A Personalized Approach for Managing Unwanted Thoughts & Intense Emotions

Do you have obsessive, negative, intrusive, or disturbing thoughts that keep you up at night and miserable during the day? Do these thoughts make you feel sad, afraid, angry, anxious, or ashamed? If you struggle with unwanted thoughts—and the intense emotions these thoughts trigger—you aren’t alone, and there is help. With this powerful guide, you’ll learn to stop treating your thoughts as facts, and start living with greater clarity, peace, and inner calm.

Based in proven-effective cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT), this workbook provides a unique, customizable approach to help you break the cycle of intrusive thoughts and emotional overwhelm. You’ll find skills to confront and manage distressing thoughts, as well as in-the-moment techniques to stay regulated when these thoughts feel overpowering. If you’re ready to take charge of unwanted thoughts and find lasting emotional balance, this workbook can help you get started today.

You’ll discover powerful strategies to:

- Stay grounded in the moment—even in distressing situations
- Gain distance from obsessive and catastrophic thoughts
- Overcome feelings of shame and self-criticism
- Create your own mental health action plan

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PART ONE

Treating Your Unwanted Thoughts and Intense Emotions

Get ready for a complete and total assault on your mind and body—the densest, most complicated, and infuriating workbook you will ever encounter, guaranteed to leave you more confused and less capable. No, wait, sorry, that's another book we're working on for another publisher.

What lies ahead in the next few chapters may look complex, but it's relatively straightforward: thoughts, feelings, and two treatment strategies that can help you effectively navigate them. There will be several instances where we encourage you to write things down or complete exercises by filling out worksheets. These are designed to help you lock in some of the concepts, but they are absolutely voluntary (and we're not watching, anyway).

If you came to this book because of difficulties with unwanted thoughts, we still recommend you read the chapters on emotions and how to treat them. If you came to this book primarily because of difficulty tolerating intense emotions, we still recommend you read the chapters on unwanted thoughts and how to navigate them as well. You have probably already come to the same conclusion we did when we thought of writing this book: thoughts and emotions are interconnected, so their treatments should be as well. Let’s take a look, shall we?
When considering what unwanted thoughts really are, we often fail to remember one simple concept: they are normal events. Brains produce unwanted thoughts. Problems arise when certain thoughts become conditioned to essentially pull along certain feelings with them. In other words, the brain forms associations that make sense over time. If an emotion seems useful (as when fear leads to avoiding something dangerous), it will keep popping up whenever the brain is cued to protect you. The word “car” might not inspire any particular emotion in you, but if you had recently been in a car accident, the situation could be different—the word “car” might bring on memories of being in danger and feeling afraid. And remembering that could make you feel like you’re somehow in danger right now, reading this book. Let’s try an exercise to demonstrate how thoughts and feelings are conditioned together.

Take a moment to recall the last time someone gave you a compliment or a gift, then write it down here:

How do you feel right now while reflecting on that?

Interesting, isn’t it? You didn't get another gift just now, but in a way, it may feel as if you did. Now consider this: think of the last time you made a mistake and someone noticed. Bring up the memory of having erred and someone having commented critically on it, then write it down here:

Well? How do you feel?
It's fascinating, right? Thoughts become conditioned to pull feelings up to the forefront of the mind based on our experiences. It’s inescapable. We think of something pleasing, and we feel good; we think of something displeasing, and we feel bad. The thoughts themselves are as empty as words on a piece of paper (as we will discuss shortly), but they can bring on such intense emotional experiences that it appears as if thoughts have a lot of power over us. The way we respond to these emotions in our behavior (often in an attempt to get the unpleasant ones to leave and the pleasant ones to stay) leads to new experiences, and these experiences bring on new thoughts and new conditioned feelings along with them. It can be dizzying—thoughts leading to feelings leading to more thoughts and feelings! This is why you picked up this workbook, so you could learn a multilateral approach for navigating this frustrating two-pronged experience.

What Is a Thought?

Try this: see if you can define the word “thought” without using the word “thinking” or just substituting the word for something fancy like “cognition.” It’s very difficult. You might describe thoughts as “things you say to yourself,” and that’s a pretty good definition, but it fails to capture those thoughts that feel alien or disconnected from your typical self-talk.

