

Fitness, Diet, Cognitive Distortions, Beauty, and Self-Esteem

By David D. Burns, MD

Hi Dominique,

Thanks for your interest and your questions! Here are some thoughts off the top of my head, for better or worse.

How do distorted thoughts affect body image?

One of the mind-sets I sometimes encounter is called “physical perfectionism,” where you believe your body has to be perfect in order to feel happy and loveable. So you may make yourself miserable by focusing on some physical defect or flaw, thinking that others will judge you as harshly as you judge yourself.

For some people, these beliefs become almost delusional, and they tell themselves that they are grotesque and ugly because of some imagined flaw that others cannot even see or noticed. In that case, it is called Body Dysmorphic Disorder.

In my book, *When Panic Attacks*, I described my treatment of a woman with severe Body Dysmorphic Disorder. She was a beautiful and talented Silicon Valley executive who became severely depressed and anxious after she got a gash on her nose following a minor auto accident. Although the wound healed beautifully, and the scar was virtually invisible, she became convinced she had an ugly scar on her nose and that anybody who saw her would be immediately disgusted, and she angrily rebuffed her husband’s attempts, and her parents’ attempts, to reassure her that she was still beautiful, thinking they were just blowing smoke in her face.

The negative thought that triggered her intense feelings of depression, anxiety, shame, and anger was: “This scar spoils my face.”

All of the ten cognitive distortions I’ve described in my books can be found in the negative thoughts that trigger our insecurities about our bodies:

1. **All-or-Nothing Thinking**—This distortion is the key to perfectionism. You tell yourself that if you’re not 100%, you’re 0%, as if shades of gray do not exist. You may think that you are unattractive and unlovable because of this or that flaw. I asked the woman I just described how attractive she thought she was several weeks earlier, on a scale from 0% (unbelievably ugly and disgusting) to 100% (gorgeous beyond words), before the accident, when there was no scar on her face. She said “90%.” This was realistic, as she was a remarkably attractive woman.

Then I asked her how attractive she thought she was now, on the same scale. She responded, “1%.” I wanted her to see how irrational that was, so asked her how attractive she thought a decomposing corpse would be, on the same scale. She replied, “0%!”

Then I asked, “1% is almost the same as 0%. Are you saying that your face looks about the same as a decomposing corpse?”

Unfortunately, that technique was not helpful to her, and she continued to insist that her race was ugly and repulsive. Fortunately, after trying quite a few techniques that didn't work, I found several that did help her put the lie to the thought and get back to feelings of joy, intimacy, and self-esteem.

You can beat up on yourself in all kinds of ways with All-or-Nothing Thinking. For example, you may think that you're a total failure because your performance was not as good as you'd hoped. All-or-Nothing Thinking is considered a distortion because few things, if any, in the universe are all one way or the other. For example, what I'm writing right now is not 100% (fantastic and better than Shakespeare), or 0% (horrible beyond description). It's somewhere in-between.

2. **Overgeneralization**— When you overgeneralize, you use words like “always” or “never” to turn a negative event into a never-ending pattern of defeat. For example, you may tell yourself that because this or that person rejected you, it means that you are unlovable and will be alone forever, or because you didn't get into the college you wanted, it means you will miserable forever.

You may also overgeneralize about some flaw in your appearance. For example, you may conclude that you are worthless, defective, unattractive, or inferior because your thighs are too heavy, or you're too short or too tall, or your breasts are not big enough, or too big, or whatever.

Men and women make all of the same kinds of mental errors. I was asked to treat a hospitalized depressed patient in front of 50 or more psychiatrists at a prestigious medical school in New York many years ago, in the early days of cognitive therapy. They were eager to see how the new treatment worked, and told me that the patient they'd selected for the demonstration was perhaps the most depressed man in the city of New York. I was curious to find out what the man was so distressed about.

