



# VISUAL CBT

USING PICTURES TO HELP YOU APPLY  
COGNITIVE BEHAVIOUR THERAPY  
TO CHANGE YOUR LIFE

AVY JOSEPH & MAGGIE CHAPMAN

*"A refreshingly clear guide to understanding emotions. The illustrations make the explanations resonate as they bring humour and perspective to what is usually confusing."*

**Christa Mackinnon**, Author and Director of Kamdaris Psychological Consultancy

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'*Visual CBT* - this is a book which explains in a very accessible way how we all disturb ourselves emotionally and what we need to do to change.

I recommend it strongly as a self-help book, and for CBT therapists who may use it as a tool to help their clients too'.

**Dr David Baker PhD. MSc. BSc(Hons). DMS. PGClin Sup. C. Psychol., Clinical Director at Kent and Canterbury CBT Services, Chartered Psychologist, Consultant Psychotherapist, Chairman BABCP IPSIG, Chair AREBT**

'A refreshingly clear guide to understanding emotions. The illustrations make the explanations resonate as they bring humour and perspective to what is usually confusing.

The book enables readers not only to understand their thought processes and emotional responses, but also to work towards, and implement, desired changes. A great publication by two very eminent therapeutic professionals.'

**Christa Mackinnon, Psychologist, Family Counsellor and Hypnotherapist, visiting fellow at the Peninsula Medical School, University of Exeter, Director of the Kamdaris Psychological Consultancy, Author of *Shamanism and Spirituality in Therapeutic Practice***

'These days there are literally thousands of self-help books on the market. Some excellent but many are sadly lacking. Even the Royal College of Psychiatrists is endorsing a series of self-help books in the pursuit of promoting mental health for the nation.

In my practice I commonly "prescribe" a book, but am always looking for a good quality self-help book that maintains the fine balance between thoroughness and accessibility, avoiding boring over-technicality leading to

inapplicability. This can be a daunting task due to limited choice.

It is particularly with this in mind that I'm excited with the release of *Visual CBT*. The illustrations and intuitive usage of GUI (Graphic User Interface)-type presentation style, makes complex cognitively behavioural strategies easily understandable and practical.

Joseph and Chapman, the authors, are two very experienced therapists with a deep understanding of how to "cut to the chase" in today's high-pressured psychological environment. I can easily recommend this as an adjunct to actual therapy, or as an initial "stand-alone" approach for any person who is looking for the first time or who has had a previous bad experience with overly technical CBT books in the past.'

**Dr Claude A. Botha, MBChB. MRCPsych., Clinical Research Fellow and Honorary Consultant Psychiatrist at the Wingate Institute of Neurogastroenterology, at the Blizard Institute Barts and the London School of Medicine and Dentistry, Queen Mary University of London**

'The general tendency is to think of CBT as a "talking therapy". With this new book, Joseph and Chapman turn that on its head and use the power of imagery to instantly bring the links between thoughts, feelings, action tendencies and behaviours to life. The illustrations cleverly and succinctly capture the often subtle, but immensely critical, difference between unhelpful and adaptive responding.

With an emphasis on emotional responsibility woven throughout, the book adopts a refreshingly non-pathologising perspective to focus upon eight of the most commonly encountered unhealthy emotions.

The authors gently guide readers to develop an awareness of how CBT frameworks can help us to understand the connections that trigger and maintain problematic behaviours – and how we can use that same framework to learn new, and healthier ways of responding. Suggestions are provided to inspire and equip readers to apply this understanding and make positive changes that can improve psychological health. The pithy “takeaway tips” at the end of each chapter aid this process.

Whether bought as a self-help book, read as part of a training course, or used by a therapist with their clients, *Visual CBT* makes a unique and valuable contribution to how we all strive to “make sense of emotions” and improve psychological well-being.’

**Dr Jody Warner-Rogers, Consultant Clinical Psychologist, Head of Psychology Services at Guy’s and St Thomas’s NHS Foundation Trust**

‘This concise book is a fun and informative guide, providing a practical overview for those already working in psychological services. It clearly spells out all fundamentals and is a much-needed, accessible handbook for all medical practitioners and physical therapists alike, supporting their patients with psycho-social issues they are presented with in clinical practice on a daily basis.’

