

Information Handout

Professional Version | US English

Jumping To Conclusions



Description

The *Jumping to Conclusions* 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.

Jumping to Conclusions

Jumping to conclusions (JTC) is a cognitive distortion in which individuals make hasty decisions or reach inaccurate conclusions that are unwarranted by the facts of a situation. This thinking style usually takes two forms. First, individuals make 'premature decisions', such as terminating data collection early or weighing information insufficiently, leading to incorrect conclusions. Second, individuals 'over-adjust' their thinking: decisions and conclusions are overturned in response to limited disconfirmatory evidence (Garety et al., 1991). Research suggests that JTC is not only common but becomes more pronounced in stressful conditions (Lincoln et al., 2010; Glöckner, & Moritz, 2009).

JTC overlaps with several other cognitive distortions, including arbitrary inference, catastrophizing, emotional reasoning, fortune telling, and mind reading (Burns, 2020; Clark & Beck, 2010; Gilbert, 1998, 2013). However, research indicates that it uniquely influences delusional and paranoid ideation. According to cognitive models of delusional beliefs (e.g., Garety & Freeman, 2013), hasty conclusions based on limited or ambiguous stimuli are often incorrect, increasing the risk of delusional explanations for events (McLean et al., 2017). Furthermore, once these conclusions are drawn, conflicting information is less likely to be processed, resulting in the maintenance of delusional beliefs (Johnstone et al., 2017). Consistent with this account, extensive research has confirmed that JTC is associated with delusional thinking (McLean et al., 2017): individuals with delusions tend to gather less information and reach conclusions more hastily than individuals without delusions (So et al., 2016). Various theoretical explanations have been proposed for this association. For example, individuals with delusions may have a "confirmatory reasoning style" or "need for closure" regarding ambiguous situations, meaning they are motivated to seek out evidence supporting their threat-based appraisals rather than disconfirmatory evidence (Fine et al., 2007).

Description

JTC also plays a role in anxiety. Research demonstrates that anxiety is associated with increased attention towards threatening information and more threatening interpretations of ambiguous stimuli (Byrne & Eysenck, 1993; Mathews & MacLeod, 1994). As a result, anxious individuals are inclined to “watch out for danger and jump to the most threatening conclusion” (Bensi & Giusberti, 2007, pp.828). Consistent with this observation, individuals with anxiety tend to jump to ‘threat conclusions’ when they encounter ambiguous situations (e.g., assuming unexpected laughter is directed at themselves) (Maric et al., 2011). However, JTC does not appear to be pronounced in all anxiety disorders (e.g., social anxiety; Johnstone et al., 2017).

Other difficulties associated with JTC include:

- Borderline personality disorder (Puri et al., 2018).
- Chronic pain (Parkes et al., 2019).
- Depression (Blake et al., 2016).
- Obsessive compulsive disorder (Darvishi et al., 2020).
- Paranoia (Freeman et al., 2008).
- Psychosis (Dudley et al., 2016).
- Suicide (Sastre-Buades et al., 2021).

Examples of jumping to conclusions include:

- Premature judgments (e.g., “My first answer was incorrect, so I’m bound to fail this test”).
- Over-adjusted thinking (e.g., “I thought we were friends, but when she didn’t return my call, I knew she hated me”).
- Threat conclusions in ambiguous situations (e.g., “They are joking about something – it must be me”).

People who jump to conclusions may have ‘blind spots’ when it comes to:

- Deliberative thinking and decision-making.
- Gathering information before making judgments.
- Considering alternative interpretations or hypotheses.
- Attending to disconfirmatory evidence.
- Interpreting ambiguity in a non-threatening manner.

As with many cognitive biases, there may be evolutionary reasons why people jump to conclusions. Gilbert (1998, 2013) describes JTC as a ‘better-safe-than-sorry’ style of thinking that has enabled humans to make rapid decisions in threatening situations. While this can lead to mistakes, assuming the worst and taking defensive action unnecessarily is a less risky strategy. In addition, thinking about others categorically (e.g., “they are all bad”) may have helped justify aggressive and/or exploitative actions towards outgroups.

