

Thought stopping to reduce cognitive distortion in bipolar patients

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ABSTRACT

RDL (19-year-old woman) cannot forget the incident where she ate food that she thought was toxoplasma virus to inhibit her daily activities. Clients become unfocused in college, lazy to do any activities such as cleaning boarding rooms, prayer, to rarely take care of themselves, can not sleep, do not want to eat, and have ideas for suicide. Various assessments are carried out to diagnose clients including interviews, observation, and psychological tests which include graphic tests (BAUM, DAP, and HTP), SSCT, TAT, SCL-90 and DASS. Based on the results of the assessment, the client is diagnosed with Bipolar disorder with a problem of cognitive distortion of unpleasant events. Interventions conducted to clients aim to reduce cognitive distortion. The intervention used was cognitive therapy with thought stopping techniques. The results of the intervention show that cognitive therapy with thought stopping techniques can not only help clients stop their negative thoughts and turn them into more positive thoughts, but also can help reduce the level of depression, anxiety, and stress of the client. This happens because the client is no longer shackled with negative thoughts, so the level of depression, anxiety, and stress of the client also decreases.

Keywords: *Thought Stopping, Cognitive Distortion, Bipolar*

Bipolar disorder (or manic-depressive disease) is a medical condition where people experience extreme mood swings. Their mood may have nothing to do with the things that happen in their lives. These changes not only affect mood, but also affect the way they think, behave, and function (CAMH Bipolar Clinic staff, 2013). Bipolar is derived from two words, namely bi and polar, bi means two and polar means pole, hence bipolar is a disturbance of feelings with two opposing poles (Panggabean & Rona, 2015; Purba & La Kahija, 2017). The two poles in question are depression and manic. Depression is defined as an emotional state characterized by extreme sadness, meaningless feelings and guilt, withdrawing from others, and losing interest in activities that are normally carried out (Davison, Neal, & King, 2014). Manic is defined as an emotional state with excessive cheeriness, irritability, accompanied by hyperactivity, talking more than usual, and easily distracted thoughts and attention (Davison

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et al, 2010). People with bipolar disorder will experience these two phases of feeling in their lives. Bipolar disorder is a lifelong condition, but with proper treatment the symptoms can be controlled properly (Malhi, Bassett & Boyce, 2015).

The basic difference between people with bipolar disorder and those who don't suffer from bipolar disorder is that sometimes people with bipolar disorder will feel sad or happy without the need for a clear reason, triggers that seem simple to others can cause a prolonged depression where bipolar sufferers find it difficult to get out from these feelings (Panggabean & Rona, 2015; Purba & La Kahija, 2017).

In this case, the client is a 19-year-old woman. The client is a new student at one of the poor state universities. The client lives with parents with 2 other siblings in a city. But during college, the client lived in a boarding house in the city of Malang. The client has an older brother and one younger brother whose sister is the twin of the client. The client's brother and sister are already working, and her parents are also working. In his family, only clients who go to college through college. But the client said that the direction she was currently taking was not his wish.

Client relations with family members can be said to be not good. Clients are not close and rarely talk to any family member. The client said that she did not trust his mother. The client also said that she was not close to her brother either her brother or her twin. Especially with her father, the client feels she has a relationship with her father like students and teachers. Clients very rarely interact with family members at home and prefer to spend time outside the home. Based on the results of the psychological test, the client feels there is less acceptance from the mother figure. While the father figure has an authoritarian and fierce attitude. According to the client, her father rarely communicates with her, and the client wants her father to be better. The client hopes that her father can chat with him often.

