



Gefen Mind/Body Fertility Organization

Cognitive Behavioral Therapy Mind/Body Fertility Protocol

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Gefen Mind/Body Fertility CBT Protocol

The Gefen-Rimon Mind/Body Fertility Organization was established in 2013 to provide free psychological support to women undergoing fertility treatments. Israel offers the most IVF treatments per capita the Western world and services are covered by the public health system. Unfortunately, psychological services are not covered. Research shows that women undergoing fertility treatments experience increased levels of depression, stress and marital distress. It has also been well-established that the use of Cognitive Behavioral Therapy and Mind/Body techniques are effective in alleviating depression and stress in women undergoing fertility treatments as well as increasing pregnancy rates (Domar et al 2004).

The current protocol is based on work and research done at the Domar Center for Fertility in Boston, the Center for Mind Body Medicine in Washington DC, and the Cognitive Behavior Therapy Center at Hadassah University Hospital.

Dr. Rhonda Adessky, the first author received her Ph.D. in Clinical Psychology from Concordia University, completed her Internship at Yale School of Medicine and completed her Post-Doctoral Internship at the Yale University Department of Psychology. She was Associate Director of the Yale Psychological Services Clinic (YPSC). She has taught Master Level CBT courses at Yale University, Hebrew University, Farleigh Dickenson University, North Texas University and established and directed the CBT training program at Hadassah University hospital. She was on the board for the CBT Israel organization (equivalent of EABCT, European Association for Behavioral and Cognitive Therapy) for many years and established both CBT training and supervision guidelines in Israel. She is on the International Faculty for the Center for Mind Body Medicine and runs programs in Mind Body Medicine both in Israel and the United States.

Dr. Karen Friedman, second author, received her Doctorate in Educational Psychology from Harvard University. She studied under Professor Lawrence Kohlberg in the field of moral development. She completed her training in Clinical Psychology and CBT at Hadassah University Hospital. She established and directs both the Rimon Mind/Body Fertility Center based at Hadassah Hospital Mount Scopus and the Gefen Mind-Body Fertility Organization, the only organization of its kind in Israel which provides psychological and emotional support to fertility-challenged women.

Cognitive Behavioral Therapy Mind/Body Fertility Protocol

Egg Donation Module

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Gefen offers a 6-week CBT-Mind/Body fertility workshops for women considering egg donation. These groups are based on Gefen's 10-week CBT- Mind/Body workshops for fertility-challenged women. The focus of the 6-week group is on the issues that arise when one is considering egg donation.

Women in our egg donation groups may be new to the field of fertility treatments ie women who are older whose eggs are no longer viable and are sent right to egg donation, or women who are younger but due to illness (eg. past chemotherapy treatment) or other reasons are not able to use their own eggs. They may also be veterans of IVF treatments and had many unsuccessful trials and are now moving on to egg donation. Some are just considering it and are not psychologically ready to move forward and others are already involved in the process. Given the diversity of women in the group the issues vary. But all are addressed in the group.

Like in our other workshops we do a telephone screening to assess the appropriateness of the women in joining the group. We screen out women older than 54 as egg donation is legal in Israel until that age. We do not accept women who have major mental health problems. We refer them to individual therapy.

Session 1:

We begin the group with introductions, simply giving our names. Then we discuss group guidelines so women can feel safe in the group and comfortable to share.

GROUP Guidelines:

1. **Confidentiality.** We explain that the most important part of any group is for each individual to feel safe sharing their experiences and to do this every member must agree to not share anything that has been said in the group to anyone outside the group. Once everyone has agreed verbally we can move on.
2. **Mutual Respect.** Another aspect of creating safety in a group is for each person to listen attentively to the other and to refrain from interrupting, giving unsolicited advice, or criticizing. Group members are encouraged to offer support and to speak of their own experience if it may be helpful but not to tell another group member what she should do in any given situation.
3. **Timeliness.** Women are asked to be on time to the group. This shows respect to others and the group process.
4. **Sharing.** Women are encouraged to participate as much as possible as we believe that this enables them to feel better and receive more support. However, if a woman chooses to not share we respect her wishes.
5. **Home Practice.** We encourage women to practice the skills we have taught them in each session. We remind them that in order to build muscles, like at a gym or learning to play an instrument we cannot have a lesson once a week and expect to become proficient at it. So daily practice is a very important part of our treatment.

