

### 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.

## 7

## 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.

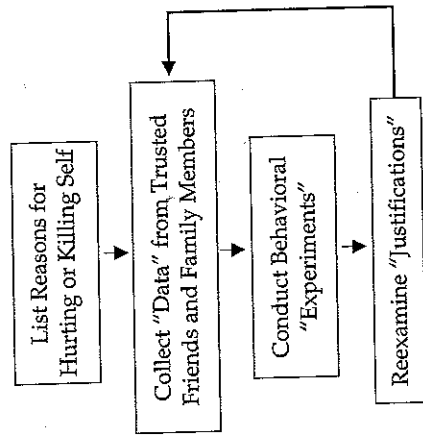
For example, if you are thinking, "Enough talk, already. Just tell me how to change these thoughts that cause me so much trouble!" then the feeling you are having is probably impatience, and you may find yourself

Table 7-1 presents a few more examples, with answers to the question, "Where's the evidence?" Note that we have listed both invalid (bogus) and valid interpretation. Try a few of your own for practice.

**Collecting and Acting on New Data**

In addition to examining existing evidence for or against your beliefs, you also can actively gather *new* evidence in various ways. Figure 7-2 shows a four-step process that you can use to challenge bogus evidence for suicidal thoughts (this method can be used to change any troublesome beliefs, but for now we will focus only on suicidal thoughts).

**Figure 7-2: Challenging the reasons for suicide**



Step one in actively testing your beliefs is to list all of the reasons that occur to you for committing suicide. There's just one catch—the reasons have to be *testable*. What this means is that your reasons need to be stated in such a way that, like a good empiricist, you can see for yourself whether they are valid.

For example, if some of your listed reasons for dying include "The rest of my life will be awful anyway" or "I'll never be able to get over my misery," these do not qualify as testable reasons because no one has a crystal ball. The only way you could truly test these beliefs would be to live out the rest of your life and see what happens. While we are certainly in favor of your living out your natural life, we understand that it is unlikely that very

many people would seriously consider waiting around for years or decades just to prove a point or test a theory.

Instead, we recommend an approach that reveals the validity or invalidity of your reasons for wanting to die. Examples of common, testable reasons behind thoughts of suicide include

- Nobody cares about me.
- I'm a complete failure as a person.
- I can't beat my alcohol/drug problem. The only answer is to die.
- I can't live with myself. I hate everything about me and everything I do.
- My life is completely out of control. The only thing I have control over is hurting myself.

Do any of these beliefs ring true to you? They are but a few examples of items that we encounter on our patients "Reasons for Wanting to Die" lists. Such beliefs can be tested in the here and now, or in the near future, thus making our next therapeutic step accessible to people who are in acute emotional pain now. Interestingly, the here-and-now "experiments" (which we will outline shortly) are part of the process by which you will be able to plan for a better future to combat hopelessness and repeated disappointment. This brings us to the next step in challenging bogus evidence.

**Step two** involves your getting an outside opinion. It is dangerous to make life-and-death decisions based on mere assumptions such as nobody cares about you or you are a complete failure. When you are in the throes of a deep depression, it is impossible to be entirely objective about things like this; and if you isolate yourself, you never allow yourself the opportunity to disprove some of your worst theories about yourself. On the other hand, it can be extremely helpful to talk to people you know in order to get their viewpoints on the matter.

Choose one, two, or maybe three people you know with whom you can sit down and have a frank discussion about how you're feeling about yourself. *Warning: Do not choose people who are highly critical or emotionally abusive.* Instead, choose people who are friendly, likeable, psychologically healthy, and trustworthy—maybe a friend, relative, coworker, mentor, therapist, neighbor, or clergy person. Tell them how you've been feeling and about your negative views of yourself and your life. (Whether or not you tell them about your thoughts about suicide is entirely up to you—you are under no obligation to divulge this information. However, if you are going to take the step of consulting with trusted others, consider letting them know that you've been wondering if life is worth living. Give them the chance to show their care and concern for you.)

Ask them for their opinions. Do they think that you are a terrible person? Do they think your life is meaningless? Do they see you as a com-

plete failure? Would they agree that people would be better off without you? Talk to more than one person about this, if you can. Listen to what they have to say. If they surprise you with supportive, caring responses, ask them why they feel this way about you. In sum, get a healthy, objective, outside opinion and contrast it with your own subjective, pain-ridden viewpoint. Remember, these are the opinions of people whose judgment you trust. Think about that, and then proceed to the next step.

Step three involves your running small "experiments" to start testing your worst beliefs about yourself and your life. If you feel that your life is out of control, think of things that you can do to reassert control over your actions and activities (we'll discuss some examples in a moment). If you think you are a complete failure as a person and a burden to others, plan to do one or two things that you do well that you may not have done for a while, and arrange to do some nice and helpful things for people you care about.

If you are certain you're a slave to an addiction and that this makes you a "bad" person who cannot change, attend a support-group meeting or look into detoxification treatment at a nearby hospital. If you hate yourself because of things you've done or things that have happened to you that make you feel guilty and ashamed, begin to consider things you can do to make amends, if that is possible. Apologize to people you believe you have hurt; unburden your guilt and shame to someone who may be able to put things in a different perspective or who may be willing to return to being on good terms with you. Begin to do things that instill a sense of pride in yourself again, and give yourself a daily goal that will help you to gain a sense of accomplishment and purpose.

An example of someone who used this process to feel better is "Jerry," who was considering suicide because, as he said, "I can't live with myself anymore." He was tired of "screwing up," meaning that he continued to go back to abusing drugs and alcohol even after he had repeatedly promised his family that he would remain clean and sober. He believed that he was nothing but a burden to his loved ones, that he had destroyed his credibility, that he would be plagued by legal and employment problems for the rest of his life, and that he would be rendered helpless by his isolation from others and by his ongoing cravings for substances.

Jerry's therapist helped him work out the following plan to actively address his shame and his sense that he was a burden: (1) Stop making promises for now, (2) stop making excuses, (3) deal with criticism from his family without becoming defensive or seeking solace in alcohol and drugs, (4) start looking for a job, (5) go to Alcoholics Anonymous or Narcotics Anonymous at least five times a week, (6) begin to engage in some of the hobbies and recreational activities he used to enjoy and take pride in doing (for example, billiards, bowling), and (7) send as much money as he could manage to his estranged wife and their two children.