Finally, it has been suggested that jumping to positive conclusions can also be problematic, such as in bipolar disorder (e.g., “Nothing can stop me – I can achieve anything”) (Scott, 2002). However, current research suggests that JTC is not pronounced in this condition (e.g., Can et al., 2019).

Instructions

Suggested Question

Many people jump to conclusions, and it sounds as though it might also be the case for you. Would you be willing to explore it with me?

Clinicians might begin by providing psychoeducation about jumping to conclusions 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 'jumping to conclusions' – we sometimes make hasty judgments and decisions based on limited evidence and information.
- Signs that you are jumping to conclusions include making quick judgments without considering other explanations, interpreting ambiguous situations negatively (e.g., assuming laughter must be directed at you), or changing how you see something based on just a small amount of evidence (e.g., if someone looks away it means that they are secretly bored of speaking to you).
- In some circumstances, it is useful to jump to conclusions. Assuming the worst can act as a 'better-safe-than-sorry' style of thinking, helping you respond quickly to dangers. However, jumping to extreme conclusions or thinking this way too often can give you a false impression of things and lead to rash decisions. At its most severe, jumping to conclusions can lead to extreme beliefs that don't match reality.

Many treatment techniques can be used to address jumping to conclusions:

- **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 jumping to conclusions again", whenever they notice these thoughts.
- **Cognitive restructuring with thought records.** Self-monitoring can be used to capture and re-evaluate jumping to conclusions as it occurs (Freeman et al., 2006; Turkington et al., 2009; Freeman et al., 2021). Useful prompts include:

Suggested Questions

- *How would you see this situation differently if you weren't making quick decisions or judgments?*
- *What evidence supports your conclusion? Is there enough to be sure that it is entirely accurate?*
- *What evidence does not support your conclusion? Are there any facts that you might have missed? What events and experiences suggest this thought might not be true?*
- *Can you think of any other less threatening explanations for what happened? Do any of them seem reasonable to you?*
- *Let's review what happened once more, but slowly. Can you recall anything that doesn't fit with your first impression?*
- *Imagine you are an objective bystander in this situation. How would you see it differently? What conclusions would you draw?*
- *Could you be exaggerating the chances of something bad happening to yourself?*
- *What would you say to a friend who reached this conclusion? How would you help them see the situation more accurately?*

Instructions

- **Slowing down.** JTC is associated with automatic, rapid, and intuitive thinking (Kahneman, 2011; Ward & Garety, 2019). Clients can practice accessing slower, more effortful thinking by deliberately slowing down and thinking carefully whenever they might be jumping to conclusions. Clients might visualize JTC as fast-spinning thoughts and replace these with slower, personalized 'safer thoughts' (e.g., "Everyone thinks like this sometimes, but perhaps it's just a coincidence and has nothing to do with me"; Ward et al., 2022). Alternatively, optical illusions can help illustrate that things are not always as they seem (Waller et al., 2011). Prompts clients might find helpful for slowing down their thinking include:
 - "I don't have to make a judgment right away".
 - "I can postpone any decisions until I've thought more about it".
 - "I should take some time to think this through".
- **Cost-benefit analysis.** Explore the advantages and disadvantages of drawing extreme or hasty conclusions. Is it helpful? What problems does it cause? Note that some clients may believe that jumping to conclusions is functional (e.g., "It's better to assume the worst in ambiguous situations").
- **Illustrative examples.** Video clips can illustrate the ways people jump to conclusions. Reviewing examples of JTC can normalize these experiences and help clients reflect on their thinking (Waller et al., 2011). For example, after watching a video clip, the client might be asked:
 - Which character in the clip jumped to a conclusion and why.
 - The different interpretations they could have made.
 - How they could avoid jumping to conclusions in future.
- **Data collection.** Encourage the client to collect data that supports or disconfirms their conclusions. This might involve interrogating the environment (to re-evaluate conclusions about the causes and meaning of events), asking for feedback (to re-evaluate assumptions about other peoples' thoughts and judgments), or soliciting other viewpoints (to see if other people would reach different conclusions).
- **Story-telling.** Therapeutic stories can help normalize jumping to conclusions and illustrate that while these initial interpretations are understandable, they are not always accurate. For example, an individual might misconstrue a "D" grade on an assignment as meaning their work was poor rather than outstanding (assuming "D" can also stand for "Distinction") (Stott et al., 2010).
- **Testing beliefs and assumptions.** It can be helpful to explore whether the client holds beliefs or assumptions which drive jumping to conclusions, such as, "First impressions are usually accurate" and "Being certain about things is better than being unsure". If assumptions like these are identified, clients can assess how accurate and helpful they are. Their attitudes towards healthier assumptions may be explored, such as, "It's helpful to collect information before making a judgment or decision". Assumptions can also be tested using behavioral experiments, including surveys (e.g., "Let's see if other people would reach the same conclusions as me").

