

# **I-CAN SLEEP: Cognitive-Behavioural Therapy for Individuals with Insomnia and CANcer**

## **Chapter 5**

In this chapter you will:

- ◆ Explore how your thoughts and feelings affect your sleep
- ◆ Examine your attitudes and beliefs about sleep

Goal for the chapter:

- 1) Be able to identify and challenge your negative self-talk about sleep



As you can tell from the scale, there are many different attitudes and beliefs about sleep. In the remainder of the chapter, we will focus on attitudes that can be incompatible with trying to get a good night's sleep.

### **Vicious Cycles of Self-Defeating Thoughts, Bad Feelings, and Poor Sleep Behaviours**

<b>Situation</b>	<b>Thoughts</b>	<b>Feelings</b>	<b>Consequences</b>
Eating breakfast in the morning	<i>"How am I gonna get through the day after such a miserable night?"</i>	Depressed, feelings of helplessness	Poor mood for the rest of the day; decreased productivity at work or in other activities
Poor functioning during day	<i>"I just can't do anything after such a bad night's sleep"</i>	Angry, irritable	Snap at friends, family, co-workers; deterioration of relationships
Watching TV in the evening	<i>"I must get some sleep tonight"</i>	Anxious, apprehensive	Go to bed earlier than you should in an attempt to recover lost sleep (go to bed when you're not tired)
Sleepless night	<i>"What's the use of going to bed tonight when I know I won't be able to go to sleep?"</i>	Helpless, loss of control, low self-confidence	Can't get to sleep, tossing and turning in bed, frustration and worry.

## **Beliefs and Attitudes About Sleep Scale** (Morin, 1993)

### Instructions

Several statements reflecting the range of people's beliefs and attitudes about sleep are listed below. Indicate whether you think each statement is true (T) or false (F).

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1. I need 8 hours of sleep to feel refreshed and function well during the day
2. When I don't get a proper amount of sleep on a given night, I need to catch up on the next day by napping or on the next night by sleeping longer
3. Because I am getting older, I need less sleep
4. I am worried that if I go for one or two nights without sleep, I may have a nervous breakdown
5. I am not concerned that chronic insomnia may have serious consequences for my physical health
6. By spending more time in bed, I usually get more sleep and feel better the next day.
7. When I have trouble getting to sleep, I should not stay in bed and try harder.
8. I am worried that I may lose control over my abilities to sleep.
9. Because I am getting older, I should go to bed earlier in the evening.
10. After a poor night's sleep. I know that it will interfere with my daily activities on the next day.
11. In order to be alert and function well during the day, I am better off taking a sleeping pill rather than having a poor night's sleep.
12. When I feel irritable, depressed, or anxious during the day, it is usually not because I did not sleep well the night before.
13. Because my bed partner falls asleep as soon as his or her head hits the pillow and stays asleep through the night, I should be able to do so too.
14. I feel that insomnia is basically the result of aging, and there isn't much that can be done about this problem.

15. I am sometimes afraid of dying in my sleep.
  16. When I have a good night's sleep, I know that I will have to pay for it on the following night.
  17. When I sleep poorly on one night, I know it will disturb my sleep schedule for the whole week.
  18. Without an adequate night's sleep, I can hardly function the next day.
  19. I can predict whether I'll have a good or poor night's sleep.
  20. I have some ability to manage the negative consequences of disturbed sleep.
  21. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.
  22. I get overwhelmed by my thoughts at night and often feel I have no control over my racing mind.
  23. I feel I can still lead a satisfactory life despite sleep difficulties.
  24. I believe insomnia is essentially the result of a chemical imbalance.
  25. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.
  26. I don't avoid or cancel obligations (social, family, occupational) after a poor night's sleep
  27. A "nightcap" before bedtime is a good solution to sleep problems.
  28. Medication is not the only solution to sleeplessness.
  29. My sleep is getting worse all the time, and I don't believe anyone can help.
  30. It doesn't show in my physical appearance when I haven't slept well.
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## Step-by-Step Instructions for Identifying and Challenging Negative Self-Talk and Self-Defeating Attitudes Toward Sleep

You will be introduced to a step-by-step process for recognizing and then changing your negative or self-defeating sleep thoughts. You will learn, for example, how to replace unhealthy sleep thoughts with more positive attitudes toward sleep.

