBT might help people with, for example, arthritis or chronic fatigue syndrome, to find **new ways of coping** while living with the disorders.



There is a new and rapidly growing interest in using CBT (together with medication) with people who suffer from hallucinations and delusions, and those with long-term problems in relating to others.

It's less easy to solve problems that are more severely disabling and more long-standing through short-term therapy. But people can often learn principles that improve their quality of life and increase their chances of making further progress. There is also a wide variety of self-help literature. It provides information about treatments for particular problems and ideas about what people can do on their own or with friends and family.

#### **Why do I need to do homework?**

People who are willing to do assignments at home seem to get the most benefit from CBT. For example, many people with depression say they don't want to take on social or work activities until they are feeling better. CBT may introduce them to an alternative viewpoint - that **trying some activity** of this kind, however small-scale to begin with, will help them feel better.

If that individual is open to **testing this out**, they could agree to do a homework assignment (say to go to the cinema with a friend). They may make faster progress, as a result, than someone who feels unable to take this risk.

## How effective is it?

CBT can substantially reduce the symptoms of many emotional disorders - clinical trials have shown this. For some people **it can work just as well as drug therapies** at treating depression and anxiety disorders. And the benefits may last longer. All too often, when drug treatments finish, people relapse, and so practitioners may advise patients to continue using medication for longer.

When patients are followed up for up to two years after therapy has ended, many studies have shown an advantage for CBT. This research suggests that CBT helps bring about a **real change that goes beyond just feeling better while the patient stays in therapy.**

Comparisons with other types of short-term psychological therapy aren't clear-cut. Therapies such as inter-personal therapy and social skills training are also effective. The drive is now to make all these interventions as effective as possible, and also, perhaps, to establish who responds best to which type of therapy.

## Limitations

CBT is **not a miracle cure. The therapist needs to have considerable expertise - and the client must be prepared to be persistent, open and brave.** Not everybody will benefit, at least not to full recovery, in a short space of time. It's unrealistic to expect too much.

At the moment, experts know quite a lot about people who have **relatively clear-cut problems.** They know much less about how the average person may do - somebody, perhaps, who has a number of problems that are less clearly defined. Sometimes, therapy may have to go on longer to do justice to the number of problems and to the length of time they've been around. One fact is also clear, though: **CBT is rapidly developing.** All the time, new ideas are being researched to deal with the more difficult aspects of people's problems; for example, post-traumatic stress.



## How does CBT work?

CBT is quite complex. There are several possible theories about how it works, and clients often have their own views. Perhaps there is no one explanation. But CBT probably **works in a number of ways at the same time.** Some it shares with other therapies, some are specific to CBT. The following illustrate the ways in which CBT can work.

### Learning coping skills

CBT tries to **teach people skills for dealing with their problems.** Someone with anxiety may learn that avoiding situations actually increases fears. Confronting fears in a gradual and manageable way **helps give the person faith in their own ability to cope.** Someone who is depressed may learn to record their thoughts and look at them more realistically. This helps them to break the

downward spiral of their mood. Someone with long-standing problems in relating to other people may learn to check out their assumptions about other people's motivation, rather than always assuming the worst.

### Changing behaviors and beliefs

A new strategy for coping can lead to more **lasting changes to basic attitudes and ways of behaving.** The anxious client may learn to avoid avoiding things! He or she may also find that anxiety is not as dangerous as they assumed.

Someone who's depressed may come to see themselves as an ordinary member of the human race, rather than inferior and fatally flawed. Even more basically, they may come to have **a different attitude to their thoughts** - that thoughts are just thoughts, and nothing more.

### A new form of relationship

One-to-one CBT can bring the client into a kind of relationship they may not have had before. The 'collaborative' style means that they are **actively involved in changing**. The therapist seeks their views and reactions, which then shape the way the therapy progresses. The person may be able to reveal very personal matters, and to feel relieved, because no-one judges them. He or she arrives at decisions in an adult way, as issues are opened up and explained. **Each individual is free to make his or her own way, without being directed.** Some people will value this experience as the most important aspect of therapy.

### Solving life problems

The methods of CBT may be useful because the client solves problems that may have been long-standing and stuck. Someone anxious may have been in a repetitive and boring job, lacking the confidence to change. A depressed person may have felt too inadequate to meet new people and improve their social life. Someone stuck in an unsatisfactory relationship may find new ways of resolving disputes. CBT may teach someone **a new approach to dealing with problems** that have their basis in an emotional disturbance.

### Can I learn CBT techniques by myself?

Since CBT has **a highly educational component, much use is made of reading material** in individual therapy and this has been expanded into a large self-help literature over recent years. Researchers haven't paid much attention, so far, to whether these books can be helpful. There is one study of '*The Feeling Good Handbook*', which was found effective for alleviating depression. This suggests that it could be beneficial for other problems, in the same way, although this will depend on the severity of the problem and how long it's been going on.

A recent development is using **interactive CD-rom and online programs**. For example, Beating the Blues and MoodGYM which can help with depression; and FireFighter for panic, anxiety and phobias. MoodGYM is freely available from the web and free to use. Some of these are very high quality. Some people may prefer them to seeing a therapist, particularly as a first step. They can help with devising relevant activities, and monitor your progress in graphical form, which may be encouraging. They may well come to be more freely available for self-help use.

### What are negative filters?

The role of the therapist in CBT is to teach the person to **identify and eliminate negative mental filters**.

By understanding these negative distortions, the patient is led to the awareness that **"feelings aren't necessarily based on the truth but based more on interpretation of the situation"**

Even though emotions appear true and valid in the moment, many actions that result from it may cause you regret and guilt in the future.

David Burns in his book (*Feeling Good Therapy*) points out that , **"Unpleasant feelings merely indicate that you are thinking something negative and believing it."** This is why, he suggests, **"depression is such a powerful form of black magic."**



There are certain patterns of thinking that are identified as distress causing, these negative forms of thinking are called **thought distortions**. David burn identifies 10 types of thought distortions:

**1) All Or Nothing Thinking:** You see things in black and white categories. An average or above average performance is not acceptable, this form of thinking develops mostly from school and media pressure to be perfect and high performing achievers, while this kind of thinking may be helpful when an individual selects a particular goal and goes after it, it can be disastrous when the individual **seeks perfection in every area of life**. If the performance falls short of perfect, the person sees himself /herself as a **total failure**.

2) **Over generalization:** You see a single negative event as a **never-ending pattern** of defeat. The person thinks that a failed job interview or low performance in an exam means the end of the world and that they are no longer capable of achieving anything worthwhile.