**Christien Bird MSc., Chartered Physiotherapist and Practice Owner of White Hart Multi-disciplinary Clinic**

# Visual CBT

Using pictures to  
help you apply  
Cognitive Behaviour  
Therapy to change  
your life

Avy Joseph and Maggie Chapman



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# Cognitive Behaviour Therapy: An Introduction

## Why This Book? What Will You Get From It?

We train adults in a variety of cognitive and behavioural therapies. This includes one day workshops as well as longer term courses. We also run a private clinic working with adults on many issues including anxiety disorders, depression, relationship problems, trauma, psychosomatic issues such as irritable bowel syndrome and blushing to name but a few. Both our students and our clients learn how to understand and develop awareness of the different types of emotions we experience and how to change them in a constructive manner in order to make progress and to move on.

Understanding the different types of emotions we may feel, and knowing what is at the heart of these emotions, can be tricky at times, especially when we experience many at the same time.

This book is designed to help you make sense of your emotions using Cognitive Behaviour Therapy (CBT) displayed in a visual way. We believe that using illustrations to demonstrate how we think, what we tend to do, and do when we experience different emotions can be helpful to anyone who wants to use CBT in their life.

The aim of the book is to use visual techniques to help you understand:

- The different types of emotions we experience such as depression, sadness, anxiety, concern, anger,

annoyance, guilt, remorse, hurt, disappointment, embarrassment/shame, regret, jealousy, concern for one's relationship, unhealthy envy and healthy envy.

- How to differentiate between what's an unhealthy and what's a healthy negative emotion or feeling.
- How to find out what is at the heart of these feelings and emotions.
- How to change and move on in a constructive way.

**Before we get started there is something you need to know.**

*Emotional Responsibility – You are largely responsible for how you feel and act.*

At the heart of almost all emotional and behavioural change is Emotional Responsibility. Your feelings and reactions are greatly influenced by the attitudes and beliefs that you currently hold as true. Some of those beliefs you hold, but no longer question, may be untrue and unhelpful to you.

Being 'largely' responsible does not mean that another person, situation or event sometimes causes your behaviour. What this means is that there are some disorders like Bipolar Depression that are organic in nature; meaning that it's to do with the person's biology or genetic makeup. To change how we feel, understanding Emotional Responsibility is very important.

The principle of Emotional Responsibility can be difficult to accept, particularly if you are going through a difficult time or have experienced a personal tragedy. It is natural to feel angry, sad, depressed or hurt in response to people, accidents, illness and other challenges in life. Notice that people feel and experience contrasting emotions when they experience the same problem. Therefore it is not the event or another person that '**makes**' you feel what you feel.

If it was true that events caused emotional responses or feelings, then everyone experiencing the same event would

experience the same feeling BUT they don't. At the heart of your emotional experience are your beliefs.

How you think about something or someone is generally down to you. The consequential feelings and behaviours are also generally down to you. Uncomfortable, but generally true, nevertheless.

## What is Cognitive Behaviour Therapy (CBT)?

The two pioneers of CBT, Albert Ellis and Aaron Beck, shared the view that most emotional problems arise from faulty thinking and that the remedy is found in corrective actions. Both approaches concentrate on *present* problems and *present* thinking, in contrast to the earlier forms of psychotherapy.

Both recommended the inclusion of behavioural exercises.

It's worth knowing a little more about the two main schools of Cognitive and Behavioural Therapies - you may decide that one works for you better than the other. Both have evidence-based theories and both have a structured framework and process of therapy. We have included a section explaining the Ellis and Beck models at the end of this book.

These two great thinkers have made an enormous contribution to the understanding and application of psychological health. We tend to prefer Ellis's model most of the time because of its philosophical basis. We find that it resonates both with our students and with our clients easily. This book is mainly influenced by Ellis's model but uses some aspects of Beck's model.

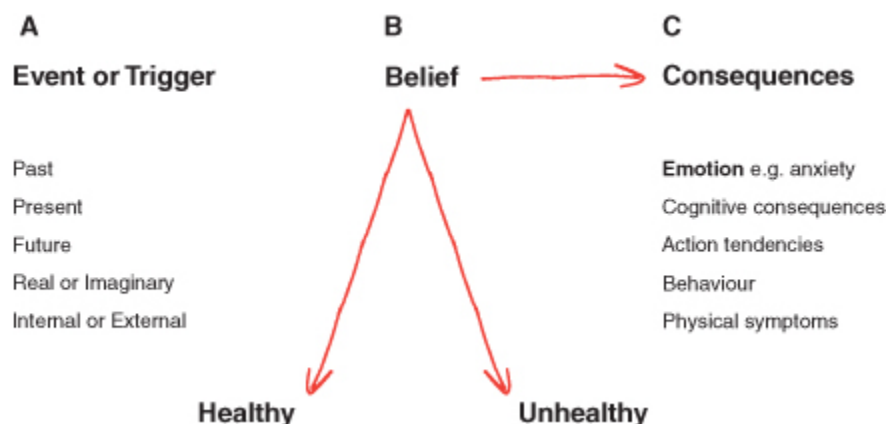
*'People are disturbed not by things but by their view of things'*

This often quoted phrase of Epictetus (Stoic philosopher) is at the heart of the Ellis model. The intent behind Ellis's work and his theory was to:

- Help people clarify their emotions, behaviour and goals.
- Identify the unhealthy beliefs that are at the heart of their emotional problems and that sabotage their goals.
- Dispute them and replace them with their healthier version in order to get better through consistent and constructive action.
- Finally, to generalise the change to other areas of life.

