COGNITIVE BEHAVIORAL THERAPY

Simple Techniques to Instantly Overcome Depression, Relieve Anxiety, and Rewire Your Brain

Olivia Telford

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INTRODUCTION

Do you have a friend or relative who is always happy, self-accepting, and optimistic? Perhaps you've asked yourself what their secret is! Why can some people ride the stormy seas of life and stay smiling, while others spiral down into despair whenever something goes wrong?

The answer is actually quite simple. It all comes down to the way they think. Upbeat, self-assured people know that how you see the world and yourself makes all the difference. They know that to lead a great life, you need to learn how to get your mind working for you, not against you.

In this book, you're going to discover how to transform your thinking and completely overhaul your relationships and mental health. It won't be easy, but you'll feel the difference within hours. Practice the exercises in these chapters, and every area of your life will change for the better.

This isn't a book about always looking on the bright side of life. Life is a mix of the good, the bad, and the ugly. Everyone struggles. There's no special technique that can take away the normal trials and tribulations of being alive. But you can learn to rewire your brain and take a new approach when you hit a bump in the road.

The approach we're going to focus on in this book is called Cognitive Behavior Therapy, more commonly known as CBT. CBT has been around for decades. It's a straightforward model that explains why we get stressed, depressed and anxious, and what to do about it. Even better, CBT is backed up by lots of research. We know it works.

Psychologists have shown that CBT is a powerful treatment for:

- Depression
- Anxiety
- Obsessive-Compulsive Disorder (OCD) and intrusive thoughts
- Phobias
- Stress
- Addiction
- Procrastination

CBT improves your confidence, boosts your happiness, and can make you more satisfied with life in general.ⁱⁱ If you've been feeling stuck lately and aren't sure how to move forward, CBT will give you clarity. You'll understand yourself better, move on from your past, and look toward a brighter future.

Let's get started!

JOIN OUR SUPPORT GROUP

To maximize the value you receive from this book, I highly encourage you to join our tight-knit community on Facebook. Here you will be able to connect and share strategies with others to continue your growth.

Taking this journey alone is not recommended, and this can be an excellent support network for you.

It would be great to connect with you there,

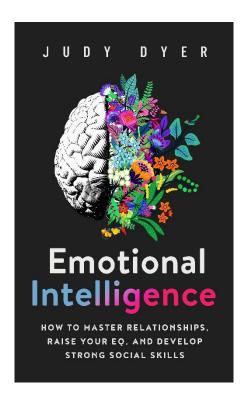
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CHAPTER 1: WHAT IS CBT?

Psychologists know that our genetic makeup, environment, and upbringing all shape our personalities.ⁱⁱⁱ Some of us are naturally more or less optimistic than others. However, the stories we tell ourselves about the world, ourselves, and life in general also make a big difference.



In this chapter, you'll discover exactly how this works.

WHY YOUR BRAIN IS BOTH YOUR BEST FRIEND & YOUR WORST ENEMY

Humans are blessed—and cursed—with the ability to tell stories. We aren't very good at observing situations as they really are, particularly when they involve someone or something we care about. Our brains are quick to impose some kind of meaning or narrative on any event, even if it leaves us feeling worse.

Your brain, which is supposed to be on your side, can actually make your life harder. Once you understand how this works, you can start applying the principles of CBT to take back control over your own thoughts.

TELLING STORIES - AN EXAMPLE

Imagine you are walking down the street. It's a beautiful sunny day, and you're feeling good. You see one of your friends ahead of you on the sidewalk, so you call out their name, but they don't turn around. They ignore you completely and keep on walking.

How would you respond?

You might think, "Oh, they didn't hear me. That's a shame."

Or perhaps you might think, "Oh dear, maybe something has upset them. They usually love to stop and chat."

Or maybe you'd think, "My so-called friend is avoiding me. Typical! Why is it so hard for me to maintain friendships?"

However you'd respond, keep in mind that the facts remain exactly the same. You called out to someone you knew, they didn't turn around, and they walked away. But the story you tell yourself about the event will change how you feel.

If you tell yourself that your friend probably didn't hear you, your mood won't change much. You will get on with your day and perhaps text them later to mention that you saw them in town.

If you jump to the conclusion that your friend must have been upset, you may feel concerned and get in touch to make sure they are OK.

If you decide that your friend ignored you because they no longer want to talk to you, you'll feel terrible. You might avoid your friend because, in your mind, they've made it clear that they don't like you anymore.

It's your interpretation of a situation that makes just as much of a difference as what actually happened. $^{\text{iv}}$

Exercise: What Was the Last Story You Told Yourself?

Think back over the last 24 hours. Have you been telling yourself any stories that left you feeling sad or anxious? Could you have interpreted those situations in a different way that would have left you feeling good, or at least OK?

CBT is all about changing the stories you tell yourself. Using the techniques in this book, you'll learn how.

THE KEY ASSUMPTIONS OF CBTV

Every type of therapy is based on a set of assumptions. You can think of these assumptions as a kind of model of the human mind.

CBT practitioners believe:

1. Depression, anxiety, stress, and bad habits are caused and sustained by core beliefs we hold about ourselves, thinking errors, or both.

When we have irrational, negative beliefs about ourselves, other people, and the world in general, we start to tell ourselves stories that make us unhappy, anxious, and dissatisfied.

2. It's easy to fall into the trap of using the same thinking errors over and over again.

For example, if you have depression, you probably see the world as a bleak, hopeless place that offers you nothing but sorrow. Your view of everything gets darker, you withdraw from situations that could make you feel better, and the cycle continues.

3. The way we see the world affects our behavior.

If we view the world through a distorted lens, we won't adapt well to our environment or life's challenges. For instance, if you have anxiety, the stories you tell yourself about the world—that it is dangerous, for example—might make you reluctant to go outside.

4. It's possible to hone in on destructive thoughts and change them.

With the right techniques, we can pin down how and why our thinking patterns make us feel so bad. We can then choose to change them.

5. Although someone's past might play a role in shaping their cognitive distortions, it's more productive to focus on the present.

A CBT therapist might talk about a client's childhood to work out where their negative core beliefs come from, but they encourage clients not to dwell on them. The exercises in this book don't require you to analyze your past in much depth. The emphasis is on helping yourself right now, so you can make progress quickly.

WHERE DID CBT COME FROM?

CBT started with the work of Albert Ellis and Aaron Beck in the 1950s and 1960s. VII Since then, other psychologists and psychiatrists have put together their own techniques and treatment programs based on these ideas.

ELLIS' ABC MODEL

In 1955, an American psychologist called Albert Ellis proposed his ABC model. He believed that external events don't automatically trigger negative emotional responses. What really matters is the belief someone has about that event. We saw an example earlier in this chapter when you imagined how you'd feel if a friend ignored you in the street.

In the ABC model, "A" stands for external or activating events, "B" stands for beliefs, and "C" stands for consequences, which refers to emotions and behaviors. Our beliefs act like filters, and they determine how we react to our circumstances.

What makes this model so special is that it can help you feel better even when you don't have much, or any, control over your environment. For instance, if you are in a job you hate, learning to think differently about your circumstances can help make you feel better as you work to find a new position.

Ellis developed his own brand of therapy, called Rational Emotive Behavior Therapy (REBT). REBT teaches clients how to identify their unhelpful beliefs, challenge them, and replace them with more constructive ways of seeing the world.^{ix}

BECK'S COGNITIVE THERAPY MODEL

In the 1960s, American psychiatrist Aaron T. Beck was researching depression. Beck started his career as a psychoanalyst. His training in psychoanalytic theory and therapy taught him that mental distress was caused by unconscious processes. But he wasn't convinced. He didn't think it was necessary to probe a patient's subconscious mind to find the source of their problems. He thought that open, honest discussion about their conscious thoughts was more helpful.

After talking to many patients, he concluded that people with depression tend to experience three types of negative thoughts:^x

- 1. Negative thoughts and ideas about themselves.
- 2. Negative thoughts and ideas about the world.
- 3. Negative thoughts and ideas about the future.

He referred to these three types of thoughts as the "cognitive triad."

Beck noticed that his patients didn't feel able to control these thoughts. He labeled them "automatic thoughts" because they seemed to appear without warning. Some people refer to these as "ANTs," which stands for "Automatic Negative Thoughts."

In the early days, he called his treatment "cognitive therapy" because it focused on a patient's thoughts. However, later on, he and other professionals started looking at the relationship between thoughts and behavior, so "cognitive therapy" became "CBT."

Over a career spanning several decades, Beck carried out research with hundreds of patients. He and his colleagues discovered that CBT can be used to treat other disorders, including anxiety, eating disorders, schizophrenia, and bipolar disorder.

CBT TODAY

Ellis and Beck were CBT pioneers, and their efforts laid the foundations for other approaches that are considered offshoots of CBT.

Here are just three examples:

1. Dialectical Behavior Therapy (DBT)

Developed in the 1980s by Dr. Marsha Linehan, DBT teaches clients how to accept their symptoms and problems while making positive change.xi DBT is delivered as a structured course that usually lasts around a year. Clients learn how to monitor their moods, identify the link between their thoughts and their feelings, and tolerate distress. They also learn how to think more rationally and apply everyday problem-solving skills.

DBT was originally developed for people with Borderline Personality Disorder (BPD), a condition marked by black-and-white thinking, mood swings, and rocky relationships. However, DBT techniques have also been used to treat other conditions.

People with BPD are prone to judging themselves and others harshly, with devastating consequences. DBT teaches them to step back from heated situations, weigh up all sides of an argument, and preserve relationships while still standing up for their wants and needs.

2. Acceptance and Commitment Therapy (ACT)^{xii}

As the name implies, ACT teaches clients how to come to terms with their problems and come up with solutions that fit their morals and values. Like traditional CBT, ACT entails facing your thoughts and feelings even if they make you uncomfortable.

The difference between ACT and other forms of CBT is that ACT emphasizes acceptance along with change. Unlike CBT practitioners, ACT therapists believe it isn't always a good idea to deliberately challenge negative thoughts. Instead, they teach clients how to spot their thoughts, tolerate them, and draw up healthy goals that align with their personal values.

3. Mindfulness Based Cognitive Therapy (MBCT)xiii

You've probably heard of mindfulness—it's become a huge buzzword in personal development circles. To be mindful is to deliberately slow down and notice what is happening around you. It's about focusing on the here and now, instead of ruminating about the past or worrying about the future.

MBCT is a structured 8-week program developed by Mark Williams, John Teasdale, and Zindel Segal. It's based on the work of mindfulness pioneer Jon Kabat-Zinn, whose research shows that meditation and other mindful activities can reduce stress and chronic pain. MBCT is especially effective for people who have suffered multiple episodes of depression. Mindfulness helps you spot unhelpful patterns of thinking and behavior before they take hold.

WHAT DO ALL THESE TREATMENTS HAVE IN COMMON?

Although these therapies use different techniques and are based on slightly different philosophies, they share a few key things in common. They all encourage clients to identify their negative thought processes, they all teach clients to become their own therapists, and they all encourage a pragmatic, goal-setting approach to behavior change.

In this book, you'll use a variety of techniques based on several different therapies that all fall under the CBT umbrella.

CBT IN THE THERAPY ROOM VS. SELF-HELP

Traditionally, talking therapy takes place between a client and a trained therapist. Most CBT interventions last around 8-12 weeks, although some people need more sessions. Therapy sessions usually last 50-60 minutes.

However, not everyone has the time or money for therapy. Even if you live in a country with free healthcare, you might have to wait a long time to see a clinician.

Self-help can be a great alternative. Research has shown that self-guided CBT can be an effective treatment for common mental health problems. xiv In the UK, the National Health Service (NHS) recommends self-guided CBT for some people diagnosed with mild to moderate mental health problems.

CBT ISN'T A MAGIC CURE

CBT requires effort. Whether you work through the techniques alone or with someone else, you have to put in the work before you see any results. Simply reading through the book won't change your life. You need to understand the concepts and be committed to practicing them over and over again. It takes time to change your thought patterns. Breaking habits is hard work.

Homework

Homework is a big part of CBT. CBT therapists often ask their clients to use worksheets and diaries, both during and between sessions. A therapist might ask a new client to keep a mood diary for a week or record their most frequent negative thoughts.

Every chapter of this book contains a few exercises to help you understand and benefit from CBT. Before you go any further, find a notebook and pen and keep them on hand. Whenever you start a new exercise or list, write the date at the top of the page.

You don't have to show your homework to anyone else. Your notebook is for your eyes only. If you live with other people, you might want to keep it locked or hidden away. If you really don't like writing, you could use a notetaking or voice recording app on your phone or computer instead.

Now that you know what CBT is about, it's time to start practicing some exercises that will make a big difference in your quality of life. In the next chapter, we'll see how CBT techniques can help you overcome symptoms of low mood and depression.

Summary

- The stories we tell ourselves about what is happening in our lives make a substantial difference in our mood.
- CBT is based on the idea that our thoughts (cognitions), feelings, and behaviors are all closely intertwined.
- By learning to challenge our unhelpful thoughts, we can feel better and choose new, healthier behaviors.
- CBT has inspired other therapies, including DBT and ACT.
- CBT can be given in a face-to-face setting, but self-help is also effective.
- Keeping notes and completing written exercises is a key part of CBT.

CHAPTER 2: CBT FOR DEPRESSION

Depression is one of the world's leading causes of illness and disability. Around 15% of us will have at least one episode, xv and suffering depression puts you at greater risk of experiencing it again. xvi



In this chapter, we'll look at how CBT practitioners view depression. You'll also learn how to lift your mood fast using proven CBT techniques.

WHAT IS DEPRESSION?

Depression isn't the same as a feeling of sadness. It's a mental illness with a specific set of symptoms that can only be formally diagnosed by a trained medical professional.

To qualify for a diagnosis of depression, you need to experience at least five of the following symptoms for a minimum period of two weeks. One of these symptoms must be either a depressed mood or loss of pleasure.

Symptoms:xvii

1. A depressed mood that lasts throughout the day, most days of the week

2. Loss of interest and pleasure regarding everyday activities, including previously enjoyed hobbies

3. Significant (5%+) and unintentional weight change

4. Difficulty getting to sleep or sleeping too much

5. Feelings of restlessness or feeling slowed down

6. Loss of energy and fatigue

7. Feelings of excessive, inappropriate guilt and rumination over actual or perceived mistakes

8. Trouble thinking clearly, problems making decisions, or finding it hard to concentrate

9. Thoughts of death, suicide, or suicide ideation

Caution!

If you suspect you have depression, or are having thoughts of self-harm or suicide, you need to reach out to a doctor or therapist as soon as possible. Self-help guides can be very helpful, but they aren't a substitute for urgent medical care. You can always come back to this chapter when you have received a diagnosis and have started treatment as per your doctor's recommendations.

WHAT DO CBT THERAPISTS BELIEVE ABOUT DEPRESSION?

As you know, CBT is based on the idea that the way we see the world affects our mood and behavior. But how exactly can your thought patterns lead to depression?

In the last chapter, we saw how Beck's cognitive triad plays a key role in CBT theory. Beck devised two other concepts to explain what happens when someone is depressed.

Key Concept #1: Self Schemas

A schema is a set of beliefs and expectations about a person, thing, or scenario. We have schemas about everything. For example, most of us have a restaurant schema. Your ideas about going out for a meal in a restaurant include expectations about menus, tables, chairs, servers, food, drinks, and so on.

Although every restaurant has its own décor, staff, and food, the basic principles are the same. If you've been to a few restaurants, you have a good idea of what to expect the next time. Schemas are useful because they help us plan ahead and respond to new environments. They help us understand how to behave appropriately around other people.

Just as you have a restaurant schema, you also have a "self-schema." As you may have guessed, a self-schema is a set of beliefs about who you are and how you should act.

Someone with a positive self-schema knows they aren't perfect, but they usually think of themselves as a basically good human being. On the other hand, people with depression often have negative self-schemas.

If you have a negative self-schema, you may have the following beliefs:

"I'm just not good enough."

"I'll never be successful, and I'll never get anywhere in life."

"Everyone leaves me, and I'll be lonely forever."

Beck thought that difficult childhood events could lead to a negative self-schema. For example, if a young boy is bullied at school for a long time, he may grow into a man who believes everyone hates him.

If you think poorly of yourself, you will be vulnerable to depression. A negative self-schema makes it hard to appreciate your achievements and enjoy relationships because you never quite believe you deserve them. Even when things are going well, you might find it hard to trust other people.

Exercise: Completing Sentences

Sentence completion exercises can help you uncover the negative self-schemas that are holding you back.

In your notebook, complete the following sentences. Don't overthink this. Write the first thing that comes to mind.

"I am the sort of person who..."

"In my experience, the world is..."

"When I think of the future, I think..."

This exercise can be quite illuminating. You might be shocked to discover just how negative your thoughts have become.

Your negative self-schemas might keep you trapped inside a cycle of negative thoughts and behaviors. For instance, if you always think that the future is bleak and that things will never get better, you might not bother to make plans or work toward goals.

Key Concept #2: Faulty Processing & Logical Errors

Negative self-schemas go hand-in-hand with logical errors. Logical errors are self-defeating patterns that keep you trapped in an unhealthy state of mind.

Here are a few of the most common logical errors, also known as "cognitive distortions:"xixxx

1. Black and white thinking

When we're depressed, we often lose sight of the fact that life is neither perfect nor terrible. Instead, we are quick to judge things and people as "bad" or "good," including ourselves. Also known as polarized thinking, black and white thinking keeps you from appreciating the nuances of everyday life.

2. Overgeneralizing

If you tend to overgeneralize, you focus on one poor outcome or event and decide that it's bound to happen again. You assume that a single setback dooms you to a miserable future.

For example, let's say you give a presentation at work. It doesn't go very well. Your boss pulls you to one side and gives you advice on how to improve next time.

A non-depressed person might be a little down or disappointed for a while, but they would probably act on their boss' feedback and even thank them for it. However, someone with depression might assume that all their future presentations are doomed and that their whole professional future is in serious jeopardy because of their poor performance.

3. Fallacy of change

Most of us are guilty of trying to get other people to change. Unfortunately, expecting others to change just to suit your agenda will make everyone unhappy. If you are stuck in this cognitive distortion, you believe that everything in your life will be better if the rest of the world gives in to your demands.

For example, a man might believe that his marriage and life in general will improve if and when his wife joins a gym, works out more, and loses the weight she gained after they got married.

4. Just reward fallacy (or "Heaven's reward fallacy")

As we all know, life isn't fair. However, that doesn't keep us from feeling resentful when things don't go our way. Many people with depression think that if they do everything right and treat others properly, they will somehow be rewarded.

Unfortunately, if you hold this view, you'll be disappointed over and over again. Healthy people know that it's great to try your best, but we don't always have control over the final outcome. Other people may treat us well or poorly, and we cannot control their actions.

5. Emotional reasoning

When you're in the grip of intense emotion, logical reasoning can fly out of the window. For example, if something makes you feel upset or scared, you might leap to the conclusion that it must be bad. For example, if a depressed person is nervous about going on a date, they might assume that this means it will go wrong and they probably shouldn't go at all.

6. "Shoulds"

People with depression often use the word "should" a lot, both in reference to themselves and others.

Even if you don't try to tell everyone else what to do, "shoulding" yourself isn't much better. Beating yourself up for not living up to a set of unrealistic or arbitrary standards will keep you locked in a state of self-criticism and depression.

7. Personalization

When you personalize an outcome, you assume that you caused it, even if you have no evidence. For example, suppose that your partner didn't get the promotion they wanted. If your first thought is, "If I'd been nicer lately and less stressed, they would have gotten it, I'm a terrible person!" or something similar, that's personalization. When we're depressed, it feels as though we can't do anything right. Worse, it seems like everything is our fault.

