

CBT Tip of the Week, from Dr. Lee Rosen, Ph.D.

Distinguishing thoughts and feelings

A core skill in CBT is conceptually separating thoughts from feelings. Internal experiences often come to us in a mix of these two phenomena. For example, on clerkship you might be queried by a preceptor, not know the answer, and be faced, simultaneously, with a *thought* of inadequacy and *feeling* of shame. Not too fun. In CBT, we ask you to break down this experience, because it can be useful to approach the thought and the feeling differently.

- With the thoughts – e.g., “I’m so stupid; I’m not going to succeed,” – the most helpful intervention is:
 - First notice and articulate the thoughts
 - Then ask yourself, “Is that helpful?” (This is an amazingly fruitful question about thoughts.)
 - Other questions might follow, “Is that thought inspiring? Productive? Compassionate? Accurate?”
 - If the answer is, “Probably not,” then experiment with different thoughts, something more helpful:
 - “I’ll look that up tonight. I can’t know everything. I’m learning every day. There will be many more questions to answer, and I will engage fully in investigating the knowledge, and... I will still get it wrong sometimes.”

- With the feeling, the task is a little different.
 - Again, first thing is notice and identify, as in, “I notice I feel ashamed.”
 - Then, do *nothing* in reaction. Breathe, accept the feeling, watch it transform by itself over time into something else. Feelings are always temporary; it is our reactivity to them that is problematic (more on that next time).

As always in CBT, practice and repetition are key.