Of course, changing the way you think about your sleep disturbances, or any problem for that matter, will not occur overnight. It is a long process that will take time, commitment, and personal reflection. The step-by-step instructions are designed as a quick introduction to the process of monitoring and "re-thinking" some of your self-talk about sleep. Your short-term goal should be to become more aware of your negative self-talk and the importance of challenging assumptions that underlie your self-talk.

Briefly, the steps used in changing negative attitudes and beliefs toward sleep are as follows:

- Step 1:** Identify your attitudes and beliefs that are sleep-incompatible. Identify your use of any thinking 'biases' that are driving your beliefs.
- Step 2:** Examine the consequences of holding on to such attitudes.
- Step 3:** Challenge the truthfulness of the underlying belief system. Determine if the belief is realistic or one based on negative ways of thinking.
- Step 4:** Replace negative self-talk with more accurate thinking ("thinking straight"). This may be as simple as giving yourself permission to consider different interpretations of your problem, without necessarily coming up with the "correct" one.

### Steps 1 & 2 --Becoming Aware of Your Negative Self-Talk About Sleep

Negative self-talk about sleep can be grouped into five general categories. We will look at examples and examine the assumptions behind each of them. Your attitudes may not fit into all five categories, so go through them and find the ones that apply to you. Don't get too caught up in labelling your attitudes, however. Rather, use the opportunity to examine what your belief system is in relation to your attitudes, and how they affect your sleep.

At the core of each self-statement is an underlying belief, or assumption, that defines the thinking behind the attitude. Beliefs can also be thought of as expectations or predictions of the events defined by the attitude. As an example, consider the statement "there's a sucker born every minute." At the core of this statement is the *assumption* that there are always gullible people available to be taken advantage of by

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others. There is also the *expectation* that there are unethical people in the world who will take advantages of the "suckers".

Underlying some of your attitudes and beliefs may be various "cognitive distortions". A cognitive distortion is simply a tendency to view events in a biased or unrealistic way. In a sense, they 'distort' the way in which you look at things, sometimes keeping you from seeing alternative ways of looking at your sleep problem. A list of common cognitive distortions is shown in Table 6.1.

### Ten Biased Ways of Thinking about Sleep

Table 5.1

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<i>All-or-none Thinking</i>	<p>You see things in black and white categories. If your performance falls short of perfect, you see yourself as a total failure.</p> <p><u>Sleep Example:</u> I must have 8 hours of sleep to function well the next day; if I get less than that, I know I'll feel too tired to do anything.</p>
<i>Overgeneralization</i>	<p>You see a single event as a never-ending pattern of defeat.</p> <p><u>Sleep Example:</u> I tried relaxation to get to sleep but it didn't work; nothing will help me.</p>
<i>Filtering Events</i>	<p>You pick out a single negative detail and dwell on it exclusively so that you perceive the whole situation as negative.</p> <p><u>Sleep Example:</u> I woke up twice last night and had difficulty getting back to sleep each time. My whole night's sleep was ruined.</p>
<i>Ignoring the Positive and Belittling your Accomplishments</i>	<p>You take neutral or even positive experiences and turn them into negative ones.</p> <p><u>Sleep Example:</u> I had a few nights of pretty good sleep, but I still don't sleep as well as my husband.</p>

*Jumping to Conclusions*

You make a negative interpretation even though there are no definitive facts to support your conclusion. For example, you engage in fortune telling by predicting that things will turn out badly.

Sleep Example: What's the point in trying? I know my sleep will never get any better.

*Blowing Things out of Proportion  
(Catastrophizing)*

You exaggerate the importance of a negative event or mistake. You predict the absolute worst will happen (catastrophize).

Sleep Example: I was sleeping well for over 2 weeks but then I had a night of complete sleeplessness. My progress is ruined; all my hard work was for nothing.

*Emotional Reasoning*

Taking your emotions as evidence for the truth. Assuming that if you feel something, then it must be true, or, that just because you think about a negative event, it is going to happen.

Sleep Example: I try to get to sleep but I feel tense and nervous. I must have an anxiety disorder.

*"Should" Statements*

You try to motivate yourself with "shoulds" and "should nots". The emotional consequence is guilt.

Sleep Example: I shouldn't be getting out of bed so often at night. It will wake up my wife and kids.

*Labelling and Mislabelling*

An extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself. For example, saying "I'm a loser".