I was surprised when they wheeled him on a gurney at the start of the demonstration. Apparently, they brought him from the intensive care unit, where he'd made a nearly successful suicide attempt. I noticed that he was a strikingly handsome man, and wondered by he'd attempted suicide.

He explained that he was starting to lose his hair, and that his hair transplant looked peculiar. He asked me to look closely at his forehead. I could see that the hair at the front did look somewhat artificial since all the transplanted hair plugs were arranged neatly, in rows, somewhat like a corn field.

I asked him what he was thinking just before his suicide attempt—what was he telling himself? He was telling himself that no woman could ever love him, because of his hair. Like nearly everyone who is depressed, he was certain that his problem was 100% real, and based on facts. Although the defect was real, his pain resulted from his overgeneralization--from his forehead to his entire self, and to his entire future.

3. **Mental Filtering**—You think only about this or that flaw you have or error you made and filter out or overlooking all of your positive qualities. I once did a

morning television talk show in Ohio to help promote my book, *Feeling Good*. After the show, the host asked if I could help him with a problem that was making his life miserable. He explained that after each show, he got approximately 300 fan letters, and that nearly all of them were very positive. But he said he'd usually get one that was negative or critical, and that he'd ruminate about that one all day long, feeling anxious, frustrated, inadequate, and ashamed.

4. **Discounting the Positive**—This is an even more spectacular mental error. Not only do you overlook your good qualities, you insist that they don't count. You may do this when you receive a compliment on how your look, or a presentation at work. You may have the thought, "Oh, she's just saying that to be nice," or "He doesn't really mean it."
5. **Mind-Reading**—You assume that others are judging you or turned off by your appearance without any real evidence. You saw glaring examples of this in the examples I provided above—the woman with the "scar" on her face and the man with the balding forehead.
6. **Emotional Reasoning**—You reason from how you feel, as if your feelings reflected external reality: "I *feel* ugly, therefore I must *be* ugly!" Or, "I *feel* inferior, therefore I must *be* inferior." Women (and men as well) with anorexia nervosa starve themselves, often to medically dangerous extremes, due, in part, to Emotional Reasoning. They tell themselves, "I *feel* fat, therefore I must *be* fat."

Whenever you're upset, there's a danger that you might get trapped with emotional reasoning. For example, if you're feeling depressed you may *feel* worthless, or inferior, and then conclude that you *are*, in fact, worthless or inferior. Or you may *feel* hopeless—another common symptom of depression—and then wrongly conclude that you *are*, in fact, hopeless and that you'll be depressed forever.

7. **Magnification and Minimization**—I call this the "binocular trick"—when you look at your flaws, you look through the end of the binocular that makes everything bigger, so your flaws and failures look enormous. Then when you think about your strengths, you look through the end that makes everything look tiny.

You may also do this when you procrastinate—you tell yourself that the task you're putting off is overwhelming and huge (Magnification), and that any progress you might make today would only be a drop in the bucket (Minimization.)

8. **Should Statements**—You beat up on yourself with shoulds, oughts, musts, and have tos. The late Dr. Albert Ellis colorfully called this "Musterbation." Others have called it the "shouldy" approach to life.

If you look up the origin of the word, "should," you'll see that it goes back to the Anglo-Saxon word, "scolde." When you use this word, you're essentially scolding yourself, and this can create unnecessary feelings of guilt, shame, anxiety, and depression. A physician on an extremely rigid, low-calorie diet gave in to the urge

to eat a spoonful of ice cream after dinner. Then she thought, “I shouldn’t have done that! I’ve blown my diet completely. I’m just a fat pig,”

This thought was so upsetting that she ate the entire quart of ice cream. I’m sure you can recognize that she combined a Shout Statement with All-or-Nothing Thinking and Labeling (distortion #9.)

Here are some additional examples of Should Statements:

- I shouldn’t have screwed up!
- I *should* try to be perfect.
- I *should be* better than I am.
- I *should* be taller.
- I *shouldn’t* be so fat.
- I *shouldn’t* have eaten that donut.
- I *should* studied more for that test.

