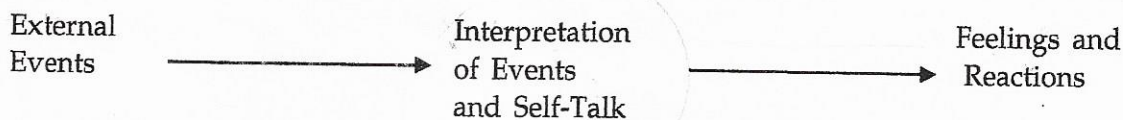


Self-Talk

Imagine two individuals sitting in stop-and-go traffic at rush hour. One perceives himself as trapped, and says such things to himself as "I can't stand this," "I've got to get out of here," "Why did I ever get myself into this commute?" What he feels is anxiety, anger, and frustration. The other perceives the situation as an opportunity to lay back, relax, and put on a new tape. He says, "I might as well just relax and adjust to the pace of the traffic" or "I can unwind by doing some deep breathing." What he feels is a sense of calm and acceptance. In both cases, the situation is exactly the same, but the feelings in response to that situation are vastly different because of each individual's internal monologue, or *self-talk*.

The truth is that it's *what we say to ourselves* in response to any particular situation that mainly determines our mood and feelings. Often we say it so quickly and automatically that we don't even notice, and so we get the impression that the external situation "makes" us feel the way we do. But it's really our interpretations and thoughts about what is happening that form the basis of our feelings. This sequence can be represented as a timeline:



In short, you are largely responsible for how you feel (barring physiological determinants, such as illness). This is a profound and very important truth—one that sometimes takes a long time to fully grasp. It's often much easier to blame the way you feel on something or someone outside yourself than to take responsibility for your reactions. Yet it is through your willingness to accept that responsibility that you begin to take charge and have mastery over your life. The realization that you are mostly responsible for how you feel is empowering once you fully accept it. It's one of the most important keys to living a happier, more effective, and anxiety-free life.

Anxiety and Self-Talk

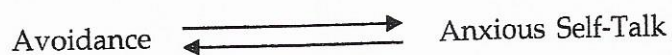
People who suffer from phobias, panic attacks, and general anxiety are especially prone to engage in negative self-talk. Anxiety can be generated on the spur of the moment by repeatedly making statements to yourself that begin with the two words "what if." Any anxiety you experience in anticipation of confronting a difficult situation is manufactured out of your own "what-if statements" to yourself. When you decide to avoid a situation altogether, it is probably because of the scary questions you've asked yourself: "What if I panic?" "What if I can't handle it?" "What will

other people think if they see me anxious?" Just noticing when you fall into "what-if thinking" is the first step toward gaining control over negative self-talk. The real change occurs when you begin to *counter and replace* negative "what-if statements" with positive, self-supportive statements that reinforce your ability to cope. For example, you might say, "So what," "These are just thoughts," "This is just scare-talk," "I can handle this," or "I can breathe, let go, and relax."

I want you to consider some basic facts about self-talk. Following these facts is a discussion of the different types of self-defeating inner monologues.

Some Basic Points About Self-Talk

- Self-talk is usually so automatic and subtle that you don't notice it or the effect it has on your moods and feelings. You react without noticing what you told yourself right before you reacted. Often it's only when you relax, take a step back, and really examine what you've been telling yourself that you can see the connection between self-talk and your feelings. What is important is that *you can learn to slow down and take note of your negative internal monologue.*
- Self-talk often *appears in telegraphic form.* One short word or image contains a whole series of thoughts, memories, or associations. For example, you feel your heart starting to beat faster and say to yourself, "Oh no!" Implicit within that momentary "Oh no!" is a whole series of associations concerning fears about panic, memories of previous panic attacks, and thoughts about how to escape the current situation. Identifying self-talk may require unraveling several distinct thoughts from a single word or image.
- Anxious self-talk is typically *irrational but almost always sounds like the truth.* What-if thinking may lead you to expect the worst possible outcome in a given situation, one that is highly unlikely to occur. Yet because the association takes place so quickly, it goes unchallenged and unquestioned. It's hard to evaluate the validity of a belief you're scarcely aware of—you just accept it as is.
- Negative self-talk *perpetuates avoidance.* You tell yourself that a situation such as the freeway is dangerous and so you avoid it. By continuing to avoid it, you reinforce the thought that it's dangerous. You may even project images of catastrophe around the prospect of confronting the situation. In short, anxious self-talk leads to avoidance, avoidance begets further anxious self-talk, and around and around the cycle goes.



- Self-talk can *initiate or aggravate a panic attack.* A panic attack often starts out with symptoms of increasing physiological arousal, such as a more rapid heartbeat, tightness in the chest, or sweaty palms. Biologically, this is the body's *natural* response to stress—the fight-or-flight response that all mammals, including humans, normally experience when subjected to a perceived threat. There is nothing inherently abnormal or dangerous about it. Yet these symptoms can remind you of previous panic attacks. Instead of simply allowing your body's physiological reaction to rise, peak, and subside in its own good time, you scare yourself into a considerably more intense panic attack with scary self-talk: "Oh no, it's happening again," "What if I lose control?" "I *have* to get out of here now," or "I'm going to fight this and make it go away." This scare-talk aggravates the initial physical

symptoms, which in turn elicits further scare-talk. A severe panic attack might have been aborted or rendered much less intense had you made reassuring statements to yourself at the onset of your first symptoms: "I can accept what's happening even though it's uncomfortable," "I'll let my body do its thing," "This will pass," "I've gotten through this before and I will this time," or "This is just a burst of adrenaline that can metabolize and pass in a few minutes."

- Negative self-talk is a *series of bad habits*. You aren't born with a predisposition to fearful self-talk: you *learn* to think that way. Just as you can replace unhealthy *behavioral* habits such as smoking or drinking excess coffee, with more positive, health-promoting behavior, so can you replace unhealthy thinking with more positive, supportive *mental* habits. Bear in mind that the acquisition of positive mental habits takes the same persistence and practice required for learning new behaviors.

Types of Negative Self-Talk

Not all negative self-talk is the same. Human beings are not only diverse but complex, with multifaceted personalities. These facets are sometimes referred to as "subpersonalities." Our different subpersonalities each play their own distinct role and possess their own voice in the complex workings of consciousness, memory, and dreams. Below I've outlined four of the more common subpersonality types that tend to be prominent in people who are prone to anxiety: the Worrier, the Critic, the Victim, and the Perfectionist.* Since the strength of these inner voices varies for different people, you might find it useful to rank them from strongest to weakest in yourself.

The Worrier (promotes anxiety)

Characteristics: This usually is the strongest subpersonality in people who are prone to anxiety. The Worrier creates anxiety by imagining the worst-case scenario. It scares you with fantasies of disaster or catastrophe when you imagine confronting something you fear. It also aggravates panic by reacting to the first physical symptoms of a panic attack. The Worrier promotes your fears that what is happening is dangerous or embarrassing ("What if I have a heart attack?!" "What will they think if they see me?!").

In short, the Worrier's dominant tendencies include 1) anticipating the worst, 2) overestimating the odds of something bad or embarrassing happening, and 3) creating grandiose images of potential failure or catastrophe. The Worrier is always vigilant, watching with uneasy apprehension for any small symptoms or signs of trouble.

Favorite expression: By far the favorite expression of the Worrier is "what if . . ."

Examples: Some typical dialogue from the Worrier might be: "Oh no, my heart's starting to beat faster! What if I panic and lose complete control of myself?" "What if I start stammering in the middle of my speech?" "What if they see me shaking?" "What if I'm alone and there's nobody to call?" "What if I just can't get over this phobia?" or "What if I'm restricted from going to work for the rest of my life?"

