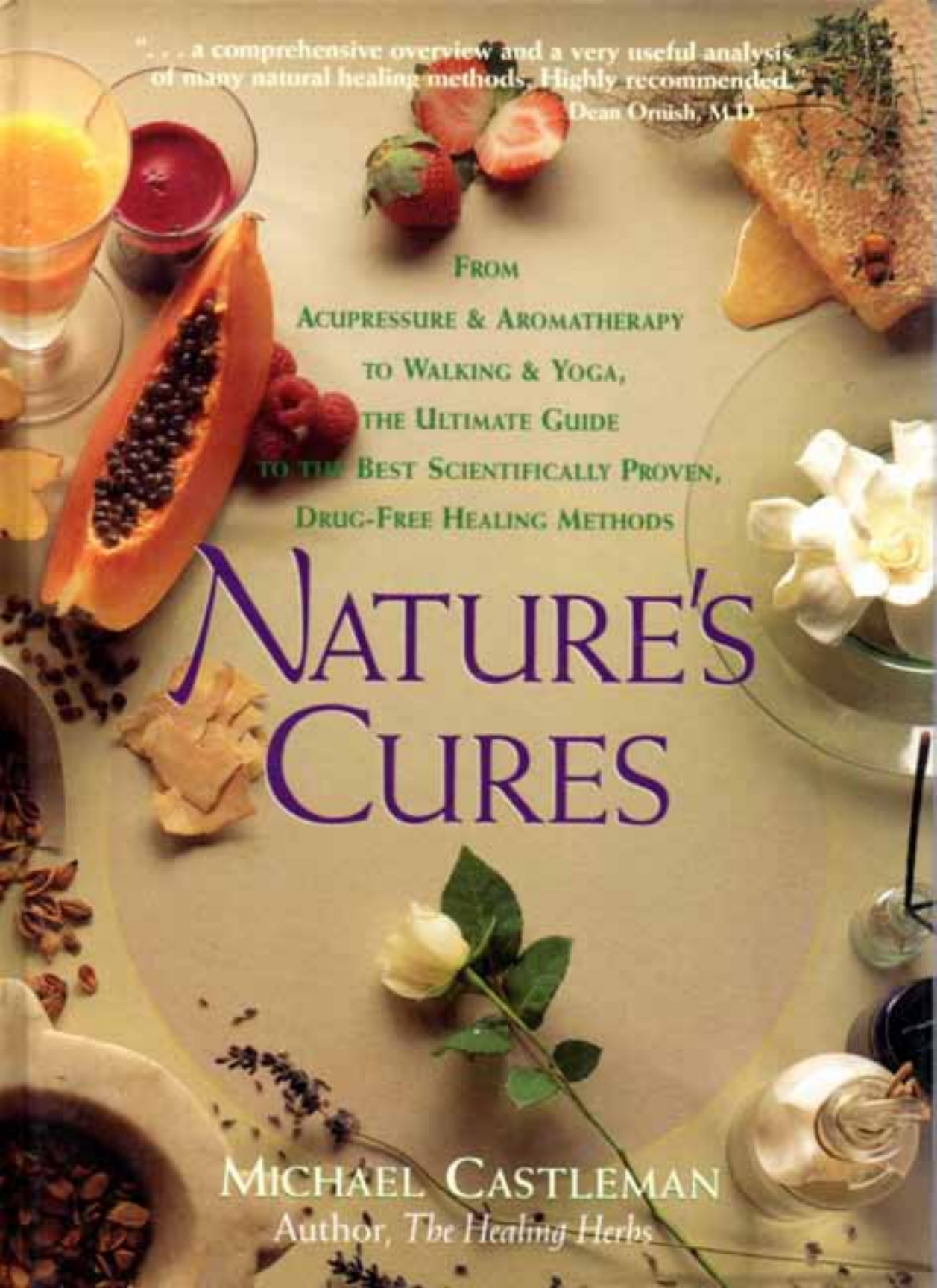
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NATURE'S CURES

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Notice
This book is intended as a reference volume only, not as a medical manual. The information given here is designed to help you make informed decisions about your health. It is not intended as a substitute for any treatment that may have been prescribed by your doctor. If you suspect that you have a medical problem, we urge you to seek competent medical help.

