

Information Handout

Professional Version | US English

Fortune Telling



Description

The *Fortune Telling* information handout forms part of the cognitive distortions series, designed to help clients and therapists to work more effectively with common thinking biases.

A brief introduction to cognitive distortions

Cognitive distortions, cognitive biases, or 'unhelpful thinking styles' are the characteristic ways our thoughts become biased (Beck, 1963). We are always interpreting the world around us, trying to make sense of what is happening. Sometimes our brains take 'shortcuts' and we think things that are not completely accurate. Different cognitive short cuts result in different kinds of bias or distortions in our thinking. Sometimes we might jump to the worst possible conclusion ("this rough patch of skin is cancer!"), at other times we might blame ourselves for things that are not our fault ("If I hadn't made him mad he wouldn't have hit me"), and at other times we might rely on intuition and jump to conclusions ("I know that they all hate me even though they're being nice"). These biases are often maintained by characteristic unhelpful assumptions (Beck et al., 1979).

Different cognitive biases are associated with different clinical presentations. For example, catastrophizing is associated with anxiety disorders (Nöel et al, 2012), dichotomous thinking has been linked to emotional instability (Veen & Arntz, 2000), and thought-action fusion is associated with obsessive compulsive disorder (Shafran et al., 1996).

Catching automatic thoughts and (re)appraising them is a core component of traditional cognitive therapy (Beck et al, 1979; Beck, 1995; Kennerley, Kirk, Westbrook, 2007). Identifying the presence and nature of cognitive biases is often a helpful way of introducing this concept – clients are usually quick to appreciate and identify with the concept of 'unhelpful thinking styles', and can easily be trained to notice the presence of biases in their own automatic thoughts. Once biases have been identified, clients can be taught to appraise the accuracy of these automatic thoughts and draw new conclusions.

Fortune Telling

Humans can project themselves into the past (e.g., recalling a pleasant childhood memory) and into the future (e.g., imagining an exciting event yet to come). This plays a vital role in learning, planning, and constructing our sense of self. Accordingly, we are skilled in envisioning future events, even if they are unlikely to occur.

Unfortunately, our ability to mentally time-travel can go awry. 'Fortune telling' is a cognitive distortion where people predict that certain things are likely to happen without considering other, more likely outcomes (Beck, 1995). Burns (2020) identifies fortune telling as a form of 'jumping to conclusions':

"Fortune telling involves drastic... predictions that aren't necessarily based on real evidence. For example, if you're depressed and feeling hopeless, then you tell yourself that things will never change and that you'll never recover or improve. Or if you're anxious, you tell yourself that something bad is about to happen."

Burns (2020) suggests that fortune telling can be positive or negative in form:

- **Positive fortune telling** involves predicting future events more positively than reality and experience would suggest (e.g., telling yourself that you will stop gambling after placing one bet when this has not been the case in the past).
- **Negative fortune telling** involves predicting future events negatively, such as anticipating danger or failure (e.g., telling yourself that others will reject you).

Description

Burns (2020) also suggests that the content of fortune telling varies in anxiety and depressive disorders. For example, fortune telling tends to orientate around hopeless themes in depression (“I will never feel better”), compared to themes of threat and anxiety (“I’m going to get hurt”).

Unfortunately, negative fortune telling is often self-fulfilling. For instance, anticipating that a social interaction will be unenjoyable makes this outcome more likely (Branch & Willson, 2020). In addition, negative fortune telling often motivates avoidance, preventing disconfirmation of the individual’s predictions.

Examples of fortune telling include:

- Predicting that adverse events are highly likely (e.g., “I will fail the exam”).
- Predicting that positive events are unlikely (e.g., “I won’t ever feel better”).
- Predicting that undesired situations won’t change (e.g., “I’ll be alone forever”).