Once all the women understand and agree to the group guidelines we go around again asking for more in-depth introductions, encouraging women to share as much of their fertility journey as they would like to. Each woman is given 2-3 minutes to speak. The group leader starts to set the example for type of information and time parameters of sharing. What she shares is according to relevance and discretion of group leader.

For Example: *“Hi my name is Rhonda. I am a clinical psychologist specializing in CBT and Mind/Body approaches to wellness. I have been working in the field for 20 years. I am married and have a 4-year-old daughter. I have also gone through my own fertility challenges. I have had several IVF treatments over the course of 5 years and was finally blessed with a beautiful baby.”*

Once everyone has shared, the therapist discusses schedule and expectations.

“We will be meeting weekly for 6 weeks from 7-8.30 pm. Each session will be comprised of different CBT and Mind/Body techniques to help with challenging unhelpful thoughts, decision-making and stress reduction. Some of the cognitive techniques will build on each other from week to week so it is important to attend all the sessions. The Mind/Body techniques are stand-alone. I would encourage you to practice techniques daily for maximum benefit. Some of the techniques may be more helpful to you than others. Each person is unique and has to find what works best for her or what she finds useful in different circumstances. For example, diaphragmatic breathing may be helpful to do on a daily basis, whereas imagery is helpful during a medical procedure.

A very significant part of the treatment is the group support. So again, I encourage you to share, ask questions and learn from each other. Finally, homework assignments are where we get the most out of the therapy. Please bring a notebook to each session so you can write down things that I teach as well as record homework assignments. Any questions before we begin?”

Aims of Session 1:

1) Discuss Psychoeducation on Fertility Challenges with a focus on egg donation:

Our goal is to empathize, normalize and legitimize what a woman with fertility challenges faces.

This is done through the warm and supportive connection the therapist offers the group members. In addition, the sharing of experiences between the women is essential. We use the Gefen psycho-education handout on the effects of fertility as a guideline (Handout 1).

The therapist discusses:

- 1) *Effects of fertility challenges on mood (depression, anxiety, anger, sadness, irritability; effects of hormones)*
- 2) *Effects of fertility challenges on partner issues*
- 3) *Effects of fertility challenges on family (children, parents)*
- 4) *Effects of fertility challenges on work*
- 5) *Effects of fertility challenges on self/body esteem*
- 6) *Effects of fertility challenges on health/body/physical toll*
- 7) *Effects of fertility challenges on general well-being*
- 8) *Effects of fertility challenges on spiritual beliefs (relationship with G-d)*
- 9) *Special issues when considering egg donation*
- 10) *Effects of fertility challenges within Israeli society (religious society or one that values having children) or any issues within a specific community*

Women are given an opportunity to share what has come up for them in hearing the talk on psychoeducation on fertility challenges

2) Present Psychoeducation on Cognitive Behavior Therapy

*The therapist explains the **CBT model**. We use the Gefen psychoeducation handout on CBT Model as a guideline (Handout 2).*

Women are encouraged to ask questions about CBT model.

3) Discuss Benefits of Mind Body Therapies

1. Yoga
2. Exercise
3. Acupuncture

Research has shown that all of these can have a positive impact on mood and can decrease stress. Do you do any of these or have other stress reduction techniques that you find helpful?

Therapist tells patients about the yoga groups and other alternative health services offered by the Gefen Center and encourages women to participate.

Session 1 Homework Assignments:

- 1) Read handouts about psychoeducation on Fertility Challenges (Handout 1) and on CBT (Handout 2).
- 2) Look into additional stress reduction techniques such as yoga, exercise, or body treatments (massage, acupuncture, reflexology).
- 3) Write down and bring some of your thoughts/concerns regarding egg donation as we will begin to examine them next session.

Session 1 Handout 1: Psychoeducation on Fertility with egg donation aspects

Women who go through fertility challenges may experience tremendous stress. This may be due to the frustration and sadness at not being able to do/have what seems like the most natural thing in life, what women all over the world are designed to do and do all the time...pregnancy and birth. The inability to get pregnant is extremely painful. Many women ask themselves a host of questions including, "What have I done wrong to deserve such a punishment?" "Why would G-d do such a thing?" "Why is this happening to ME?" and may cause them to lose their faith, lose self-esteem and experience feelings of anger, sadness.

