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Searching for Bad News:
The Circuitous Path of Obsessive Thinking
By:
Heather Stone, Ph.D.
Licensed Psychologist, PSY 21112

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I Believe Something Terrible.

Many people are invested in "proving" the existence of something they are terribly worried about. Even though this would be the worst news imaginable – that something terrible is happening or has already happened – they are committed to believing the very thing they do not want to be true. For such people, *searching for bad news is a self-defeating strategy, an attempt to deny ambiguity and cling to an illusion of safety, by simultaneously proving and disproving something dreadful*.

The purpose of this article is to explore what it is like for the person who is searching for bad news and why they do it; to give practical advice to support persons about how *not* to respond; and to provide an alternate way of thinking for the suffering person, one that encourages trust and the ability to tolerate uncertainty. While some of their perspectives may sound quite extreme, these maladaptive thinking styles reflect certain cognitive distortions that, to some degree or another, may be common to all of us. Thus, it is through an existential lens – a universally shared difficulty in tolerating the unknown – that I wish to explore this particular phenomenon.

I Did Something Terrible.

In instances where the person thinks or feels something extremely disconcerting that does not feel consistent with who they really are, their psychological suffering can be overwhelming. "Ego-dystonic" is the phrase that is used to describe an internal experience that is felt to be foreign, threatening, or alien to the person's sense of self. This is what it is like for the person who feels certain that they have committed a terrible offense, even when that crime never really took place.

The person might believe they have cheated on a test, cheated on their partner, run over someone with their car, or committed a serious crime – like a murder or sexual assault. But they haven't. Any conclusion they arrive at isn't the right one: either they aren't guilty but their perceptions were wrong (ok, *that* doesn't make any sense), or their perceptions were right and they did something terrible (ok, that *does* make sense, but the notion is unthinkable). The confusion around it is extremely distressing, completely exhausting, and utterly disorienting – not only to the person who is suffering, but to significant others who are sure to be drawn into this problematic quandary.

You may recognize these as typical symptoms of people suffering from Obsessive-Compulsive Disorder. *The Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association ("DSM-5") describes *obsessions* in part as: "recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive

and unwanted, and that in most individuals cause marked anxiety or distress." Additionally, a person can have either obsessions **or** compulsions to qualify for the diagnosis; they do not need to have both. (p. 237).

Mental acts, as OCD sufferers will describe, can be considered to be compulsions, even though they are not readily visible to others. Many seekers of bad news check their minds to see if certain thoughts have gone away, or check their feelings to see if they still feel like a bad person inside. Behavioral compulsions manifest differently, as they are more visible to others and are directed outward toward the environment. These compulsions would include things like checking the news to see if they were identified as a criminal, checking their mail to see if they were accused of cheating, checking children's expressions to see if they were perceived as a child molester, or checking the streets to see if they ran over someone with their car. With both behavioral and mental compulsions, the purpose is to reassure the anxious person, reduce their distress, or prevent some dreaded event, but none of these attempts ever fully allays the person's fears. As such, these acts often need to be repeated.

Most OCD sufferers demonstrate the insight that the obsessions or compulsions are excessive and unreasonable. The *presence of insight* seems to go with **ego-dystonic** (incongruent) experiences, while *a lack of insight* seems to go with **ego-syntonic** (congruent) experiences. In other words, insight goes *with* the awareness that one's thinking is messed up. Is the presence of insight a good thing? Yes and no, because when it exists it can be felt as a double-edged sword. Having the awareness that a thought is unfounded, while at the same time feeling utterly powerless to make it go away, can be deeply disturbing. On the other hand, a *lack* of insight binds the person to their own nightmare, convincing them that their most catastrophic fears are verifiably real.

Needless to say, seekers of bad news often float all around this spectrum, depending on how entrenched their belief is and whether it fits closely with their personality. To obsessive people, the worry is unrelenting, and the experience is *almost* real. They feel it to be true but don't want it to be true, so they keep checking for evidence, just to make sure. Sadly, there is never any closure regarding their doubts. Their OCD brain is misfiring, telling them that they need to figure it out, and it works in overdrive trying to solve this maddening puzzle.

You Did Something Terrible.

Some obsessive thinkers lack the awareness that a belief is unreasonable, while at the same time insisting that it can be proven, validated or controlled. In this case, insight is missing, but the person thinks everything matches up just fine. With this kind of obsession, the believer holds the conviction that the *other person* has done something very bad. The obsessive person may be convinced that their partner is cheating on them, even though it never happened. This is a different brand of torment, perhaps more difficult for the innocent person, who is wrongly and perpetually accused of something they didn't do.