8. Catastrophizing

Also known as "blowing everything out of proportion" or "making mountains out of molehills," catastrophizing involves giving negative events or outcomes more weight than they deserve. When you catastrophize, you conjure up worst-case scenarios, usually in a matter of seconds.

For example, suppose you forget to pick up your partner's suit from the dry cleaner on your way home from work, and only remember once you start cooking dinner. If you are a catastrophizer, you may tell yourself things like, "I'm such an awful partner! We'll get into a fight, they'll leave me, and then I'll be alone forever!"

9. Filtering

When someone is overly optimistic about something, we say that they're wearing rose-colored glasses. If you're depressed, you're wearing gray-tinted glasses instead! If you focus on unpleasant details and ignore the bigger picture, you are filtering.

10. Blaming

People with depression assume that others have the power to "make" them feel a particular way. But

this is a fallacy.

Suppose someone insults you. You might feel mildly offended, baffled, outraged, deeply upset, or something else entirely. What determines how you feel? Your approach to the situation. When you

blame someone else for your own emotional state, you are surrendering your power.

11. Mind reading

Do you assume that you "just know" what someone else is thinking? Do you think you can tell when

others are judging you? Mind reading can make you feel depressed, fast. For example, if you tell yourself, "Oh, so-and-so didn't return my email, she must think I'm completely incompetent and is

avoiding me," there's a good chance you'll feel bad.

Depressed people are quick to assume that everyone is thinking the worst of them. In reality, most

people go through their daily lives thinking only about themselves.

Exercise: What Logical Errors Do You Use?

As you read through the list above, did any errors stand out for you? Note that you can be very depressed

and only use one or two of these distortions, so don't be surprised if you didn't recognize most items on

the list. Over the next few days, challenge yourself to spot your distortions.

THE THREE STEPS TO MORE REALISTIC THINKING

You're about to learn a popular CBT technique that will let you take back control of your thoughts. It's

called cognitive restructuring.

Cognitive restructuring isn't about living in denial or wishing your problems away. You don't have to

force yourself to think happy thoughts all the time. The aim is to process your thoughts in a balanced,

rational way that leaves you feeling better about yourself and life in general.

At first, cognitive restructuring might feel a little forced. It can be hard work, especially if you have been

caught up in logical errors and self-loathing for a long time. The good news is that it gets easier the more

vou do it.

There are three steps:xxi

1. Identifying an unhelpful thought

2. Weighing up the evidence for and against the thought

3. Coming up with a rational, more helpful alternative

Let's look at each step in more detail.

Step #1: Identifying an Unhelpful Thought

Because negative thoughts are often automatic, it's hard to notice them. You can use your emotions as a signal that your thoughts are making you anxious. The next time you feel distressed or worried, ask yourself what you were thinking just before the emotion set in. Use your notebook as a thought record. Jot down the thought, together with a number denoting how strongly you believe it. A score of 0 means that you hardly believe it at all, and a score of 100 means you believe it completely.

Automatic negative thoughts (ANTs) are normally short, specific, and seem totally believable. However, if you look closely, you'll notice that they don't pop up after a sequence of logical thoughts. They tend to have a life of their own. You'll also realize that they usually involve logical errors, as listed earlier in this chapter.

Exercise: Spotting Your ANTs

If you are depressed, you likely have lots of ANTs. Tomorrow, keep a running tally throughout the day. Whenever a new ANT pops up, write it down. Every time it appears again, add another mark. Count up the marks. Are you very harsh on yourself?

Step #2: Weighing the Evidence

Your next task is to step back from your thought and work out whether it is actually true. No matter how believable an ANT may seem, it probably isn't grounded in fact. Ask yourself these questions:

- What would I say to someone else in this situation?
- If I didn't feel depressed, how would I look at the situation?
- How would someone who isn't depressed or anxious look at the situation?
- Is there any objective evidence that my thought is true?

In your notebook, draw up a table. Make four columns: "Thought," "Evidence for This Thought," "Evidence Against This Thought," and "More Helpful Way of Thinking About the Situation." Stick to facts, not subjective opinions.

Let's see how this exercise can work in practice. Suppose you were dating someone you really liked, but they suddenly ended the relationship, saying they didn't feel the two of you had good chemistry. You think to yourself, "I'll be alone forever, and no one likes me."

Here's what you might write in your table:

Thought: "I'll be alone forever, and no one likes me."

Evidence for This Thought:

 Someone ended a relationship I thought was going well, so this means they don't want to be with me.

Evidence Against This Thought:

- I have had friends and dates in the past. This means people enjoy my company.
- Most people have to date quite a lot before they find a long-term partner.
- Most people do not end up "alone forever."
- Not everyone would be a good match for me, and this is true for everyone else.

More Helpful Way of Thinking About the Situation:

- I am disappointed that the relationship didn't work out, but there are lots of other people to date.
- I can take some time to recover from this setback, then try meeting some new people.

Step #3: Coming Up with a Rational, More Helpful Alternative Thought

A good alternative thought is reasonable, fair, and compassionate.

In the example above, some good alternative thoughts might be:

I'm not in a relationship, but that doesn't mean I'll be alone forever.

I'm a bit lonely right now, but I know that some people like me.

Being rejected sucks, but I can keep trying until I find the right person for me.

Imagine that you are a judge in a court of law. Your job is to look at all the evidence and come to a sensible conclusion. If you find this exercise challenging, ask a trusted friend or relative to help you look at the situation from a different perspective.

Write down how you feel when you focus on your new thought. If it doesn't make you feel any better, repeat Step #2 above. There is always a more helpful way of thinking about your situation.

OTHER TOOLS TO HELP YOU FIGHT DEPRESSION

In this chapter, we've looked at how cognitive restructuring can help you feel better. In the next section, you'll learn about two other powerful CBT techniques to lift your mood.

Summary

- Depression is a common mental illness. Symptoms include feelings of hopelessness and loss of interest in things you used to enjoy.
- CBT therapists believe that depression is caused by negative thoughts (the cognitive triad), negative self-schemas, and faulty thought processes.
- Automatic Negative Thoughts (ANTs) are a common problem in depression, but they can be conquered with the right CBT techniques.
- Cognitive restructuring exercises reframe your negative thoughts and replace them with a more constructive perspective.

CHAPTER 3: BEHAVIORAL ACTIVATION & PROBLEM SOLVING

In the last chapter, you learned how your self-schema, thoughts, and view of the world can keep you locked in a state of depression. You practiced two CBT techniques therapists often use with depressed patients: sentence completion tasks and cognitive restructuring.



In this chapter, you're going to pick up a couple more tools that will help you fight back against low moods and depression: Behavioral Activation (BA) and problem-solving.

BEHAVIORAL ACTIVATION (BA)

Depressed people often feel weighed down and apathetic. Even small, everyday tasks such as doing the laundry become daunting. Depression drains you of energy, leaving you asking, "What's the point in doing anything?"

As time goes on, you cut more activities from your daily life, which leaves you feeling even more depressed and worthless. Your motivation continues to dive. You start telling yourself things like, "I can't cope with anything," "I'll never get better," and "I don't enjoy anything anymore."

To break out of depression, you need to stop this cycle. The only way to regain control over your life is to deliberately engage in positive activity again, even when you don't want to. This strategy is known as

behavioral activation, or BA.^{xxii} The first step is to think of activities you used to enjoy, as outlined in the next exercise.

Exercise: Planning Positive Activities

Make a list of low-key activities you enjoyed before you developed depression. These activities could be as simple as watching a movie at home. Give yourself time to make your list because depression can make it harder to remember things.

Now plan when you can do three of these activities over the coming week. To begin with, 20 minutes is enough. Make a note of each session in your diary. It's just as important as any other commitment, so don't feel guilty about making time for yourself.

Don't expect to feel excited at this stage. Making this list probably felt like a chore. That's normal! The real progress comes when you follow through and keep a record, as explained in the next exercise.

Exercise: Pre- and Post-Activity Mood Record

Before you start a planned activity, make a note of your mood. Give yourself a score of 1-10, where a score of "1" means "very little energy or motivation" and "10" means "very excited and enthusiastic."

When you've finished, write down your score. Any increase, even if it's just one or two points, is a step in the right direction. Sometimes your score might not change at all. If you feel as though nothing is making you feel better, it may even go down. That's OK. It just means you need to change your planned activity, or perhaps try again another time.

Choose Activities that Move You Closer to the Person You Want to Be

BA is more effective if you choose activities that are in line with your goals and values. For instance, if you want to be more sociable, setting yourself the goal of chatting with an old friend for 10 minutes on the phone would be a great BA goal.xxiii

Finally, make sure you are choosing activities you really want to do, not what you think you should be doing. For instance, don't set yourself the goal of cleaning the bathroom or doing the grocery shopping. Sure, these are important activities, but the point of BA is to help you re-engage with the things you enjoy.

YOU DON'T HAVE TO LOOK FORWARD TO IT, JUST DO IT ANYWAY

When you try BA, the little voice in your head might tell you unhelpful things like:

"This won't work. You never enjoy anything."

"It can't be this simple. It won't make you feel better."

"It might work for other people, but not for you."

The secret? Try it anyway. What's the worst that could happen? Even if you try an activity for 10 minutes and feel no different, you haven't lost out on anything. You can then try again the next day or try another activity. If you feel motivated on some days but not others, you can rest assured that this is completely normal.

Progress isn't always linear when it comes to recovering from depression. Some days, you'll feel hopeful. Others, you'll feel defeated before you even start. The trick is to just keep going. When you complete your BA exercises, give yourself plenty of praise. You have every right to be proud!

Once you have some evidence that BA works for you, you can challenge these negative thoughts using the cognitive restructuring exercise outlined in the last chapter. Remember: you need to identify an unhelpful thought, look carefully at the evidence for and against it, and then come up with a healthier alternative thought.

WHEN TO GET SUPPORT

If you've tried BA exercises several times and they don't seem to be working for you, it may be a sign that you need further support from a therapist or doctor. Please don't think that you've failed. Sometimes, depression doesn't respond to self-help. If you feel very low or have no energy for even brief 10-minute activities, it's time to find a medical professional who can help you take the first steps to recovery.

DEPRESSION, PROBLEM-SOLVING & EMPOWERING YOURSELF

A little-known but very common problem in depression is having trouble making decisions. The good news is that you can sharpen your problem-solving skills. Problem-solving isn't always straightforward, and it can feel overwhelming when your mood is low. At the same time, devising solutions and putting them into practice is very empowering. *xxiv*

When you realize that you don't need someone else to come along as rescue you, your self-esteem will grow. This will help you feel good about yourself, which in turn will help lift your mood.

SEVEN STEPS TO PROBLEM SOLVING

1. Work out What the Problem is

In some cases, it's obvious. For example, if you know that you need to choose a new school for your child, solving the problem is a matter of evaluating local schools and picking the best option. On the

other hand, some problems aren't so easy to pin down. You might know that you are unhappy in a specific situation, but perhaps the details are a bit fuzzy.

For instance, if you know that you dislike going into work, you'll need to think carefully about the underlying source of the issue. What is it about the environment or the work itself that is making you sad or depressed?

Upon reflection, you may discover that the problem is, "I need to find a new job," or "I need to be more organized so that I can meet all my deadlines, and have a less stressful time at work."

When you've narrowed down the problem, write it in your notebook. Well done! You're off to a good start.

2. Brainstorm a List of Potential Solutions

Let your imagination run wild. Put aside half an hour to make a list of every solution you can think of. Don't worry if they seem strange or unlikely. You don't have to show this list to anyone.

Get some outside input. Ask a couple of people you trust to help brainstorm with you. They will probably come up with some ideas you haven't thought of. When you are stuck in a depressed mood, your problem-solving abilities take a hit. It's easy to become locked into a single perspective.

If you have a serious problem, or you can't rely on anyone close to you to help out, get some advice from a specialist. Depending on your problem, this person could be a counselor, a helpline volunteer, or a religious leader at your place of worship.

3. Weigh the Pros and Cons of each Solution

You can do this alone or recruit someone to help you.

For each solution, ask yourself:

- How much time will it take me?
- How much money will it cost me?
- Will I need any outside help? Will it be easy for me to get this kind of help?
- Will I need any special equipment, training, or resources?
- Are there any important long-term consequences I should think about?

4. Choose the Best Solution

If you're lucky, you'll have found a perfect solution. Unfortunately, in most cases, we have to compromise when solving problems. That's why writing out the pros and cons, as in the previous step, and talking to others is so important. Knowing that you have given the matter serious thought will make it easier to believe in your own judgment.

Remind yourself that no one makes the right choices all the time. However, we can all try our best to work with the information and resources we have available at the time. Don't fall into the trap of postponing a decision just because you're afraid of getting it wrong.

5. Make a Plan

Having found your solution, you now need to make a roadmap for the way ahead. Your goal is to draw up a step-by-step plan that leaves you feeling empowered rather than overwhelmed. Make each step as specific as possible.

For example, suppose your goal is to sell your house and move to a new town. One of your first steps is to find out how much your property is worth. It would be more helpful to write, "Schedule a valuation within the next 7 days," rather than "Find out how much I could get for my house."

6. Execute your Plan

Start with the first step and go from there. Take it slow and steady. Even people who aren't depressed need to be patient and encouraging with themselves when solving problems. You might need to break your steps down further. No step is too small as long as it moves you further toward your goal.

Other strategies that might help:

- Planning a small reward for every step you take
- Asking a friend or relative to give you some support
- Working on a step for just 10 minutes at a time
- Keeping a log of your progress so you can see how far you've come

7. Evaluate the Results

You've reached the final stage on your problem-solving journey. You've implemented the solution. Did it work? If not, what could you do differently next time? Perhaps something unexpected happened, or you didn't get hold of the information you needed. We can all try our best, but there are lots of things in life that are beyond our control.

Even if things didn't quite work out as you hoped, give yourself lots of praise. You tried something new, and that's something to celebrate. Remind yourself that problem-solving is a skill. Like all skills, it becomes easier with practice.

Summary

- Behavioral Activation (BA) and problem-solving are two practical tools lots of people find helpful in overcoming their depression.
- BA involves identifying activities you used to enjoy and scheduling time in which to do them.
- It's normal to feel resistance when you try BA, but you need to just go ahead and do it anyway.
- Problem-solving reduces feelings of depression because it makes you feel more empowered to overcome whatever challenges life throws at you.

CHAPTER 4: CBT FOR INSOMNIA

Some people find it impossible to switch off at the end of the day. They toss and turn all night, unable to relax and fall asleep. The next day, they feel cranky and lethargic. Others can get to sleep, but then wake up every couple of hours. Does this sound like you?



If a lack of sleep is causing you serious health problems, your doctor might prescribe you a sleeping aid. However, doctors are reluctant to prescribe them long-term because it's possible to become dependent on them. It's much better to use drug-free therapies instead.

Research has shown that around 75% of people with insomnia report much better sleep after undergoing CBT.^{xxv} Specifically, CBT for insomnia, commonly referred to as CBT-I, helps you regain control over your sleep schedule. In this chapter, you'll learn how to use CBT-I techniques and enjoy more restful nights.

THE FOUR PILLARS OF CBT-I

These are the four steps you'll find in most CBT-I programs:

Step 1: Learn about Sleep & Insomnia

Step 2: Stimulus Control & Sleep Scheduling

Step 3: Challenge Your Thoughts about Sleep

Step 4: Learn How to Relax

Let's look at each step in more detail.

Step 1: Learn about Sleep & Insomnia

You don't need to become a sleep expert, but knowing the basics will help you understand how CBT-I works. It will also help you see that losing sleep isn't a disaster, which, in turn, will reduce your sleep anxiety.^{xxvi}

When we sleep, we move through two phases: Rapid Eye Movement (REM) sleep, and non-Rapid Eye Movement (non-REM) sleep. Normally, we fall asleep within 15 minutes and enter non-REM sleep. Your heart rate slows. Your blood pressure drops. You might make movements, but your muscles are relaxed. Your breathing and circulation get slower.

Forty-five minutes to an hour after falling asleep, you enter REM sleep. As the name suggests, your eyes make small, rapid movements even though they remain closed. We only dream during REM sleep. During non-REM sleep, your heart rate and blood pressure remain low, but during REM sleep, they go up and down.

Approximately 30-45 minutes later, you move back into non-REM sleep. Throughout the night, you cycle back and forth between the two states. Most people complete four to six cycles. Not everyone needs the same amount of sleep. You might have read that everyone needs eight hours, but this isn't true. Some of us do perfectly fine with six, while others can't function well unless they get 9, 10 or even 11.

You are more likely to wake up during the second half of the night because humans sleep more lightly in the early hours of the morning.

If you don't get enough non-REM sleep, which is common in people who wake up throughout the night, you will feel tired and depleted the next day. You can think of non-REM sleep as an overnight charger that helps us stay alert during the day.

If you don't get enough non-REM sleep, you'll feel exhausted. Sleep quality is more important than sleep quantity. The goal of insomnia treatment is not just to help you get a reasonable amount of sleep, but also to stay asleep long enough to move through normal sleep cycles.**xxvii

WHY DO SOME OF US DEVELOP INSOMNIA? ARTHUR SPIELMAN'S "3 PS" MODEL

In the 1980s, Dr. Art Spielman proposed that three things are working together when someone develops insomnia: predisposing factors, precipitating factors, and perpetuating factors. xxviii

Predisposing Factors

Some people are naturally good sleepers, but not everyone is so lucky. Your genetic makeup and personal traits might be working against you. Having a family history of insomnia, being born with a hyper-sensitive arousal system, or having a natural tendency to worry all raise your risk of sleep problems.

Precipitating Factors

A bereavement, redundancy, or even positive stress like planning a wedding can all trigger unhealthy sleep patterns. Can you pinpoint when your symptoms started? Do you think there was a precipitating factor in your case?

Perpetuating Factors

These are habits, behaviors, and thoughts that keep insomnia going. For example, if you lie awake worrying about why you can't sleep, you'll find it hard to drift off. Because you find it hard to get to sleep, you'll start worrying again the next time you get into bed. To break the cycle, you need to change the way you think about sleep and improve your sleep-related behaviors.

Your insomnia may have been triggered by a precipitating factor, but you might still struggle to sleep well even when the crisis or stressful period has passed. This is because insomnia can become a learned response. It takes a conscious effort to re-learn the art of sleeping well.

Step 2: Stimulus Control & Sleep Scheduling

Now that you have a general understanding of sleep and why you might be especially vulnerable to insomnia, let's look at the practical steps you can take to manage the problem.

Sleep scheduling is a technique that makes sure you are tired at bedtime. It involves recording and changing how much time you spend in bed, when you go to bed at night, and when you get up in the morning.

Stimulus control teaches your brain to associate going to bed with falling asleep, making it easier to sleep within 15 minutes of turning in for the night.

Together, stimulus control and sleep scheduling increase the number of hours between the time you wake up in the morning and go to bed at night. They also improve your sleep efficiency, which is the amount of time you spend asleep relative to the amount of time you spend in bed.

First, you need to start a sleep log.

A sleep log doesn't have to be complicated. All you need to do is draw up a table that lets you record the following information:

- The date
- When you went to bed
- When you got up
- How many times you woke up in the night
- The overall quality of your sleep
- How you felt in the morning
- What you ate and drank in the three hours before going to bed
- Whether you took any naps during the day
- What medications you took during the day, and when

Record your sleep for five days. Think of this as a fact-finding mission. You can then start to use the tips and techniques below.

How to schedule your sleep:

1. Choose a waking up time and stick to it every day.

This is the first step in establishing a healthy sleeping pattern.