Those are all Self-Directed Shoulds because you’re beating up on yourself. Other-Directed Shoulds can be just as problematic but they trigger anger, frustration and conflict in your relationships with other people. For example:

- You *shouldn’t* feel that way.
- You *shouldn’t* treat me like that.
- You *shouldn’t* have said that!

9. **Labeling**—You label yourself with some pejorative label, thinking of yourself as “a failure” or “a loser,” “a bad mother,” or worse. You may also label other people as “losers” or “jerks.” Labeling is an extreme form of Overgeneralization because you are thinking about some specific flaw or flaws and then concluding that you have, or someone else has, a “self” that is somehow bad, defective, inferior, tainted, or hopelessly broken beyond repair.

10. **Blame**—There are two categories: Self-Blame and Other-Blame. For example, you may blame yourself for something that wasn’t entirely your fault, and overlook all the other factors that may have contributed to the problem.

Or, you may blame someone else for a conflict you’re having, and overlook your own role in the problem. Or you may tell yourself that it’s unfair that you have this or that flaw, when someone else is naturally smarter, or better looking. Or, you may also tell yourself that it’s unfair that you should have to diet when others can eat all they want and still be thin. Other-Blame triggers feelings of anger, self-pity, and moral superiority, whereas Self Blame triggers feelings of depression, guilt and inadequacy.

A shy young man was standing in line to check his groceries at a Safeway store on a Saturday morning, and thought the woman checking groceries was giving him the eye. He told himself that he should try to flirt with her when he got to the front of the line, but had the thought, “If she doesn’t like me, it will prove that I’m a loser.”

This thought is a clear example of Self-Blame and Labeling. The thought made him so anxious that he simply stared at the counter when he got to the front of the line. He didn’t say a word and didn’t even made eye contact with her. He left the store feeling utterly defeated and worthless.

Of course, it was possible that she might not have responded positively if he’d tried to flirt with her, but would this mean that he was s a loser? Together, we listed all the reasons why a checker at a busy grocery store might not appreciate a customer coming on to her. This technique is called “Reattribution,” because you look at all the causes of some bad outcome, rather than automatically blaming it on yourself.

Here’s what we came up with:

- Flirting with customers might be against store policy.
- She may be worried about all the people waiting in line.
- She may be gay.
- She may be married.
- The manager may be near by.
- She may be in a bad mood.
- She may be shy.
- He may not be her cup of tea—she may be attracted to a different type of guy, based on age, ethnicity, looks, and so forth.
- She may get irritated by customers who try to flirt with her.
- She may be frightened, since she does not know him.
- His flirting techniques may be awkward since he hasn’t had much practice.

It was a relief to see that there were so many plausible—or even likely—explanations for why a young woman checking groceries might not respond positively to the flirtations of a customer, other than the fact that he was “a loser.” He also decided that he didn’t need to sweep her off her feet or say something incredibly clever hello the next time he was in a similar situation, but that it would be enough just to smile and say, and that would be a success, whether or not she replied positively.

Do you think distorted thoughts can be a roadblock in someone's wellness / fitness journey? How so?

Absolutely! All of our feelings, positive and negative, do not result for what happens to us, or how smart or gorgeous or loved we are, or aren't, but rather from our thoughts—the positive and negative messages we give ourselves, the ways we interpret things. Distorted negative thoughts cause depression, anxiety, inferiority, shame, loneliness, frustration, hopelessness, and anger, to name just a few.

Sex appeal results, to some extent, from the way we look, since our culture is quite narcissistic, but self-esteem is also important, and maybe even more important than how we actually look. I have treated many gorgeous and highly successful men and women who were incredibly depressed, anxious and lonely because of their distorted thoughts about themselves and others, which were enormous barriers to joy and meaningful, loving relationships with others.