While these seekers of bad news don't want their suspicions to be true, they still feel quite convincing. "Why," they might ask, "would I be having this strong, intuitive feeling if it weren't really happening?" To verify such a belief, the person looks for "evidence" of the cheating behavior: a phone call that took place while their spouse was in the next room. The presence of

a random, attractive person in their partner's life. A brief moment when their partner's presence wasn't accounted for. A new co-worker that was never mentioned until now. And so on.

Could this be OCD as well? Perhaps. But there is another diagnosis, "Obsessive-Compulsive Personality Disorder" (OCPD), which sounds the same, but is quite a bit different. Unlike a mood disorder, OCPD fits within a category of "personality disorders," and is thus classified differently in the DSM-5. Personality disorders are generally longstanding, entrenched, often inflexible patterns of thinking and behaving that lead to distress or impairment.

And with this particular disorder, OCPD, the person shows a propensity toward perfectionism, control, and a lack of insight. Thoughts feel correct, opinions feel justified, and conclusions feel congruent. The badness doesn't exist in *them,* it exists in the *other.* They still get to feel good about themselves. This sense of rightness, of congruence, is ego-syntonic. It feels correct, but it is still far from the truth.

I Have Something Terrible.

Still another version of searching for harmful evidence is when the person thinks that something is physically wrong with them or someone they love, such as having a terminal illness. Once more, this feels like an inherent badness lurking inside of them, something that is totally unwanted, alien, and threatening to the individual. And yet, it is felt to be very real. The person searches the internet for confirmation about the disease, both wanting to be wrong, and wanting to be right. Neither answer is felt to be satisfying.

If they are wrong, it wouldn't explain why the symptoms emerged, or why the "evidence" appeared so real in the first place. So they keep searching until they find something. *Even the process of searching itself becomes a trigger* that creates more distress and further impetus for checking. Every new disease they read about sends off alarm messages of horror and fear. Not finding the evidence they were looking for is still really bad news: it means that the answer is still out there – they just haven't found it yet. On the flip side, if they are "right" – if they do find some small piece of confirming evidence that matches up with their suspicions – they are devastated. Both corroboration and contradiction lead to worry. And both discoveries are reinforcing; the person is compelled to search some more.

And who else gets involved? Lots of people, because they start looking for countless reassurances from loved ones, experts, and professionals. Interactions with medical professionals that would normally be reassuring only raise further doubts and fears. "Why did the doctor pause at that moment, or look at me funny?" "What would a different doctor say who had more knowledge or expertise?" "What if the tests were inaccurate?" "Why did he originally mention _____, if he thinks I don't have it?"

One former client with this type of medical anxiety insisted to me that all the doctors she ever went to were "no good." When I asked her what evidence she had for believing that, she explained that nobody was good enough to figure out what was really wrong with her. This "evidence" she could maintain – that bad doctors explained her missing diagnosis, and her missing diagnosis explained bad doctors – was a circular line of reasoning that perpetuated her beliefs. This is also a fitting example of "self-confirmatory bias," where the person produces

faulty evidence to maintain a highly flawed belief system. In this way, it could be argued that a person with features of OCPD would rather be right than be happy.

Common Elements of These Obsessions.

All three of these scenarios (*I did something, you did something,* or I *have* something) all share some very common features. A negative result following a test or a search (negative in this case means that nothing was found) *is hardly perceived as a welcome finding.* Rather, it perpetuates more ambiguity and fear – the feeling that something really is wrong but hasn't been discovered yet. To be wrong feels disconcerting and invalidating. To be right is validating but catastrophic. This is the paradox that torments obsessive people, but only certain types of people: 1) people who are very, very afraid, and 2) people who believe that the only remedy for their fears is to live in a world where they have 100% certainty. These are people with a need for control.

This is not to say that these folks do not suffer horribly over this problem, because the dilemma resides deep within their very existence (this is why I say that this problem is existential). While demonstrating a propensity for a need to control, these individuals are human after all, and are certainly no match for Life itself. They cannot outsmart death. They need people, but they don't want to need them, and they cannot deny that eventually they must depend on others for their survival, safety, or intimate needs. This awareness doesn't sit well with them. Thus, these individuals often hate to fly because they don't trust pilots, they don't like going to doctors because they are all "quacks," and they wouldn't trust other women to be in the same room with their husbands.

As one wise client said to her jealous partner, "You're right. You don't *have* to trust anybody. But you *should.*" That was one of the most poignant statements I have ever heard. We live in a world where others have more knowledge, skill, and expertise than we do. They are flying our planes, and performing our surgeries. They are also trying to love us. We cannot help but to turn our trust over to others at times, and indeed, we should. As Ernest Hemingway eloquently said, "The best way to find out if you can trust somebody is to *trust* them."

Unraveling the Distortion.

Why are these folks so invested in being right, when the outcome would be so catastrophic? Why do they defend their belief so fiercely? What is driving this type of committed behavior, to uncover an outcome that is so completely awful? And what is the link between their thinking style and refusing to live with ambiguity?