Jerry was by no means perfect in following this agreement, but it gave him something concrete and productive to do to start feeling better about himself again. Jerry's problems continued to pose great challenges to him, but he began to feel a gradually increasing sense of mastery and control over his life, and his suicidality faded. These concrete steps were crucial in Jerry's quest to empirically disprove his theory that he was a hopeless failure.

Step four in testing your problem beliefs requires that you reexamine the evidence after you have engaged in the first three steps (listing your reasons for wanting to die, consulting with others in order to get feedback and support, and starting a new plan of action to retake control over your life). It requires that you take stock of some of the more positive, alternative ways of looking at things that people have encouraged you to consider. It also requires that you calmly evaluate how much you have actually begun to do things differently in order to break out of old, depressive, perhaps self-defeating modes of operation.

If your evaluation of your progress at step four leaves you disappointed, that's your cue to return to step two—consult with the same trusted individuals as you did before. Ask them how they think you're doing and whether they have noticed any changes in you. Ask them where they think you have made positive strides, and ask them for further feedback and suggestions on those areas where you have not met with as much success as you would like. Ask them if they still have concerns about you, even if you do not. Healthy, trustworthy others are an incredibly important asset in life. It is therefore vital to nurture your relationships with such people and to communicate with them on a regular basis about how you're feeling and how you're doing with your self-help projects.

Once you've done step two again, recycle through steps three and four so you can continue to make concrete changes toward the goal of taking charge of your life, thus combating the depressive beliefs that you have no control and no hope. Again, don't go through it alone! If you can't consult with a friend or relative, find a support group or a therapist. Positive life changes are accelerated when you connect with others.

### Asking Better Questions: NRQs and PLQs

Although we cannot presume to know and understand you as an individual, we think it is safe to make two assumptions about you. The first assumption is that, like all human beings, you have a strong will to live—"survival instinct," if you will. The mere fact that you are reading this book is solid evidence that however much it might flicker at times, your will to live endures. It is well known that a survival instinct exists in all animals, and human beings are no exception.

The second assumption is that for you or anyone to have considered suicide, the problems must be overwhelming and the pain very great. Considering that we all are born with a strong survival instinct, it follows that it

would take extreme and prolonged suffering for any of us to reach the point where we wanted to die. A person in this state would have to view the suffering as overwhelming, out of control, and destined to continue without remitting. Under these conditions, it becomes more understandable that he or she would consider simply ending it all rather than continuing the fight. But consider the following questions:

- What if it could be shown that your suffering *could* be managed, such that you would not feel so overwhelmed?
- What if you could show yourself that you had *some* degree of control over the source of your suffering, the way you dealt with it, and your choices in responding to it?
- What if you discovered that your pain did not have to be unrelenting, that it could be predictably temporary or at the very worst, intermittent?

The point of these questions is to suggest that, in spite of what you're going through now, there is still hope for you to attain contentment, joy, hope, enthusiasm, and an overall sense that you're okay and the world is okay. To commit suicide is to forfeit the opportunity ever again to experience this. Choosing to live means giving yourself permission to learn how to manage your pain and to heal.

You might have noticed that the questions we just asked are rather different from the kinds of questions you usually ask yourself. If you have been burdened by significant levels of depression and anxiety, you might have the self-defeating habit of asking yourself *negative rhetorical questions* (NRQs).

A rhetorical question is a question that requires no answer because it answers itself. A negative rhetorical question, or NRQ, is asked in such a way that a negative answer is assumed. Perhaps some of the following examples of NRQs sound familiar to you:

- Why bother even trying?
- Who gives a damn about me anyway?
- What if I never get over this problem?
- How can I possibly ever change?
- Who would even notice if I were gone?
- What if I wind up totally alone?
- What's the point of going on with life?
- Why should I prolong my suffering by living?

We have found that people considering suicide ask themselves harmful, deceptive questions like these all the time. But NRQs serve no construc-

tive purpose. They simply make you feel worse and trick you into seeing your life as a worst-case scenario. The danger is that NRQs are often automatic aspects of thinking that go unnoticed and unchecked; but the damage they do to your emotions and to your spirit are very real and very significant.

In order to be fair to yourself, we recommend that you learn to match your automatic, harmful NRQs with deliberate, truth-uncovering, *positive literal questions* (PLQs). Unlike NRQs, PLQs do not answer themselves, but rather help search for the truth. For example, if you catch yourself saying, "What's the point of going on with life?" in a dejected, frustrated, hopeless way, try answering the question positively and literally.

Some conversions of NRQs into PLQs follow. Note that converting an NRQ to a PLQ sometimes requires only a change in tone or enunciation. For example:

**NRQ:** What's the point of going on with life?

**Presumed answer:** There is none.

**PLQ:** Okay, so what is the point of going on with life?

**Possible answers:** The point of going on with my life is to give myself a chance to get more out of life than I'm getting now. The point of going on is to *change* my life, not to *end* it. The point of going on is to show myself that I'm a survivor, and that I can find a way to overcome adversity. The point of going on is to keep trying to accomplish some of the important things I want to accomplish in my life, and not abandon my goals and dreams forever.

The point of going on is to come to accept and even like myself, to let those I care about know that I love them, and to reach out to those people. The point of going on is to reach a new day and, step by step, to get closer to the time when I will be able to smile and laugh again. The point of going on is to be able to look back someday at this time in my life, to talk about it like an old war story, to use my experiences as inspiration for someone else who might be considering suicide and needs my understanding and support, and to realize that I've made it, I've survived. That's the point of going on!

In summary, the answer to reducing the severity and duration of your emotional reactions is not easy, but it is simple: You must make some basic changes in the ways you think and act, and this will change how you feel. This will not happen overnight. However, if you are willing to commit to life long enough to give this a fair chance, if you are willing to take things a step at a time, if you are willing to practice new ways, and if you are willing to accept that even positive change feels a little strange at first, you will be able to reduce your pain and increase your hope, *regardless of whatever else is going on in your life that may truly be outside of your control.*

If this sounds overly optimistic, ask yourself the PLQ, "What do I have to lose by trying?" If it seems difficult or not worth the effort, ask yourself the PLQ, "How can I make this effort worth my while?" If you're tempted to ask yourself the NRQ, "What if I try everything this book tells me to do but I still don't get it and I'm still suicidal?" respond immediately and resoundingly with the PLQ, "What if I try and I find that I'm starting to feel better and to change my life in a positive way?"

We hope that ultimately you will learn to eliminate most NRQs from your daily automatic thinking. But since that takes time and persistence, the best approach in the meantime is to let no NRQ pass without challenging it with a corresponding PLQ. This is not wishful thinking, sticking your head in the sand, denying your problems, or minimizing how badly you feel. It is refusing to ask yourself loaded questions and, instead, being fair and even-handed with yourself.