2. Choose a new bedtime based on how much sleep you are actually getting.

Look at your sleep log. How many hours do you sleep per night? Add on one hour and count back from your waking up time as appropriate. This is your new bedtime. The goal here is to minimize the amount of time you lie awake in bed.

3. Limit your naps.

Do not nap past 3 p.m., and do not nap for longer than 45 minutes, no matter how tired you feel. Napping later in the day will make it harder to sleep at night.

After a few days, your sleep efficiency will improve. When you go to bed, you'll feel tired and ready for sleep. You can then start to increase the amount of time you spend in bed asleep based on how you feel during the day. For example, if you still feel tired when you are getting six hours of sleep per night, schedule another hour in bed and aim for seven hours instead. Remember, we all have different sleep needs.

STIMULUS CONTROL

1. Do not use your bed for anything other than sleep and sex.

Do not watch TV, read, study, or have any emotional conversations with your partner. Your bedroom should be a peaceful sanctuary.

2. Get up within 20-30 minutes of waking.

This conditions you to see your bed as a place to sleep, not a place to worry or plan the day ahead.

3. Go to bed only when you feel drowsy.

Learn the difference between fatigue and sleepiness. Fatigue is a general sense of tiredness. When you are fatigued, you feel as though you need a rest. Sleepiness is the sensation that you could drift off at any moment. You should go to bed and turn out the lights when you feel sleepy, not just tired. Trust your body's signals instead of going by the clock.

4. Never stay in bed if you can't get to sleep.

If you can't fall asleep, or if you wake up in the night and can't doze off again, get up. Do something relaxing, such as a craft or reading a light-hearted book. Stay out of bed for a minimum of half an hour. When you start to feel sleepy, go back to bed. The golden rule: the longer you lie awake in bed, the harder it will be to get back to sleep.**

Once you have found a good routine, it won't matter if you occasionally sleep in or have a late night as long as you get back on track quickly.

MORE TIPS FOR BETTER SLEEP

1. Fix your diet

Sugar, alcohol, and caffeine are detrimental to sleep. Sugar and caffeine are stimulants and will make it hard to fall asleep.

Alcohol is a depressant. In theory, this should mean that it helps you relax. However, when the effects wear off, your brain and body will become more alert and you may wake up.

2. Time your workouts carefully

Exercise is great, but working out in the evening makes it harder to fall asleep. Allow at least two hours between exercising and going to bed.

3. Fix your environment

It's hard to sleep in a room that's too cold or too warm. According to the National Sleep Foundation, the ideal room temperature for sleeping is 60-67 degrees Fahrenheit.**xx

Step 3: Challenge Your Thoughts About Sleep

The next step is to challenge and restructure your thoughts about sleep. When you lie awake worrying about having insomnia, your insomnia will only get worse. When you worry, your body releases stress hormones, which stimulate your nervous system. Cognitive restructuring gets you out of this trap.

Here are some destructive thoughts, plus a reality check for each:

Thought: "I'll never manage to improve my sleeping patterns!"

Reality: CBT-I has been effective for many people. It can help you too. Within a few weeks, you'll be sleeping much better at night. Your mood will improve, and you will look forward to bedtime rather than dread it.

Thought: "If I don't get at least eight hours of sleep every night, my health will suffer."

Reality: It's true that chronic insomnia does increase your risk of some illnesses. The good news is that you can lower your risk easily by trying the techniques in this chapter. What's more, you may not even need eight hours of sleep. Anywhere from 6-11 hours of sleep per night is normal.

Thought: "I'm such a failure, I can't even get to sleep at night."

Reality: Insomnia is very common. Yes, falling asleep is a basic human function, but lots of people struggle to get enough sleep.

Thought: "I need drugs to fall asleep."

Reality: During times of crisis, such as sudden bereavement, your doctor might prescribe some medication to help you sleep. However, most medical professionals don't think that drugs are the best way to cure insomnia. CBT-I is a safe, well-established method that works for most people who try it.

Perhaps you are in the minority who need medication to sleep, but why not try CBT before going to your doctor? You might be surprised by how well it works.

Thought: "Unless I get a good night's sleep, I won't be able to function at work."

Reality: It's true that you're more likely to make mistakes after a poor night of sleep, but this doesn't mean you won't be able to function. You've probably made it through a day at work or caring for your children before, and you can do it again. Sometimes, the stress of worrying about your insomnia can make you feel worse than the insomnia itself.

Research shows that people with insomnia underestimate how much sleep they get, and overestimate how long it takes to get to sleep. Insomnia is definitely a problem, but your case might not be quite as severe as you think.xxxi

When these beliefs creep up on you, ask yourself these questions:

- Is there any evidence this belief is objectively true?
- What is the evidence against this belief?
- Does holding this belief hurt or help me?
- What would I say to a friend in this situation?

Step 4: Learn How to Relax

If you're having trouble sleeping, you probably have symptoms of stress, anxiety, and depression too. The other chapters in this book are full of practical CBT exercises and tips to help you feel better, which in turn will improve your sleep.

A specific type of relaxation exercise, Progressive Muscle Relaxation (PMR), is popular with CBT-I therapists. If you practice it regularly, you'll be able to enter a state of relaxation whenever you like. This is helpful when you want to relax before bed, or if you want to get back to sleep after waking up in the middle of the night.

Exercise: Progressive Muscle Relaxation

- 1. Lie down in bed and close your eyes.
- 2. Breathe in. As you inhale, scrunch your toes. Squeeze the muscles as hard as you can. Hold this position for a few seconds.
- 3. Exhale. Relax your muscles.

- 4. Inhale and tense the muscles in your calves. Hold for a few seconds, then release and exhale.
- 5. Continue this pattern—inhale and tense, exhale and release—with all your major muscle groups. Finish with your facial muscles.
- 6. Repeat the exercise if desired. For best results, do it every day.

WORRY TIME

Everything seems worse at night. Lying in bed worrying is miserable and counterproductive. It certainly won't help you sleep. However, as you know, it's not that easy to stop feeling anxious. If you could decide not to worry anymore, you would have done so long ago.

"Worry Time" can help limit your worries. Pick a 20-30-minute time slot each day. During that time, let yourself feel as anxious or as worried as you like. If you start worrying at other times of the day—or in bed—tell yourself, "I'll save that for my Worry Time."

Caution!

If you have a sleep disorder or another illness, CBT-I might not be right for you. It's best to check with your doctor before trying self-help methods for insomnia. For example, if you have Restless Leg Syndrome (RLS) or another condition that causes your body to move in uncontrolled ways, you might need medication or physical therapy along with CBT-I.

Finally, remember that CBT-I will take time to work. You should expect that it will take at least 6 weeks to overcome your sleep problems.

Summary

- Insomnia is a common problem.
- CBT-I is a special form of CBT designed to improve sleep patterns.
- CBT-I entails learning about sleep and insomnia, stimulus control and sleep scheduling, cognitive restructuring, and learning to relax.
- CBT-I can take a few weeks to work and requires patience.
- If you suspect you have a serious sleep disorder or have an illness that affects your sleep, consult a doctor before trying the strategies in this chapter.

CHAPTER 5: CBT FOR ANXIETY

Everyone experiences anxiety from time to time. We all know what it's like to feel uneasy or to dread something. Anxiety can be mild, moderate, or severe.



Anxiety can be unpleasant, but it's healthy in small doses. If our ancestors never felt anxious about getting enough food or other issues of survival, we wouldn't be here today. Anxiety motivates us to act. xxxii

Unfortunately, excessive anxiety can make life difficult. If your anxiety has taken over your life, it's time to make some changes. In this chapter, you'll learn about the most common types of anxiety, and how CBT can help tame your worries.

NOT ALL ANXIETY IS THE SAME

Anxiety comes in many forms, including:xxxiii

Panic disorder: A condition characterized by multiple, recurrent panic attacks. A panic attack usually starts suddenly and lasts for around 5-20 minutes. Symptoms include sweating, ringing in the ears, trembling, dizziness, nausea, shortness of breath, a choking sensation, palpitations, and tingling fingers.

You might also have disturbing, racing thoughts. You may think that you are going crazy, that you are about to die, or that the attack will never end. Panic attacks happen when your body releases stress hormones, including adrenaline. Adrenaline stimulates your nervous system, which explains the strange, frightening symptoms.

Phobias: An irrational or extreme fear of a situation, object, or animal. When someone encounters the thing they fear, they may have a panic attack.

Agoraphobia: An extreme fear of being stuck in a situation where it would be difficult to escape. An agoraphobic person might be scared of leaving their home, traveling on public transport, or visiting crowded places.

Generalized anxiety disorder (GAD): A condition in which someone finds themselves worrying about a wide range of events and situations. They feel worried most of the time and find it hard to relax. Even if one of their worries is resolved, they quickly move on to worry about something else.

Social anxiety disorder (SAD): A fear of social situations. Someone with SAD will worry or panic about going to parties, going to work, meeting people they don't know, and making small talk. If you have SAD, you probably spend a lot of time worrying about what others will think of you.

These conditions can look different, but they are all centered around feelings of anxiety. The exercises in this chapter can be helpful for anyone who has, or thinks they have, an anxiety disorder. Remember, you can't diagnose yourself with a mental illness. It's best to see a doctor or therapist who can make a proper assessment.

Exercise: How Does Anxiety Limit Your Life?

Working on anxiety is scary. You will need to move beyond your comfort zone and embrace the things that frighten you. To keep yourself motivated, take a moment to write down how anxiety limits your life and why you want to get better. How will things look when you are no longer afraid?

Using Cognitive Restructuring Skills to Overcome Anxiety

To gain control over your fears, you need to work on overcoming beliefs that fuel your anxiety and beliefs about anxiety itself.

Cognitive restructuring works well for people with anxiety. We already covered how it works in earlier chapters, but here's a quick refresher:

Cognitive restructuring consists of three steps: Identifying your negative thoughts, weighing up the
evidence for and against each thought, and then replacing unhelpful thoughts with a more
constructive perspective.

• Asking thoughtful questions helps you take a rational approach.

When challenging a thought, ask yourself the following:

- O What would I say to someone else in this situation?
- o If I didn't feel depressed or anxious, how would I look at the situation?
- o How would someone who isn't depressed or anxious look at the situation?
- o Is there any objective evidence that my thought is true?

COGNITIVE RESTRUCTURING: WHAT ARE YOUR BELIEFS ABOUT ANXIETY?

As you know, beliefs feel very convincing in the moment, especially if you've been relying on them for a long time. But if you want to improve your anxiety, you've got to let them go. This exercise is the first step.

Exercise: Sentence Completion – What Are Your Beliefs About Anxiety?

Complete these sentences:

If I worry all the time, I'll...

If I didn't worry, I would...

When I realize how much time I spend worrying, I think...

Worrying makes me feel...

I first started having anxiety problems when...

When you completed the exercise above, did any of these beliefs come up?

1. "If I worry all the time, I'll keep myself safe."

It's true that remaining vigilant can, in some cases, help you identify dangerous situations early. But worrying can't protect you from everything that could go wrong. If you think about the real calamities that have happened in your life, you'll probably realize that worrying would not have prevented them from happening. Most of the time, worrying is a waste of your energy.

2. "If I worry about the worst-case scenario, I won't be so upset or disappointed when it happens."

Worry cannot protect you from loss or disappointment, and it can't keep bad things from happening.

3. "It's bad for me to worry so much."

Worry can't make you go mad. Neither can you die from it. Sure, anxiety can be scary, but it won't kill you.

4. "I'm a born worrier. I'll never be able to get over my anxiety."

Some of us do tend to worry more than others. That's just a fact of life. But we can all choose to face our fears and fix our thinking errors. There's a good reason CBT is so popular with therapists working with anxious clients.

ANXIETY & LOGICAL ERRORS

You already know that thinking errors can make depression worse. The same applies to anxiety.

Exercise: Logical Errors & Anxiety

Go back to the chapter on CBT and depression. In that chapter, we looked at how logical errors keep depression going. Which of these errors do you think fuels your anxiety? Why? Can you give specific examples?

Here are a few examples of the logical errors often seen in anxiety disorders:

Mind reading

Example: Andy has social anxiety disorder (SAD). He assumes that he "just knows" what other people are thinking. When he has to sit next to someone he doesn't know at his sister's wedding, he tells himself that they think he's boring and stupid.

Catastrophizing

Example: Maria gets very anxious about making mistakes at work. She turns in a project at work, and then worries that her boss will think it's no good. Her boss sends her an email, asking for a few minor adjustments. Maria's mind goes into overdrive. She assumes that her boss thinks she is incompetent, and that it's only a matter of time before she gets fired.

Over-generalizing

Example: Tom has to give a speech at work. It goes okay, but it could have gone better. He missed a couple of his presentation slides, and he knows he spoke too quietly. Instead of thinking about how he

could do better next time, Tom tells himself, "I'm terrible at public speaking! I always mess up my presentations!" Tom then spends a lot of time worrying about going to work.

Labeling

Example: Sally has a fear of dogs. One day, she is taking a walk through the local park. She sees a large dog run away from its owner and knock over a small child. Although the child is unhurt, Sally immediately decides that the park is dangerous. This makes her more likely to avoid the park in the future because she has told herself that it is unsafe.

Challenging your thoughts is the first step to recovery. Next, you need to follow it up with action! In the next section, we'll look at the cycle that keeps anxiety going.

Breaking the Avoidance-Anxiety Cyclexxxiv

If something makes you feel afraid, your natural impulse is to remove yourself from the situation. In most cases, this is a good strategy. For instance, if an angry dog is running toward you, it makes perfect sense to move in the opposite direction as quickly as possible.

Unfortunately, changing your behavior so you don't have to face the things that make you anxious can backfire. This is known as avoidance. For example, if you develop a fear of public transport, you may start walking to work instead of taking the bus.

This kind of behavior works in the short-term. However, if you get into the habit of avoiding any situations that make you feel anxious, you'll never get the chance to see that everything can work out okay. Instead, you'll become trapped in a cycle:

- You avoid the thing that's making you feel scared.
- By doing this, you are teaching yourself that whatever you are avoiding really is something you should be afraid of.
- You keep avoiding it.
- You never get the chance to learn that it isn't so scary after all.
- You may also start to fear similar situations.
- Your life becomes increasingly limited, and your confidence starts to shrink.

To get past your anxiety, you need to confront your fears and learn that you can come out well on the other side. This is called "exposure therapy."

FACING YOUR FEARS USING EXPOSURE THERAPYXXXV

In brief, exposure therapy works like this:

1. You pin down what, exactly, is making you anxious.

2. You make a list of specific situations that make you feel anxious or afraid.

3. You put these situations in a hierarchy, starting with the least scary situation.

4. You schedule your exposure, then follow through.

5. You expose yourself to whatever makes you feel anxious until you learn that you can survive the fear.

Exposure therapy is simple but difficult. It's easy to see how it works in principle, but putting it into practice requires courage.

If you are ready to give it a try, start with this exercise:

Exercise: Putting Your Fear into Words

In a single sentence, summarize the main source of your fears. For example, "I am afraid of speaking to people I don't know," "I am afraid of cats," or "I am afraid of visiting the dentist." This exercise gives you a starting point for your therapy and focuses your mind.

Having figured out your root fear, you can start to put together a plan of action.

Exercise: Make A Fear Ladder

Following the steps above, make your own "fear ladder." Try to think of 5-10 situations. Be precise. For example, if you are afraid of elevators, are you scared of elevators in department stores, office buildings, or other settings? Are you scared of traveling one floor, three floors, or from top to bottom of a building?

Here's an example of what a fear ladder might look like for someone with social anxiety who has a fear of talking to people in social settings. The first item on the list causes them the least amount of distress, whereas #10 is the scariest.

Social Anxiety Fear Ladder:

1. Saying "Good morning" to a colleague or neighbor

2. Asking a colleague or acquaintance whether they had a good weekend

- 3. Asking a shop assistant for help or advice
- 4. Making small talk with a friendly cashier or barista in a shop or café
- 5. Making a phone call to an old friend
- 6. Eating lunch with a colleague
- 7. Inviting two people out for drinks after work
- 8. Holding a small dinner party with four people
- 9. Joining a new hobby group or local club and attending the first meeting alone
- 10. Giving a presentation at work

Everyone's fear ladder will be different. This is just an example to show you what it might look like in practice.

SCHEDULING EXPOSURE

Don't let yourself procrastinate. The sooner you start, the better. If you are going through a crisis or major transition right now, such as relocating or starting a new job, you might want to wait until things have settled down before you start therapy. On the other hand, life rarely stands still, so don't wait until everything is perfect.

It's impossible to predict how long it will take for you to move past your fear. It depends on how strong your anxiety is, how much time you can spare to expose yourself to each step on your ladder, and how motivated you are to change.

Start by scheduling your first exposure session in your diary. Treat it with the same respect as any other appointment. Your time is precious, and this investment in your mental health is priceless. If you tend to procrastinate, ask a friend to hold you accountable.

When you are facing your fear:

1. Be patient

Don't try to skip ahead. Only move up your anxiety ladder when you have conquered the first step, then the second, and so on. Be prepared to repeat each step around 5-7 times.

2. Give yourself enough time to wait for your anxiety to subside

The human body can't remain in a state of panic forever. Panic attacks usually last around 20-30 minutes, then subside as the 'fight or flight' response wears off. It's possible to have multiple attacks, but it's not likely. Even if you are one of the unlucky few who feel panicked for a long time, your attacks won't hurt you. **xxvi

3. Do not use safety behaviors or distractions while waiting for your anxiety levels to drop

Talking to someone, repeating mantras in your head, or holding a safety object are all distractions from the task at hand—facing your fear.

Exercise: Monitoring Anxiety Levels

Every time you expose yourself to a situation that makes you anxious, give yourself an anxiety score before and after each attempt. For instance, you may give yourself a score of 9 before putting yourself in an anxiety-inducing situation, and a 5 afterward. Your goal is to lower your anxiety to a score of 0-2. It's okay if this takes longer than you might like!

4. Reward yourself

Every step up your fear hierarchy is a cause for celebration. Give yourself frequent rewards, and praise yourself. Few people are brave enough to conquer their anxieties. You are doing great!

HANDLING PANIC ATTACKS

Panic attacks are the main symptom of panic disorder, but anyone can have them. They can be triggered by an event or a thought. Sometimes, there isn't a clear cause.

The good news is that, when you understand what's going on in your body and mind when you panic, you'll be well-equipped to deal with them.

When you notice the symptoms of an attack, your thoughts might go into overdrive. For example, when your heart speeds up, you might start thinking, "My heart is about to explode!" If you feel light-headed, you might think, "I'm going to faint!"

Your symptoms are caused by your body's natural fear response. During an attack, your body releases a cocktail of hormones and neurotransmitters, including adrenaline. It's an automatic reaction, honed by evolution. It's out of your conscious control.xxxvii

However, you do have a choice when it comes to interpreting your symptoms. For example, you can choose to think that your heart palpitations mean you are having a heart attack, but you can also choose to challenge this thought. You can choose to tell yourself, "This feels awful, but I am not having a heart attack. It's the adrenaline that makes me feel this way. It will be over soon."

Your thoughts can make the difference between an unpleasant panic attack and an attack that seems to go on forever and leaves you feeling traumatized. It all comes down to how you think about it.

Panic attacks are also linked to avoidance and safety behaviors, which keep anxiety going. Here's an example. You go to a shopping mall. You notice that it's very crowded. You think, "I might never find my way out if there's a fire!" You start to worry. Your body responds by releasing adrenaline and other hormones, which causes symptoms of panic. You notice that your heart is beating very fast. You think, "I'm having a heart attack!" You leave the mall as soon as possible. You sit outside the mall, feeling terrified, and vow never to go back in there again. The mere thought of returning to the mall makes you feel scared, and you start avoiding it.