* These subpersonalities are based on Reid Wilson's descriptions of the Worried, Critical, and Hopeless Observers in his book *Don't Panic: Taking Control of Anxiety Attacks*.

The Critic (promotes low self-esteem)

Characteristics: The Critic is that part of you that is constantly judging and evaluating your behavior (and in this sense may seem more "apart" from you than the other subpersonalities). It tends to point out your flaws and limitations whenever possible. It jumps on any mistake you make to remind you that you're a failure. The Critic generates anxiety by putting you down for not being able to handle your panic symptoms, for not being able to go places you used to go, for being unable to perform at your best, or for having to be dependent on someone else. It also likes to compare you with others, and usually sees them coming out favorably. It tends to ignore your positive qualities and emphasizes your weaknesses and inadequacies. The Critic may be personified in your own dialogue as the voice of your mother or father, a dreaded teacher, or anyone who wounded you in the past with their criticism.

Favorite expressions: "What a disappointment you are!" "That was stupid!"

Examples: The following would be typical of the Critic's self-talk: "You stupid . . ." (the Critic relishes negative labels). "Can't you ever get it right?" "Why are you always this way?" "Look at how capable _____ is," or "You could have done better." The Critic holds negative self-beliefs, such as: "I'm inferior to others," "I'm not worth much," "There's something inherently wrong with me," or "I'm weak—I should be stronger."

The Victim (promotes depression)

Characteristics: The Victim is that part of you that feels helpless or hopeless. It generates anxiety by telling you that you're not making any progress, that your condition is incurable, or that the road is too long and steep for you to have a real chance at recovering. The Victim also plays a major role in creating depression. The Victim believes that there is something inherently wrong with you: you are in some ways deprived, defective, or unworthy. The Victim always perceives insurmountable obstacles between you and your goals. Characteristically, it bemoans, complains, and regrets things as they are at present. It believes that nothing will ever change.

Favorite expressions: "I can't." "I'll never be able to."

Examples: The Victim will say such things as "I'll never be able to do that, so what's the point in even trying?" "I feel physically drained today—why bother doing anything?" "Maybe I could have done it if I'd had more initiative ten years ago—but it's too late now." The Victim holds such negative self-beliefs as "I'm hopeless," "I've had this problem too long—it will never get better," or "I've tried everything—nothing is ever going to work."

The Perfectionist (promotes chronic stress and burnout)

Characteristics: The Perfectionist is a close cousin of the Critic, but its concern is less to put you down than to push and goad you to do better. It generates anxiety by constantly telling you that your efforts aren't good enough, that you *should* be working harder, that you *should* always have everything under control, *should* always be competent, *should* always be pleasing, *should* always be _____ (fill in whatever you keep telling yourself that you "should" do or be). The Perfectionist is the hard-driving part of you that wants to be best and is intolerant of mistakes or setbacks. It has a tendency to try to convince you that your self-worth is dependent on *externals*, such as vocational achievement, money and status, acceptance by others, being loved, or your

ability to be pleasing and nice to others, regardless of what they do. The Perfectionist isn't convinced by any notions of your inherent self-worth, but instead pushes you into stress, exhaustion, and burnout in pursuit of its goals. It likes to ignore warning signals from your body.

Favorite Expressions: "I should." "I have to." "I must."

Examples: The Perfectionist may provide such instructions as "I should always be on top of things," "I should always be considerate and unselfish," "I should always be pleasant and nice," or "I *have to* (get this job, make this amount of money, receive _____'s approval, etc.) or I'm not worth much." (See the discussion of "should statements" at the end of the next section.)

Exercise: What Are Your Subpersonalities Telling You?

Take some time to think about how each of the above subpersonalities plays a role in your thinking, feelings, and behavior. First, estimate how much each one affects you by rating its degree of influence from "not at all" to "very much" on a six-point scale (see the worksheets over the next few pages). Which subpersonality is strongest and which is weakest for you? Then think about what each subpersonality is saying to you to create or aggravate anxiety in each of four different situations.

1. *Work* (on your job, at school, or in other performance situations)
2. *Personal relationships* (with your spouse or partner, parents, children, and/or friends)
3. *Anxiety symptoms* (on occasions when you experience panic, anxiety, or obsessive-compulsive symptoms)
4. *Phobic situations* (either *in advance* of facing a phobia or while actually *confronting* the phobic situation)

Here are some examples for the Worrier:

The Worrier

Work: "What if my boss finds out that I have agoraphobia? Will I get fired?"

Relationships: "My husband is getting tired of having to take me places. What if he refuses? What if he leaves me?"

Anxiety symptoms: "What if they see me panic? What if they think I'm weird?"

Phobic situation: "What if I get into an accident the first time I try to drive on the freeway?"

You may find that the Worrier's self-talk in the latter two situations is by far the most common source of your anxiety. If you have panic attacks, the Worrier is prone to create anxiety about when and where your next one might occur. Should the bodily symptoms of panic actually start to come on, the Worrier will magnify them into something dangerous, which only creates more panic. Many of the coping strategies described in chapter 6 (in particular, the use of positive coping statements) are designed to help you deal with the Worrier during a panic attack.

If you have phobias, the Worrier is typically busy telling you about all kinds of things that might happen if you were to actually face your fear. As a result, you often experience "anticipatory anxiety"—(anxiety in advance of facing a phobia) and try to avoid dealing with whatever your phobia may be. You'll find it helpful to do a separate analysis of what your Worrier is telling you (in other words, your "what-ifs") for *each* of your specific phobias. Ask yourself what you're afraid could happen if you faced each phobia.

Here are some examples of how other subpersonalities operate:

The Critic

- Work:* "I'm incompetent because of my condition."
Relationships: "I'm a burden to my husband."
Anxiety symptoms: "I'm such a weakling—I go to pieces when I panic."
Phobic situation: "Everybody else can drive—I feel like a loser."

The Victim

- Work:* "My situation at work is hopeless—sooner or later I'll be fired."
Relationships: "My parents really messed me up" or "I can't make it without my boyfriend."
Anxiety symptoms: "I'll *never* get over these panic attacks—there must be something very wrong with me."
Phobic situation: "It's useless going on any more job interviews. No one's going to hire me when they see that I'm so anxious."

The Perfectionist

- Work:* "I should be able to make sales like I used to, no matter how anxious I feel."
Relationships: "I shouldn't need to depend on my husband or anyone else to take me places."
Anxiety symptoms: "I *have to* be able to stop these thoughts from going through my mind."
Phobic situation: "I *have to* learn to drive like anyone else."

Use the worksheets that follow to write down the anxiety-provoking statements that your subpersonalities are using in each situation. You don't need to do this for all four subpersonalities or for all four types of situations in each case. Only include those subpersonalities and situations that you suspect are a problem for you. (You'll be filling in the right-hand columns of the worksheets later. Just complete the left-hand columns for now. Use additional sheets of paper if you need more room.)

Monitor what your subpersonalities are telling you for at least one week. Pay attention especially to occasions when you are feeling anxious (panicky), depressed, self-critical and ashamed, or

otherwise upset. Look for the thoughts that were going through your mind that led you to feel the way you did. "I felt scared" is not a good example of self-talk because it doesn't indicate what you were thinking (telling yourself) that caused you to feel scared. On the other hand, the self-statement "What if I panic on the job today?" is an example of a thought that could have led you to feel scared. See step 4 in the section later in this chapter called "General Guidelines for Identifying and Countering Self-Talk" for further suggestions about separating thoughts from feelings.

