

Practicing Cognitive Strengthening: Understanding Unhealthy Thinking Patterns (Session 6 of the Treatment Manual)

We are what we think. All that we are arises with our thoughts. With our thoughts we make the world—Siddhārtha Gautama Buddha (Founder of Buddhism)

Session 6 focuses on practicing cognitive strengthening and understanding unhealthy thinking patterns. It is followed by Session 7, which focuses on learning effective thinking strategies and consolidating skills development. When working with Asian heritage clients, the emphasis on cognitions is a cultural adaptation and purposefully placed after problem-solving. This important modification was implemented because many clients come into therapy wanting to actively address their problems. Emphasizing on changing the way clients think too early in the treatment process can be incongruent with the client's goals. In fact, during the clinical trials, many clients in the nonadapted cognitive-behavioral therapy (CBT) condition stated that their thinking is not the problem, and wanted to focus on changing other people and their life situation—which were perceived as the real problem. After the client has gone through the process of trying to solve their problems, they are more willing to cognitively reframe and change the way they think. Session 6 of the treatment manual has a number of goals, including:

- Weekly check-in and review of take-home exercises;
- Responding to life stresses through cognitive strengthening;
- Changing our response when we can't change what happened;
- Understanding that negative thinking is natural, but too much negative thinking is unhealthy, ineffective, and unproductive;
- Identifying common unhealthy thinking patterns;
- Understanding your thinking patterns;
- Using the “climbing the mountain” technique to strengthen your thinking.

In addition, these session goals fall within the following chapter goals:

- Continue to consolidate gains through the use of weekly take-home exercises and practice
 - Weekly check-in and review of take-home exercises
- Introducing cognitive reframing in a culturally effective manner
 - Responding to life stresses through cognitive strengthening
 - Changing our response when we can't change what happened
- Practicing natural and effective ways of thinking and learning how to let go
 - Understanding that negative thinking is natural, but too much negative thinking is unhealthy, ineffective, and unproductive
 - Identifying common unhealthy thinking patterns
 - Understanding your thinking patterns
- Using the “climbing the mountain” technique to strengthen your thinking.

CHAPTER GOAL #1: CONTINUE TO CONSOLIDATE GAINS THROUGH THE USE OF WEEKLY TAKE-HOME EXERCISES AND PRACTICE

Weekly Check-In and Review of Take-Home Exercises

Similar to previous sessions, this session begins with a weekly check-in and review of take-home exercises, because Session 5 contained a lot of materials regarding effective communication that clients may need additional practice. For those who are struggling with a lot of family conflicts and need additional communication skills training, spending more time on checking-in and reviewing their take-home exercises can be essential to consolidate their skills. Moreover, practicing and role-playing communication difficulties and specific conflicts can be extremely helpful. In these situations, the therapist may want to extend Session 5 or go over Session 11 (Strengthening family relationships) rather than begin Session 6. Role-playing and making sure that the clients know how to apply the “climbing the mountain” technique to their individual life situations are very important.

CHAPTER GOAL #2: INTRODUCING COGNITIVE REFRAMING IN A CULTURALLY SENSITIVE MANNER

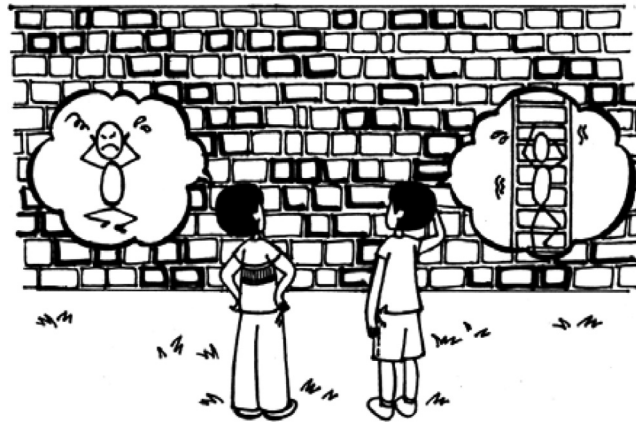
Changing the way we think is not an easy task. It requires a major shift in how we perceive and interpret the world. Cognitive flexibility and a great deal of practice and effort are necessary for cognitive change. As previously mentioned, Asian heritage populations often focus on trying to change their life situation when they first come to therapy, rather than on changing their mindset. This is partially a consequence of cultural stigma that increases the likelihood of delayed help-seeking. Consequently, this delay leads to greater clinical severity when clients do finally come in, amplifying their desire to experience immediate treatment benefits. The changing of the client’s cognitive process at the very beginning of treatment may not align well with the client’s initial therapeutic goals. If the therapist pushes too hard for the clients to make cognitive changes at the beginning of treatment, the therapist–client working alliance could be fragmented. Although, cognitive reframing is important and may be a prerequisite to emotional changes, introducing cognitive therapy in a culturally effective and temporally acceptable manner is an important cultural adaptation. Moreover, it could be that making emotional changes can also lead to cognitive changes.

