

PATIENT EDUCATION

*The Disease of Addiction: Changing Addictive Thought Patterns*

EDUCATION

HEALTHY LIVING

INTERACTION

# *Introduction*

Addictive thinking can lead to substance use and may be an early sign of pending relapse. Changing your old addictive thought patterns is important for recovery and plays a key role in your relapse prevention plan.

Changing your thought patterns means replacing distorted (inaccurate) thoughts with more rational (accurate) thinking. Distorted thoughts do not follow logic and ignore evidence of facts. Rational thoughts, based on reality, help support your decision to stay sober.

Cognitive behavioral therapy, or simply cognitive therapy, can help you change your old addictive thought patterns. It is a process in which you become aware of your thoughts and feelings, interrupt them, and change them into more realistic patterns. Cognitive therapy can help to prevent relapse and improve your quality of life.

# *Your Thought Patterns*

Most of your thoughts and beliefs are based on prior experiences and your conclusions about what has happened. Thought patterns start early in life. Many of your beliefs reflect messages from parents, siblings, peers, teachers and other important people in your life.

Your thoughts may be either rational (accurate) or distorted (inaccurate). Rational or realistic thoughts are based on logic, facts and reason. Distorted thoughts do not follow logic and ignore evidence of facts. Distorted thoughts may be misconceptions that arise from lack of adequate information or from other people's opinions and beliefs.

The addictive process reinforces distorted thought patterns. Your thoughts can harm your emotional life and become a reason to use and continue the addiction. Distorted thoughts can also trigger a relapse. Even if you remain abstinent, these thoughts can make sober living so unpleasant that you want to return to the addiction.

# *Understanding Cognitive Therapy*

The goal of cognitive therapy is to change how you think about yourself, others and situations. It helps you find more realistic approaches to life so that you can cope with problems more effectively. Cognitive therapy also changes the way you react emotionally, which in turn changes the way you behave.

Cognitive therapy gives you tools to control your behavior. The more you are aware of your thoughts and feelings, the more options you have. The more options you can identify, the greater your sense of competency and control over your life. This builds self-esteem and confidence. When you experience triggers for possible relapse, cognitive therapy can help you see your options, gain control and prevent a return to substance use.

Typical cognitive therapy steps are:

- Identifying troubling conditions or situations.
- Realizing your thoughts, emotions and beliefs about those conditions or situations.
- Recognizing and challenging distorted thoughts and beliefs.
- Discovering more rational ways to think about yourself and your life.

# The Connection Between Thoughts and Feelings

Your thoughts influence how you feel. For example, if you think you are working hard and will get a good evaluation at work, you might feel confident and proud of your accomplishments. Or if you think that someone is treating you unfairly, you might feel anger, irritation or annoyance.

Thoughts tend to come and go very quickly. Automatic thoughts are those that run through your mind almost without you knowing. Below are examples of automatic thoughts that lead to specific emotions or feelings.

Automatic Thoughts	Emotions or Feelings
You compare yourself to others and conclude inadequacy that you are not as good as they are because you are not as talented, attractive, charming, successful or intelligent.	Inferiority,
You tell yourself that you are left alone and are not getting enough love and attention from others.	Loneliness
You think about loss: a romantic rejection, the death of a loved one, the loss of a job, the failure to achieve an important personal goal, or relapse and the accompanying negative consequences.	Sadness, depression
You think that you deserve punishment because you have hurt someone or that you have failed to live up to your own moral standards.	Guilt
You think you will lose face when others find out what you did.	Shame
You think that someone is treating you unfairly or trying to take advantage of you. Maybe you think the police are singling you out when other drivers are more intoxicated than you are.	Anger, irritation, annoyance