Bad News Feels More Certain than Good News.

I believe that there is a certain kind of addiction to certainty that some people have. And between good news and bad news, bad news is more certain (e.g. death and taxes). While good luck, fortune and health can feel fleeting and provoke experiences of impending loss, certain types of bad luck can seem permanent. So if you crave certainty, bad luck will fit more neatly into your paradigm. And seekers like this, who believe that absolute certainty is possible, will try

to fit at least one-half of reality (the bad half) into this thought system, and that is one way in which their style of thinking can be maintained.

The Cost Feels Too Great to Let it Go.

Many people tell me this, that the cost is too great to overlook it and let it go. Which is very strange, because it doesn't really *prove* the validity of what they are saying, although they think it does. A wife is convinced that her husband is cheating, and must regard the "what if" thought as real or she will have completely lost face "if it turns out to be true."

This is important, listen to this carefully: the word "if" comes up in each and every case, and the "if" gets inserted so quickly and discretely that one may have hardly noticed it was there. "*If* it turns out my husband were cheating," she continues, "I would have been completely foolish to trust, knowing that that trust was never deserved, and that he betrayed me." Again, this is similar to someone with health anxiety: "I can't afford to be wrong in this case. *If* something is wrong with me, I should treat this with seriousness, with urgency. Time is of the essence. There are certain windows of opportunity where early detection and intervention are necessary. I'd be foolish to dismiss it *if* my diagnosis turned out to be true. It's too important."

Things Deeply Valued Receive Importance.

Notice another common element here: these urgencies are existential, and all of these things, even being cheated on by one's spouse, relate back to the matter of existence or the existence of others. As such, they become huge, life-and-death issues. How to prepare for danger, whom to trust, when to act, the need to repent or confess – these are serious things, things that seem to define us, precious things, things that are central to our existence. For that reason, the person cannot think lightly about them. Impending death, limits of time, trust and betrayal, saving one's life or one's relationship – justifies maintaining the fear. The perceived consequence of letting down one's guard feels, well . . . irresponsible. The person feels as if they or others are actually *contributing* to catastrophe, by ignoring it. And so they can't let it go.

Some Things Are Impossible to "Check."

The questions that worriers return to – *"What if I'm a cheater? A murderer? A child molester* – **and I don't know about it?"** – are amorphous thoughts that are impossible to "check." I see lots of OCD clients that got triggered by watching a documentary on sociopaths, for example. They try to test their minds to see if they might be a murderer, and while they don't think they murdered anybody lately(!), they aren't sure.

In truth, however, the assertion, "*It might be real even though I don't know about it"* is a nothingness, a void, an empty space, a lack of presence that cannot be examined because nothing is there. But for the person who craves 100% certainty, this is the worst news ever – that they can't check what's missing. It's a paradox that tortures them. *For the OCD sufferer, the lack of verification of something bad seems like a guilty "yes" but it's really a sincere "no."*

Remember that the person who never gets a confirmed medical diagnosis really doesn't have a disease. And the partner who didn't cheat really didn't cheat. The lack of confirmatory evidence is a "no." The insanity occurs when the suspicious person insists that yes, something is there, they *feel* it (emotional reasoning), but it just hasn't been identified yet. Every test must be exhausted until the "there is nothing" answer remains. But tests are endless, and doctors are endless, and hypothetical diseases are endless. There isn't a disease, and there isn't going to be, certainly not in the way they anticipate it. So is the endless array of attractive human beings that move in proximity to one's partner. We can't obliterate them. We can't exhaust all the possible "no" answers until one certain "yes" answer stands alone. Especially if there *is* no "yes" answer. It can't be done.

The Path of Incorrect Reasoning (Why Dreadful Thoughts Are so Convincing).

At least FOUR predictable things always go wrong here. First, due their acute distress, the person has decided on some level that the only remedy for their profound suffering is to achieve *total relief,* and that usually means the absolute certainty of guaranteed safety. Nothing short of this feels like it could possibly take their pain away. Rather than struggling to live with *relative* certainty (information that is "good enough," "accurate enough" or "complete enough"), a person with OCD desires *total* reassurance. And because they are demanding something that Reality cannot offer to them, they paradoxically remain in a perpetual state of insecurity and fear.

The second cause of this downward spiral has to do with the act of *bringing the dreaded thought into awareness*, and this is a type of mental compulsion. Once an idea has frightened them, obsessive worriers frequently bring the dreaded scenario into consciousness for the purpose of letting it go. In essence, they are trying hard to *see* it in order to be able to *reject* it. So . . . what happens once the image is brought into the person's mind?