Responding to Life Stresses Through Cognitive Strengthening

An important part of culturally adapting therapy for Asian heritage populations is to align with the clients’ goal of problem-solving. Instead, the manual takes a strength-based, health-oriented, effectiveness-focused, and holistic approach to introducing cognitive change. This culturally adapted and sensitive approach may be more compatible with the needs of Asian heritage populations. Clients are taught that cognitive flexibility in the way we think can help us reach our goals, strengthen our positivity, help reframe stress, and improve mental well-being. In addition, concerted effort was made to not focus too much on traditional CBT descriptors of cognitions (eg, maladaptive thoughts, irrational and problematic thinking, and cognitive biases, errors, and distortions), which may be perceived as too critical, labeling, and blaming. This is important because the self–other focus for those from the East and West may be different, especially when it comes to interpretations of who or what is causing the problem.

Because Asian heritage populations are less familiar with therapy, we reiterated the three primary foci of the culturally adapted treatment program, which are behavioral, cognitive, and internal strengthening. This reminded clients of the goals and direction of the program and provided a mental roadmap to quell uncertainties. An emphasis was placed on understanding the impact of choices we make, and on improving our mental reactions and responses. Our coping methods and the way we perceive the world influence our ability to accomplish our goals and experience inner peace. This emphasis on having power over the choices that we make is important because it underscores our ability to have control over our lives and helps reduce the impact of fatalistic beliefs. The culturally adapted manual emphasizes effectiveness and empowerment to improve mastery over our own thoughts and lives. Clients were told that they have the power to either respond to life stresses in a positive, healthy, and productive manner; or fall victim to negative, unhealthy, or unproductive ways of reacting

to stress. Whether we respond or react was presented as a choice (ie, become emotionally frustrated or problem-solving and addressing barriers that prevent us from achieving our goals). Pictures from the manual were used to illustrate these points, such as the one below.



In addition, the manual provides clients with examples of what was characterized as healthy responses and unhealthy reactions. Focus was placed on allowing ourselves to experience our natural emotional reactions, but also to condition ourselves to respond to problems in a healthier way in the long run by focusing on being effective and problem-solving. Concrete examples were provided in the manual. For example, the manual provides a situation where someone gets laid off from work. Anybody who gets laid off naturally gets initially upset, which is a normative reaction. How long somebody remains upset and how intense those feelings are are influenced by a person's coping strategies, and those with healthier secondary responses are able to adjust more quickly. The healthier cognitive response is to remind yourself that you have skills and abilities that employers want, and to tell yourself not to lose hope and tell yourself that you will be able to find another job, just try your best.

The unhealthier reaction is to continue being emotionally upset, and to start thinking negatively about your abilities and feeling sorry for oneself. This can ultimately lead to a cycle of depression and lack of motivation and energy to find another job. An illustration was provided to demonstrate the cognitive processes comparing a healthy and unhealthy reaction. Faced with the same stressor, a person can also think, "Everything will be okay... I'm going to do what I can to strengthen my weaknesses and find a more rewarding job!!!" The other person says, "I'm such a failure... No one will ever want to hire me... I will never find another job!!!" The healthier cognitive response leads to more positivity, less emotional stress, increased effectiveness, and more energy to problem-solve. The unhealthier reaction, on the other hand, is to fixate on the initial feelings of distress, which leads to greater pessimism, reduced effectiveness, and little emotional energy to deal with life stressors such as finding another job.