<p>Life falls short of your expectations. You insist that things should be different. Perhaps it is your own performance (“I shouldn’t have made that mistake”) or someone else’s actions (“He should’ve been there for me when I needed him!”) or an event (“Why does the traffic always slow down when I’m in a hurry?”).</p>	<p>Anger or frustration</p>
<p>You think that you are in danger because something bad is about to happen.</p>	<p>Anxiety worry, fear, nervousness, panic</p>
<p>You are convinced that your problems will never end and that your life will never improve. “I’ll never get over this depression,” or “I just can’t lose weight and keep it off,” or “I’ll never find a good job,” or “I’ll be alone forever,” or “I’ll never be able to stop using.”</p>	<p>Hopelessness, discouragement</p>
<p>You think that you are having a good day, that you look good, you slept well and you have a lot of energy. You are thinking positively.</p>	<p>Confidence</p>
<p>Though things have been difficult, you realize that many other things could have gone wrong. You might think that other people are worse off than you.</p>	<p>Grateful</p>

Thoughts and feelings are closely linked to behavior. For example, if you think “I am a loser,” (thought) you might feel hopeless (feeling), and you might give up (behavior). Or if you think you are in danger, you might feel anxious or worried and might not leave your house.

# Common Thinking Errors

Your thoughts are not always correct, accurate or helpful. Errors in thinking are common if you are addicted to alcohol or other substances. Although some automatic thoughts are true, many are either untrue or have just a grain of truth. Below is a list of common thinking errors. Use this list to identify your thinking errors.

- **All-or-nothing thinking** — seeing things as all good or all bad and allowing for no middle ground.  
*Examples: If I can't be the best, it's pointless to try.*  
*If I don't succeed in this job, I'm a total failure.*  
*I've tried and it didn't work, so I'll just give up.*
- **Over-generalizing** — reaching a general conclusion based on a single incident or piece of evidence; creating assumptions about events or outcomes solely because of past experience.  
*Examples: I relapsed after I stopped five years ago; I'll never be able to stop drinking or using.*  
*I've seen people go back to drinking after attending AA meetings, so I don't think those meetings would help me.*
- **Filtering** — focusing only on the negative aspects of people or situations while filtering out all positive aspects.  
*Examples: I'll never forget the way they let me down that time.*  
*I know someone who stopped drinking; he seems bored and miserable.*
- **Converting positives into negatives** — rejecting your achievements and other positive experiences by insisting that they do not count. You maintain a negative belief that is contradicted by your everyday experience.  
*Examples: He only complimented me because he knows how bad I feel.*  
*I only stayed sober because there wasn't a lot of pressure to drink.*
- **Jumping to negative conclusions** — drawing a negative conclusion when there is little or no evidence to support it. You anticipate that things will turn out badly and are convinced that your prediction is an established fact. These negative expectations can be self-fulfilling.  
*Examples: My friend has interrupted me twice. I must be really boring.*  
*They won't like me, so why even participate?*  
*I'll never be able to change my drinking.*

- **Catastrophizing** — exaggerating the impact of events and convincing yourself that if something goes wrong, it will be intolerable and you will relapse.  
*Example: If I get a craving, I won't be able to resist, and I'll relapse.*  
*Without alcohol, I won't be able to handle my nervousness and work stress.*
- **Mistaking feelings for facts** — confusing facts with feelings or beliefs. No matter how strong a feeling, it is not a fact.  
*Examples: I feel like a failure, therefore I am a failure.*  
*My addiction makes me feel worthless; I really am a worthless person.*
- **Personalizing** — blaming yourself for anything unpleasant and thinking that everything people say or do is a reaction to you. You take too much responsibility for other people's feelings and behavior.  
*Examples: My husband came home in a bad mood; it must be something I did.*  
*I know the picnic was cancelled because no one wanted to be around me.*
- **Self put-downs** — undervaluing yourself and putting yourself down. These actions can result from an overreaction to a situation, such as making a mistake.  
*Examples: I don't deserve any better.*  
*I'm weak, stupid or ugly.*  
*I'm an idiot.*
- **Using should statements** — using "should," "ought" and "must" leads to guilt and disappointment. Directing these statements toward others causes frustration, anger and resentment.  
*Examples: I shouldn't get angry.*  
*He ought to always be on time.*
- **Magnifying and minimizing** — unreasonably exaggerating the negatives and shrinking the positives when evaluating yourself, others or a situation.  
*Examples: Getting a mediocre evaluation proves my inadequacy.*  
*Getting high marks doesn't mean I'm smart.*  
*Going into the liquor store proves that I can never recover.*

# Addictive Thinking and Recovery Thinking

Addictive thinking is not logical and ignores evidence of facts. Addictive thinking can lead to relapse (see Figure 1 on page 10). Below are examples of addictive thinking and how it can lead to feelings and unwanted behaviors.