Your negative views of yourself, your life, and your future have been promoted for far too long, while your positive views about yourself, your life, and your future have been discriminated against, disenfranchised, and disempowered. It is time to give your optimism and self-care a little affirmative action. It is high time to give all of your thoughts—both positive and negative—a level playing field on which to compete.

### **Socratic Method: Finding Truth by Asking the Right Questions**

Socrates, the fabled Greek philosopher, created a revolutionary new approach to both logic and teaching. Because he believed that the source of truth resided within each individual rather than somewhere "out there," he taught students primarily by asking them questions. The same method can be applied to help you acquire the knowledge you need to feel better. In this section, we will provide you with a few crucial, Socratic questions (PLQs, actually) and show you how to address them in a way that promotes growth and well-being.

To give this method a fair chance to work, it is essential that you sit down and write. If you simply mull over these questions in your head, you are likely to encounter the same problems that have plagued your mood all along—you'll become overwhelmed, lose track of the points you're trying to make, feel like giving up, and wind up with nothing you can get a handle on. So, once again, write, write, write!

Here is the sequence of key questions to ask yourself:

1. What are my reasons for hurting or killing myself, and why do they seem justified?
2. What would I tell a close friend in the same circumstances?
3. How else could I reasonably view my situation?

4. What steps can I take to change my life rather than end it?
5. Why do I sometimes not mind living?
6. How might my life be better in the future?

### **Key Question 1: What Are My Reasons for Hurting or Killing Myself, and Why Do They Seem Justified?**

To address the first key question, list all of the reasons you can think of for killing yourself. For each item you put on your list, add the following sentence: "This seems like a reasonable justification for hurting myself because . . ." and then finish the sentence.

At first, this might seem like the worst possible thing to do. After all, why should you make a case for hurting yourself? The answer is that not to be aware of your reasons for self-harm or self-destruction is actually more dangerous than to spell out your reasons and evaluate them. If you don't come to grips with the fundamental reasons why you think dying is your best option, you won't give yourself a good chance to think things through carefully and possibly uncover critical flaws in your rationale. Instead, you'll remain on emotional autopilot, which can be extremely hazardous when you are deeply distressed.

Detailed here are sample replies to the first key question, written by "Mary," a young patient with depression. Remember, it's up to you to think of your own answers to all of these questions—these examples are provided merely to help get you started on your own list.

#### **Mary's Answers to Key Question 1: What Are My Reasons for Hurting or Killing Myself?**

1. I should die or hurt myself because life means nothing without someone who loves you, and I'll never get that.

This seems like a reasonable justification because I can't bear to be alone, and I know that I'll end up that way no matter what I do.

2. I should die or hurt myself because nobody really loves me—how could they? I don't feel like I'm worthy of someone's love.

This seems like a reasonable justification to die because even if someone thinks he loves me, he'll soon realize that I'm unworthy, and then I'll be abandoned, which is even worse than having nobody in the first place.

3. I should die or hurt myself because the only thing that was ever half decent about me was my looks, and now I'm getting older and I'll lose my one asset. Nobody can avoid getting older, so my future will be even worse than now.

This seems like a reasonable justification to die because *my best days are behind me, and everything will just get worse and worse as time goes on.*

Now that she has listed her reasons for harming herself, Mary can take a long, rational look at her own views on life, death, and her worth as a person. She can think things through in a way that she couldn't if she merely kept all of this information vaguely stored in the back of her mind. Now let's move on to the next question.

### Key Question 2: What Would I Tell a Close Friend in the Same Circumstances?

This is a powerfully therapeutic question because it almost always stimulates compassion and helpfulness. Depressed individuals often have a much greater capacity to offer consolation, support, acceptance, and constructive advice to the people they care about than they do to themselves. This question brings this unfortunate double standard out into the open for discussion.

Why might this double standard exist? Some people have not learned that it is okay to nurture themselves. Others have learned that it is important to be kind and compassionate to others but that they themselves are not worthy of such kindness. You might like and think highly of a friend and forgive that friend many of his or her human shortcomings without so much as a second thought. But you might see similar shortcomings in yourself and interpret that as justification for self-harm because you are undeserving of anything better.

If you have friends that you like and admire, consider the following important fact. Many studies in the field of social psychology have indicated that one of the main reasons people become friends is that they view themselves as being similar to each other in important ways (interests, personality, life situation, ways of thinking, etc.). Therefore, the people you think of as friends—the people you admire—are probably not much different from you. So it makes sense to allow yourself the same degree of tolerance and compassion that you allow your friends.

### Mary's Response to Key Question 2: What Would I Tell a Close Friend in the Same Circumstances?

*I would tell her that she is not alone, that there are people who care about her, and that anybody who would leave her because she didn't look her best didn't have the maturity to be a suitable mate anyway. I would tell her that she is lovable—that she's been loved before and she'll be loved again. I would also remind her that she might be lonely at times but that this is not to be confused with being lonely for eternity.*

*Also, to be without a man is not the same as being unlovable. Finding a love partner is difficult to do, no matter how worthy you are; but it's a little more doable if you can like and accept yourself for starters. I would tell her that her best days are not behind her. In fact, many of her suicidal days are better left behind her. I'd tell her that there are many reasons to feel lovable and to continue living. I'd tell her that I care about her very much and don't want to lose her. That's what I'd tell my friend if she were in my situation and wanted to die.*

### Key Question 3: How Else Could I Reasonably View My Situation?

The adage "The grass is always greener on the other side of the fence" often comes into play when suicidal individuals take stock of their lives. It is common for such people to be utterly convinced that there is nothing to live for, no redeeming quality to their lives, and no sources of happiness, which they assume other people have. Interestingly, when such people try to end their own lives, they often astound others around them, who think, "How could he try to kill himself? He's such a good, decent person," or "Who could make such a lovely woman try to kill herself?" or "It's so difficult to understand. He's got so much going for him. Doesn't he realize that? What state of mind must he have been in to do something so drastic?"

This brings to mind the subject of E. A. Robinson's poem, "Richard Cory," who was viewed by all as so successful, gentlemanly, and handsome and as possessing the sort of graces that would earn him the envy and admiration of all—and who also went home one evening and "put a bullet through his head." This teaches us a vitally important lesson: *It is not possible to fairly and objectively evaluate your own life if you are in great pain.* When you are feeling suicidal, it is virtually certain that you are underestimating its value and the good in your life. You are considering an irreversible act—suicide—based on opinions that may be inaccurate, fleeting, and certainly not held by others.

