

Information Handout

Professional Version | US English

Labeling



Description

The *Labeling* 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.

Labeling

Labeling (sometimes referred to as ‘negative global evaluations’) is an extreme form of overgeneralization and a common cognitive distortion or ‘unhelpful thinking style’. It is characterized by assigning fixed, global traits to the self or others, usually in the form of pejorative, single-word labels (Leahy, 2017). This can cause a variety of problems:

“Labeling tends to fire up strong negative emotions, like severe depression and intense rage. In addition, it’s mean. When you label yourself or another person, it’s like taking a jab at someone. It also distracts you from what’s important because you use all your energy ruminating about how bad you are instead of pinpointing your error—assuming you’ve actually made an error—so you can learn from it and grow... Labeling is also highly irrational. Humans are not objects that can be captured with a single positive or negative label. There’s really no such thing as a “jerk” or a “loser”—although plenty of jerky behavior exists.”

Burns, 2020.

Labeling is often self-perpetuating. When individuals label individuals or experiences as entirely ‘good’ or completely ‘bad’, they tend to focus on characteristics consistent with the label, while selectively ignoring with it (Tolin, 2016). Beck and colleagues (1979) also note that abstract, global characterizations are difficult to address in therapy. When the therapist and client shift from global judgments to specific problems, solutions are much easier to identify.

Examples of labeling include:

- Labeling the self (“I’m a failure”).
- Labeling other people (“He’s so selfish”).
- Labeling internal experiences (“This feels horrible”).
- Labeling external events (“That was waste of time”).

Description

People who habitually engage in labeling may have 'blind spots' when it comes to:

- Identifying specific behaviors that can be addressed.
- Distinguishing people from their actions.
- Noticing variations in behavior.
- Viewing people as capable of change and growth.
- Adopting a non-judgmental perspective on events.
- Appreciating complexity in the self, others, and the world.

As with many other cognitive biases, there are evolutionary reasons why people engage in labeling. For example, our judgments are likely to be slower when multiple factors are considered. In threatening situations, therefore, it may be more helpful and efficient to think in global, categorical ways. When humans compete for resources, bracketing groups of people under a single label (e.g., "they are all bad") can also justify certain actions towards them (e.g., attacks or exploitation) (Gilbert, 1998).

Labeling is associated with a wide range of clinical problems including:

- Depression (Blake et al., 2016).
- Anxiety disorders (Covin et al., 2011; Kuru et al., 2018).
- Suicidality (Jager-Hyman et al., 2014).
- Eating disorders (Tecuta et al., 2021).
- Negative body image (Dijkstra et al., 2017).
- Perfectionism (Egan et al., 2014).

Labeling is also common amongst people who have been given a diagnosis of borderline personality disorder (Puri et al., 2021).

Instructions

Suggested Question

Many people struggle with labeling themselves, others, or their experiences. It sounds as though this might be relevant to you. Would you be willing to explore it with me?

Clinicians may consider giving clients helpful psychoeducation about automatic thoughts more generally and labeling in particular. Consider sharing some of these important details:

- Automatic thoughts spring up spontaneously in your mind 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, and they are often inaccurate in characteristic ways.
- Labeling is a common type of bias that can show up in our automatic thoughts. In other words, we sometimes give things a fixed, global label like "bad" or "worthless".
- Signs that labeling is present include feeling sad, ashamed, or angry. The thoughts that accompany these feelings often contain judgmental descriptions like "selfish", "stupid", or "ugly".
- In threatening situations, it can be safer to make quick, broad judgments – even if they are not accurate.

Many treatment techniques can be used to address labeling, including:

- **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 "I'm labeling again", whenever they notice this style of thinking.

Instructions

- **Cognitive restructuring with thought records.** Self-monitoring can be used to encourage the client to consider the evidence supporting their labels and reflect on whether these are helpful judgments. Prompts that can be helpful when working with labeling thoughts include:

Suggested Questions

- *If you took the 'labeling' glasses off, how would you see this differently?*
- *Setting aside this label for a moment, are there other explanations or contributing factors that might explain this behavior or outcome?*
- *What evidence supports the label you are using? What evidence contradicts this label?*
- *Rather than using this label, let's be more specific. Which behaviors do you feel unhappy about in this situation? How could you change them?*
- *If a stranger saw what happened in this situation, would they use the same label you're using? Why not?*
- *How could we describe what happened in this situation in a non-judgmental way?*
- *If a friend had the same experience and labeled themselves in a similar way, what would you say to them?*
- *Suppose this label is partially true, but in a less fixed way. If you said (for example) to yourself, "Sometimes I fail like everyone else does, but not always", what difference would that make?*
- *How does labeling yourself in this way fit with your goals?*