This is a significant question, because it leads to the third mental operation that maintains this vicious cycle. "As if" thoughts (thoughts that start out as scary images or hypothetical musings) quickly morph into "reality." The person considers something *as if* it were true, and pretty soon, it *becomes* true. When this happens, the belief and the phenomenon cannot easily be differentiated. Another way to describe this is that sometimes we become "fused" with our ideas – believing our thoughts to be *literally true* when in fact they are not. This, by the way, is likely a universal condition of overconfidence to which we are all susceptible.

There is also a fourth mental culprit that drives this obsessive machine. Once the thought appears, the OCD mind simply cannot let it go. This has to do with "overvaluing" the thought or sensation and focusing on it in an intensified way. While most people regard transient thoughts or sensations to be random, fleeting or harmless, someone with an OCD brain can't seem to move on. This process of "overvaluing" or "importantizing" – assigning meaning and credibility to insignificant experiences – is a common mistake generated by OCD brains. These minds are over-processing while focusing on too much detail. In the end, they will defend from a place of total conviction that the harmless things they worry about are quite real, simply because their brain incorrectly overestimated their value.

Where Others Fit In: "Damned if it's True/Damned if it Isn't."

And "damned if you agree/damned if you don't." Persons with this level of worry draw others in to endless conversations that never go anywhere. Half the time they want others to agree that they are right and that the dreaded event is actually happening, while at other times they want reassurances that they are wrong and that everything is ok. As such, the response they receive from others is equally problematic, and the person feels alternatively invalidated or only temporarily reassured. There is no response they can get from others that feels ultimately satisfying due to their own ambivalence, but they continue to pull others into the conversation nevertheless.

An Endless Cycle: Circular Conversations that Lead to Nowhere.

Therapists, spouses, doctors, or family members who are lured into these discussions become dismayed over the person's attachment to their fear. Ironically, the person would rather be right and have everyone agree that their worst fear is actually happening – than to discover that they are wrong but that all is well. *Conversations become circuitous and never-ending because the fearful person mistakes the "what if" or "as if" thoughts to be literally true, while the listener considers these "if" thoughts to be either hypothetical or false.*

The circular discussion is perpetuated while the person argues, "But *if* something were wrong with me, there *would be* catastrophic consequences if I ignored it! Right?" And "*if* I cheated, I couldn't live with myself, I'd be living as if I were a fraud, I'd have to make it right, and I'd have a responsibility to confess. Don't you agree?" But be careful here, this is somewhat of a trap. I say this is a trap because *the person has their own trap of ambivalence: wanting to be right and wanting to be wrong, both at the same time – and is trying to prove them both. Simultaneously.*

The listener might be tempted to answer, "Yes, *if* it were true, you would be right to be concerned and justified to act quickly." But the anxious person hears this not as a hypothetical statement, but as verification that the feared scenario exists. They are already suffering from overvalued ideation, and have assigned credibility to meaningless, illogical beliefs. In addition, they have already fused the "if" with reality. In this way, they achieved moving the sympathetic listener into an illogical argument. And they will want to end the conversation there: "See? I'm right. This is why I am so justified in my thinking!"

But something went wrong here, in this type of conversation. The logic only hangs together *if it were true.* But "*if it were true*" is not the same as "*it is true,*" and that is the confusion that the person suffers from. In other words, the obsessive person is confusing the "what if" thought with some perceived reality, a reality that doesn't really exist. This began as a *hypothetical statement* that could be discussed in the abstract. It was not intended to prove anything. The error is that *if* he actually had an incurable disease, time *would* be of the essence. But *he doesn't.* The "*what if*" is a thought, not a reality. *It is my experience that unless and until that difference in perception is acknowledged, the conversation will never end.*

Resist the Urge to Engage.

"Ok," someone might ask, "then what would the listener do or say instead?" The short answer is: "Very Little." First, I would completely stay out of the content, or both people will become lost and exhausted by the conversation. To give importance or attention to the worry – to discuss the *validity* of whether or not something really happened or really exists – will undoubtedly lead to endless circuitous conversations. Also, reassurances don't last, as any OCD sufferer will surprisingly tell you in a heartbeat. In regards to accusations of cheating, this may fall into the realm of emotional abuse, and might be an opportunity for the listener to set boundaries (the obsessive person should not be checking their partner's phone records, etc.). Defending one's innocence when wrongly accused is demoralizing and inappropriate.

Appropriate Responses.

Process comments, on the other hand, work much better. I would suggest briefly sympathizing with the person in a compassionate but calm voice, and without being led by the momentum of the person's anxieties. "I can see that you're really suffering right now. I'm sorry that you have to deal with this so often. I feel badly, that this is so hard for you." Most importantly, I would also suggest asking, "**How can you reassure yourself right now**?" "What are some tools or techniques you have learned that help you through these difficult moments?" "What can you do to take care of yourself right now?" In other words, I recommend helping the person look to the self for comfort, and to walk their own path.

