

## Step One: Survive the Crisis

Suicide is forever. *Feeling* suicidal generally is temporary or intermittent. It is a terrible feeling, as you know, to experience this kind of emptiness and pain. However, this experience tends to fluctuate, even though it may seem to last forever when you are in its depths. The sense that there is no way out—short of killing yourself—is an illusion, a cruel hoax. There is, in fact, a very simple way out. It is the passage of time.

We are not suggesting that the only thing you can do is sit around, wait, and hope against hope that you will start to feel better sometime soon. Rather, you must participate actively in the passage of time. In other words, there are steps you can take to ride out the times when you feel at your lowest points. By taking such steps, you may prevent yourself from doing the one thing (suicide) that no amount of time can ever undo.

In this chapter, we will introduce you to three main strategies that you can use to get through a suicidal crisis. Such strategies will enable you to “make it to the other side,” without hurting yourself. We must emphasize that these techniques are only a starting point in your attempts to help yourself to reinvest in your life. They will not solve your problems (we hope to help you to do that in later chapters). Instead, they will assist you in resisting irreversible impulses during your most vulnerable times. They will help you to reach another day, when you will be more willing and able to fight to restore meaning and purpose to your life and diminish your pain.

### Delaying Impulses

In a nutshell, this is what delaying impulses is all about: You want to become the all-time champion procrastinator of suicide. Yes, you may plan to commit suicide, but you'll just keep putting it off. Other activities, obliga-

tions, and unexpected obstacles will keep getting in the way. Suicide may sound like an attractive option in theory, but in practice it will be too involved, require too much planning and preparation, and will be a huge bother just getting started. So you will put it off, convinced that you'll "get around to it" someday. Any deadlines you may have set (and we apologize for the morbidly poor choice of words here) will pass, and you will still be alive. You will have succeeded in procrastinating once again. Excellent. Let life keep getting in the way of your plans to die.

### *Delaying Impulses at the Moment of Crisis*

The first step in "procrastinating" your attempt at suicide is to delay acting on the desire to harm yourself at the peak of your feelings of despair. Sometimes this may last only one night, or even one hour, though it may seem like an eternity. This is the time you are most apt to harm yourself, but it is also the time you are least able to make a fair-minded decision about what should happen to you. If life has not been fair to you, you owe it to yourself to be fair to yourself and wait until your emotions subside so you can think more clearly. If you believe that suicide itself is a "fair" option, perhaps because you feel you deserve no better, then at least wait until some time has passed so that you can weigh your choices more carefully. Feelings of "deservingness" are very subjective and can easily be distorted by depressed moods. You must give yourself every benefit of the doubt, because suicide can't be undone.

What are some things you can do to ride out the immediate impulse to hurt yourself? The answers are both very simple and very difficult. They are simple because the tasks themselves are fairly ordinary. On the other hand, it takes courage, self-control, and the ability to endure pain to carry them out. Therefore, any efforts on your part to enact these strategies are worthy of admiration.

One such strategy is to get some healthy sleep. Death has been called "The Big Sleep." We suggest you try "the little sleep" first. If you are in need of a temporary escape from pain, sleep is an excellent option. This is particularly true when life has you feeling worn down or when you feel at the end of your rope. Sleep is restorative and can help diminish your pain, buying you some time to think things through more carefully. If you cannot sleep, for whatever reason, do not force the issue. Instead, try another strategy.

Talk to somebody. Regardless of the time of day or night, talk to somebody. Do not die alone. Connect with someone, and live. Choose someone whom you admire and trust. Choose people who have shown their caring in the past. Pick up the phone and make the call. Pay them a visit if they live nearby. Contact them via your home computer, if that is what works for you, but do not suffer alone.

If you are worried about bothering the other person, perhaps because it is late at night, there are other options. First, if you have a therapist, call

him or her. A therapist will want to know if you are feeling suicidal. If you do not have a therapist, or if you cannot reach him or her, there are people you can call who are trained to deal with suicidality. Your local Suicide Prevention hotline is a good place to start. They are in the phone book, so keep the number handy.

If you have already taken action against yourself, such as ingesting pills or cutting yourself, you must get to the nearest hospital emergency room as soon as possible. Do not rely on yourself to get there. Call the operator, the police, 911, an ambulance—whomever you can call in an emergency situation—and tell them where you are. Tell them exactly what you have done and how long ago you did it. We hope that you will never have to do this. We hope that you will never actually make a suicide attempt. However, if you do, getting emergency treatment at a hospital will buy you precious time.