People who habitually fortune tell may have ‘blind spots’ when it comes to:

- Making realistic predictions.
- Considering alternative outcomes.
- Taking positive risks (in negative fortune telling).
- Taking unhealthy risks (in positive fortune telling).

As with many cognitive biases, there may be evolutionary reasons why people engage in fortune telling. Gilbert (1998) suggests that jumping to conclusions is typical of ‘better safe than sorry’ thinking, which arises in circumstances where failure to avoid a threat has significant costs. In this context, fortune telling serves a protective function. Similarly, Dudley and Over (2003) propose that people often respond to potential dangers with ‘threat-confirmatory reasoning’.

Fortune telling is associated with a wide range of difficulties, including:

- Acute stress (Warda & Bryant, 1998).
- Addictions (Burns, 2020; Najavits et al., 2004).
- Anxiety (Blake et al., 2016).
- Depression (Blake et al., 2016).
- Emotionally Unstable Personality Disorder (Kramer et al., 2013).
- Low self-esteem (Bennett-Levy et al., 2004).
- Phobias (Mizes et al., 1987).
- Post-traumatic stress disorder (PTSD; Najavits et al., 2004).
- Relationship difficulties (Schwartzman et al., 2012).
- Suicidality (Jager-Hyman et al., 2014).

Instructions

Suggested Question

Many people struggle with fortune telling, and it sounds as though it might also be relevant to you. Would you be willing to explore it with me?

Clinicians might begin by providing psychoeducation about fortune telling and automatic thoughts more generally. Consider sharing some of these important details:

- Automatic thoughts spring up spontaneously in our minds, usually in the form of words or images.
- They are often on the 'sidelines' of our awareness. With practice, we can become more aware of them. It is a bit like a theatre – we can bring our automatic thoughts 'centre stage'.
- Automatic thoughts are not always accurate: just because you think something, it doesn't make it true.
- Automatic thoughts are often inaccurate in characteristic ways. One common type of bias in automatic thoughts is 'fortune telling': we sometimes make predictions based on little or no evidence. Fortune telling can be negative (predicting that negative things will happen) or positive (predicting that positive things will happen).
- Signs that you are fortune telling include feeling anxious, hopeless, or concerned about things that might happen in future. Fortune telling can stop you from taking risks or make you more prone to risk-taking.
- In some circumstances, it can be helpful to make predictions. Doing this would have helped our ancestors plan and avoid potential dangers.

Many treatment techniques can be used to address fortune telling:

- **Decentering.** Meta-cognitive awareness, or decentering, describes the ability to stand back and view a thought as a cognitive event: as an opinion, and not necessarily a fact (Flavell, 1979). Help clients to practice labeling the process present in the thinking rather than engaging with the content. For instance, they might say to themselves, "I'm mind-reading again", whenever they notice these thoughts.
- **Cognitive restructuring with thought records.** Self-monitoring can be used to capture and re-evaluate fortune telling thoughts as they arise. Useful prompts include:

Suggested Questions

- *If you took the 'fortune telling' glasses off, how would you see this differently?*
 - *What evidence supports and does not support this prediction?*
 - *Realistically, how likely is this prediction? What would be a more positive outcome, and what would be a most realistic outcome?*
 - *Can you think of any reasons why the past might not repeat itself?*
 - *If a friend was making this prediction, what would you say to them?*
- **Cost-benefits analysis.** Explore the advantages and disadvantages of fortune telling. What problems has it caused, and what opportunities have been missed because of it? Some clients may believe that fortune telling is in some way functional (e.g., "If I predict bad things, I won't be so disappointed when they happen").