Here are some other helpful phrases that can be used: "This sounds like a familiar conversation, one that we have often returned to, and we both end up very exhausted and distressed over this. I'm not sure that this one would turn out much differently, even if we were both tempted to go over it again. I want to reassure you, but I think you would agree that reassurances are only temporary, and don't really help you overall. We both need to stop talking about this. This isn't productive."

My Advice to Seekers of Bad News.

For those of you who think you did something terrible: *You didn't. Don't hurt yourself anymore. I'm only saying this to you once. Next time you are afraid, reassure yourself as best you can, with kindness and compassion in your heart.*

For those of you who think the other did or will do something to hurt you: *Look within, not at the other, because the destructive person might really be you. You may be eroding the foundation of a very important relationship, as well as the quality of life of a very important, innocent person — for no good reason.*

For those of you who think you have something terrible: *The information you have so far is relatively accurate. You are susceptible to the same perils that all human beings face, but for now you are probably ok. If you truly believe that your life is so fleeting and important – Live it. Immerse yourself in it. That's completely different than worrying about it, and it would be the best thing for you to do.*

Let It Go.

I think at some level you long to give this up. This path has been too hard for you. You wish for 100% certainty, but none of us get to have that in this life, not even you. Living with ambiguity is hard, but what you have been doing is much harder. It certainly hasn't gotten you any closer to the safety and certainty you crave. So long as you insist that the world be safe and secure, while the nature of reality proves otherwise, you will be destined to a lifetime of perpetual unhappiness. You cannot make the world other than what it is. Additionally, holding yourself in fear . . . all the hyper-vigilance . . . bracing yourself for anticipated pain . . . it's not going to help you cope if the pain were to come. Like a body that is tense when it falls, it only hurts more.

You might say, "Of course I've tried! I just can't seem to let it go!" But we are talking about two different strategies here. You would like to let it go after the thought quiets down and doesn't bother you anymore, so that you can finally release it; whereas I'm suggesting you let it go while it feels persistent and unfinished. I'm not saying let it go when you have some resolution, or when you feel more comfortable. I'm saying make a healthy decision to stop proving or disproving the bad news, *now*, while your intuition is going in the other direction. You can do it.

Don't Trust Your Mind in This Case.

There are two things you must remember: 1) the mind is *very* faulty, and 2) it loves congruence. It would rather be wrong and have everything match up, than to have a feeling of not knowing. Disturbing events beg for credibility, so the mind starts offering assumptions to "help" make sense out of ambiguous situations. Because we think that the interpretation should fit the circumstance, and because the feeling is catastrophic and extreme, we think we ought to have a really extreme explanation to go along with it and back it up.

Consider the person who thinks they are dying, going crazy, or losing control when they are actually suffering from a panic attack. The interpretation was wrong, but at least it was *congruent*, which is why the mind produced it. Only such extreme, catastrophic explanations correspond to the unexplained "spike" of physiological arousal in the person's autonomic nervous system during a panic attack. But those explanations turn out to be incorrect. Your faulty interpretations arise in much the same way: only catastrophic explanations seem to fit the intensity of your fears. But they aren't the right ones.

The important message I'm suggesting here is that the mind would actually prefer to give you the really bad news that you are dying or your partner is cheating or you ran over someone rather give you the unclear message: "This is weird. My brain is misfiring." But that is exactly what you need to be saying. I like this quote from Jeffrey S. Victor: "**A mistaken explanation for emotional pain can be preferable for a confused person to the ambiguity of uncertainty**." This is huge. Please think about this, because it will help you give less credibility to the false messages your mind is offering.

Nothing is Written in Stone.

Have you ever seen those decorative stones that have inspirational phrases carved in them, such as "hope," "serenity," or "peace?" Well someone clever came up with one that really intrigued

me. Etched in the stone, the message said, "*Nothing is written in stone.*" This is a bid of a mind-teaser. The message says that "nothing" is written in stone, but to convey this message, the word "nothing" had to be written! As soon as it appears, "nothing" becomes "something." This is the very same problem that you are creating. You want something unknown to appear, so that you can reject it. But as soon as you see it, it seems to exist. The truth is, however, it is *you* who put it there. As one client aptly stated, "You want to be 100% certain that something isn't true. So you search really hard to make certain. But in the process, you get so attached to the idea that you start to believe it, as if it really took place."

Develop Self-Compassion.

It will be necessary to give yourself lots of compassion for your suffering. The *feeling* is real, even though the *thought* is not. Thus, when you address yourself, say from a heartfelt place: "Feeling something doesn't make it real. Still, I feel bad for my suffering. It *feels* real, but it *isn't* real." If you say this with compassion, with conviction, and as many times as is necessary – if you separate your symptoms from reality, if you give yourself a *different* kind of validation for your suffering – your symptoms will finally leave you alone.