Countering Negative Self-Talk

The most effective way to deal with the negative self-talk of your Worrier and other subpersonalities is to *counter* it with positive, supportive statements. Countering involves *writing down* and *rehearsing* positive statements that directly refute or invalidate your negative self-talk. If you're creating anxiety and other upsetting emotional states through negative mental programming, you can begin to change the way you feel by substituting positive programming. Doing this will take some *practice*. You've had years to practice your negative self-talk and naturally have developed some very strong habits. Your Worrier and other subpersonalities are likely to be very well entrenched. By starting to notice when you're engaging in negativity and then countering it with positive, supportive statements to yourself, you'll begin to turn your thinking around. With practice and consistent effort, you'll change both the way you think *and feel* on an ongoing basis.

Sometimes countering comes naturally and easily. You are ready and willing to substitute positive, reasonable self-statements for ones that have been causing you anxiety and distress. You're more than ready to relinquish negative mental habits that aren't serving you. On the other hand, you may object to the idea of countering and say, "But what if what my Worrier (Critic, Victim, or Perfectionist) says is true? It's hard for me to believe otherwise." Or you may say, "How can I substitute positive self-statements for negative ones if I don't really believe them?"

Perhaps you're strongly attached to some of your negative self-talk. You've been telling yourself these things for years and it's difficult to give up both the habit and the belief. You're not someone who's easily persuaded. If that's the case, and you want to do something about your negative self-talk, it's important that you subject it to rational scrutiny. You can weaken the hold of your negative self-statements by exposing them to any of the following Socratic questions, or rational investigation.

1. What is the evidence for this?
2. Is this *always* true?
3. Has this been true in the past?
4. What are the odds of this really happening (or being true)?
5. What is the very worst that could happen? What is so bad about that? What would you do if the worst happened?
6. Are you looking at the whole picture?
7. Are you being fully objective?

Subpersonality: The Worrier

Affects me: not at all _____ very much
 1 2 3 4 5 6

Negative Self-Talk

Positive Counterstatements

Situation

Work/School

Relationships

Anxiety Symptoms

(give this special attention
 if you have panic attacks)

Phobias

(determine the Worrier's
 self-talk for each of your phobias—
 use a separate sheet if necessary)

Subpersonality: The Critic

Affects me: not at all _____ very much
1 2 3 4 5 6

Negative Self-Talk

Positive Counterstatements

Situation

Work/School

Relationships

Anxiety Symptoms

Phobias

Subpersonality: The Victim

Affects me: not at all _____ very much
1 2 3 4 5 6

Negative Self-Talk

Positive Counterstatements

Situation

Work/School

Relationships

Anxiety Symptoms

Phobias

Subpersonality: The Perfectionist

Affects me: not at all _____ very much
1 2 3 4 5 6

Negative Self-Talk

Positive Counterstatements

Situation

Work/School

Relationships

Anxiety Symptoms

Phobias

The validity of your negative self-statements has nothing to do with how attached you are to them or how ingrained they might be. Rather, it has to do with whether they stand up under careful, objective scrutiny. Consider the following examples:

- Worrier:** "What if I have a heart attack the next time I panic?"
- Questioning:** "What is the evidence that panic attacks cause heart attacks?"
(Answer: None—see Chapter 6.)
- Counterstatement:** "A panic attack, however uncomfortable, is not dangerous to my heart. I can let panic rise, fall, and pass, and my heart will be fine."
- Critic:** "You're weak and neurotic because of your stupid phobias."
- Questioning:** "What is the evidence for this?" (Answer: Phobias are caused by a conditioning process that occurs in a high anxiety state—see chapter 2. "Weak" and "neurotic" are pejorative labels that explain nothing.)
- Counterstatement:** "My phobias developed because of a conditioning process that caused me to be sensitized to certain situations. I'm learning to overcome my phobias through a process of gradual exposure."
- Victim:** "I'll never get over this problem. I'll be limited in my mobility for the rest of my life."
- Questioning:** "What is the evidence that agoraphobia is a lifelong condition? What other outcomes are possible?" (Answer: Ninety percent of agoraphobics recover with effective treatment.)
- Counterstatement:** "My condition isn't hopeless. I can overcome it by establishing and committing myself to a program for recovery."
- Perfectionist:** "I have to receive my parents' acceptance and approval or I'll be devastated."
- Questioning:** "Am I being fully objective? Is it actually true that my parents' approval is absolutely necessary for my well-being? What is the worst that could happen?" (Answer: "I could still survive and have people who care for and support me even without my parents' approval.")
- Counterstatement:** "I'm willing to go forward with my life and try to better myself regardless of what my parents think."

If you feel attached to your negative self-talk, use any of the above Socratic questions to evaluate the validity of what you're telling yourself. In most cases, you'll find that the negative statements of your Worrier, Critic, Victim, and Perfectionist have little basis in reality. At worst, they will be only partially or occasionally true. Once you've discredited a particular subpersonality's views, you will be ready to counter with positive, supportive statements.

Rules for Writing Positive Counterstatements

- *Avoid negatives* in writing your counterstatements. Instead of saying, "I'm not going to panic when I board the plane," try "I am confident and calm about boarding the plane." Telling yourself something will *not* happen is more likely to create anxiety than giving yourself a direct affirmation.
- Keep counterstatements in the *present tense* ("I can breathe and let these feelings pass" is preferable to "I will feel better in a few minutes"). Since much of your negative self-talk is in the here and now, it needs to be countered by statements that are also in the present tense. If you're not ready to *directly* affirm something, try beginning your positive statement with: "I am willing to ..." or "I am learning to ..." or "I can ..."
- Whenever possible, keep your statements in the *first person*. Begin them with "I" or refer to "I" somewhere in the statement. It's okay to write a sentence or two explaining the basis for your counterstatement (see the previous examples of counterstatements for the Worrier and Critic), but try to end with an "I-statement."
- It's important that you have some *belief* in your positive self-talk. Don't write something down just because it's positive if you don't actually believe it. If appropriate, use Socratic questions to challenge your negative self-talk first, and then follow this up with a positive counterstatement that holds some personal credibility for you.

To get you started, here are some more examples of positive counterstatements you can use with each of the above subpersonalities:

The Worrier

Instead of "what if ...," you can say, "So what," "I can handle this," "I can be anxious and still do this," "This may be scary, but I can tolerate a little anxiety, knowing that it will pass," or "I'll get used to this with practice."

The Critic

Instead of putting yourself down, you can say, "I'm okay the way I am," "I'm lovable and capable," "I'm a unique and creative person," "I deserve the good things in life as much as anyone else," "I accept and believe in myself," or "I am worthy of the respect of others."

The Victim

Instead of feeling hopeless, you can say, "I don't have to be all better tomorrow," "I can continue to make progress one step at a time," "I acknowledge the progress I've made and will continue to improve," "It's never too late to change," or "I'm willing to see the glass as half full, rather than half empty."

The Perfectionist

Instead of demanding perfection, you can say, "It's okay to make mistakes," "Life is too short to be taken too seriously," "Setbacks are part of the process and an important learning experience," "I don't have to always be ...," or "My needs and feelings are as important as anyone else's."

Working with Counterstatements

Now you are ready to go back and counter all of the negative statements you recorded on the worksheets for your various subpersonalities. Write down counterstatements corresponding to each negative statement in the right-hand column. Use extra sheets of paper if you need to.

Once you've completed writing out positive self-talk for each subpersonality in each situation, there are several ways you can work with your positive counterstatements.

- Read through your list of positive counterstatements slowly and carefully for a few minutes each day for at least two weeks. See if you can feel some conviction about their truth as you read them. This will help you to integrate them more deeply into your consciousness.
- Make copies of your worksheets and post them in a conspicuous place. Take time once a day to carefully read through your positive counterstatements.
- Put your counterstatements on tape, leaving about five seconds between each consecutive positive statement so that it has time to sink in. You can significantly enhance the effect of such a tape by giving yourself 10 to 15 minutes to become very relaxed before listening to your counterstatements. You will be more receptive to them in a relaxed state. You may want to record the instructions for progressive muscle relaxation (see chapter 4) or one of the relaxing visualizations described in chapter 11 on the first 10 to 15 minutes of the tape.
- If you're having a problem with a particular phobia, you might want to work with positive counterstatements that are *specific just to that phobia*. For example, if you're afraid of speaking before groups, make a list of all your fears about what could happen, and develop positive statements to counter each fear. Then read through your list of counterstatements carefully each day for two weeks or make a short tape as described in number 3, above.