Before acting on self-destructive impulses, you owe it to yourself to take every step possible to gain a more balanced view of your life. To the end, let us look at Mary's answer to Key Question 3.

### Mary's Response to Key Question 3: How Else Could I Reasonably View My Situation?

*I may be unsure of my lovability, but this does not mean that I am unlovable. In fact, many people have told me that they care about me—I just have trouble believing them. I guess they wouldn't lie to me, but for some reason I have difficulty being kind to myself. Since I dislike myself so much, I naturally jump to conclusions that people will reject me the moment they see my imperfections. But the reality is that people*

and nice, if I let it). I have to ask myself what activities, projects, and learning experiences I have been neglecting out of fear that I would fail, and go ahead and start doing them! I have to stop assuming that people will judge me solely based on how I look, or based on how I feel about myself, which I know from experience is punitive and negative. I have to listen to the affirmative things that others tell me and not dismiss them as "just being nice."

#### Key Question 5: Why Do I Sometimes Not Mind Living?

Has it ever seemed a little strange to you that the same life that seems downright unbearable during bad times is okay during the good times? It's the same life, so how can your appraisal of it change so much from one day or moment to another?

What you are experiencing is actually a well-known phenomenon known as "state-dependent recall." What this means is that *we tend to remember whatever is consistent with how we are currently feeling*. If we're feeling good, we're likely to remember the good and if we're feeling rotten, we're likely to remember the bad. This tendency can be resisted if you are alert to it, but it can be very dangerous for a suicidal person if he or she doesn't know how to counteract it.

This negative memory bias is quite common in people who have histories of recurrent depression and who tend to become hopeless about the future. Therefore, as therapists, we are especially aware of the importance of helping our clients to think about the times in their lives when they felt more hopeful and content. Despite their impressions to the contrary, such individuals have typically experienced a considerable degree of happiness in their lives; but this is quickly forgotten or dismissed as soon as a wave of depressed mood takes over.

For example, one of our patients suffered from an atypical, rapidly cycling type of depression. One week she'd be enthused about her life, and the next week she'd be utterly convinced that her prior optimism was "sheer delusion." Soon thereafter, she'd be hopeful and cheerful again. Interestingly, while she was in her "up" phase, she rarely referred to her depressions as being unrealistic or "delusional." She viewed her down moods as being very much a part of herself and her reality. By contrast, when she felt depressed and suicidal, she completely mocked her tendency to feel good and responded to the therapist's expressed support and hope with cynical scorn. Obviously, there was a fundamental bias in her thinking that put her at risk for hopelessness and suicide, even though there was ample evidence that her life was indeed punctuated by meaningful and joyous intervals.

This teaches us that we must take advantage of and pay close attention to the times—or even moments—when we feel good about life and ask ourselves about the realities on which positive moods are based. One way to

I like and whose judgment I trust seem to care about me, even when I'm at a low ebb in terms of my looks and my sociability. Perhaps I could start paying closer attention to what they see in me that I don't. At any rate, it would be premature of me to kill myself based on the assumption that I'll be rejected, when I seem to be the person who's doing the rejecting. I know that I felt unloved and abandoned by my parents, but that doesn't mean that I'll be unloved and abandoned by my friends. Furthermore, I should not abandon myself in my time of need by killing myself. That would be cruel. I need to support myself at times like this.

#### Key Question 4: What Steps Can I Take to Change My Life Rather than End It?

Helplessness and hopelessness usually dominate the moods and thoughts of someone contemplating suicide. There is a strong pull to believe that life's troubles are insurmountable and overwhelming and that nothing can be done to improve your lot.

For example, "Linda" thought she had made a dreadful mistake in getting married. She regretted her choice of partner and had serious thoughts about escaping through suicide. So great was her distress, she thought that suicide was a logical solution. However, she seemed stunned when her therapist said to her, "It's remarkable that you would be willing to leave life altogether before you would consider leaving this marriage." This was an apparently obvious suggestion; yet Linda had not truly considered it, nor the concrete steps that she could take to pursue this viable, nonlethal, change in her life. Further inquiry revealed that Linda held dysfunctional beliefs about being a bad person for wanting to leave her husband and that everyone would fault her and shun her if she did. So, instead of pursuing the obvious option, she zoomed right to the most drastic (and lethal) option.

This kind of macabre problem solving is common, even in otherwise intelligent, successful people. As an alternative to this dangerous approach, we strongly encourage you to do some heavy-duty problem solving regarding your life's difficulties. Now let's return to Mary's responses to our key questions.

#### Mary's Answer to Key Question 4:

##### What Steps Can I Take to Change

##### My Life Rather than End It?

First the easy stuff—I'll get a new hairstylist. I got so upset about my last haircut that suicidal thoughts entered my mind, but why should I die because somebody else can't follow instructions? Second, I need to take pride in things in my life other than my appearance, which to a large degree is superficial (except for my smile, which can be genuine

do this is to answer Key Question 5 in detail. Let's look at how Mary responded:

#### Mary's Response to Key Question 5:

##### Why Do I Sometimes Not Mind Living?

Sometimes, when I'm not dwelling on what I dislike about myself and when I'm not focusing on my disappointments and regrets, I notice that there are moments when it's okay to be alive. I notice this when I talk to my sister, who has been my best friend all my life and whose little boys I love as if they were my own. I notice this when I listen to music that I like and when I read an interesting book. It feels okay to be alive when the weather is nice and I'm taking a walk, and when I'm taking a drive on an open road. I feel hopeful about being alive when I think about things I might let myself look forward to doing in the future and when I use my imagination to think of interesting things to do, instead of just vegging out at home. Sometimes all it takes is someone saying "thank you" or "I really appreciate your help" or "that was a really good idea" to me, and I allow myself to hear it and believe it. Life hasn't been terribly kind to me the last few years, but I haven't exactly been kind to myself either. If I can start to be nicer toward myself, maybe I'll start a new trend, and then I really won't mind being alive.

#### Key Question 6: How Might My Life Be Better in the Future?

It is probably safe to assume that by the time a person has decided to commit suicide, she or he has concluded that things will never get better in life. This makes sense; for if someone believed otherwise—that the worst might soon be over—it is unimaginable that he or she would still choose to "check out" of life. The suicidal person almost always is convinced that there is nothing in the future worth waiting around for on planet Earth. The future seems bleak, and that is that.