Test Your Belief in a Different Way.

The next time you feel attached to a belief, here is a better way to find out if it is true. Stop checking. Do an internal search, but not with your thoughts this time. Keep the judgments and the evaluative labels completely out of it. Turn into your body and tune into your feelings. What is your stance in regards to the position you are taking? If you feel tempted to defend it, if you feel driven to explain it, if you have an urgency to prove or disprove it, if you feel pressured, if you feel adamant, or if you feel tight and contracted when you talk about it – it might not be true.

The fierceness and rigidity we have around something we are defending often indicates that the belief is delusional. Otherwise, we feel much more flexible (i.e., "it could be true/it could not be true"). For example, what if I told you that your car was no longer parked outside? You might look at me quizzically, and say, "What?! Are you sure? I'm pretty sure it's still there." You wouldn't start defending adamantly from the depths of your soul that you were right and I was wrong. I've learned over many years that none of my clients really tend to argue with me, except when they are asserting some sort of delusional belief. When that happens, I often think about the following quote: *"There is no one so sure as someone totally deluded."* (Matthew McKay and Patrick Fanning).

Live With the Unknown.

Your task is to refrain from checking your mind to see if you, your health, or others are "bad," or to check the news, internet, laws, or other people's opinions. Live with ambiguity. Relax into knowing that, without hyper-vigilance, you have relatively complete and accurate information. The ambiguity that is in and around you is an unclear, imperfect, benign presence that can be trusted and accepted.

The Unknown that you fight so vehemently – that you fear, blame, rail against, and pray would become Real so that it could finally leave you alone – is often better than every known thing you have ever wanted to control. Let me put it another way: every good thing in your life that surprised you was previously unknown to you. You didn't anticipate or create the people who showed up and loved you. You didn't manage or direct the gifts that you were given, either literally or metaphorically. Live with the Unknown, because the stuff that will make you happy in life will be the stuff that you can't control.

Still Unsure?

The following list cites credible sources that explain *how* and *why* we tend to produce (and even defend) a faulty belief system. Look closely to see if you can identify any famous persons mentioned here, and consider whether you too might share the same vulnerability to human error.

Who Says I'm Wrong?

Authorship Confusion.
Daniel Wegner creates the phrase "authorship confusion" to describe how people mistakenly assume responsibility for causing an event, simply because the thought preceded the occurrence.[1]

'As If' and 'What If' Thoughts Lead to Believed-In Imaginings.
Theodore Sarbin offers the phrase "believed-in imaginings" to describe the storied constructions people use to verify the existence of improbable events. A strong level of commitment to one's story leads to a sense of realistic perception, causing the believer to move from an "as if" perspective to a conviction of actual reality. The person considers something as if it were true, and pretty soon, it becomes true. When this happens, the belief and the phenomenon cannot easily be differentiated.[2]

Causal Mistakes and Reasoning Errors.
Jean Piaget states that from a very young age, people develop mistaken beliefs about causal relationships between the mind and the physical world. Examples include thinking that actions, gestures or mental operations such as counting can bring about a desired event or stave off something bad, or that there is a meaningful relationship between random occurrences.[3] Numerous other authors agree that the mind makes certain mistakes by allowing individuals to connect unrelated events while giving them unique significance.[4]

Cognitive Fusion.
Steven C. Hayes explains that we believe our thoughts to be *literally true* when perhaps they are not. Most of us have a propensity to look "from" our thoughts instead of "at" our thoughts, since ideas arise convincingly inside our heads in the form of language. Additionally, certain notions are defended and maintained because they exist in networks – or "relational frames" – with other thoughts. In this way, ideas become entrenched and we become "fused" with our thinking. *"I'm right and I can give you the reasons"* is a strong indicator of cognitive fusion.[5]

Cognitive Motivation to Reduce Uncertainty.

Leonard Zusne and Warren Jones illustrate that, "A 'why' question requires a 'because' answer. If the information is not available, incorrect information will be used." [6] The authors describe that we all have a cognitive motivation to secure explanations, however faulty. Other researchers agree that when individuals are faced with conditions of incomplete knowledge, they are compelled to construct beliefs in order to fill the gap of ambiguity and the unknown. This cognitive motivation to remove uncertainty is so powerful that the mind will prefer to fill the gap with incorrect information rather than to maintain a condition of uncertainty.[7]

Congruence is Preferred Over Truth.
Zusne and Jones also describe how we want to believe something simply because it matches up with how we feel. Our conclusions are geared toward seeking an internal state of congruence and consistency, and in this way we can replace the disturbing psychological condition of uncertainty or imbalance.[8]