3) **Negative mental filter:** You pick out a single negative detail and dwell on it exclusively so that your **vision of all reality** becomes darkened, like the drop of ink that discolors the entire beaker of water. This type of thinking usually destroys relationships with other people. The person tends to have an eye out for the **negative aspect in every situation** and they can ignore all the positive aspects in their life, this kind of thinking robs their personal energy.

4) **Disqualifying the positive:** You reject positive experiences by insisting they **"don't count"** for some reason or other. You maintain a negative belief that is contradicted by your everyday experiences.



5) **Jumping to negative conclusions:** You make a negative interpretation even though there are **no definite facts** that convincingly support your conclusion.

6) **Mind reading:** You arbitrarily conclude that someone is reacting negatively to you and don't bother to **check it out**.

7) **The Fortune Teller Error:** You **anticipate** that things will turn out badly and feel convinced that your **prediction** is an already-established **fact**.

8) **Magnification (catastrophizing) or minimization:** You **exaggerate the importance** of things (such as your goof-up or someone else's achievement), or you inappropriately **shrink things** until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."

9) **Emotional reasoning:** You assume that your negative emotions necessarily reflect the way things really are: **"I feel it, therefore it must be true."**

10) **Should statements:** You try to motivate yourself with **"should's and shouldn't's,"** as if

you had to be whipped and punished before you could be expected to do anything. **"Musts" and "oughts"** are also offenders. The emotional consequence is **guilt**. When you direct should statements toward **others**, you feel **anger, frustration, and resentment**.

11) **Labeling and mislabeling:** This is an extreme form of over-generalization. Instead of describing your error, you attach a negative label to yourself: **"I'm a loser."** When someone else's behavior rubs you the wrong way, you attach a negative label to him, **"He's a damn louse."** Mislabeling involves describing an event with language that is highly colored and emotionally loaded.

12) **Personalization:** You **see yourself as the cause** of some negative external event for which, in fact, you were not primarily responsible.

These elements were discussed in great detail by Dr. David Burns in his book, *Feeling Good Therapy*, Cognitive behavior therapy adopts most of these principles to help the patient overcome their negativity, depression and anxiety.

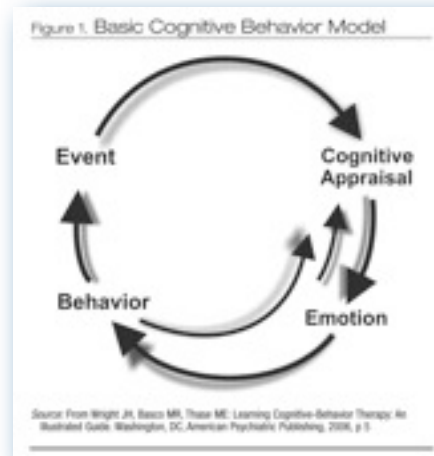
There is accumulating evidence for the effectiveness of CBT, magnetic resonance imaging (MRI) and PET scanning have shown increases in blood flow and metabolic activity in the frontal cortex, limbic structures, caudate, and thalamus, with a trend toward right-sided predominance which means that it increases the patients thinking skills and also their intuition.



Patients who learn to eliminate negative filters feel good about themselves and develop a healthy self-esteem, they are able to view life events objectively and make good decisions.

## The CBT model

The simplified model in Figure 1 helps drive specific treatment interventions and is frequently diagrammed or explained to patients as they are educated on how CBT works. A **two-way relationship between cognition and behavior** is posited in which cognitive processes can influence behavior, and behavioral change can influence cognitions.



Because cognition and behavior are so closely linked, the clinician can opt to intervene at either the cognitive or the behavioral level, using practical methods of interrupting the cycle.

## Levels of cognition

There are three major levels of cognition that are relevant to the practice of CBT: **full consciousness, automatic thoughts, and schemas**. Consciousness is defined as a state in which rational decisions are made with full awareness. In contrast, automatic thoughts are the more autonomous, often private cognitions that flow rapidly in the stream of everyday thinking and may not be carefully assessed for accuracy or relevance. Everyone has automatic thoughts, but in clinical states such as depression and anxiety disorders, these cognitions are often riddled with errors in logic. In depression, automatic thoughts typically center on themes of negativity, low self-esteem, and ineffectiveness.

Table 1. Examples of Automatic Thoughts and Maladaptive Schemas

Automatic Thoughts	Maladaptive Schemas
I should be doing better in life.	I must be perfect to be accepted.
I've let him/her down.	I'm a fake.
I always keep messing things up.	If I choose to do something, I must succeed.
I can't handle it.	I'm unlovable.
It's too much for me.	No matter what I do, I won't succeed.
I don't have much of a future.	The world is too frightening for me.
Things are out of control.	Others can't be trusted.
I feel like giving up.	I must always be in control.
I'll never be able to get this done.	I'm stupid.
Something bad is sure to happen.	Other people will take advantage of me.

Source: Adapted from Wright et al. (11)

**Schemas, or core beliefs**, are the third and deepest level of cognition defined in CBT. Schemas are fundamental rules or templates for information processing that are shaped by developmental influences and other life experiences (see Table 1). Because they play a major role in regulating self-worth and behavioral coping strategies, schemas are a frequent target of CBT interventions. It has been suggested that **schema change** may account for part of the relapse prevention effect of CBT.

## CBT methods

### General procedures

The term **collaborative empiricism** is often used to describe the therapeutic relationship in CBT. A highly collaborative relationship is established in which clinician and patient work together as a team to identify maladaptive cognitions and behavior, test their validity, and make revisions where needed. A principal goal of this process is to help patients effectively define problems and gain skills in managing these problems.

Collaborative empiricism
Problem-oriented focus
Short-term treatment for uncomplicated disorders
Structured methods
Psychoeducation
Homework

### Psychoeducation

Psychoeducation is another key feature of CBT. When possible, the therapist uses **illustrations from the patient's own experiences** to demonstrate CBT principles and procedures. For example, if a patient exhibited a "mood shift" (a sudden appearance of a strong emotion suggesting that he or she had just had an outpouring of intense automatic thoughts) early in therapy, the therapist might pause to help the patient identify the automatic thoughts. Material gleaned from this process can then be used to explain the basic cognitive model (the relationship between cognitions and emotions) and to introduce the patient to the concept of automatic thoughts.

Readings and other educational aids are also used extensively in CBT. Typically, patients are asked to **read self-help books, pamphlets, or handouts** during the beginning phases of therapy. Workbooks can be used for specific problems such as depression, obsessive-compulsive disorder, other anxiety disorders, and perfectionism.

### Cognitive methods

Table 3 lists cognitive methods used in CBT.