Often, they isolate from their friends who are experiencing the joys of pregnancy and birth and wonder what is wrong with them that they can't "just be happy" for their sister or best friend. In addition, they may not want to tell family or friends that they are having difficulty conceiving because of the stigma of it in certain cultures or the unwanted advice from others. This isolation causes feeling of loneliness and despair.

Some women have extremely supportive partners/husbands while others do not. Their partners do not really understand what they are going through and lose patience with them. The partner may get frustrated and annoyed with their constant complaining and crying about their inability to get pregnant. This lack of support from the person who is the closest to them can cause feelings of hurt and anger. Many couples face extreme difficulties in their relationships due to fertility challenges.

The society/culture that a woman comes from may add further stress to the situation. For example, the average number of children in an Israeli family is above 2. This is higher percentage in comparison with most Western countries. In addition, the average number of children in religious and traditional families is larger than that among secular families. Thus, if the expectation in Israel is to have several children and the emphasis and value is on family life, not being able to conceive is indeed viewed as a failure on the part of the woman. This can cause feelings of decrease in worth and value.

In addition, women who are undergoing fertility treatments deal with a host of other issues, not the least of which is the effects of hormones on their body and mood. Hormones affect women differently, but no one escapes the mood swings, irritability, and physical discomfort caused by pills, injections and suppositories. The time and scheduling that is required for blood-tests, ultra-sounds and doctor appointments can be extremely burdensome on their daily lives, particularly for those who have demanding jobs. Fertility treatments can feel like a full-time job that has taken over your life. The stress of the physical treatments themselves is massive. Not to mention dealing with the waiting time for answers after procedures. Negative betas can lead to extreme hopelessness and despair, particularly if it is not their first time.

Depression is not uncommon in women undergoing fertility treatments. Alice Domar, a Harvard psychologist and researcher who wrote the book Conquering Infertility has both reviewed and researched the connection between Depression and infertility and has shown that 33% of infertile women compared with 18% of fertile women experience depressed mood. Another study showed that 11% of infertile women met criteria for having had a major depressive episode, compared to 3.6% of fertile women. However, research showed that women whose depression was successfully treated while undergoing fertility treatment had an increase in pregnancy rates compared to women whose depression was not treated.

Women who are experiencing fertility problems often report that "it is taking over my life" and that "I can't seem to think about anything else." They report that they are obsessed with the issue, can't concentrate on other things and neglect many aspects of their lives including their work, their marriage/partner, their children etc. They worry that they will never be able to become pregnant and if they can't have children, what worth is their life. Moreover, their constant worrying may interfere with their ability to enjoy other positive aspects of their life for example going on vacations, physical intimacy (which has become associated with repeated failures to conceive), time with friends and family.

Most distressing, as mentioned above, women who are depressed have a lower likelihood of getting pregnant. The good news, however, is that both CBT and Mind/Body techniques can help alleviate not only depression but stress and anxiety related to infertility and can increase the chances of pregnancy.

The goal of our treatment is to help you understand that what you are experiencing is very common in women with fertility challenges and those going through fertility treatment. You are not alone!! We will help you learn ways to manage your stress better, improve your mood and self-esteem, and problem solve around issues that seem insurmountable. We do this using both behavioural and cognitive techniques. Each week I will teach you a new technique that you will practice daily to build up your arsenal of coping mechanisms to help you deal with what you are dealing with now and future stressors you may encounter.

Particular Issues for Women Considering Egg Donation:

On one hand, the actual physical procedure of egg donation is far easier than IVF treatments. Women who are receiving donated eggs take hormones to help thicken the uterus in preparation for implantation for 2 weeks and then additional hormones to help support the pregnancy. On the other hand, the psychological journey of reaching the place of acceptance of donor eggs may be much more challenging. Women often wonder: Will I love this baby? Can I bond or form a strong attachment to a baby that is not made from my genetic material? What if baby doesn't look like me? If I have other biological children will they connect with this child? Can I imagine the genetic make-up of my child to be from someone who is of a different religion? How do I choose? What if anything, do I tell my child about his/her

heritage? What do I tell other people? What will other people think? How will my partner feel about joining his sperm with another woman's egg?

Women from different religions and cultures may have concerns when dealing with egg donation in general and the religion of the egg donor in particular. For example, observant Jews who adhere to Jewish law must deal with the question of should the donor be Jewish. What are the implications of this from a practical, spiritual and psychological point of view.