### *Exercise 4: Long-Term Strategies for Delaying Suicidal Impulses*

Even when you are not at your lowest point, you may still find yourself making general plans to commit suicide. At such times, we suggest that you do Exercise 4. In this task, reflect on the things you have been meaning to do in (and with) your life that you have either not gotten around to or not completed—in essence, a procrastination list. Generate as many items as possible. Do not list "suicide" as a response until you have exhausted all other possibilities.

This is not to make you feel even worse by focusing on all the things you haven't done. Rather, the purpose is to show you just how much unfinished business you have in your life. All of us, fallible human beings that we are, fail at times to follow through with our plans and best intentions. Procrastination is nothing to be ashamed about, because we all do it.

Next, ponder (and write down) the reasons that each of the items on the procrastination list (up to, but not including, suicide) has been important to you. Of course they are important, otherwise you never would have intended to do them in the first place. Similarly, you never would have chastised yourself for putting them off if they were not important in some way.

Now that you have graphically reminded yourself of the many things that you wish you had done but never got around to, choose one to begin now. For example, if there is a book you always meant to read but never purchased, go out and buy it today. Start reading. Then consider what your next goal will be. If there is a trip you always wanted to take, but never followed through, start planning it today. Call a travel agent, or get information from your auto club. Set up your life so that you simply must delay your plans for suicide, because you have something else more immediate and pressing to do first. As the late, great George Burns once said, "I can't afford to die—I'm booked."

## Exercise 4: Unfinished Business in My Life

Things I Have Been Meaning to Do or Complete

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Why It Is Important for Me to Live to Do These Things

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Unfinished Business I Will Attend to Now

- 1.
- 2.
- 3.

Each time you enact one of your ideas, think of another to take its place, just in case there are future suicidal crises with which to contend. Keep focusing on the idea that having unfinished business in life is good, because it gives you purpose and goals to pursue. Let suicide be the final frontier for procrastination. All other tasks on which you have procrastinated in your life must be attended to first.

You might ask, "What if I exhaust my list and reach the 'suicide' item? Should I then commit suicide?" The answer is no, for the following reasons: If you do this exercise fully and in the proper spirit, your participation in all of these activities and goals will bond you more strongly to life. You will have a greater sense of purpose, meaning, and enthusiasm. You will have begun the all-important process of reinvesting in your life and in your future. You will be less likely to want to die. Also remember that this is only one of many possible strategies to help you get through rough periods and strengthen your connection to life. Your life must not hinge on the effectiveness of this or any other single strategy. Everyone is different; and if one approach doesn't help, something else probably will. Here and throughout this book, persistence will be your most important ally.

If you feel that this exercise asks too much of you or takes too long, it is okay to take it one step at a time. Just start with the procrastination list. Or do one of the suggested activities on the list. The purpose is simply to put off suicide in favor of "other projects" that you might otherwise have left unfinished. Remember, if you decide against suicide, and if you take good care of yourself, you have the rest of your life to do the things that you have always wanted to do. Let the rest of your life be expansive and filled with possibilities, not shortened by suicide.

### More Delaying Tactics

Another way to help yourself survive a suicidal crisis is simply to make it very difficult to kill yourself. To start, safeguard your environment. If you own a gun, sell it or turn it over to someone outside your household. If you possess substantial quantities of medication, consult with your doctor about maintaining the necessary medications and their dosages, and discard the rest. If you have alcohol or other psychoactive drugs lying around the house, get rid of them. Suicide is too easy when guns, pills, and alcohol are readily available. Make your environment unfriendly to suicide. This will buy you some valuable time to get through the low periods unharmed.

The next strategy for resisting the impulse to kill yourself is especially applicable when you are convinced that something terrible is going to happen soon, and by committing suicide you will be able to avoid it. If you feel the urge to kill yourself because you foresee terrible things—divorce, bankruptcy, legal troubles, public humiliation, or serious illness—simply refuse to lie down and die. You could be incorrect in your assumption that these awful things will happen or that you will be forever devastated by them. If

you can keep yourself alive a little while longer, and then a little while longer still, you might come to find that your worst fears were unfounded. The urge to die will subside. You will discover that it would have been an utter waste to have killed yourself, because you would not have spared yourself anything you couldn't handle.

In essence, your mission is to refuse to be the one who seals your own fate. Play it out as long as you can, and see for yourself if your fears come to pass. If you fear that circumstance and bad luck will prevail, see how long you can forestall these foes. Don't give assistance to the Fates. Defy them as long as you can.

This principle is illustrated in the final act of Shakespeare's *Romeo and Juliet*. Upon finding what he thinks is the lifeless body of his beloved Juliet, Romeo hastily kills himself, believing that all is lost and all he has to live for is gone. Moments later, Juliet awakens from her poison-induced "death." We learn that if Romeo had been able to delay his impulse to destroy himself, he would have been reunited with his love. Instead, both Romeo and Juliet end up victims of impulsive suicide.