All complaints and fears experienced by the client at this time, began around October last year, the client returned to her village because her parents said there was an event. When she arrived at the village, the client was given food by her mother, but the food provided was not complete, as if someone had already eaten it. At the same time the client also saw a cat that wandered near his house and immediately thought that the food she ate was eaten by cats. Since then, the client can never forget the incident, often cried, angry, could not sleep, kept blaming her mother, and the client always said that she had contracted the toxoplasma virus which could make her infertile. This continues to happen every day until the client returns to Malang. While in Malang, clients became unfocused because she kept thinking about the incident, could not sleep, and continued to regret the incident. Clients also had lost interest in doing activities, such as lazy bathing, prayer, rarely taking care of themselves, even the boarding house was also very messy. In addition, clients also often speak unclearly unconsciously. Clients also have thoughts of suicide. The client feels very sure if she has contracted the virus even though she has not done further tests, and the client herself refuses to do the examination because she is afraid of knowing the truth.

The client often worries about her future life and the life of her family at the moment with a lower middle economic status. The client feels a burden in her family, she feels that she is troublesome for her family because only she is not yet independent, not yet working, and still needs the help of her parents to meet the needs of his lectures. To ease the burden on her parents, clients try to find work themselves while in Malang. Besides lectures, clients also

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work as tutors. The results of teaching are able to provide for the client's life while in Malang, the client is able to pay her boarding fees with the work.

The client mentioned that every time she remembered the unpleasant incident, she always felt anxious. Anxiety that often arises is about the future. The client becomes anxious about his lectures being neglected because she had to leave her lessons while she was hospitalized and she believes her future will be ruined because she is currently studying in a department that is not in accordance with her interests. In addition, the client is also anxious and afraid that she cannot have children after being exposed to the toxoplasma virus.

According to her mother, the client is a different child from her siblings. Clients tend to be more reserved and often aloof. The client's mother also said that the client was very different from her twin sister. Clients' mothers tend to be happier with client's twin siblings and client's siblings, because they have worked while the clients themselves are still in college. The client's mother also claimed to rarely talk to clients. The client's mother has felt that the client is different from her twin since the 5th grade elementary client. Clients were angry when they were in 5th grade because of school holidays, clients didn't want to take a day off. According to his mother, this client had been smart since he was a child, and the current college client was due to a scholarship.

Based on the results of psychological examinations, the client has a practical but very theoretical way of thinking. In decision making clients tend to be indecisive, hesitant, unstable, and impulsive, but difficult to influence. Clients have a need for good achievement, she wants to be able to achieve or produce something from her efforts, want to achieve something, but there is little doubt in her that she was unable to make it happen. Clients are flexible people, tend to be introverted and more self-oriented.

Viewed from the emotional aspect, the client has immaturity and emotional imbalance. Her mood was dominated by feelings of sadness. On the other hand, the client shows sexual urges where she has desires and needs for the opposite sex, marriage, and relationships in husband and wife. In social life, clients often feel depressed, making clients less enthusiastic, and have feelings of inferiority. Clients have obstacles in dealing with the environment, there are feelings of fear, insecurity, and uncertain social contact, unable or helpless, so the client chooses to be indifferent to the environment. However, the client chose to cover up all the fears and guilty feelings of aggression and hostility by always smiling, as if nothing had happened.

The test results also show that the client received some rejection or was ignored by others. When the client is in situations that make her sad and tired, clients tend to choose to be alone, do not want to be friends so that the client also does not have many friends, and requires peace of mind to rest. Clients need a certainty, balance, calm, and stability in her life.

Bipolar disorder is believed to be caused not by a person, event or experience. However, there are a number of factors that interact with each other and contribute to developing bipolar disorder in some people, including: genetic vulnerability, biological vulnerability and social-environmental stress (or life stress). These factors influence each other and can lead to bipolar disorder, which is called a vulnerability model. Genetic susceptibility, tends to run in families. First-degree relatives of people with bipolar disorder have an increased risk of developing bipolar disorder. Biological susceptibility, due to biochemical imbalances in the brain that makes a person vulnerable to mood episodes. Social-environmental stress, stressful

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events or circumstances in a person's life, such as family conflicts, work difficulties, mourning, can place additional demands on that person, which causes them to feel stressed, frustrated, anxious, sad, etc. A person who is genetically and / or biologically vulnerable may not need to develop bipolar disorder. This vulnerability is influenced by how they deal with stress in their lives (Center for Clinical Interventions, tt).