At the risk of offending readers who believe in prophecy, destiny, or fortune-telling, we must say that to feel certain about the future always reflects erroneous thinking. People can make tentative predictions and educated guesses; but we, as mortals, can never be 100 percent accurate in our predictions about what will unfold in our lives.

Suicide, in many respects, reflects an implied belief that you can predict the future with high accuracy. The belief can be summed up this way: "I have seen the future. It holds nothing but misery for me. Therefore, I will cut my losses now by taking my own life." Ironically, the only way to guarantee that the future will hold no promise is to kill yourself, thus ending your chances to find happiness and meaning once and for all. This is a classic case of the "self-fulfilling prophecy."

If you are convinced that the future holds only emptiness and pain, you should think this through carefully. You have nothing to lose by imagining what appealing possibilities life might hold. To paraphrase an old saying, you have to have a dream in order to make your dream come true. What harm can come from allowing yourself to dream a little? Try suspending your belief that things will never change, just long enough to think seriously about how things could be different and what you could do to make it happen. This sets the stage for answering Key Question 6. Let's see what Mary said.

#### Mary's Response to Key Question 6: How Might My Life Be Better in the Future?

This is hard. I don't usually allow myself to think about things like this. I am afraid of getting my hopes up. But then, what do I have to lose? I am already considering losing my life, so the least I can do is consider what I might be forfeiting before I go ahead and do it. I guess even though I often feel certain I will wind up alone, the fact is that I do have significant others in my life, and they do seem to care about me. Someday I might get married and have an intimate wedding reception with just our closest friends. We could buy a "fixer-upper" house and work on it together, which would be hard work, but it would feel so good to be in a partnership like that. I could go back to school part-time and finish my degree, which I've always wanted to do but never had the confidence.

I could make a point of keeping in contact with my best friends, who I tend to distance myself from and then feel lonely and guilty. I could do this even if I never get married, because my friends are very important, and I don't have to have a man to survive. I guess if I kept up all my contacts with my friends, they would also try to help me in getting introduced to eligible men.

Also, I really would like to see my nephews grow up. I love them so much, and I think I am their favorite relative besides their parents. I don't want to miss out on seeing their development, and I want always to be there for them if they need my support and advice. I can picture myself ten years from now, doing some of the things I've just mentioned, and saying to myself, "I can't believe I almost ended it all ten years ago. I never would have had any of this. I never believed my life could be happy, but now it's scary to think what I would have given up had I actually killed myself. Thank goodness I changed my mind and had the courage and hope to carry on and keep trying."

Now it's time to practice answering the six key questions yourself. Don't worry if you aren't as articulate as Mary, who happened to be a good writer. Just make an effort to answer in detail and in a self-affirming manner. You'll find you get better as you work at it.



## Behavioral Strategies: Changing Self-Destructive Beliefs by Changing What You Do

*Lessons from Albert Ellis*

As you learned from the Thinking-Feeling-Doing triangle at the beginning of this chapter, it is not always necessary to work at feeling better by changing your thoughts first. In fact, changing behavior can be a very powerful way of changing how you think and feel. In this section, we will show you a process whereby you can *act* so as to change your thoughts and feelings in a therapeutic way.

To understand this process, we turn to Dr. Albert Ellis, founder of Rational-Emotive Therapy:

Sometimes the best—or indeed the only—way to change a fixed idea is to force yourself to *act* against it: to engage in *live* homework assignments. . . . If you work directly on your feelings, and vividly experience and express them, you may more thoroughly change your crooked thoughts than by directly disputing these irrational Beliefs. . . . In fact, it is doubtful if you ever truly change an irrational Belief until you literally act (and *act many times*) against it (1988, p. 109).

Ellis is fond of telling how, as a young man, he strongly held the belief that to be rejected by a woman was so awful that this risk was to be avoided at all costs. Needless to say, he had very few dates. So he decided to work on this dysfunctional belief by acting against it: For one month, he approached every unaccompanied young woman he saw at a park in New York City—over 100! The outcome? He managed to get only one date, and she stood him up! Nevertheless, his exercise was a resounding success; for through this deliberate effort, he learned that rejection did not kill him, nor did being turned down in any way diminish him as a human being. In fact, he no longer felt the least bit fearful about asking women out. Why? Because by his *actions* he had proven that rejection, while certainly unpleasant, was not the catastrophe that he had imagined it to be.

This is one of many possible examples of how behavioral challenges can be used to eliminate fearful beliefs. But what about beliefs associated with suicidal impulses and behaviors? Consider the belief, "Nothing will ever change; my life will always be miserable." Sound familiar? This thought is behind most suicidal impulses. The problem with it is that, in addition to making you feel bad, it keeps you stuck in the status quo—you are likely to do nothing about the future, because you are convinced that it is useless to try.

Thus, we come to the dreaded *self-fulfilling prophecy*. Because you predict you will fail, you don't try (or you try halfheartedly) to reassert control

over your life, which reduces or eliminates any chances that things will get better. As a result, you conclude that you were right all along about the meaninglessness and hopelessness of life and that suicide is a reasonable option.

Notice how this behavior (in this case, not trying) influences thinking (in this case, "proving" that things will never get better). Now, imagine for a moment pursuing a different course of action—acting in a deliberate, proactive way to disprove this belief. You might choose to act in some small way (say, by tidying up your home) or in a big way (such as changing jobs). The point is that you don't have to settle helplessly for what your beliefs are telling you; you can actually *attack* hurtful beliefs by acting against them.

Another idea often seen in suicidal thinking is the belief, "I can't stand it any longer." Are you among the many people who suffer from what Albert Ellis has called "I-can't-stand-it"-itis? If you find those words consistently arising in your internal dialogue, you can attack this desperation-producing belief by intentionally doing things to prove you *can* "stand" things. Start with mild challenges like picking the longest line at the grocery store or intentionally driving at rush hour. You can then work your way up to more significant challenges, including those that occur naturally in your life. If you think you "can't stand" to hear your dad tell that war story one more time, *ask* him about it. If you think you can't stand anyone's disapproval, dial random telephone numbers and ask for Philippe.

What's to be gained from all of this frustration? Certainly, the purpose is not to create suffering for yourself, but to rid yourself of the false belief that you can't stand things that you definitely can stand. Why is this important? Because "I can't stand it" is an extremely dangerous idea for a person who has suicidal thoughts. One has to wonder, how many suicide victims would still be around today if, during that last, trying life experience, they had been more aware of the truth: "I don't like it, but I most certainly *can* stand it!"