Some women in their mid-30s and early 40 who look/feel/act young are shocked to discover that this is not reflected in the quality of their eggs. They may feel overwhelmed by this discovery and be at a loss with how to cope with it. Other women come to egg donation later in life and are aware that they have no choice but to receive egg donation if they want to become pregnant. But no matter where one is coming from, most women find this option challenging. It is very normal to question and have doubts or concerns. It is also very normal and appropriate to feel grateful and excited by the real possibility that you will be able to carry and birth a child.

We will address all these issues and others that come up over the course of our time together. In addition, we may have women who have had children using donor eggs speak about their experience and you will have an opportunity to ask questions. There is also a possibility of bringing in a speaker to discuss the different options available for egg donation in Israel (your community).

Session 1 Handout 2: Psychoeducation on CBT

Introduction to the CBT Model

Cognitive behaviour therapy is based on the idea that there is an interaction between our thoughts, feelings or emotions and our behaviours. In fact, these three things directly affect each other. How we think influences how we feel and both influence our behaviour. So for instance, if you hear a very loud noise in the middle of the night and your first thought is a burglar just broke into the house, how would you feel? Probably scared right? And what would you do? Maybe call the police or lock your bedroom door. But if you heard the loud noise and thought, oh no the cat knocked over the vase I put on the table, how would you feel? Probably annoyance at yourself for leaving the vase there or anger at the cat for knocking it over. What would you do? Maybe clean up the mess or go back to sleep. So you see, what you think of a situation or more accurately, how you interpret an event/situation has a direct effect on your emotions and your behaviour.

So the goal of cognitive behaviour therapy is to help you see how you interpret events/situations to determine if it is accurate or not and then to help you change the way you think so that you will feel better and act differently.

As I said in the first meeting, sometimes our interpretation of events are accurate (eg. I have done several fertility treatments and I still cannot get pregnant) but the meaning you attach to this may be distorted or incorrect (eg. This means I will never have children or I have no value as a woman). So another goal of CBT is to look at the way you think about situations you cannot change to see if there is a different meaning we can come up with that may help you to feel less depressed or stressed.

Does this make sense to you?

Can you think of an example in your life where changing the way you think may help you to feel better?

Do you have any questions?

Session 2: CBT and Breathing

Aims

1) Teach CBT: How to challenge Negative Automatic Thoughts (NATs) around egg donation and other fertility issues and come up with alternative responses.

In this session we teach women to identify their negative thoughts, the cognitive distortions (Appendix 10) they are using and how to come up with different responses. We use examples that they bring to the group.

For Example: "I will never be able to really connect with this baby"
 How does this thought make you feel? (sad)
 How does this thought influence how you behave around moving forward with egg donation? (it stops me)

Let's see if we can challenge this thought:

Do you know for certain that you won't connect to this child (cognitive distortion: predicting the future)

Have you ever felt true love and connection to someone who is not biologically related to you?

What does it mean to be a mother?

Do you think mothers who adopt children are able to connect even if they have not been pregnant with and birthed the child?

(May also discuss epigenetics and the physical/biological connection through blood, influencing the physical/mental elements)

2) Teach Breathing Retraining as a stress reduction tool

(see Appendix 8)

Diaphragmatic breathing is an excellent tool to reduce stress

Session 2 Homework Assignment:

- 1) Practice challenging negative thoughts
- 2) Practice Breathing Retraining for 5 minutes a day

Session 3: Unique issues of egg donation in Israeli society

The goal of this session is to discuss the unique issues of egg donation in Israeli society.

1) Halachic (Jewish legal) issues regarding Non-Jewish donor vs Jewish donor

Fertility therapists in the State of Israel must be equipped to deal with the anxiety of women that arises as a result of the issue of the unclear religious status of the child depending on if the egg donor is Jewish or not. There are differing religious opinions on this. This may also bring up questions of conversion.

Women may be coming to the workshop with different levels of knowledge or opinion about this issue which can cause confusion, stress and anxiety. The uncertainty of this issue and the potential future ramifications for the child (for example their eligibility for marriage in Israel and for whom they can marry) makes it even more difficult for women.

It is important to state that we at Gefen do not give any Jewish legal advice about who they choose as the donor. We encourage women to discuss their concerns and help them with the emotions that arise as a result of having to make such a decision.

We focus on how to deal with doubt and confusion.

We ask women to think about how they have made decisions in the past when they did not have clear answers.