To help clients better consolidate their understanding, a second example is provided where two different people find out that they have high blood pressure. Similarly, both people initially react by getting upset, but one person lets this reaction continue on in a negative way; whereas, the other person responds and copes with the problem more effectively in the long run. The healthier cognitive response includes positive self-talk and optimism, which ultimately increases the likelihood of healthy behaviors such as eating healthier food and exercising regularly. The healthier and more responsive self-dialog includes saying to oneself, "It will be okay. I'm going to eat better and exercise more to manage my high blood pressure!" The unhealthy reaction is characterized by feeling emotionally stuck, pessimism about the future, a negative internal dialog, and feelings of hopelessness, which in turn, leads the person to engage in less effective behavioral strategies (eg, not exercising and self-isolating at home). The unhealthier reactive self-dialog is exemplified by saying to oneself, "This is horrible! My blood pressure is out of control! I'll never be able to lower it!"

These cultural adaptations are additional examples of how studying culture can help strengthen our knowledge and understanding of psychology as a clinical science. Specifically, framing discussions of cognition utilizing a strength-based, effectiveness, and healthy-focused approach is not only beneficial for Asian heritage populations, but can also be effective for people from other cultural backgrounds. For example, I often use these culturally adapted cognitive approaches with White clients, and it often helps to reduce reactivity and increase buy-in to treatment. Clients often express that strength-based approaches feel less negative, critical,

and blaming than the traditional CBT approach of identifying and labeling irrational thoughts. The focus on a healthier response also helps to increase client self-esteem, which facilitates a more positive internal dialog and empowers the client to take action to solve their problems. Moreover, these culturally adapted examples provided in the treatment manual were relevant to the client seeking help in community mental health clinics. . . who tend to struggle vocationally and financially, and suffer from a variety of health problems. This focus on changing the way we think when we cannot change our life situation is an important critical aspect of effective cognitive therapy, and aligns well with the motto on the cover of the treatment manual.

Changing Our Response When We Can't Change What Happened

In this in-session discussion, the manual continues the theme of proactive problem-solving when addressing stressful circumstances by utilizing cognitive reframing when we can't change the situation. In this section, the therapist reminds the client that how we adjust and adapt to problematic stressors can have a significant impact on our well-being. A discussion about the healthy and unhealthy reactions and responses from the previous two examples is reiterated. In addition, the therapist individualizes the treatment by asking clients what has been bothering them lately, what they have done to help change the situation, whether there is anything they can do to cope with the problem in a more healthy way, and what kind of mindset and self-talk would be needed to help reach their emotional and life goals. Practicing what one has learned through psychoeducation and applying it to the client's life situation is critical to consolidating learning and fostering change. Moreover, the cultural adaptation of first providing psychoeducation and examples prior to asking the clients to open-endedly discuss their problems can provide more structure and help those who are less familiar with psychotherapy feel more comfortable. This is especially important during the first several sessions of treatment with Asian heritage clients who may not know what to say in therapy and feel that unstructured treatments are too open-ended, not sufficiently goal-focused, and lack direction.

This section also gives the therapists an opportunity to discuss what I call the 80/20 or 90/10 rule of dealing with stress in the most effective way possible. It is normative to encounter various stressful life events throughout our lives. However, the interpretation of stress possesses both objective and subjective elements, with approximately 10–20% of stress associated with a life event being uncontrollable and objectively concrete (ie, you can't change the fact that it is raining). The remaining 80–90% is open to interpretation, subjective, and the emotional impact is controllable through cognitive reframing (ie, thinking that it's horrible that it's raining vs being happy that it is raining because it helps cleanse our mind, body, and spirit). Specifically, how we perceive and interpret the stressful life events determines the impact that it has on our emotional well-being and daily lives. We cannot always change the situation, but we can control how we cognitively reframe and cope with the problem. The examples provided in the treatment manual illustrate that even though people face the same life circumstances, their responses can be different. Therapists can use the in-session discussion to highlight the power of learned optimism versus pessimism, and help clients reframe and develop more effective coping thoughts.

