

SESSION 3: COGNITIVE REFRAMING (PART 1)

Review

For practice, you completed the worry algorithm.

- What action-oriented coping strategies did you use for controllable stressors?
- What emotion-oriented coping strategies did you use for uncontrollable stressors?
- Which relaxation exercise did you choose to practice?

AGENDA

In today's session, we will:

- 1 Review your practice since our last session
- 2 Understand how our thoughts, feelings, and behaviors are connected
- 3 Explore common unhelpful thought patterns

Managing Worry and Uncertainty

Dealing with someone's diagnosis and treatment is such an incredibly stressful time that people often notice that they are consumed by their worries every moment of every day.

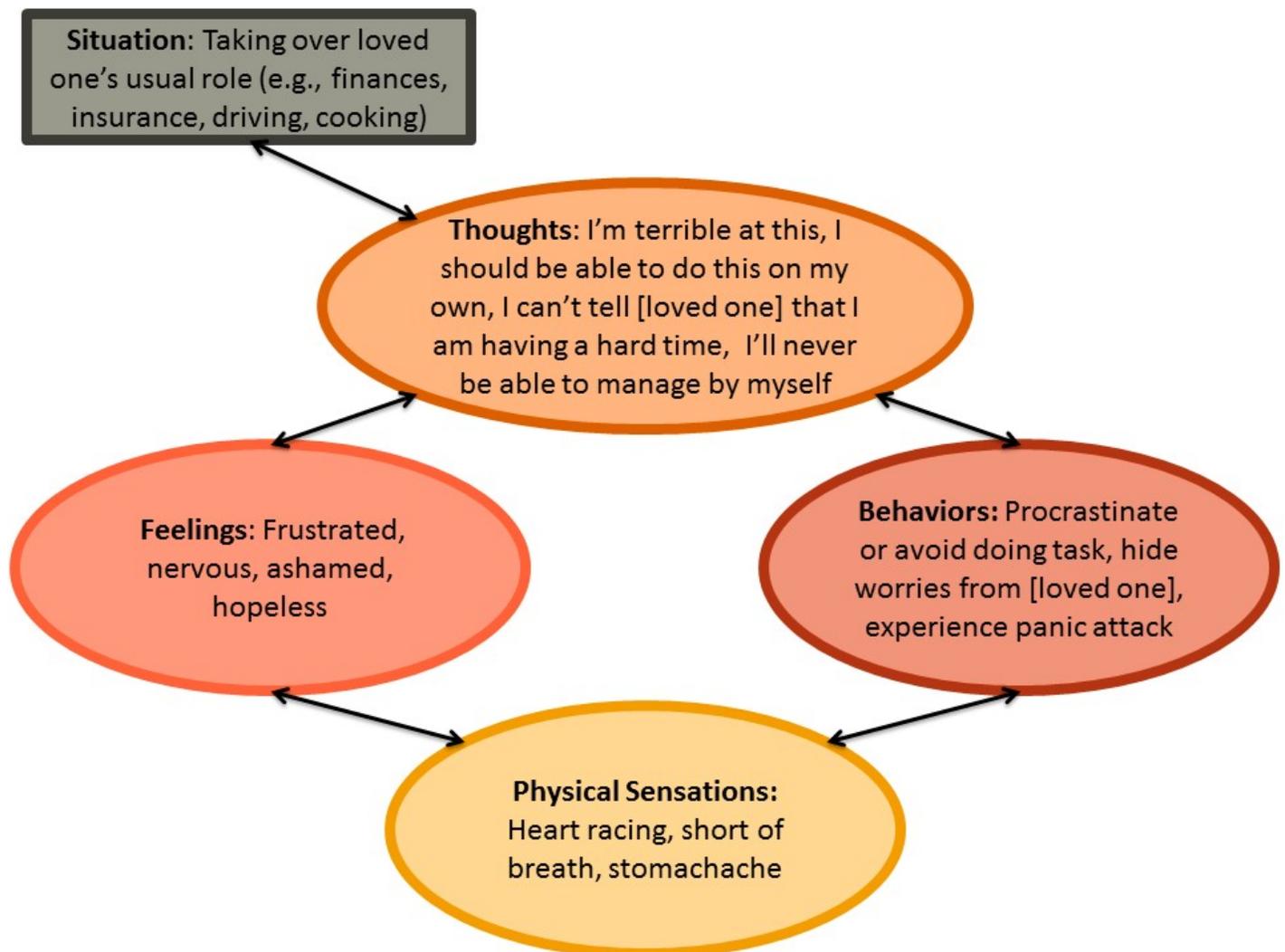
Worries and thoughts about the future are normal to have, but some people find that they spend extensive amounts of time worrying and cannot redirect their thoughts to the present. This can lead to feelings of being paralyzed, unable to function during your day, procrastination, or avoidance of people, places, or things that you need to get done.