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OUR PURPOSE

"We inspire and enable people to improve their lives and the world around them."

Chapter 4

COGNITIVE THERAPY

THINKING YOURSELF BETTER

In 1976, Philadelphia psychiatrist David D. Burns, M.D., became the father of a son, David Erik. The birth was normal, but something was clearly wrong with the newborn. His skin looked blue. He had difficulty breathing and gasped for air. The obstetrician reassured Dr. Burns and his wife that David Erik's condition did not appear serious and explained that there was not enough oxygen in the infant's bloodstream. As a precaution, the obstetrician said he'd like to send David Erik to the intensive care nursery for extra oxygen.

Dr. Burns consented—then panicked. Intensive care meant something must be terribly wrong, he told himself. His thinking spiraled downward from there: His baby son wasn't getting enough oxygen. That meant that his brain wasn't getting enough. He could be brain-damaged. Dr. Burns flashed on his own future, ruled by the needs of a

severely handicapped child. He wondered if he could love such a child and imagined guiltily that people would think less of him for having a handicapped son.

Getting Real

Feeling himself becoming overwrought, Dr. Burns decided to try the disarmingly simple therapeutic technique his colleague, Aaron Beck, M.D., had pioneered. It involved writing down negative thoughts and then seeing if they were really true or somehow illogical. But the moment the idea occurred to him, Dr. Burns dismissed it as absurd: That approach was fine for his patients. They were imagining their problems. His problem was *real*.

Of course, Dr. Burns's patients had often made the identical comment to him, so he told himself what he always told them: Just try it. What do you have to lose?

It didn't take the panicky psychiatrist long to identify his negative thoughts: Intensive care meant the worst. His son was brain-damaged. His life would be ruined caring for a handicapped child. And his child's problems would diminish him in others' eyes.

Next Dr. Burns looked for fact or fallacy in his stated feelings—and found major distortions. The obstetrician had said intensive care was a precaution, that David Erik's condition did not look serious. By assuming the worst, he'd "mentally filtered" the information available to him, seeing only the most dire possibility, when his son might well be fine. Thinking that his son was brain-damaged, he'd "jumped to a conclusion" that was unjustified. Even if his son were handicapped, he'd "magnified" the problem by assuming it would ruin his life. Plenty of people live full, rich, rewarding lives despite their children's—or their own—handicaps.

Finally, by assuming that others would think less of him because his son was handicapped, he'd engaged in "overgeneralization." On reflection, he realized that his friends would judge him for himself, just as he judged them, independent of their children.

This simple exercise immediately calmed Dr. Burns. Soon after, he learned that David Erik was breathing normally and that his skin had turned a healthy pink. Subsequently he learned that the boy's brain was fine.

In addition, Dr. Burns learned that the technique he'd used could

benefit not just those with major psychiatric problems but anyone dealing with an emotional challenge. Dr. Burns, professor of psychiatry and research clinical psychiatrist at the University of Pennsylvania Medical Center in Philadelphia, went on to write *Feeling Good: The New Mood Therapy* and *The Feeling Good Handbook*, both pioneering popular guides to cognitive therapy.

Cognitive refers to thought processes. Cognitive therapy is a deceptively simple, powerful self-help technique for dealing with emotional negativity by consciously changing the way we think.

What Causes Negative Feelings?

Are you depressed? Are you anxious or troubled by guilt, frustration, anger or other negative emotions?

The true cause of negative emotions is a matter of opinion. To Freudian psychoanalysts, they are the result of repressed feelings that typically date back to childhood relationships with one's parents. To biological psychiatrists, they stem from chemical imbalances in the brain. To cognitive therapists, they represent distorted thinking. This view may be comparatively new to the mental health profession, but it was first espoused more than 2,000 years ago by the Greek philosopher Epictetus, who said, "People are not disturbed by events themselves, but rather by the views they take of them."

Some emotional turmoil is clearly the result of problems early in life—for example, childhood abuse—and Freudian-style talk therapies can help. "But most people don't have to spend a great deal of time understanding the past to improve how they react to potentially upsetting situations in the present," says psychologist Mark Sisti, Ph.D., associate director of the Center for Cognitive Therapy in New York City.

