Information Handout

Professional Version | US English

Personalizing

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Description

The *Personalizing* 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.

Personalizing

Humans are naturally egocentric: we tend to see ourselves as the cause and target of other people's behavior, and central to events in the environment (Greenwald, 1980; Zuckerman et al., 1983). While egocentricity plays an important role in memory consolidation, recall, and our sense of self (Schacter et al., 2003), it can be problematic when it is extreme.

Personalizing (also referred to as "self-reference") is a style of thinking in which individuals interpret events in a self-referential manner (Beck, 1979; Branch & Willson, 2020). Typically, these judgments are negatively self-orientated (e.g., "My neighbor ignored me because I did something wrong") and evoke distress. At its most extreme, personalized thinking can contribute to persecutory delusions and ideas of reference (e.g., "My neighbors are following me and intend to hurt me"; Bedrosian & Beck, 1980). Personalizing is believed to arise from broader biases in hypothesis testing, interpretation, and expectancy judgments (i.e., holding negative expectations about the future) (Harvey et al., 2004).

Personalizing is with associated inappropriate self-blame, comparison-making, and egocentric attributions for negative events (Beck, 1979; Tolin, 2016). In addition, research indicates that personalized attributions are common in delusional beliefs although they tend to be external rather than internal (e.g., negative events are blamed on other people rather than circumstances; Kinderman & Bentall, 1997). Finally, personalizing may be apparent in narcissistic traits and fantasies (e.g., "It is thanks to me that our department is so successful"), although this is yet to be tested.

Description

Other difficulties associated with personalizing include:

- Addictions (Ozparlak & Karakaya, 2022).
- Anxiety (Covin et al., 2011).
- Depression (Blake et al., 2016).
- Generalized anxiety disorder (Nasiri et al., 2020).
- Eating disorders (Dritschel et al., 1991).
- Emotionally Unstable Personality Disorder (Puri et al., 2021).
- Negative body image (Djikstra et al., 2017).
- Obsessive compulsive disorder (Clark, 2002).
- Perfectionism (Davis & Wosinski, 2012).
- Post-traumatic stress disorder (Kline et al., 2021).
- Social anxiety (Epkins, 1996; Kuru et al., 2018).
- Self-harm (Weismoore & Esposito-Smythers, 2010).

Examples of personalizing include:

- Self-reference (e.g., "The shopkeeper was curt because I somehow offended him").
- Self-blame (e.g., "It's my fault that no-one enjoyed their meal in the restaurant").
- Comparisons (e.g., "The father on that poster is a better parent than I am").
- Delusional beliefs (e.g., "The police are here because they are secretly monitoring me").

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

- Circumstantial (rather than personal) attributions for events.
- Fairly attributing blame and responsibility.
- Setting reasonable expectations for themselves.
- Self-distanced / self-transcendent reasoning.
- Self-forgiveness and self-compassion.

As with many other cognitive biases, there are evolutionary reasons why people might personalize. Gilbert (1998) suggests that attributing negative events to oneself might be functional insofar as it (a) provides an illusion of control, (b) avoids blaming the 'other' which carries the risk of counterattack, (c) elicits support, and (d) helps protect relationships we depend on.

Instructions

Suggested Question

Many people struggle with personalizing, 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 personalizing 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 'personalizing': we sometimes believe that situations are related to ourselves (usually the negative ones) and don't consider other possible explanations.
- Signs that you are personalizing include blaming yourself unfairly or assuming that you have somehow contributed to negative events.
- In some circumstances, it can be helpful to personalize. For example, assuming that negative events are related to you might help you feel more in control or stop you from blaming other people, which could be painful or risky (e.g., they might attack or reject you in response).