When you notice this happening, there are ways to pull back from the intense spiral of worrying thoughts and find a more healthy and helpful balance. **Cognitive reframing** and **adapting your thinking** are skills that are helpful in achieving this balance, finding a middle ground, and focusing on the present.

Cognitive Reframing and Adaptive Thinking

As you observed from the first imagery exercise, our thoughts create strong feelings and sensations.

Let's look at the diagram below. You can see that what we **think** about a situation affects how we **feel**. How we **feel** affects what we **do in response** to the situation, and what we **do** affects how we **think** and **feel** about it. Sometimes that results in doing something that is unhelpful or opposite of your goals. This is a cycle that only you can alter by changing your thoughts about the situation.



Now let's break down an example:

Situation

A partner is taking on their loved one's usual roles of driving, cooking, or paying the bills since their loved one is in treatment for cancer

Thoughts

They immediately think they are not doing a good job, berate themselves that they should be able to do these things on their own, think that they can't share their concerns with their loved one because they don't want to worry or overwhelm him, and start thinking about the future and how they won't be able to manage on their own.

Behaviors

In response, they procrastinate or completely avoid the task, hide their concerns from their loved one as to not worry him, and experience panic attacks throughout the day as they think more and more about the future.

Feelings

These thoughts lead to feelings of frustration, nervousness, shame, and hopelessness.

Physical Sensations

Those feelings are also heightened by awareness of physical sensations such as their heart racing, shortness of breath, and a stomachache as they continue to worry and feel more hopeless.

Cycle continues

These responses makes the situation worse because tasks are now piling up, the caretaker does not seek help, and they are further paralyzed by nervousness and worry. They become more and more hopeless and distant from their loved one, and the cycle continues.

To break the cycle:

Become aware of your automatic thoughts.

Step 1:

Identify what thoughts might be an exaggeration, inaccurate, or counterproductive

Step 2:

Replace an unhelpful thought with a new one that is less negative and more accurate

Notice, this is different from “positive thinking” because replacing a negative thought with a positive thought is not helpful either. For example, telling yourself “everything is fine” when you are in the middle of a worry cycle is not going to make you feel better, because in that moment things are not truly fine! However, perhaps there are some different ways to deal with the situation so that it doesn’t worsen.

The goal is to come up with alternative thoughts that are true, realistic, and help you worry a little less.

Step 1: Identify what thoughts might be an exaggeration, inaccurate, or counterproductive.

(adapted from Antoni et al., 2002)

A. ALL-OR-NOTHING THINKING (BLACK & WHITE THINKING):

You label things as fully one way or the other. With this way of thinking, you discount in-betweens or gray areas. All-or-nothing comes from trying to be perfect. When aiming for perfection, you fear any mistake or imperfection because if your performance falls short of perfect, you see yourself as a total failure. Then you may feel inadequate and worthless. This type of thinking is often unrealistic because life is rarely completely one way or the other.

Examples of all-or-nothing thinking are:

- “I must do this fully, or I may as well not do it at all.”
 - “I can’t make dinner like he does so I might as well not cook at all.”
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B. OVER-GENERALIZATION:

You apply a single event to all future instances. You see a single negative event as a never-ending pattern of defeat. You conclude that something that happened to you once will occur over and over again. Since what happened is usually unpleasant, you feel upset.

For example, you might say:

- “Last time I tried this it didn’t work, so this time it probably won’t work either.”
 - “No one understands what I/we are going through.”
 - “We didn’t see great results on the last scan, so this one probably won’t be good either.”
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C. LABELING OR MISLABELING:

This is an extreme form of overgeneralization. Personal labeling means creating a completely negative self-image based on one mistake. Instead of describing your mistake (“I messed up”), you attach a negative label to yourself (“I’m stupid”). We also do this to other people, such as when someone’s behavior rubs us the wrong

way and we attach a negative label (“What a fool”). If someone makes a mistake, it’s just a mistake. It does not mean that we, or others, are bad or stupid.

Examples of thoughts in this category are:

- “I’m terrible at this.”
 - “I can’t do anything right.”
 - “The doctor made a mistake, he/she doesn’t care about us.”
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D. MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION:

You exaggerate the importance of things (such as your mistake or someone else’s achievement) or you inappropriately shrink the relevance of things (your own desirable qualities or another person’s imperfections).

- **Magnification** occurs when you look at a situation and *blow it out of proportion*.

For example:

- “I can’t do this or anything by myself, nothing will go right for me.”
- “I’ll never be able to manage on my own.”
- “My loved one won’t understand what I am going through.”
- “It is all downhill from here.”

- **Minimizing** occurs when you look at your strengths or at the positive points of a situation and *minimize their significance*.