Instructions

- **Retrospective mismatch.** Ask the client to recall an episode of fortune telling, including the content of these thoughts. Contrast this with what really happened. Highlighting the mismatch between the client's predictions and reality can challenge the accuracy and usefulness of fortune telling (Wells, 1997).
- **Exposure.** Leahy (2017) recommends that fortune telling clients write a detailed account of their negative predictions and review it for 20 minutes each day. Research indicates that written exposure is an effective way to reduce worry and other symptoms of generalized anxiety (Goldman et al., 2007).
- **Test out predictions.** Fortune telling stops individuals from acting (Branch & Willson, 2020). Encourage the client to take a risk by entering the situation they are fortune telling about to see if their predictions come true.
- **Testing beliefs and assumptions.** It can be helpful to explore whether the client holds beliefs or assumptions which drive fortune telling, such as "I can accurately predict the future" and "Predicting the future keeps me safe". If assumptions like these are identified, clients can assess how accurate and helpful they are. Their attitudes towards healthier assumptions, such as "Predictions are only a guess" and "Helpful predictions are realistic", can also be explored. Assumptions can also be reality-tested using behavioral experiments (e.g., "Let's see if my predictions about this party are accurate and make for a better experience.").

References

- Beck, A. T. (1963). Thinking and depression: I. Idiosyncratic content and cognitive distortions. *Archives of General Psychiatry*, 9, 324-333. DOI: 10.1001/archpsyc.1963.01720160014002.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. Guilford Press.
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. Guilford Press.
- Bennett-Levy, J. E., Butler, G. E., Fennell, M. E., Hackman, A. E., Mueller, M. E., & Westbrook, D. E. (2004). *Oxford guide to behavioural experiments in cognitive therapy*. Oxford University Press.
- Blake, E., Dobson, K. S., Sheptycki, A. R., & Drapeau, M. (2016). The relationship between depression severity and cognitive errors. *American Journal of Psychotherapy*, 70, 203-221. DOI: 10.1176/appi.psychotherapy.2016.70.2.203.
- Branch, R., & Willson, R. (2020). *Cognitive behavioural therapy for dummies (3rd ed.)*. John Wiley and Sons.
- Burns, D. D. (2020). *Feeling great: The revolutionary new treatment for depression and anxiety*. PESI Publishing.
- Dudley, R. E., & Over, D. E. (2003). People with delusions jump to conclusions: A theoretical account of research findings on the reasoning of people with delusions. *Clinical Psychology and Psychotherapy*, 10, 263-274. DOI: 10.1002/cpp.376.
- Flavell, J. H. (1979). Metacognition and cognitive monitoring: A new area of cognitive–developmental inquiry. *American Psychologist*, 34, 906. DOI: 10.1037/0003-066X.34.10.906.
- Gilbert, P. (1998). The evolved basis and adaptive functions of cognitive distortions. *British Journal of Medical Psychology*, 71, 447-463. DOI: 10.1111/j.2044-8341.1998.tb01002.x.
- Goldman, N., Dugas, M. J., Sexton, K. A., & Gervais, N. J. (2007). The impact of written exposure on worry: A preliminary investigation. *Behavior Modification*, 31, 512-538. DOI: 10.1177/01454455062986.
- Jager-Hyman, S., Cunningham, A., Wenzel, A., Mattei, S., Brown, G. K., & Beck, A. T. (2014). Cognitive distortions and suicide attempts. *Cognitive Therapy and Research*, 38, 369-374. DOI: 10.1007/s10608-014-9613-0.
- Kramer, U., Vaudroz, C., Ruggeri, O., & Drapeau, M. (2013). Biased thinking assessed by external observers in borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 86, 183-196. DOI: 10.1111/j.2044-8341.2011.02056.x.
- Leahy, R. L. (2017). *Cognitive therapy techniques: A practitioner's guide (2nd ed.)*. Guilford Press.
- Mizes, J. S., Landolf-Fritsche, B., & Grossman-McKee, D. (1987). Patterns of distorted cognitions in phobic disorders: An investigation of clinically severe simple phobics, social phobics, and agoraphobics. *Cognitive Therapy and Research*, 11, 583-592. DOI: 10.1007/BF01183860.
- Najavits, L. M., Gotthardt, S., Weiss, R. D., & Epstein, M. (2004). Cognitive distortions in the dual diagnosis of PTSD and substance use disorder. *Cognitive Therapy and Research*, 28, 159-172. DOI: 10.1023/B:COTR.0000021537.18501.66.