Socratic questioning
Guided discovery
Examining the evidence
Examining advantages and disadvantages
Identifying cognitive errors
Thought change records
Generating rational alternatives
Imagery
Role play
Rehearsal

The most important and frequently used cognitive technique is the **use of questions that encourage the patient to break through rigid patterns of dysfunctional thinking and to see new perspectives**. The two terms most often used to describe this form of inquiry are **Socratic questioning** (asking questions that guide the patient to become actively involved in finding answers) and **guided discovery** (a series of questions that help the patient explore and change maladaptive cognitive processes). Examples of some of the specific techniques that might be included in guided discovery are examining the evidence exercises and two-column analyses of the advantages and disadvantages of holding a core belief.

### Examining the Evidence: The Court Case

Write down your thought/s – **put the really troublesome thought (not you!) in the “dock”**, the thought that makes you feel really bad or upset. (To help identify this thought, ask yourself questions such as: What’s the worst that could happen? What does that say about me?)  
**Look for evidence to support the accuracy of the thoughts** – what tells you this thought is true? What would a barrister / lawyer / advocate for the defense say? (Remember this is a “court case” and evidence should be able to stand up in court as facts).

**Look for evidence against the thoughts** – what tells you this thought is **not totally true, all of the time?** Is this opinion rather than fact? What would a barrister / lawyer / advocate for the prosecution say? What factual evidence is there? Consider what others would say (witnesses) etc.

**Sum up all the evidence and come to your own conclusions** – find a closing statement that is based on the evidence, that is **realistic, rational and balanced**. Rephrase the original thought in a way that includes the evidence. (You might start with: “Even though I.....”)



### Thought Change Record

One of the most useful cognitive interventions is the thought change record. In the beginning phase of therapy, patients may be introduced to **thought recording** by asking them to make a note of automatic thoughts that occur in stressful situations and to identify emotions associated with these thoughts. As the patient gains knowledge and experience with CBT, the following **10 questions** might be asked:

1. **The situation.** Briefly describe the situation that led to your unpleasant feelings. This will help you remember it later if you want to review your notes.
2. **Initial thought.** What thought first crossed your mind? This was probably a subconscious or automatic thought that you have had before.
3. **Negative thinking.** Identify the negative thinking behind your initial thought. Choose one or more from the list of common types of negative thinking.
4. **Source of negative belief.** Can you trace your thinking back to a situation or person? Is there a deep belief or fear driving your thinking? Search your heart.

5. **Challenge your thinking.** Look at the evidence both for and against your thinking. Have you been in a similar situation before? What did you learn from it? What strengths do you bring to this situation? Make sure you see the whole picture.
6. **Consider the consequences.** What are the short-term and long-term consequences if you continue to think like this? Look at the physical, psychological, professional, and emotional consequences.
7. **Alternative thinking.** The previous steps of the thought record helped you understand your thinking and lower your defenses. Now that you've considered the facts, write down a healthier way of thinking.
8. **Positive belief and affirmation.** Write down a statement that reflects your healthier beliefs. Find something that you can repeat to yourself.
9. **Action plan.** What action can you take to support your new thinking?
10. **Improvement.** Do you feel slightly better or more optimistic? This step reinforces the idea that if you change your thinking, you will change your mood. Gradually over time, your thinking and life will begin to improve.

A full **five-column thought change record** can be used in which the patient identifies cognitive errors in automatic thoughts, generates rational alternatives, and charts the outcome of making these changes.

1. Situation	2. Initial Thought	3. Negative Thinking	4. Evidence for this Thinking	5. Alternative Thinking
Describe the situation that led to your unpleasant feelings.	What thought first entered your mind?	Identify the negative thinking behind your initial thought.	Look at the evidence for and against this thinking. Have you been in a similar situation before? What strengths do you bring to this situation? Look at the whole picture.	Once you've considered the facts, write down a healthier way of thinking.

## Positive Self- talk / Coping Thoughts

**Positive statements encourage us and help us cope through distressing times.** We can say these encouraging words to ourselves, and be our own personal coach. We have all survived some very distressing times, and we can use those experiences to encourage us through current difficulties. Examples of **coping thoughts** might be:

- Stop, and breathe, I can do this
- This will pass
- I can be anxious/angry/sad and still deal with this
- I have done this before, and I can do it again
- This feels bad, it's a normal body reaction – it will pass
- This feels bad, and feelings are very often wrong
- These are just feelings, they will go away
- This won't last forever
- Short term pain for long term gain

- I can feel bad and still choose to take a new and healthy direction
- I don't need to rush, I can take things slowly
- I have survived before, I will survive now
- I feel this way because of my past experiences, but I am safe right now
- It's okay to feel this way, it's a normal reaction
- Right now, I am not in danger. Right now, I'm safe
- My mind is not always my friend
- Thoughts are just thoughts – they're not necessarily true or factual
- This is difficult and uncomfortable, but it's only temporary
- I can use my coping skills and get through this
- I can learn from this and it will be easier next time
- Keep calm and carry on

Write down a coping thought or positive statement for each difficult or distressing situation – **something you can tell yourself that will help you get through**. Write them down on a piece of **card and carry it in your pocket or handbag** to help remind you.

Other frequently used cognitive techniques include imagery, role play, rehearsal exercises, and homework assignments to put modified cognitions into action.



## Working with Imagery

**A picture is worth a thousand words.** Imagery can lead to more intense distress than thoughts, and we can often neglect asking about intrusive imagery, its meaning, and how it affects us. Individuals who are depressed may have distressing images about past events, or have '**flash- forwards**' to a desolate future, or suicidal imagery. Those with anxiety disorders often have intrusive images about a feared future event, seeing the worst possible things happening. Individuals who have suffered trauma, can have '**flash- backs**' with reliving experiences of those traumatic memories. It makes sense that using therapeutic imagery will be most effective at treating distressing imagery, rather than by using a different modality such as cognitive or behavioral interventions. It can be described as '**mental time travel**'. The aim of imagery techniques are to change the toxic meaning of the image, reducing the distress.

**Imagery Manipulation** – aspects of of the image are altered the distress associated with the image is reduced, which will enable the client to cope with the image during daily life, or reduce the distress in session to enable imagery work to continue.

**Imagery Rehearsal** – a feared imagined future event can be mentally rehearsed.

**Imagery Rescripting** – the content and outcome of distressing and intrusive imagery (whether a past memory or future event) can be changed.

It is possible to change the memory - rescript the image by coming up with a more positive or acceptable outcome (whether of a real traumatic memory, or a distressing imagined future), and therefore reduce the distress and beliefs associated with the image.

The imagery must be discussed in detail prior to the imagery rescripting, usually by imaginal reliving of the image, so that the scenario can subsequently be worked through with an awareness of how to respond at each stage, and as anything unexpected comes up.