Changing Self-Talk That Perpetuates Specific Fears and Phobias

Three factors tend to perpetuate fears and phobias: sensitization, avoidance, and negative, distorted self-talk. Chapter 7 focused on the first two conditions. A phobia develops when you become sensitized to a particular situation, object, or event—in other words, when anxiety becomes conditioned or associated with that situation, object, or event. If panic suddenly arises while you happen to be driving on the freeway or while you're home alone, you may start feeling anxious every time you're in either of these situations. Becoming *sensitized* means that the mere presence of—or even thinking about—a situation may be enough to trigger anxiety automatically.

After sensitization occurs, you may start to *avoid* the situation. Repeated avoidance is very rewarding, because it saves you from having to feel any anxiety. Avoidance is the most powerful way to hold on to a phobia, because it prevents you from ever learning that you can handle the situation.

The third factor that perpetuates fears and phobias is distorted self-talk. The more *worry* and *anticipatory anxiety* you experience about something you fear, the more likely you are to be involved in unconstructive self-talk connected with that fear. You may also have negative *images*

about what could happen if you had to face what you fear or about your worst fears coming true. Both negative self-talk and negative images serve to perpetuate your fears, guaranteeing that you remain afraid. They also undermine your confidence that you can ever get over your fear. Without negative self-talk and negative images, you would be much more likely to overcome your avoidance and confront your fear.

Fears come in many forms, but the nature of fearful self-talk is always the same. Whether you are afraid of crossing bridges, speaking up in a social situation, the sensation of rapid heartbeat, the possibility of serious illness, or about your children getting into trouble, the types of distorted thinking that perpetuate these fears are the same. *There are three basic distortions:*

1. Overestimating a Negative Outcome

Overestimating the odds of something bad happening is one type of distortion. Most of the time your worries consist of "what-if statements" that overestimate a particular negative outcome. For example, "What if I panic and lose complete control of myself?" "What if they see me panic and think I'm weird?" "What if I flunk the exam and have to drop out of school?"

2. Catastrophizing

The second distortion is thinking that if a negative outcome did occur, it would be catastrophic, overwhelming, and unmanageable. Catastrophic thoughts contain such statements as "I couldn't handle it," "I'd be overwhelmed," "I'd never live it down," "They'll never forgive me."

3. Underestimating Your Ability to Cope

The third distortion is not recognizing or acknowledging your ability to cope if a negative outcome did, in fact, occur. This underestimation of your ability to cope is usually implicit in your catastrophic thoughts.

If you take any fear and examine the negative thinking that contributes to maintaining that fear, you'll probably find these three distortions. To the extent that you can overcome them with more reality-based thinking, the fear will tend to drop away. In essence, you can define fear as *the unreasonable overestimation of some threat, coupled with an underestimation of your ability to cope.*

Here are some examples of how the different types of distortions operate with various fears. In each example, the three types of distorted thoughts are identified. The distortions are then challenged in each case and modified with more appropriate, reality-based counterstatements.

Example 1: Fear of Having a Panic Attack While Driving on a Freeway

Overestimating Thoughts

"What if I can't handle the car? What if my attention wanders and I lose control of the car? What if I cause an accident and kill someone?"

Catastrophic Thoughts

“I couldn’t handle it if I lost control of the car. It would be a totally unmanageable situation—the end of the world—if I caused an accident.” (Note: An image of a horrendous accident can accompany and amplify the force of a catastrophic thought.)

Underestimating Your Ability to Cope

“I couldn’t cope if I lost control of the car, especially if I got into an accident. I’ll die of embarrassment if other drivers notice how frightened I am. What would I say to a policeman—that I’m phobic? I wouldn’t be able to start driving again if I got stopped for a ticket. I couldn’t live with myself if I caused physical injury to another person—and I know I couldn’t face life in a wheelchair.”

Refuting Distorted Thinking

It’s possible to refute each of these types of distorted thinking with questions and counter-statements. Examples follow below:

Overestimating Thoughts

With overestimating thoughts, the appropriate question is, “*Viewing the situation objectively, what are the odds of the negative outcome actually happening?*”

In the case of the previous example, the question is, “If I did panic while driving, what are the true odds that I would lose control of the car?”

You could use this counterstatement: “It’s unlikely that having a panic attack would cause me to lose complete control. The moment I felt my anxiety coming on, I could pull over to the shoulder on the side of the road and stop. If there weren’t any shoulders, I could slow way down in the right lane, perhaps to 45 miles per hour, put my flashers on, and keep a grip on myself until I reached the nearest exit. Once I got off the highway, my panic would begin to subside.”

Catastrophic Thoughts

With catastrophizing, the relevant question to ask is, “*If the worst did happen, is it actually true that I couldn’t handle it?*” The idea is to go ahead and imagine the worst that could happen and then ask yourself whether *in reality* you could handle the consequences or not.

In the above example, you would raise the question, “If the worst did happen—if I did get into an accident, one that even caused injury—would I be totally unable to handle it?”

You could then use a counterstatement, such as, “As bad as having an accident would be, in most cases I would be able to handle it if I weren’t injured. It’s common for people to function in an emergency situation and then handle their anxiety later. So, in all likelihood, I would keep functioning in the event of an accident as long as I wasn’t injured.”

“Even if I were injured, and unable to handle the situation, the police and paramedics would soon arrive on the scene and take charge. There is simply no way in which the situation could become completely unmanageable.”

Underestimating Your Ability to Cope

Countering the idea that you couldn't cope often takes place in the process of answering catastrophic thinking with a more objective appraisal. However, the process isn't complete until you actually *identify and list specific ways in which you could cope*. In the above example, some possible coping strategies could include the following:

- "If I did have a panic attack, I could cope by getting off the highway immediately or driving slowly to the nearest exit and getting off."
- "In the very unlikely case that I actually caused an accident, I would still cope. I would exchange names and addresses with other parties involved. If my car were undriveable, the police would likely drive me to a place where I could call to have the car towed. It would be a very unpleasant experience, to say the least; but, realistically, I would continue to function. I've functioned in emergencies in the past, and I could function in this case, if I weren't injured."
- "Even given the remote possibility that I were injured, I wouldn't 'go crazy' or 'totally lose it.' I would simply wait until the paramedics came and took charge of the situation."

Example 2: Fear of Panicking While Speaking Up in a Class or Meeting

Overestimating Thoughts

"What if I panicked while speaking? Wouldn't others think I was really weird or crazy?"

Questioning: "Realistically, how likely is it that I would panic while speaking? What are the odds, if I did panic, that people would be aware of what I was thinking, or make any judgments about me at all?"

Counterstatements: "It is possible that I could start to panic while speaking. If I did, I could simply abbreviate what I wanted to say and sit back down. As people tend to be caught up in their own thoughts and fears, no one would likely notice my difficulty or judge that I'd cut my comments short."

"Even if people did see me panic—if they saw my face turn red or heard my voice trembling—the odds are very slim that they'd think I was weird or crazy. It's much more likely that they'd express concern."

Catastrophic Thoughts

"If I panicked while speaking and people thought I was weird, that would be terrible. *I'd never live it down.*"

Questioning: "Suppose the unlikely happened and people really thought I was strange or weird because I panicked. How terrible would that be?"

