

# Identifying Irrational Thoughts

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One of the most common components of cognitive-behavioural psychotherapy (CBT) is identifying and answering irrational thoughts. Once you can label and dissect an irrational thought, you take away some of its power. The longer these patterns are allowed to continue, however, the more likely they are to become ingrained, lifelong habits. These habits of thought contribute to development of the hard-to-treat personality disorders that often bedevil bipolar adults.

Problematic thought styles include:

## **Catastrophizing.**

Seeing only the worst possible outcome in everything. For example. Your child might think that because he failed his algebra test he will get an F for the semester, everyone will know he's stupid, the teacher will hate him, you will ground him, and moreover, he'll never get into college, and on and on. No matter what soothing words or solutions you try to apply, he'll insist that there's no remedy.

## **Minimization.**

Another side of catastrophizing, this involves minimizing your own good qualities, or refusing to see the good (or bad) qualities of other people or situations. People who minimize may be accused of wearing rose-coloured glasses, or of wearing blinders that allow them to see only the worst. If a person fails to meet the minimizer's high expectations in one way-for example, by being dishonest on a single occasion-the minimizer will suddenly write the person off forever, refusing to see any good characteristics that may exist.

## **Grandiosity.**

Having an exaggerated sense of self-importance or ability. For example, your child may fancy herself the all-time expert at soccer, and act as though everyone else should see and worship her fabulous skill as well. She may think she can run the classroom better than her "stupid" teacher, or feel that she should be equal in power to her parents or other adults.

## **Personalization.**

A particularly unfortunate type of grandiosity that presumes you are the center of the universe, causing events for good or ill that truly have little or nothing to do with you. A child might believe his mean thoughts made his mother ill, for example.

## **Magical thinking.**

Most common in children and adults with obsessive-compulsive disorder, but seen in people with bipolar disorders as well. Magical thinkers come to believe that by doing some sort of ritual they can avoid harm to themselves or others. The ritual may or may not be connected with the perceived harm, and sufferers tend to keep their ritual secret. Children are not always sure what harm the ritual is fending off; they may simply report knowing that "something bad will happen: if they don't touch each slat of the fence or make sure

their footsteps end on an even number. Others may come to feel that ritual behaviour will bring about some positive event.

**Leaps in logic.**

Making seemingly logic-based statements, even though the process that led to the idea was missing obvious steps. Jumping to conclusions, often negative ones. One type of logical leap is assuming that you know what someone else is thinking. For instance, a teenager might assure that everyone at school hates her, or that anyone who is whispering is talking about her. Another common error is assuming that other people will naturally know what you are thinking. Leading to great misunderstandings when they don't seem to grasp what you're talking about or doing.

**“All or nothing” thinking.**

Being unable to see shades of gray in everyday life can lead to major misperceptions and even despair. A person who thinks only in black-and-white terms can't comprehend small successes. He's either an abject failure or a complete success, never simply on his way to doing better.

**Paranoia.**

In its extreme forms, paranoia slides into the realm of delusion. Many bipolar people experience less severe forms of paranoia because of personalizing events, catastrophizing, or making leaps in logic. A teen with mildly paranoid thoughts might feel that everyone at school is watching and judging him, when in fact he's barely on their radar screen.

**Delusional thinking.**

Most of the other thought styles mentioned above are mildly delusional. Seriously delusional thinking has even less basis in reality, and can include holding persistently strange beliefs. For example, a child may insist that he was kidnapped by aliens, and really believe that it is true.

Not only are these thought styles in error, they're intensely uncomfortable to the person who uses them-or should we say suffers from them, because no one would deliberately choose to have these anxiety-producing thoughts. When these thoughts emerge in words and deeds, the damage can be even worse. Expressing such ideas alienates friends and family, and can lead to teasing, ostracism, and severe misunderstandings.