References

- Noël, V. A., Francis, S. E., Williams-Outerbridge, K., & Fung, S. L. (2012). Catastrophizing as a predictor of depressive and anxious symptoms in children. *Cognitive Therapy and Research*, 36, 311-320. DOI: 10.1007/s10608-011-9370-2.
- Schwartzman, D., Stamoulos, C., D'lusio, D., Thompson, K., Dobson, K. S., Kramer, U., & Drapeau, M. (2012). The relationship between cognitive errors and interpersonal patterns in depressed women. *Psychotherapy*, 49, 528-535. DOI: 10.1037/a0029583.
- Shafran, R., Thordarson, D. S., & Rachman, S. (1996). Thought-action fusion in obsessive compulsive disorder. *Journal of Anxiety Disorders*, 10, 379-391. DOI: 10.1016/0887-6185(96)00018-7.
- Veen, G., & Arntz, A. (2000). Multidimensional dichotomous thinking characterizes borderline personality disorder. *Cognitive Therapy and Research*, 24, 23-45. DOI: 10.1023/A:1005498824175.
- Warda, G., & Bryant, R. A. (1998). Cognitive bias in acute stress disorder. *Behaviour Research and Therapy*, 36, 1177-1183. DOI: 10.1016/S0005-7967(98)00071-0.
- Wells, A. (1997). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. John Wiley and Sons.
- Westbrook, D., Kennerley, H., & Kirk, J. (2011). *An introduction to cognitive behaviour therapy: Skills and applications (2nd ed.)*. Sage.

When we feel strong emotions – such as fear, sadness, shame, or hopelessness – we have often just had an *automatic thought*. These thoughts can happen so quickly and effortlessly that we are not even aware we've had them. It can take practice to notice them as they arise. Automatic thoughts often feel convincing, but they are not always 100% accurate.

They are often *exaggerated, biased, distorted, or unrealistic*. There are different types of biases, which psychologists call *cognitive distortions* or *unhelpful thinking styles*. We all think in exaggerated ways sometimes, but it can become a problem if your thoughts are distorted very often or very strongly.

Fortune telling is a style of thinking where you automatically jump to conclusions about what is going to happen in the future. Unfortunately, these predictions are often negative. Anticipating future events can be helpful. However, if your predictions are unrealistic, pessimistic, or you believe them too much, they can lead to problems.



Fortune telling is associated with a number of problems.

- Addictions
- Anxiety
- Body dysmorphia
- Depression
- EUPD
- Low self-esteem
- Phobias
- PTSD
- Relationship difficulties

Overcoming fortune telling

Noticing and labeling

The first step in overcoming fortune telling is to catch yourself doing it. Practice *self-monitoring* so that you can spot these thoughts as they arise. When you notice one, say something to yourself like:

- "I'm fortune telling again."
- "There goes a fortune telling thought."
- "I'm making a prediction again."



Test out your predictions

Fortune telling can hold you back unnecessarily. Instead, take a risk and do something you're making an anxious prediction about. It's the only way to find out if your negative expectations are accurate and worth paying attention to.

- "She won't want to go on a date with me..."
- "...The only way I can find out is by asking her."



Weigh up the pros and cons

If you are in the habit of fortune telling, make a list of the pros and cons of thinking in this way. You may find that it's doing you more harm than good.

- "I'll never overcome my depression..."
- "...making predictions like this isn't helpful – it only makes me feel worse."



Examine your past predictions

In the past, have your predictions always come true or did something else happen? You might notice there is often a mismatch between your expectations and reality.

- "I'm going to have a terrible time at the party..."
- "...I always predict that before I go out, but I usually enjoy myself when I'm there."



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