Ironically, thoughts guide almost everything we do, yet we don’t even know what they are. The closest definition we can “think” of is one that applies to everything we notice: an object of consciousness. Not very satisfying, we know, but it does explain a lot. A thought is an object in the sense that it’s something you can observe, and the place you are observing it is in your consciousness. Before you finish this sentence, you will have a thought about what’s coming at the end of it. If we ask you to picture a cat right now, a cat object will arise in your consciousness and you will know that you are experiencing it. For most, this experience will be neutral, but other thoughts might orbit this image like moons, saying things like “I like cats” or “I don't like cats.” Depending on how you are conditioned to respond to these judgment types of thoughts, an emotional or physical response might arise in you next.

Some thoughts trigger such profound emotional responses that we view them as inherently harmful. Imagine watching a scary movie on TV and blaming the television set for the distress it caused! The movie is just lights and sounds, but our conditioning leads some lights and sounds to make us feel threatened, angered, or sad. Different kinds of thoughts may arise in different ways so that it can almost feel impossible to be objective about them. One helpful way to understand this is recognizing the difference between thoughts that intrude like junk mail in your inbox (a normal but undesired event) versus thoughts that make sense to you (even though they may be unhelpful).
Ego-Dystonic Thoughts

As you read these words right now, you’re doing so from the perspective of a “self”—a kind of story about who you are. You have a personal narrative or identity of some kind made up of countless parts beyond your name. Your religious and moral beliefs, your cultural context, your memories of past acts and fantasies about future acts all intertwine to form a you that is sometimes called the “ego.”

An ego-dystonic thought is one that does not match up with your understood sense of self. In other words, it seems odd to you that this is the thought going through your head. This can be because the thought itself is out of line with your beliefs (like a violent thought toward someone you’d never wish to harm), out of line with what you view as reasonable (like thinking you’ll get a disease because a strand of your hair touched something dirty), or out of line with what you remember (a thought that suggests you didn’t turn off the stove when you remember doing it). Part of what triggers unwanted emotions is this sense that the thoughts really don’t belong in your head!

Take a moment to consider ego-dystonic thoughts that press your buttons and write a few of them down here. Later in the book when we explore treatment strategies, you can use these thoughts as examples.

Ego-Syntonic Thoughts

Thoughts that do make sense to you and fit into your worldview are called ego-syntonic thoughts. Content-wise, they have the same range as ego-dystonic thoughts. Thinking the stove is on when you actually know the stove is on would be an ego-syntonic thought. Disturbing thoughts, such as a thought about hurting someone, can be ego-syntonic if you genuinely wish to cause someone pain. Even bizarre thoughts, such as Someone is spying on me through my coffee cup, can be ego-syntonic if the thinker has a condition that causes them to genuinely believe this.

Thoughts called “obsessions” (characteristic of OCD) are typically ego-dystonic. The thinker does not enjoy the thoughts, nor do they seem consistent with the thinker’s general understanding of how the world is supposed to work. Trying to get rid of these thoughts, as if they were contaminants of the mind, is how people with OCD and related disorders find themselves doing compulsions.
Trickier territory to navigate is when a thought is both dystonic and syntonic throughout the day or at the same time. For example, a person could be distressed by unwanted intrusive thoughts of self-harm and desperately want certainty that they would never act on these ego-dystonic thoughts. But that same person may be so overwhelmed emotionally by the relentless and graphic nature of these thoughts, they could simultaneously have thoughts of genuinely wishing to harm themselves as a form of relief from their distress.

Some ego-syntonic thoughts can bring along as much or more emotional anguish as ego-dystonic thoughts. If you feel someone has wronged you, broken your rules, or made your life more difficult in some way, you may experience thoughts of resentment, even for people you care about and who care about you. If you struggle with your own sense of worth and have thoughts of not being good enough or of being a failure, you might experience all manner of dreadful negative commentary in your head, and you mean it all at the time! How you feel in the moment makes a tremendous difference in how you relate to these thoughts. Consider the difference between thinking *I hate myself* while experiencing tremendous guilt over something you did versus having that same thought pop into your head because you accidentally gave yourself a paper cut. Both experiences may be overwhelming, but the former probably has a longer-lasting sting and a few more thoughts and feelings trailing it.

Take a moment to write down some of the ego-syntonic thoughts you have that cause you distress. Remember, these are thoughts you believe when they arise and make sense to you in the moment you have them, but they still bother you and cause you to experience difficult emotions.
POP QUIZ!