This is fiction, of course, but it shows the tragic consequences of a life taken before crucial assumptions are tested. We urge you to adopt the following important rule for your life: *Never make a major, life-altering decision when you are at an emotional extreme.* We cannot emphasize the importance of this principle enough. Many people have damaged or lost their lives because they let negative emotions make their most important decisions for them. A time of emotional turmoil is the absolute worst time to take life-altering action.

You owe it to yourself to do whatever you can to ride out the impulse to kill yourself, at least until you can think and discuss the matter with calmness and serenity. Even then, it is vital that you do all that you can to help yourself, solve your problems, and consult with other people. This brings us to our next strategy for surviving the crisis: involving other people.

## Making Use of Your Social Supports

Suicidal states typically carry with them an almost indescribable sense of aloneness. People caught up in this state generally feel alone with their pain, believing that nobody understands or cares. This is another example of drawing a conclusion with a broken heart, without benefit of objective evidence. People who feel alone in the world almost always overlook people who do care for them and who would try to help if given the opportunity. As therapists, we have heard distraught family members, now in therapy themselves, tell us through their tears, "I would have done something to help him, if he had only told me how he felt." The bottom line is this: If you are on the verge of suicide, you need to remember that there is someone out there who wants to know and who will be eager to help if you allow it.

Perhaps you are concerned about burdening others with your problems. If so, think about the burden those who care about you will feel after you are gone, believing they could have done something to help you. Or perhaps you feel it would be humiliating to tell others that you are feeling suicidal. If this is the case, ask yourself why you feel this way. Is it because you fear they will not understand? Give them a chance. If someone you choose to tell doesn't "get it," try someone else. You may be surprised to find someone who was once suicidal himself or herself and, therefore, very much in tune with what you are going through. So many people have felt suicidal at one time or another that this coincidence is very much a possibility, if you only allow yourself to speak to someone about your despair.

If you worry that by sharing your suicidal feelings you will become stigmatized and labeled, we suggest the following: (1) choose someone who seems to be an open-minded thinker; someone in your life who is fair and trustworthy, whether he or she is a friend, relative, colleague, mentor, or therapist; (2) keep in mind that most people respond to suicidality with concern, not criticism, and that most people are not like the stereotypical bystander who urges the person on the ledge to jump to his or her death; and (3) consider the "stigma" of being someone who has *completed* a suicide. While it is true that suicide is not nearly the scandal it was decades ago, it is still a powerful, negative legacy—much more so than if you have thoughts of suicide but never translate them into action.

Another reason that you may hesitate to contact someone when you are contemplating suicide is the thought that "they have heard it all before, and I'm sure they're sick and tired of my problems by now." This is dangerously presumptuous. Just because you dislike and have lost tolerance for yourself does not mean that others share your punitive stance.

On the other hand, your concern for others being "tired of my problems" shows that you have some empathy for their difficult position. It is, after all, quite distressing for people to be in the presence of someone they care for who perhaps soon may die, especially if they feel there is little they can do to change the suicidal person's mind for the better. Our suggestion, therefore, is to use your empathy as a strength in this situation. Tell others how much you appreciate their attempts to listen and to be there for you in your time of desperation. Emphasize that you realize you are causing them some distress and that you do not wish to do this. Let them know that you hope to be able to repay their kindness someday (of course, you have to remain alive in order to do this).

Yet another deterrent to your choosing to talk to someone about your suicidal thoughts may be a sense that you will not be taken seriously, so "what's the point?" The point is this: If one person minimizes how you feel, another person may not. If someone is skeptical (for example, responds by telling you that you can't really be serious, or you wouldn't be talking about it, you would "just do it"), you do not need to make the actual suicide



If you believe that few or no people have been aware of your distress, it is possible that you are not picking up on their signs of caring. Or it is possible that they are aware of your negative state of mind but are respecting your right to privacy until you take the initiative to ask for a sympathetic ear. It is also conceivable that you have been maintaining a public demeanor that looks pleasant and composed, therefore people around you have no clue to your level of need for social support. If any of these explanations sounds plausible, it is time to pay closer attention to the signals you are putting out to others, as well as to the signs of caring others are offering to you. Do not hide or close your eyes. Be yourself, and give others the chance to show their support.

Remember, you may not have to tell anyone you are considering suicide (though we suggest that you consider it). It may be sufficient just to let someone know you have been feeling "down" and that you could really use some moral support, understanding, and maybe some time together. Do not be alone with your pain. It has been said that by relating to other people we can "multiply our joys, and divide our pain." Test this theory in your own life, ideally with more than one person.