There is never any certainty in life...how do you handle that?

CBT teaches us to cope with doubt and uncertainty.

There are many things in life where there is a risk factor or a lack of control. But we make decisions based on the information that we do have after weighing the pros and cons of each option.

Questions that may arise from a woman who is receiving eggs from a non-Jewish donor include: "I feel uncertain if I can connect to a child who is biologically not Jewish" or "I don't know if the laws will change at some point in the future and my Jewish child at some point will become "non-Jewish."

We don't give any answers but we do help them cope by listening, supporting, showing empathy, and concern and pointing out that we don't have all the answers for anything in life but we move forward anyway. Each woman makes her own decision based on what works for her (and her partner).

We may recommend consulting with a religious advisor to learn more about the religious opinions.

2) Egg donation procedures in Israel

Until recently there was no formal egg donation program in Israel. There are many reasons for this (financial, rabbinical). This has changed in the last few years but still, it is very uncommon to receive eggs from an Israeli Jewish donor. Generally, women are flown to Eastern European countries and have the implantation done there with the eggs of donors from that country who are not Jewish. Some would argue that having to take a few days to fly adds stress to the situation. What do they tell people about where they are going? Will they know the other women who are going for the same reason (usually a group of women are flown together and the eggs are shared among them)? Many questions may arise: "Will that woman get pregnant? Will I? Will our children be biological half siblings?"

In more recent years, with the advancement of technology, frozen embryos are flown into Israel and women can do the implantation at certain hospital.

We discuss the pros and cons of the different options and of course each woman decides what is best for her.

Session 3 Homework Assignment:

If relevant look into options for egg donation by speaking with other women or Doctors at different hospitals.

Session 4: Dealing with Connection with a baby

Goals:

1) Teach Behavioral Techniques to encourage connection with baby

2) Teach Imagery Techniques to encourage connection with baby.

Discuss the power of imagery (lemon exercise...imagine yourself biting into a lemon...what happens in your mouth? Brain does not distinguish what is real and imagined)

Women may be concerned about their ability to connect with a child who is conceived through egg donation. To help them imagine connecting with a baby we give them several exercises. For example:

- a) Put a pillow in your shirt and place your hands on your belly
- b) Imagine you have a baby in your belly, imagine you feel the baby's first kick, feel the heaviness
- c) Feel the heaviness of your breasts and imagine yourself breast feeding. Can you imagine having that baby?
- d) Take a doll and hold it and pretend it is a baby and think of this doll of having grown in your belly
- e) Final Exercise: Go to a close friend or family members house and ask if you can hold her baby.
Hold the baby who is not your own. Go to a quiet room and sit with the baby, close your eyes, caress its hair, feel its skin, sing to it, smell it. Hold this baby for 10 minutes. Then imagine that someone says you can keep this baby. How would you feel?

We build a hierarchy of connection with the imaginary baby.
Scale 0-10 how connected did you feel

What thoughts came up when you were doing exercises?
Is there a need to challenge these thoughts? If so can use cognitive therapy to come up with alternative responses.

Session 4 Homework Assignment:

Prepare questions for women who have gone through egg donation (next session will be a guest speaker who has had children through egg donation.
Practice behavioral techniques
Practice Imagery Techniques

Session 5: Presentation by and questions for women who have gone through egg donation

We ask women who have been through the egg donation experience to come and speak to the group, share their experience and knowledge.

Women in the group are encouraged to ask questions.

In this session we also address the issue of whether or not to tell the child or family or friends that the child was conceived through egg donation. Again, we do not offer advice and are value neutral. We encourage women to make decisions from their knowledge and best interest.

We discuss the pros and cons of both options taking into account that for those you wish to keep it a secret, the advancement of technology and popularity of DNA testing make this option potentially difficult.

Remind women that next week is the final session and encourage them to bring in any issues that they feel have not been adequately addressed.