- o How do you make sense of all this? What does it mean to you? What does it say about you, what does it say about others? (Rate belief 0 – 100%)
- o What would you like to have happened?
- o How do other people respond?
- o What needs to happen in order to change the way you feel about it now?
- o How does this look now, looking back as an adult?
- o If you could go back and speak to yourself at that time, what would you say?
- o Who could you bring in to help you at that time? What could they say or do that would help the situation or make you feel better?

**Compassionate Nurturing Imagery – promoting self-compassion**

### The Perfect Nurturer



Individuals who have experienced a critical or abusive childhood can benefit from developing Compassionate Nurturer Imagery. This imagery can be used for its own sake – to promote self-compassion by bringing up the image, for example at times of self-criticism and to become aware of the Nurturer (and how it responds to that self-criticism), and also to use it as part of imagery rescripting, by introducing the presence of this Compassionate Nurturer into distressing memories.

### Developing the Compassionate Nurturer Imagery

Avoid using an actual person, instead, use a fantasy / fictional figure or spiritual presence.

- What do you need this Nurturer image to be like?
- What characteristics or qualities does your Nurturer need to have?
- What would you find soothing and calming?

- What would be most helpful?

The Nurturer image should include the following qualities:

- Wise
- Accepting
- Strong non-judgmental
- Warm
- Compassionate caring

Characteristics:

- What you see – what does it look like?
- What you smell (we can often associate a particular smell with this imagery, which helps us to bring up the imagery again).
- What you can touch (be mindful of feeling threatened).
- What you can hear – voice, tone of voice.
- Qualities (compassion etc).
- When you bring up this Compassionate Nurturer Image, what do you feel in your body?
- What emotion/s go with this imagery?



Is there a name that you would like to give this Compassionate Nurturer Image?

### Using Compassionate Nurturer in Imagery Rescripting

- Now I'd like you to bring your Compassionate Nurturing Image, into your memory.
- Just focus on the presence of this imagery now, its sole purpose to be there for you, to help you.
- Use the smell of..... to help you bring in your Compassionate Nurturing Image.
- What do you notice now? Can you feel the presence of your Nurturer? What do you feel?
- Really focus on that feeling, and the presence and support of your Nurturer.
- Now, go through what we planned to do, with your Nurturer.
- What's happening now?
- What's your Nurturer doing or saying?

Can you think about what you can say to yourself that changes the way you feel when you think about this memory?

It's done – it's over – it's okay – it's old stuff – it's in the past – you're safe.

## ☒ Visualizing Emotions as Colors

☒ Where do you feel this emotion in your body? If this feeling had a color, what would it be? What shape is it? How big is it? What consistency is it?

☒ If you felt better: What color would it be? What about the shape? The size? The consistency? Notice that feeling now.

Imagery:

In your mind's eye, see yourself doing and enjoying the things you used to or would like to enjoy doing, and successfully doing what you need to do.

Visualize orange for positive energy. Breathe in orange, and breathe out blue/black.

Imagine yourself coping in a situation that you feel anxious about. See the situation through to a successful completion.

Visualize blue for calm.

Breathe in blue and breathe out red.

Visualize yourself handling this situation in a calm, non-aggressive but assertive way, respecting the rights and opinions of everyone involved.

Visualize blue for calm, or green for balance. Breathe in green/blue and breathe out red.



## ☒ The Poisoned Parrot

Imagine you're given a parrot. This parrot is just a parrot - it doesn't have any knowledge, wisdom or insight. Its bird-brained after all. It recites things „parrot fashion“ – without any understanding or comprehension. Its a parrot.

However, this particular parrot is a poisoned and poisonous parrot. It's been specifically trained to be unhelpful to you, continuously commenting on you and your life, in a way that constantly puts you down, criticizing you.

For example, the bus gets stuck in a traffic jam, and you arrive at work 5 minutes late. The parrot sits there saying: "There you go again. Late.

You just can't manage to get there on time can you? So stupid! If you'd left the house and got the earlier bus you'd have arrived with loads of time to spare and the boss would be happy. But you? No way. Just can't do it. Useless. Waste of space. Absolutely pathetic!"

How long would you put up with this abuse before throwing a towel over the cage, or getting rid of the parrot?

Yet we can often put up with the thoughts from this internal bully for far too long. Decades. We hear that „parrot“, believe the „parrot“, and naturally get upset. That then affects the way we live our lives – the way we behave towards others, how we are, what we think about others, what we think about the world, and how we think and feel about ourselves.

We can learn to use the antidote: just notice that parrot, and cover the cage! "There's that parrot again. I don't have to listen to it – its just a parrot". Then go and do something else. Put your focus of attention on something other than that parrot. This parrot is poison though, and it won't give up easily, so you'll need to keep using that antidote and be persistent in your practice!



Eventually it will get tired of the towel, tired of you not responding. You'll notice it less and less. It might just give up its poison as your antidote overcomes it, or perhaps fly off to wherever poisoned parrots go.

## Behavioral methods






Table 4 lists behavioral methods used in CBT.

Activity and pleasant event scheduling
Graded task assignments
Exposure and response prevention
Relaxation training
Breathing training
Coping cards
Rehearsal

**Activity and pleasant event scheduling** are commonly used to help depressed patients reverse problems with low energy and anhedonia. These techniques involve obtaining a baseline of activities during a day or week, rating activities on the degree of mastery and/or pleasure, and then collaboratively designing changes that will reactivate the patient, stimulate a greater sense of enjoyment in life, or change patterns of social isolation or procrastination. **Graded task assignments**, in which problems are broken down into pieces and a stepwise management plan is developed, are used to assist patients in coping with situations that seem especially challenging or overwhelming.



**Coping methods** that are generated and rehearsed in therapy sessions are then carried out with the help of **coping cards** in real-life situations, for example:

STOPP	Take a Breath	Observe	Pull Back Put in Some Perspective	Practice What Works
				
<p>Stop and step back from the situation, in your mind.</p> <p>What happened? Where? When?</p> <p>Who with? How?</p>	<p>Breathe slowly once or twice.</p>	<p>Describe the feelings, images, thoughts, body sensations, triggers.</p> <p>Is this fact or opinion? See the situation as an outside observer.</p> <p>Is there another way of looking at it? What would someone else see and make of it?</p>	<p>What advice would I give to someone else? What's 'the helicopter view'?</p> <p>What meaning am I giving this event for me to react in this way?</p> <p>How important is it right now, and will it be in 6 months? Is my reaction in proportion to the actual event? What will be the consequences of my action?</p>	<p>What can I do that will be most helpful? Will it be effective and appropriate? Is it in keeping with my values and principles?</p> <p>What is best thing to do, for me, for others, for the situation?</p>

## Commitment to Life Contract

**Make a contract** with a therapist, friend or a trusted, significant person in my life.

For today and the next .....days, I commit to.....