The fourth and final step in the exercise is to choose one or two people with stars next to their names and *contact them*, at least to spend some time together, but perhaps for a heart-to-heart chat. You can choose a group of people with whom to spend time, if that will make it less threatening. Ultimately, make use of any and all social support that is available to you, whether it is in your personal life, work life, or your therapy life (for example, 12-step groups or your individual therapist). By connecting with all of the "stars" on your list, you will benefit from a full range of social support. You also will guard against becoming overly dependent on any one person and help others to be part of your "team for life." You will be helping yourself and making it more reasonable for others to help you as well.

### Finding Ways to Nurture Yourself

The first two strategies for getting through periods of suicidal crisis have involved using the passage of time and seeking support from others. The third strategy is finding ways to take care of *yourself*, especially when feeling upset. You might find this easier said than done, especially if you are low on energy and not feeling kindly toward yourself. Nevertheless, the strategy of self-nurturing, or "self-soothing" is too fundamental a skill to neglect. Because you are available to yourself at any time, you are potentially your own most valuable resource. This strategy essentially says, "I will not abandon myself in my time of need." Others might have previously abandoned you at critical times in your life, but you need not check out on yourself as well. You can be there for yourself.

Lets look at some practical ways to do this, beginning with some basics of self-care. Depressed people often neglect to sustain themselves in ways that

are necessary for a sense of well-being. This is manifested in problem habits such as not eating well, going to bed at irregular hours, not getting washed or dressed, and rejecting needed medications. These habits are guaranteed to make a depressed person feel even more depressed and lead to more problem behaviors. This is a classic case of the vicious cycle.

For every vicious cycle, there is a positive feedback loop just waiting to get started. If you can start to take a little better care of yourself, even if that means simply going to bed and getting up at reasonable hours or taking a shower and getting nicely dressed, that will begin a positive chain reaction in your life. It's simple, but it works.

In practice, however, this may be difficult for you to do. Depression can make a person lose interest in himself or herself. Do you notice such an apathy about yourself? If so, then you are probably stuck in the vicious cycle. To get out of it, you must be willing to push yourself. You have to be willing to do the small, routine things that are necessary for you to look and feel better. You may think this will do no good, but try it anyway. There is nothing to lose, and you may be surprised.

Another way to self-nurture is to provide yourself with "creature comforts" when feeling upset. Dr. Marsha Linehan (1993) recommends soothing each of the five senses: For vision, you might look at beautiful pictures in a book; for hearing, you can listen to soothing music; for smell, burn a scented candle; for taste, drink herbal tea; and for touch, stroke your pet or cuddle a stuffed animal.

Of course, you cannot expect such activities as these to totally change your life or serve as long-term solutions to your problems. However, they will break the vicious cycle of harmful self-care habits and set a new tone for you to treat yourself better. They will alleviate your distress, at least temporarily, to help you ride out the suicidal crisis or get help.

Finally, don't forget that self-soothing also includes your active use of the antisuicide techniques presented in this book. By helping yourself, you will feel better, more in control, and proud of yourself for having the courage to persist under adverse conditions. Your hard work and newly acquired skills will translate into a sense of satisfaction and well-being. These skills represent the highest level of self-soothing, because they teach you to think, feel, and act as your own therapist.

## Step Two: Know Thyself (Thinking and Feeling)

*"Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations."*

—Alfred Adler

### Thinking and Feeling

We come now to what is perhaps the most hopeful (and therefore antisuicidal) idea in this book: YOU CAN CHANGE HOW YOU FEEL. Before we tell you how, we must first show you how feelings such as depression and despair are created. To illustrate, consider the following tale:

An old farmer was tilling his fields when his 6-year-old grandson came running toward him with wide eyes. "Grampa, Grampa! Come quick! Bobby and Betty Sue are fixin' to pee in the hay!" "What?" replied the old farmer, hearing the words but unable to comprehend the meaning. "I said, Come quick! Bobby and Betty Sue are fixin' to pee in the hay!" Still perplexed, the farmer thought it best to buy some time. "Son, I think you'd better tell me exactly what you saw," he said. "Well," the boy replied, "All's I know is they was kissin' and huggin' in the loft, and then they started pullin' down their pants, and that's when I came runnin to you 'cause I could see they was fixin' to pee in the hay!" "Son," the wizened farmer said with a smile, "You got the facts straight, but I'm afraid you've drawn the wrong conclusion."

