

Information Handout

Professional Version | US English

Overgeneralization



Description

The *Overgeneralization* 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.

Overgeneralization

Humans have a natural tendency to generalize: they use past experiences to guide new behaviors and actions. If people were unable to generalize, they wouldn’t be able to apply what they had learned in one situation to other situations that were slightly different. In other words, the ability to learn depends upon capacity for generalization (Raviv et al., 2022).

However, there are times when people generalize too much or overgeneralize. Epstein (1992) defines overgeneralization as “generalization that is inappropriate or excessive. A person who characteristically overgeneralizes fails to make important discriminations and therefore arrives at incorrect conclusions and draws inappropriate lessons from experience” (p.827). This does not mean overgeneralization is inherently problematic: research indicates that people often show a ‘positivity bias’, positively overgeneralizing in a manner that enhances their optimism and self-esteem (e.g., van den Heuvel, 2012). Epstein (1992) suggests this “moderate self-overestimation” is often adaptive because it protects individuals’ positive self-view and is intrinsically rewarding. Moreover, it may help buffer the effects of negative experiences.

Cognitive behavioral therapy (CBT) is concerned with overgeneralizations that are maladaptive and distressing. In this context, overgeneralization refers to sweeping, self-defeating conclusions about ourselves, other people, and the world that are based on isolated events. In other words, “one negative experience... [is] translated into a law governing one’s entire life”. (Beck et al., 1985, p.320). As a result, single events are misconstrued as being part of a global, never-ending pattern operating in a person’s life (Tolin, 2016). For this reason, global terms such as ‘always’, ‘never’, and ‘everyone’ often feature in this style of thinking.

Description

Beck (1976) suggests that overgeneralizations are likely to arise in situations related to individuals' vulnerabilities and sensitivities, such as those involving rejection, failure, or loss. However, other factors are also likely to contribute to this style of thinking, including confirmation bias (e.g., looking for evidence that supports our generalizations and ignoring contradictory information), recency effects (e.g., focusing on recent events that fit with these conclusions and ignoring contradictory experiences), biased attributional reasoning (e.g., using an internal, stable, global reasoning style), and biased expectancy judgments (Harvey et al., 2004; Leahy, 2017).

Examples of maladaptive overgeneralization include:

- Self-related overgeneralizations:
 - **Negative:** "I lost my temper with my child – I'm a terrible parent"
 - **Excessively positive:** "I won the race, so I'm superior"
- Other related overgeneralizations:
 - **Negative:** "He was so rude to me – men are all so obnoxious"
 - **Excessively positive:** "She was a nice salesperson – I can trust her and her company with my savings"
- Situational overgeneralizations:
 - **Negative:** "My train is late – they're never reliable these days"
 - **Excessively positive:** "My horse came first – this must be the start of a winning streak"

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

- Recognizing variation and exceptions.
- Forming individual or situation-specific (rather than global) judgments.
- Recollecting specific events (i.e., they have vague or overgeneral memories).
- Setting expectations that are accurate and/or optimistic.
- Prejudiced thinking (toward the self or others).

As with many cognitive biases, overgeneralizing may have adaptive functions. Humans have long relied on rapid, 'fast-track' affect to make urgent decisions when under threat (Gilbert, 1998). In these situations, deliberative thinking and forming situation-specific judgments could be costly. Gilbert (1998) also suggests that overgeneralized attitudes toward outgroups (i.e., xenophobic thinking) may have been adaptive during conflict or fierce competition, supporting our own and our group's survival. Finally, generalization supports humans' learning ability, ensuring that past experiences inform our future actions and behaviors.

Overgeneralization has been studied most extensively in depression. Research indicates that depressed individuals tend to recall overgeneral rather than specific memories (Williams et al., 2007) and that overgeneralized thinking predicts subsequent levels of depression (Carver, 1998). In addition, depressed individuals are more likely to overgeneralize following adverse events and less likely to do so following positive experiences (van den Heuvel et al., 2012). Roberts and Monroe (1994) account for these associations by suggesting that individuals with low mood tend to overgeneralize their situation-specific self-criticisms, resulting in global rejection of the self and depression.

Description

Overgeneralization is not limited to depression. Research has linked this style of thinking to several other difficulties, including:

- Anger (Gilbert, 2009).
- Anxiety (Tairi et al., 2016).
- Bipolar disorder (Kramer et al., 2009).
- Borderline Personality Disorder (van den Heuvel et al., 2012).
- Body image problems (Dijkstra et al., 2017).
- Chronic pain and disability (Smith et al., 1986).
- Domestic violence (Eckhardt & Kassonov, 1998).
- Eating disorders (Dritschel et al., 1991).
- Low self-esteem (Hayes et al., 2004).
- Perfectionism (Flett & Hewitt, 1998).
- Self-harm (Weismore & Esposito-Smythers, 2010).