Some mental health problems are caused by chemical imbalances in the brain, and in recent years new antidepressants have been hailed by some biological psychiatrists as the answer to all mood problems. "Antidepressants can help people with severe depression," Dr. Sisti says, "but in mild to moderate depression, cognitive therapy works as well or better. In addition, it costs less and has no side effects. For other mood problems—anxiety, stress, guilt or phobias—cognitive therapy is more helpful than medication."

Scientific research supports Dr. Sisti. In a study, researchers at the University of British Columbia in Vancouver analyzed 28 separate studies

comparing how people fared after different types of mental health therapy. Those using cognitive therapy did better than 98 percent of those who had no other therapy, better than 70 percent of those who took antidepressant drugs, better than 70 percent of those who tried the various forms of talk psychotherapy and better than 67 percent of those who tried behavior therapy (such as changing routines to break bad habits).

The Ten Forms of Distorted Thinking

Could cognitive therapy help you deal with negative emotions? Perhaps. Dr. Burns has documented ten types of distorted thinking that lead to problems with negative emotions. How many of these emotional traps have you fallen into?

All-or-nothing thinking. You see things as black or white. If you're not perfect, you think of yourself as a total failure. You make one mistake at work and decide you're going to be fired. You get a B on a test and it's the end of the world. Your husband reprimands you for not checking the oil when you got gas and you decide he doesn't love you.

Dr. Burns says he was guilty of this one himself. "Like many people, I was a perfectionist," he explains. "Either I was terrific or I was nothing. Either I pleased my boss, spouse, parents or friends or else I was good for nothing. It made me terribly anxious, and I spent a good deal of my life ashamed of myself because, of course, I wasn't perfect."

Labeling. This practice is an extension of all-or-nothing thinking. You make a mistake, but instead of thinking "I made a mistake," you label yourself: "I'm a jerk." Your girlfriend breaks up with you, but instead of thinking "She doesn't love me," you decide "I'm unlovable."

Dr. Sisti felt himself slipping into labeling during a six-hour professional licensing exam. When he came to a section he found difficult, his first thought was "This is really tough. I must be an idiot."

"But then I took a deep breath and realized that I'd completed other sections that weren't so hard and that everyone else in the room was probably having as tough a time as I was," he recalls.

Overgeneralization. The tip-offs to this kind of distorted thinking are the use of the words always or never. You drop something and think "I'm always so clumsy." You make a mistake and think "I'll never get it right."

Mental filtering. In complicated situations that involve both positive and negative elements, you dwell on the negative. Your mother

clearly enjoys the dinner party you throw in her honor but comments that the cake was a bit dry. You filter out all her positive comments and whip yourself for being such a lousy baker.

"As a perfectionist," says Bruce Zahn, Ed.D., director of psychology and cognitive therapy at Presbyterian Medical Center in Philadelphia, "I sometimes slip into mental filtering. I usually get good feedback on my job and in my personal relationships, but when people give me minor criticism, I'm apt to think the worst: 'They're going to fire me. They don't love me.' Then I realize 'No, this is a minor criticism, and all I have to do is correct it.'"

Discounting the positive. The tip-offs to this kind of distorted thinking are the phrases "That doesn't count," "That wasn't good enough," or "Anyone could have done it." You do well on a test and think "It doesn't count." Your colleagues praise a presentation and you think "It wasn't good enough." You win a commendation and think "Anyone could have done it."

Jumping to conclusions. You assume the worst based on no evidence. There are two subcategories here—mind reading and fortune-telling. In mind reading, you decide that another person is reacting negatively to you. Two of your co-workers are chatting at the coffee machine at work, but as you approach, they fall silent. Chances are they'd simply finished their conversation, but you assume they've been criticizing you behind your back.

In fortune-telling, you predict the worst possible outcome. A test is difficult, so you decide you'll fail. The sky is cloudy before your lawn party, so you decide a thunderstorm must be imminent.

Dr. Sisti slipped into fortune-telling when he realized he'd lost his automatic teller machine bank card: "My blood pressure shot up as I imagined that I'd lose all my money. Then I thought, What's the worst thing that could happen? Someone might use my card. But no one could—not without my personal identification number. But what if I'd left it in the machine? Then someone could withdraw $250. That would have been a loss, but not a terrible one."