Here are a few more dysfunctional beliefs to give you practice creating behavioral challenges. For each belief, see how many things you could do to disprove the belief. Don't hesitate to involve your therapist or trusted friends and family members in this exercise.

- I have to be perfect.
- I can't do anything when I'm depressed.
- I have to drink when I feel this way.
- Cutting myself is the only way to feel better.
- I'm a bad person.
- I can't stand being alone.

There is an old saying out in the tradition of Alcoholics Anonymous: "If you keep doing what you're doing, you'll keep getting what you've got." In other words, you must start *doing things differently* in order to reap the benefits of a better life.

**Important Pointers**

Before concluding this chapter, consider a couple of pointers that will help you succeed at whatever strategies you select out of the many we have described.

*Staying Aware and Practicing Moment to Moment*

Believe it or not, the greatest challenge in implementing these or any self-change strategies is not learning the terminology or techniques, but *staying mindful* of the therapeutic agenda throughout the hours, days, and weeks of your life. As you know, life has a way of tossing up certain distractions from time to time; things like demanding bosses, unreasonable parents or children, flat tires, toothaches, and the like.

Ironically, times when it is toughest to pay attention to our feelings, thoughts, and behaviors are the very times when we need to the most. Stressful events are highly effective at triggering dysfunctional thoughts that lead to major upset, and it is crucial to plan ways to implement your self-help strategies in the midst of such events. Here are some suggestions:

- Anticipate stressful events whenever possible and rehearse how you can talk to yourself in a helpful rather than harmful manner.
- Write helpful reminders from this book and other sources on index cards and carry them with you for times when upset is clouding your thinking.
- Place "sticky notes" on mirrors or other conspicuous places to remind you of whatever issue you are currently working on.
- Arrange a regular time for yourself (at least 20 minutes three times a week) for self-therapy sessions focusing on your priorities for change.
- Keep a diary documenting progress in areas of importance to you, and refer to it whenever you feel as if you aren't getting anywhere.
- Plan on spending *the rest of your life, if necessary, working on your happiness*. Remember, just because your teeth are clean doesn't mean you can quit brushing your teeth. Emotional well-being is no different—it, too, requires continual attention and care.

*If at First You Don't Succeed . . . Remember the Second "T"*

Let us now return to the T.E.S.T. model for another important reminder: Don't forget the second "T." In other words, "Try" is a critical concluding step in the process of recognizing and changing dysfunctional thinking. While it is important not to discourage yourself by overestimating the difficulty of self-change, it would also be self-defeating to mistakenly think it should happen overnight with little or no effort.

We say this in the same spirit we would encourage new skiers or tennis players not to give up if they don't get the hang of it the first day out; to do so would be to risk unnecessarily missing out on a lifetime source of enjoyment. Of course, the stakes in this book are much higher than in any mere sport, because we are talking about your life itself. This all is the more reason to be persistent in your efforts to make changes. As simple as some of these strategies may seem, no one gets them overnight. So don't think it's just you. As with most things that are truly worthwhile, hard work and persistence are necessary if you are to reap the benefits. And the benefits can be expected to be well worth the effort.

**Summary**

Because of the length of Chapter 7, we include a summary of its most important points. If any of these are still unclear to you, we recommend that you go back and review these sections before moving on to Chapter 8.

- The T.E.S.T. model provides a step-by-step way to feel better by identifying and changing dysfunctional thinking.
- The Thinking-Feeling-Doing triangle shows the influence of these three aspects of experience on one another.
- There are two routes to changing dysfunctional thoughts: cognitive and behavioral.
- There are three types of cognitive strategies: functional ("Where's this getting me?") logical/empirical ("Where's the evidence?") and Socratic questioning ("How else can I view this?").
- Thoughts and feelings also can be changed by *acting* against dysfunctional beliefs.
- It is important to stay aware of self-help priorities moment to moment and to be persistent in the process of self-change.

paying close attention and reading faster. Good for you! On the other hand, if you're thinking, "Sure I have negative thoughts; so what else is new? Changing is easier said than done. There's no way this can help me," then you are probably feeling discouraged and have an urge to throw this book in the trash and go to bed. If that's the case, we urge you to keep reading anyway. There's a good chance you will find what follows to be simpler than you expect. Practice talking to yourself with reassuring statements such as, "What harm can it do? At least if I read on I'll have the satisfaction of knowing what's there."

Without a doubt, self-change is easier said than done. But be careful not to equate that with impossible. When you think about it, almost everything is easier said than done, from baking a cake to landing on the moon. Usually, the difference between being able to "say" something and being able to "do" something is having relevant information and getting some guidance; and that's exactly what's coming up in this chapter.

Changing your thoughts and feelings requires several steps, which can be easily remembered with the acronym T.E.S.T. Although this process has been taught using other acronyms (most notably, Albert Ellis's A-B-C model), we chose this one to emphasize the technique of adopting the attitude of a scientist. Like the scientist, you will make a habit of TESTING attitudes and beliefs for validity, rather than assuming that all of your depressed and suicidal thoughts and feelings must be true and appropriate. Here are the steps:

**T:** Take stock of your reactions to an event (your thoughts, feelings, and behaviors).

Evaluate the thoughts and beliefs that were triggered by the event.

Substitute helpful thoughts and beliefs.

Try the new way.

Let's now go into each of these steps in more detail.

#### **T: Take Stock of Your Reactions to an Event (Your Thoughts, Feelings, and Behaviors)**

If you read Chapter 6 and practiced the skills, you already know how to take this first step. To repeat an important point from that discussion, you can't know how (or even what) to change unless you are skilled at identifying problem feeling states, behaviors, and the thoughts that are behind them. We recommend you do this, not by abstractly asking yourself, "How do I feel?" but by monitoring your strong reactions to specific events. So, a more productive question would be, "What am I thinking in response to what Mom said this morning to cause me to feel despair and want to engage in suicidal behavior?"

As also explained in the previous chapter, it is of utmost importance to *write this down*. Trying to do this only between your ears has a way of generating more heat than light, with the result that nothing much changes. So once again, *write, write, write!* You can use the forms you made in Chapter 6, as well as those that appear later in this chapter.