The solution is to notice that you are having an attack, practice thinking helpful thoughts, and to give yourself the chance to see that the situation really isn't so bad after all. That means not fleeing, but instead waiting until the symptoms subside. This isn't easy. It's a form of exposure therapy. You need to stick it out and prove that panic attacks aren't the end of the world.

Here are a few typical thought traps people fall into, paired with some more realistic, balanced thoughts:

Thought: "I can't cope with this!"

Alternative thought: "I've had panic attacks before, and things turned out all right."

Thought: "I'm dying."

Alternative thought: "This attack won't kill me. It's my body's natural fear responses that are making me feel like this."

Thought: "I've got to get out of this situation right now."

Alternative thought: "I am safe. I need to stay in this situation to prove that things are all right."

Thought: "I'll never stop having panic attacks. They are ruining my life."

Alternative thought: "Lots of people overcome their panic attacks. I can too!"

Thought: "I'll never be able to cope with this unless I get some medication."

Alternative thought: "Drugs can only ever be a quick fix. I can learn to cope with these attacks by myself."

SYMPTOM PROVOCATION: PROVING YOU CAN COPE WITH WORRYING SENSATIONS

Symptom provocation is another form of exposure therapy. It involves deliberately triggering the same symptoms you get when you are having a panic attack, so you can see for yourself that they are harmless. It's also known as "interoceptive exposure." xxxviii

The most popular exercise is deliberate hyperventilation. When you hyperventilate, you breathe more quickly than usual. The levels of oxygen in your bloodstream go up, which triggers lots of the symptoms associated with panic, including light-headedness, tingling, and shortness of breath.

If you want to try this, find somewhere quiet and private where you can be alone for at least 10 minutes. Sit down in a comfortable chair. Take a few deep breaths. Gradually speed up your breathing until you start to experience the same symptoms you get during a panic attack.

Observe your symptoms for a couple of minutes. Watch as they subside. Practice this exercise a few times per week, and the thought of having a panic attack will no longer seem quite so terrifying.

If you don't want to try inducing hyperventilation, you can try spinning around on a desk chair for a few minutes to induce feelings of dizziness and light-headedness. If you want to replicate the sensations of a pounding heart or sweating you might experience during a panic attack, run up and down the stairs a few times.

Caution!

You can try symptom provocation by yourself, but if you start experiencing any physical sensations that are new or particularly worrisome, stop. It may be best to work through these exercises with a trained therapist.

WHAT ABOUT RELAPSES?

Lots of people have a few lapses when they've finished treatment for anxiety. It's totally normal. For example, someone who used to have social anxiety might suddenly find themselves worrying about an upcoming family party. You're more likely to have a relapse if you've been feeling tired or stressed. **xxix**

The answer? First, take good care of yourself. Eat a good diet, schedule time for relaxation, and talk to someone you trust when life feels overwhelming. Second, start using your favorite CBT exercises again. If you've used CBT to feel better before, you can do it again. You have every reason to be optimistic. CBT worked for you in the past, and it will work again this time around.

Summary

- Anxiety comes in many forms, including panic disorder and agoraphobia.
- Avoidance behaviors and beliefs about anxiety can keep you trapped in anxiety cycles.

- Challenging these beliefs is the first step to overcoming anxiety.
- Exposure therapy is a structured framework for conquering your fears. The only way to overcome a fear is by confronting it until your anxiety peaks and subsides.
- Panic attacks are unpleasant, but you can deal with them by accepting the symptoms and changing how you think about them.
- Symptom provocation lets you see for yourself that panic attack symptoms won't hurt you.
- Relapse is common, but you can always use your CBT skills whenever and wherever you need them.

CHAPTER 6: USING CBT TO BEAT OCD & INTRUSIVE THOUGHTS

At least 2% of the population suffer from Obsessive Compulsive Disorder, commonly abbreviated to OCD. As the name implies, people with the disorder have obsessions and compulsive behaviors. It occurs in both sexes and all age groups.xl



Obsessions are unwanted, unpleasant thoughts that can be very scary. They might be words, images, or urges that seem to pop up randomly or in response to particular situations. Common obsessions include a fear of germs, a fear of saying something obscene in public, and intrusive violent images.

Compulsions are repetitive mental acts (such as counting to 100 or silently saying a prayer) or behavior carried out to relieve the feelings triggered by the obsessive thought. For instance, if you have OCD and your obsession relates to germs or cleanliness, your response to intrusive thoughts about germs might be to wash your hands several times.

WHAT CAUSES OCD?

Like most mental illnesses, OCD is caused by a mix of genetic and environmental factors. If you have a close relative with OCD, you are more likely than the average person to develop it yourself. Research has

shown that brain chemistry could play a role. For instance, people with OCD typically have low levels of serotonin, a neurotransmitter, in their brains.^{xli}

Sometimes, OCD symptoms start after a major life event such as bereavement or job loss. Personality is also a factor. If you've always been a perfectionist, you are more vulnerable to OCD.

THE OCD CYCLEXIII

1. Trigger

An unwanted, distressing and intrusive thought, urge, or image enters your mind.

2. Anxiety

The thought, urge or image triggers feelings of anxiety.

3. Compulsion

You feel compelled to carry out some kind of behavior or mental act to counteract your anxiety.

4. Temporary relief

Your compulsive behavior or mental act helps you feel better, but soon the anxiety comes back. The cycle starts again.

You don't have to experience both obsessions and compulsions to have OCD, but most people with the condition get stuck in this kind of cycle.

Exercise: Understanding Your Cycle

Make a list of your obsessions, anxieties, and compulsive behaviors. How do they relate to one another? Draw up a diagram showing how your personal OCD cycle works.

Here are a few of the most common obsessions:

- An extreme fear of catching a disease or becoming contaminated in some way—for example by touching doorknobs or handrails; during a global pandemic, of course, this fear is justified
- Worrying that you will accidentally cause harm or damage to yourself or others—for example by failing to make sure that all the windows are locked before you go out
- Worrying about deliberately hurting yourself, strangers, or those you love—for example, you
 may have intrusive thoughts about stabbing your partner or strangling your children

- A strong urge to tidy up objects, to order them in a particular way, or arrange them so that they
 are symmetrical
- Worrying that you find people or groups of people sexually attractive—some people become
 obsessed with their sexual orientation and have intrusive thoughts of themselves with someone
 of the same sex

It can be hard to examine your thoughts. You might feel ashamed, crazy or dangerous. In fact, it's extremely rare for someone with OCD to act on their obsessions.

Obsessions trigger compulsions, such as:

- Checking doors and windows multiple times.
- Checking to be sure that electrical appliances are switched off before leaving the house.
- Repeating words or mantras, either aloud or silently.
- Counting things.
- Ordering things.
- Cleaning the body or objects.
- Deliberately thinking "good" or "neutral" thoughts to cancel out the intrusive thoughts.
- Asking others for reassurance, e.g. "Do you think I'd ever act on my thoughts?"
- Going to extreme lengths to avoid triggering situations.

OCD doesn't normally get better by itself. You need to tackle the thoughts and behaviors, breaking the cycle so that they no longer have such a hold on your life. You can do this by reducing the thoughts and behaviors you use to cope with your anxiety (such as handwashing or other rituals), and by taking a more realistic approach to your obsessive thoughts.

INTRUSIVE THOUGHTS ARE NORMAL – IT'S YOUR REACTION THAT MAKES THE DIFFERENCE

Most people have unpleasant, intrusive thoughts from time to time. It's unlikely you have had OCD all your life. Think back to what life was like before your symptoms started. You probably had strange, unwanted thoughts occasionally. The difference? Back then, you didn't pay them much, if any, attention.xiiii

Exercise: Do Other People Have Intrusive Thoughts?

You'll need a trusted friend or relative for this exercise. Tell them that you've been reading about OCD and that most people have intrusive thoughts. Ask them if they've ever had weird, crazy, random thoughts that took them by surprise. They will almost certainly say "Yes." Knowing that wacky thoughts are normal can be reassuring.

Telling yourself not to have intrusive thoughts does not work. The more you tell yourself not to think about something, the more you'll think about it. You can't treat OCD by willing it away. Instead, you need to interrupt your responses to the thoughts and learn to tolerate anxiety.

WHY REASSURANCE-SEEKING DOESN'T WORK

When an intrusive thought pops up, it's natural to ask family and friends for reassurance. For example, if you have intrusive thoughts about harming your spouse, you might ask them questions like, "Do you think I'm a violent person?" or "Do you think I'd ever kill someone?"

Of course, your family and friends will say things like, "No, you're definitely not a murderer," or "No, you'd never hurt anyone."

What's the problem with reassurance-seeking? It doesn't work.* It might make you feel better for a few minutes or even a few days, but the thoughts will come back. If reassurance worked, people with OCD would be able to cure themselves on the spot, just by asking the right questions. Sadly, OCD doesn't work like that. To make matters worse, asking the same questions over and over again can put a strain on the relationship.

Research is another form of reassurance-seeking. For instance, if you keep having obsessive thoughts that you will cheat on your partner and spend hours on the internet searching for signs that someone will have an affair, you are trying to reassure yourself. Even though you aren't talking to another person and asking their opinion, the same rule applies. It won't make you feel better. In fact, once you start researching a topic, you probably will fall down the internet rabbit hole and end up feeling worse.

You need to break the reassurance habit. Tell your loved ones that it's important you stop asking them to reassure you. If you ask them anyway, they need to say something like, "We agreed that I won't reassure you. Let's talk about something else."

If you use the internet for reassurance, you could:

- Block any websites you keep returning to.
- Use an app to limit your internet usage.

- Reward yourself for each day you manage to go without looking for reassurance online.
- Ask a friend to remind you to stay away from the internet.

WHY YOU NEED TO AVOID AVOIDANCE

Avoiding your triggers might work in the short term, but it isn't a cure. As you saw in the last chapter, avoidance isn't a good strategy for treating an anxiety disorder. It limits your life, makes you feel helpless, and fuels your worries. For example, let's imagine how an obsession with germs and cleanliness could lead to avoidance.

If someone feels anxious when they use a public bathroom because they fear contamination, they will try to avoid public bathrooms at all costs. The link between intrusive thoughts ("I'm going to be contaminated by germs!") becomes a compulsive behavior ("I'm not going anywhere near a public bathroom"). Every time they avoid public bathrooms, this link gets stronger.

The only way to break the chain is to keep yourself from responding to compulsive thoughts and learning to tolerate anxiety. Exposure and Response Prevention (ERP) is a popular CBT technique that teaches you to do just that.

EXPOSURE AND RESPONSE PREVENTION (ERP)xlv

In ERP, you allow your obsessive thoughts to surface and then face them without using compulsive behaviors. For instance, if you feel compelled to wash your hands three times after touching a doorknob, you would deliberately touch a doorknob but then abstain from washing your hands.

At first, ERP will be extremely difficult. It takes time to train yourself to avoid engaging in compulsive behavior whenever your anxiety is triggered. If you have had OCD for a long time, you may have already tried to avoid giving in to your behaviors. ERP requires a high level of commitment. You need to make a conscious choice—before your anxiety is triggered—that you won't follow your urges.

The good news is that ERP works fast. When you keep yourself from responding, you'll feel extremely anxious, but your anxiety will start to drop within 20 minutes. When you repeat this sequence several times, you'll start to become habituated. The anxiety will become more bearable, and your urge to carry out your old compulsions will start to fade. ERP can even become enjoyable because with every exposure you are triumphing over your old anxieties.

GETTING STARTED WITH ERP

You can use ERP as part of a self-help program, but you'll need to be well-prepared. If you expose yourself to your most feared situations too quickly, you may become overwhelmed and give up. You need to identify your triggers, then gradually work your way through the list.

Exercise: What Are Your Triggers?

Draw up a list of triggers. These are everyday situations that cause your obsessive thoughts to pop up. For instance, if you are afraid that you will harm an animal, seeing a dog might be a trigger. Rank your triggers in order, from the least to most scary. This will be the basis of your ERP ladder.

You can now start working your way up the ladder. If you have multiple obsessive fears, make a ladder for each. For example, if you have an obsessive fear about harming others *and* a fear of eating contaminated food, you will need two ladders.

Now, start scheduling your ERP sessions. You may need to expose yourself to a trigger several times before you can move past your fear. That's normal! Remember that your body can sustain a high level of anxiety only for so long.

RESISTING SUBTLE AVOIDANCE

Regular avoidance is easy to spot. Earlier in this chapter, we looked at the example of a person with a contamination obsession avoiding public bathrooms. However, not all avoidance is so obvious. xivi

Some people use other behaviors to manage their anxiety and avoid facing up to their fear. For example, they might be able to do something that scares them, but only if they can talk to someone else while they do it. Other forms of subtle avoidance include holding a comforting or "safe" object and deliberately thinking about other things. Be firm with yourself. Treat subtle avoidance just as you would more overt behaviors.

RESISTING URGES

If resisting an urge is causing you extreme anxiety, try reducing or delaying your compulsive behavior. For example, if you usually feel compelled to say a prayer whenever a "bad" thought of harming someone comes into your head, try to wait 2 minutes first.

Next time delay it by 5 minutes. Gradually increase the time until you learn that you can tolerate your anxiety and that nothing bad will happen if you don't give in to your compulsions.

Modeling

If you have been dealing with obsessions and compulsions for a long time, you may have forgotten what normal or typical behavior looks like. Ask a friend to show you how to do an everyday task that makes you anxious.

For example, if you feel an overwhelming compulsion to wash your hands multiple times after cleaning the bathroom, watch your friend clean and then wash their hands only once. Make sure you pick someone you trust. Don't choose someone who will become impatient or tease you about your compulsions.

IMAGINAL EXPOSURE (IE)XIVII

If the thought of exposing yourself to your trigger situations is too overwhelming, you can use Imaginal Exposure (IE) first. IE entails imagining yourself in a situation that triggers your anxiety. By visualizing the scene and observing your anxiety come and go without using your compulsive behaviors, you can prepare yourself for full ERP.

For example, let's suppose you have an obsession with cleanliness and germs. Let's say you have constructed a written ERP ladder, and exposed yourself to a few triggering situations, but can't seem to get to the next step, which entails touching a door handle in a public bathroom.

Instead of going out and actually exposing yourself to the situation, you would sit quietly and visualize it. You would imagine how it would feel to touch the handle, and then observe any worrying thoughts and anxieties that pop up. You would then carry on visualizing the scenario until your anxiety subsides. Just like regular ERP, you might need several sessions before you start feeling okay about the situation.

It's important to note that using IE like this should be a warmup to ERP, not a substitute. IE is a way to desensitize yourself to anxiety before exposing yourself to real-life triggers.

KEEP AN EYE ON YOUR STRESS LEVELS

OCD tends to flare up when someone is under stress. If you have a big life event coming up, such as starting a new job or relocating, make sure you have healthy coping mechanisms in place. Otherwise, you might find yourself slipping back into old obsessive patterns. Simple self-care, such as getting enough sleep and spending enough time with friends and family, is important.

Summary

- OCD is an anxiety disorder. Sufferers get stuck in a cycle of obsession, anxiety, and compulsion.
- OCD does not get better on its own. You need to expose yourself to your triggers and practice resisting your urges.
- Exposure and Response Prevention (ERP) is a technique that teaches you to resist your usual compulsive behaviors.
- Resisting urges is a key skill that is difficult to master, but you can use a gradual approach if needed.

•	Keeping your stress levels under control will help protect you from relapse.

CHAPTER 7: USING CBT TO BEAT PROCRASTINATION

CBT is a great approach to treating mental illness, but it has many other applications. In this chapter, we're going to look at how you can use CBT techniques to overcome a common problem that holds lots of people back—procrastination.



WHAT IS PROCRASTINATION?

Procrastination is choosing to delay or not complete a task for no good reason, even though doing so will have negative consequences. Usually, procrastination involves doing something else that isn't as important, just to fill in the time or provide a distraction. xlviii

You can think of procrastination as a bad habit that might affect several areas of your life, or you might only procrastinate in some situations. For example, you might be organized at work, yet procrastinate on DIY projects at home. It might feel as though you can only motivate yourself in some settings or when you are working for a paycheck.

WHY IS PROCRASTINATION SUCH A BIG DEAL?

Everyone procrastinates sometimes. It's human nature. If you can choose between a boring task and something less challenging, it's always tempting to pick the latter. Our brains have evolved to seek pleasure and avoid pain. Unpleasant tasks are psychologically uncomfortable, so our first instinct is to avoid them if possible. For 20% of the adult population, procrastination is a chronic problem. xlix

Unfortunately, as we all know, ignoring a task doesn't make it go away. Although distracting yourself with something easier and more fun works well in the short term, you'll still have to face reality at some point. To make matters worse, delaying a task makes it more stressful when you do finally get started.

It's common for a procrastinator to beat themselves up for not starting the job or task sooner. They may also get locked into a spiral of procrastination that looks something like this:

- The procrastinator delays a task, which makes them less stressed in the short term.
- As the deadline looms, they realize they have increasingly little time in which to do the work, which makes them feel even more daunted about the task ahead.
- To make themselves feel calmer and less overwhelmed, they decide to delay the task yet again...
- ...but they have to acknowledge that the job needs to get done somehow. They then seek out further distractions, and the cycle begins again.

There's another dark side to procrastination—it damages your self-esteem. When you decide to do something but fail to follow through, you are sending a clear message to yourself: "I can't be trusted." If you can't trust yourself, it's hard to grow and maintain any self-respect.

Finally, procrastination can have serious consequences for your relationships. If you keep reassuring a loved one that you really will get around to doing XYZ but then never actually do it, they will start to resent you. Procrastination can also set your relationships back if you can't get around to making a decision. For example, if you procrastinate on deciding to have children, your partner may feel increasingly distressed as the months or years tick by.

Exercise: What Tasks Have You Been Procrastinating On?

Make a list of all those tasks you've been delaying. Why do you think you've been procrastinating? How long have you been putting them off—days, weeks, months, or even years? How has your procrastination affected your work? How has it affected your personal life?

ARE YOU MAKING EXCUSES?

Even if you don't think of yourself as a creative person, there's a good chance you are very accomplished at coming up with excuses for your procrastination.

Do any of the following sound familiar?

"I work better under pressure anyway, so it doesn't matter if I delay it."

"I'm too tired to do anything now. I'll start it tomorrow."

• "I need to feel inspired before I can do anything, so I'll start another time."

"I'm not going to do very well on this project anyway, so why put too much effort into it?"

"It's a lovely sunny day, I'd be silly to stay inside and work!"

"Life's too short to work all the time, I deserve to enjoy myself."

These excuses are based on assumptions, such as:

"I shouldn't have to do anything I don't like."

• "It's always better to have fun rather than get stuck into a boring task."

• "It doesn't matter how hard I try, I'll get it wrong anyway. What's the point?"

"I need to wait until I want to do a task before sitting down to do it."

Excuses make you feel better about procrastinating, but they don't change the facts. You still have to do the task at some point, and procrastinating will just make you feel worse. Some of these excuses have a grain of truth, which makes them very compelling. For instance, it may be true that you feel tired, and that starting the task will require a lot of effort.

But—and this is an important idea to grasp—this doesn't change the fact that you need to start it anyway. In this chapter, you'll learn how to reason with your excuses and become more productive.

Exercise: Challenging Your Excuses & Assumptions

What was the last excuse you used? Ask yourself these questions:

• What is the evidence that this excuse is valid?

• What assumptions am I making in this situation?

What is the evidence to suggest that it would be better for me to start anyway?

• How would I feel if I started the task anyway?

- How would I feel if I delayed it even further?
- What would I say to a friend in this situation?

