

Negative Automatic Thoughts (NATS)

The patient may demonstrate a number of thinking style errors, which are characterised by the use of certain words. The therapist should ask enquiring questions to challenge the thinking styles using common sayings (given in brackets):

All or nothing thinking (is life either or white or shades of grey?)

Experiences are placed in to one or two categories and the patient selects the unhelpful belief. Things are polarised into **'either ...or'** extremes and there is no middle ground. The therapist should be vigilant for the use of 'either, or', for example:

- 'Either it is perfectly safe to go out or it is not safe to go out at all'
- 'Either I am weak, or I am strong'.

Labelling

Shortcomings and failures are identified with the individual's character. The individual should be monitored for language, such as **'I am a ...'**. In this extreme form of over-generalisation, the individual has an image of themselves (or others) that is all encompassing. The label may be associated with words of a strong emotional content, for example:

- 'I am a victim'
- 'Because I was taken in by bogus caller it makes me a fool'.

Mental filtering (does a swallow make a summer?)

Undesirable or negative events, memories or implications are focused upon and enlarged. When people become depressed it is easier for them to access negative memories and when they are anxious they are more able to recall past threats. The older person may selectively attend to the times they felt threatened when they went out and also pick out events in the news confirming their beliefs that the world is a dangerous place.

Disqualifying the positive (the glass is half empty)

Positive or neutral information is ignored, disqualified as irrelevant or viewed as exceptions to the rule. The language may use terms such as **because** or **but**, for example

- 'Anyone is safe in the day, but it is at night that it is very dangerous'
- 'The area may be safe for most people, but it is not for me'.

Mind reading (do you judge the content of a book by its cover?)

The patient draws a conclusion about another person's belief (usually negatively directed towards them) without checking it out. This may be characterised by the following language:

- 'I know what they were thinking...'
- 'They picked on me because I was old'.

Emotional reasoning (the heart rules the head)

This is where the person assumes that their negative emotions necessarily affect the way things really are. Characteristic language may be '**I feel therefore I am**'. For example, the person may say 'because I feel unsafe it is unsafe'.

Catastrophising (making mountains out of molehills)

The importance of events is exaggerated. The likelihood of a negative experience occurring and the consequences of what would happen if the event did occur are exaggerated. The language used may include words such as '**total**' (disaster), '**absolutely**' (ruined), '**irreversibly**'. For example, the older person may say 'my life is totally over since I was burgled. I will probably be burgled again and they will take everything next time'.

Musturbatory thinking

Absolutist demands placed on self and others, which dictate rigid standards or deflect an unrealistic degree of presumed control over external events. It is characterised by the language of 'shoulds and musts': (response set) '**I must**', '**I should**', '**I should not**', '**I must not**'. The individual motivates themselves through conditional rules with resultant feelings of helplessness, frustration, guilt or anger (underlying schemes are particularly relevant in victims of crime). The person may express anger about the crime, such as:

- 'They should have been locked up for longer'
- 'They must be caught'
- 'They should not be allowed to get away with it'.

Overgeneralisation (all the apples in the barrel are rotten)

Evidence is drawn from one experience or a small set of experiences to reach an unwanted conclusion with far-reaching implications. This general rule from one or few events is then

applied to new situations. It is associated with words like **'everything'**, **'everyone'**, **'always'** and **'never'**. Examples include:

- 'People are always being burgled in this area'
- 'Older people are never safe in their own homes'.

Personalisation / blame

Events or situations are interpreted as indications of something negative about the person, even though they may have nothing to do with the situation. Characteristic language may be **'to do with me, my fault'**. External events are related to the patient without a basis for such a connection. Where crime is concerned the individual may hold the belief that it was something specifically done to target them. Whilst this may be true in some instances, the person may also be the unfortunate recipient of an opportunist. The person may say, for example, 'they robbed me because I did not take enough care'.

Fortune-telling (red sky in morning, shepherd's warning)

The individual predicts negative outcomes prematurely. The individual may comment, for example, 'I know that I will get mugged again' and 'I won't feel differently'.

Low frustration tolerance (can adversity make the soul mature?)

This is where the individual believes that discomfort or painful feelings are unbearable and that they won't be able to stand the difficult situation or behaviour from others. The older person may say, for example, 'I can't stand the thought that may happen again'.