

Information Handout

Professional Version | US English

Mental Filter



Description

The *Mental Filter* 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.

Mental Filter

Mental filter (also referred to as ‘selective abstraction’) is one of the earliest and broadest cognitive distortions identified in cognitive therapy. Aaron T. Beck recalls:

“First I discovered there were automatic thoughts. . . . As I collected more material, I found that these patients were misinterpreting what I had to tell them quite a bit. Eventually I noted that the misinterpretations fell into [unintelligible] categories. One was called selective abstraction—one I gave that name to—where they would take one little element and then see everything through just that one little element. One little mistake would seem to them to represent everything”.

(Beck, 2012).

Having a mental filter is defined as appraising an experience by focusing on a single detail, which is taken out of context and magnified. At the same time, other salient details are discounted or ignored (Beck, 1963), so people fail to see the ‘whole picture’ when making sense of their experiences. Mental filtering is believed to arise from biases in interpretative reasoning, hypothesis testing, and expectancy judgments (i.e., holding negative expectations about the future; Harvey et al., 2004).

Mental filtering acts as a ‘stimulus set’ insofar as individuals are predisposed to attend to situational factors related to their personal sensitivities, such as rejection, danger, or failure (Bedrosian & Beck, 1980). For example, in anxiety disorders, mental filtering is likely to focus on the threatening aspects of a situation. Conversely, mental filtering in depression is likely to focus on the negative (rather positive) features of an event, or extract elements that are indicative of loss (Beck, 1979).

Description

Mental filtering not only involves enhanced processing of select stimuli, but 'filtering out' or selective suppression of other information. For example, individuals with anxiety often neglect signs of safety, whilst individuals with depression fail to notice signs of gain. Mental filtering is also apparent in the way individuals recall past experiences. For instance, depressed individuals can recall unpleasant experiences more readily than positive experiences (Beck, 1979).

Other difficulties associated with mental filtering include:

- Addictions (Ozparlak & Karakaya, 2022)
- Bipolar disorder (Kramer et al., 2009)
- Eating disorders (Dritschel et al., 1991)
- Negative body image (Dijkstra et al., 2017)
- Perfectionism (Davis & Wosinski, 2012)
- Relationship difficulties (Schwartzman et al., 2012)
- Self-harm (Weismore & Esposito-Smythers, 2010)
- Suicidality (Prezant & Neimeyer, 1988)

Burns (2020) suggests that mental filtering can be positive or negative in form:

- **Positive mental filtering** involves focusing on the positives and filtering out the negatives (e.g., "Smoking helps me relax"). It is often observed in addictive behaviors.
- **Negative mental filtering** involves focusing on the negative and filtering out all the positives (e.g., "I'm so disappointed I got a test question wrong"). It is often apparent in self-criticism and rumination.

Examples of mental filtering include:

- Discounting the positives (e.g., "He was just being nice when he complimented me").
- Discounting the negatives (e.g., "I don't mean the cruel things I say").
- Focusing on the positives (e.g., "My children are perfect in every way").
- Focusing on the negatives (e.g., "One person didn't clap at the end of my speech").

People who mentally filter may have 'blind spots' when it comes to:

- Attending to information that does not fit with their expectations or beliefs.
- Recognizing achievements and successes.
- Accepting compliments and positive feedback.
- Idealizing themselves or other people.
- Viewing situations in context.

As with many cognitive biases, there may be evolutionary reasons why people mentally filter. Gilbert (1998) suggests that discounting one's positive features (i.e., modesty) can be attractive in some social contexts. In other situations, maintaining an elevated status may be challenging to those who are higher in a dominance hierarchy, whereas adopting a lower status (i.e., disqualifying one's positives) is comparatively less risky. Discounting oneself can serve other adaptive functions such as avoiding envious attacks, reducing expectations, and eliciting supporting from others.

Instructions

Suggested Question

Many people struggle with mental filtering, and it sounds as though it may also be relevant to you. Would you be willing to explore it with me?

Clinicians might begin by providing psychoeducation about mental filtering 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 'mental filtering': we sometimes focus on one detail and don't look the bigger picture.
- Signs that you are mentally filtering include discounting certain experiences or bits of information (e.g., compliments or successes) and focusing too much on others (e.g., criticisms or setbacks).
- In some circumstances, it might seem helpful to use a mental filter. For example, you might think that discounting your positives is an attractive quality or stops bad things from happening (e.g., other people don't set their expectations too high). Alternatively, discounting your positives might help get some of your needs met (e.g., people offer you more support). However, mental filtering can also give you an inaccurate impression of things and cause distress.