Example:

- Decrease negative self talk
- Build positive experiences
- Use my coping skills
- I will take action to remove harmful substances or objects
- I will set some personal goals
- I commit to LIFE

### What are my personal GOALS?

Break them down into **smaller, achievable steps**

Example:

Goal 1: Be with others more

1. Join reading group (phone library)
2. Join walking group
3. Contact an old friend
4. Go to a coffee morning
5. Plan an event with friends

### Positive self talk

What can I say to myself that will encourage me and help me cope?

Example:

- This will pass
- I've coped before - I will cope now
- It will get better
- There are things I can do to help myself feel better

### Positive changes I will make

Example:

- Get 8 hours sleep
- Eat healthy
- Smile more

Positive aspects of my life

e.g. character trait or personal skill

Example:

- People
- Possessions
- Positive aspects of self

### My coping skills

List them Use them!

Example:

- STOPP
- Self-soothe
- Distract
- Opposite Action
- Build positive experiences



## Coping Strategies

Some of the most useful behavioral methods for treating anxiety disorders are **hierarchical exposure to feared stimuli, relaxation training, and breathing training**. Exposure protocols can be either rapid or gradual. Typically, a hierarchy of exposure experiences is developed, with sequential increases in the degree of anxiety provoked. Patients are encouraged to expose themselves gradually to these stimuli until the anxiety response dissipates and they gain a greater sense of control and mastery. Progressive relaxation and breathing exercises may be used to reduce levels of autonomic arousal and support the exposure protocol. These techniques also may be used alone to help manage panic attacks or other symptoms of anxiety disorders.

One particularly useful way to encourage the patient to use behavioral skills learned in therapy sessions is to develop a **coping card**. Key elements of a coping strategy or management plan - typically including both behavioral and cognitive strategies - are recorded on a small card that the patient carries at all times. Coping cards might contain, for example, anti-suicide plans detailing what to do if suicidal thoughts return, strategies for coping with critical remarks from a spouse, or specific ideas for combating procrastination at work, for example:

### My safety plan

What can I do that will help reduce the pain? What can I do that will help me cope better? Who or where can I go? Example: Who can I telephone?

- Self-soothe, be with others
- STOPP, Opposite Action, writing, distract
- Family or friend, Health professional, Samaritans or Befrienders, Accident & Emergency Department, Emergency services

- I commit to life for ..... days with the option of renewing for another ..... days.
- I commit to making the positive changes as detailed in this Commitment to Life contact.
- I will give a copy of this Commitment to Life to an important person in my life to help me through this

difficult time.

Signature: Name: Date:

## Mindfulness CBT

Mindfulness CBT finds its origins in Eastern Buddhist meditation which began many centuries ago. Recent studies on CBT with mindfulness (Hayes, Follette and Linehan, Mindfulness and Acceptance Guilford, 2004) have shown psychological effectiveness across a wide range of clinical problems. These include anxiety, depression, stress management, OCD, social anxiety and personality disorders.

### What is Mindfulness?

Mindfulness is a way of observing thoughts, images and feelings in an accepting way without either: -  
a) engaging with them, stepping back to interpret them in the traditional way. CBT steps back into an observer hypothesis testing position to reality - test and challenge negative automatic thoughts  
or

or

b) using distraction techniques to try to suppress and/or escape from them.

### How does it work?



When a client comes for CBT their **natural disposition is analyze and interpret their negative thoughts**. They want to find a solution to problems in their thinking in the same way as they would want a practical solution to the problems faced in every day life, i.e. career, health, financial, external conditions in the world around them.

**But thinking problems do not always lead themselves to a mechanistic, pragmatic problem solving exercise.** This is generally because these negative thoughts and the emotional pain are initially caused by events which happened long ago, in childhood, or at least have their roots or point of origin there. This makes them less amenable to standard CBT, where negative thoughts can be identified, and reframed in an alternative and more balanced way.

**The trend in CBT into the realms of mindfulness, compassion and ACT (Acceptance and Commitment Therapy)** is at the heart of this "third wave" of the behavioral therapies.

The normal thinking process reacts to a negative thought, image or feeling which presents itself to the mind, by engaging with that thought. In CBT the term **MAGNIFICATION** is used as an error in logic

which means that, as one thought comes into the mind, we associate and chain it with another thought until it gets bigger and bigger.

If I think that I am going to fail a forthcoming exam, or make a fool of myself while making a presentation, or be rejected by someone I ask out on a date, **my mind will act like a computer in a negative feedback loop** and give me all of the similar situations in my life when similar things have happened. This has a snowball effect because I fix my mind on these until these thoughts seem like an obstacle as big as Mount Everest would be to climb.

The alternative to fixing and magnifying negative events would be to **DISTRACT myself** from them by doing something different to try to escape from them. The problem with this is that, consistent with the literature of avoiding negative thoughts, the more we try to escape from them the more prevalent they become in our minds.

## Mindfulness CBT - A Third Way

Mindfulness CBT works as a third way. Instead of engaging with negative thoughts, images and emotions, or trying to distance ourselves from them, **the third option is to allow them to be there, to accept them, but to neglect them.**

In Daniel Pink's book *A Whole New Mind*, he states that, out of 10,000 new bits of information presented to us at any one time, we naturally only pay attention to half a dozen sensory motor mega-bites at any one time. The mind works by the fact that paradoxically, as we accept these negative images and feelings, and allow them to be there without fixing on them, the mind moves on rather like a stream of consciousness, on to the next thing.

The great Zen master Hisamatsu said "when nothing idle weighs heavy on the mind, this is man's favorite season".

An example of this **natural neglect** would be like watching a television commercial. In a world of television advertising, you have probably trained yourself to not hear, not see, and not be engaged or affected by what is on the screen.

In Adrian Wells' book on *Cognition and Emotion*, he points to a processing area in the brain where we do just that, experience things around us without being aware of what we are taking in. This is something we already do in vast areas of our lives. **Discovering that place where we have thoughts, but they do not have us** - i.e where we are aware of them but not disturbed by them. This is of great value in coping with emotional/psychological problems.



## Mindful Breathing

The primary goal of mindful breathing is simply a **calm, non-judging awareness, allowing thoughts and feelings to come and go without getting caught up in them.**

- ☒ Sit comfortably, with your eyes closed and your spine reasonably straight.
- ☒ Bring your attention to your breathing.
- ☒ Imagine that you have a **balloon in your tummy**. Every time you **breathe in, the balloon inflates**. Each time you **breathe out, the balloon deflates**. Notice the sensations in your abdomen as the balloon inflates and deflates. Your abdomen rising with the in-breath, and falling with the out-breath.
- ☒ Thoughts will come into your mind, and that's okay, because that's just what the human mind does. Simply **notice those thoughts, then bring your attention back to your breathing**.
- ☒ Likewise, you can **notice sounds, physical feelings, and emotions**, and again, just **bring your attention back to your breathing**.
- ☒ You don't have to follow those thoughts or feelings, **don't judge yourself for having them, or analyze them in any way**. It's okay for the thoughts to be there. Just notice those thoughts, and let them drift on by, bringing your attention back to your breathing.
- ☒ Whenever you notice that your attention has drifted off and is becoming caught up in thoughts or feelings, simply note that the attention has drifted, and then gently bring the attention back to your breathing.