Having answered these questions, what do you think your next course of action should be?

TOLERATING DISCOMFORT

Learning to tolerate discomfort and boredom is essential. When you possess the ability to keep going with a task even when you'd rather be doing almost anything else, you'll become an unstoppable productivity machine!

Whether or not we realize it, many of us believe that boredom is absolutely unacceptable. We live in a world where the internet, TV and other forms of entertainment are available at all hours of the day and night. No wonder we dislike the idea of being bored. But the harsh truth is that life is a mix of pleasure and pain, and the two go together. You need to let go of the assumption that life should be comfortable and that you shouldn't have to do anything that isn't immediately gratifying.

Exercise: Noticing Discomfort

The next time you want to abandon a task, take a deep breath and sit or stand still instead. Tune into your body. How do you feel? Do your muscles feel tense? How is your posture?

Are you prepared to keep working anyway? Acknowledge your feelings, and then continue with your task.

This is a powerful exercise because it challenges your assumption that it's best to give up whenever you feel like walking away. It won't take long for you to realize that discomfort is actually normal and bearable. Paradoxically, the better you are at accepting discomfort, the easier your work will be.

Getting through a dull task can bring a sense of achievement. It might not be fun, but it's definitely satisfying to discover that you could tackle that job after all. You don't have to pretend that a dull task is enjoyable, but you can take a moment to savor the satisfaction you'll get when it's complete.

GETTING OVER YOUR FEAR OF FAILURE

Do you procrastinate because you have an underlying fear of failure? You're not alone. For many procrastinators, missing a deadline can feel safer and more manageable than turning an assignment in and receiving criticism.

To overcome this problem, you need to address your thoughts and feelings about failure.

Do any of these sound familiar? Let's look at a few destructive beliefs you might have about failure, and how to replace them with healthier thoughts.

1. "If I don't get it right, I'll never succeed."

Have you ever watched a baby learn to walk or a young child learn how to write their name? No one is born with these skills; they must be learned through trial and error. You won't get everything right the first time, but this doesn't mean you will always get it wrong.

2. "I can't cope with negative feedback."

Criticism is the end of the world when you're depressed or have low self-esteem. However, when you are in a balanced frame of mind, it's just part of life.

Perhaps you have been on the receiving end of some scathing criticism before. But you're still here! That's proof that you can survive it. It's also worth remembering that not all feedback is constructive. You don't have to assume that the other person is correct.

3. "If I fail a test or get a low grade, it means I'm a total failure."

Failing in the past doesn't mean you are bound to fail in the future. Failure can be a great teacher. You can learn from your mistakes and do better next time around.

Exercise: Who Fails?

This exercise is divided into two parts.

First, think of a famous person who inspires you. Do a bit of online research. You'll almost certainly discover that they have failed at a few things!

Next, ask a trusted friend or family member if they've ever had a big setback that they've had to overcome. Again, you'll almost certainly learn that they've had to deal with failure.

WAITING FOR INSPIRATION

Lots of procrastinators assume that if they don't feel inspired, they shouldn't start a task. This is a dangerous assumption.^{|ii|}

You can't afford to wait around for inspiration or motivation to strike. Inspiration is fickle. Even great artists, writers, scientists, and other people who seem very engaged with their work don't rely on it. To be really successful, you need to work regardless of your mood. If you wait to feel inspired before beginning, especially if the task is dull, you could be waiting forever.

The same applies to feeling tired. Yes, it's harder to begin a job if you are fatigued. But that doesn't mean you can't or shouldn't start anyway. You'll be surprised by how much you can get done even if you aren't at your best.

GETTING OVER UNCERTAINTY

Another unhelpful assumption is that you have to know precisely what you are doing before you get started.

Yes, of course you need a sensible plan when you begin your work, but many tasks are open-ended. It's impossible to predict exactly what you'll need to do at every stage. It's best to put together a plan before you begin but remain flexible if you encounter a setback. If you hit a roadblock, you can draw on the problem-solving skills you learned earlier in this book. Try to reframe difficulties as a learning experience.

More Practical Tips for Beating Procrastination

1. Do the worst first

Is there a task you are dreading? Get it out of the way, and you will find it easier to face the rest of the day. You'll also feel proud of yourself for taking charge of the situation.

2. Prioritize your tasks

Common sense tells us that we should work on our most important tasks first, so spend a few minutes grading the items on your to-do list. For each task, ask yourself whether it is important, urgent, or both.

Work through your tasks in this order: Urgent and important, urgent and unimportant, non-urgent and important, and non-urgent and unimportant.

3. Break tasks down into small chunks

Take big projects step by step. Write down your final deadline, then break down the small tasks you need to accomplish between now and then. Keep breaking them down until you no longer feel overwhelmed. If it's a very big project, ask your supervisor or someone with more experience to check your plan to ensure it makes sense.

4. Build momentum

Can't find the energy to start a task? Do something you like for a few minutes, then dive into the task. The momentum can give you a jumpstart.

5. Keep a time log

Scheduling is much easier if you can confidently predict how long a task will take. Start keeping notes detailing how many minutes, hours, or days you need for each task. You can then refer to your notes when scheduling similar tasks in the future.

6. Set a timer and challenge yourself to work for five minutes

Five minutes is barely any time at all. You'll probably find that it isn't too hard to keep going when the timer goes off.

7. Use rewards

You deserve a reward for getting your tasks done. It doesn't have to be expensive. A magazine, a movie, a cup of coffee, or a long bath with your favorite bath oil are all good choices.

8. Make it easy to pick up a task again

If you need to work on a task over several days, finish each session by setting yourself up for success when you pick it up again. For example, if you are writing a report, leave a couple of sentences half-finished.

9. Get an accountability buddy

Tell a friend or colleague what you plan to achieve and when. Ask them to check in on you. You could take it further by placing a bet. For instance, you could bet your friend that you will have done Task X by Day Y, or you'll buy them lunch. IIII

Exercise: Three New Strategies

There are lots of practical tips in this chapter, but you'll get overwhelmed if you try to implement them all at once. Start by choosing three strategies you like and trying them out over the coming week. If they work for you, that's great! If they don't, stay open-minded and try something else. We all have different needs and working styles.

Summary

- Procrastination is the act of putting off a task for no good reason and choosing to do something less important instead.
- Procrastination has serious consequences for your work and relationships.

- Procrastinators make a lot of excuses for their behavior. If you procrastinate, you need to identify these excuses and challenge the underlying assumptions.
- Practical solutions to procrastination include prioritization, doing the worst tasks first, and challenging yourself to work for a few minutes at a time.
- Learning to tolerate discomfort will improve your stamina and help you get boring jobs done.

CHAPTER 8: RELEASING REGRET & GETTING OVER GUILT USING CBT

Do you ruminate about the mistakes you've made? Do you want to feel more comfortable with your past choices?



In this chapter, we're going to look at how CBT can help you move past feelings of guilt. If you leave them unchecked, your regrets will hold you back from reaching your full potential. It's time to reframe your past, learn from your mistakes, and work toward a brighter future.

How Do You FEEL ABOUT GUILT?

Everyone makes mistakes. We all have our faults. Even the kindest, most patient, and most moral of us have made poor choices. Unfortunately, hurting other people is part of being human.

CBT gives you the tools to understand where guilt and regret come from, how to move past them, and how to avoid making bad choices in the future. Remember, how you react to events—including your mistakes—is just as important as the event itself.

YOU ARE NOT RESPONSIBLE FOR EVERYTHING

If you are prone to guilt and regret, you probably have a habit of assuming too much responsibility. When you are too quick to say, "Yes, this situation is entirely my fault!" your view becomes warped. In reality, most unfortunate events aren't caused by one person. Life is more complicated than that.

For example, let's say that your relationship has recently broken down. You and your partner have fallen into a pattern of getting into trivial fights that turn into screaming matches. To make matters worse, you disagree on a couple of other issues, including the question of marriage—you want to marry, and they don't.

So, who is at fault in this story? If it happened to a friend, you would probably reassure them that there are many factors at play. For example, you might tell them:

"Sometimes, relationships just don't work out."

"It sounds like you wanted different things. It hurts a lot right now, but it may be for the best that the two of you broke up."

"Neither of you are bad people, you're just incompatible."

You would not (hopefully!) say things like:

"This is all your fault. If you'd been nicer and compromised more, you'd still be together."

"The relationship ended because you are a bad communicator. Your partner never did anything wrong."

"This is your problem. You need to work on yourself more. If you'd spoken up about your problems earlier, you'd definitely still be together."

The strange and sad thing is that most of us have no trouble being kind and compassionate to our friends, but we are very harsh on ourselves. We often take a balanced view of someone else's situation, but then pile blame on ourselves whenever things go wrong in our own lives. This leads to guilt, regret, and a sense of hopelessness.

SLICING THE RESPONSIBILITY PIE

The following exercise will help you step back from a problem or situation and understand the part you played in it.

Exercise: The Responsibility Pie

Make a list of everyone who played a role in the event you're feeling bad about, such as a breakup or a fight.

Now, draw a large circle on a piece of paper. This is your Responsibility Pie. Draw lines to divide this pie up into slices. Draw a slice for everyone on your list. Make the size of the pieces proportionate to their responsibility. Don't worry about getting the sizes or percentages exact. Go with your gut instinct.

Look at the pie and remind yourself that most life events have multiple causes. Yes, perhaps you should have made a different choice, but it's unlikely that the blame rests with you alone.

YES, BUT WHAT IF IT REALLY WAS MY FAULT?

Of course, you might have made a big mistake, and no one else is to blame. For instance, let's say you go to a conference for work, get drunk, and cheat on your partner with a colleague who doesn't know you aren't single. Your partner finds out, and they end the relationship.

In this case, your partner isn't to blame. If you were to create a Responsibility Pie, the only name on there would be yours.

However, even when you have done something most people would consider wrong, it doesn't mean you need to feel guilty forever. Lots of us have beliefs about guilt that are untrue and unhelpful. By identifying and challenging them, you can put your guilt in its proper place, process it, and then move on.

Exercise: What Are Your Beliefs about Guilt?

Complete the sentences below:

"If I didn't feel quilty, I would..."

"I don't think I can give up my feelings of guilt because..."

"Guilt is useful because..."

What do you think your answers reveal about your beliefs?

COMMON BELIEFS ABOUT GUILT & WHY THEY ARE SO DESTRUCTIVE

1. "If I feel guilty, I must have something to feel guilty about."

This is simply untrue. For instance, some people feel guilty when they survive an accident in which others died. This kind of "survivor guilt" is clearly irrational. It's an example of emotional reasoning. Just because you think you are a bad person who should be ashamed of yourself doesn't mean you actually have anything to feel bad about. Only by stepping back and taking a long look at the situation can you really come to a reasonable conclusion.

2. "If I feel guilty, it means I am a bad person."

Even if most people would agree that your guilt is justified, you are not a bad person. This line of thinking is an example of generalization, which is a cognitive distortion. Just like everyone else, you are a complex individual who has done great things but also made mistakes.

3. "Guilt will stop me from hurting people in the future."

Don't fall into the trap of assuming that guilt somehow protects you from repeating your mistakes. You might think, "Well, at least holding onto my guilt will make me think twice before doing something wrong!"

This approach is doomed to fail because it undermines your self-confidence. Your morals and values are better at helping you make good choices, not guilt. Guilt also damages your relationships with other people. It makes you negative and afraid, and your loved ones will always have the sense that your decisions and emotions are driven by something they can't see or understand.

Finally, guilt sucks up your energy. You end up wasting time beating yourself up instead of making positive changes.\(^{\mathbf{i}}\)

4. "I need to feel guilty forever because I need to punish myself for what I've done."

In small doses, guilt is healthy. It's a kind of warning signal. Guilt lets you know that you've violated your own moral code. When we feel guilty, we know it's time to make amends and apologize if appropriate.

However, feeling guilty for a long time doesn't benefit anyone. If you've hurt someone else, they won't feel better just because you feel bad. Yes, you can apologize, but the mere fact that you're carrying around guilty feelings won't make a difference. You cannot go back in time and change the past.

Guilt becomes self-indulgent after a while. It doesn't always feel like a punishment. In fact, it can become almost comfortable. If you don't let go of your guilt, you'll build a self-image as a "bad person." You need to take responsibility for your past, and how your feelings are keeping you stuck in place. |vii

It sounds counterintuitive, but this can actually make your life easier. After all, if you are a bad person, you are beyond hope and have nothing to offer this world. So why bother working hard or building better relationships? Clinging to your guilt gives you an excuse to be lazy.

5. "If I let myself stop feeling guilty, this means I approve of my own actions."

Have you ever been reluctant to forgive someone because you don't want them to let them off the hook? The same principle can apply to your own guilt. On some level, you might think that allowing yourself to live guilt-free means that you are totally fine with the things you've done.

It doesn't have to be this way. You can recognize when you've done something wrong, learn from it, and then move on. Releasing your guilt doesn't mean you approve of your own actions. It just means that you've decided not to give them too much time and attention.

6. "If I make a mistake, I am an unacceptable human being."

This thought can be traced back to a single core belief: "I must be perfect, or I am worthless." This belief is both illogical and harmful. No one is perfect. The sooner you realize this, the happier you will be. You wouldn't expect your friends and family to behave impeccably at all times, would you?

7. "If I keep analyzing the situation long enough, I can work out exactly how much of the blame I deserve."

Some of us want to know precisely what went wrong in a situation that left us feeling guilty. Unfortunately, the world doesn't work like that. In most cases, there's no objective, scientific way to figure out exactly how much blame lies with us. It's smarter to invest your energy looking forward instead.

Do You Feel Guilty for Having Fun?

We all have the right to relax and have fun. In fact, taking time off from our responsibilities is important for our mental and physical health. Iviii

Sadly, lots of us feel bad the moment we make time for ourselves. We tell ourselves not to be selfish, that we should be getting on with our chores, that we are lazy, and so forth. This is often a problem for parents, especially mothers, who are expected to put other people first.

Here are a few beliefs you might need to shake:

1. "Parents who want time alone are selfish."

In reality, parents who want alone time are smart. Happier parents are more patient with their children.

2. "Putting yourself first makes you a bad person."

It's not wrong to look out for your own interests. Helping others is great, but caring for yourself is a basic life skill too.

3. "Unless you are working all the time, you are being lazy."

Most of us need to work to earn a living. Work also has other benefits, such as giving us a sense of purpose. However, we need to balance it with downtime.

4. "Enjoying yourself is a waste of time."

Making good memories, either by yourself or with others, isn't a waste of time. What's more, some people have their best ideas when they are relaxed outside of working hours.

5. "It's bad to have a good time when other people can't join in."

You are not responsible for everyone else's wellbeing. If someone else can't join in, perhaps because they don't have time or money to take part, that isn't your problem.

6. "You need to help other people solve their problems before you can relax."

If you are a parent, you are of course responsible for keeping your children safe and meeting their needs. However, in general, there is nothing wrong with taking a break from solving everyone else's issues and focusing on yourself for a while.

Exercise: Scheduling Alone Time

Over the coming week, schedule at least one hour of alone time. You may need to get up earlier or go to bed later. If you work, you could get creative with your lunch hour. For example, you could schedule three 20-minute reading breaks throughout the week. No matter how busy your lifestyle, you need to take time for yourself. In fact, the busier your life, the more important it is!

If your family or friends try to make you feel guilty or ashamed for spending time alone, that isn't your problem. You may need to set boundaries. Explain that you—like everyone else—need a break from time to time, and you expect them to honor the time you set aside for yourself.

Making Amends

CBT is action-oriented, and CBT therapists encourage clients to make amends for their mistakes if possible. For instance, if you feel guilty because you lost your temper with a friend a few weeks ago and felt the issue wasn't resolved, you could call them up and apologize.

When you apologize, don't make it about yourself. Do not give excuses for your behavior or try to explain it away. Simply tell them that you are sorry, that you regret causing them hurt, and that you will never do it again. If they have any questions, answer them truthfully. If you don't understand the motives behind your own behavior, then say so.

Note that no one has to accept your apology. Sometimes, people feel that words are not enough. This is why you have to rely on yourself for closure; you won't always get it from someone else.

Don't be surprised if the other person tells you that you have nothing to worry about. You might find that you've blown the incident out of proportion. In fact, they may have forgotten about it altogether. This is humbling. It's a gentle reminder that the world doesn't revolve around you.

FEELING GUILTY WHEN THINGS GO WELL

So far, we've looked at the kind of guilt you might feel when something goes wrong. But what about the kind of guilt you feel when you realize how lucky you are?

For example, if you were born into a family with plenty of money and they supported you in getting a college education, you are probably in a far better position than someone born into poverty to parents who didn't care much about their prospects. Good fortune can make you feel guilty.

Exercise: What Does Good Luck Feel Like?

Imagine that tomorrow morning, you wake up to learn that you've won the lottery or inherited a huge sum of money from a relative you didn't even know existed. Give yourself a moment to really get into this fantasy. What are you seeing, hearing, thinking?

Now ask yourself these questions: How do you feel? After the initial shock has worn off, are there any other feelings mixed in with your happiness? Are all of them pleasant?

You may have heard about the 'just world' hypothesis and how many world events actually come down to luck. When you truly accept how many things in our lives come down to chance, you'll start to feel less guilty when you catch a break.

On a slightly more morbid note, remember that even the most privileged among us aren't protected from freak accidents, death, illness and relationship breakdowns. If your luck turns against you, you'll regret wasting time feeling bad about how good you have it now.

Finally, remember that feeling bad doesn't usually help others feel better. If you can let yourself enjoy your good fortune, then at least one person gets to be happy. Think back to the last time you went through a hard time in your life. Would you really have felt better if everyone else felt guilty because they weren't going through the same thing? Probably not!

WHEN TO GET FURTHER HELP

If you are finding it difficult to understand whether something really was your fault, or the event left you traumatized, it's time to seek professional help. This is because sorting out what happened can be upsetting and confusing after abuse or trauma.

Summary

- Guilt and regret are normal feelings, but they can be destructive if you cling to them for too long.
- Creating a Responsibility Pie lets you own your role in a situation, and then move on.
- If you hold unhelpful beliefs about guilt, you will spend a lot of time feeling regretful unless you work on letting them go.
- Make amends to people you have hurt if possible, but don't expect closure. No one has to accept your apologies.
- We all have our share of good and bad luck. There is no reason to feel guilty when things go well.

CHAPTER 9: HOW CBT CAN HELP YOU BEAT ADDICTION

One in three people is addicted to at least one substance or behavior. You can become addicted to anything that gives you pleasure or a feeling of reward. Drugs, alcohol, nicotine, and gambling are the most common. Other addictions include shopping, using the internet, and work. lix



SIGNS YOU HAVE AN ADDICTION

You might be addicted to a substance or behavior if: x

- It's having a negative effect on your day-to-day life.
- You've tried to stop or cut down but haven't succeeded.
- You get withdrawal symptoms when you try to stop.
- You are willing to engage in risky behaviors to get more of the substance or to engage in the behavior.
- You've lost interest in your old hobbies.

You are ashamed of your behavior.

You've stopped caring about your appearance.

How Do Addictions Develop?

Addiction begins when you experience a rush of pleasure or a "high" after using a substance or engaging in a behavior. Our brains are very good at working out what makes us feel good, and so we start to crave

it again in the future. The more often you use a substance or behavior, the stronger the habit becomes.

When you are addicted to something, you suffer withdrawal symptoms when you attempt to stop. For

example, if you are addicted to online gaming and try to stay away from the internet for 24 hours, you might feel agitated and preoccupied with gaming. It might be hard to focus on anything else. If you are

addicted to alcohol, you might suffer tremors and headaches when you try to stop drinking.