Magnification. In this kind of distorted thinking, you exaggerate the importance of problems, shortcomings and minor annoyances. Your toilet backs up and you believe you need your entire plumbing system replaced. You forget to close a window before it rains and imagine that you'll return to a flooded home. A neighbor's dog tramples a few flowers and you decide your garden is ruined.

Emotional reasoning. When you fall into emotional reasoning, you mistake your emotions for reality. "I feel nervous about flying, therefore it must be dangerous." "I feel guilty about forgetting my brother's birthday, therefore I'm a bad person." "I feel lonely, therefore I must not be good company."

"Should" and "shouldn't" statements. This kind of thinking involves blaming yourself. You play well in the company volleyball tournament but miss one shot and berate yourself: "I should have made that shot. I shouldn't have missed." You eat a doughnut and think "I shouldn't have done that. I should lose ten pounds." Other self-denigrating tip-offs include *must, ought to* and *have to*.

Personalizing the blame. Here you hold yourself personally responsible for things beyond your control. Your child misbehaves at school and you think "I'm a bad mother."

"Occasionally I've been late for an appointment because of heavy traffic," Dr. Sisti says, "and I've felt tempted to personalize it, as in 'I must be irresponsible.' But then I've realized that I'd allowed what should have been enough time and that the traffic jam is beyond my control. People understand if you get stuck in traffic. It happens to everyone."

Seven Ways to Untwist Your Thinking

"When you feel bad," Dr. Burns explains, "your thinking becomes negative. This is the ABC of emotion: 'A' stands for the Actual event, 'B' for your Beliefs about it and 'C' for the Consequences you experience because of your beliefs." If you can somehow prevent erroneous negative beliefs from forming around an actual event, you've gone a long way toward protecting yourself from the unnecessary negative emotions that are sure to follow from such distorted thinking.

Dr. Burns recommends seven techniques to protect yourself from negative, distorted thinking. These techniques work for many unpleasant experiences, but let's use as an example a particularly unpleasant divorce.

In the throes of a nasty divorce you might be tempted to believe many of the charges your ex levels against you: You're selfish, uncaring and vindictive, and not only that, you're lousy in bed. If you buy into this picture of yourself, the consequences might well be low self-esteem and guilt, not to mention severe depression. Cognitive therapy tries to

(continued on page 64)

The Burns Anxiety Inventory

Nearly everyone suffers from anxiety and worry from time to time. This self-test lists 33 common symptoms of anxiety. When answering each question, think about your thoughts, feelings and health during the last week. Score each question numerically, then add up your score.

0 for "not at all" 2 for "moderately"
1 for "a little" 3 for "very much"

1. Have you felt nervous, worried or afraid? _____
2. Have you felt that things around you seem strange or unusual? _____
3. Have you felt detatched from all or part of your body? _____
4. Have you felt at all panicky? _____
5. Have you felt apprehensive or a sense of impending doom? _____
6. Have you felt tense, stressed, uptight or on edge? _____
7. Have you had difficulty concentrating? _____
8. Have your thoughts raced or jumped from one subject to another? _____
9. Have you had frightening fantasies or daydreams? _____
10. Have you felt on the verge of losing control? _____
11. Have you feared cracking up or going crazy? _____
12. Have you feared fainting or passing out? _____
13. Have you feared dying from a heart attack or other serious illness? _____
14. Have you felt concerned about appearing foolish or inadequate in front of other people? _____
15. Have you feared being isolated, abandoned or left alone? _____
16. Have you feared criticism or disapproval? _____
17. Have you been afraid that something terrible is about to happen? _____
18. Have you had heart palpitations (racing or skipping beats)? _____

19. Have you felt pain, pressure or tightness in your chest? _____
20. Have your fingers and/or toes tingled or felt numb? _____
21. Have you experienced stomach upset, distress or butterflies? _____
22. Have you had constipation or diarrhea? _____
23. Have you been restless or jumpy? _____
24. Have your muscles felt tight or tense? _____
25. Have you perspired noticeably in cool places? _____
26. Have you felt a lump in your throat? _____
27. Have you experienced trembling or shaking? _____
28. Have your legs felt weak or rubbery? _____
29. Have you felt dizzy, light-headed or off-balance? _____
30. Have you experienced choking or smothering sensations or had difficulty breathing? _____
31. Have you suffered headaches, backaches or neck pain? _____
32. Have you experienced hot flashes or cold chills unrelated to fever? _____
33. Have you felt weak, tired or easily exhausted? _____