Epictetus's quote can be conceptualised by the ABC diagram which follows.

It is not the event, but the belief or view you hold about the event, which is at the heart of emotional states. Emotions, thoughts and behaviours can be healthy and functional, or unhealthy and dysfunctional. The event can be something that has happened in the **past**, something that is happening **now** or something that could happen in the **future**. It can also be real, imaginary, internal or external. Internal events can be thoughts, images, memories, physical sensations or emotions.



**A** is the event, **B** is the unhealthy or healthy belief you hold about **A** and **C** are the consequential responses which can be:

- Cognitive (thoughts and assumptions)
- Action tendencies (what you feel like doing)

- Behaviours (what you do)
- Emotions (anxiety, concern, depression etc.)
- Physical symptoms (blushing, heart racing etc.)

CBT is problem focused and practical - its aim is to help you get better in the long term, which is done through changing your unhealthy beliefs to their healthy counterparts. The process of change requires repetition, consistency and vigour in the application of the healthy beliefs. This means you will think and act in accordance with your healthy beliefs even though it will feel uncomfortable at first. It is completely natural as emotional change takes time and comes last after the change in thinking and behaviour. Understanding does not create emotional change. If you were to read a book on how to drive a car, understanding that does not transform you into a competent driver instantly. You would have to apply what you understand, i.e. getting into the car, accepting it will feel uncomfortable and challenging at first and mistakes can be made but by being determined and persistent you will begin to feel comfortable.

## Unhealthy Beliefs

Beliefs that are unhealthy have, at their core, explicit or implicit, rigid, powerful demands, usually expressed as MUSTs, SHOULDs, HAVE TOs, GOT TOs, e.g. *I absolutely must not be rejected*. Unhealthy demands are not based on reality.

Rigid demands have three powerful unhealthy derivative beliefs:

**1. Awfulising** - an unrealistic assessment of *badness* where negative events are viewed or defined as 'end of the world bad' or 100% or more bad.

*Example:* 'It would be awful if I'm rejected', 'It would be

the end of the world if I am rejected and therefore I **must not** be rejected.'

**2. Low Frustration Tolerance (LFT)** - the *perceived* inability to tolerate frustration or difficulty even though we do tolerate it. We do not spontaneously combust and die in the face of frustration and difficulty.

*Example:* 'Rejection is unbearable', 'I can't stand it', 'It's intolerable, therefore I **must not** be rejected.'

**3. Total Damning of Self or Other** - rating the self, another or the world in a totally negative way, based on a condition.

*Example:* 'Rejection proves I'm a failure or worthless or unlovable as a person, therefore I **must not** be rejected.'

These beliefs are unhealthy because they generate emotional disturbance or unhealthy negative emotions like anxiety and depression. They are unrealistic, do not make sense and are unhelpful to you. They sabotage the achievement of your goals.

## The Three Major MUSTs

Albert Ellis identified the unhealthy beliefs at the heart of most emotional problems. These can be placed under three major headings. Each of these core beliefs is based on rigid demands. They are as follows:

**1.** I **must** do well, greatly, perfectly, outstandingly and **must** win the approval of others *or else* it's awful, I can't stand it and I'm no good and I'll never do anything well. This can lead to many different types of unhealthy negative emotions like anxiety, depression, jealousy, hurt, unhealthy envy, guilt, shame and embarrassment and anger with the self.

**2.** Other people **must** do the right thing or be a certain way or treat me well or kindly and considerately and put



me in the centre of their attention *or else* it's horrible, unbearable and proves they are bad and no good. This may lead to a variety of unhealthy negative emotions like anger, rage and jealousy, anxiety, depression and hurt.

**3.** Life ***must*** be easy, without discomfort or inconvenience or any hassle *or else* it's horrible, unbearable, that damned world doesn't give me everything with ease and without effort. This could lead to a number of unhealthy negative emotions like anxiety, anger and depression and a plethora of behavioural problems like avoidance, procrastination, addiction, giving up on goals to name but a few.