Sleep Example: I'm addicted to sleeping pills. There's nothing I can do because I need them to sleep.

*Feeling Externally Controlled*

You see yourself as a victim, suffering from your problem with no control. You feel helpless.

Sleep Example: There's nothing I can do about my sleep disturbances. There is something physically wrong and I can't make that go away.

Signs that your self-talk may be negative or self-defeating. You may feel that your self-talk is not negative or self-defeating. Many of the things we say to ourselves seem to appear immediately and automatically when in certain situations. Thoughts may pop into our minds so quickly that we don't have time to consider them. You don't want to have to second guess every thought that comes into your mind. So, here are some guidelines you can use to help tell when your self-talk is negative and self-defeating.

1. Do an 'emotion check.' Monitor your emotional state when you have thoughts you're unsure of. A strong sign of negative thoughts is that they bring out unpleasant emotional reactions such as feelings of emotional pain, depression, anxiety, anger, guilt, helplessness, irritability, etc.
2. Physiological arousal is another sign of negative self-talk. Attend to your physical symptoms of stress such as increased heart rate, temperature changes (cold hands), and increased muscle tension (e.g., forehead, back, neck, etc.).
3. Conflict with friends and family can be a sign that negative self-talk is affecting how you are interacting with others. Monitor your automatic thoughts about various individuals in your life. (What is the first thing you think of when you see \_\_\_?).
4. What does it mean when your predictions about future events don't come true? For example, when you always predict that the worst will happen but it seldom does?
5. Self-talk is self-defeating when you are much harder on yourself than you would be on others. Are you probably your own worst enemy? Do you expect more from yourself than you expect from others?

The five categories of negative self-talk about sleep are:

**1. Unrealistic Expectations about Sleep.** Check your responses to the Attitudes and Beliefs About Sleep Scale on questions 1, 2, or 13? At the core of these attitudes is the belief that people need a full 8 hours of sleep every night to function normally. There is also the assumption that all people need the same amount of sleep every night.

<b>SELF-TALK</b> "I must get 8 hours of sleep every night"	<b>CONSEQUENCES</b>  excessive worrying
<b>UNDERLYING BELIEF</b> It is essential to sleep 8 hours to feel refreshed and function well during the day	always seeking perfect night's sleep
<b>THINKING BIAS</b> All-or-none thinking; faulty evidence	performance anxiety when trying to get to sleep
	increased arousal
	poor sleep

**2. *Misunderstanding the cause of disturbed sleep.*** Look at questions 3, 14, 24, and 28? This indicates that you may be blaming your insomnia on purely physical factors. Unfortunately, by doing this you are ignoring the role that bad sleep habits and other psychological/behavioural factors have in maintaining your poor sleep quality.

<p style="text-align: center;"><b>SELF-TALK</b></p> <p>"I feel my insomnia is basically the result of some biochemical imbalance or pain"</p>	<p style="text-align: center;"><b>CONSEQUENCES</b></p> <p>excessive focus on pain and bodily feelings</p> <p>seeking cure for pain</p> <p>disappointment when no cure is found</p> <p>helplessness</p> <p>resistance to non-drug treatments for sleep disturbances, or</p> <p>low self-confidence using them (because you don't believe in them)</p>
<p style="text-align: center;"><b>UNDERLYING BELIEF</b></p> <p>There is nothing I can do to improve my sleep until these problems are corrected permanently</p>	
<p style="text-align: center;"><b>THINKING BIAS</b></p> <p>All-or-none thinking; faulty evidence; filtering events; jumping to conclusions</p>	

**3. Magnifying negative consequences of sleep problems.** Look at questions 4, 5, 8, 10, 12, 15, 17, 18, 21, 23, and 25? You may have a tendency to exaggerate the consequences of your sleep problems on your daytime functioning and piece of mind. By doing this, you may be maintaining the vicious cycle of bad feelings and poor sleep shown.

<b>SELF-TALK</b>
"When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before"
<b>UNDERLYING BELIEF</b>
"All my daytime problems occur because I didn't sleep well"
<b>THINKING BIAS</b>
All-or-none thinking; faulty evidence; overgeneralization; catastrophizing

<b>CONSEQUENCES</b>
preoccupation with feelings of fatigue
blaming everything on sleep
interferes with other coping efforts, or
use poor coping strategies (excessive use of coffee and stimulants to stay awake)
go to bed too early and spend too much time in bed
poor sleep quality

**4. Feeling no control over your sleep.** Questions 16, 19, 20, 22 and 29 suggest that you are feeling as though you have no control over your sleep and sleep problems. The underlying belief is that you see your sleep as being externally controlled and that you are a victim of poor sleep. Unfortunately, holding this belief can sustain your feelings of helplessness and powerless suffering.