This case can be explained by cognitive theory. Cognitive theory views clinical anxiety as a reaction to an improper and excessive evaluation of personal vulnerability that originates from the wrong information processing system that considers neutral situations or cues as threats (Clark & Beck, 2010). People who experience anxiety often mistakenly perceive ordinary events as threatening, and their cognition focused on anticipating various disasters in the future (Beck, et al, 1987; Ingram & Kendall, 1987; Kendal & Ingram, 1989; Davidson, Neale, & Kring, 2014). Beck argues that a person's behavior is disturbed due to emotional disturbances and thinking processes so that he experiences dysfunction of the mind and the presence of adaptive assumptions and emotions (Nelson-Jones, 2015).

Clients have concerns when they first find out that cats can transmit the toxoplasma virus, so when the client is faced with a situation where she eats incomplete food plus in the environment there is a cat, making the client think that the food has been eaten by cats and contains the toxoplasma virus. Mistake of thinking to the client makes the client bring up negative thoughts that she has been exposed to the toxoplasma virus and raises worries about his future, if she cannot have children and her future is destroyed. To overcome the problems experienced by the client, then practice using thought stopping to restructure the cognitive by stopping negative thoughts and changing into positive thoughts, and divert negative thoughts in beneficial activities that are favored by the client.

METHODOLOGY

The diagnosis is made through several assessments. The assessment methods used are observation, interviews, and psychological tests. Interviews were conducted with clients and families in order to obtain in-depth information relating to the history of client problems. Observations were made to examine mental status which includes client appearance, behavior, affect, perceptual disorders, client orientation and awareness.

Psychological tests used include personality tests namely graphic tests (BAUM, DAP and HTP), SSCT, SCL, and TAT. Graphic tests are needed to find out more about the client's personality. The SSCT test is used to classify problems experienced by the client. Whereas TAT is to find out the needs and pressures that clients experience. DASS 21 to measure the level of depression, anxiety, and stress on the client.

INTERVENTION

The intervention used in this case is thought stopping to stop negative thoughts that cause feelings of anxiety. Thought stopping is used to help people who have problems with uncontrolled thoughts and worries. Individuals gradually have difficulty in thinking troublesome thoughts and must be encouraged to make a conscious effort to produce them to facilitate the therapeutic process. This process allows the individual to say "stop" and help the person learn to produce and eliminate thoughts as they wish. (Bufford, 1985). According to Beker (in Erford, 2017) thought stopping refers to a group of procedures used to improve one's ability to cognitively block a series of responses. The target of this intervention is to reduce the client's cognitive distortion.

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The steps in the intervention will be carried out, as follows:

Session 1: Pre-therapy (60 minutes)

Enter into an agreement or contract during therapy. The practitioner then provides material about the relationship between thoughts, feelings and behavior. Practice also provides material about negative thoughts so that the client understands that negative thoughts can cause unpleasant feelings and lead to behavior that is not adaptive. The practitioner and the client decide together the negative thoughts that will be stopped, namely the client's negative thoughts about him being exposed to the toxoplasma virus.

In the first session, the client has agreed to a contract to conduct therapy. Practice giving a pre-test by giving a DASS scale, to measure the client's level of depression, anxiety, and stress. The DASS pre-test results indicate that the level of depression is in the moderate category, client anxiety is in the extremely severe category, and the stress level is in the moderate category. The practitioner then explains to the client the relationship between thoughts, feelings, and behavior. The practitioner explains that the client's negative thoughts about him being exposed to the toxoplasma virus, and often appearing every day will damage the client's mood so that fear and anxiety appear. If this feeling of fear and anxiety arises, it will have an impact on clients' daily behavior, for example being lost interest in activities such as not wanting to take a shower and take care of themselves, do not want to eat, have trouble sleeping, are restless, cannot focus on learning, because they are too busy thinking about negative thoughts. If adaptive behaviors arise, then this will disrupt the client's daily functions or activities or does not rule out the possibility of having an impact on other negative things. Therefore, the client must be able to stop when negative thoughts arise.