Difficulty Tolerating Uncertainty.
Jeffrey S. Victor explains why even disturbing beliefs receive credibility, writing, "A mistaken explanation for emotional pain can be preferable for a confused person to the ambiguity of uncertainty." [9] Donald Spence agrees that because people do not easily tolerate uncertainty, they create irrational accounts when plausible explanations are unavailable.[10] In an attempt to make life meaningful and for it to make sense, people assemble beliefs from a number of sources in order to stitch together personal unknowns. Steven Jay Lynn, et. al. concur that for this reason, individuals are vulnerable to a condition of *overconfidence* that is susceptible to the mind's many flaws and imperfections.[11]

Evolution Favors Anxious Genes.
Aaron T. Beck explains "our tendency to exaggerate the importance of certain situations – believing them to be a matter of life and death – overmobilizes our apparatus for dealing with threats and thus overrides normal functioning. It has been said that 'evolution favors anxious genes.' It is better to have 'false positives' (false alarms) than 'false negatives' (which miss the danger) in an ambiguous situation. One false negative – and you are eliminated from the gene pool. Thus, the cost of survival of the lineage may be a lifetime of discomfort." [12]

Magical Thinking.
Numerous famous writers including Sigmund Freud, Margaret Mahler, and Ernest Becker have discussed magical thinking as a primitive defense that is often used to relieve certain anxieties tied to the existential pain of separation, self-esteem, limitation, longing, loss, chance, death, and uncertainty. Magical thinking is described as the belief that thoughts and reality are connected and that thinking can influence the actual world. This is a universal condition that begins in infancy and continues to a large extent throughout everyone's lifetime. Omnipotence (the belief that we caused something by thinking about it) is one form of magical thinking. Superstitious thinking is also similar to magical thinking.[13]

Heather Stone explains that magical thinking often emerges as an attempt to bypass ambiguity and the necessary psychological work of authentic suffering and existential awareness.[14] Other authors clarify that under such conditions of uncertainty, lack of information, or an inability to explain phenomena, magical thinking will predominate. Magical thinking especially emerges when elements of <u>chance, accident, hope, fear, and danger are conspicuous</u>.[15] Other forms of

suffering that provoke magical thinking are seen at such times when profound longings emerge that accompany a perceived lack of control.[16] From a behavioral perspective, magical thinking exists largely to control the uncontrollable.[17]

Overvalued Ideation.
The International Obsessive-Compulsive Foundation describes this phenomenon as "when the person with OCD has great difficulty understanding that his/her worry is senseless." [18] Jonathan Grayson similarly says it is "the belief that the concerns underlying the symptoms are entirely realistic." [19] Steven Phillipson states that from this perspective, "the patient is not fully aware in a logical way that the threat is of an irrational nature. [20]

Reinforcement.
Famous behaviorists such as Ivan Pavlov, Edward Thorndike, and B.F. Skinner all produced well-known studies on superstitious behavior, demonstrating that when reinforcement and behavior are accidentally or intermittently paired, people learn that certain meaning exists, and that meaning has lasting power over them, even if it's wrong.[21]

Susceptibility to Coincidence.
Stuart Vyse writes that our personal beliefs end up being formed by observing coincidences, and that this human sensitivity to coincidence is an "overlooked psychological truth and a monumental understatement." [22] Raeann Dumont concurs, "Our personal belief system has been constructed by observing coincidences. . . . All of us, in every stage of life, have a limited reality." [23]

Thought-Action Fusion.
Stanley Rachman describes "thought-action fusion" as a tendency to confuse thinking about an action with the action itself. [24]

Notes

[1] Daniel M. Wegner and Thalia Wheatley, "Apparent Mental Causation: Sources of the Experience of Will," *American Psychologist* 54, no. 7 (July 1999): 480-492.

[2] Theodore R, Sarbin, "Believed-In Imaginings: A Narrative Approach," in *Believed-In Imaginings: The Narrative Construction of Reality*, ed. Joseph de Rivera and Theodore R. Sarbin (Washington, D.C.: American Psychological Association, 1998), 19.

[3] Jean Piaget, *The Child's Conception of the World* (London: Routledge & Kegan Paul, 1929), 139-147

[4] Donald P. Spence, "The Mythic Properties of Popular Explanations," in *Believed-In Imaginings*, 217-228; Jeffrey S. Victor, "Social Construction of Satanic Ritual Abuse and the Creation of False Memories," in *Believed-In Imaginings,* 209; Leonard Zusne and Warren H. Jones, *Anomalistic Psychology, A Study of Magical Thinking* (Hillsdale: Lawrence Erlbaum Associates, 1989), 13 and 14.