Counterstatements: "It's not going to be the end of the world if some people think I'm strange or that something's wrong with me. They have no way of knowing what it's like to have panic attacks, so they couldn't really understand. Even if people don't understand, or if they misperceive me, that doesn't decrease one bit my value or worth as a human being. If I believe in myself, then it really doesn't matter what others think. Certainly if others knew what it was like to have a panic attack, they would likely be sympathetic."

Underestimating Your Ability to Cope

"I couldn't cope if people thought I was strange."

Questioning: "Is it realistic to assume that I couldn't cope? Is it realistic to suppose I'd never live it down?"

Counterstatements: "Even if people thought I was strange or different because I panicked, I could explain to them that I sometimes have panic attacks in social situations. With all the publicity about anxiety disorders that's around these days, they would likely understand. Being totally honest is one way I could handle the situation. And no matter what happened, I would forget about it after a while. It's just not true that I would never live it down."

Example 3: Fear of Serious Illness

Overestimating Thoughts

"I have no energy and feel tired all the time. Maybe I have cancer and don't know it!"

Questioning: "What are the odds that symptoms of low energy and fatigue mean that I have cancer?"

Counterstatements: "Symptoms of fatigue and low energy can be indicative of all kinds of physical and psychological conditions, including a low-grade virus, anemia, adrenal exhaustion or hypothyroidism, depression, and food allergies, to name a few. There are many possible explanations of my condition, and I don't have any specific symptoms that would indicate cancer. So the odds of my fatigue and low energy indicating cancer are very low."

Catastrophic Thoughts

"If I were diagnosed with cancer, that would be the end. I couldn't take it. I'd be better off ending things quickly and killing myself."

Questioning: "If the unlikely happened and I really were diagnosed with cancer, how terrible could that be? Would I actually go to pieces and just want to die?"

Counterstatements: "As bad as a cancer diagnosis would be, it's unlikely that I would totally go to pieces. After an initial difficult adjustment to the fact—which might take days to weeks—I would most likely begin to think about what I needed to do to deal with the situation. It would certainly be difficult, yet it wouldn't be a situation that I was less equipped to handle than anyone else."

Underestimating Your Ability to Cope

"If I were given a diagnosis of cancer, I simply couldn't cope."

Questioning: "Realistically, is it actually true that I would have no way of coping with the situation?"

Counterstatements: "Of course I would cope. After an initial period of adjusting to the situation, my doctor and I would plan the most effective possible treatment strategies. I would join a local cancer support group and get lots of support from my friends and immediate family. I

would try alternative methods, such as visualization and dietary changes, that could help. In short, I would try everything possible to attempt to heal the condition."

The above three examples illustrate how overestimating and catastrophic thoughts can be challenged and then countered by more realistic, less anxiety-provoking thinking. Now it's your turn. During the next two weeks, monitor the times when you feel anxious or panicky. Each time you do, use the following five steps to work with negative self-talk:

Step 1: If you're feeling anxious or upset, do something to relax, such as abdominal breathing, progressive muscle relaxation, or meditation. It's easier to notice your internal dialogue when you take time to slow down and relax.

Step 2: After you get somewhat relaxed, ask yourself, "What was I telling myself that made me anxious?" or "What was going through my mind?" Remember to separate thoughts from feelings. For example, "I felt terrified" describes a feeling, while "This panic will never end" is an overestimating thought that might have led you to feel terrified.

Step 3: Identify the three basic types of distortions among your anxious self-talk. Sort out *overestimating thoughts*, *catastrophic thoughts*, and *thoughts that underestimate your ability to cope*.

Step 4: When you've identified your anxious, distorted thoughts, challenge them with appropriate questions.

For overestimating thoughts: "What are the realistic odds that this feared outcome would actually happen?"

- *For catastrophic thoughts:* "If the feared outcome actually did occur, how terrible would it be? Is it really true that I would go to pieces and lose my ability to cope?"

- *For thoughts underestimating your ability to cope:* "If the feared outcome did occur, what could I actually do to cope?"

Step 5: Write counterstatements to each of your anxious self-statements. These counterstatements should contain language and logic that reflect more balanced, realistic thinking.

Use *The Worry Worksheet* that follows to write down your anxious thoughts and corresponding counterstatements for any specific fear or phobia you choose to work with. In the section at the bottom, list ways in which you could cope if the negative (but unlikely) outcome you fear actually occurred.

It would be a good idea to make 10 to 20 photocopies of the worksheet before you begin, so that you can fill out a separate sheet for each specific fear or phobia you have.

Other Types of Distorted Thinking (Cognitive Distortions)

Overestimating and catastrophizing, along with underestimating your ability to cope, are the most common types of distortions in thinking that contribute to most phobias and fears. There are other types of distortions, however, that can skew the ways in which you perceive and evaluate both yourself and innumerable situations in everyday life. These distortions can contribute not only to

anxiety but to much of the depression, guilt, self-criticism, and/or cynicism you might feel. Learning to identify and counter these unhelpful modes of thinking with more realistic and constructive self-talk can go a long way toward helping you handle everyday stresses in a more balanced, objective fashion. This, in turn, will significantly reduce the amount of anxiety, depression, and other unpleasant emotional states you experience. Remember that your immediate experience of the outside world is largely shaped and colored by your own personal thoughts about it. Change your thoughts and you'll change the way your world appears.

Four additional cognitive distortions that are especially relevant to people dealing with anxiety disorders are described below. Use the examples given under each one to help you identify these distortions when they occur in your own self-talk. Then write out both your distorted thoughts and appropriate counterstatements, using the *Cognitive Distortion Worksheet*. You'll want to make 10 to 20 copies of this worksheet, reserving several sheets for each of the four types of cognitive distortions.

Overgeneralizing

To overgeneralize is to assume (usually falsely) that because you've had one bad experience in a particular situation, your bad experience will always repeat itself in similar situations. This happens automatically in the process of developing a phobia—you have a panic attack in one store, and after a while you start to avoid all stores. (The generalizing of a phobia from one to all instances of a situation is also influenced by a conditioning phenomenon that behavioral psychologists call *stimulus generalization*.)

For example, you conclude that because you've had one bad experience with public speaking, you'll *never* be able to speak in public successfully. Or because you had one panic attack where you felt terrified and out of control, you assume that the next one and every one thereafter will be equally bad. Or because one person made an unflattering remark about your performance at work or school, you conclude that *everyone* must see it that way (which then leads you to believe that your work is "objectively" substandard).

The essence of overgeneralizing consists of jumping from one instance in the present to *all* instances in the future. You can tell that you're overgeneralizing when your self-talk includes words such as *never*, *always*, *all*, *every*, *none*, *no one*, *nobody*, *everyone*, and *everybody*, or absolute statements incorporating those words ("I'll never be able to drive again" or "No one would remain my friend if they really knew me").

Three types of Socratic questions are effective for rationally challenging and refuting overgeneralizations:

- What is the evidence for this?
- What are the odds of this really happening (or being true)?
- Has this been true in the past?

The Worry Worksheet

Specific Fear or Phobia _____

Anxious Self-Talk

Counterstatements

Overestimating thoughts (or images)

"What if ..."

Catastrophic thoughts (or images)

"If the worst happened, then ..."

Coping Strategies: List the ways in which you would cope if a negative (but unlikely) outcome did occur. Use the other side of the sheet if needed. Change "What if" to "What I would do if (one of the negative predictions) actually did come about."

Make 10 to 20 copies of this worksheet before you start, and use a separate sheet for each of your phobias or fears.

Cognitive Distortion Worksheet

Type of Distorted Thinking: _____

Rational Counterstatements

--	--

Most cases of overgeneralizing won't stand up in the face of these questions. The example below illustrates how to question and counter overgeneralizing thoughts.