As often is the case in human affairs, humor shows us important truths. Although growing into adulthood helps clear up many of life's mysteries (sex, for example), in no way do we at age 21 suddenly become immune from "drawing the wrong conclusion." As therapists, we see this every day: Good, decent people tell us that they are worthless—failures at life!—because they became unemployed, were rejected by a loved one, or made mistakes at parenting. As in our story about the farmer and his grandson, they often get the facts straight but draw the wrong conclusions. And, unlike in the story, the consequences of these misinterpretations are serious, even life endangering. Clinical depression and suicidal thoughts and behaviors almost always occur in the context of such erroneous ideas.

This simple but profound principle—that disturbed emotion is produced and maintained largely by erroneous thinking—forms the basis of the "cognitive revolution" in clinical psychology, psychiatry, and counseling. From Aaron T. Beck's Cognitive Therapy to Albert Ellis's Rational-Emotive Therapy, advances by cognitive therapists and researchers have done more to increase the effectiveness of psychotherapy than perhaps any development since Sigmund Freud first described the unconscious or B. F. Skinner showed how rewards and punishments influence behavior.

To set the stage for learning how to feel better by changing depressive thinking, lets review three key principles from the science and theory of cognitive therapy:

1. *Negative emotions such as depression and anxiety are fueled in large measure by identifiable negative thoughts and cognitive distortions.* An immense body of research supports this principle. For example, psychologist Martin Seligman at the University of Pennsylvania has shown that depressed people have a clear tendency to blame themselves for bad events, whereas nondepressed people tend to attribute similar events to temporary states or situations. A depressed person might explain a low test score by thinking, "I'm stupid," whereas a nondepressed individual might attribute such a disappointment to the difficulty of the test or to not having studied hard enough. It's not hard to see which interpretation would tend to make a depression worse.

There are many other ways that thinking errors contribute to depression; we'll get to these in detail a little later.\* Suffice it to say that, contrary to how you may feel, emotional misery is not created solely by influences beyond your control.

Please don't misunderstand. This does not mean that you deliberately create your own suffering. Although Freud and some of his followers main-

\* We are not suggesting that depression is "caused" by erroneous thinking. Depression and other psychological disorders are caused by a collection of biological, environmental, and learned factors. However, depression most definitely is aggravated and maintained by depressive thinking, and depression gets better when these thinking patterns change.

tain that some people have a "need to suffer," we most emphatically reject this notion for the vast majority of suicidal people. Rather, evidence suggests that people unintentionally make themselves miserable by buying into unrealistically negative beliefs about themselves and their world.

2. *Depressive thinking patterns, while usually outside of a persons awareness, can be brought into awareness fairly readily.* If as you read this you find yourself thinking, "I don't have any thoughts that make me depressed; the feeling just grabs me," this is normal. Most of our thinking, including depressive thinking, is unconscious or "automatic." For example, do you remember thinking about tying your shoes this morning or telling yourself how to brush your teeth? The good news, however, is that thinking patterns can be discovered quickly, and certainly without years and years of therapy. In fact, you've probably become aware of some of your own depressive thoughts while reading this book.

3. *Depressive and suicidal thinking patterns, when brought into awareness, can be changed; and changed thinking leads to changed emotions.* Consider the example of the low test score mentioned earlier. It stands to reason that if the depressed person can learn to interpret such an event more like the nondepressed individual, that person will feel less depressed. In fact, this is exactly what we find in practice and exactly what a mountain of research evidence supports. Did you know that a collection of very rigorous studies have shown that cognitive therapy works as well as antidepressant medications? Some studies suggest that cognitive therapy actually works better, in that it has staying power even after therapy has ended.

In any event, what's important to know for the purposes of this book is that you can learn to recognize and change the erroneous thoughts that fuel your depressive feelings and suicidal impulses. So let's take a look at how you can begin.

## Suicidal Thinking: Cognitive Distortions and 17 Dangerous Beliefs

The first step in recognizing and changing your pain-producing thoughts is to learn a little bit about thought processes in general and then about suicidal thinking in particular. Let's begin with a simple but profound principle: *A thought is not a fact.* Obvious statement, you might think. Anyone knows that simply thinking a thought such as "I am fabulously wealthy" does not suddenly swell your bank account and land you on *Lifestyles of the Rich and Famous*. But consider other thoughts that may sound more familiar—thoughts such as "I'm so stupid," "No one gives a damn," or "The future is hopeless." These are all thoughts which carry the weight (and pain) of truth but seldom hold much water when put to the test.

Take "John," for example, a high-school principal and father of two, who came in for treatment of his depression and increasingly frequent sui-



dal thoughts. When asked about reasons for his low spirits, John replied, "I feel like a failure. I'm not much of a father, and I'm constantly fearful at work that I will be exposed as a fraud. My Dad always said I wouldn't amount to anything, and he was right."