<p style="text-align: center;"><b>SELF-TALK</b></p> <p>"I can't ever predict whether I'll have a good or poor night's sleep"</p>
<p style="text-align: center;"><b>UNDERLYING BELIEF</b></p> <p>"Sleep is out of my control; it doesn't matter what I do, I can't change my sleep"</p>
<p style="text-align: center;"><b>THINKING BIAS</b></p> <p>Faulty evidence; feeling externally controlled; overgeneralization; belittling accomplishments</p>

<p style="text-align: center;"><b>CONSEQUENCES</b></p> <p>feeling helpless and hopeless</p> <p>relying on external aids for sleeping (e.g., sedatives)</p> <p>ignoring the control you do have over your sleep</p> <p>maintaining poor sleep habits</p>
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**5. Giving in to myths about good sleep practices.** Questions 6, 9, 11, 26, and 27 indicate you may be holding on to faulty beliefs about sleep-promoting activities. Consequently you may be engaging in ineffective coping strategies such as staying in bed even when you can't get to sleep.

<b>SELF-TALK</b>	<b>CONSEQUENCES</b>  stay in bed getting more frustrated and anxious  focusing on sleeplessness  become more aroused and tense making sleep even less likely  engage in a passive coping strategy (e.g., take a sleeping pill)
"Staying in bed is the best thing to do when you can't get to sleep"	
<b>UNDERLYING BELIEF</b>	
I should be sleeping at this time of night; I can't stay up all night	
<b>THINKING BIAS</b>	
Faulty evidence; "should" statements	

Step 3 -- Challenging Negative Self-talk

The best way to change negative self-talk is to examine the truthfulness or reality of the underlying belief. By challenging underlying beliefs, you open the door for other attitudes to emerge. You also disrupt the vicious cycle of bad thoughts, emotions and poor sleep.

To challenge your negative self-talk, you first examine the accuracy of the evidence supporting the belief. When possible, try to dispute the evidence in favour of more realistic evidence. You can use the following dispute statements to help you:

- "Do I know for certain that \_\_\_\_\_ will happen?"*
- "Am I 100% sure of these consequences?"*
- "What evidence do I have that \_\_\_\_\_ will happen?"*
- "Can I predict the future all the time?"*
- "What is the worst that could happen?"*
- "Could there be any other explanations?"*
- "Is \_\_\_\_\_ really so important?"*

You should be able to feel some of the tension and discomfort go away when you adopt more positive and realistic attitudes and beliefs.

Table 6.2 goes through the five categories of negative self-talk about sleep and shows ways in which you can challenge the evidence the underlying beliefs are based on. Since there are so many attitudes and beliefs toward sleep, we'll focus on the common ones.

#### Step 4 -- Thinking Straight

By challenging some of your negative self-talk you can start to look at alternative interpretations of your situation. It is not important that you always find the correct solution or 'the answer' to your problems. What is important is that you allow yourself to look at things in a different way when you feel stuck. One of the most damaging aspects of negative self-talk is not the thoughts themselves, or whether or not they are true, but the emotional response they bring out in you. One sign of negative self-talk is that it usually feels bad, and that can be draining. The unfortunate thing is that, after a while, these feelings start to become a routine thing, sometimes to the point when you can't remember ever feeling any other way. This is one of the reasons why changing negative self-talk can be a challenge.

Replacing negative thoughts with positive self-talk is not always easy but it is possible. Initially, you should strive to find as many alternative ways of looking at your problem as possible. You don't have to do all the work on your own. Ask your parent or a friend for their opinions. Try to test the validity of your assumptions with personal 'experiments.' For example, test your assumption that you need to nap every day in the afternoon by avoiding napping for a while and seeing how you feel.

When you start coming up with new interpretations of your problem, phrase them in the form of a positive self-statement and say it back to yourself. Then say it out loud to yourself and to others. Do an emotion check while doing this. Simply ask yourself how you are feeling when you say these things. Table 6.2 provides some examples of positive self-statements you can use.