Think of the above three core beliefs as the roots of three different trees. Each tree will then have branches and many leaves on each branch. These branches and leaves represent the many different and specific examples of the core theme. You will find, like many people, that you may have specific issues stemming from all three core beliefs.

## Healthy Beliefs

Beliefs that are healthy have, at their core, preferences, usually expressed as wants and desires. They are realistic, make sense and are helpful to you in the pursuit of your goals. Preference beliefs accept the reality of what **has** happened, what **is** happening and what **could** happen, whether we like it or not.

Preference beliefs are expressed by:

- a.** stating the desire
- b.** negation of the rigid demand.

For example: *'I'd prefer not to be rejected **but** it doesn't mean that I must not be.'* Preference beliefs lead to healthy negative emotions like concern and sadness as opposed to

anxiety and depression. Anxiety and depression are provoked by unhealthy beliefs.

Preference beliefs have three powerful healthy derivative beliefs:

**1. Anti-awfulising** - negative events are placed on a scale of 0 - 99.9% badness where 100% bad does not exist, as one can usually think of something worse.

*Example:* 'it would be bad but not the end of the world if I'm rejected.'

**2. High Frustration Tolerance (HFT)** - the realistic appraisal of your ability to tolerate frustration or difficulty.

*Example:* 'If I'm rejected, it would be difficult but I can tolerate it.'

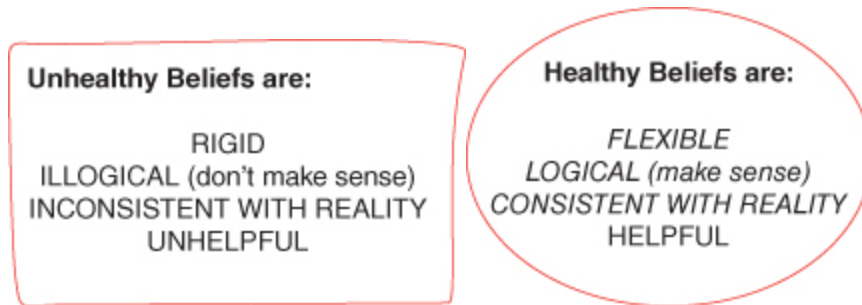
**3. Unconditional Acceptance of Self or Others** - unconditional acceptance of self, another or the world as fallible or imperfect. For example, acceptance of self is not dependent on conditions such as approval or love. You judge what you do rather than who or what you are (i.e. a complex human being).

*Example:* 'I don't like the fact that I can be rejected but I accept myself unconditionally; I'm a fallible human being who will be rejected from time to time.'

**Unhealthy beliefs** (Demands, Awfulising, LFT and Total Damning) are rigid, inconsistent with reality, illogical and interfere with psychological well-being.

**Healthy beliefs** (Preferences, Anti-awfulising, HFT and Unconditional Acceptance) are flexible, consistent with reality, make sense and promote psychological well-being.

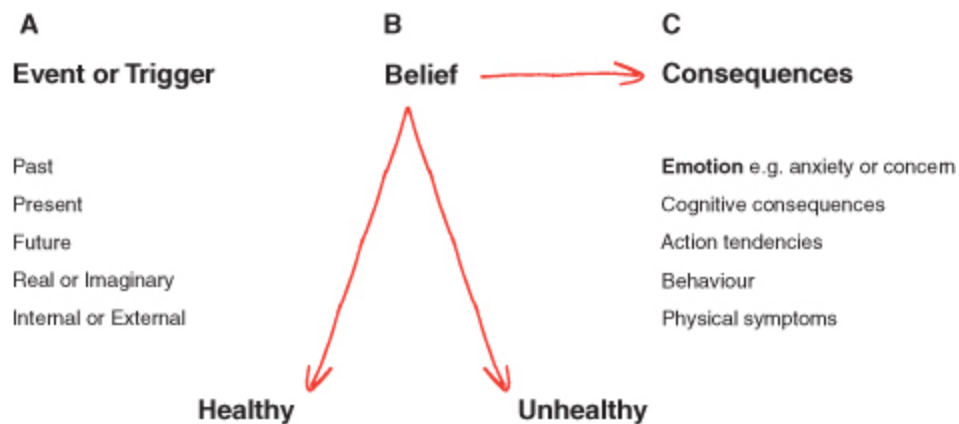
**In summary:**



# Negative Emotions

## Unhealthy Negative Emotions v Healthy Negative Emotions

When we hold an unhealthy belief at **B** we disturb ourselves emotionally but when we hold a healthy belief at **B** we upset but **do not** disturb ourselves. Negative emotions can, therefore, be unhealthy or healthy depending on the view you take of the problem. The diagram below demonstrates this.