Instructions

Suggested Question

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

Clinicians might begin by providing psychoeducation about overgeneralization 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 'center 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 'overgeneralization': we form sweeping conclusions based on one event or isolated experiences. If something bad happens, we then believe that the same thing will happen in similar situations in the future.
- A common sign that you are overgeneralizing is when your conclusions and expectations contain global words like 'always', 'never', and 'everyone'.

- There are some good reasons why a limited amount of overgeneralization is useful. Generalizing from past experiences helps us learn, so we know what to do and expect next time. Occasionally, these sweeping judgments can help us make quick 'snap' decisions, which can be important in (life) threatening situations. You might believe overgeneralizing helps lower your expectations, so you don't feel hurt or disappointed in the future. However, overgeneralizing can also cause distress and give you a false impression of how things currently are or will be in the future.

Many treatment techniques can be used to address overgeneralization, 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 overgeneralizing again" or "There's an overgeneralization" whenever they notice these thoughts.

Instructions

- **Cognitive restructuring with thought records.** Self-monitoring can be used to capture and re-evaluate overgeneralization as it occurs. Useful prompts include:

Suggested Questions

- *If you took the 'overgeneralization' glasses off, how would you see this differently?*
- *What evidence supports your use of 'always' or 'never' here?*
- *What are you basing this conclusion on? Is that evidence accurate, reliable, and generalizable?*
- *What past experiences don't fit with this conclusion? Is there any counter-evidence that you've forgotten about or ignored?*
- *What are the exceptions to this expectation? Can you think of reasons why it might not be 100% accurate all the time, either in the past or the future?*
- *Can you think of anyone who would see this situation differently or reach a different conclusion? How would they see it?*
- *If we asked 100 people whether they agreed with this impression, what would they say? Why would some people disagree with it?*

- **Cost-benefit analysis.** Explore the advantages and disadvantages of overgeneralizing by asking:

Suggested Questions

- *What difficulties has overgeneralizing caused in the past?*
 - *What problems might overgeneralizing cause in the future?*
 - *How could things improve if the client adopted a different attitude towards themselves or other people?*
 - *Equally, what would be the advantages and disadvantages of seeing oneself, other people, and the world in more dimensions?*
- **Changing the terms.** Overgeneralized thinking often contains global terms such as 'always', 'never', or 'everyone'. A straightforward approach to overgeneralizing is to encourage clients to avoid using the words 'always', 'never', or 'everyone'. A gentler approach is to invite the client to substitute these terms for less extreme phrases like 'sometimes', 'some people', or 'in this situation', which are often more accurate and nuanced.
 - **Being specific.** The content of overgeneralizations is often vague, which makes them difficult to re-evaluate and address. For example, a client who makes an error at work might think they are completely 'useless'. Help the client define what overgeneralized terms like 'useless' mean (e.g., occasionally making mistakes) and the specific behaviors they relate to (e.g., not checking a document for spelling errors). This will make identifying ways to avoid similar setbacks much easier.

Instructions

- **Searching for exceptions.** Clients can reality-test their overgeneralizations by searching for exceptions, helping them to see situations and other people in a more nuanced manner. For example, if a client believes that “men are always rude”, they could keep a diary of instances where men act politely or in a neutral way. Similarly, a client who believes that “I never get anything right” might record instances where they are correct, however small or mundane. Searching for exceptions might involve reviewing past experiences, surveying other people, or setting up situations to test expectations.
- **Distinguishing people from their behavior.** Leahy (2017) notes that overgeneralizing often equates a single behavior or outcome with an entire person – a form of labeling. For example, a client might believe that “forgetting my birthday means my partner is selfish” or “getting a question wrong makes me stupid”. Encourage the client to focus on specific problematic or distressing behaviors without making character judgments or global evaluations.
- **Exploring opposite overgeneralizations.** Exploring whether overgeneralizations in the opposite direction are accurate can highlight just how illogical this thinking style is. For example, if the client believes, “forgetting my child’s lunch makes me an awful parent”, explore whether remembering their lunch would make them a perfect parent.
- **Using metaphors.** Metaphors can be a powerful way to illustrate how people sometimes overgeneralize the negative aspects of their experience. For example, Stott and colleagues (2010) use the example of depression being like ‘dark sunglasses’ or ‘shit-filters’, which makes everything seem darker than it really is. Does your client have a personal metaphor which they use to describe this mode of thinking?
- **Testing beliefs and assumptions.** It can be helpful to explore whether the client holds beliefs or assumptions which may drive overgeneralization, such as, “If it is true in one case, it is true in any similar situation”, and, “Assuming bad things will happen again prevents hurt or disappointment”. If assumptions like these are identified, clients can assess how accurate and helpful they are. Their attitudes towards healthier assumptions can be explored, such as “Just because it happened once, it doesn’t mean it will happen again or always happens”, and “Assuming bad things will happen again makes me feel worse”. Assumptions can also be tested using behavioral experiments, including surveys (e.g., “Let’s see if my expectations do come true in similar situations”).