Overgeneralizing: "That panic attack I had on the freeway yesterday was so bad that I'll never be able to drive on freeways again."

Questioning: "Is it really likely that because I had difficulty driving the freeway yesterday, I'll never be able to drive any freeway again? Has this been true in the past?"

Counterstatement: "I may need to lay off driving freeways for a while. After some time has passed, I'll feel good enough to try it again. I believe I can succeed if I break the task down into small enough steps. After all, I was able to drive freeways in the past, so I know I can do so again."

Note that one of the keys to countering overgeneralizations is to look for balancing evidence, that is, balancing your negative outlook with other evidence that is more positive and compelling.

Exercise

Monitor your self-talk for one week and notice occasions when you use words such as *always*, *never*, *everyone*, *no one*, and so on. Write down your overgeneralizations in the left-hand column of one of your copies of the *Cognitive Distortion Worksheet*, and then write rational counterstatements in the right-hand column. Use balancing evidence and be as specific as possible in your counterstatements.

Filtering

Filtering involves selecting and focusing on one negative aspect of a situation so that you ignore any positive aspects. It is a favorite tactic of the Critic. Applied to yourself, you focus on a single fault and ignore any of your assets and strengths. Or at times you may filter out anything positive in your view of a personal relationship.

Filtering commonly occurs in the course of exposure to a phobic situation, when you focus on one setback and ignore all the progress you've made. Just because you were able to drive to work alone last week but can't do it this week, you begin to question the entire process of real-life desensitization. Or because you have one bad panic attack, you ignore the fact that you've had fewer panic attacks in the last two months than you did before. Another example would be if you received a job performance evaluation that was mostly positive, but you focused exclusively on the one or two criticisms it contained. It is as if you were wearing a special pair of eyeglasses that filters out anything positive. It's like the old joke about the mother who gives her grown son two ties. When he shows up at her house wearing one of them, she asks him, "So what's wrong with the other tie?"

Be wary of filtering when the following words crop up in your self-talk: *worthless*, *pointless*, *hopeless*, *stupid*, *failure*, *dangerous*, *unfair*. In fact, any word you use that is globally negative in scope may indicate that you're filtering. If you describe someone or something in such terms, reexamine your thinking to see whether you're viewing things in a *balanced* way—one that takes both positive and negative aspects into full account.

Two Socratic questions are often helpful in challenging cognitive distortions due to filtering:

- Are you looking at the whole picture (or are you taking both sides of this into account)?
- Are there positive aspects of this situation (person, object) that you're ignoring?

Both questions remind you to look for other, more positive evidence and to consider both sides of an issue. The following example illustrates this:

Filtering: "I just flunked my midterm in calculus. I'm going down the tubes! I'll never make it through the semester!" (Note the use of catastrophizing as well as filtering.)

Questioning: "Am I looking at the whole picture?"

Counterstatement: "I'm doing satisfactory to good work in my other courses. In calculus, I'm doing well enough on the homework to offset bad grades on the exams, so I can at least pass. There's no basis for the idea that I can't make it through the semester."

The counterstatement in this example of filtering relied on balancing evidence, much like the counterstatement to overgeneralizing in the previous section. These two types of cognitive distortion are similar in that they both *ignore* refuting evidence.

Exercise

Monitor your self-talk for one week and notice any examples of filtering, especially when you find yourself viewing something exclusively in a negative light or using globally negative labels such as *failure*, *worthless*, *hopeless*. Write your self-talk based on filtering in the left-hand column of one of your worksheets and then refute each negative statement with rational counterstatements that take the whole picture into account.

Emotional Reasoning

Emotional reasoning refers to the tendency to judge or evaluate something illogically, totally on the basis of your feelings. There may, of course, be some instances when relying on feelings alone can be useful and appropriate. For example, if you simply don't feel good about someone you're just meeting, interviewing, or dating, that may be sufficient reason for you to decide not to proceed with the relationship. In many other cases, though, going solely on feelings and suspending your reason can lead to erroneous conclusions.

One common example of this is to conclude that because you *feel* a certain way, then you necessarily *are* that way as well ("I feel useless, therefore I must *be* useless," "I feel incompetent, therefore I *am* incompetent," or "I feel ugly, therefore I *am* ugly"). To conclude from one negative feeling or a mood that you inherently and for all time possess that negative quality is like concluding from one rainy day that the sun never shines. "I feel, therefore I am" simply isn't accurate or true.

An indication of emotional reasoning is when you make decisions totally on impulse, without the mediation of reasoning. While spontaneity argues in favor of doing this on certain occasions, there are many situations where impulsive decisions can create problems. Be wary about making such snap judgments.

Questions you can use to challenge emotional reasoning include:

- Are you going solely by your feelings?
- Are you looking at this objectively?
- What is the evidence that your judgment (based on feelings) is completely accurate?

Note the use of such questions in the following examples:

Emotional Reasoning: "It feels impossible to go in and participate in that meeting. I just can't do it."

Questioning: "Am I going solely by my feelings? Am I looking at this objectively?"

Counterstatement: "Just because it feels impossible doesn't mean facing this situation is impossible. If necessary, I can leave the meeting (saying I have to go to the bathroom) if I need to. Knowing that, I'll go in and give it a try."

Emotional Reasoning: "I feel terrible today—there's got to be something seriously wrong with me."

Questioning: "Am I being completely objective? What is the evidence for this?"

Counterstatement: "Just because I feel bad doesn't mean that I'm inherently flawed. Even though I'm depressed, there's no evidence for the idea that I'm irrevocably defective. So what if I'm feeling bad? I know that there are things I can do (exercise, call a friend, work in the garden) to get myself out of this mood."

Exercise

During the next week, see if you can track down instances when you make judgments or draw conclusions solely on the basis of your feelings. Notice especially those occasions when you make snap judgments. Use the suggested questions above to dispute emotional reasoning, and write down your counterstatements in the right-hand column of one of your worksheets.

"Should Statements"

"Should statements" are the hallmark of the Perfectionist subpersonality described earlier. You are using them whenever you tell yourself "I should do this," "I must do that," or "I have to" in an attempt to motivate yourself to do something. In cases of ethical responsibility or common courtesy, shoulds *can* be appropriate. There's nothing wrong with such "should statements" as "I should let him know that I appreciate the favor he did," "I should be honest on my income tax," or "I should teach Johnny to look both ways when he crosses the street." The difficulty arises when you use "I should" or "I must" to pressure yourself to meet self-imposed expectations that are unreasonably high:

"I should always be pleasing and cheerful to others, despite my feelings."

"I should be totally competent."

"I should be a 'perfect' spouse, parent, lover, friend, worker, student . . ."

"I should be totally self-reliant."

"I should never get tired or sick."

"I should never feel negative emotions like anger or jealousy."

"I should have achievements that bring me status and/or wealth."

"I should not be susceptible to panic attacks."

"I should never be afraid."

Imposing "should statements" on yourself such as the ones above is guaranteed to keep you anxious and tense. Such statements also lower your confidence and self-esteem. After the Perfectionist tells you what you should do, the Critic comes in to inform you about how far you fall short.

How can you tell when your "should statements" are appropriate and when they are reflections of a stress-inducing bad habit? In their book *Self-Esteem*, Matthew McKay and Patrick Fanning outline four criteria for determining when a "should" reflects "healthy" versus "unhealthy" standards:

1. Is the standard flexible—in other words, does it allow for exceptions, or is it rigid and global with no exceptions?
2. Is the standard based on your own experience or is it "inherited"—without your ever having questioned it—from your parents?
3. Is the standard realistic (does it take into account all the consequences its application may lead to), or is it based on an arbitrary sense of rightness, regardless of consequences?
4. Is the standard life-enhancing (does it acknowledge your needs and feelings)—or is it life-restricting (does it ignore your needs and feelings)?