To help you shift from a self-defeating statement to a positive one, use a transitional statement. This is simply a phrase you say to yourself to remind you that you are engaging in negative self-talk. For example, say "Stop!", "Shift!", "That's enough," or "Cut it out!" to yourself when a negative thought comes into your mind that you want to change.

*What Positive Self-Talk is Not.* Please remember that positive self-talk is not to be confused with the 'power of positive thinking' or mindless happy thoughts (e.g., "The world is a wonderful place with no bad people in it"). You don't want to delude yourself and ignore your problems. Rather, the goal is to have accurate, realistic and open-minded self-talk. Be just as critical of your positive self-talk as your negative thoughts.

## Thinking Straight About Your Sleep Problems

Table 5.2

Category of Negative Self-Talk	Actual Evidence & Alternative Explanations	Positive Self-Statements You Can Use Instead
<i>Unrealistic Expectations about Sleep</i> - "I need 8 hours of sleep every night"	People differ in the amount of sleep they need; the range is from 4 to 10 hours in the general population	"Just because my partner needs 8 hours of sleep, doesn't mean I do"
	The amount of slow-wave (deep) sleep is more important than the total amount of sleep	"It's not how much I sleep that is important; it is the quality of my sleep"
	Some very productive people are short sleepers (Thomas Edison only slept 4-5 hours per night)	"I used to get by on less sleep before I was diagnosed with cancer"
<i>Misunderstanding the cause of disturbed sleep</i> - "Worry wakes me up"	Lots of people have only mild problems sleeping, and there are some people who don't have any sleep disturbances	"Sleep disturbances are not an all-or-none event"
	Most people do have good nights of sleeping that are not related to having had cancer.	"Just because I had cancer, that doesn't mean I have to suffer from poor sleep every night"
	Regardless of the medical reason, there are always psychological and behavioural factors that affect sleep quality	"Maybe I can't stop the worry, but I can modify and even eliminate the other factors contributing to my sleep problems"

<p><i>Magnifying the negative consequences of sleep disturbances - "After a night of poor sleep, I can't do anything the next day"</i></p>	<p>Do you always function poorly after a bad night of sleep?</p>	<p>"What is the worst that can happen? I may feel a little tired but if I keep busy I probably won't notice it"</p>
<p><b>Category of Negative Self-Talk</b></p>	<p><b>Actual Evidence &amp; Alternative Explanations</b></p>	<p><b>Positive Self-Statements You Can Use Instead</b></p>
<p><i>Magnifying the negative consequences of sleep disturbances</i></p>	<p>Research has found most people experience only mild impairment in their physical and mental functioning after being completely deprived of sleep. After sleep loss, people's performance goes down slightly on simple boring tasks (e.g., adding numbers) but they do fine on more complex activities.</p> <p>The biggest effect of sleep loss is on mood.</p> <p>You can achieve most of your restorative sleep in 3-4 hours.</p>	<p>"I know that if I do something boring, I'll start to feel tired and want to have a nap. Therefore, I'm going to find activities that will keep my mind active and interested."</p> <p>"Sleep loss tends to make me grouchy and irritable but I can change that. I'll make an effort to watch my negative mood and try to be more cheerful instead"</p> <p>"It's more important to get 3-4 hours of continuous rather than 8 hours of fragmented sleep"</p>
<p><i>Giving in to myths about Good Sleep Practices - "I didn't sleep well last night; I will have to take a nap today to catch up on my lost sleep"</i></p>	<p>Taking a nap will likely interfere with your sleep at night since it is like starting your sleep period early.</p> <p>If you prolong your nap until you go to bed, you'll go to bed sleepily and sleep more that night</p>	<p>"Do I know for certain that I need a nap? I've made it through other days without a nap"</p> <p>"Is having a 60 minute nap so important to my well-being?"</p>

*Feeling no control over your sleep* - "I can never predict if I will have a good or bad night of sleep"

Trying to control your sleep, you only get frustrated and more anxious and tense (you tend to focus on feelings of sleeplessness rather than sleepiness). This can be more harmful than the actual loss of sleep.