<b>Addictive Thinking</b>	<b>Likely Feelings</b>	<b>Likely Behavior</b>
I need drugs to numb the pain or to have fun.	Despair	Use drugs to dull the pain.
I can have just one drink. One won't hurt anything.	Contentment with use	Take a drink.
I don't need as many meetings because I'm now in control.	All-powerful or overconfident	Stop going to meetings and relapse.
I've tried and it doesn't work. I'll never recover.	Frustration, hopelessness	Give up and continue substance use.
Relapse won't happen me.	Invincible	Take a drink or start to using.
I'm not really an alcoholic. I'm cured.	Carelessness, recklessness	Go where drinks are served and start using.

Recovery thinking reflects the reality of what your substance use looks like now. Recovery thinking helps you stay sober (see Figure 1 on page 10). The following are examples of recovery thinking and how this mindset can lead to feelings and continued abstinence.

<b>Recovery Thinking</b>	<b>Likely Feelings</b>	<b>Likely Behavior</b>
I can't have just one.	Acceptance, contentment with abstinence	Abstain from use.
Even though it's hard, I'm capable of withstanding urges to use.	Empowered, encouraged	Resist the temptation.
Relapse can happen to anyone, but it can be avoided.	Vigilant, cautious	Avoid people and places associated with substance use.
I'm making positive changes that help my recovery.	Encouraged, satisfied	Continue your efforts to stay sober.
My relapse didn't wipe out the gains I've made.	Hopeful	Attend meetings.

See *Appendix A: Addictive Thinking and Recovery Thinking Worksheet* for more examples.