When you find that you're telling yourself "I should" or "I must," you can evaluate the appropriateness of your self-talk according to these criteria. Failing even one of the criteria is enough to cast serious doubt on the reasonableness of a particular "should statement." Consider the following example:

Should Statement: "I should always be pleasing and positive toward others."

Questioning: "Is this something I've tested out for myself, or did I accept it unquestioningly from my parents? Does this acknowledge my needs and feelings or does it ignore them?"

Counterstatement: "My mother gave me the message that I should always be pleasing, no matter what the situation. In my own experience, I've learned that there are times when it's hypocritical to act this way. This 'should' also ignores my needs and feelings, as there are times when I don't really feel like being cheerful and pleasing. Conclusion: It's okay not to always be pleasing and cheerful."

Exercise

Notice during the course of a week how often you tell yourself "I should do this," "I must do that," or "I have to." Write these down in the left-hand column of one of your worksheets. Use the four criteria above to challenge "shoulds" involving excessively high and rigid standards you imposed on yourself. Use Socratic questions to refute "shoulds" involving unrealistic expectations about life. Write your counterstatements in the right-hand column of your worksheet.

General Guidelines for Identifying and Countering Self-Talk

Negative self-talk is nothing more than an accumulation of self-limiting mental habits. You can begin to break these habits by noticing occasions when you engage in unconstructive dialogues with yourself and then countering them, preferably in writing, with more positive, rational statements. It took repetition over many years to internalize your habits of negative self-talk; it will likewise take repetition and practice to learn more constructive and helpful ways of thinking.

Follow the steps below:

1. **Notice.** "Catch yourself in the act" of engaging in negative self-talk. Be aware of situations that are likely to be precipitated or aggravated by negative self-talk.
 - Any occasion when you're feeling anxious, including the onset of a panic attack (watch for the Worrier and the cognitive distortions of overestimating and catastrophizing)
 - When you anticipate having to face a difficult task or a phobic situation (again the Worrier, overestimating, and catastrophizing play a large role)
 - Occasions when you've made some kind of mistake and feel critical of yourself (watch for the Critic and overgeneralizing, filtering, and "should statements")
 - Occasions when you're feeling depressed or discouraged (watch for the Victim, overestimating, catastrophizing, filtering, and overgeneralizing)
 - Situations where you're angry at yourself or others (watch for the Critic, the Perfectionist, and any of the above-described cognitive distortions)
 - Situations where you feel guilty, ashamed, or embarrassed (watch especially for the Perfectionist and "should statements")
2. **Stop.** Ask yourself any or all of the following questions:

"What am I telling myself that is making me feel this way?"

"Do I really want to do this to myself?"

"Do I really want to stay upset?"

If the answer to the last two questions is no, proceed to step 3.

Realize that sometimes your answers may actually be yes. You may actually wish to continue to be upset rather than change the underlying self-talk. Often this is because you're having strong feelings that you haven't allowed yourself to fully express. It's common to stay anxious, angry, or depressed for a period of time when there are strong feelings that you haven't fully acknowledged—let alone expressed.

If you're feeling too upset to easily undertake the task of identifying and countering self-talk, give yourself the opportunity to acknowledge and express your feelings. If there's no one available to share them with, try writing them down in a journal. When you've calmed down and are ready to relax, proceed with the steps below. (See chapter 12 for more guidelines and strategies.)

Another reason you may maintain your anxiety is because you perceive a strong need to "keep everything under control." Often you're overestimating some danger or preparing for an imagined catastrophe—and so staying tense and vigilant is the way in which you give yourself a sense of control. Your vigilance is validated by the feeling of control it gives you. Unfortunately, in the process you can make yourself more and more tense, until

you reach a point where your mind seems to race out of control and you dwell on danger and catastrophe almost to the exclusion of anything else. This, in turn, leads to more anxiety and tension. The only way out of this vicious cycle is to let go and relax. The next step, relaxation, is crucial for you to be able to slow down your mind and sort out patterns of negative self-talk.

3. **Relax.** Disrupt your train of negative thoughts by taking some deep abdominal breaths or using some methods of distraction. The point is to *let go, slow yourself down, and relax*. Negative self-talk is so rapid, automatic, and subtle that it can escape detection if you're feeling tense, speeded up, and unable to slow down. You'll find it difficult to recognize and undo such self-talk by merely thinking about it: it's necessary to physically relax first. In extreme cases, it may take 15 to 20 minutes of deep relaxation, using breathing, progressive muscle relaxation, or meditation, to slow yourself down enough so that you can identify what you've been telling yourself. If you're not excessively wound up, you can probably do this step in a minute or two.
4. **Write down** the negative self-talk or inner dialogue that led you to feel anxious, upset, or depressed. It's often difficult to decipher what you're telling yourself by merely reflecting on it. The act of writing things down will help to clarify what specific statements you actually made to yourself. Use the *Daily Record of Dysfunctional Thoughts* in the exercise following this section to write down your self-talk.

This step may take some practice to learn. *It's important in identifying self-talk to be able to disentangle thoughts from feelings.* One way to do this is to write down just the feelings first and then uncover the thoughts that led to them. As a general rule, feeling statements contain words expressing emotions, such as "scared," "hurt," and "sad," while self-talk statements do not contain such words. For example, the statement "I feel stupid and irresponsible" is one in which thoughts and feelings are entangled. It can be broken down into a particular feeling ("I feel upset" or "I feel disappointed") and the thoughts (or self-talk) that logically produce such feelings ("I'm stupid" or "I'm irresponsible").

To give another example, the statement "I'm too scared to undertake this" mixes a feeling of fear with one or more thoughts. It can be broken down into the feeling ("I'm scared") which arises from the negative self-statement ("This is unmanageable" or "I can't undertake this"). You can ask yourself first, "What was I feeling?" and then ask, "What thoughts were going through my mind to cause me to feel the way I did?"

Always keep in mind that *self-talk consists of thoughts, not feelings.* Most of the time these thoughts are judgments or appraisals of a situation or yourself. The feelings are emotional reactions that *result* from these judgments and appraisals.

5. **Identify the type** of negative self-talk you engaged in (is it from the Worrier, the Critic, the Victim, or the Perfectionist?). Also, look for any *cognitive distortions* that were present (such as overestimating, catastrophizing, overgeneralizing, and filtering). After doing this for a while, you'll become aware of the particular types of negative inner dialogue and particular types of cognitive distortions you're especially prone to use. With practice, you'll identify them more quickly as they come up.
6. **Answer or dispute** your negative self-talk with positive, rational, self-supportive statements. Answer each negative statement you've written by *writing down* an opposing, positive statement. These counterstatements should be worded so that they avoid negatives, are in the present tense, and in the first person. They should also be *believable*

and *feel good* to you (in other words you should feel comfortable with them).

In many cases you'll find it helpful to question and refute your negative statements with the Socratic questions enumerated earlier in this chapter.

In other instances, you may imagine a positive counterstatement immediately, without going through a process of rational questioning. This is fine, so long as you have some degree of belief in your counterstatement.