With thoughts like these, it was not surprising that John was depressed. But when we began examining the reality of his life, it became more and more clear that John's beliefs were not consistent with the "facts." John had his share of shortcomings as a father, but he was much beloved by his sons, as well as by his wife of many years. And despite his deep doubts about his adequacy at work, he had functioned effectively at work for years and had, in fact, been formally recognized on several occasions for exemplary performance.

Cognitive therapists would say that John's thinking was "distorted," and these distortions probably were caused by, and contributed to, his depression. In no sense did John bring these thoughts on deliberately, nor did his distortions reflect any lack of intelligence on his part. Rather, when faced with evidence contrary to the inadequate self-image he had learned as a child, John unknowingly fell into distorting the facts to fit them into his sense of self, rather than changing his self-image to fit reality. Through therapy, he was able to reverse this process and began to appreciate and enjoy his accomplishments.

One of Aaron T. Beck's most enduring contributions to cognitive therapy has been his explanation of various ways that people's thinking becomes distorted. Here is a list and brief description of each distortion, as described by Dr. David Burns (for a more thorough discussion, we recommend Dr. Burns's book, *Feeling Good*):

- All-or-nothing thinking: You see things in black-and-white categories. For example, if your performance is not perfect, you see yourself as a total failure.
- Overgeneralization: You see a single negative event as a never-ending pattern of defeat.
- Mental filter: You pick out a single negative detail and dwell on it exclusively, so that your vision of all of reality becomes darkened.
- Disqualifying the positive: You reject positive experiences by insisting they "don't count," thereby maintaining a negative worldview despite evidence to the contrary.
- Jumping to conclusions: You make a negative interpretation even though there are no definite facts that convincingly support your conclusion. Jumping to conclusions takes two forms. In *mind reading*, you assume that people are thinking bad things, but you have no valid evidence to that effect. In *fortune-telling*, you make nega-

tive predictions about the future without realizing that your predictions may be inaccurate.

- Magnification or minimization: You exaggerate the importance of negative things (such as your mistakes) or shrink positive things (such as your accomplishments) until they disappear.
- Emotional reasoning: You assume that negative emotions necessarily reflect the way things really are ("I feel hopeless, therefore it must be true").
- Shoulds, musts, and oughts: You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything.
- Labeling: This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself, such as, "I'm a loser."
- Personalization: You see yourself as the cause of some negative external event which in fact you were not primarily responsible for.

You might be surprised to see how many ways there are to "draw the wrong conclusion!" Be careful not to personalize or overgeneralize this information by telling yourself that you're crazy or totally beyond help. For years Albert Ellis pointed to the volumes of research showing that *all* human beings seem to have an inborn tendency toward "crooked thinking." Fortunately, it's not necessary to rid ourselves totally of all irrational thinking—indeed, to insist on perfect rationality would be irrational. What we can do is learn to recognize and change those distortions that have the most negative impact on us. Let's take a look at a few examples now.

### *Exercise 6: Identifying Cognitive Distortions*

In a pioneering book on cognitive therapy of depression, published in 1979, Aaron T. Beck and colleagues showed how depression involves negative thinking in three areas: negative view of self, negative view of the world, and negative view of the future. He referred to this as the "negative cognitive triad." Exercise 6 lists "17 Dangerous Beliefs" that fall under these headings, plus a few spaces to write any beliefs of your own that you notice when feeling suicidal. In the space opposite each belief, see if you can identify which cognitive distortions are represented by each belief. The answers to Exercise 6 are given at the end of the chapter.

How did you do? Whether you did well or poorly, use the occasion to examine what you are feeling and thinking about the exercise itself. If you did well and you are feeling pleased, pay attention to what encouraging words you might be saying to yourself to create this feeling of satisfaction. (Remember, it is not your *performance* that is making you feel good; for no matter how well you did, it would still be possible for you to discourage

**Exercise 6: 17 Dangerous Beliefs**

Dangerous Belief	Cognitive Distortion(s)
<b>Beliefs about Self</b>	
I'm inadequate and a loser.	
I can't stand the pain.	
I'm so bad, this is what I deserve.	
If I want something very much, then I can't live without it.	
I just can't cope like other people.	
<b>Beliefs about Others and the World</b>	
Hurting myself is the only way I can get what I need from others.	
No one would miss me if I were gone.	
They'll be better off without me.	
They'll be sorry.	
Life's a bitch and then you die.	
Hurting myself is the only way to feel better.	
<b>Beliefs about the Future</b>	
This life will never give me what I need.	
I'll never be loved.	
The next life will be better.	
The future holds nothing for me but pain.	
Self-harm is my best or only option.	
I have no reason to go on.	
<b>Thoughts of Your Own When Feeling Suicidal</b>	

yourself by telling yourself its "no big deal" (see "Minimization" in the list of distortions) or that you "should" have done better (see "Shoulds, musts and oughts").