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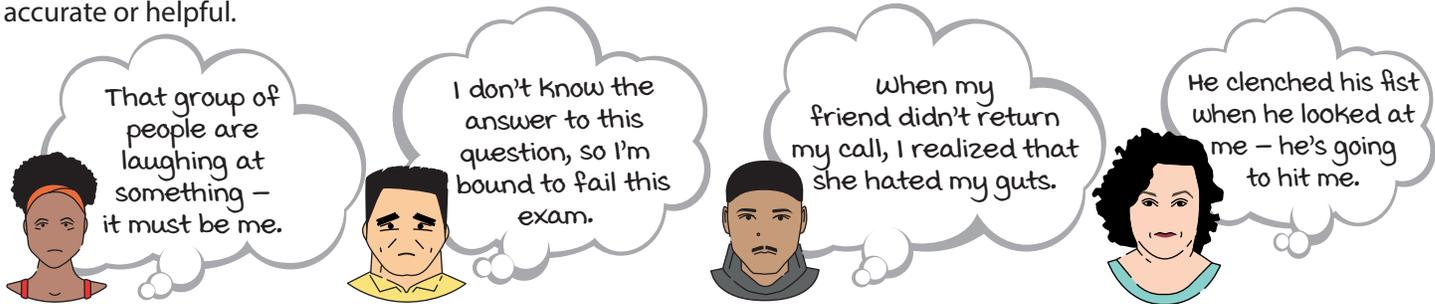
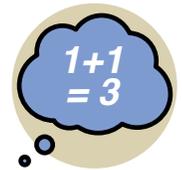
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When we feel strong emotions – such as fear, sadness, shame, or hopelessness – we have often just had an *automatic thought*. These thoughts can happen so quickly and effortlessly that we are not even aware we've had them. It can take practice to notice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

Jumping to conclusions is a style of thinking where you make hasty judgments or decisions based on a limited amount of information. For example, you might think the worst is certain to happen, assume you know what other people are thinking, or use your intuition to make snap judgements. Everyone jumps to conclusions sometimes, especially when they feel stressed or anxious. However, these leaps in thinking don't take all the facts into consideration, which can lead to conclusions that aren't always accurate or helpful.



Jumping to conclusions is common across a wide range of problems:

- Anxiety
- Borderline personality disorder
- Chronic pain
- Delusions
- Obsessive compulsive disorder
- Paranoia
- Psychosis
- Suicidal thoughts and actions

Overcoming a tendency to jump to conclusions

Noticing and labeling

The first step in overcoming a tendency to jump to conclusions is noticing when it happens. Practice self-monitoring so that you get better at noticing these thoughts as they arise. When you notice one, say something to yourself like:

- "I'm jumping to conclusions again."
- "I'm thinking quickly, not slowly."



Slow your thoughts down

When people jump to conclusions, their judgments are often quick and automatic. Slow your mind down whenever your thoughts or decisions might be too hasty.

- "I don't have to make a judgment right away, so I'll slow down."
- "I should take time to think this through."
- "I can postpone any decisions until I've thought more about it."



Collect more information

Your conclusions might seem true, but that doesn't mean they are. Before you make a judgment, collect information to check if your first impressions are accurate.

- "She might think that about me, but I can't be sure – I'll ask and find out."
- "Let's do some investigating to see if my hunch is true."
- "I wonder if other people see this situation as I do – I'll do a quick survey."



Evaluate your thinking

Remember that there are lots of ways of judging any situation. Practice putting your thoughts in perspective by asking yourself these questions:

- "Is my conclusion based on a good amount of evidence?"
- "What facts don't support this conclusion?"
- "What other explanations could there be? What evidence have I missed?"



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