Many treatment techniques can be used to address personalizing, 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 personalizing again" to themselves whenever they notice these thoughts.
- **Cognitive restructuring with thought records.** Self-monitoring can be used to capture and re-evaluate personalizing thoughts as they occur. Useful prompts include:

Suggested Questions

- *If you took off the 'personalizing' glasses, how would you see this situation differently?*
- *What evidence supports and does not support the idea that this situation was personal to you?*
- *Can you think of any other explanations for what happened? Which one seems most realistic?*
- *What are the other factors that might have contributed to this event or outcome?*
- *If a friend had the same experience and took it personally, what would you say to them?*
- *If an objective bystander observed what happened, would they agree it was personal to you? Why not?*

Instructions

- **Cost-benefit analysis.** Explore the advantages and disadvantages of personalizing. Is it helpful to interpret situations this way, and what problems does it cause? Some clients may believe that personalizing is functional (e.g., "If I caused what happened, I can do something about it").
- **Pie charts.** Pie charts are useful way to explore multiple factors that may have contributed to a given outcome (Beck, 1995). Ask the client to list potential causes and allocate a 'slice' of the pie chart to each one. Note that the client should add the self-attribution to the chart last (e.g., "The way I treated my brother led to his suicide") so that the other explanations can be fully considered.
- **Historical review.** Reviewing past experiences of being blamed can contextualize personalizing. For example, some clients may have been blamed as children or witnessed others blaming themselves ("Who else in your life tends to personalize things?"). Alternatively, the client may have learned to condemn themselves or take excessive responsibility to avoid conflict, elicit support, or protect relationships with attachment figures (Gilbert, 1998).
- **Role-play.** Role-playing can be a powerful way to shift cognitive biases (Pugh, 2019). For example, the therapist might present the client's personalizing statements in the first person ("It's all my fault"), while the client tries to help the therapist see the situation differently (Beck et al., 1979). If the client gets 'stuck' at any point, roles are reversed so the therapist can model the process of responding to personalizing thoughts.
- **Testing beliefs and assumptions.** It can be helpful to explore whether the client holds beliefs or assumptions that drive personalizing, such as "Bad things are always my fault", and "When the worst happens, I must have contributed to it". If assumptions like these are identified, clients can assess how accurate and useful they are. Their attitudes toward healthier assumptions can be explored, such as "Events aren't always about me or because of me", and "There are usually many reasons why things happen". Assumptions can also be tested using behavioral experiments, including surveys (e.g., "Let's see if other people would also take this situation personally").

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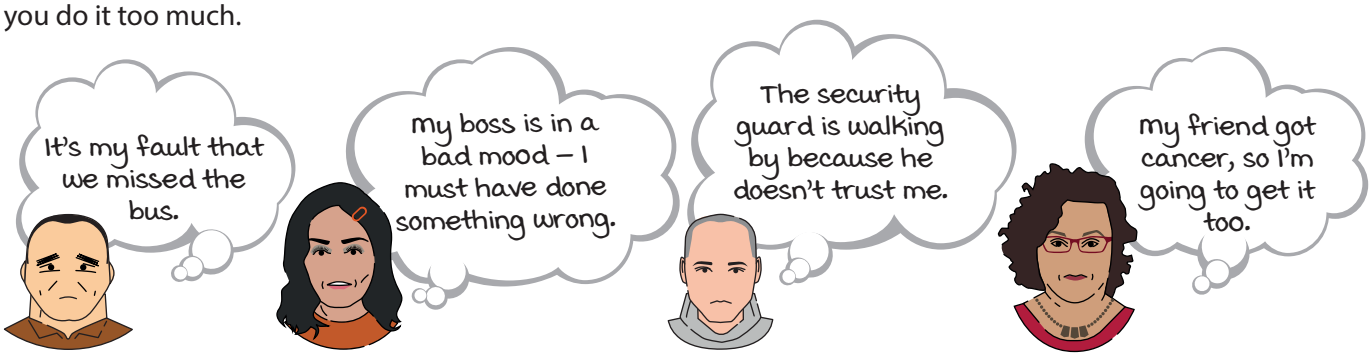
Personalizing

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.

Personalizing is a style of thinking where you assume that situations are related to you, especially negative ones. For example, you might blame yourself unfairly when things go wrong or believe you caused them to happen. People can get into a habit of personalizing because it gives them a sense of control, stops them blaming others (which might lead to problems), or because others have often blamed them in the past. Everyone takes things personally sometimes, but it can be very distressing if you do it too much.



Personalizing is common across a wide range of problems:

Anxiety | Depression | Eating disorders | EUPD | Negative body image | Obsessive compulsive disorder | Perfectionism | PTSD | Self-harm

Overcoming personalizing

Noticing and labeling

The first step in overcoming personalizing 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 personalizing again."
- "I'm putting myself in the center of things."