#### **E: Evaluate the Thoughts and Beliefs Triggered by the Event**

In Chapter 6, we discussed some of the more common cognitive distortions that account for a great deal of human suffering. Detecting thinking errors is a crucial skill that is learned only through vigilance and practice. Unfortunately, you probably did not learn how to "think about thinking" in school, so the process might feel rather foreign. Therefore, we devote much of this chapter to ways to determine the validity of your thinking. In the Evaluate step, you will learn to challenge your own pain-producing thoughts by asking yourself questions such as the following:

- Is that thought really true, or does it only feel true?
- Where's the evidence for that thought? If there is none, then what belief is suggested by the evidence?
- Where does it get me to talk to myself this way?
- Is there some other way to interpret this event?
- Is this what I'd say to a good friend in similar circumstances?

#### **S: Substitute Helpful Thoughts and Beliefs**

You can probably see how the Evaluate step leads naturally into the Substitute portion of the T.E.S.T. process, for questions like these often answer themselves. However, by no means is it always obvious where to go once you have determined that a given thought is illogical or invalid. Therefore, we will devote much of the present chapter to showing you a variety of ways to change dysfunctional thoughts once you have identified them.

#### **T: Try the New Way**

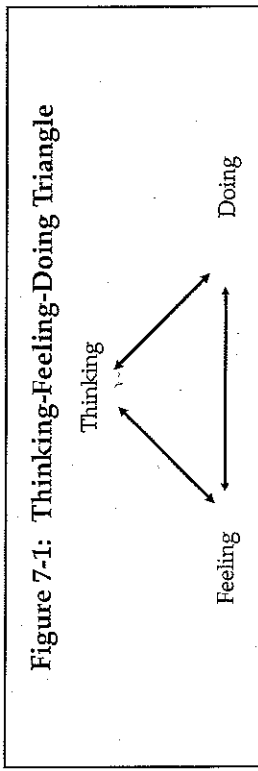
This fourth and last step in the T.E.S.T. process may seem obvious, but you would be surprised how often we find that patients learn all of the requisite skills but get disappointing results because they didn't give the "new way" adequate time and effort. For example, if you were to determine that you regularly engaged in "fortune-telling," as reflected in your hopeless view of the future, you would benefit very little unless you made a regular and persistent effort to pay attention to when fortune-telling was occurring and worked actively to challenge it.

In other words, old habits die hard. As much as we might wish otherwise, thinking patterns we have been "practicing" daily for years and years will not go away simply because we have an insight that they are not "logical." We must be willing to be vigilant and willing to respond as if to say, "Oops! There I go again!"

We will come back to this important issue at the end of this chapter. But first, let's look at specific ways to challenge pain-producing thoughts and adopt new, healthy attitudes and beliefs.

### How Thoughts Influence One Another

Before we begin looking at specific ways to change thoughts and feelings, it's important first to become familiar with a basic fact about how human beings operate. What we commonly view merely as "living" actually consists of three interacting processes, as shown in Figure 7-1.\*



This model is best explained with an example. Consider "Lisa," a young, divorced nurse, whose boyfriend recently informed her that he was interested in someone else and no longer wished to see her. At the top of the triangle, she might think, "This proves how unlovable I really am. Now I'll never find someone to love!" Such thinking would have a major impact in the Feeling area of the triangle (notably, depression and feelings of hopelessness and inadequacy), as well as in the Doing area (such as crying and giving up on efforts to meet someone new). But the process doesn't stop there, for Feeling and Doing also influence Thinking. In Lisa's case, upon reflecting on her depressed feelings and behaviors, she might think, "See, not only am I unlovable, but I'm also a sad, pathetic creature who gives up when things get tough." This new thought then begins to affect her feelings and behavior, and she is now caught in a vicious, self-perpetuating circle.

Try applying this model to one or two recent experiences of your own. Remember, the model applies not only to vicious circles but to "victorious"

\* This model has been used by therapists for many years. We did not create it, but have been unable to discover who did.

circles as well; for just as dysfunctional thoughts lead to dysfunctional feelings and behavior, so do functional thoughts lead to functional feelings and behaviors. This helps explain how millions of rejected lovers manage to find the "other fishes in the sea."

Now for the main point of this discussion: *The Thinking-Feeling-Doing triangle is not merely a model of how we experience things; it is also a blueprint for change.* What this means is that change in any area of the model (Thinking, Feeling, or Doing) will likely produce change in the other two areas. Suppose that Lisa, by talking to a friend or counselor or through reading a book such as this one, changed her thinking along the following lines: "Sure, this was a major loss, but it in no way proves that I am unlovable. In fact, I have lots of evidence that I am lovable. Now, what can I do to be kind to myself, instead of locking myself in my room?"

What would we expect to be the impact of such a change on Lisa's feelings and behaviors? First, we could expect her feelings to change from depressed, hopeless, and inadequate to sad (she has just suffered a loss, after all) yet hopeful and adequate. Furthermore, we could expect a major change in her behavior, from social withdrawal and isolation to appropriate self-care and nurturing.

Let's now take the model one step further. Suppose Lisa is less than successful at changing her thinking along the lines just described. Can you see how she still has not exhausted her options? For she also can initiate changes in her behavior that will benefit her thinking and feelings. For example, Lisa might call a friend or take herself to a movie, thereby disproving her thought, "I always give up when the going gets tough." Change can be initiated through *doing* just as well as (and sometimes better than) through changing thoughts.

Thus, the stage is set for the remainder of this chapter. In the first part of the chapter that follows, we will show you how to feel better by changing your thoughts and feelings through *thinking* processes. Later in the chapter, we will explain how to change your thoughts and feelings by making changes in *behaviors*.

### Cognitive Approaches to Changing Suicidal Beliefs

Just as there are many ways to improve physical health—exercising, eating healthy foods, getting plenty of rest, and so on—there are also many "right" ways to acquire healthy thinking habits. In the following sections, we will tell you how to use a variety of methods to change your depressed, suicidal thinking into thinking that will leave you less vulnerable to upset and more aware of what makes life worth living.

*Cognitive* approaches to healthier (and happier) thinking fall into three general categories: (1) the functional approach, (2) logical/empirical ap-

**Therapist:** Can you see what's happening here?  
**Frances:** Yes. I've been thinking I needed to call myself names to motivate myself to do better, when what it really does is make me miserable about my mistakes.

**Therapist:** Exactly. Now, where do you go from here?

**Frances:** I'm not really sure.

**Therapist:** Well, look at it this way: What would you say to your daughter, if she had just made a mistake and you wanted her to learn from the mistake but not be miserable about it?