If you didn't do so well and you are feeling discouraged, what thoughts are making you feel that way? Write these thoughts down and determine whether they contain any of the distortions contained in our list. Don't worry about correcting the distortions right now—we'll get to that later. For now, just practice telling yourself, "That's only a negative thought; and a thought is not necessarily a fact."

**Learning from Moods and Pain**

This section will help you learn how to observe your moods. Although you may think you know exactly how you feel and when you feel it, you will be surprised how much you can learn and benefit from recording what you are thinking and feeling. Just as we use scales in weight-loss programs rather than relying on how heavy we "feel" today, it is important to try to be somewhat objective about how we feel emotionally.

Consider this question: When reflecting on your life, does your unhappiness seem constant, unremitting? Do you find yourself thinking, "I am depressed all the time—100 percent miserable 100 percent of the time." If so, you have all the more reason to learn to observe your moods; for however much you might believe you are "always" unhappy, it is practically impossible to feel exactly the same way, all day, every day, without any fluctuations. Even when life is severely problematic and painful, at least minicycles of ups and downs do occur. The same principle applies to wishes to live or die: Subtle changes in mood, thought, and action occur over time. Becoming aware of these experiential shifts can present you with a vital window of opportunity to learn some important things about controlling your moods and suicidal impulses, rather than being controlled by them.

One of the first steps you can take is to *learn* from your moods, whether they're good, bad, or somewhere in between. In order to do this, you must try to observe yourself as if you were an outside observer—a scientist, if you will.

Most moods and behaviors result from a three-component process, consisting of a triggering event, an interpretation of the event, and resultant feelings and behaviors. The process looks something like this:



If this model seems familiar, it should; for we have been making use of it throughout this chapter. It is the cornerstone of cognitive therapy, and its implications are nothing short of revolutionary. What it means is that, con-

trary to how things may seem, human beings are not at the mercy of things that happen to them.

Let's return to your reaction to the cognitive distortion exercise. Suppose you didn't do so well with it and ended up feeling upset and discouraged and lit up a cigarette. Your first reaction might have been to experience your upset as having been caused by your less-than-wished-for performance. But now you can develop a more sophisticated (and therapeutic) understanding of what went on. Before you read any further, see if you can identify the three components of your reaction in the space below or on a separate piece of paper:

Trigger event: \_\_\_\_\_

My interpretation: \_\_\_\_\_

Feelings/behaviors: \_\_\_\_\_

As you probably were quick to determine, the trigger event was not doing as well as you'd hoped on the exercise, and the feelings/behaviors were upset, discouragement, and lighting a cigarette. Now, here's the hard part, for most of our thinking about events is silent (unconscious) and generally passes unnoticed. In addition, thinking is about as different from one person to another as anything can be, so we can't provide one correct answer to the exercise. Here are a few possible interpretations that could account for feeling upset and discouraged following a disappointment or failure:

This is too hard; I'll never get it.

I'm so stupid!

There it is: more proof that I'm a failure.

If I can't do this, I must be beyond help.

I can't stand this frustration—I need a cigarette.

Do you recognize a few cognitive distortions here? Do the feelings resulting from this trigger event begin to make sense given such discouraging thoughts? Can you see how if you said such things to another person (and they believed you) they would feel the same way? Can you see how suicidal thoughts would not be far behind, such thoughts as, "I must be beyond help"?

Now, let's try an experiment. In the space below, write several new interpretations of the same trigger event. For guidance, imagine that you are talking to the person you care most about in the world who experienced a similar disappointment and was feeling miserable about it. Vividly picture this son, daughter, spouse, lover, or friend in the room and feeling intense pain. What would you say?

New interpretations:

How did you do? Here are a few examples of constructive, rather than discouraging, interpretations of a failure experience:

I'm sorry you didn't do well, but I'm glad you at least gave it a shot.

No one does really well at something new. Keep at it and you'll get better.

No matter how often you fail, *you* never become a failure.

Let's recall some concrete evidence that you're *not* stupid.

You can, too, handle frustration. Don't sell yourself short.

Now that you've seen a few examples, you can probably generate more of your own. And now for the best part: Consider how your discouraged friend would begin to feel if he or she truly listened to you. If you think he or she would be less discouraged and more likely to keep trying, you're absolutely right. A substantial body of research has shown that when people change their thinking, their feelings and behaviors follow suit.