Take a look at this list and see if you can distinguish between the ego-syntonic and the ego-dystonic thoughts:

- There's too much sweetener in this coffee.
- What if I just snapped and attacked the dog for no reason?
- I should hurt myself because it will distract me from my guilt.
- I don't think gray socks go with brown shoes.
- I'm going to steal something from this store for no reason even though I don't want to!
- That wasn't a speed bump; I just hit a pedestrian and somehow didn't realize it until just now.
- I'm disappointed I didn't get a better grade on that test.

If you found this quiz a bit confusing, good! It suggests you're paying attention. What makes a thought syntonic or dystonic may not always be clear-cut because, depending on the context, even our most unpleasant thoughts can seem completely in line with our feelings. Similarly, many thoughts that seem to line up with our values can also come in the form of “what ifs” and might be deceptively ego-dystonic too.

Conditions That Involve Unwanted Thoughts

It is not necessary for you to have a psychiatric diagnosis to benefit from a book on how to handle upsetting thoughts and emotions. However, there are several conditions in which people have such difficulty letting go of their unwanted thoughts and the feelings that come with them that it can truly impair functioning. As we will explore later, how we respond to our thoughts when they arise largely affects how we feel about them, and how we feel about them in turn has an effect on how they appear when they show up again.

Below is a list of common mental health diagnoses that typically involve a struggle with unwanted thoughts that trigger unpleasant feelings and lead to unhelpful behaviors that can keep you feeling trapped. You may identify with one, all, or none of these. But it may be helpful to observe how each of these conditions follows a similar pattern. There is an unwanted thought, an unpleasant emotional
reaction, and an unhelpful behavior or series of behaviors aimed at avoiding both. We’ll explain why avoidance doesn’t help in the chapters ahead.

**Obsessive-Compulsive Disorder**

OCD is characterized by *obsessions* (unwanted intrusive thoughts, images, or urges) and *compulsions* (mental or physical responses to the obsessions). Obsessive content can come in an unlimited number of forms, but more common concerns for those with OCD relate to contamination, harm, symmetry/exactness, or taboo/unacceptable thoughts. Compulsions are strategies for reducing distress associated with these unwanted thoughts, usually in the form of trying to eliminate doubt or uncertainty about the thoughts. Common examples include excessive handwashing or cleaning, checking behaviors, organizing or evening things up, and a wide variety of mental rituals. While everyone has unwanted thoughts and engages in rituals, people with OCD get stuck in such a loop trying to make their thoughts and distress go away that it grossly impairs functioning.

**Generalized Anxiety Disorder**

Much like OCD, generalized anxiety disorder (GAD) involves unwanted thoughts and unhelpful responses. Here, though, the thoughts tend to be a bit closer to home, focused on work, finances, health, and relationships. Ineffective responses to these intrusive thoughts might include avoidance, reassurance seeking, and, most of all, excessive worrying and ruminating.

**Body Dysmorphic Disorder**

Body dysmorphic disorder (BDD) involves unwanted intrusive thoughts about one’s appearance. While most of us have things we may not like about our bodies, people with BDD may focus very intensely on one aspect of their appearance and view it as deformed, disgusting, or shamefully unattractive. This can be completely disconnected from what others see or a gross magnification of a slight difference. Compulsions may include avoidance, reassurance seeking, camouflaging, skin picking, and, in extreme cases, having surgical procedures to change the triggering body part.

**Social Anxiety Disorder**

Social anxiety disorder (SAD) or social phobia is characterized by unwanted intrusive thoughts about negative evaluation from others. People who struggle with this condition are excessively concerned with how others view them and become distressed and overwhelmed in social situations. Social
anxiety can be experienced in intimate one-on-one interactions, small groups, or large crowds. Common compulsions include avoidance of social situations, reassurance seeking, rumination (replaying conversations), mental rehearsal (overpreparing for social interactions), and other attempts to try to control what others may be thinking.

**Illness Anxiety Disorder**

Formerly called hypochondriasis, illness anxiety disorder (IAD) involves unwanted intrusive thoughts about one’s health. People who struggle with this condition can develop a singular focus on the fear of getting a particular disease or a more abstract fear of having “something wrong” with them medically. Common compulsions involve excessive online research and reassurance seeking, avoidance of people and places they associate with getting sick, and a variety of mental rituals. Excessive visits to doctors for medical tests are also very common, though some may excessively avoid doctors out of fear of receiving bad news.