And I have also known or treated many men and women were only average, or even well below average, who were incredibly popular and successful in the dating arena because of their social skills and the feelings of joy and confidence and playfulness that they radiated, and because of their natural interest in others, as opposed to getting lost in endless obsessions about their flaws!

What's a small piece of advice you could suggest to a woman struggling with poor self-esteem / body-image issues?

First, I don't give advice to women, since these are human issues. I reach out to humans, men and women who are struggling.

Second, I am strongly against giving small or large pieces of advice to anyone! In my experience, it doesn't work, especially if a person is struggling with low self-esteem or with strong negative feelings.

However, many research studies have shown that approximately 65% of patients with moderate to severe depression who are given a copy of my book, *Feeling Good: The New Mood Therapy*, improve significantly or recover completely within four weeks, even without antidepressants or psychotherapy. So I guess that would be my advice—to read the book and to do the written exercises in the book! The chapter on Body Dysmorphic Disorder in my book, *When Panic Attacks*, might also be helpful to someone who is very self-critical about his or her looks.

In my experience, each person will have his or her own unique path to enlightenment—that's why I use more than 50 treatment techniques—there is NO simple fix that works for everybody.

Do you believe that fitness and healthy eating plays a strong role in having a healthier mindset and more positive/realistic thoughts?

Research indicates that some people ARE helped by keeping fit, including my daughter. She is a huge exercise enthusiast, and stays in tremendous physical condition with consistent, ambitious exercise, including yoga and running, and reports how helpful it is to her moods. Some studies have shown that exercise can be as effective as antidepressants, but with no side effects.

I'm not sure it is the fitness, *per se*, or the positive thoughts that are generated by exercise, that lift the mood. For example, after exercising you may tell yourself that you are achieving your goals, and becoming more attractive, and getting in great shape, and think "I'm doing it!" Those positive thoughts may have a strong effect on your mood, as opposed to the actual exercise.

At the same time, fitness is not the answer for everybody. I once treated an 76 year old immigrant named Ezekiel who had escaped from Nazi Germany as a teenager and ended up shining shoes on the sidewalks of New York city to survive. He worked like crazy, and eventually ended up as a multi-millionaire industrialist in New York.

But he'd had relentless depression all his life, and the thought that upset him was, "I'm a worthless human being." And decades of treatment had not helped; in fact, he told me that in spite of all his success, he hadn't had one happy day in his entire life.

Ezekiel was referred to me about the time when aerobic exercise was in its heyday, and everyone was claiming (without any hard evidence) that exercise was the ultimate antidepressant because it boosted brain endorphins. I decided to test this appealing notion, although I was skeptical because I've never found that formulaic, non-specific treatments were terribly helpful for my patients.

Still, I urged Ezekiel to start jogging. I explained he need to boost his endorphins, and pushed him to jog further and further each week. Eventually, I got him jogging 12 miles a day, which he dutifully did. Then I asked, "Ezekiel, how did you feel at the start of your 12 mile run yesterday?" He said he felt like a worthless human being.

Then I asked him how he felt at the end of the 12-mile run. He said he felt like a totally exhausted, worthless human being. The exercise had no effect whatsoever on his depression.

Finally, I pushed him to tell me why he thought of himself as a worthless human being, given all that he'd accomplished. With great reluctance, he confessed that he had a shameful and horrible secret that he'd kept hidden from everyone his entire life. He'd never told his parents, any of his psychiatrists, or his wife.

I was intensely curious and pushed him to tell me his secret. In tears, he reluctantly confessed why he felt worthless, in spite of all of his wealth and success. He said that ever since he was a boy he'd had claustrophobia and a fear of dark. And he thought this meant he was weak, and not a real man, and worthless.

So now you see why the exercise did not help. Ezekiel could have jogged from New York to Los Angeles, and it wouldn't have done him a bit of good, because it would not have changed his thinking, and he'd still have claustrophobia and a fear of the dark. In my experience, effective treatment *always* has to target the specific negative thoughts that trigger each person's suffering. And since we all have our own unique thoughts, formulaic treatments, like exercise or meditation, will usually only have placebo effects, at best.