It's okay and natural for thoughts to enter into your awareness, and for your attention to follow them. No matter how many times this happens, just keep bringing your attention back to your breathing.



### The Visitor

This exercise helps to develop a **mindful awareness of the environment, of the body, of the breath, and of thoughts and emotions**. You can practice the exercise as a whole, or in parts – using any part of the exercise.

#### The Environment

As you're walking, or just sitting quietly somewhere, start to **notice things as though you were a visitor** to this place. As you look around you, notice **sights, sounds and smells** as though you had never seen, heard or smelled them before. You can imagine you are a visitor from another area or culture, or from a different species or even planet. Seeing or hearing things **for the first time**, from a completely different perspective. Spend a little time just looking and listening and noticing.

#### The Body

When 'Dr Who' regenerates, he immediately checks out his new body. As a newcomer or visitor, start to **imagine being in your body for the first time**.

Notice what that feels like – what bodily **sensations** do you notice? How does it feel to move around, stretching those muscles, standing up or sitting down. What do those hands feel like as you move them about, stretching and wiggling those fingers, clenching those fists? As you start to walk, how is that? What do you notice about your legs – upper legs, feet and toes? Move your head around and notice what your neck and shoulders feel like. Bend, stretch and move about. What are those

physical sensations? Spend a little time just noticing those bodily sensations, and imagine taking your body for its first ever walk, or any everyday activity.

### The Breath

What would you, as a new awareness or visitor to this new body, notice about the sensations of breathing, as you breathe in, then out? Notice the **sensations in the abdomen, the chest, the throat, the mouth and nose**. You can notice how your attention wanders, as thoughts come in, sometimes crowding in, and your attention can follow those thoughts.

Just notice as your attention wanders, then gently bring your focus back to your breath. Minds do wander, thoughts will come and thoughts will go, that is the nature of the human mind. As a visitor, you can stand back, notice those thoughts, feelings, sounds and sensations, and keep bringing your attention back to your breath.

### Thoughts and Emotions

Then you can start to notice, as a visitor, the thoughts and images, feelings and emotions that come and go, in this your new body and mind. You're brand new to this body and mind, and there are **no expectations for you to react to** any thought, image or emotion – you can just notice them, and not respond. As a visitor, you can notice that they are just words and images, sensations, and feelings. Merely notice them as you would as a new visitor to this body and mind. Words and images, sensations and feelings: **they come, and they go, and that's okay**, because that's just what the human mind does. This is why in Buddhist thought, it is often called the **"monkey mind."**



## Using Music Therapeutically

**Music can greatly affect our mood. Choose your piece of music wisely.** If you're feeling depressed, choose upbeat, energizing music. If you're feeling tense and uptight, then choose music that is likely to relax you – with a slower and gentler pace. Generally, **choose music that is the opposite to how you're feeling**. Very often when we're depressed, we like to listen to sad songs. Sometimes that might be helpful, but if you want to feel better and improve your mood, you'll need to choose different music.

However, music is **very personal**, and what works for one person may be very different from what works for another. If you're not sure what piece of music to use, then get a few tunes together, and try them. You'll soon know if a song or piece of music is going to do the job! Very quickly you'll notice it starting to affect you.

**Watch out for song lyrics.** Whilst the music does the main job of affecting our mood, the lyrics also play a part. If you're going to practice mindful listening, then it may be best to choose music without words.

### Listening

Sometimes you can put the **music on in the background** whilst you carry on with your daily activities. It's okay to **sing or hum along, or even dance!** You may prefer to do that alone, although it can be more fun with others.

## Mindful Music

Put some time aside to sit or lie down and **be with the music**, so that you can give it your full focus of attention. Ask others not to distract you, turn off your phone and do whatever else you need to do to reduce distractions.

Find somewhere comfortable and **give it your total focus, with your full attention on the music**. As you listen:

- 1  Bring your attention to aspects of the music that you don't normally notice: the rhythm, the different instruments or sounds at different times, the pauses, the tune and the background harmony, the varying loudness and speed of the music, the high and low notes, long and short.
- 2  Notice how the music is affecting you as you listen: notice your breathing, your heart rate, your body's rhythm.
- 3  Bring your attention to the rest of your body, and notice the physical sensations as you listen to the music.
- 4  Notice what emotions the music bring up, and how your mind is being affected (calming, energizing, inspiring, more alert, relaxing).
- 5  Listen to the music as a whole – let it sweep you away and along, getting lost in that music. If any thoughts come into your mind, just notice them and allow them to be carried away on the music, then bring your attention back to the music.



**Singing or humming** can be a very effective way to express yourself. Again choose the music wisely. Watch out for the song lyrics too – they can be very relevant.

**Dancing or moving** – when we allow ourselves to move our bodies with the music, it can strengthen the power of the music to affect us. Any form of exercise is likely to be beneficial. In depression, physical activity has a very powerful anti-depressant effect – it's motivating and energizing. When we're feeling tense, because of stress, anxiety or anger, then physical activity uses the energy that the adrenaline response has created, thereby having a calming effect.

**Playing an instrument** – however 'badly' – can help relieve stress, improve concentration, give you a sense of achievement and enjoyment, build confidence, improve your ability to think rationally, and has the benefits of including physical activity. If you don't have an 'instrument' at home, maybe it can just be banging on pans or cushions with wooden spoons.



Taking up and learning to play a musical instrument may give you a focus, a sense of purpose, a goal, a sense of achievement and enjoyment, self-confidence and all the benefits previously described.

**Playing music with others** will add to the sense of fun and enjoyment and give you a sense of being close to others. That's particularly important if you normally isolate yourself from others – music can be a great and less threatening way to get together with others who have similar interests – any conversation is likely to be about the music and the activity. If you don't already play an instrument, you could always join in with a community drumming group or choir in your area.

However you choose to use music, **enjoy it, and notice how it affects you**. If it doesn't have the desired effect, then just choose a different piece of music, or a different musical activity.