- **Cost-benefit analysis.** Cost-benefit analysis of labeling can highlight the consequences of this style of thinking. Therapists might ask:

Suggested Questions

- *What are the pros and cons of using labels like this?*
 - *What problems does this label cause you?*
 - *Does labeling yourself encourage or discourage you?*
 - *How would your thoughts, feelings, and behaviors change if you didn't label yourself in this way?*
- **Identifying variations in behavior.** When people use labels, they take a behavior or outcome and generalize it to their entire person (e.g., failing a test = "I am a failure"). Shifting the client's focus beyond a single situation encourages them to notice variability in their behavior across situations (Leahy, 2011). For example, the client might be asked to rate how 'clumsy' their behavior was in a particular situation and identify times where they were more or less clumsy. Can the client think of situations in which they were graceful or coordinated?
 - **Exploring the variety of the client's character.** Labeling causes people to view themselves in a global and singular way. To counteract this, ask the client to identify their different qualities, interests, and roles. Their multifaceted character can then be depicted using a pie chart ("Let's allocate each of your qualities a slice of this pie") or by putting multiple descriptive sticky notes on the wall (Lazarus, 1977; Leahy, 2011).

Instructions

- **Adopting non-judgmental descriptions.** Rather than using global labels, clients can describe their behaviors using non-judgmental terms. For example, the thought “I’m stupid for making a mistake” could be replaced with “I would have preferred to have got that question right.” Alternatively, the thought “He’s rude” could be replaced with “He’s in a rush to be somewhere else.”
- **Evaluating behaviors (not entire persons).** Rather than labeling their whole self, clients can rate themselves across several behavioral categories (Burns, 2020). For example, a client that has labeled themselves as a “terrible husband” might list the characteristics of a “good husband” and rate themselves on each category “at my best”, “at my worst”, and “on average”. This helps clients identify their strengths and specific skills that could be improved.
- **Testing beliefs and assumptions.** If a client uses labels habitually, it might be helpful to explore whether they hold beliefs or assumptions about this thinking style, such as “It is possible and fair to judge people and events using a single term”, or “People’s qualities are fixed in place and don’t change”. If such assumptions are identified, clients can explore their accuracy and helpfulness. Their attitudes towards healthier assumptions (e.g., “If I have to label something, it is better to label my behavior than myself”) can also be explored. Dysfunctional assumptions and labeling thoughts can be reality-tested through behavioral experiments, including surveys (e.g., “Would you describe someone who had this experience as [label]? Please explain your answer”).

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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.

Labeling is a thinking style in which we give ourselves, other people, or our experiences a one-word label. These labels are usually fixed, extreme, and negative. Labels stir up strong emotional reactions and stop us noticing other aspects of our experience. Because labels are very broad, they also make it hard for us to identify specific problems, which would be easier to address.



Labeling can contribute to a range of problems:

- Anxiety
- Body image problems
- Depression
- Eating disorders
- Low self-esteem
- Perfectionism
- Relationship problems
- Suicidality

Overcoming labeling

Noticing and labeling



Ironically, the first step in overcoming your labeling thoughts (and actions) is to catch them and label them for what they are. Practice *self-monitoring* so that you get better at catching your labeling thoughts as they happen. When you notice one, say something to yourself like:

- “There’s another ‘labeling’ thought again.”
- “I’m using labels again.”

Using non-judgmental descriptions



Whenever you notice yourself using a label, try swapping it for an objective and non-judgmental description of your behavior (or the other person’s behavior).

- I’m so clumsy. > I spilt my drink.
- He’s so rude. > He was in a rush to leave.
- I’m a failure. > I got one thing wrong in that test.

Look for variations & exceptions



When we label, we take a single behavior or outcome and generalize it to our entire self (e.g. “I failed a test” > “I am a total failure”). Look for variations in your behavior. Do you always behave in this way or always get the same result? The same applies with labels for other people.

- “I’m selfish (label)... and there are times when I’m generous (variations).”
- “She’s lazy (label)... and I’ve seen her work hard in some situations (exceptions).”

Explore your many sides



Labels sum people up in one word, but we are all much more complicated than that. Think about all your different characteristics, roles, and interests. You could try writing each one on a sticky note and putting them on the wall.



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