## Example

**A** = your train is late  
and you believe

**B** = 'The train **MUST** be on time; I can't stand it when the train is  
not on time'  
then you will feel

**C** = Anger (unhealthy negative emotion)

On the other hand if you think healthily at

**B** = 'I'd like the train to be on time but it doesn't mean it absolutely  
**MUST** be on time; I can stand it being late even though I find it very  
frustrating'  
then you're feeling at

**C** = Annoyance (healthy negative emotion)

Healthy negative emotions are transient because the underlying beliefs that provoke them are rational whereas unhealthy negative emotions are not and that is why changing the underlying belief to its healthy version releases you from being stuck emotionally.

There are eight unhealthy negative emotions and eight healthy counterparts. Below is a list, the left hand column giving you the general theme for each pair.

THEMES OF BELIEF	UNHEALTHY NEGATIVE EMOTIONS	HEALTHY NEGATIVE EMOTIONS
• Threat/Risk to You	• Anxiety	• Concern
• Your Loss/Failure	• Depression	• Sadness
• You are Treated Insensitively	• Hurt	• Sorrow/Disappointment
• You/Another Breaks Your Rule	• Anger	• Healthy Anger
• Threat to Your Relationship	• Jealousy	• Concern for Relationship
• Negative Revelation about You	• Shame/Embarrassment	• Regret
• You Break Your Moral Code	• Guilt	• Remorse
• Someone has Something You Want	• Unhealthy Envy	• Healthy Envy

## Mixed Emotions

Often, when you have a problem you may have more than one emotion about that problem. For example, you may have experienced rejection and you may feel hurt, anxious and angry. You may feel hurt about being rejected, anxious about getting rejected again and angry about being rejected in a particular way. Each one of these emotions would be triggered by a distinct unhealthy belief.

## Meta-Emotions

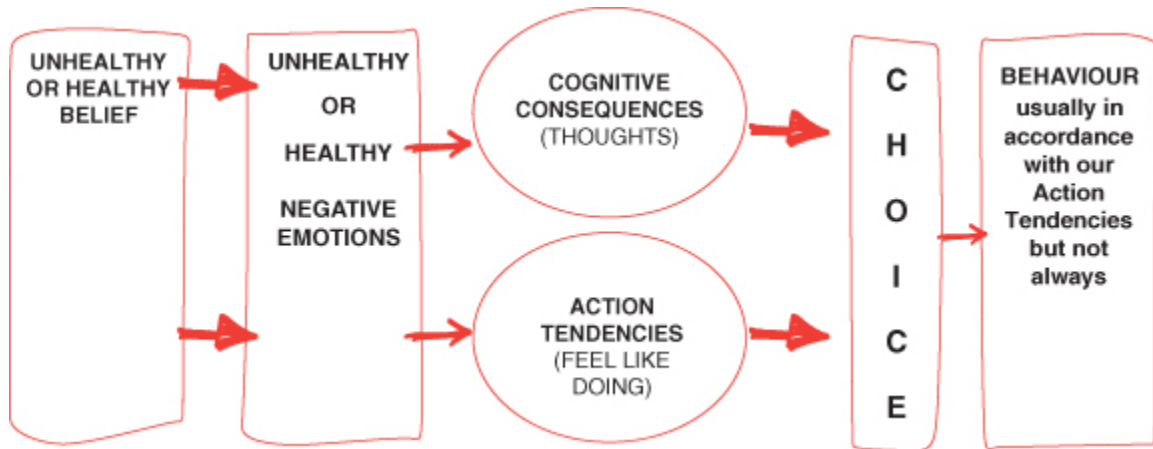
You can create problems about problems. This means that you can have a secondary emotional problem about your primary emotional problem. The secondary emotion is called a meta-emotion or meta-problem. For example, you can feel depressed about your anxiety problem. Depression is the meta-emotion here.