The practitioner and client then determine, what negative thoughts that often arise. The client mentions that negative thoughts are; (1) feeling that he was exposed to the toxoplasma virus after eating food that the client thought the cat had eaten, (2) Feeling that his future was ruined, because at this time the client was left in his negative thoughts and could not concentrate on college, (3) Having thoughts that he will be infertile / do not have children during family later because now the client feels that he has been exposed to the toxoplasma virus. The practitioner and client then agree that these thoughts must be stopped when they arise and begin to disturb the client's feelings.

Session 2: Role play thought stopping with yourself & homework (60 minutes)

Train clients to say "STOP!" Loudly and loudly when negative thoughts that disturb the client arise. Clients are also given the task to continue to practice saying "STOP!" While at home.

In the second session, the client enters a role play session. Before the client does role play, the practitioner gives an example in advance how to say "STOP!" loudly and loudly. Clients are asked to mention the negative thoughts that usually arise, then practice saying "STOP!" Loudly and loudly. After the client understands how to say "STOP!", The client is trained to imagine situations that can bring up negative thoughts, and when negative thoughts arise, clients are asked to say the word "STOP!" Loudly and loudly. This role play is repeated over and over until the client can say "STOP!" Loudly and loudly. After doing several exercises, the client is given the task to practice the role play in daily life for one week. However, if the client is in a public place, the client must condition the situation when she wants to say "STOP!" So that other people around the client do not feel strange towards the client.

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Session 3: Role play therapy thought stopping with your heart & homework (60 minutes)

After the client is accustomed to saying "STOP!" Loudly and loudly when negative thoughts arise, the client is then asked to practice saying "STOP!" In the client's heart.

In the third session, the client is getting used to saying "STOP!" When negative thoughts arise. Practitioner ask what are the obstacles experienced by clients during one week of intervention. The client said that she was a bit shy when she wanted to say "STOP!" loudly and loudly when in a public place, because basically negative thoughts themselves often arise when clients are in crowded places.

Practice repeating the same role play as the previous session so that the client gets accustomed to saying "STOP!", But in this session the client is asked to say "STOP!" Only silently. After the client understands the instructions of the practitioner, the client conducts several attempts. Practitioner then again asked the client to practice the role play in daily life for one week.

Session 4: Practicing positive thinking (60 minutes)

After the client is trained to say "STOP!" When negative thoughts arise, the client is asked to think positively or divert his negative thoughts by doing an activity.

In the fourth session, the client is taught to change her negative thoughts to be more adaptive by thinking positively or shifting her negative thoughts to things that are useful. Before carrying out this session, praktikan ask what constraints experienced and what was felt by the client during carrying out the previous session. The client says there are no significant obstacles because the client feels more comfortable to say "STOP!" Only in his heart. So the client does not need to feel shy when in a public place.

In this session, the client is asked to imagine or think about positive things that the client wants or expects. Shortly after the client's negative thoughts arise, the client says "STOP!" Then the client imagines positive things or the client can distract her by doing an enjoyable activity. The client then does a number of exercises, then practitioner asks the client to practice the exercise for one week.

Session 5: Evaluation (60 minutes)

Evaluate the extent of the success of the intervention to stop the client's negative thoughts, and give the DASS-21 scale a post-test. In the fifth session, praktikan conduct an evaluation of the results of interventions that have been carried out by the client. Before conducting an evaluation, praktikan ask first what positive thoughts are raised by the client and what positive activities are carried out by the client to divert negative thoughts. The client mentioned that the positive thoughts that were raised were; (1) "I am not necessarily affected by the toxoplasma virus, because it is not certain that the food I eat contains toxoplasma virus", (2) "I get a scholarship, which scholarship is not easy to get by all students. So I have to use it seriously and have to focus more on learning ", (3) " I want to take part in SBMPTN again this year to major in my interests, so I will study harder ". While the positive activities that are usually carried out by clients to divert negative thoughts, among others; (1) Following the organization in accordance with interests, namely journalism, (2) talking to friends, (3) group learning with friends, (4) going out with friends.