CHAPTER GOAL #3: PRACTICING NATURAL AND EFFECTIVE WAYS OF THINKING AND LEARNING HOW TO LET GO

Helping clients cognitively reframe and reduce what traditional CBT calls cognitive distortions or irrational thoughts is important to treatment outcomes. However, culturally adapting the terminology and helping clients have healthy, effective, and goal-oriented ways of thinking can enable clients to feel less criticized for making "mistakes" or for having "problematic ways of thinking." Part of culturally adapted CBT for Asian heritage populations is to focus on the fact that negative thinking is natural, but in order not to spiral downwards into depressive cycles, we need to have a balanced way of thinking that is not overly pessimistic or optimistic. Clients are more likely to come into treatment with a proclivity toward pessimism than optimism. When teaching them about cognitive reframing, it is important to clarify that we are not trying to convince them to be unrealistically positive or for them to believe in something that is not true. Rather, the focus is on fostering balanced thinking. This culturally adapted approach can also be beneficial for non-Asian heritage populations, which provides another example of how studying culture can inform clinical science and practice. Specifically, a balanced, strength-based, effectiveness-focused, and holistic approach may be a culture-universal strategy for engaging clients and improving mental well-being.

Understand That Negative Thinking Is Natural, But Too Much Negative Thinking Is Unhealthy, Ineffective, and Unproductive

In this section, the treatment manual helps clients understand that when bad things happen, it is natural to think in negative ways. However, the goal is not to get rid of stressful thoughts because they can also sometimes be helpful in motivating us to work harder. In addition, sometimes when we try to get rid of negative thoughts, they become even more ingrained. Instead, the focus is on (1) reducing negative thinking when they become ubiquitous and (2) letting thoughts flow to more positive places before we get stuck in a downward spiral. Negative thinking has both physical and emotional consequences that can not only hinder us, but also distance us from our goals. The goal of cognitive reframing is not to become overly positive, but rather have balance in our positive and negative ways of thinking, or in the proportion of healthy and unhealthy thoughts. Although all thoughts are natural (and we sometimes can control our initial reactions), prolonged negative thinking can be detrimental to our lives and become unhealthy and problematic. We also want to normalize our clients' thoughts, which can help clients feel like their experiences are shared by others. This is especially important for Asian heritage populations who are more socially oriented and where mental health is highly stigmatized. This helps reduce premature dropout and discomfort in therapy. Focusing on helping clients reach their goals through cognitive reframing is an essential cultural adaptation and can also improve the client–therapist working alliance.

In addition, part of culturally adapting therapy is also to align with the client's cultural value system. For example, the values of Buddhism can at times seem antithetical to psychotherapy. Whereas traditional psychotherapy focuses on cognitive reframing, Buddhism promotes reframing, but also emptying one's mind and letting things go. For example, Ajahn Chah (1918–1992), a Thai Buddhist monk stated, "Just know what is happening in your mind: not happy or sad about it, not attached. If you suffer, see it, know it and be empty." The late martial arts master Bruce Lee (1940–1973) also made similar statements, "Cease negative mental chattering.—If you think a thing is impossible, you'll make it impossible. Pessimism blunts the tools you need to succeed." Therapists need to not only understand these cultural and therapeutic incongruences, but also directly help clients cognitively reframe and empty their minds and let go of their suffering.

Identify Common Unhealthy Thinking Patterns

When people are depressed, it is natural for their thinking patterns to become unhealthy and reinforce the cycle of depression. When this happens, our minds become polluted with negative thoughts, cognitive biases, and colored interpretations of stressful life situations. Another cultural adaptation was helping our clients understand that just as our heart, kidney, liver, and other organs help keep our bodies clean, mental filters help promote emotional well-being. This cultural adaptation not only relates the physical to the mental, but also creates a tie-in to Traditional Chinese Medicine (TCM), which associates negative emotions (eg, anger, depression, and anxiety) to various organs not functioning in a healthy or effective manner. Mental filters help clean our minds and reduce polluted thoughts. Bridging cultural treatment beliefs with Western therapy is included in Domain 3 of the Psychotherapy Adaptation and Modification Framework.