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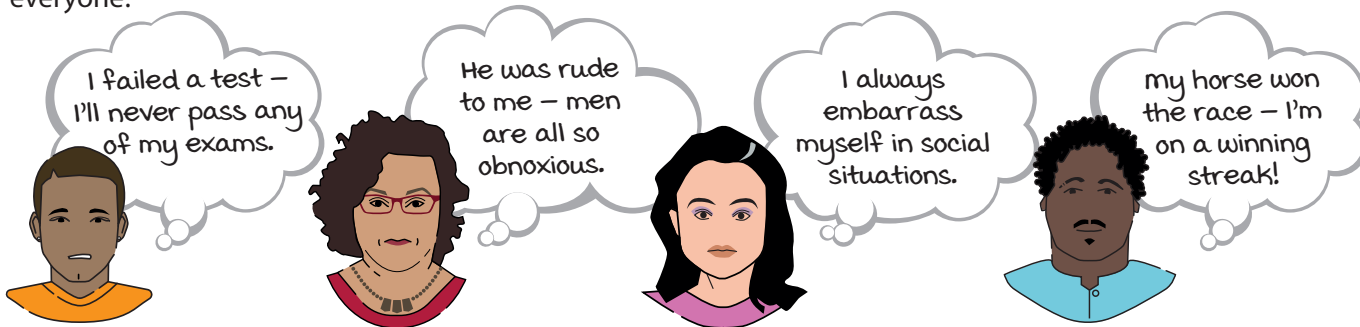
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When we feel strong emotions – such as fear, sadness, shame, or hopelessness – we have often just had an *automatic thought*. These thoughts can happen so quickly and effortlessly that we are not even aware we've had them. It can take practice to notice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

Overgeneralization is a style of thinking where you make a sweeping judgment or conclusion based on just one experience or a small number of incidents. In other words, you believe an isolated event will become a pattern and repeat itself in the future. These overgeneralizations can apply to ourselves, other people, or the world. This style of thinking usually contains global words like 'always', 'never', or 'everyone'.



Overgeneralization is associated with a wide range of problems:

- Anger
- Anxiety
- Bipolar disorder
- Borderline Personality Disorder
- Body image problems
- Chronic pain
- Depression
- Eating disorders
- Low self-esteem
- Perfectionism
- Self-harm

Overcoming overgeneralization

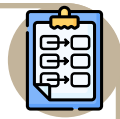
Noticing and labeling



The first step in overcoming overgeneralizations is to catch them. Practice self-monitoring so that you get better at noticing your overgeneralizations as they arise. When you notice one, say something to yourself like:

- "I'm overgeneralizing again."
- "There's another overgeneralization."

Change the words you use



Overgeneralizations usually contain global terms like 'always', 'never', and 'everyone'. Try swapping them for less extreme (and often more accurate) words like 'sometimes', 'some people', or 'in this situation'.

- I always fail → I failed this time.
- Everyone is self-centered → Some people are self-centered.
- I'll never feel better → Sometimes I feel bad, sometimes I don't.

Search for exceptions



Overgeneralization is like picking a bad apple and assuming every apple on the whole tree is rotten. Pick some more! In other words, search for exceptions to your overgeneralizations. This might involve thinking through past experiences or testing out your negative expectations.

- I always let people down → Untrue - I've helped and supported people in the past.
- Everyone is out to hurt me → Untrue - some people have treated me kindly.
- I never get things right → Let's test this by seeing how my next assignment goes.

Is the opposite overgeneralization true?



Choose one of your overgeneralizations and see if the opposite would be true. If not, chances are both ways of thinking are probably inaccurate and a bit too extreme.

- "I forgot to pack my child's lunch - I'm an awful parent".
- "If I had packed my child's lunch, would that make me a perfect parent?"

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