Many treatment techniques can be used to address mental filtering, 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 to themselves, "I'm using a mental filter again." whenever they notice these thoughts.
- **Cognitive restructuring with thought records.** Self-monitoring can be used to capture and re-evaluate filtered thoughts as they occur. Useful prompts include:

Suggested Questions

- *If you turned your mental filter off, how would you see this situation differently?*
- *Is there anything that you might be ignoring or discounting in this situation?*
- *Would other people see this situation the same way as you? How would they see it differently?*
- *If someone you cared about were filtering this situation the same way, what would you say to them?*
- *Suppose you were to focus on the positives. How would your response to this situation change?*

Instructions

- **Cost-benefit analysis.** Explore the advantages and disadvantages of mental filtering. Is it helpful in any way, and what problems does it cause? Some clients may believe that using a mental filter is functional (e.g., “Discounting my successes makes me humble”).
- **Positive data logging.** Ask the client to intentionally notice and record day-to-day successes, achievements, compliments, and other positive data that is usually ignored (Beck et al., 1979). Mental filtering can be habitual, in which case the client may need to practice positive data logging in-session before between-session practice (e.g., “What positive things have you done during this session that you might normally ignore or discount?”).
- **Explore the ‘bigger picture’.** Mental filtering causes individuals to fixate on small details that are taken out of context. ‘Bigger picture’ thinking can overcome this trap. This can be practiced in a variety of ways, such as metaphorically ‘zooming out’ so the client can see the bigger picture, reflecting on superordinate considerations (e.g., does the incident matter in context of the client’s entire life), and self-transcendence or ‘wise reasoning’ (e.g., exploring the incident from other people’s perspectives or a third-person perspective; Grossman et al., 2016).
- **Using metaphors.** Stott and colleagues (2010) use the analogy of a camera lens to describe mental filter. Like a camera, the brain collects information about the world through a lens (i.e., a mental filter), which makes aspects of the environment more vivid or washed out. This metaphor highlights several points. First, the way people receive the world is influenced by the lens (i.e., filter) they use. Second, these filters are not fixed but can be changed. Finally, clients can experiment with changing their filter to determine how it affects their mood and behavior.
- **Testing beliefs and assumptions.** It can be helpful to explore whether the client holds beliefs or assumptions that drive mental filtering, such as, “The events that matter most are the negative ones (e.g., my failures)”, and “It’s better to focus on information that fits with my beliefs and expectations”. If assumptions like these are identified, clients can assess how accurate and useful they are. Their attitudes towards healthier assumptions can be explored, such as, “Positive and negative experiences are equally important and informative”, and “Information that doesn’t support my beliefs is interesting and gives me an accurate perspective on things”. Assumptions can also be tested using behavioral experiments, including surveys (e.g., “Let’s see if other people have a similar mental filter and whether they think it is helpful.”).

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. (1979). *Cognitive therapy and the emotional disorders*. Meridian.
- Beck, J. S. (2012). Annual reviews conversations presents: A conversation with Aaron T. Beck. *Annual Reviews*. Retrieved from: <https://www.annualreviews.org/userimages/ContentEditor/1351004835908/AaronTBeckTranscript.pdf>.
- Beck, J. S. (1995). *Cognitive behavior therapy: Basics and beyond*. Guilford Press.
- Blackburn, I. M., & Eunson, K. M. (1989). A content analysis of thoughts and emotions elicited from depressed patients during cognitive therapy. *British Journal of Medical Psychology*, 62, 23-33. DOI: 10.1111/j.2044-8341.1989.tb02807.x.
- 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.
- Bedrosian, R. C., & Beck, A. T. (1980). Principles of cognitive therapy. In M. J. Mahoney (Ed.), *Psychotherapy process: Current issues and future directions* (pp.127-152). Springer.
- Burns, D. D. (2020). *Feeling great: The revolutionary new treatment for depression and anxiety*. PESI Publishing.
- Covin, R., Dozois, D. J., Ogniewicz, A., & Seeds, P. M. (2011). Measuring cognitive errors: Initial development of the Cognitive Distortions Scale (CDS). *International Journal of Cognitive Therapy*, 4, 297-322. DOI: 10.1521/ijct.2011.4.3.297.
- Davis, M. C., & Wosinski, N. L. (2012). Cognitive errors as predictors of adaptive and maladaptive perfectionism in children. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 30, 105-117. DOI: 10.1007/s10942-011-0129-1.
- Dijkstra, P., Barelds, D. P., & van Brummen-Girigori, O. (2017). General cognitive distortions and body satisfaction: Findings from the Netherlands and Curaçao. *International Journal of Cognitive Therapy*, 10, 161-174. DOI: 0.1521/ijct.2017.10.2.161
- Dritschel, B. H., Williams, K., & Cooper, P. J. (1991). Cognitive distortions amongst women experiencing bulimic episodes. *International Journal of Eating Disorders*, 10, 547-555. DOI: 10.1002/1098-108X(199109)10:5<547::AID-EAT2260100507>3.0.CO;2-2.
- 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.
- Grossmann, I., Gerlach, T. M., & Denissen, J. J. (2016). Wise reasoning in the face of everyday life challenges. *Social Psychological and Personality Science*, 7, 611-622. DOI: 10.1177/1948550616652206.
- Harvey, A. G., Watkins, E., Mansell, W., & Shafran, R. (2004). *Cognitive behavioural processes across psychological disorders: A*