In the manual, we discuss three characteristics of unhealthy and ineffective thinking, as well as the characteristics of healthy and effective thinking. Unhealthy and ineffective thinking consists of chronic and ingrained ways of negative thinking that tends to be: (1) all-or-none thinking ("She *ALWAYS* does this!"), (2) pessimistic, hopeless, or overly negative ("Things will *NEVER* change!"), and/or (3) critical toward self or others ("I'm not worthy..."). Healthy and effective thinking is characterized as being: (1) flexible and nonrigid ("He does not do this all of the time"), (2) optimistic and hopeful ("I can help the situation by asserting myself..."), and supportive and encouraging toward self and others ("We can work this out!").

Unlike nonculturally adapted CBT manuals, we focused on only three "cognitive errors, cognitive biases, or irrational ways of thinking" to avoid confusion. For example, in the nonadapted treatment manual that we utilized in the clinical trial, 11 different harmful ways of thinking that spanned 4 pages were introduced. Because Asian heritage clients are less familiar with therapy, they may be easily overwhelmed when inundated with too many examples, too much text, or too many pages. Cultural adaptations can therefore take the form of simplifying and reducing the amount of materials covered so that clients do not become flooded. In doing so, the manual focuses on the top three harmful ways of thinking that we believe to be most common among Asian heritage populations. In addition, we further simplified the healthy and effective ways of thinking by making them mirror opposites of the three ineffective ways of thinking to avoid confusion.

In addition to pointing out the deleterious consequences of all-or-none thinking, the manual also helped clients shift from negative to positive thinking. The manual does so by using holistic metaphors that emphasize nature in the discussion of cognitive reframing. For example, positive and negative thinking were related to the duality of shadow and light. Specifically, we have a choice to stand in the shadow of a tree or in the sunlight, and we also have control over our minds to think in positive or negative ways. Sometimes we feel too hot and need to step into the shadow. Other times, we feel too cold and need to stand in the sun (which is also related to depression in TCM). Having clients physically move from standing in the shadow to standing in the light helped them physically feel the benefits and change in mood associated with cognitive reframing, and also helped them feel more in control of changing their thought processes (ie, you have the choice of where to stand). This example resonated with clients who identified with nature, and helped consolidate their learning through behavioral actions. This activity can even be practiced in the “urban jungle” (ie, the shadow of buildings) as well as in natural settings (eg, the shadow of mountains—which also tied into the “climbing the mountain” technique).

This cultural adaptation also helps therapists integrate meditation and mindfulness practice into treatment by helping clients understand that sometimes we feel too depressed, lack energy, and think in depressogenic ways. By having them physically stand in the sunlight, we can have them focus on experiencing the sensation of sunlight with their mind, body, and spirit, and help them engage in more healthy and effective thinking. Diaphragmatic breathing and meditational practice can also be practiced at this time. In addition, the manual points out that sometimes we feel too angry or frustrated, and we need to move from the sunlight to the shadows to calm ourselves, regain a sense of peace, and become more centered and balanced. This also relates back to the Tai Chi diagram (pronounced *tàijítú* in Mandarin Chinese—太級圖) that we discussed previously, and having balance between one’s solar energy (pronounced *yīnqì* in Mandarin Chinese—陰氣) and lunar energy (pronounced *yángqì* in Mandarin Chinese—陽氣). In TCM, depression is related to too much *yīnqì*, and standing in the sunlight helping to cultivate our *yangqì* and breaking the cycle of depression. Integration with cultural metaphors and spiritual beliefs is an important cultural adaptation. Moreover, a culturally adapted, strength-based, holistic, and empowering framework for working with Asian heritage populations can be especially beneficial.