**Panic Disorder with Agoraphobia**

Panic attacks are physiological events characterized by high anxiety, shortness of breath, chest tightness, dizziness, and a co-occurring fear of dying. They can occur in response to something triggering, such as a feeling of being trapped, they can be a reaction to certain medications or recreational drugs, or they can occur spontaneously without warning. Agoraphobia is a fear of being out of the house. Many people who have experienced panic attacks worry that an attack may occur again and will compulsively avoid situations where this could be difficult. For example, someone with this condition may avoid air travel because of not being able to leave if a panic attack occurs mid-flight.

**Specific Phobias**

Much like OCD, specific phobias involve intrusive thoughts, but with a singular focus on one target of fear, like dogs, heights, or vomiting. These intrusive thoughts may be responded to with any number of compulsions besides avoidance, such as reassurance seeking, superstitious rituals, and mental rituals.

**Post-Traumatic Stress Disorder**

Unlike OCD, PTSD involves unwanted intrusive thoughts about real traumatic events alongside the fear that these events might occur again. In addition to several other symptoms (such as
nightmares and flashbacks), people with PTSD may develop a variety of rituals that look very similar to compulsions in OCD. There is also often a significant amount of avoidance of things that may trigger traumatic memories, and this avoidance can at times be so significant that it impairs functioning in much the same way that severe OCD can.

**Borderline Personality Disorder**

One might initially think a personality disorder is very different from the mental health conditions listed above, but BPD is also characterized by difficulty coping with unwanted thoughts and the feelings they elicit. In particular, people with BPD often struggle with unwanted thoughts about trust and relationships, being rejected or abandoned, being unlovable, being harmed by others, or harming oneself. We will explore this condition in more detail ahead when we take a closer look at emotions, but we wanted to plant a flag here to note how people show up in this world in so many ways and yet often face very similar struggles to cope with thoughts and feelings.

Though these are all different disorders, what they have in common is the same push and pull that likely led you to this workbook. It can be so hard to simply view thoughts as “objects of consciousness” when they seem to be dragging along such intense emotions that any “reasonable” person would want to escape. Now let’s take a look at the different types of thoughts that have a particular tendency to elicit strong emotional reactions.

**Types of Triggering Thoughts**

Triggering thoughts, as defined in this book, can be ego-dystonic or ego-syntonic. In the pages ahead, we’ll demonstrate how this informs most therapeutic approaches to these thoughts and the painful emotions that come with them. In addition to the syntonic/dystonic nature of thoughts, we are conditioned to respond to some types of thoughts as especially distressing.

**Taboo or Unacceptable Thoughts**

Taboo thoughts fall outside of your beliefs about cultural norms. One person’s taboo thoughts can be another person’s vanilla thoughts and vice versa. Taboo thoughts are basically those that society or religion has told us are naughty, inappropriate, or forbidden. They are not inherently bad (again, thoughts are just mental objects), but they may be perceived that way. Some people can recognize their taboo thoughts and shrug them off, even enjoy them, while others may become aware of the same thoughts and feel tremendous guilt, shame, or fear.
Unacceptable thoughts more generally tend to involve themes of behaving harmfully or inappropriately. For those with OCD, unwanted (dystonic) sexual or violent thoughts are common obsessions. Other common unacceptable thoughts involve ideas of social unacceptability, such as thoughts about a tragic death being funny—in other words, thoughts that would be met with disapproval if spoken aloud. Those who struggle with religious scrupulosity (obsessions about one’s faith) may find themselves burdened by unacceptable thoughts that go against their religious tenets. Similarly, those with moral scrupulosity may feel distressed by thoughts that arise and appear to contradict their own values.

Further, some people struggle with thoughts they have simply deemed unacceptable, though there’s nothing inherently bad about them. For example, you may love and feel attracted to your partner but have a thought about them being unattractive. While it is completely normal to notice when someone you usually find attractive is not looking their best, someone who is committed to the belief that they should always find their partner attractive is going to label this thought “unacceptable” and be distressed by its presence.

Thoughts in this category often bring up a lot of guilt (feeling as if you did something wrong) or shame (feeling as if you are an inherently bad or immoral person). These feelings can be extraordinarily intense and can lead to depression and despair that can escalate into self-hatred, urges to isolate, and even self-harm. It cannot be stated enough that these “unacceptable” thoughts are actually very common and, truth be told, totally acceptable as thoughts. You may be conditioned to think that just hearing words in your head that describe a terrible deed, some sick or twisted behavior that offends you, is in and of itself a bad act (this is sometimes referred to as “thought-action fusion”). But a thought is not an act any more than a picture of a sandwich is a satisfying lunch.