Scoring:

0–4	Minimal anxiety	21–30	Moderate anxiety
5–10	Borderline anxiety	31–50	Severe anxiety
11–20	Mild anxiety	51+	Extreme anxiety, panic

NOTE: This quiz is not intended to be a substitute for proper mental health care. Those with mild to moderate symptoms of anxiety can often benefit from self-help books such as *The Feeling Good Handbook* and *Nature's Cures*. However, anyone with an elevated score or persistent symptoms of anxiety that last more than two weeks should seek consultation with a mental health professional.

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change the Bs—your beliefs—so you don't experience the Cs—negative consequences. Here's how to cope.

Talk to yourself as you would to a best friend. Dr. Burns says, suppose a friend were getting divorced and felt like a selfish, uncaring, vindictive failure. What would you say? Probably something like: "You're not a failure simply because your relationship ended. Many marriages end in divorce, and many winning teams lose a game now and then. It's rough to endure a divorce, and break-ups never bring out the best in people, but I've known you for years, and you're a warm, kind, caring person."

Examine the evidence. Take in the big picture. Write it down if you have to. Your ex says you're lousy in bed, but are you really? Until you learned of your ex's unfaithfulness, the two of you had a great sexual relationship. Of course, after your heart was broken, you didn't have any energy for sex, especially with the person who'd rejected you. That's not being lousy in bed. That's a normal reaction to betrayal.

Experiment. See how this negative thinking about yourself in this one area stacks up against your behavior in other areas. Your ex called you selfish for wanting to keep the house, but are you really? If you were truly selfish, you wouldn't give to charity, wouldn't help friends in need and wouldn't share credit for your group's accomplishments at work. Test your reactions the next time a charitable solicitation arrives or a friend calls with a problem or your group's efforts are recognized. If you write a check, offer to lend a hand or praise a co-worker, you're not entirely selfish. You may not be as magnanimous as you'd like to be, but you're not the ogre your ex says you are.

Look for partial successes. Instead of thinking that your marriage was a complete failure, consider the many ways that it was successful: You took turns putting each other through school, and now you both have much more fulfilling careers than you had when you met. You have two great kids, and the problems that led to your breakup have given you valuable new insights into the kind of person you'll look for in your next relationship.

Take a survey. Your ex insists that your refusal to take the kids for an extra day after a holiday weekend proves you're vindictive. You maintain that you're open to rescheduling time with the children, but not when the real reason is to allow your ex to jet off to a luxurious resort with a new lover. You feel justified, but after a screaming argument on the phone, your confidence is shaken. Perhaps you *are* a vindictive

creep. Now's the time to call a few friends and solicit their views. Chances are they'll say you're justified.

Define your terms. You had no idea your ex was having affairs. You were blind. Define *blind*. The dictionary says "completely without sight." That wasn't you. You saw that your ex was withdrawn from you and was spending an enormous amount of time "working late." You weren't blind, just too trusting of someone you had every reason to believe was trustworthy.

Solve the problem. You blew up when you came home early and found your ex, who moved out months ago, unexpectedly in your house. Since that ugly scene, you've been thinking that your "terrible temper" has turned you into a "monster." Possibly, but the problem in this case is not your temper. The real problem is that your ex still has keys to your house. Maybe it's time to change the locks.

Seven Steps to Feeling Better

What if negative thinking *does* creep in and you find yourself mired in unpleasant emotions. Then what?

Cognitive therapy calls for tackling the problem in seven easy steps. Seven steps may not sound like many, but "simplicity is one of cognitive therapy's major strengths," Dr. Sisti explains. "It's quick and easy, and once people understand the basic concepts, almost anyone can practice it."

Sometimes, though, cognitive therapy's very simplicity puts people off. They say, "It's so simple, it can't work." When that happens, Dr. Sisti points out that they're jumping to a conclusion—the "fortune-telling" kind—and urges them to try the steps anyway. Give it a try for any given problem and see what happens.