In culturally adapting CBT for Asian heritage populations, therapists also keep in mind that the differentiation between thoughts and feelings may differ linguistically and by culture. For example, in many Asian cultures, the character for heart (pronounced *xīn* in Mandarin Chinese—心) can have many meanings, including thoughts, emotions, feelings, mind, awareness, consciousness, spirit, vitality, inner strength, balance, compassion, and of course the heart as an organ. In Japanese, the same character is pronounced “*kokoro*.” The term also can refer to the integration of the mind, body, and spirit, and therefore has a holistic connotation. As a result, some clients may also have difficulty differentiating cognitions with feelings, and this is something that therapists will need to spend more time on and make adjustments for in therapy. For example, when a therapist asks clients about various cognitions, they may report feelings instead. Psychoeducation for the client, and therapist understanding the holistic orientation of many Asian cultures, is important to keep in mind when tailoring services for Asian populations.

Understand Your Thinking Patterns

In this in-session discussion, clients are asked to discuss their cognitive reactions to life stresses, and to evaluate advantages and disadvantages of thinking in particular ways. In addition, they are asked how those patterns developed and why they were reinforced (eg, defense mechanisms “If I think in negative ways, then I won’t be as disappointed when things don’t change” or “angry thoughts help protect me from feeling sad and emotionally vulnerable”). Clients are asked if there are any ways for them to strengthen the way that they think, and to develop inner peace by practicing cognitive reframing. The manual helps clients self-diagnose their own maladaptive thinking patterns and empowers them to control and change their mindset. This cultural adaptation was more preferable than telling clients, in a critical and labeling manner, that they cause their own problems because of the way they think and that they need to address their irrational thoughts.

CHAPTER GOAL #4: USE THE “CLIMBING THE MOUNTAIN” TECHNIQUE TO STRENGTHEN YOUR THINKING

Clients were asked to use the “climbing the mountain” technique to develop more effective, healthy, and productive ways of thinking. They were asked to see if they could identify unhealthy thinking in the example

provided in the manual on page 61, and also to practice cognitive reframing using an example relevant to their lives. The “climbing the mountain” cognitive strengthening example presented in the manual focused on a situation where the client’s partner comes home from work upset and ignores the client. The goal was to improve the relationship and the worst outcome is that their relationship worsens and they fight all day long. In the example, thoughts that help improve their relationship include thinking to oneself, “He/she must have had a long day.” “I wonder what’s wrong? He/she must have had a long day. Maybe if I pour him/her some tea it might help.” and “I wonder what’s wrong? Maybe he/she had a bad day? I should clarify, and then see if there’s anything I can do to help.”

Therapists are asked to help the clients think about advantages and disadvantages to various ways of thinking. Positive thoughts are advantageous because they increase empathy, help promote understanding, and reduce frustration. The therapist can then draw the client’s focus back to effectiveness and conflict reduction, which ultimately help improve social relations that tend to be very important for Asian heritage populations and immigrants, who may be more socially isolated and have a smaller social network because they left behind many friends and family when they immigrated here. Although clients can continue to focus on feeling that their partner is behaving unfairly, this strategy is less supportive, more critical, and can potentially increase partner reactivity and defensiveness. In addition, it is important to focus not on what is right or wrong, but on what facilitates better relations, which increases the likelihood of reciprocated emotional support.

Alternatively, clients could think, “What’s his/her problem? I’m really unfortunate to have a husband/wife like that,” “What’s wrong with him/her? Why does he/she always have to treat me like that? Even if he/she has a bad day, it doesn’t mean he/she can act like that,” and “What a jerk! Why does he/she always have to act that way? I can’t believe him/her. What’s his/her problem? This is unfair. I don’t deserve to be treated this way.” Although, in the short term, these critical thoughts may help clients feel like they are asserting themselves and expressing their feelings, the clients are doing so in a conflict-promoting manner that confers long-term disadvantages. The disadvantages of thinking in this way include promoting critical feelings toward their partner, decreasing relationship empathy, being emotionally drained, and increasing the cycle of conflict.

In the take-home exercises section, clients are asked to complete three “climbing the mountain” mental strengthening exercises. The therapist again reiterates the importance of exercise and practice to improve skills and consolidate gains. Even though people can increase awareness and insight, without practice, their emotions and life situations are less likely to change. Applied to their life stressors, clients were asked to evaluate the advantages and disadvantages of thinking in different ways. They were asked to think about how different types of thinking can affect mood, and to focus on promoting healthy internal dialogs, which in turn promote effective communication.