The quickest and easiest way to stop these symptoms is to give in to your cravings. This makes you feel

better for a while but keeps the cycle of addiction going.

Several risk factors can make you more vulnerable to addiction. Ixi Psychologists think there is a genetic

component to addictive behaviors. An addiction can also be a coping mechanism. If someone has

suffered a bereavement, lost their job, or has an untreated mental illness, addiction can provide a

distraction. Spending time with others who have addictions also puts you at risk because seeing others

abuse substances or engage in addictive behaviors makes it seem normal.

Caution!

CBT isn't always enough to cure an addiction. If you are addicted to a substance, you might need other

forms of help, such as supervised detox or medication that helps you cope with the physical effects of

withdrawal. If your addiction has damaged your relationships, you and your loved ones may need

therapy to rebuild trust.

How Do CBT THERAPISTS TREAT ADDICTION?

CBT for addiction is usually given as a structured program. Treatment is normally broken down into

these stages:

Stage 1: Assessment

Stage 2: Behavioral Change

Stage 3: Cognitive Change

Stage 4: Relapse Prevention

Every recovery program is different, but most feature these components.

Stage 1: Assessment

In addiction therapy, assessment is made up of "The 5 Ws." Ixii

Ask yourself the following:

When?

At what times of the day or night do you engage in addictive behavior? Do you find it harder to control your addiction on weekdays or weekends?

Where?

Where do you buy substances, or where do you engage in addictive behavior? For example, do you drink more when you visit a friend's house or compulsively use the internet when you are alone in your bedroom?

Why?

What compels you to use a substance or engage in addictive behavior? Are there any internal or external cues that seem to come up again and again? For example, do you start to crave alcohol whenever you feel anxious?

With/from whom?

Who, if anyone, is normally around when you act on your cravings? Do you have any friends, acquaintances, or relatives with the same addiction? When you're together, does your addiction feel normal?

What happens?

What feelings do you get when you act on your cravings? Do you get a sense of pleasure, relaxation or something else? Do you feel distressed by your behavior and, if so, why?

These questions are designed to give you an insight into your personal patterns of addictive behavior.

Exercise: Behavior Record

Draw up a table with the following headings: Situation, Thought, Feelings, Behavior, and Consequence. The next time you act on a craving, make notes under each heading. Complete as many records as you can over the coming week.

In time, you'll start to notice that your behaviors follow one or more patterns. For instance, you might notice that you tend to go online to play games immediately after coming home from a stressful day at the office, and then suddenly it's past midnight and you've been so involved in your game that you haven't eaten dinner. Your partner is mad because you haven't paid them any attention, and you know you'll be tired at work the next morning.

In this case, the situation would be, "Coming home from the office." Your thought might be, "I need to unwind." Your feelings could be described as, "I'm really stressed and just want a distraction." Your behavior would be, "Spent all night on the computer." Finally, the consequences would be, "Felt tired, missed dinner, argued with my partner."

Stage 2: Behavior Change

Answering the 5 Ws and keeping behavior records will help you discover your triggers. These are situations, people, and feelings that you associate with addictive behaviors. The more often you engage in a behavior following exposure to a situation, the more powerful that trigger will become.

Triggers can be internal or external. Internal triggers include mood states, such as stress, anxiety, excitement or fatigue. External triggers include vacations, payday, and spending time with people who also engage in addictive behaviors. Ixiii

In summary, triggers and cravings work like this: You encounter a trigger (e.g. a bar), which causes a thought (e.g. "I could get a drink"), which leads to a craving (e.g. for alcohol), which leads to addictive behavior (e.g. drinking).

If a situation involves triggers, a therapist will class it as a high-risk situation. A key part of CBT for addiction is to consciously decide to decrease the amount of time you spend in these situations. Instead, you need to increase the time you spend in low-risk situations, i.e. those that don't trigger you.

When you've identified your triggers, the next step is arranging your schedule so you avoid them.

Here are a few tips:

- 1. Work out how much time your addiction currently takes up and choose activities that will fill the spare time completely. The less time you have to dwell on your addiction, the better.
- 2. Choose activities that are totally incompatible with your trigger situations. For instance, do not join a hobby group that meets near a mall if you are trying to overcome a shopping addiction.

- 3. Try to find hobbies and interests that genuinely excite you. Addictive behaviors give your brain a big jolt of pleasure. You might have to try a few new activities before you find one that fills the void.
- 4. Reward yourself every time you pick a healthy activity over spending time in a high-risk situation.
- 5. Spend time with people who aren't struggling with an addiction. You need to spend time with individuals who lead balanced lives and don't depend on compulsive behaviors to have a good time.

Exercise: Avoiding Triggering Situations

How can you plan to avoid triggering situations? What could you do instead? Set yourself a challenge: Over the coming week, replace at least two triggering situations with low-risk activities instead.

Stage 3: Cognitive Change

The way you think about your addiction can make just as much of a difference as how you manage your triggers. Live Unhelpful beliefs about addiction and craving will hold you back. Look at the core beliefs below:

Belief: "If I have a craving, that means I'm going to give in."

Reality: It's hard to believe when you're in the grip of a craving, but you don't have to act on your urges. Cravings can indeed feel very compelling, but if you can teach yourself that giving in isn't inevitable, you'll discover that you can resist them.

Belief: "I can't cope with my cravings."

Reality: Overcoming addiction is tough. But people can and do recover. They aren't injured or killed by their cravings. They get through them and keep making strides toward recovery. You can do the same.

Belief: "If I have a relapse and give in to a craving, that means all the days I've spent free from addictive behavior don't count."

Reality: A lapse doesn't undo all your good work. This is a classic example of "all or nothing" thinking. A healthier way to look at the situation is to congratulate yourself for your recent progress, remind yourself why you want to quit your addiction, and then proceed as best you can.

Belief: "If I have a lapse, it means I'll never be able to quit. I'm doomed to stay an addict forever."

Reality: You have a choice after a lapse. You can indulge in "doom and gloom" thinking, which will only make you feel worse. Or you can look at the situation, try to learn from it, and vow to do better next time.

Belief: "I can have just one drink/visit one store/spend just one hour at the casino."

Reality: Your brain and actions influence one another. Every time you act on a craving, you are reinforcing addictive behavior, which will lead to further cravings in the future.

Take a moment to review the evidence for and against this thought. Is it really true that you can have "just one"? When you tried to moderate your behavior in the past, what happened? Be honest with yourself.

PRACTICAL TIPS FOR HANDLING CRAVINGS

1. Surf the urge

When you feel the beginnings of a craving, don't try to push it away. Pause, take a deep breath, and tune into your body. Do you feel tense? Jittery? Cravings don't last forever; they peak and then subside. Ixv Tell yourself that you can observe the craving and wait it out.

2. Acknowledge and talk about the craving

Telling someone how you feel can make a craving feel less scary. Phone or text a friend and describe how you feel.

3. Thought stopping

Picture a big red STOP sign whenever you notice unhelpful thoughts creeping in. For example, if you catch yourself thinking, "I need a cigarette to unwind, it's been a long day," imagine the STOP sign popping up and blocking the thought.

4. Distraction

Choose a distraction and immerse yourself in it for half an hour. Pick something that will hold your attention. If it involves practical work or exercise, so much the better. Good distractions include playing music, reading or writing in a journal, going for a brisk walk, and deep-cleaning the bathroom.

5. Positive self-talk and affirmations

Remember, challenging your thoughts and replacing them with more helpful cognitions is a big part of CBT. When a craving hits, remind yourself that:

You are trying your best

You've already made progress by identifying your cravings;

You'll feel very proud of yourself when the craving passes and you haven't acted on your urges.

Stage 4: Relapse Prevention

It's normal to have lapses when recovering from an addiction. A lapse is a brief slip-up. For example, if you have a gambling addiction, buying a scratch card or playing online poker one evening would be a lapse.

Lapses can be discouraging, but they don't necessarily mean you are spiraling back into full addiction. As long as you frame your lapse as a slight setback, instead of a complete disaster, you can quickly get back on track.

Use positive self-talk. Instead of telling yourself that you are a failure, remind yourself that the road to abstinence is often bumpy. Instead of telling yourself that you'll always be an addict, remind yourself that most people can, and do, recover.

LEARNING HOW TO SAY "NO"

Social situations and people can be a big trigger. To conquer your addiction, you need to work out how you will handle high-risk social interactions and maintain your abstinence. Ixviii

Practice what you will say the next time someone offers you a substance or encourages you to act on a craving. Write down your responses and rehearse them in front of a mirror. Good responses are short, memorable, and assertive.

For example:

"No, thank you, I don't drink."

"I don't smoke."

"No, thank you, I've quit."

"No, thank you, I don't do that anymore."

Make eye contact, and use a firm, even tone of voice. Some people don't take the hint the first time, so you might have to repeat yourself.

"FRIENDS" WHO MAKE YOU FEEL BAD AREN'T YOUR FRIENDS

A friend is someone who wants the best for you. Anyone who tries to stand in the way of your sobriety or tempts you to engage in addictive behaviors is not your friend. People who respect you will respect

your boundaries. If they have an addiction of their own, it's their choice to continue, but they have no right to belittle you.

Later in this book, you'll discover how CBT techniques can make you more assertive. However, being assertive won't change other people. Some addicts find that, in order to change their lives for the better, they need to form healthier friendships.

Summary

- It's possible to be addicted to anything that makes you feel good.
- If you are addicted to something, both your work and personal life probably will suffer.
- CBT helps people overcome addiction by giving them a framework to identify triggers, change their behaviors, think about their addiction in a new way, and to prevent relapse.
- Addictions are personal, but they also have a social component. To stay abstinent, you might need to develop new friendships.

CHAPTER 10: USING CBT TO OVERCOME JEALOUSY

CBT is most often used for treating mental illness and stress, but it can benefit anyone struggling from problems many of us face, including relationship issues. In this chapter, you're going to learn how to handle jealousy.



JEALOUSY IN RELATIONSHIPS

Do you worry that your partner is cheating on you, even if you don't have any evidence? Are you always watching them when you're out in public in case they are checking out other men or women?

A little jealousy in a relationship is normal and can even be healthy. Ixviii Jealousy keeps us vigilant. If you feel slightly jealous when your partner starts flirting with someone else, that's normal. The trouble starts when you let jealousy destroy your peace of mind, or when you start fighting with your partner despite having no proof that they are betraying you.

Jealousy can become a self-fulfilling prophecy. Jealousy is usually based in a fear of loss. Ixix Unfortunately, your jealous behaviors can push your partner away. For example, if you suspect that your partner is being unfaithful and start questioning them about their feelings for their friends or colleagues,

they will quite rightly become annoyed and resentful. They may also start to pull away from you or label you "crazy" or "paranoid." Jealousy is unattractive, and someone with healthy self-esteem won't want to stay with a jealous or possessive partner.

So, what can you do about jealous tendencies? CBT can help. Just like any other feeling, jealousy is associated with a set of thoughts and assumptions. Identifying and challenging your thoughts is the first step to a more realistic approach to your relationship.

IS YOUR JEALOUSY PRODUCTIVE OR UNPRODUCTIVE?

Productive jealousy is useful. It points out where things have gone wrong in a relationship. It gives you a starting point for change. For example, let's say you are jealous because your partner spends lots of time with their best friend on the weekend. Your jealousy could encourage you to have an honest conversation with your partner in which you say you'd like more attention.

Unproductive jealousy doesn't prompt useful change, just worry and rumination. If you are dwelling on something that you have no control over, such as the possibility that your partner is flirting with a work colleague, you have a choice to make. You can either leave the relationship, learn to work with your jealousy, or stay with your partner until both of you become unhappy.

WORKING WITH UNPRODUCTIVE JEALOUSY IXX

Just like anxiety and depression, jealousy has cognitive and behavioral components. When you understand how they fit together, you can find a way through your feelings. The key is self-acceptance, plus a willingness to step back and see your thoughts from a new perspective.

The next time you get caught up in jealousy, ask yourself these questions:

1. Am I using emotional reasoning?

Jealous people think that, because they feel jealous, there must be a good reason for their worry. This isn't true. You can still feel jealous even if your partner hasn't done anything wrong. Imagine your partner suddenly started accusing you of cheating. Assuming you've been faithful, their feelings wouldn't change the facts. Therefore, we can see that feelings aren't always a reliable guide.

2. Am I assuming that jealous thinking is protecting me?

No one can keep their partner from cheating or looking at other people just by worrying about it. Ultimately, it's up to both parties to stay faithful. Realizing this can be quite liberating. You aren't responsible for your partner's behavior, only for how you respond.

3. What will these feelings of jealousy cost me?

We've already established that jealousy isn't attractive. Imagine that you never overcame your jealousy. Close your eyes and imagine what would happen in your relationship. Picture your partner's exasperated face as they try to reason with you or tell you that they've had enough and are leaving.

4. What underlying beliefs are fueling my jealousy?

Jealousy is often rooted in a feeling that you aren't good enough. People who value themselves don't live in fear that their partners will leave the moment a more attractive person comes along. If you are jealous, and there's no logical reason behind your feelings, it's time to take a close look at your self-esteem.

Do any of these sound familiar?

"I'm not very attractive or interesting."

"I can't make it on my own."

"People always betray me, so I need to look out for myself."

"If my partner left me, no one would ever want to date me."

It's important to be honest with yourself here because you will never move past your jealousy unless you tackle them.

Exercise: How Do Your Thoughts Set You Up for Jealousy?

When you read through the list above, did any thoughts jump out at you? Where do you think these thoughts came from? Have they always been a problem for you, or did something happen (such as infidelity in a past relationship) to make you think this way?

When you develop a more positive self-image, you will feel less jealous. You will realize that you are worthy of a supportive relationship with a faithful partner and that you don't need someone else's validation to feel good about yourself.

The following exercise is a thought experiment that will help you realize that you can cope with infidelity or the end of a relationship. This is a powerful exercise because, when you acknowledge that the end of your relationship wouldn't be the end of the world, you won't feel so distressed by the thought of your partner cheating. As a result, jealous thoughts will lose some of their hold on you.

Exercise: Picturing the Worst

Close your eyes and imagine that your jealous thoughts were proved true. For example, if you worry that your partner is cheating on you, imagine coming home one day and discovering them in bed with someone else. What can you see and hear? How are you feeling?

Now, imagine that the relationship has ended, and you are alone. What would you do next? Picture yourself picking up your life and slowly starting again, perhaps in a new home or with a new group of friends. Picture yourself feeling and working through your emotions.

This exercise isn't enjoyable, but if you repeat it regularly, the thought of your partner cheating on you won't seem quite so terrible. Of course, betrayal is immensely painful, but this kind of visualization will help you see that you can handle the worst if it should happen.

LEARNING TO TOLERATE UNCERTAINTY

No one can predict the future. Unless you spend every hour with your partner and take away their phone, it's possible that they will cheat on you. Sure, some people are much more likely to be faithful than others, but anyone can stray. On a morbid note, everyone will die eventually. We can't choose whether our partners go first, and there's no way of knowing exactly how many years we have left.

Your relationships will feel much more relaxed when you learn to live with uncertainty. Later in this book, you'll pick up a few techniques to help you live mindfully in the present moment.

Forgive yourself for feeling jealous. Berating yourself for feeling jealous won't benefit you or your partner. Although it's your responsibility to handle your feelings, it's unrealistic to shut down all jealousy forever. It's something you'll live with all your life—but it does get easier.

ENVY & UNHELPFUL COMPARISONS

Envy is fine in small doses. Just like romantic jealousy, it can even be helpful. It can give you valuable clues about what you would like to achieve, which, in turn, can give you a sense of direction.

For example, if you don't have a graduate degree and feel envious whenever a friend or relative earns a Masters degree, it might be a good idea to start thinking about going back to school. Or if you've been thinking about starting a fitness regimen, seeing photos of other people looking healthy and happy can be a source of positive inspiration.

However, if you spend a lot of time feeling envious of others, your self-esteem and relationships will start to suffer. Even if you are a good actor, your friends, colleagues, or family will realize that you envy them. Your body language and tone of voice will give you away eventually. They might begin to feel uncomfortable talking about themselves, which will weaken your relationships.

So, what can you do when envy strikes? Here's a step-by-step guide to help you feel better quickly:

1. Acknowledge how you feel.

Take a deep breath and identify your feelings. If you are alone, say them aloud. If you like journaling, write them down.

2. Identify what you think the comparison says about you.

Next, tap into your core beliefs. For instance, let's say you are envious because a friend has recently earned a promotion. Once the initial feeling of envy has passed, perhaps you start to think, "I'm stuck in my career. I'll never get the job I want. I'm too stupid, and I'm not ambitious enough."

3. Challenge the thought.

Are your thoughts really accurate? To continue the example above, do you know with 100% certainty that you'll always be stuck in a job you hate? Is it really true that you are stupid? What do you gain by holding onto this thought? What would you tell a friend in the same situation?

4. Ask yourself whether you are idealizing someone else's body or life.

By focusing on only one part of someone, you are dehumanizing them. That doesn't matter too much if you will never meet them, but it can be damaging if they are a friend or colleague. Would you feel frustrated if someone else reduced you to a single achievement? You're more complex than that, and so is the person who triggered your envy.

5. Draw on your problem-solving skills.

If you want to make a significant change in your life, reframe your envy as a reason to pull out your problem-solving skills and make a plan for how you can meet your goals. For example, if you are frequently envious of your friends' relationships, make plans to start meeting new people.

Exercise: Who Really Has a Perfect Life?

Have you ever envied someone who later turned out to be struggling with serious problems? Perhaps they had relationship problems, health problems, or other troubles they were hiding from you or the rest of the world?

Now flip it around—what do you hide from the world? Perhaps you are a very open person who shares all of their problems, but most people edit their lives to make them seem happier and less chaotic than they are in reality.

This exercise is a reminder that no one is perfectly happy or successful all the time. As the saying goes, assumptions are dangerous things to make! Wouldn't you feel silly if you wasted time envying someone, only to later discover they are secretly struggling with lots of personal problems?

THE BEST FIX FOR ENVY

When you value yourself, other peoples' successes aren't a threat. You can admire and congratulate them without feeling jealous, and even feel happy on their behalf. People who accept themselves know that worth isn't a zero-sum game. Everyone is equally worthy as a human being, whatever their circumstances in life.

Exercise: Why Are You Awesome?

You'll need to work with a trusted friend or family member during this exercise. Ask them to help you make a list of your best qualities. You can do this alone, but it's often hard to see ourselves as we really are, so getting a second opinion makes the exercise more powerful.

Next to each trait, write down three pieces of evidence. For instance, if you regularly help your elderly neighbor with their shopping, that would be strong evidence that you are kind and caring.

Read through the list and evidence when you need a boost. To get the most from it, add extra traits and evidence whenever possible.

Self-appreciation is a powerful skill. It not only helps you cope with envy and jealousy but bolsters you against depression. What's more, people who value themselves are more attractive. If you want to attract a partner, appreciating yourself is a great first step.

Summary

- Jealousy in a relationship can be healthy in small amounts, but unproductive jealousy can be destructive.
- Challenging your underlying beliefs about jealousy and yourself will help you feel better.
- Realizing that you could cope with a relationship ending is empowering.
- No one can predict the future; it is always possible that your partner may leave. Accepting this will help you come to terms with jealousy.
- Envy is normal, but you need to keep it in check. Otherwise, it can make you unhappy and damage your relationships.
- Acknowledging your feelings and identifying unhelpful thoughts, together with self-appreciation and problem-solving, can conquer envy.

CHAPTER 11: BECOMING MORE ASSERTIVE & COPING WITH CRITICISM

In a healthy relationship, both people can talk about their needs, and they can give and receive constructive criticism without feeling threatened or rejected.