Step 1: Write everything down. "The act of writing automatically puts some distance between you and your negative thought," Dr. Sisti says. "Jotting things down provides perspective and helps people detect distorted thinking more easily." If you are in a situation where you just can't put pen to paper, Dr. Sisti recommends saying things out loud.

Step 2: Identify the upsetting event. What's really bothering you? Is it simply the fact that you got a flat tire? Or is it that you soiled your outfit while changing it? Or that you knew you needed a new tire but didn't replace it? Or that the flat made you late for your daughter's soccer game?

The Burns Depression Checklist

Everyone gets "the blues" when disappointed. And everyone gets depressed over job layoffs, a divorce, the death of a loved one or other major loss. A certain amount of sadness is a normal part of life. But when sadness never returns to gladness, it becomes what many authorities call the nation's leading mental health problem—clinical depression.

This self-test can help identify the symptoms of depression. How have you felt during the last week? Score each question numerically, then add up your score.

0 for "not at all" 2 for "moderately"
1 for "a little" 3 for "very much"

1. Have you been feeling sad or down in the dumps? _____
2. Does the future look hopeless? _____
3. Do you feel worthless or a failure? _____
4. Do you feel inadequate or inferior to others? _____
5. When things go wrong, do you criticize and blame yourself? _____
6. Do you have trouble making up your mind? _____
7. Have you been feeling resentful and angry a lot lately? _____
8. Have you lost interest in your job, hobbies, family or friends? _____

Step 3: Identify your negative emotions. You might feel annoyed about the flat, frustrated that replacing it soiled your outfit, angry at yourself for not replacing it in time and guilty for being late for the soccer game.

Step 4: Identify the negative thoughts that accompany your negative emotions. About failing to replace the tire: "I always procrastinate. I never take care of things in time." About soiling the outfit: "I'm a slob. I can't go anywhere and look okay." About being late for the game: "My daughter will make a scene. She'll think I don't love her. And the other adults there will think I'm a bad parent."

9. Do you feel overwhelmed and find you have to push yourself hard to get things done? _____
10. Do you think you look old or unattractive? _____
11. Have you lost your appetite or engaged in binge eating? _____
12. Do you have trouble sleeping or sleep too much? _____
13. Have you lost interest in sex? _____
14. Do you worry a great deal about your health? _____
15. Do you ever think life isn't worth living or that you might be better off dead? ___

Scoring:

0–4	Normal ups and downs	21–30	Moderate depression
5–10	Borderline depression	31–45	Severe depression
11–20	Mild depression		

NOTE: This quiz is not intended as a substitute for proper mental health care. Those with mild to moderate symptoms of depression can often benefit from self-help books such as *The Feeling Good Handbook* and *Nature's Cures*. However, anyone with an elevated score, persistent symptoms of depression that last more than two weeks or suicidal impulses should seek consultation with a mental health professional.

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Step 5: Identify distortions and substitute rational responses. About the tire: "I don't always procrastinate. I juggle my job and family and accomplish just about everything that has to get done. I would have replaced that tire in time, but I had to deal with an emergency at work, and the tire just got by me." About the stained outfit: "I'm not a slob. I'm usually very careful about my appearance, more so than most people, which is why things like this upset me." About the tardiness: "My daughter knows I love her. She knows that if I'm late, whatever detained me was beyond my control. She's unlikely to make a scene, but if she does, the other adults there will comfort her. I've done the same for

their kids and never thought them to be bad parents. No one will think the worst of me."

Step 6: Reconsider your upset. Are you still heading for an emotional tailspin? Probably not. But you still feel annoyed about getting the flat.