References

transdiagnostic approach to research and treatment. Oxford University Press.

Kramer, U., Bodenmann, G., & Drapeau, M. (2009). Cognitive errors assessed by observer ratings in bipolar affective disorder: Relationship with symptoms and therapeutic alliance. *The Cognitive Behaviour Therapist*, 2, 92-105. DOI: 10.1017/S1754470X09990043.

Özparlak, A., & Karakaya, D. (2022). The associations of cognitive distortions with internet addiction and internet activities in adolescents: A cross-sectional study. *Journal of Child and Adolescent Psychiatric Nursing*, 35, 322-330. DOI: 10.1111/jcap.12385.

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.

Prezant, D. W., & Neimeyer, R. A. (1988). Cognitive predictors of depression and suicide ideation. *Suicide and Life-Threatening Behavior*, 18, 259-264. DOI: 10.1111/j.1943-278X.1988.tb00161.x.

Schwartzman, D., Stamoulos, C., D'Iuso, 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.

Stott, R., Mansell, W., Salkovskis, P., Lavender, A., & Cartwright-Hatton, S. (2010). *Oxford guide to metaphors in CBT: Building cognitive bridges*. Oxford University Press.

Veen, G., & Arntz, A. (2000). Multidimensional dichotomous thinking characterizes borderline personality disorder. *Cognitive Therapy and Research*, 24, 23-45. DOI: 10.1023/A:1005498824175.

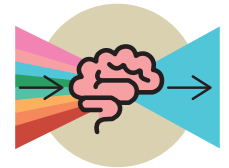
Weismoore, J. T., & Esposito-Smythers, C. (2010). The role of cognitive distortion in the relationship between abuse, assault, and non-suicidal self-injury. *Journal of Youth and Adolescence*, 39, 281-290. DOI: 10.1007/s10964-009-9452-6.

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.

Mental filter (also known as 'selective abstraction') is a style of thinking where you base your conclusions on a single detail taken out of context. At the same time, you might discount or ignore other bits of information. People tend to filter when they are faced with evidence that doesn't 'fit' with their beliefs. Everyone does this sometimes, but too much filtering can lead to distress and stop you from seeing the 'bigger picture'.



Mental filtering is associated with a number of problems:

- Addictions
- Anxiety
- Bipolar disorder
- Depression
- Eating disorders
- Negative body image
- Perfectionism
- Relationship difficulties
- Self-harm
- Suicidality

Overcoming mental filtering

Noticing and labeling

The first step in overcoming mental filtering 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 using a mental filter again."
- "I'm seeing this out of context."



Notice the positives

Mental filtering can become a habit. Break it by keeping a record of the positive experiences you tend to ignore or discount.

- "I often think I fail at the things I do... so I'm going to write down one thing I succeed at each day."



Look at the bigger picture

Mental filters can make you focus on the small details while ignoring others. Looking at the bigger picture can give you a broader perspective and help you notice things you usually miss.

- "How will I think about this 10 or 20 years from now?"
- "If I was an objective bystander, how would I see this situation?"
- "In the context of my whole life, how important is this issue?"



Evaluate your thinking

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

- "What information am I ignoring or discounting in this situation?"
- "If someone I cared about were using the same filter, what would I say to them?"
- "What would I notice if I focused equally on the positives and negatives?"
- "If I were wearing a different filter like 'I'm OK' how would I be interpreting this situation?"



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