**Frances:** I'd tell her that everyone makes mistakes and that mistakes are one of the best ways to learn.

**Therapist:** Would you call her an idiot?

**Frances:** Of course not!

**Therapist:** Now, what does this mean for you?

**Frances:** I guess I'd better get rid of the name-calling and focus more on how I can learn from my mistakes.

As you can see, the functional approach is relatively simple but powerful. But remember, it won't do you any good if you don't use it. Take a few minutes now, and on a sheet of paper, list your three "favorite" self-critical thoughts. After each one, respond to the question, "Where does that thought get me?" If the answer is "Nowhere" or "Miserable," jot down a few alternative thoughts, more or less along the lines of the therapy session example. As always, give yourself the chance to be a beginner for a while—you'll get better with practice.

*Logical/Empirical Approaches:  
 Asking Questions That Put  
 Upsetting Thoughts to the Test*

As we have just seen, the functional approach considers the impact of certain thoughts and beliefs on your life. Logical/empirical approaches are different in that they evaluate the actual *validity* of the thought. In other words, in various ways, you ask the question, "Does that make sense?" These methods are in no way incompatible with the functional approach; in fact, you might often find yourself moving from one to the other, seeing the negative impact of a belief (functional approach) to looking at why that belief is illogical or invalid (logical/empirical approach).

Most of us have a common-sense understanding of what the word *logical* means. The word *empirical* is less familiar among nonscientists, but its meaning is straightforward. The word *empirical* refers to anything that is based on *evidence*. Scientists use empiricism, for example, to learn whether a

proaches, and (3) questioning approaches. Each category contains one or more specific strategies. Remember, because everybody is different, all approaches may not be equally helpful to all people. However, be sure to try each approach, since that's the only way of knowing whether it will work for you. We encourage you to try each approach lots of times to get the advantage of the practice that might make a strategy more likely to work.

Remember, too, that these strategies assume that you have learned how to identify your feelings and troublesome thoughts. If you don't feel at least moderately confident in your ability to identify your upset-producing thoughts, return to Chapter 6 and allow yourself more practice before moving on.

*The Functional Approach:  
 Where's This Getting Me?*

The functional approach is perhaps more aptly called the "Where's this getting me?" approach. It is one of the simplest yet most effective strategies. It requires only that you identify your upsetting thought and ask yourself what purpose it serves.

For example, "Frances," an engineering major at a local university, learned through her thought monitoring that one of her most common interpretations whenever she made a mistake was "I'm an idiot." Because she, like all human beings, frequently made mistakes, Frances learned that she was giving herself this label many times a day. At best, when this happened, she felt unhappy with herself; but on bad days, it was only a short step from "I'm an idiot" to "I might as well kill myself."

Let's listen in on a portion of one of Frances's therapy sessions to see how "where's this getting me?" was employed.

**Therapist:** What purpose does that statement, "I'm an idiot," serve when you say it to yourself after you make a mistake?

**Frances:** It helps me do better in the future.

**Therapist:** Can you say more about that?

**Frances:** Well, if I weren't hard on myself when I screwed up, there's no telling what would become of me.

**Therapist:** I see. So, how's it working so far?

**Frances:** What do you mean?

**Therapist:** What I'm asking is, where's it really getting you to call yourself an idiot whenever you make a mistake?

**Frances:** Depressed and discouraged, that's what!

**Therapist:** Has calling yourself names wiped out mistakes in your life?

**Frances:** No way. If anything, I seem to make more.

medicine works. In other words, rather than rely on mere *opinions* that the drug is safe and effective, they conduct rigorous experiments that produce evidence regarding the drug's effects.

The justice system also works empirically. A jury's role is to decide, on the basis of hard evidence, whether an individual is guilty of a crime. Imagine if you could be hauled into court, accused of a terrible crime, and convicted based only on the *feelings* of a jury, with no compelling evidence whatsoever. Yet this is what you are doing to yourself every time you call yourself stupid or bad or tell yourself you deserve to die—you are convicting yourself of a crime on the basis of emotion and without valid evidence.

We will examine four logical/empirical methods for challenging depressing and suicidal thinking:

- Demanding evidence
- Collecting data
- Asking better questions
- Putting upsetting thoughts to the test

#### **Demanding Evidence**

This method is every bit as simple as it sounds. It means refusing to accept upsetting thoughts, self-accusations, and hopeless predictions of the future without *valid* supporting evidence. Note the emphasis on the word *valid*.

Suppose, for example, that a salesman is trying to sell you an expensive refrigerator, claiming that it is the best on the market. And suppose that when you asked for evidence supporting this claim, he said, "I have no evidence; it's just my opinion." Is this "evidence" valid? Would you fork over your hard-earned money on the basis of such flimsy evidence? Unless you wanted to contribute to the Appliance Salesman Charity Drive, the answer is probably "no."

Now imagine you are a member of a jury considering the guilt or innocence of a man charged with murder, and the prosecutor's entire case is based on the fact that this man was once seen littering. Would you vote to convict and perhaps send the defendant to his death? Of course not; because however wrong this man's previous behavior might have been, it in no way proves he is a murderer. In other words, such evidence would not be considered valid in a court of law.

Now, consider a depressing, potentially suicidal, thought such as, "I'm a complete failure and always will be." Again, we can ask, what is the evidence for such a condemning thought? In some cases, you will quickly see there is no evidence and you will be surprised how immediately you feel better. At other times, the "prosecutor" inside you will respond, "Here's the evidence right here: You've just been fired from your third job." Ouch! At first impact, this might feel like compelling evidence; but is it?

To answer this question, we must go back to our discussion on labeling and overgeneralization. What any scientist and most lawyers will tell you is that this evidence shows *only* that we have a human being who has been fired three times—no more, no less. And pursuing the evidence a little further would show that this human being, far from being a "total failure," has actually succeeded at lots of things in life.

**Table 7-1: Where's the Evidence?**

Self-Statement	Bogus Evidence	Valid Interpretation
I'm a total failure.	I've been laid off from two jobs.	I do have trouble keeping jobs, but that's only part of me. I have succeeded in other things in life.
I can't stand being alone.	I feel so desperate when I'm alone.	I do prefer to have a mate, but I have "stood" being alone many times. In fact, some of my best times have been when I was on my own.
Nobody cares about me.	The phone hasn't rung in three days.	This only proves no one has called me. There are many people I haven't called lately, and that doesn't mean I don't care about them.
The future holds nothing for me.	Life has been bad for as far back as I can remember.	Although the past can sometimes be used to make predictions about the future, the past doesn't <i>determine</i> the future. Experience shows that people change their lives for the better all the time.
Hurting or killing myself is the best solution to my problems.	I can't think of any other solutions.	Appearances can be deceiving. I can discover better solutions by talking with someone who cares.