Exercise: The Daily Record of Dysfunctional Thoughts

On the following page you'll find the *Daily Record of Dysfunctional Thoughts* designed by Aaron Beck, one of the pioneers in investigating self-talk. This form has been specifically designed to assist you in identifying and countering your negative thinking. The *Daily Record* is *particularly* appropriate to use at times when you're feeling anxious, depressed, self-critical, or otherwise upset. The columns should be filled in from left to right as follows:

1. *Situation:* Describe in a few words the specific situation that led you to feel anxious or upset. If it was exclusively a matter of internal thoughts, anticipations, or memories that led you to feel upset, describe these instead.
2. *Emotion(s):* What emotions (for example, anxiety, depression, shame) did you experience while you were upset? On a scale of 0 to 100, how intense were your emotions?
3. *Automatic Thought(s):* Here is where you write down the negative self-talk that caused you to be anxious, depressed, or upset. Think back over what you were telling yourself when your strong emotions arose, and be careful to separate the actual thoughts that went through your mind from the resulting feelings. Ask yourself what thoughts led you to feel the way you did. If you're still feeling upset or tense as you're doing this exercise, give yourself time to relax before attempting to identify self-talk. After you've determined what you were saying to yourself, rate your degree of belief in it: How valid does it seem to you on a scale from 0 to 100?
4. *Rational Response:* In this column write positive statements to counter your negative self-talk. Think about how you could take a more constructive, self-supportive outlook and write statements that reverse your negative thoughts. Use Socratic questions, if necessary, to challenge negative self-talk. Be sure that you actually have some belief in your positive counterstatements. Also specify your degree of belief in these statements on a scale from 0 to 100.
5. *Outcome:* First, rerate your degree of belief in your negative self-talk (as a result of having written positive counterstatements). Then rerate the initial feelings you experienced before doing the exercise. What is the intensity of your feelings now on a scale from 0 to 100?

Note: Before filling in the *Daily Record*, you will want to photocopy at least 50 copies for future use.

If you are serious about overcoming your habits of negative self-talk, I recommend that you use the *Daily Record of Dysfunctional Thoughts* on a *daily* basis for at least two weeks. After that, use it every time you find yourself anxious, depressed, self-critical, angry, or otherwise upset during

Daily Record of Dysfunctional Thoughts

<p>Situation <i>Describe:</i></p> <ol style="list-style-type: none"> Actual event leading to unpleasant emotion, or Stream of thoughts, daydream, or recollection leading to unpleasant emotion 	<p>Emotion(s)</p> <ol style="list-style-type: none"> Specify sad anxious/angry, etc. Rate degree of emotion, 1 to 100. 	<p>Automatic Thought(s)</p> <ol style="list-style-type: none"> Write automatic thought(s) that preceded emotion(s). Rate belief in automatic thought(s), 0 to 100. 	<p>Rational Response</p> <ol style="list-style-type: none"> Write rational response to automatic thought(s). Rate belief in rational response, 0 to 100. 	<p>Outcome</p> <ol style="list-style-type: none"> Rate belief in automatic thought(s), 0 to 100. Specify and rate your subsequent emotions, 0 to 100.
<p>Date</p>				

Instructions: When you experience an unpleasant emotion, note the situation that seemed to stimulate the emotion. If the emotion occurred while you were thinking, daydreaming, etc., then note the automatic thought associated with the emotion. Record the degree to which you believe this thought: 0 = not at all; 100 = completely. In rating degree of emotion, 1 = a trace; 100 = the most intense possible.

the next two months. It will take some time and effort to write down your negative self-talk along with positive counterstatements—however, this will be time and effort well spent. The practice of writing down counterstatements repeatedly will help you to internalize a new habit of reversing your negative thinking whenever you notice it beginning to start. After a month or two of writing everything out, you'll find that you begin to counter negative self-talk automatically and effortlessly as it comes up. *Cultivating the habit of countering is one of the most significant steps you can take in dealing with all kinds of anxiety, as well as panic attacks.*

Disrupting Negative Self-Talk: Short Form

Using the *Daily Record of Dysfunctional Thoughts* will go a long way to help you overcome long-established mental habits that produce anxiety, depression, and low self-esteem. In many situations, however, you may neither have the time nor opportunity to write down negative self-talk and positive counterstatements. Follow the three steps below whenever you wish to disrupt a negative train of thought "on the spot."

1. **Notice** that you are engaging in negative self-talk. The best time to catch yourself involved in negative inner dialogue is when you are feeling anxious, depressed, self-critical, or upset in general.
2. **Stop.** Ask yourself any or all of the following questions:
 "What am I telling myself that is making me feel this way?"
 "Do I really want to do this to myself?"
 "Do I really want to stay upset?"
3. **Relax or distract yourself.** In order to break a train of negative self-talk, you need to switch gears. This can be accomplished by slowing yourself down with deep, abdominal breathing or by finding some form of distraction to divert your mind from negative thoughts. Often doing something *physical* (such as exercise, dancing, or household chores) will have the greatest power to distract because it moves you out of your head and into your body. Other ready forms of distraction include engaging in conversation, reading, hobbies and games, relaxation tapes, and music.

As an alternative to deep breathing or distraction, use a thought-stopping technique such as shouting "Stop!" or "Get out!" or stomping your foot or snapping a rubber band against your wrist to divert your mind.

See appendix 4 for a more detailed list of methods for distracting yourself from anxious thinking and worrying.

The purpose of this section is to suggest convenient methods for disrupting negative self-talk "on the spot." It is *not* intended as a substitute for writing out counterstatements or using the *Daily Record of Dysfunctional Thoughts*. Only by using the latter and practicing over a period of weeks can you begin to effectively change your lifelong habits of negative thinking that arise from the subpersonalities and cognitive distortions described in this chapter.

Summary of Things to Do

1. Reread the section "Some Basic Points about Self-Talk" to reinforce your understanding of the automatic nature of self-talk and its role in maintaining both phobias and panic attacks.
2. Familiarize yourself with the four subpersonalities that contribute to much of your negative self-talk: the Worrier, the Critic, the Victim, and the Perfectionist. Determine their role in your daily life by completing the worksheets in the exercise "What Are Your Subpersonalities Telling You?" Then counter the negative self-talk of each subpersonality with positive statements. Read over your positive statements every day for a week or put them on a tape so that you can listen to them in the car or while going to sleep at night.
3. Make a list of all your phobias and other specific fears, then rank them from the most to least bothersome. Complete *The Worry Worksheet* for each of your most difficult phobias or fears. For each one, write down overestimating and catastrophic thoughts that keep the fear going. Then refute these negative thoughts with more reasonable and positive counterstatements. Finally, write down ways in which you would cope if what you feared were actually to come about.
4. Identify and challenge other types of cognitive distortions that may aggravate worry and anxiety. Use the *Cognitive Distortion Worksheet* to identify examples of overgeneralizing, filtering, emotional reasoning, and "should statements" that come up at times when you feel anxious, depressed, self-critical, or otherwise upset. Then use Socratic questions to challenge distorted self-statements and write down corresponding positive counterstatements.
5. Become familiar with the six steps for identifying and countering negative self-talk: 1) *Notice*, 2) *Stop*, 3) *Relax* and slow down, 4) *Write down* negative self-statements, 5) *Identify* the relevant subpersonality or cognitive distortion, and 6) *Counter* each negative self-statement with a rational, positive alternative. After you've completed the exercises for the subpersonalities, *The Worry Worksheet*, and the other cognitive distortions (which should take a few weeks), spend at least two more weeks filling out the *Daily Record of Dysfunctional Thoughts* every day. Make about 50 copies of the *Daily Record* for this purpose and for future use. A thorough effort on your part here will pay off.
6. Use the "short form" of disrupting negative self-talk when you want to quickly divert yourself from a train of negative thinking. Remember, this is not a substitute for doing the exercises in 2, 3, and 4 above.

Further Reading

- Barlow, David, and Michelle Craske. *Mastery of Your Anxiety and Panic*. Albany, N.Y.: Graywind Publications, 1989. (See especially chapters 7, 8, and 9.)
- Beck, Aaron T. *Cognitive Therapy and the Emotional Disorders*. New York: Meridian, 1979.
- Beck, Aaron T., and Gary Emery. *Anxiety Disorders and Phobias: A Cognitive Perspective*. New York: Basic Books, 1990. (This book is primarily intended for helping professionals.)