COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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DOWNWARD/UPWARD ARROW

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Definition: Types of Socratic questioning where the therapist asks the patient successive meanings of a series of related (Downward Arrow) negative thoughts to uncover underlying intermediate and core beliefs, and (Upward Arrow) positive thoughts to activate positive and functional beliefs.

Elements: Downward arrow questions like “If this is true, what does it mean to you? What’s so bad about that? So what?”, etc., ending with: “What does it mean about you?”. Upward arrow questions like “If your evidence of your accomplishments is true, what does that mean about you?”.

Related procedures: cognitive restructuring, decisional balance, dialectical behavior therapy, rational role play, socratic questioning, trial-based thought record.

Application: Individually in cognitive therapy.


References:

Case illustration  (De Oliveira, unpublished)

Two weeks before consulting a psychiatrist Karen age 28 developed panics and stopped going out alone for fear of further panics. Panics vanished for a year within weeks of starting escitalopram & clonazepam but returned after drug discontinuation; resuming those medications no longer helped. Her panics improved dramatically with 2 sessions of cognitive restructuring and interoceptive exposure. A year later she feared new panics and worried about health problems and dying. Below are two moments of a session when downward-arrow use uncovered the belief “I am fragile”, and upward-arrow use activated the positive, more realistic, belief “I’m a strong person”.

Downward arrow: Therapist: What thoughts are coming to your mind right now? Patient: I think I have physical diseases. T: If this is true, what does it mean to you? P: It could become a chronic disease! I’ve been told this is a psychological disorder, but a psychological disorder can evolve into a physical disease. T: If this were true, what was so bad about that? P: I could die suddenly! That’s why I don’t go out alone. T: And what does this mean about you? P: That I’m fragile. T: How much do you believe

Upward arrow: (After collaboratively gathering evidence for and against the belief “I’m fragile”) T: You said you think you’re fragile, but gave some evidence that this may not be completely true. What’s the main evidence against this idea that you’re fragile? P: I’ve never had serious disease. On the contrary, I’m always the last to get ill. I have resources. T: Any other evidence? P: I’ve always acted preventively - exercise, healthy diet, visit the doctor regularly. No medical problems were found. T: What does all this evidence you gathered mean about you? P: That I’m not fragile. T: So you’re... P: …a strong person and can cope.