## Dialectical Behavioral Therapy



Dialectical Behavioral Therapy is a development within CBT utilizing the wonderful concept of the **Wise Mind**. **Experiencing Integration & Intuition** is a concept in Dialectical Behavioral Therapy (DBT). It assumes that you are capable of experiencing wisdom in your life or "Wise Mind." You will develop Wise Mind as you learn and practice DBT skills. Skills are learned abilities. **With skills, you are able to change behaviors, emotions, and thinking patterns** associated with problems in living, especially those causing misery and distress. The specific DBT skills for developing Wise Mind are **interpersonal effectiveness skills, emotion regulation skills, distress tolerance skills, and core mindfulness skills**.

Many people are familiar with the serenity prayer:  
"God grant me the serenity to accept the things I cannot change;  
courage to change the things I can;  
and wisdom to know the difference."

DBT seeks to help you learn **acceptance and change skills**. The DBT acceptance skills are core mindfulness and distress tolerance which develop **serenity and equanimity**. The DBT change skills are emotion regulation and interpersonal effectiveness which develop **courage and self-control**.

To understand Wise Mind, you need to understand two states of mind: reasonable mind and emotion mind.

### Reasonable mind

**Facts and common sense** are the framework of reasonable mind. You are in reasonable mind when you **think logically and rationally**. This intellectual or scientific state of mind defines reality in terms of facts, numbers, equations, or **cause and effect**. Whether balancing your checkbook, baking a cake or working a crossword puzzle, you need the knowledge of reasonable mind.

Reasonable mind is important to **learning skills**. You need to understand how a skill works and when to apply it. Reasonable mind is a **storehouse of information**, helping you **define a problem objectively and determine a solution**. To use skills, you need to know what the different skills are, and how to call them forth when you need them. For example, to regulate emotions skillfully, you must be able to name them, understand what events and interpretations prompt certain emotions, know what emotions feel like, what emotions compel you to do, and their aftereffects. The more you know and the more you practice the stronger reasonable mind becomes.

Reasonable mind is much easier when you are healthy, strong, sober, rested and fed but much harder when you are sick, weak, stoned, tired, or hungry. Emotion mind starts to take over when you are stressed or don't feel well.

Although, reasonable mind is critical to dealing with reality, many of life's problems have an emotional aspect.

## Emotion mind

If reasonable mind runs "cool" then **emotion mind runs "hot."** **Passionate, extreme, and intense reactions** in emotion mind make reasonable, logical thinking difficult. When an emotional state controls your thinking and behavior, emotion mind has taken over. **Acting the way you feel is how emotion mind behaves.** Emotion mind can **flood your system with energy** in anger or **zap your energy** in depression. Impulsively acting the way you feel can lead to **out of control behavior creating chaos, hurt feelings, and more problems.** Emotion mind tends to be careless, irresponsible, mindless, impulsive, and impatient. Strong emotions distort facts, magnify excuses, and shrink your perception of consequences.

Of course, **a certain amount of emotion mind can be beneficial.** Intense love is a motivation for intimate relationships. Intense devotion or desire motivates staying with very hard tasks and sacrificing oneself for others. Mothers running through fires to save their children are in emotion mind. People high in emotion mind are often passionate about people, causes, and beliefs - these are the dramatic, fun people of the world.

Misery and distress are emotional reactions to problems in living that make a difficult situation worse. You can, however, learn to use **emotion and logic together** in concert to improve your quality of life. This is the goal of Wise Mind.

## Wise Mind

Wise Mind is the **active integration of Emotional Mind and Reasonable Mind.** Wise Mind brings together the logic of reasonable mind and the sensitivity of emotional mind to a serene state of mind. When you relate what you know (your smarts) to your problems (what hurts) you are being skillful and in Wise Mind. **Wise Mind joins what you know to your problems.** Your effort to link your problems causing misery and distress with your reasonable, logical abilities is the basis of skillfulness and Wise Mind. But Wise Mind is more than this too; **the magic of Wise Mind is intuition.**



Intuition **understands the meaning, significance, or truth of an event, without having to analyze it** intellectually. Such intuitive knowing combines emotional experiencing and logical analysis, yet goes beyond them. Sometimes emotion can masquerade as intuition. You feel certain you "know." If this "knowing" is intuitive it will still be valid when examined without the emotion of the moment. **A calm certainty** validates your intuition, helping you discern whether your certainty is emotionally biased or truly intuitive. Intuition has qualities of direct experience and immediate recognition, with the roots of reason and experience.

As you use your skills, you learn to act intuitively out of Wise Mind. Wise Mind is similar to intuition (or, perhaps, intuition is similar to Wise Mind). Acting intuitively out of Wise Mind, you trust that you know beyond what you think and feel. This takes **flexibility, imagination, and open-mindedness.**

**Awareness, in general, nurtures Wise Mind.** Polarized thinking and a rigid worldview interfere with Wise Mind.

A way to become wise is to **practice being wise**. Such practice requires dedication to learning skills. Practice identifying and solving your problems of living. Some problems, of course, are quite easy and involve little more than writing a to-do list and following through on your plan. Everybody has problems in living. Successful people are better at accepting what they cannot change and changing the things they can. These successful people are informed with knowledge, armed with experience, and guided by intuition. Be willing to bring together the problems of living with your experience, knowledge and intuition.

Wisdom grows when you use your senses, develop your mind, and learn skills. **Wisdom takes work.** Start working by learning core mindfulness skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance skills.

Wisdom, Wise Mind, or wise knowing depends on **integration of all ways of knowing** something: knowing by observing, knowing by analyzing logically, knowing by what you experience in your bodies (kinetic and sensory experience), knowing by learning and experience, and knowing by intuition. Knowing in these ways develops with awareness and awareness expands as you observe, analyze experience, learn, and intuit. By exploring the various ways of knowing and becoming more aware, you develop a sense of wholeness, continuity and coherence.



Wise Mind is like riding a bike, which takes **effort, balance, and steering**. You can learn Wise Mind, like you learned to ride a bike, only by experience. Just like you must pedal to start a bike rolling you must be willing to expend a little extra effort to initiate Wise Mind. As you would fall over if you were too far to one side or another on a bike, find Wise Mind by making the effort to find the balance of your emotions and thinking. Intuition steers you toward Wise Mind. The **negative emotions** (anxiety, depression, anger, shame, and guilt) are like putting on **the brakes**. Like you can jump on a bike and ride, you can learn to activate wise mind and do the best you can.

As you bring Wise Mind skills to the problems in living you will develop mastery. Mastery, the feeling of being competent and under control, does NOT mean you won't make mistakes. Mastery is the attitude of bringing your skills to your problems in living.

You will develop **self-agency and self-awareness** as you develop mindfulness, regulate your emotions, are effective interpersonally, and tolerate distress. Self-agency is the feeling you have when you are **in control of your own behavior**. Rather than feeling your behavior just happens, self-agency owns the behavior and takes responsibility for it. Self-awareness is the sense you have that **your different roles, feelings, attitudes, and mental states fit together** coherently.