Unfortunately, many of us aren't very good at telling our partners when we would like to change something in our relationship. We might worry that they will resent us, or maybe we just don't know how to start a conversation without getting whiny or angry.

What's more, we may find it hard to process criticism, even if it's loving and carefully worded. Anything other than acceptance and praise can feel like a major threat. bxii

This is where assertiveness training comes in. When you behave assertively, you stand up for your wants and needs while respecting your partner and the relationship. But assertiveness goes beyond behavior. It's about adopting a specific mindset that will help you communicate with anyone and develop healthy relationships based on mutual respect.

In this chapter, you'll discover how to stand up for yourself and assert your rights in a relationship. You'll also discover how to handle criticism so you can learn and grow from feedback.

So, What Does It Mean To Be Assertive?

To understand what assertive behavior is, you can compare and contrast it with passive, aggressive, and passive-aggressive behavior: |xxiii

Passive behavior: Passive people put others' needs before their own. They do what they are told. When someone tells them that their needs or opinions are wrong, passive people don't fight back.

When passive people receive criticism, they automatically agree and change their behavior in an attempt to please the other person. They rarely stop to consider whether the feedback is helpful or true. In fact, most passive people tend to have low self-esteem, and so they agree with anyone who says they have messed up, or even that they are a terrible person.

Here are some typical beliefs you might have if you're a passive communicator:

"Other people know more than I do, so I should listen to them."

"If someone criticizes me, it means I am a bad person."

"My ideas and thoughts are probably wrong, so I shouldn't share them."

"It's arrogant and rude to stand up for your own needs."

Aggressive behavior: Aggressive people believe that their desires should come first. If they believe someone is trying to get in the way of their wants or needs, they will lash out. Aggressive people aren't always violent. They may use verbal aggression instead or launch a campaign of emotional abuse.

When an aggressive person is criticized, they either dismiss the feedback immediately or become angry. They see criticism as an insult and a threat to their ego.

Here are some typical beliefs you might have if you're an aggressive communicator:

"Other people should listen to me because my opinions and needs are more important than theirs."

"Being angry is the only way to get respect."

"Attack is the best form of defense."

"As long as I protect myself, it doesn't matter what other people think."

Passive-aggressive behavior: Passive-aggressive people may appear compliant on the surface, but their behavior makes it clear that they aren't happy with the situation. They might resort to sabotage as a form of revenge, or just to make it clear how unhappy they are. For instance, a passive-aggressive

person might agree to take on a task they don't want to do, but then do such a bad job that no one asks them to do it again.

A passive-aggressive person may not agree when someone criticizes them. If they don't agree with a piece of criticism, they might say so—but in a sarcastic, snide or subtly dismissive way. Alternatively, they might appear to agree with a piece of critical feedback, but then deliberately ignore it.

Here are some typical beliefs you might have if you're a passive-aggressive communicator:

"Confrontation is bad, so I have to use sneaky tactics to get my own way."

"It's unsafe to stand up for myself."

"Other people can't be trusted."

"Other people can't tell me what to do."

Assertive behavior: An assertive person tries to balance their needs with those of others. They know they won't always get what they want, but they believe in standing up for their rights. They make themselves heard, without resorting to intimidation tactics.

When an assertive person receives criticism or negative feedback, they evaluate whether it's true or helpful before responding. They may or may not act on criticism, depending on the source and whether they think it's true. Either way, assertive people have robust self-esteem that can't be damaged by negative feedback.

Here are some typical beliefs you might have if you're an assertive communicator:

"I'm important and worthy in my own right—and so is everyone else."

"I can handle difficult conversations."

"My self-worth doesn't depend on what anyone else thinks."

"If someone hurts me, I can get over it. I'm strong."

So, how can you become more assertive? First, you need to identify any mental blocks you might have about asserting your rights. Second, you need to master some practical techniques that will rapidly improve your communication skills.

Exercise: What Kind of Communicator are You?

Based on the descriptions above, how would you describe your communication style? Some of us are a mix of two styles. You might use different styles depending on who you're talking to. For example, you might find it easy to be assertive at work but slip into a passive communication style when arguing with your partner.

CHALLENGE YOUR BELIEFS ABOUT ASSERTIVENESS

How do you feel when you picture yourself as an assertive person? Nervous, hypocritical, anxious? Lots of us carry around unhelpful beliefs about what it means to be assertive. In Unless you take a close look at these beliefs, it will be hard to make progress.

Here are a few of the most common negative beliefs, along with more helpful alternative thoughts:

Belief: "Being assertive means being a bully."

Alternative thought: "Bullies are not assertive, they are aggressive. Being assertive is about striking the right balance between standing up for your own rights and respecting other peoples' wishes."

Belief: "If I'm assertive, I'll drive everyone away."

Alternative thought: "Confident, friendly people will respect me if I'm assertive."

Belief: "It's not very ladylike to be assertive."

Alternative thought: "Women and girls are taught from an early age that it's unfeminine to be assertive, but it's actually good to be an assertive woman. Assertive women get what they need and want in life."

Belief: "It's OK for others to be assertive, but my own needs don't matter."

Alternative thought: "Everyone has basic needs. Everyone has the right to be heard and to be respected. That includes me."

Belief: "Unless I take a 'tough love' approach with others, they won't respect me. They'll walk all over me."

Alternative thought: "Assertive people are usually more respected than angry, aggressive people. True, being aggressive might help me get my own way, but it will damage my relationships. Assertive communication is just as effective—and everyone else will probably like me more, not less."

PRACTICAL TIPS TO BECOME MORE ASSERTIVE

1. Start saying "No" more often.

Are you a people-pleaser? Do you tend to go along with what everyone else wants, only to feel resentful later? The only solution is to learn how to decline requests and invitations. The example, let's suppose your sister wants you to babysit her children on Friday, even though you know you'll be tired at the end of the working week.

Instead of gritting your teeth and saying "Yes," you could use one of the following assertive responses instead:

"No, I can't, I'll be too tired. I hope you find another solution."

"Thank you for asking me. You know I like spending time with your kids. But I've got to say 'No' this time because I'll be too tired."

"No, I'm not available that night."

Practice by saying "No" to low-level requests. For example, if your friend asks you to lend them a small amount of money, you could say, "No, I can't do that. I need to save whatever I can." "No" is a complete answer in its own right. If someone doesn't respect a "No," that's not your fault—they need to learn to respect other peoples' boundaries.

2. Use "I" statements. Ixxvi

"You" statements can sound accusatory, which isn't helpful if you are in a tense situation. Try to start sentences with "I need," "I feel," or "I would like" instead.

Keep statements simple and to the point. For example:

"I need to leave by 6 o'clock."

"This will cost \$1,200."

These are examples of "simple assertion." "I" statements are also useful for explaining how you feel. For example:

"I feel angry."

"I feel worried."

You can extend "I" statements to show empathy with someone else's position while still asserting your own needs.

For example:

"I understand that you don't like having dinner earlier in the evening, but until I get settled into my new job, I'd like you to accept that this is the routine for the foreseeable future."

"I know that you don't like taking phone calls in the evening, but I'd like to get your feedback on an urgent matter."

3. Watch your body language.

Your posture and voice make a big difference in how you feel about yourself, and how others see you. Keep your arms and legs uncrossed, sit or stand up straight, and keep your shoulders relaxed. Keep your tone of voice even. Never shout. If you appear calm and assertive, others will take you more seriously.

4. Use the broken record technique when someone tries to override you.

If someone tries to overload you with objections and irrelevant arguments, rephrase and repeat your original response. Persistent people may ask you the same question several times, but even the rudest individuals will get the message eventually if you stand by your answer. Don't allow yourself to be sidetracked.

5. Find an assertiveness role model.

CBT therapists sometimes tell their clients to find a role model if they are trying to change their behavior. Do you know someone who is assertive without being aggressive? Watch them carefully and see what you can learn.

6. Focus on behavior, not character, when asking someone to behave differently.

If you want to ask someone else to change their behavior, use this formula:

- State their observable behavior.
- Tell them how it affects you.
- Tell them how this makes you feel.
- Tell them how you would prefer them to act in the future.

Here's an example of the formula in action:

"When you don't pick up ingredients for dinner on your way home when you promise to do so, it means I have to go and get them myself, come home, then make the evening meal. This makes me feel tired and disrespected. In the future, I'd like you to either pick up the ingredients or let me know in plenty of time if it won't be possible."

7. Spell out consequences.

If you have tried asking someone to change their behavior but to no avail, the next step is to assert

consequences. This is only appropriate as a last resort, and only when you are in a position to impose punishments or sanctions. Never make empty threats; the other person may see through them or

decide to call your bluff. lxxvii

Stay calm, keep to the point, and remain civil.

For example:

"By failing to sign in when you arrive at work for the third time this week, you are violating an important

company protocol. If you do this again, I will have to initiate a formal disciplinary procedure."

"I have asked you to tidy your bedroom, and you have not done it. If you don't do it by tomorrow, I will

confiscate your phone over the weekend."

YOU HAVE THE RIGHT TO PUT YOUR SAFETY FIRST

Don't force yourself to be assertive if doing so would be unsafe. If someone is behaving in an abusive

way, or you have a good reason to think they will become very angry if you assert yourself, it's best to

excuse yourself from the situation as soon as possible.

Exercise: Role Playing

Role plays are a safe, effective way to practice your assertiveness skills. Ask someone you trust to play

the role of someone who tends to make unreasonable requests. Repeat the role-play several times until you feel confident that you could say "No" in real life. You may wish to start by thinking of a recent

example of a time you had trouble declining a request. Re-enact the scene. What could you have done

differently?

HOW TO HANDLE CRITICISM

No one is perfect. We all receive criticism from time to time. It isn't much fun to hear someone highlight

your shortcomings, but criticism can be helpful. If you can accept feedback and act on it, you'll make more progress in your career, studies, and even personal life than people who block out criticism or

become overly defensive.

Exercise: How Do You Normally Deal with Criticism?

When was the last time someone criticized you? Did you make the most of the feedback by changing your behavior, or did you try to block it out? Take a moment to think about how your response to criticism might be holding you back from fulfilling your potential.

8 Steps to Handling Criticism

1. Remind yourself that criticism doesn't determine your self-worth.

You are a valuable and worthy human being, regardless of what anyone may say about you. Even if you have made a mistake, this doesn't mean you are a bad person. When you remember this, criticism won't seem quite so threatening.

2. Take a deep breath and wait a moment before reacting.

Give yourself a moment to process what the other person has said. It's better to pause for a few moments, or even to take a few minutes alone, than say or do something you regret.

3. Consider the source.

Not all criticism is created equal. Do not assume that it is true or justified. Feedback can be completely accurate and fair, or total nonsense. Most of the time, it's somewhere in between. Avoid 'all or nothing' thinking. Be prepared to take to heart the criticism that makes sense and dismiss the rest if it's irrelevant or given out of spite.

Talk to a person you trust if you find it hard to differentiate between constructive and destructive criticism. Ixxviii They will be able to help you take a step back and assess the situation.

4. Ask clarifying questions if the other person is being vague.

If someone gives you a piece of general negative feedback, ask for more information. Some people are not good at communicating what they mean, so you have to put some effort into finding out what they are trying to say.

For example, if someone tells you, "I suppose you'll find it hard to complete this project because you aren't very organized," ask them, "In what ways do you think I'm not very organized?"

5. Try to focus on the words, not the tone.

Some people lack self-awareness and communication skills and may not know how to keep their tone of voice steady. Keep your focus on what they are saying, not how they are saying it.

6. Defuse the criticism if it's destructive, inaccurate or unfair.

You can agree with criticism in part, agree in principle, or agree in probability. The best option depends on the situation and the other person's temperament, but all three techniques work in the same way. They take the sting out of the criticism and lessen the other person's hold on you. IXXIX

First, you can agree in part. If the criticism is partly correct, pick out the relevant details and repeat it back to the other person. This lets you defuse the situation without validating the rest of their feedback.

Criticism: "You're lazy. You never help around the house, you didn't pick up the dry cleaning, and you hardly ever walk the dog."

Response: "You're right in saying that I do rarely walk the dog."

Alternatively, if the other person's logic is correct but their criticism is flawed, you could agree in principle.

Criticism: "You aren't using the right software for compiling this report. It has lots of security bugs. We'll lose our most important data."

Response: "True, if there are security bugs then we could lose some data."

Finally, you agree in probability. This involves acknowledging that, in theory, something could come to pass. However, it doesn't mean you have to agree with the criticism in its entirety.

Criticism: "If you don't start keeping to a strict budget, you won't be able to meet your basic expenses. You'll be broke by next year."

Response: "You're right, I could run out of money."

7. Apologize if necessary.

If you have made a mistake, own up to it. Make apologies or amends as appropriate.

8. Decide on an action plan and share it if appropriate.

If the criticism is fair, explain what you will do differently in the future. Be specific. For instance, if your boss has criticized your public speaking ability, you could tell them about the speaking course you intend to take.

Finally, reward yourself! As you've probably noticed, not many people are good at working with criticism. If you can master this skill, your performance at work will improve, you'll gain a reputation as a calm, reasonable person, and your self-respect will blossom.

Summary

- Being assertive doesn't come naturally to many people. Many of us are held back by our beliefs about what being assertive really means.
- There are four main types of communication styles: passive, passive-aggressive, aggressive, and assertive.
- Using "I" statements, monitoring your body language, and learning how to say "No" are key steps in learning to be more assertive.
- Roleplaying exercises will help you practice assertiveness skills.
- Dealing with criticism can be tough, but you can learn to accept it, defuse it if necessary, then use it as a tool for growth.

CHAPTER 12: CBT & MINDFULNESS

Over the past decade, mindfulness has become increasingly popular in the world of psychology. Mindfulness-Based Cognitive Therapy (MBCT) combines some of the principles of classic CBT along with breathing exercises, meditation, and mindful practices that help you accept reality exactly as it is.



In this chapter, you'll learn what mindfulness is, why it's proven to be such a powerful tool, how it's inspired a new kind of therapy, and how you can use mindfulness exercises to improve your psychological wellbeing.

WHAT IS MINDFULNESS?

Mindfulness is simply the act of paying attention. When you are in a mindful state, you are fully present. You aren't obsessing about the past or fretting about the future. You are just in the moment, processing events as they happen. When we are mindful, we're more likely to feel calm and safe.

WHY IS MINDFULNESS A GOOD THING?

Compare mindfulness with its opposite, mindlessness. If you lead a busy life, as most of us do, you probably go through your days on autopilot.

Have you ever driven to work and realized you have practically no memories of your trip? Or perhaps you've sat down to eat a meal and read the paper, and suddenly discovered that all the food on your plate has mysteriously vanished? Living mindlessly means missing out on your life. Mindfulness helps you re-engage with the world, moment by moment.

UNDERSTANDING THE DIFFERENCES BETWEEN CLASSIC CBT & MBCT

You can use CBT and MBCT exercises, mixing and matching as you like. However, you need to be aware that they are based on different approaches to mental health. Some people find it easier to stick to one paradigm, and that's fine!

Here are some key points you need to know:

1. CBT invites you to challenge your thoughts, whereas MBCT encourages you to accept them.

Throughout this book, you've been weighing evidence for and against your thoughts. You've been identifying your cognitive distortions, asking other people to share their experiences, and generally gathering a lot of information. Research shows that these techniques work well in people with mild to moderate mental health problems.

MBCT takes a different approach. Like CBT, it involves noticing destructive thoughts. However, MBCT practitioners teach their clients how to accept them. MBCT techniques help you stay grounded in the present moment and wait for the thoughts to pass, instead of fighting them. You don't actively reframe your approach to the world as you would in CBT.

CBT works because it teaches you how to process your thoughts in a new way and arrive at different conclusions. MBCT works because it teaches you how to move through the world mindfully, accepting and letting go of whatever thoughts come to mind. In simple terms, CBT is analytical and MBCT is more immediate, with a bodily focus—meditation and breathing exercises both involve your senses.

2. MBCT focuses on preventing depression and anxiety, whereas CBT is used as treatment for people who are already experiencing an episode.

MBCT is recommended for people who have experienced multiple episodes of depression. MBCT is also used to help people living with chronic pain or another physical condition.

3. MBCT does not focus on problem-solving or behavioral activation.

Problem-solving is a key skill in CBT because it gives you a framework for taking action. Behavioral activation serves the same purpose; it helps you start taking steps toward changing your environment. MBCT doesn't emphasize these techniques. MBCT is about "being," whereas CBT is about "doing."

4. MBCT is usually delivered in group therapy format.

MBCT is normally given in a structured group format that lasts several weeks. Clients are asked to practice new techniques they have learned between sessions. During their classes, they have the opportunity to practice together and receive guidance from an MBCT-trained therapist.

However, this doesn't mean you can't benefit from some of the techniques used in MBCT. Some research suggests that group and individual therapy are equally effective. |xxxxiiii

Here are three exercises you can try. They are similar to those practiced in MBCT classes.

MBCT Exercise #1: Body Scanning

Sit or lie down somewhere that is comfortable. Some people find this exercise so relaxing that they fall asleep, so if it isn't bedtime, do your body scan in a chair rather than on your bed.

Start by bringing your awareness to your entire body. Notice the weight of your body against the chair or the bed. Inhale, hold the air in your lungs for a few seconds, then exhale. Repeat this several times.

Next, focus on your feet. Notice their weight and temperature. Move your awareness up to your lower legs, then your thighs, buttocks, and trunk. Pay attention to how your back feels against the bed or chair.

Pay attention to your shoulders. If they are hunched or tight, take a deep breath and let them drop. Is your jaw clenched? Let it soften. If your hands are balled into fists, exhale and deliberately relax your fingers.

Repeat this exercise at least three times per day, for 20 minutes each time.

MBCT Exercise #2: Mindful Eating

For this exercise, you will need a small piece of food that you can chew or suck for a few minutes. A raisin or a piece of hard candy is perfect.

Find a place that's quiet where you won't be interrupted for five minutes. Hold the food in one hand. Notice how it feels against your skin. What temperature is it? How would you describe its texture? Put it up to the light. What color is it?

Now, smell the food. How would you describe it? Does it have a strong or subtle smell? Is it appetizing? When you really pay attention to your usual snacks, you might be surprised to find that you don't enjoy them quite as much as you think!

Next, put the food in your mouth. Don't bite into it yet. Roll the food on your tongue. What does it taste like? Is it sharp, sweet, salty, bitter, or a combination? What is the texture like? Is it dry, moist, or somewhere in between?

Finally, swallow the food. Feel it go down your throat and into your stomach. Was it easy to swallow?

This is a great exercise to do at the start of a meal. You will automatically eat more slowly, which will help you digest your food. It's also useful if you have a problem with overeating or binging; checking in at the start of a meal or snack helps you pay attention to your body's cues. It's not a magic cure, but it can encourage you to stop eating when you start to feel full.

MBCT Exercise #3: Walking Meditation

Most people assume that you need to sit still for hours in the lotus position to meditate. Fortunately for those of us who find it hard to sit in silence for longer than a couple of minutes, this isn't the case! You can try a walking meditation instead.

If possible, choose surroundings that are green and calm. Relax your shoulders and maintain a good posture. As you step forward, notice how it feels when your foot meets the ground. What does the earth or tarmac feel like beneath your feet?

As you walk, use all your senses. What can you hear? What can you smell? What can you see? Look up—are there any interesting clouds in the sky? Take a few deep breaths. What does the air feel like in your lungs?

If it's raining, you can do this exercise indoors if you have a large room or clear hallway.