Once I found out what was really going, I prescribed a more specific and individualized treatment, which shocked him at first. I told Ezekiel to set his alarm clock for 2 AM when

it would be dark, and to go down into his basement without turning on any lights, so it would be pitch black in the room.

I told him to roll himself up in the carpet on the floor, so he'd be trapped, and to simply endure the panic until his anxiety disappeared. That way he could confront his fear of the dark and his claustrophobia at the same time, using exposure.

I told Ezekiel he had to promise to stay there no matter what, until the anxiety improved dramatically or disappeared completely. I also told him not to try to control the anxiety, or to calm himself, but instead to try to make himself as panicky as possible.

I told him he could have a tape recorder, so he could record his fear, on a scale from 0 to 100, every minute or so, and he could also verbalize the thoughts and fantasies that were frightening him, and asked him to bring the tape to his next session so I could listen.

He told me I was nuts and fired me on the spot.

He went to another psychiatrist in New York, complaining he was being treated by a lunatic doctor in Philadelphia who had made an outlandish and dangerous suggestion to go into his basement in the dark in the middle of the night and roll himself up in a blanket. Fortunately, the psychiatrist said I was on the right track, and encouraged Ezekiel come back to me and follow my recommendation to face his fears. The next week, Ezekiel did return, and we planned for the big event, although he was still reluctant and terrified.

The next week he returned, tape in hand, with his report on his homework assignment. He excitedly described how he went into the basement and rolled himself up in the rug in the dark, in the middle of the night, with a tape recorded running next to his head. He said for the first 15 minutes his anxiety was at 100%, and he was convinced that a fat ghost would suddenly appear and sit on his chest, suffocating him.

After 15 minutes, his anxiety was still 100%, but no ghost had appeared, so he shouted out, "I'm tired of waiting. If you're going to sit on me, let's get it over with. Come on out and do it!"

But still no ghost appeared.

Ezekiel suddenly burst out in uncontrollable laughter, and said his anxiety went to zero in a flash. His feelings of worthlessness and depression also vanished at the same time, after many decades of suffering and failed, non-specific talking to shrinks.

So, the bottom line is—fitness is great, and if it boosts your mood, along with your appearance and physical stamina, that's great! But if it doesn't cure your depression or anxiety or low self-esteem, we have tons of even more powerful tools to help you get the job done! And the first step will usually involve writing down your negative thoughts and pinpointing the distortions in them.

Thanks so much for your interest in my work.

All the best,

David

Dominique's response:

Hi Dr. Burns,

I can't thank you enough for this response; thank you so much for such thorough, in-depth, and honest answers! I just sent a copy of *Feeling Good* to one of my colleagues and she's super excited.

On a personal level, I really feel like fitness was an integral part of my depression recovery, so I'm extremely intrigued by your perspective.

Thank you so much. I'm going to review this with my editor to decide the best angle for the story. Talk soon!

Dominique

PS. I see you're at Stanford — are you in the SF area? Would love to buy you a coffee sometime!

More feedback from Dominique:

Dr. Burns,

I referenced you and that post we worked on together in my latest piece about food shaming:

<http://www.popsugar.com/fitness/How-Stop-Food-Shaming-43176079>

Let's definitely work on something again soon — our readers love any mental health topics, and are starting to be more open about anxiety. Excited to do more together soon!

And more nice feedback:

Hi Dr. Burns,

Awesome! And thank you again — I picked up a couple more copies of *Feeling Good* for a few of my colleagues after they read the story... they love it so far!

I just realized I never sent you the finished piece! It did so well and my colleagues LOVED it!

<http://www.popsugar.com/fitness/How-Stop-Negative-Thoughts-43019339>

Thank you again!!

Dominique