[5] Steven C. Hayes, *Get Out of Your Mind and Into Your Life* (Oakland: New Harbinger Publications, Inc., 2005), 57; "Real Tools for Real Change," in *Quick Tips for Therapists,* www.newharbinger.com; Jason B Luoma, Steven C Hayes, "Cognitive Defusion," in *Empirically*

Supported Techniques of Cognitive Behavior Therapy: a Step by Step Guide for Clinicians, ed. W. T. O'Donohue, J.E. Fisher, and Steven C. Hayes (New York: Wiley, in press), 5.

[6] Zusne and Jones, *Anomalistic Psychology*, 13, 14.

[7] Piaget, *The Essential Piaget*, 146; Zusne and Jones, *Anomalistic Psychology*, 13 and 14; Steven Jay Lynn, et al., "Rendering the Implausible Plausible: Narrative Construction, Suggestion, and Memory," in *Believed-In Imaginings,* 133.

[8] Zusne and Jones, *Anomalistic Psychology*, 229-243.

[9] Victor, "Creation of False Memories*,*" 209.

[10] Spence, "The Mythic Properties of Popular Explanations," 217-228.

[11] Lynn, et al., "Rendering the Implausible Plausible," 133.

[12] Aaron T. Beck and Gary Emery, *Anxiety Disorders and Phobias: A Cognitive Perspective* (New York: Basic Books, 1985), 4.

[13] Ernest Becker, *The Denial of Death* (New York: The Free Press, 1973), 155, 180 and 181; Mel. D. Faber, *New Age Thinking, A Psychoanalytic Critique* (Canada: University of Ottawa Press, 1996), 27; Robert W. Firestone, *The Fantasy Bond* (Los Angeles: The Glendon Association, 1985), 182 and 183; Sigmund Freud, *An Autobiographical Study*, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 1, ed. and trans. James Strachey (London: Hogarth Press, 1959), 66; Giora Keinan, "Effects of Stress and Tolerance of Ambiguity on Magical Thinking," *Journal of Personality and Social Psychology* 67, no. 1 (July 1994): 48-55; Margaret Mahler, et al., *The Psychological Birth of the Human Infant* (New York: Basic Books, 1975), 44; Jean Piaget, *The Child's Conception of the World*, 139-147; Géza Róheim, *Magic and Schizophrenia* (New York: International Universities Press, 1955), 10, 11, 45 and 46; Stuart A. Vyse*, Believing in Magic: The Psychology of Superstition* (New York: Oxford University Press, 1977), 196-211; Zusne and Jones, *Anomalistic Psychology,* 13-32, 229-259.

[14] Heather Stone, *The Therapeutic Value of Magical Thinking: Exploring the Gap Between Longing and Fulfillment*, Doctoral Dissertation (Petaluma: Meridian University, 2005), 8, 10, 13, 20, 21, 113, 142, 179-181, 192.

[15] Vyse, *Believing in Magic,* 11.

[16] Mahler, et al., *The Psychological Birth,* 44; D.W. Winnicott, "Transitional Objects and Transitional Phenomena: A Study of The First Not Me Possession," *The International Journal of Psycho-Analysis* XXXIV (1953): 94; Jacqueline D. Wolley, "Thinking about Fantasy: Are Children Fundamentally Different Thinkers and Believers from Adults?" *Child Development* 68, no. 6 (December 1997): 998; Vyse, *Believing in Magic*, 11.

[17] Vyse, *Believing in Magic,* 81.

[18] International OCD Foundation, www.ocfoundation.org, Glossary of Terms.

[19] Jonathan Grayson, *Freedom from Obsessive-Compulsive Disorder: A Personalized Recovery Program for Living With Uncertainty* (New York: The Berkeley Publishing Group, 2003), 236.

[20] Steven Phillipson, "God Forbid," www.ocdonline.com.

[21] Edward L. Thorndike, *A History of Psychology in Autobiography* 3, ed. Carl Murchison (Worcester, MA: Clark University, 1936), 263-270; Ivan P. Pavlov, *Conditioned Reflexes: An Investigation of the Physiological Activity of the Cerebral Cortex*, trans. G.V. Anrep (Oxford, England: Dover Publications, 1960), 291; Pavlov, "Lecture I," in Shipley Thorne, ed. *Classics in Psychology* (New York: Philosophical Library, 1961), 789; Burrhus Frederic Skinner, "'Superstition' in the Pigeon," *Journal of Experimental Psychology* 38 (1948): 168-172.

[22] Vyse, *Believing in Magic*, 60.

[23] Raeann Dumont, *The Sky is Falling* (New York: W.W. Norton & Company, 1996), 43.

[24] Stanley Rachman, "Obsessions, Responsibility, and Guilt," *Behaviour Research and Therapy* 31, no. 2 (February 1993): 149-54; Rachman, "A Cognitive Theory of Obsessions," *Behaviour Research and Therapy* 35, no. 9 (September 1997): 793-802.