Take a moment to jot down any thoughts you have that fall into this category of taboo or unacceptable. (Don’t worry—we promise we’re not looking.) Or, if you don’t feel comfortable writing them in print, type them on a device and then delete them or write them on a separate sheet of paper and tear it up when you’re done. Just a little nudge of encouragement here: writing down your thoughts is a great first step in viewing those thoughts more mindfully and observing them as what they really are: simply words in your head (like “hurting my loved one”).

___________________________

___________________________

___________________________
What emotions arose as you wrote/typed out those taboo or unacceptable thoughts?

Catastrophic Thoughts

Catastrophic thoughts are negative thoughts about the future, typically involving themes of future disaster, failure, or pain. They also tend to involve the imagined lack of ability to cope. You’ve probably had the experience of drifting off to sleep and then suddenly becoming aware of the potential for some awful future event such that your entire body jolts awake. These types of thoughts are especially common in GAD and may come in the form of worries about losing one’s job or home. Those with health obsessions may be burdened by relentless thoughts of getting a terminal illness. Those with specific phobias may experience thoughts of their fears coming true and being overwhelmed, socially ostracized, or permanently harmed in the process. If you struggle with BPD, you may have thoughts about being hated, rejected, or punished somehow.

When we are immersed in catastrophic thinking, we all make an interesting error: we imagine our present-moment self (the one having the catastrophic thoughts) in the place of our future self (the one who actually has to deal with the catastrophe if it occurs). In reality, we are always changing, learning, and evolving, so it is unknowable how we would cope with a future event. It is this uncertainty that can taunt and torture a susceptible person (imagine how nice it would be to just assume you could cope with whatever arises somehow).

We experience thoughts in the present moment, but catastrophic thoughts are stories about the future that can make it feel like the future is happening now. Imagine coming home to find that your house is engulfed in flames. You might immediately start to think of how hard it is going to be to recover from the personal and financial loss and feel a complex series of intense emotions. Now imagine being at work and simply having a thought about your house catching on fire. Because it can be so easy to get carried away by thoughts, you might experience something very similar, a sudden tensing of the body and a sense that you need to somehow prepare for something dreadful as if it’s really happening. Catastrophic thoughts can generate a lot of anxiety and strong urges to worry, seek reassurance, and avoid. They can also put you in a terrible mood because you start to feel what your future self might feel if the catastrophe were to come true.
Take a moment to write down some catastrophic thoughts you experience (for example, My plane will crash):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When these thoughts come to mind, how do they make you feel?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Self-Blaming and Self-Critical Thoughts

Intrusive thoughts that come in the form of I am bad or I should have known better or It’s all my fault! can be ego-syntonic or ego-dystonic. Negative self-thoughts are extraordinarily common in all the conditions we’ve discussed. We find ourselves in a bind because we want to have pleasant thoughts and feelings, but we actually have all manner of thoughts and feelings, and so our inability to control this sometimes makes us think we have failed. This may not be easy to read if you are used to blaming yourself for everything and criticizing yourself a lot, but self-blaming and self-critical thoughts all spring from confusion over what we can and cannot control. It may seem perfectly reasonable to beat yourself up when you make a mistake or hurt someone’s feelings, but this is really just a product of conditioning and not based on objectively recognizing how we end up doing things we regret.
Put simply, all of our choices, including those that don’t work out or don’t appear to be in line with our values, are based on what thoughts and feelings preceded the choices. This is an easy test to run—consider the name of any song and write it down here:

Good choice! Not as good as “Rocket Man” by Elton John, but respectable. Whatever song you just chose, you have the experience of having chosen it, right? Now carefully consider this next question: Why did you not pick a different song? Take a moment to reflect and then write down your answer here:

You may have what seems like a reasonable answer for that question, but the reality is that the other song did not show up when you looked for a song. In other words, the thought chose you more than you chose the thought. We joked about “Rocket Man” above because that’s the song that popped into Jon’s head when writing this bit. It could have been “Tiny Dancer,” but it wasn’t. When we criticize and punish ourselves, we are saying we should have chosen our experiences differently, but in fact, this is impossible. We would have had to have been able to choose our thoughts and feelings, and we simply cannot do that. Choice comes in the form of the nature of attention we use right now in this moment, not five minutes ago or five minutes from now. By developing skills that help us pay better attention to the present moment, we give ourselves a better shot at making wise-minded choices.