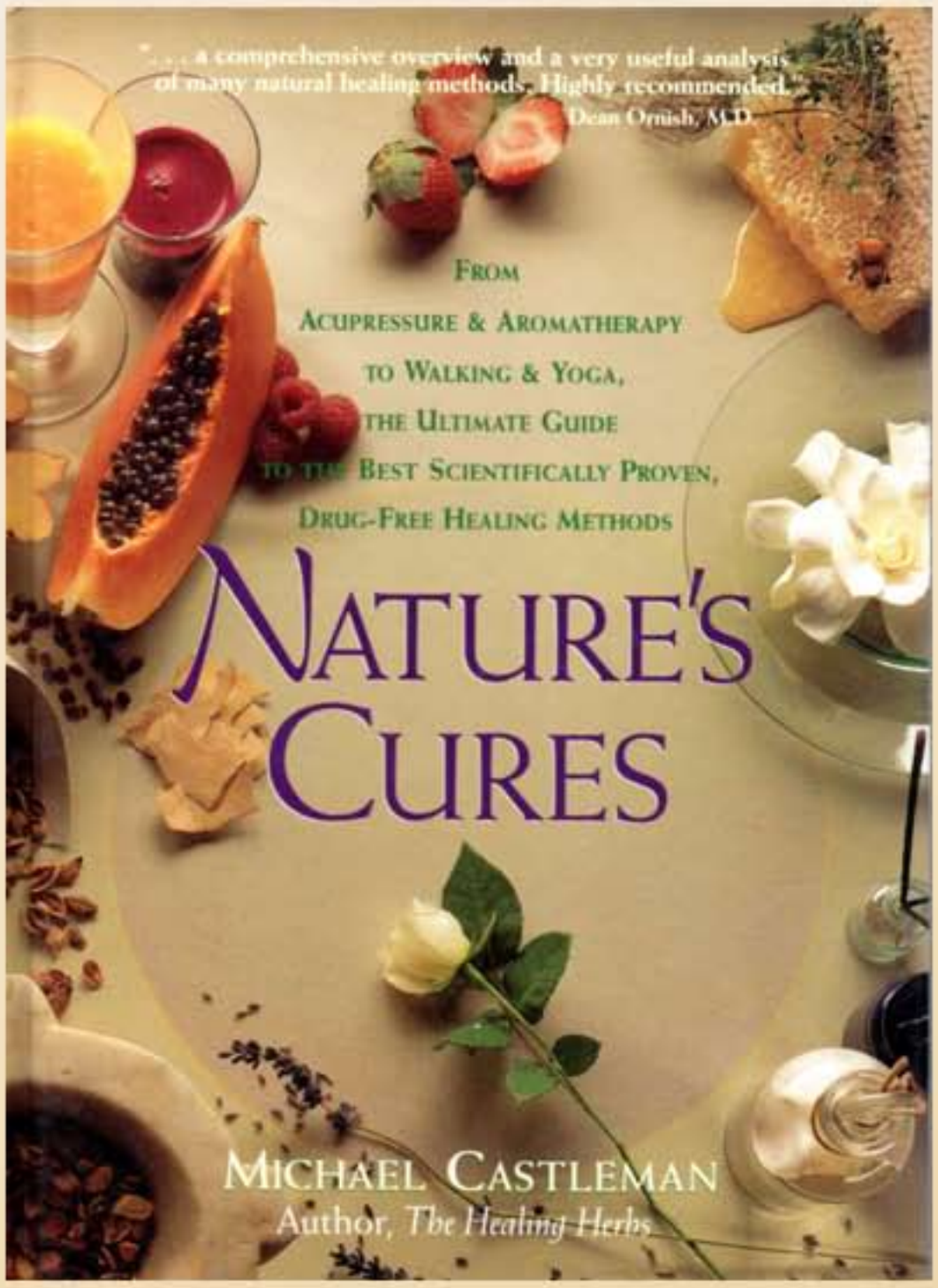
Step 7: Plan corrective action. "As soon as the game is over, we're getting that tire. That will take the time I'd planned to spend cooking dinner, so I'll pick up some take-out instead."

Count Your Blessings

"A major task of adulthood is to balance striving to do well and accepting one's limits," Dr. Burns says. "Cognitive therapy has helped me accept my limits without feeling ashamed."

"Cognitive therapy is simply a more organized way to implement traditional psychological self-care advice," says psychotherapist Alan Elkin, Ph.D., director of the Stress Management Counseling Center in New York City. "It boils down to counting your blessings. Most stressful, depressing or anxiety-producing events are not inherently awful. What makes them feel awful is the way we react to them. Counting your blessings forces you to step back, get some perspective and see challenges in a larger context.

"The problem with 'count your blessings' is that it's vague. Cognitive therapy is a step-by-step program, and when negative thoughts are spinning out of control, an organized program helps," says Dr. Elkin.



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