DOWNWARD/UPWARD ARROW

Irismar Reis DE OLIVEIRA: Hospital Universitário, Prof Edgard Santos, Rua Augusto Viana, s/n, 5° andar, Canela, CEP 40110-060, Salvador, Bahia, Brazil ph+55-71-3241 7154 (work), mobile +55-71-9981 9807.

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.

1st use? `Downward arrow` - Burns DD (1980) for the idea of Beck (1979, p250); `Upward arrow' - de Oliveira (2007) for the idea `climbing a ladder of higher meaning' of Leahy (2003).

References:

1. Burns DD (1980) Feeling Good: the New Mood Yherapy. New York: Signet.
2. Beck AT (1979) Cognitive Therapy and the Emotional Disorders. New York: Meridian.
3. De Oliveira IR (2007) Sentence-reversion-based thought record (SRBTR): a new strategy todeal with "yes, but..." dysfunctional thoughts in cognitive therapy. European Review of Applied Psychology 57: 17-22.
4. Leahy RL (2003) Cognitive therapy techniques: A practitioner's guide. New York: Guilford Press.

Case illustration (De Oliveira, unpublished)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*

you're fragile? P: 80%. T: *What does that make you feel?* P: Very sad.

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.