For example, you may:

- Minimize your personal achievements by ignoring the importance of something you accomplished.
 - Say, “I doubt that this treatment is even working,” or “I can’t do anything about his/her symptoms, so I might as well not bring it up to anyone or get any help”
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E. DISQUALIFYING THE POSITIVE:

You *reject positive experiences* by insisting they “don’t count” for some reason or other. This way, you can maintain a negative belief. An everyday example of this is the way that some people tend to respond to compliments. We are conditioned to respond to compliments and when someone praises your work, clothes or appearance you might automatically tell yourself, “They are just being nice.”

Disqualifying the positive *is one of the most destructive examples of negative thinking*. The take-home message is, “I am second-rate and not worthy”.

- **For example**, when someone says, “you are doing a great job taking care of your loved one,” you think, “that’s just what I do” or “what choice do I have.”
- **Or for instance**, you focus only on the things you miss out on now that your loved one has cancer and ignore anything meaningful that may come out of it, such as spending more time together, or focusing more on what matters rather than quarreling about minor details.

F. JUMPING TO CONCLUSIONS:

You make a negative interpretation even though there are no definite or convincing facts that support your conclusion. There are two types of this: “mind reading” and the “fortune teller error.”

- **Mind Reading:** You immediately conclude that someone is reacting negatively to you, and you don’t bother to check this out. For example, you make the assumption that other people are looking down at you and you are so convinced of this that you don’t even bother to see if that is true.
 - **For example**, you are walking around Boston and you pass a friend on the street. Your friend is so absorbed in her own thoughts that she doesn’t notice you and neglects to say hello. You automatically conclude: “She is ignoring me. She must be angry at me.”
 - **Other examples** are thoughts that, “the doctor won’t understand her symptoms so it’s not worth bringing them up,” or “I won’t ask how my loved one is doing emotionally because he/she probably won’t want to talk about it,” or assuming a friend is “too busy to help” without actually asking the friend.
- **The Fortune Teller Error:** You anticipate that things will turn out badly and feel convinced that your prediction is an already-established fact. It is like having a crystal ball that predicts only misery for you. *You imagine that something bad is going to happen*, and you take this prediction as a fact, even though it may be unrealistic.

For example:

- “If I call the doctor again, they are sure to think that I am a nuisance, and then my loved one won’t get good care.”
 - “I can’t tell my loved one that I am having a hard time because it will make her worry and that will negatively affect her recovery.”
 - “If I go out to dinner with my friends I am sure to feel annoyed because they don’t understand what I am going through.”
 - “If the last few MRI scans looked okay, the next scan is likely to be bad because we are ‘due’ for bad news.”
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G. SHOULD STATEMENTS:

You try to motivate yourself with “shoulds” and “should nots,” as if you had to be punished before you could be expected to do anything. “Musts” and “oughts” are also offenders. This results in emotions of guilt and blame. When you direct should statements toward others, you feel anger, frustration, and resentment. When you tell yourself that you should do this or that, you are putting pressure on yourself and start to get resentful.

Common examples are:

- “I should be able to do this all by myself. I should not ask for help.”
 - “I shouldn’t have to ask for help. People should know what I need and if they don’t, it means they just don’t care about me.”
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Exercise: Let's try an example of identifying a negative thought

You are supposed to meet friends for dinner, but you don't feel like socializing with all that is going on. You say to yourself:

"I don't feel like going and I know I won't enjoy being out with friends at all. No one understands what we are going through. I shouldn't have agreed to these plans in the first place."

What types of inaccuracies do you notice in these thoughts?

How might these negative thoughts influence your response?

Thoughts → Response (Behavior)

You may respond to these thoughts by canceling plans with friends, setting up a pattern of withdrawing from social activities and people. This pattern of withdrawal deprives you of opportunities for enjoyment and even healthy distraction. Predicting that you (or both you and your loved one) will not enjoy yourself is defeating because it may act as a self-fulfilling prophecy and set up a negative interaction with your friends, or a negative outlook on the evening that discounts moments that you might have enjoyed. The assumption that no one understands you may be unrealistic, as we do not always know what other people have experienced or are dealing with currently. By assuming that no one else can appreciate our experience, we close ourselves off from potential support from others, and make way for social isolation.

The goal of today's session was to identify negative thinking patterns and understand how they might lead to negative emotions and reactions. Let's practice this for homework to prepare you for next week's session, where you will learn Step 2: how to replace those negative thoughts with more accurate ones.

Home Practice

1. Complete the log on the following page to monitor your thoughts. Write in a situation that happened this week, your automatic thoughts in response to that situation, your emotions, and any physical sensations that came up for you. Finally, look at the list of cognitive inaccuracies and write in which inaccuracies you notice yourself getting stuck in.