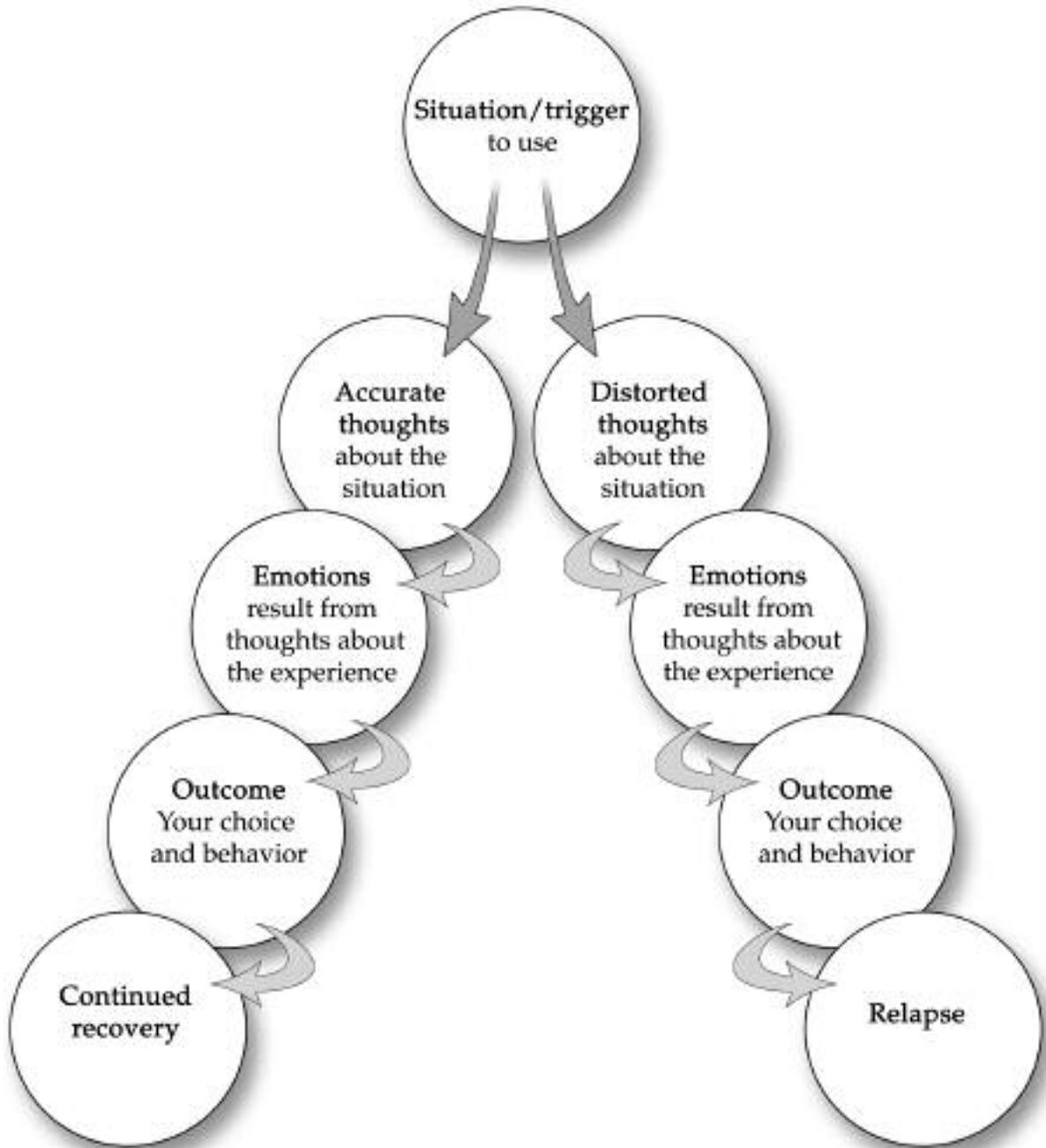


Figure 1. Situations or triggers can lead to continued recovery or relapse, depending on your thought pattern.

# Challenging Distorted (Addictive) Thoughts

The final step in changing your thinking patterns is to replace distorted thoughts with rational thoughts and beliefs. By changing your view of a situation and your view of yourself, you will find more constructive ways to cope.

Changing your thought patterns can be difficult. Thoughts often occur spontaneously or automatically with no effort on your part. Controlling or turning off your thoughts can be hard. Thoughts can be very powerful and are not always logical. It takes time and effort to learn how to replace distorted thoughts with rational ones. Your therapist or counselor can help you recognize and challenge distorted thinking with more realistic thinking. He or she may also help you identify which behaviors to change and help you practice new ways to deal with situations that trigger distorted thoughts.

The following strategies can help you approach troubling situations positively.

- **De-catastrophize.** Do not overreact to events. Ask yourself: What is the worst that can happen? How likely is it that the worst will happen? What can I do even if the worst happens?
- **Use hopeful statements.** Be kind and encourage yourself. Pessimism (always thinking the worst) can be a self-fulfilling prophecy. Tell yourself: Even though it is tough, I can handle this situation. I can change.
- **Forgive yourself.** Everyone makes mistakes, but they are not permanent reflections of you as a person. You can learn from your mistakes.
- **Stay on task.** Focus on what you need to do. Taking action will make you feel better.
- **Avoid “should” and “must.”** If you find that your automatic thoughts are full of these words, then you are probably setting unreasonable demands on yourself or others. Removing these words from your thoughts allows you more freedom to be yourself and to be realistic in your expectations of others.
- **Focus on progress.** Focus on the positive changes in your life. For example, what has gone well recently? What do you like about yourself? What personal skills have helped you cope with challenging situations in the past?

If you find it difficult to cope with troubling situations, do not get discouraged. Instead, consider them a challenge or sign to practice new, realistic thinking patterns.

# Developing New Thought Patterns

This four-step process can help you assess your addictive thinking and learn how to create a new recovery belief system.

1. Listen to your thoughts. What are you saying to yourself?
2. Identify the addictive thought
3. Challenge the addictive thought
4. Replace the addictive thought with a recovery belief — a more realistic and accurate self-talk statement.

For example, consider the self-talk statement, “I can have just one.” Ask yourself:

1. What am I thinking?
2. Is this a distortion? Yes, it’s an addictive belief.
3. Is it true? No, it’s not.
4. A new recovery belief: I can’t have just one. If I have one, I’ll keep drinking, so I won’t have one. I can cope without drinking.

For more practice identifying your thoughts, associated emotions and related behaviors, see *Appendix B: Thought Restructuring Worksheet*.