But let's not get ahead of ourselves. Changing how you think is the subject of the next chapter. The focus of this chapter is developing skill at paying attention to your thoughts and feelings. To paraphrase an old proverb: If you don't know where you are, how will you know where you're going?

Remember, learning therapy skills is no different from learning tennis or piano or French. You can't develop a skill without *practice*. So when you catch yourself feeling miserable and perhaps thinking about suicide, ask yourself the following questions:

- What emotion am I experiencing right now? Sadness? Anger? Hopelessness? Fear?
- What is the situation I find myself in right now that is giving me trouble?
- What was I thinking about just now that made me feel this way?

The purpose of asking yourself these questions is to educate yourself about your experience, rather than simply suffering helplessly. Eventually, this learning process will point directly to things that you can change. The evolutionary purpose of pain is to instruct the sufferer as to what is wrong and what needs to be done to relieve the pain. You can use your emotional pain and suicidal impulses in the same way.

On the previous page we have provided a form you can use to monitor your thoughts and feelings and to begin to practice changing your interpretations. For now, focus mainly on just listing thoughts and feelings; if you try to change your interpretations and find it difficult, don't worry. That's covered in the next chapter.

We recommend that you duplicate this form and fill out at least five of them before moving on. You can use present, past, or even imagined trigger events. These events should range from relatively common upsets (such as making a mistake at work) to highly painful experiences (such as being lied to or rejected).

To check whether your identified interpretations are on target, ask yourself, "Does it make sense that someone thinking X would end up feeling and doing Y?" In addition, use a friend or counselor as a sounding board. As we said earlier, most thoughts, beliefs, and interpretations are outside of immediate awareness; so it's normal not to be particularly in touch with them at first. Someone who knows you well and who is willing to treat you with kindness and respect can be tremendously helpful in your quest to "know yourself" better.

Form for Monitoring Thoughts and Feelings					
Soothing New Interpretation		Feelings/ Behaviors	Interpretation (Including suicidal thoughts)	Trigger Event	Date

## Step Three: Where Goes the Head, the Rest Will Follow: You *Can* Change How You Think (and *Feel*)

This chapter is about feeling better by changing how you think. You probably recognize this as the cornerstone of cognitive therapy. Because it is such an important element in your process of change, this will be the longest chapter in the book. We will cover the T.E.S.T. process of evaluating and changing unproductive thinking; discuss how thoughts, feelings, and behaviors influence one another; present cognitive (mental) strategies for changing suicidal thoughts; and show you how you can change your thinking by changing your behavior. So much information can seem overwhelming, so we recommend that you cover the chapter a little at a time, allowing yourself plenty of time and opportunity to absorb the information and practice the strategies.

### T.E.S.T.: A Recipe for Change

Now that you have begun to explore the role that your thinking plays in fueling your suicidal feelings and impulses, what thoughts do you notice yourself having? Pay attention to these, write them down, and notice the effect they have on your mood and behavior right now.

For example, if you are thinking, "Enough talk, already. Just tell me how to change these thoughts that cause me so much trouble!" then the feeling you are having is probably impatience, and you may find yourself

### Answer Key to Exercise 6\*

Dangerous Belief	Cognitive Distortion
I'm inadequate and a loser.	labeling, disqualifying the positive
I can't stand the pain.	jumping to conclusions, magnification
I'm so bad, this is what I deserve.	labeling, jumping to conclusions
If I want something very much, then I can't live without it.	shoulds, musts, oughts all-or-nothing thinking
I just can't cope like other people.	jumping to conclusions, disqualifying the positive overgeneralization
Hurting myself is the only way I can get what I need from others.	jumping to conclusions
No one would miss me if I were gone.	jumping to conclusions, disqualifying the positive
They'll be better off without me.	personalization, mental filter
They'll be sorry.	jumping to conclusions
Life's a bitch and then you die.	mental filter, disqualifying the positive
Hurting myself is the only way to feel better.	jumping to conclusions
This life will never give me what I need.	jumping to conclusions
I'll never be loved.	jumping to conclusions
The next life will be better.	jumping to conclusions.
The future holds nothing for me but pain.	mental filter, jumping to conclusion
Self-harm is my best or only solution.	jumping to conclusions mental filter
I have no reason to go on.	mental filter

\* This answer key is subject to interpretation, so do not worry if your answers did not match exactly. Many of the categories of cognitive distortions overlap somewhat. The spirit of the assignment is most important, which encourages you to question your depressive thinking. It may be instructive to discuss this with your therapist.