

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, let's 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 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-

ive 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)
Beliefs about Self	
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.	
Beliefs about Others and the World	
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.	
Beliefs about the Future	
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.	
Thoughts of Your Own When Feeling Suicidal	

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."

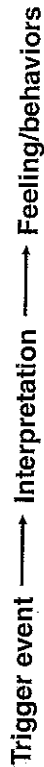
Learning from Moods and Pain

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	
Date	
Trigger Event	
Interpretation (Including suicidal thoughts)	
Feelings/ Behaviors	
Soothing New Interpretation	