"So I can't always control my sleep--I'm not going to let this get me stressed. I can't control my body temperature and that doesn't bother me"

Category of Negative Self-Talk & Representative Statement	Actual Evidence & Alternative Explanations	Positive Self-Statements You Can Use Instead
<i>Feeling no control over your sleep</i>	You nighttime sleep is affected by daytime activities, thoughts and feelings. Learn to recognize these relationships and focus your attention on those factors that you can control. As a suggestion, try to isolate one daytime factor that really affects your sleep (e.g., mood)	[In the morning] "Today, I will try to not let things upset me so that I will be calm today when I go to bed"

### General Techniques for Managing Stress

There are other coping techniques you can use throughout the day to help you deal with stressful thoughts. One thing you should recognize is that it is not always possible to solve a problem right away. Some problems require time to resolve. Other problems can't be solved by you directly. However, just because you can't solve a problem right away, does not mean you can't manage the problem. Every problem can be managed so that the amount of stress it causes you is minimized. The ability to effectively manage problems is a skill that can be learned. The following are some general techniques for managing stress:

Concentrate on one problem at a time. When thinking about problems, many people increase worry and anxiety by constantly shifting from one problem to the next. This makes it seem like you have twice as many problems, or that you are going in circles all the time trying to solve them. You can not resolve a problem by only thinking about it for a few seconds or minutes at a time.

Focus on one problem at a time. Start with either the one that is giving you the most distress, or the problem that you think you can resolve. Concentrate on that

problem only to the exclusion of all other problems. Sort out as many details and issues as possible concerning that one problem.

Worrying time. If you are going to worry, you might as well make it a productive time. Therefore, rather than worry about your problems in bed when you can not do anything about them, set a specific time and place (e.g., 2:30 p.m., at home in the living room) during the day to do your worrying. Designate a 30 minute worry period. Focus on only one problem at a time and try to make the time productive by coming up with some options for dealing with the problem. Next time you can not get to sleep because you are thinking about your problems, remind yourself that you have set some time out the next day to worry.

As a suggestion, make your worrying time the time you normally nap. Don't sleep, however, and don't lie in bed; rather, sit up and do your worrying. This will help you curtail your napping.

Thinking the worst (catastrophizing) and developing a plan to deal with it. Sometimes it is the fear of the unknown that can be troublesome and anxiety-provoking. When faced with a big problem, we don't always like to think about the consequences or the 'worst possible scenario.' It seems enough to know that something bad will happen without thinking about the details. This is an example of emotional thinking, since we assume that the consequences will be as bad as the feelings we assign to them. By not thinking about the details of the 'worst', however, you deny yourself the opportunity to develop a plan to deal with it. When you avoid thinking the worst, you also sell yourself short by assuming that you are not strong enough to deal with the consequences.

Imagine the worst possible outcome to your problem. In your mind, map out the sequence of events that would occur and the consequences of each. Engulf yourself in as much detail as you can stand. Do this several times until you are practically 'bored' with the problem. Now, develop your plan for dealing with the consequences. Although going through it will not be pleasant, remind yourself that the consequences will likely be short-lived and under your control. Remind yourself that you have probably made it through worse times before.

After this is done, one of two things will happen: (1) the worst doesn't happen, in which case you will be relieved, or (2) the worst does happen, in which case you have your plan prepared in advance to minimize the impact. It will still be difficult, but not as difficult as if you had not prepared.

Stay up all night worrying. If you tried the above strategies and failed, then try this: purposely stay up all night worrying. In other words, don't try to distract yourself from your problems in bed, rather give them your undivided attention for the entire night. It is possible that nighttime is your best time to worry. Try as best you can to sort out all of your problems. Do this several nights in a row until you feel like you have made some headway in solving your problems.

Do your worrying on paper and not in your head. By always keeping them in your mind, it is difficult to get any distance from them. So, write out all of the problem(s) that are significant stressors in your life. When you list them down on paper they may look a little more manageable. Identify the pros and cons of each problem in separate columns.

Try your best to manage your problems on paper. Write out the possible solutions and 'brainstorm' alternatives. Work at them for an hour, and then when you are done gather up the papers and put them away. Do this every time you want to work on your problems. Do your thinking on paper and not in your head. One advantage of this is that you have a written record of your thinking. When worrying, people tend to ruminate, or go over and over problems, sometimes thinking of a possible solution but then dismissing it. Sometimes, people think of the same solution over and over again. By doing the thinking on paper, you can review your records and see what ideas you have considered and what ideas you have not. You may have already thought of a solution and you forgot about it.