## Cognitive Consequences, Action Tendencies, Behaviours

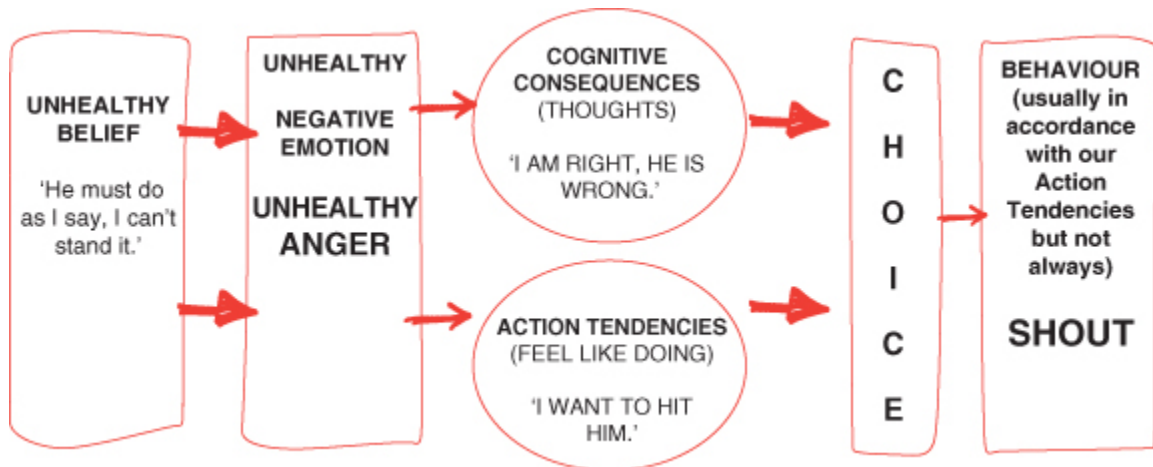
When we experience an unhealthy negative emotion or a healthy negative emotion we:

- a.** tend to think (cognitive consequences) in accordance with that emotional state, and
- b.** feel like acting (action tendencies) in accordance with that emotional state.

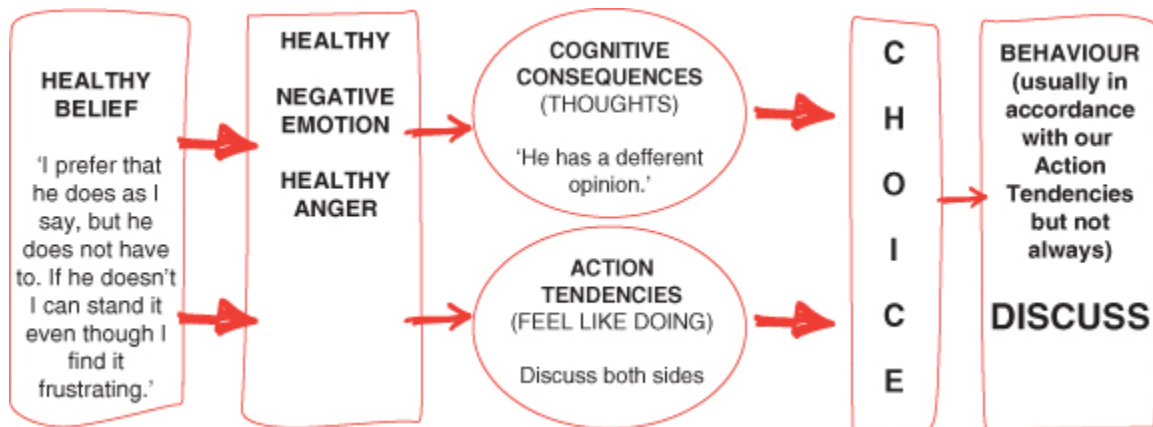
Beliefs, Cognitive Consequences, Action Tendencies and Behaviours



Example 1: Unhealthy Belief and its Consequences



Example 2: Healthy Belief and its Consequences



As shown by the diagrams, the cognitive consequences of unhealthy negative emotions, due to holding unhealthy beliefs, are overly negative and unhelpful. The cognitive

consequences of healthy negative emotions, due to holding healthy beliefs, are constructive and helpful.

In addition to beliefs affecting your thinking processes, they also influence the way in which you tend to act (action tendencies). If you hold unhealthy beliefs about something, your action tendencies will be self defeating. On the other hand, the action tendencies will be constructive if the beliefs held are healthy.

Whether you act on the tendency is a matter of choice. Just because you may have a tendency to act in a particular way does not mean that you will always behave in that way. You can choose to behave against what you feel like doing, i.e. **against** your unhelpful action tendencies. In order to overcome emotional problems you need to think in a healthy way and act in accordance with the helpful action tendencies.

Now that we have covered the basics of Emotional Responsibility, we'll explain how to use this book to help you to become more aware of your emotional state and how to take constructive action in order to move forward. The next section will explain how to use this book in detail.

# How to Use This Book

This book is designed to be used in a number of different ways. You may use it to gain knowledge about emotional states and how we differentiate them in CBT or you may wish to use it for personal development, studies or to support your therapeutic work. The next eight chapters look at the eight unhealthy negative emotions and their healthy versions. The final chapter briefly explains the two main theories in CBT.