Weigh up the pros and cons

If you are in the habit of personalizing, 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.

PROS

- Personalizing situations might give me a sense of control.

CONS

- Personalizing situations makes me feel bad about myself.

Draw a pie chart

Pie charts can help you see that events have many causes. First, list all the things that may have contributed to what happened. Then, draw a pie chart and allocate a 'slice' of the pie to each factor. Make sure that the slice representing your contribution is added last.

- "It's my fault my son is depressed..."
- "...Lots of things have contributed to his difficulties. Let's put them all in this chart."

Evaluate your thinking

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

- "If my friend had this experience and took it personally, what would I say to them?"
- "Aside from me, what else contributed to this situation?"
- "If a bystander saw this, would they agree it was personal to me? Why not?"

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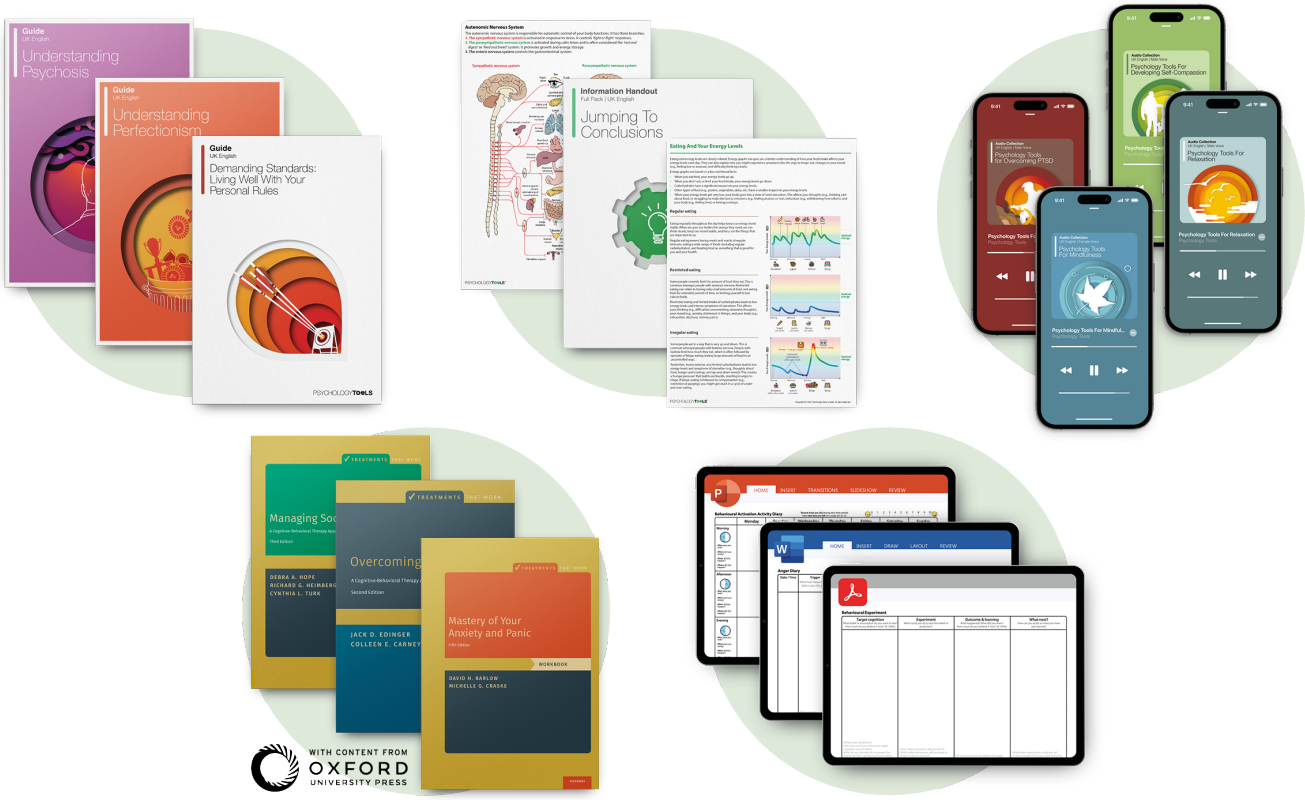

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