## Meditation and Wise Mind

Mindfulness exercises like **meditation** develop inner calm, emotional control, perseverance, and a strong sense of self. Herbert Benson, MD of Harvard Medical School was one of the first to research the therapeutic value of meditation. He found that meditation could elicit what he called the "**Relaxation Response**," which is the physiological opposite of stress and anxiety. Meditation heals the damage of stress. One of the simplest meditation exercises is to **follow your breathing**. When you meditate on your breath, you can **find Wise Mind in the physical center found at the bottom of your inhalation**. You can develop the ability to find your center during meditation and get to know this calm centered place well. If you learn where your center is and how it feels, you can go to this place, confident that you are responding in Wise Mind. Although meditation may be unfamiliar, you can cultivate the ability to be mindful.

Meditation and mindfulness develop your **ability to observe what is going on within yourself** in any situation. One way that people commonly experience this is to **step back from one's thoughts and feelings and release your attachment to these mental phenomena**. The goal here is to reflect on your thinking and feeling, independent of the circumstances, observing what is going on in one's mind like watching clouds drift through the sky.



## Qualities of Wise Mind

**Wise Mind is calm.** It is almost always quiet and peaceful. When change or acceptance is necessary Wise mind is the **serenity of knowing** which course to take. Wise Mind is not trapped in all-or-nothing thinking and can focus on what is **effective and functional**.

In Wise Mind, you are **in control of emotional mind. Behavior is not mood dependent** (controlled by one's emotions) but at the service of one's inner wisdom. Eventually, objective self-observation and self-description are attainable from this slightly detached point of view. In fact, you can learn to **experience extreme emotions like anger or fear while staying in Wise Mind**. This takes lots of practice – for everybody. Likewise, in Wise Mind, you are able to access the knowledge of reasonable mind.

Wise Mind is **courageous**, i.e. feels scared but does what is needed in the situation anyway. Willingness is doing what is needed in each situation. Willingness often requires courage.

Wise Mind is **confident**. Self-confidence is knowing you can handle whatever problems in life comes along. When Wise Mind becomes clear, **fear disappears**. Wise Mind knows you are doing the best you can under the circumstances. When you skillfully approach your problems causing misery and distress, you are in Wise Mind and doing the best you can.

RAW EMOTION	EMOTION MIND	RATIONAL MIND	WISE MIND
ANGRY	I don't get mad... I get even.	Getting even would feel good, but it would cause me a lot more problems.	Getting even isn't the way to go. I've got to move on and not allow myself to get in this type of situation again.
DEPRESSED	I'd be better off dead.	I really don't want to die, I just want the pain to go away.	I'm too depressed right now to think realistically about my situation. It's no time to make any major decisions other than the decision to get some therapy and anti-depressants! I'll have to allow some time to feel better again and to get a new direction for my life.
WORTHLESS	My family would be better off without me.	Destroying myself would destroy my family. They'd be better off if I got my life in order.	I DESERVE good things...but, I must DO THINGS to bring them about! When I'm good to people, I deserve people to be good to me.
ALONE	No one will ever love me. Nobody cares about me.	My family loves me and has helped me a lot over the years. They're just burnt out and angry because of what I've done...over and over.	I'll apologize to my family and let them know I'll go back in rehab and get my life in order again! They've always welcomed me back into their lives when I'm living a Recovery Lifestyle.

**Clear and coherent sense of self:** In Wise Mind, you can maintain your own feelings, opinions and decisions when around others.

**Self-description**, a core mindfulness skill, helps you know yourself and resist unhealthy urges to conform to social pressure and change one's mind. At the same time, you are **strong enough not to be defensive** when presented with alternative views that warrant your consideration. You can see more clearly who you are when you are quiet and peaceful.

Self-observation develops self-understanding and accurate perception. The opposite of "automatic pilot" or doing something without thinking. Wise Mind is **"being in the present on purpose."**

Through mindfulness, you will develop the skills to access your Wise Mind. With Wise Mind as the basis for problem solving, you will improve the quality of your life.

## GREAT DREAM

### Ten keys to happier living

Action for Happiness has developed the 10 Keys to Happier Living based on a review of the latest scientific research relating to happiness.

Everyone's path to happiness is different, but the research suggests these ten things consistently tend to have a positive impact on people's overall happiness and well-being.

The **first five** relate to how we interact with the **outside** world in our daily activities. The **second five** come more from **inside** us and depend on our attitude to life.

1. **GIVING** Do things for others
2. **RELATING** Connect with people
3. **EXERCISING** Take care of your body
4. **APPRECIATING** Notice the world around you
5. **TRYING OUT** Keep learning new things



6. **DIRECTION** Have goals to look forward to

Feeling good about the future is important for our happiness. We all need goals to motivate us and these need to be **challenging enough to excite us, but also achievable**. If we try to attempt the impossible this brings unnecessary stress. Choosing ambitious but realistic goals gives our lives direction and brings a sense of accomplishment and satisfaction when we achieve them.

**Q: What are your most important goals?**

7. **RESILIENCE** Find ways to bounce back

All of us have times of stress, loss, failure or trauma in our lives. But how we respond to these has a big impact on our well-being. We often cannot choose what happens to us, but in principle **we can choose our own attitude to what happens**. In practice it's not always easy, but one of the most exciting findings from recent research is that resilience, like many other life skills, can be learned.

**Q: How do you bounce back in tough times?**

8. **EMOTION** Take a positive approach

Positive emotions – like joy, gratitude, contentment, inspiration, and pride – are not just great at the time. Recent research shows that regularly experiencing them creates an 'upward spiral', helping to build

our resources. So although we need to be realistic about life's ups and downs, it helps to focus on the good aspects of any situation – **the glass half full rather than the glass half empty.**

**Q: What are you feeling good about?**

9. **ACCEPTANCE** Be comfortable with who you are

No-one's perfect. But so often we compare our insides to other people's outsides. Dwelling on our flaws - what we're not rather than what we've got - makes it much harder to be happy. Learning to **accept ourselves, warts and all, and being kinder to ourselves** when things go wrong, increases our enjoyment of life, our resilience and our well-being. It also helps us accept others as they are.

**Q: What is the real you like?**

10. **MEANING** Be part of something bigger

People who have meaning and purpose in their lives are happier, feel more in control and get more out of what they do. They also experience less stress, anxiety and depression. But where do we find 'meaning and purpose'? It might be our religious faith, being a parent or doing a job that makes a difference. The answers vary for each of us but they all involve **being connected to something bigger than ourselves.**

**Q: What gives your life meaning?**



**ARTIST: Alejandra Salgado**