# Conclusion

Changing your thought patterns through cognitive therapy can help you cope with the challenges of addiction. Changing deep-rooted thought patterns will not happen overnight, however. Give yourself time to learn how to recognize addictive thoughts and replace them with accurate, realistic ones. Changing your view of a situation, of others and yourself is essential to recovery and continuing a sober lifestyle.

If you have questions after reading this information, talk to your health care provider.

Health care provider \_\_\_\_\_

Other contact \_\_\_\_\_

**Mayo Clinic Arizona**

480-301-8000

**Mayo Clinic Jacksonville, Fla.**

904-953-2000

**Mayo Clinic Rochester, Minn.**

507-284-2511

# Appendix A: Addictive Thinking and Recovery Thinking Worksheet

Recovery thinking supports your decision to stay sober. As you continue recovery, replace addictive thinking with new, healthier recovery thinking.

Addictive Thinking	Recovery Thinking
<ul style="list-style-type: none"> <li>• I need drugs to numb the pain.</li> <li>• I'm tough and can handle it.</li> <li>• I'm basically a decent person; using won't hurt me.</li> <li>• I deserve it.</li> <li>• I need an occasional boost.</li> <li>• I'll feel more confident.</li> <li>• It'll take my mind off things.</li> <li>• I'll have more friends when I use.</li> <li>• I fit in better with the rest of the crowd.</li> <li>• I can have just one.</li> <li>• I don't have a problem.</li> <li>• It doesn't affect me.</li> <li>• I have the right to do what I want.</li> <li>• There is nothing wrong with one drink.</li> </ul>	<ul style="list-style-type: none"> <li>• I can't have just one.</li> <li>• Substance use is dangerous to my health.</li> <li>• I'm capable of withstanding urges.</li> <li>• I can get help for my problem.</li> <li>• It's best to stay sober.</li> <li>• I don't need to use to have a good time.</li> <li>• If I'm sober, I:               <ul style="list-style-type: none"> <li>– don't need to lie to my family.</li> <li>– won't have hangovers.</li> <li>– won't have a bad reputation.</li> <li>– will feel healthier.</li> <li>– will sleep better.</li> <li>– will be able to plan for the future.</li> <li>– will feel less jealous of others.</li> <li>– will have better relationships.</li> <li>– will have a better intimate life.</li> </ul> </li> </ul>

Now, list examples of addictive thinking and recovery thinking from your life.

<b>Addictive Thinking</b>	<b>Recovery Thinking</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

# Appendix B: Thought Restructuring Worksheet

<b>Date/Time:</b>	
<b>Situation</b>	Describe: <ul style="list-style-type: none"> <li>• An actual event leading to an unpleasant emotion, or</li> <li>• Stream of thoughts, daydreams or recollections leading to unpleasant emotions, or</li> <li>• Distressing physical sensations</li> </ul>
<b>Automatic Thought(s)</b>	<ol style="list-style-type: none"> <li>1. Write automatic thought(s)</li> <li>2. Rate your belief in those thoughts (0-100%)</li> </ol>
<b>Emotion</b>	<ol style="list-style-type: none"> <li>1. Describe your emotions: sad, anxious, angry, etc.</li> <li>2. Rate the degree of emotion (0-100%)</li> </ol>
<b>Rational Response</b>	<ol style="list-style-type: none"> <li>1. Write rational response to automatic thought(s)</li> <li>2. Rate your belief in those rational thoughts (0-100%)</li> </ol>
<b>Outcome</b>	<ol style="list-style-type: none"> <li>1. Re-rate your belief in automatic thought(s) (0-100%)</li> <li>2. Specify and rate resulting emotion (0-100%)</li> </ol>

#### BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal patient of Mayo Clinic for more than 40 years. She was a self-made business leader who significantly expanded her family's activities in oil, gas and ranching, even as she assembled a museum-quality collection of antiques and fine art. She was best known by Mayo staff for her patient advocacy and support.

Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. Mrs. Lips had a profound appreciation for the care she received at Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.



---

200 First Street SW  
Rochester, Minnesota 55905  
[www.mayoclinic.org](http://www.mayoclinic.org)

MC6064-12