Session 5 Homework Assignment: to hold a baby/guided imagery exercise from previous week

Session 6:

The goals of this final session are to:

- 1) Address any issues that have been left unaddressed.
- 2) Teach Worry Time, a technique that helps people learn to have some control over their thoughts. They are encouraged to spend 10 mins a day thinking/worrying about the issues of egg donation at a predetermined time. Any other time the thought enters their mind they are to tell it that they will invite it back at the set time.
- 3) Teach Pleasurable Activities to encourage fun and enjoyment in their lives. If they are in a relationship to encourage dates with their partners and limit time spent discussing the fertility issues. Make a list of your own pleasurable activities.
- 4) Encourage them to use the cognitive, behavioral and stress reduction techniques they learned or found helpful even after the group is finished.
- 5) Discuss how they can get continued support from the group (examples: WhatsApp/Facebook group; informal meetings; follow up workshop sessions)

Appendix 8: Instructions for Breathing Retraining

Breathing Retraining

Breathing is the most automatic thing we do on a daily basis. We generally don't think about it unless we are having difficulty breathing (eg if we suffer from asthma or run really fast and need to catch our breath. The average number of breaths we take in a day is 28800 ie 20 respirations a minute, 60 minutes in an hour, so that's 1200 breaths in an hour times 24 hours in a day is 28800. That would require a lot of attention if we needed to be aware of our breathing.

However, if we do become aware of our breathing we may notice that it can have a strong impact on how we feel and on what happens in our body. So when we breathe rapidly and shallowly, as we do when we are stressed or frightened or upset or angry it can cause the body to create changes such as dizziness, increase in heart rate etc which can make us feel more distressed. Let's try breathing rapidly and shallowly for the next 30 seconds and see what you feel.

Now the opposite is true. When we slow our breathing down, breathe in through our nose and out through our mouth with the air going all the way down to our bellies, it brings down the physiological arousal and helps us to calm down and feel better.

So let's try that. Put one hand on your belly and one on your chest. When you breathe in the hand on your belly should rise and when you breathe out it will fall (therapist to demonstrate). Let's try it together. We take a regular breath in through the nose (taking in too much air may cause dizziness) and then let it out through the mouth. It should take longer to let the air out than to take it in. So if we were to count it would be like this...breathe in to the count of 3 and breathe out to the count of four. (Practice for 5 minutes) What do you feel in your body now that we have slowed your breathing down? You may also wish to add the word "Calm" or "Relax" as you breathe out.

I'd like you to practice breathing in this way for 10 minutes twice a day. Like any new exercise you need to practice before it works well. Please record how you feel (0-10 stress level) both before and after you practice.

Do you have any questions?

Appendix 10: List of Cognitive Distortions

- **All-or-Nothing Thinking:** John recently applied for a promotion in his firm. The job went to another employee with more experience. John wanted this job badly and now feels that he will never be promoted. He feels that he is a total failure in his career.
- **Overgeneralization:** Linda is lonely and often spends most of her time at home. Her friends sometimes ask her to come out for dinner and meet new people. Linda feels that that is it useless to try to meet people. No one really could like her. People are all mean and superficial anyway.
- **Mental Filter:** Mary is having a bad day. As she drives home, a kind gentleman waves her to go ahead of him as she merges into traffic. Later in her trip, another driver cuts her off. She grumbles to herself that there are nothing but rude and insensitive people in her city.
- **Disqualifying the Positive:** Rhonda just had her portrait made. Her friend tells her how beautiful she looks. Rhonda brushes aside the compliment by saying that the photographer must have touched up the picture. She never looks that good in real life, she thinks.
- **Jumping to Conclusions:** Chuck is waiting for his date at a restaurant. She's now 20 minutes late. Chuck laments to himself that he must have done something wrong and now she has stood him up. Meanwhile, across town, his date is stuck in traffic.
- **Magnification and Minimization:** Scott is playing football. He bungles a play that he's been practicing for weeks. He later scores the winning touchdown. His teammates compliment him. He tells them he should have played better; the touchdown was just dumb luck.
- **Emotional Reasoning:** Laura looks around her untidy house and feels overwhelmed by the prospect of cleaning. She feels that it's hopeless to even try to clean.
- **Should Statements:** David is sitting in his doctor's waiting room. His doctor is running late. David sits stewing, thinking, "With how much I'm paying him, he should be on time. He ought to have more consideration." He ends up feeling bitter and resentful.
- **Labeling and Mislabeling:** Donna just cheated on her diet. *I'm a fat, lazy pig*, she thinks.
- **Personalization:** Jean's son is doing poorly in school. She feels that she must be a bad mother. She feels that it's all her fault that he isn't studying.

(Burns, 1980)

References

Domar and Kelly (2002), *Conquering Infertility: Dr. Alice Domar's Mind/Body Guide to Enhancing Fertility and Coping with Infertility*. Penguin Group, NY, NY USA.