There are many reasons a person may be susceptible to self-blaming and self-critical thinking. Someone with OCD may experience an unwanted intrusive thought that something bad was their fault when it wasn’t (like thinking a traffic accident seen on the news was somehow their fault). Someone with BDD may feel so displeased by what they see in the mirror, it feels natural to make negative comments about their appearance. Social interactions that feel uncomfortable may be met with self-critical thoughts about not saying the right thing or assumptions about what other people are thinking. Conditions like BPD and PTSD can drive some people to rely on self-criticism to feel safe.

We imagine that self-blame and self-criticism will produce better behavior and better outcomes, though there is no reason to think this is true. The evidence does not support the idea that punishment is a particularly effective reinforcer. Rather, it teaches us to be sneaky, to avoid punishment, not to make wiser choices. Self-blaming and self-critical thoughts can stir up feelings of guilt, shame, disgust, anxiety, and anger. They can twist us into knots, make us feel like we have to avoid the people and things we love. Above all, self-criticism creates a feedback loop: you have a mean thought about yourself, you feel bad, you have a mean thought about yourself, and so on. In contrast, self-compassion asks the essential question: What would be helpful in this moment? But learning how to respond to
these types of thoughts with self-compassion takes effort and skill. We’ll do our best to give you some pointers as you move along through this book.

What does it sound like in your head when you are having self-critical thoughts? Perhaps something like: *I am a loser and I always make people uncomfortable.* Write down some examples in your own voice:

What feelings arise when you are being self-critical?

Judgmental Thoughts

We just discussed unkind thoughts toward oneself, but critical and blaming thoughts that are focused outward can also be very upsetting. These thoughts reflect difficulty accepting when things are one way but you really want them to be another, and you imagine other people or institutions (or the universe!) are at fault. They may be. Having anger and judgment toward your least-favorite politicians or the romantic partner who broke your heart is totally normal. Most judgmental thoughts are subject to change when new information comes along. For example, you may judge how slow someone is driving until you see them pull over with a flat tire. Anger, too, often dissipates when an injustice has been resolved or feels less significant over time. Sometimes people have difficulty letting go of judgmental and angry thoughts, so these thoughts continue to intrude and burden them indefinitely to the point of impairment.

Someone with OCD who has been carefully trying not to get contaminated may find themselves having angry thoughts about someone who accidentally contaminated their space. Someone with unwanted taboo obsessions might have angry thoughts about a friend who showed them a movie with triggering scenes in it. A person with panic disorder with agoraphobia may have angry thoughts about a loved one who insisted they come to a concert with them. Someone who finally found a peaceful, pleasant, or safe mental place may become furious at whomever they think triggered them out of it by saying the wrong thing.
Judgmental thoughts often bring up a lot of anger and anxiety. It can feel like a matter of urgency to get the target of your judgment to stop doing what’s upsetting you. It can also bring up a lot of shame and self-disgust. Why am I so judgmental? You might be minding your own business and then—bam! —a thought about how stupid or selfish or incompetent someone is just hits you like a ton of bricks. How dare they exist and make these thoughts exist too! Many of us have trouble cooling down when anger toward others has us revved up, and until we cool down, we often end up thinking and doing things that make matters worse. This can, of course, result in all of the types of thoughts we discussed above (unacceptable, catastrophic, self-critical) bursting onto the scene as well.

What are some judgmental thoughts that tend to burden you (for example, I hate my therapist for selfishly not making more time for me):

__________________________________________

__________________________________________

__________________________________________

How do these thoughts tend to make you feel?

__________________________________________

__________________________________________

__________________________________________

Checking In

In this chapter, we examined the nature of thoughts and how different types of thoughts impact people with a variety of mental health conditions. We identified an important distinction between ego-dystonic thoughts, which are unwanted, intrusive, and confusing to the thinker, and ego-syntonic thoughts, which can also be unwanted and intrusive, but appear to make sense to the thinker at the time. Lastly, we looked at the types of thoughts people tend to find relentless, unyielding, and especially challenging to navigate and the types of emotions they often conjure up. These include unacceptable or taboo thoughts, catastrophic thoughts, self-critical thoughts, and judgmental thoughts toward others.

In the next chapter, we will explore the world of emotions and the different ways in which people make sense of them.
The Unwanted Thoughts & Intense Emotions Workbook

Manage unwanted thoughts and intense emotions

Learn more