WHAT TO DO IF YOUR MIND JUST WON'T STAY STILL

Mindfulness and meditation practices are simple, but that doesn't mean they are easy. The biggest obstacle will be your mental chatter. When you slow down and let yourself notice your thoughts, you'll notice just how noisy your brain is. It's normal for your mind to leap from thought to thought, worry to worry, or idea to idea. The Buddhists have a term for this phenomenon. They call it the "monkey mind," because the mind is rather like a monkey, swinging quickly from branch to branch. Discription

No one, however long they have been practicing mindfulness exercises, has a completely still mind. The difference between novice and expert practitioners is that the latter have long ago accepted that their brains will always be hyperactive. However, they aren't bothered. They know that being mindful isn't about removing every thought from your brain. Neither is it about becoming a cold, stoic robot.

RADICAL ACCEPTANCE

Radical acceptance is a technique developed by psychologist Marsha Linehan. In the 1980s, Linehan devised a form of therapy called Dialectical Behavior Therapy, or DBT. As you learned in Chapter 1, DBT is a treatment that helps clients understand how their thoughts and behaviors work together, and why personal change involves both accepting yourself and your thoughts and behaviors as they are and setting goals for the future.

Lots of people struggle to confront reality, but this is the first step to change. To help her clients make peace with difficult situations, Linehan suggested they try radical acceptance. lxxxv

Exercise: Radical Acceptance

You can either wait until you are in a difficult situation to try this technique, or you can practice it by deliberately thinking about something that makes you angry or upset.

Start by telling yourself that you don't have to approve of a situation to accept it. Take a few deep breaths. Say to yourself, "OK, this is happening. I don't have to do anything about it. I don't have to fight it. I just have to let it be, and it will pass."

This exercise is harder than it sounds! Your mind will still spin, and you'll still feel the urge to blame someone or something for your misfortune. When this happens, bring your attention back to your breathing.

When you feel a little calmer, ask yourself these questions:

- 1. What led up to this event?
- 2. Did you play a part in causing this problem?
- 3. What part did other people play?
- 4. Did luck come into it?
- 5. You have a choice—you can choose to accept the situation or rail against it. Which approach do you think will be more constructive?

We like to think that, with enough effort, we can control everything in our lives. It's a comforting illusion. However, it just isn't true. Life is unfair sometimes, and it's often unpredictable. Learning to accept life as it is may be scary, but it is enormously liberating.

Summary

• CBT therapists are increasingly using mindfulness in their work with clients.

- Mindfulness exercises ground you in the present moment, freeing you from worries about the past or the future.
- Mindfulness Based Cognitive Therapy (MBCT) is a structured form of therapy that draws on principles of both CBT and mindfulness.
- You can use some MBCT-style techniques for yourself, such as mindful eating and meditation.
- Mindful acceptance or "radical acceptance" can help you make peace with whatever life throws your way.

CONCLUSION

You should feel very proud of yourself. You've taken a long, hard look at your destructive thought patterns, and you've started to think and behave in brand new ways. That takes courage and determination. Your efforts will soon pay off—assuming they haven't already made a difference. People and situations that used to drag you down won't seem like such a big deal. Sure, you'll still face the normal trials of everyday life, but you'll be better at shaking them off.



CBT techniques get easier the more you practice them. It's like driving a car. It feels awkward and complicated at first, but it becomes second nature within a few months. Spending time and money on driving lessons is well worth the effort because then you get to drive for the rest of your life. The same goes for CBT. Train your brain now, and you'll reap the benefits for decades.

Until recently, therapy was taboo. Thankfully, more people are realizing that therapy isn't just for people with diagnosed mental health problems and we can all benefit from learning how to stop negative thoughts from taking over our lives. So, when your family and friends ask why you are so much happier, why not be honest and tell them about how CBT has changed your life?

You could tell them to read this book, or even tell them exactly how you use cognitive restructuring, exposure therapy or other CBT techniques. The more people learn about how the human mind works,

the healthier our society will become. Just imagine how many people would benefit from learning basic CBT principles. You can play your part in starting a CBT revolution.

If you take only one thing away from this book, let it be this: You aren't at the mercy of your thoughts or emotions. They might feel overwhelming, but don't be fooled. Ultimately, you are the one in control. Realizing this simple but powerful truth is the first step toward real empowerment.

THANKS FOR READING!

I really hope you enjoyed this book and, most of all, got more value from it than you had to give.

It would mean a lot to me if you left an Amazon review—I will reply to all questions asked!

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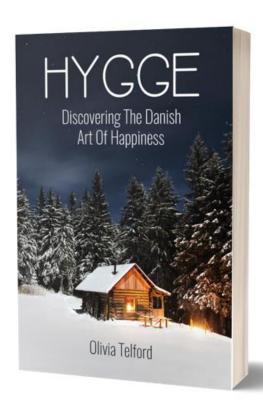
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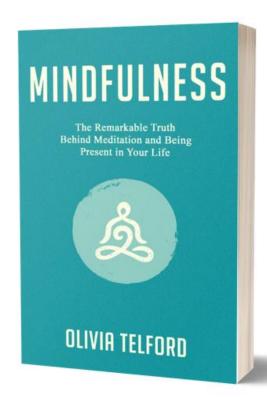
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SOURCES

. .

- ^v McLeod, S. (2019). *Cognitive Behavioural Therapy.* https://www.simplypsychology.org/cognitive-therapy.html
- vi Martin, B. (2019). *In-Depth: Cognitive Behavioral Therapy*. https://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/
- vii McLeod, S. A. (2019). *Cognitive behavioral therapy.* https://www.simplypsychology.org/cognitive-therapy.html
- viii Selva, J. (2018). Albert Ellis' ABC Model in the Cognitive Behavioral Therapy Spotlight. https://positivepsychology.com/albert-ellis-abc-model-rebt-cbt/

¹ Hofmann, S.G., Asnaani, A., Vonk, I.J.J., Sawyer, A.T., & Fang, A. The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses. *Cognitive Therapy Research, 36, 5,* 427-440. doi: 10.1007/s10608-012-9476-1

^{II} Jazaieri, H., Goldin, P.R., & Gross, J.J. (2017). Treating Social Anxiety Disorder with CBT: Impact on Emotional Regulation and Satisfaction with Life. *Cognitive Therapy Research*, *41*, 406-416. DOI: 10.1007/s10608-016-9762-4

Geukes, K., van Zalk, M., & Back, M.D. (2018). Understanding personality development: An integrative state process model. International Journal of Behavioral Development, *42*, 1, 43-51. DOI: 10.1177/0165025416677847

^{iv} Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT: Education and inspiration for general practice, 6,* 9, 579-585. DOI: doi.org/10.1177/1755738012471029

ix David, D. (n.d.). Rational Emotive Behavior Therapy in the Context of Modern Psychological Research. https://albertellis.org/rebt-in-the-context-of-modern-psychological-research/

^{*}Cherry, K. (2019). *Psychologist Aaron Beck Biography*. https://www.verywellmind.com/aaron-beck-biography-2795492

xi Linehan, M.M. (2015). DBT Skills Training Manual. NY, New York: Guilford Press.

^{xii} Hayes, S.C., Luoma, J.B., Bond, F.W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes, and outcomes. *Psychology Faculty Publications, 101*. https://scholarworks.gsu.edu/psych_facpub/101

xiii Williams, M. (n.d.). MBCT. https://mbct.co.uk/

xiv Warrilow, A.E., & Beech, B. (2009). Self-help CBT for depression: Opportunities for primary care mental health nurses? *Journal of Psychiatric Mental Health Nursing, 16,* 9, 792-803. doi: 10.1111/j.1365-2850.2009.01457.x.

- Morin, A. (2019). *Depression Statistics Everyone Should Know.* https://www.verywellmind.com/depression-statistics-everyone-should-know-4159056
- ^{xvi} Burcusa, S.L., & Iacono, W.G. (2007). Risk for recurrence in depression. *Clinical Psychology Review, 27,* 8, 959-985. https://doi.org/10.1016/j.cpr.2007.02.005
- xvii NICE. (2018). *Appendix: Assessing depression and its severity.* https://www.nice.org.uk/guidance/cg90/chapter/Appendix-Assessing-depression-and-its-severity
- ^{xviii} Carter, C.L. (2017). Depression, Antidepressants and Cognitions: Silent Schemas in the Walking Wounded. *Journal of Psychology and Psychotherapy*, *7*, 1. DOI: 10.4172/2161-0487.1000287
- xix Kovacs, M., & Beck, A.T. (1978). Maladaptive Cognitive Structures in Depression. *American Journal of Psychiatry*, 135, 5.
- xx Rnic, K., Dozois, D.J.A., Martin, R.A. (2016). Cognitive Distortions, Humor Styles, and Depression. *European Journal of Psychology, 12,* 3, 348-362. doi: 10.5964/ejop.v12i3.1118
- concordia University. (n.d.). *Examples of Cognitive Restructuring*. https://www.concordia.ca/students/health/topics/stress-management/examples-of-cognitiverestructuring.html
- ^{xxii} National Institute for Health Research. (n.d.). *Behavioural activation a simple therapy for depression.* https://www.dc.nihr.ac.uk/highlights/options-for-depression/behavioural-activation-a-simple-therapy-that-could-make-a-difference-in-depression.htm [URL inactive]
- Tull, M. (2019). 8 Tips for Using Behavioral Activation to Treat Depression. https://www.verywellmind.com/increasing-the-effectiveness-of-behavioral-activation-2797597
- xxiv Bell, A.C., & D'Zurilla, T.J. (2009). Problem-solving therapy for depression: A meta-analysis. *Clinical Psychology Review*, *29*, 348-353. doi:10.1016/j.cpr.2009.02.003
- UC Davis. (n.d.). *Understanding Insomnia*. https://shcs.ucdavis.edu/sites/default/files/documents/conquering_insomnia_session-01.pdf [URL inactive]
- xxvi Harvard Health Publishing. (2009). *Insomnia: Restoring restful sleep.* https://www.health.harvard.edu/staying-healthy/insomnia-restoring-restful-sleep
- xxvii WebMD. (n.d.). *Understanding Sleep Problems The Basics*. https://www.webmd.com/sleep-disorders/guide/understanding-sleep-problems-basics#1
- xxviii Kyle, S. (n.d.). What is Insomnia? https://www.sleepio.com/articles/insomnia/what-is-insomnia/

- xxix UC Davis. (n.d.). Sleep Scheduling and Stimulus Control Techniques. https://shcs.ucdavis.edu/sites/default/files/documents/conquering_insomnia_session-02.pdf [URL inactive]
- National Sleep Foundation. (n.d.). *The Ideal Temperature for Sleep.* https://www.sleep.org/articles/temperature-for-sleep/
- UC Davis. (n.d.). *Cognitive Restructuring.* https://shcs.ucdavis.edu/sites/default/files/documents/conquering_insomnia_session-03.pdf [URL inactive]
- xxxii Anxiety UK. (n.d.) What Is Anxiety? https://www.anxietyuk.org.uk/get-help/anxiety-information/[URL inactive]
- NHS. (2018). *Do I have an anxiety disorder?* https://www.nhs.uk/common-health-questions/lifestyle/do-i-have-an-anxiety-disorder/
- xxxiv Centre for Clinical Interventions. (n.d.) *The vicious cycle of anxiety.* https://www.cci.health.wa.gov.au/~/media/CCI/Mental%20Health%20Professionals/Panic/Panic%20-%20Information%20Sheets/Panic%20Information%20Sheet%20-%2003%20-%20The%20Vicious%20Cycle%20of%20Anxiety.pdf
- xxxv Kaplan, J.S., & Tolin, D.F. (2011). Exposure Therapy for Anxiety Disorders. *Psychiatry Times, 28, 9*. https://www.psychiatrictimes.com/anxiety/exposure-therapy-anxiety-disorders
- www.webmd.com/anxiety-panic/continuous-panic-attacks#1
- xxxvii Anxiety Canada. (n.d.) *Self-Help Strategies For Panic Disorder.* https://www.anxietycanada.com/sites/default/files/adult_hmpanic.pdf
- xxxviii Singer, J. (2018). *Interoceptive Exposures for Those with Panic Disorder*. https://psychcentral.com/lib/interoceptive-exposures-for-those-with-panic-disorder/
- xxxix Yonkers, K.A., Bruce, S.E., Dyck, I.R., & Keller, M.B. (2003). Chronicity, relapse, and illness-course of panic disorder, social phobia, and generalized anxiety disorder: findings in men and women from 8 years of follow-up. *Depression and Anxiety*, *17*, 3, 173-9.
- xI NHS. (2016). *Obsessive compulsive disorder (OCD)*. https://www.nhs.uk/conditions/obsessive-compulsive-disorder-ocd/
- xli Ibid.

xlii International OCD Foundation. (n.d.) What Is OCD? https://iocdf.org/about-ocd/

Anxiety Canada. (n.d.) *Vicious Cycle of OCD: How OCD Takes Over.* https://anxietycanada.com/articles/vicious-cycle-of-ocd-how-ocd-takes-over/

xliv Singer, J. (2018). OCD and the Need for Reassurance. https://psychcentral.com/lib/ocd-and-the-need-for-reassurance/

- xlv OCD-UK. (n.d.). What is Exposure Response Prevention (ERP)? https://www.ocduk.org/overcoming-ocd/accessing-ocd-treatment/exposure-response-prevention/
- xlvi Anxiety Canada. (n.d.). *Self-Help: Managing Your OCD At Home.* https://www.anxietycanada.com/sites/default/files/adult_hmocd.pdf
- xivii Tompkins, M.A. (2016). *Nuts and Bolts of Imaginal Exposure*. http://sfbacct.com/from-ocd-to-anxiety/nuts-and-bolts-of-imaginal-exposure/
- xiviii Rozental, A., & Carlbring, P. (2013). Internet-Based Cognitive Behavior Therapy for Procrastination: Study Protocol for a Randomized Controlled Trial. *JMIR Research Protocols*, *2*, 2, e46. DOI: 10.2196/resprot.2801
- xlix Rozental, A., & Carlbring, P. (2014). Understanding and Treating Procrastination: A Review of a Common Self-Regulatory Failure. *Psychology*, *5*, 1488-1502. http://dx.doi.org/10.4236/psych.2014.513160
- Jaffe, E. (2013). Why Wait? The Science Behind Procrastination. https://www.psychologicalscience.org/observer/why-wait-the-science-behind-procrastination
- Chard, P. (2018). *Fear, not laziness, is what fuels procrastination.* https://eu.jsonline.com/story/life/green-sheet/advice/philip-chard/2018/09/21/fear-laziness-procrastination/1336743002/
- iii Burns, D.D. (2008). Feeling Good: The New Mood Therapy. New York, NY: Harper Collins.
- Loder, V. (2016). *10 Scientifically Proven Tips for Beating Procrastination*. https://www.forbes.com/sites/vanessaloder/2016/04/15/10-scientifically-proven-tips-for-beating-procrastination/#3f31467296a6
- liv Enright, R. (2018). Conquering Your Regrets: Seven Suggestions for Self-Release. https://www.psychologytoday.com/us/blog/the-forgiving-life/201807/conquering-your-regrets-seven-suggestions-self-release
- Shannon, J. (n.d.). Responsibility Pie. https://www.jennifershannon.com/resources/glossary/#ResponsibilityPie
- Nevid, J.S. (2017). *Guilt Me Not.* https://www.psychologytoday.com/intl/blog/the-minute-therapist/201703/guilt-me-not
- Brenner, A. (2011). *5 Ways to Find Closure From the Past.* https://www.psychologytoday.com/gb/blog/in-flux/201104/5-ways-find-closure-the-past

Mental Health America. (n.d.). *Rest, Relaxation, and Exercise.* https://www.mentalhealthamerica.net/conditions/rest-relaxation-and-exercise

- lix NHS. (n.d.). Addiction: What Is It? https://www.nhs.uk/live-well/healthy-body/addiction-what-is-it/
- Priory Group. (n.d.). *How to spot the signs of an addiction*. https://www.priorygroup.com/addiction-treatment/signs-and-symptoms-of-addiction
- Legg, T.J. (2018). What are the risk factors for addiction? https://www.medicalnewstoday.com/articles/323467.php
- Treatnet. (n.d.). Elements of Psychological Treatment. https://www.unodc.org/documents/treatnet/Volume-B/Module-3/Volume-B-Module-3-Workshop-1.pdf
- https://wellmind.com/2017/03/managing-external-triggers/
- Newman, C. (2016). *Treating Substance Misuse Disorders with CBT.* https://beckinstitute.org/treating-substance-misuse-disorders-cbt/
- Heshmat, S. (2015). Why Cravings Occur. https://www.psychologytoday.com/us/blog/science-choice/201501/why-cravings-occur
- kvi Kassani, A., Niazi, M., Hassanzadeh, J., & Menati, R. (2015). Survival Analysis of Drug Abuse Relapse in Addiction Treatment Centers. *International Journal of High Risk Behaviors & Addiction, 4*, 3, e23402. doi: 10.5812/ijhrba.23402
- lxvii Heshmat, S. (2015). *Why Cravings Occur.* https://www.psychologytoday.com/us/blog/science-choice/201501/why-cravings-occur
- Leahy, R.L., & Tirch, D.D. (2008). Cognitive Behavioral Therapy for Jealousy. *International Journal of Cognitive Therapy*, 1, 1, 18-32.

lxix Ibid.

lxx Ibid.

- Firestone, L. (2011). What Drives Jealousy? https://www.psychologytoday.com/us/blog/compassion-matters/201109/what-drives-jealousy
- https://www.psychologytoday.com/gb/blog/evolution-the-self/200901/why-criticism-is-so-hard-take-part-1
- Mayo Clinic. (n.d.) Being assertive: Reduce stress, communicate better. https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/assertive/art-20044644

https://psychcentral.com/blog/what-so-many-of-us-get-wrong-about-assertiveness/

lxxv Collingwood, J. (2018). Learning To Say No. https://psychcentral.com/lib/learning-to-say-no/

https://www.cci.health.wa.gov.au/~/media/CCI/Consumer%20Modules/Assert%20Yourself/Assert%20Yourself%20-%2004%20-%20How%20to%20Behave%20More%20Assertively.pdf

lxxvii Ibid.

https://www.psychologytoday.com/us/blog/the-teen-doctor/201811/8-secrets-handling-criticism-well

https://www.cci.health.wa.gov.au/~/media/CCI/Consumer%20Modules/Assert%20Yourself/Assert%20Yourself%20-%2007%20%20-%20Dealing%20With%20Criticism%20Assertively.pdf

Kabat-Zinn, J. (2003). Mindfulness-Based Interventions in Context: Past, Present, and Future. *Clinical Psychology: Science and Practice, 10,* 2, 144-156. DOI: 10.1093/clipsy/bpg016

https://www.harleytherapy.co.uk/counselling/cbt-mbct-difference.htm

lxxxii Oxford Mindfulness Centre. (2016). MBCT for recurrent depression: What do we know? What does it mean? Where to next? http://oxfordmindfulness.org/news/mbct-recurrent-depression-know-mean-next/

lixxiii Schroevers, M.J., Tovote, K.A., Snippe, E., & Fleer, J. (2016). Group and Individual Mindfulness-Based Cognitive Therapy (MBCT) Are Both Effective: a Pilot Randomized Controlled Trial in Depressed People with a Somatic Disease. *Mindfulness*, 7, 6, 1339-1346. doi: 10.1007/s12671-016-0575-z

https://www.metzner.k. (1996). The Buddhist six-worlds model of consciousness and reality. *The Journal of Transpersonal Psychology, 28,* 2, 155-166.

bxxxv Byron Clinic. (n.d.). *Marsha Linehan on Radical Acceptance*. https://byronclinic.com/marsha-linehan-radical-acceptance/