Each chapter contains an introduction to the title emotion and a checklist of triggers. A set of illustrations of both unhealthy and healthy cognitive consequences and action tendencies helps you identify the emotion. A guide for instigating emotional change then follows.

Each emotional pair is illustrated to show its cognitive consequences (how you think) and its action tendencies (what you feel like doing). You can compare and contrast the cognitive consequences and the action tendencies of anxiety and concern, for example. By looking at the illustrations and captions in each of the eight chapters on Emotions you can understand or become aware of your emotional state and whether it is healthy or unhealthy.

There are two ways of using this book if you wish to change your emotional state.

You may choose '**General Change**' or '**Philosophical Change**'.

General Change helps you work out for *yourself* how to modify your assumptions and behaviours by learning about the unhealthy and healthy negative emotions and their cognitive consequences and action tendencies. General Change does not deal with the underlying belief systems that provoke the cognitive consequences and action



tendencies. If you wish to change the beliefs that trigger the cognitive consequences and action tendencies, then you should choose the philosophical route and learn how to do that.

Philosophical Change is a more directive approach focusing you on identifying your unhealthy beliefs. It teaches you how to dispute them, work out their healthy counterparts and dispute them too. Disputing is a key skill in Philosophical Change. Disputing involves questioning the reality, sense and helpfulness of your beliefs.

This is done in order to help you understand the healthy solution to solving the problem. You will see, from the example later on in this chapter, the disputation questions to ask. Finally, Philosophical Change involves implementing the healthy solutions to your problem by thinking and acting in accordance with your healthy beliefs.

General Change helps you to manage your emotions and symptoms whereas Philosophical Change helps you to get better in the long term. It enables you to face what you are most disturbing yourself about and then develop a healthy rational response to it. You learn a philosophy that you can then generalise to other areas of your life. Below are two examples that demonstrate the difference between General Change and Philosophical Change.

**Example 1: Dealing with the problem of rejection.**

In General Change, you will realistically understand that you might not get rejected. You will focus on the likelihood of getting rejected and work out that, in reality, you may or may not get rejected.

Philosophical Change starts by pushing the button - it assumes rejection will happen to you and then helps you work out the unhealthy belief you hold about being rejected. It focuses you on facing the possibility of rejection rather than focusing you on the likelihood of rejection.

## **Example 2: Dealing with anxiety about dying in an aeroplane incident.**

In General Change you will realise that flying is a safe mode of transport, disasters are rare and that the odds are stacked strongly in your favour. The likelihood of arriving safely at your destination is almost, but not quite, certain.

With Philosophical Change you will face the reality that risk exists, no matter how improbable. It helps you accept and develop a healthy attitude to adverse possibilities and uncertainty.

If you choose General Change but find yourself thinking 'Yes, but?' then the Philosophical Change method is for you.

We prefer Philosophical Change because it focuses on the most disturbing aspect of any problem first.

# **General Change has five steps**

**STEP 1** Choose a typical example of your emotional problem.

**STEP 2** Identify your cognitive consequences and action tendencies that relate to your unhealthy negative emotion. Write them in your own words, using the illustrations as a guide. Make sure that they are specific to your example.

**STEP 3** Repeat the above, this time identifying your cognitive consequences and action tendencies that relate to the healthy negative emotion.

**STEP 4** Commit to thinking and behaving in accordance with the cognitive consequences and action tendencies of the healthy negative emotion.

**STEP 5** Repeat, Repeat, Repeat in a consistent and forceful manner until your new thinking and your new

behaviour become second nature.

## Example of General Change - Presentation Anxiety

- 1** You have identified that you feel anxious about doing a presentation.
- 2** One of the cognitive consequences of anxiety is *'You create an even more negative threat in your mind'*, so you might write, *'I think the presentation will go badly and I will end up losing my job'*. One of the action tendencies of anxiety is *'You seek reassurance'* so you might write, *'I keep wanting to ask and ask my colleagues to tell me that all will be fine.'*
- 3** Now look at the cognitive consequences and action tendencies for the healthy negative emotion of concern. One of the cognitive consequences of concern is *'You do not create an even more negative threat in your mind.'* You might write, *'I hope all will be fine and it's unlikely that I will lose my job if it doesn't go well.'* One of the action tendencies of concern is to *'Deal with the threat constructively.'* So you might write, *'I will not seek constant reassurance.'*
- 4** Commit to thinking and behaving in accordance with the cognitive consequences and action tendencies of the healthy negative emotion.
- 5** Repeat, Repeat, Repeat in a consistent and forceful manner until your new thinking and your new behaviour become second nature.

Having followed through to the last step, you should begin to think healthy thoughts when you think about your presentation and you should stop yourself from seeking reassurance.

# Philosophical Change has five steps

## **STEP 1 Identify your unhealthy belief by:**

- a.** Choosing a typical example of your emotional problem.

**b.** Using the Common (Emotion) Triggers table as a reference to pinpoint what you are feeling most disturbed about.

**c.** Express your answer to (b) in the form of a 'MUST'.

**d.** Identify the three derivative beliefs. (Awfulising, Low Frustration Tolerance and Damning). You may have all three derivatives or any combination of the three. You should imagine yourself in the trigger situation when identifying the derivative beliefs.

### **STEP 2 Dispute your unhealthy belief.**

The unhealthy belief is made up of the rigid demand and its derivatives. The disputing questions below are used on all of them.

**a.** Are they realistic or not and why?

**b.** Do they make sense or not and why?

**c.** Do they lead to helpful or unhelpful outcomes for me, and why?

### **STEP 3 Identify your healthy belief.**

This is done by rewriting the unhealthy belief into its healthy version. The healthy version of the rigid demand is called a preference belief. Three balanced beliefs are derived from the preference belief. (Anti-awfulising, High Frustration Tolerance and Unconditional Acceptance of Self or Other.)

### **STEP 4 Dispute your healthy belief.**

The healthy belief is made up of the preference belief and its derivatives. The disputing questions below are used on all of them.

**a.** Are they realistic or not and why?

**b.** Do they make sense or not and why?

**c.** Do they lead to helpful or unhelpful outcomes for me, and why?

### **STEP 5 Strengthen your healthy belief and weaken your unhealthy belief.**

A number of cognitive and behavioural assignments are suggested in each chapter.

## Example of Philosophical Change - Presentation Anxiety

**1** You have identified the following belief that triggers Presentation Anxiety:

My colleagues **must** not judge me negatively if I appear nervous. It would:

- be **awful** if they did.
- be **unbearable** if they did.
- prove **I'm worthless** if they did.

**2** The unhealthy beliefs (Rigid demand, Awfulising, Low Frustration Tolerance) are each disputed by asking the following:

- a. Are they realistic or not and why?
- b. Do they make sense or not and why?
- c. Do they lead to helpful or unhelpful outcomes for me, and why?

**3** Identify the healthy belief. The unhealthy belief is rewritten into its healthy version below:

I'd prefer that my colleagues did not judge me negatively if I appear nervous but that does not mean that it absolutely **must** not happen. If they judged me negatively it would:

- be bad but **not awful**.
- be difficult but **not unbearable**.
- **not mean that I am worthless**. I am a fallible human being and my worth does not depend on whether my colleagues judge me negatively or not.

**4** The healthy belief is disputed by asking the following questions about the preference belief and its derivatives:

- a. Are they realistic or not and why?
- b. Do they make sense or not and why?
- c. Do they lead to helpful or unhelpful outcomes for me, and why?

**5** Strengthen your healthy belief and weaken your unhealthy belief, by reciting the healthy belief whilst imagining yourself looking nervous in front of your colleagues. Also, behave in accordance with healthy action tendencies such as not seeking reassurance and not avoiding presentations.

We believe that making a philosophical shift is a more effective way of getting better in the long term because you

will be working on the auto pilot that provokes your unhealthy emotions, thoughts and tendencies to behave, i.e. your beliefs.

You will be able to generalise what you have learnt to other areas of your life too, as you will have learnt a philosophy for healthy living.

Whichever route of change you choose - General or Philosophical Change - you will enable yourself to make helpful positive changes to your well-being. Beginning to recognise how your thoughts impact on your life experience is empowering.

Choosing General Change will enable you to figure out for yourself how you need to think and what you need to do to manage your emotions more healthily.

Philosophical Change takes more time and focus and will enable you to change underlying unhealthy beliefs to more healthy counterparts. On achieving this specific change you can then go on to generalise this healthy way of thinking and apply it to other areas in your life.

However you choose to use this book, we hope that you find it helpful.

## Humour

We have used humour in some of the illustrations to help you remember some of the points and also because we believe in taking things seriously but not too seriously. Indeed, psychological health has been summarised by this philosophy by many great thinkers. But remember to put the emphasis on not taking things *too* seriously. It shouldn't be interpreted as 'it doesn't matter to me'.

Using humour is about demonstrating how unhealthy and irrational our thoughts and behaviours can be. It is not about poking fun at anyone. No one is perfect and a key aspect of CBT is about accepting ourselves unconditionally