The therapist then asks what obstacles are experienced and the client's current feelings after the intervention. The client mentioned that there were no significant obstacles during the

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intervention, only that it was difficult to get used to saying "STOP!" At the beginning of the intervention, especially when having to say it out loud and loud. When I have to think about positive things, clients do not feel difficulties because they are accustomed to trying to think positive. Meanwhile, to do useful activities, the client is motivated to join the organization again on campus, because the client himself wants to concern himself so that negative thoughts do not arise too often. The client also said that now he feels better, because the client has been able to change his negative thoughts to be more adaptive and divert them to activities that are useful, so that they can become more focused on the surrounding environment, and focus on learning on campus, not too shackled with negative thoughts.

In this session, the client is given a post-test with the DASS scale to measure whether there is a decrease in the level of client anxiety. The post-test results showed that there was a decrease in every aspect. The client's depression level is in the mild category, anxiety is in the severe category, and stress is in the moderate category. The results in this session show that the client has been able to stop his negative thoughts and replace them with positive thoughts or activities that are more useful, as well as a decrease in the level of depression, anxiety, and stress based on the results of the post-test even though the changes are not too large, so that practitioners practice termination.

Session 6: Follow up (60 minutes)

Monitor client progress after therapy is stopped. In this session, praktikan asks about the client's latest developments and conditions. The client said, he still intervened in training in previous sessions because negative thoughts sometimes still arise, but the client no longer feels excessive anxiety as before.

RESULTS

Based on the pre-test and post-test results with the DASS 21 scale also showed a decrease in the score. On the pre-test results, the client's anxiety score was 22 which showed the very severe category. While on the post-test results, the client has an anxiety score of 13 which indicates the moderate category. The following graph changes the results of pre-test and post-test:

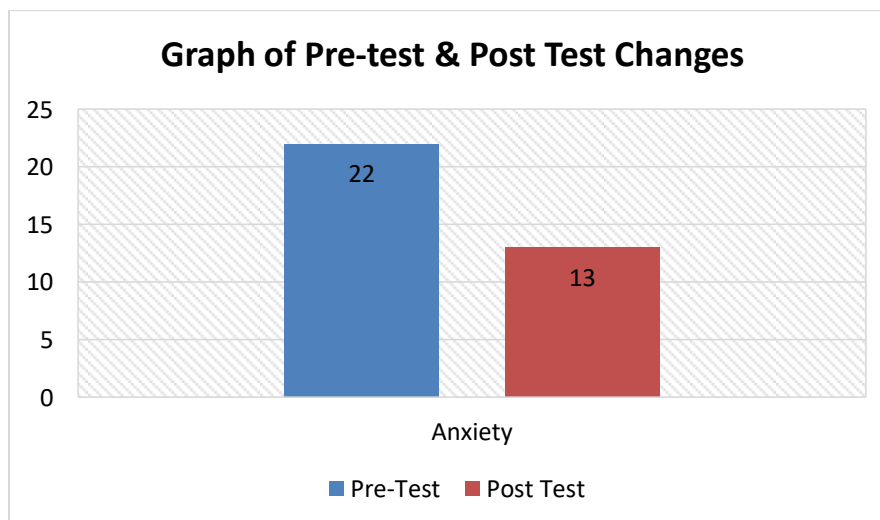


Figure 1. Changes in client anxiety levels

Based on the results of interventions that have been carried out, it is known that there is a change in mindset experienced by the client, which was previously negative to more positive.

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The following are the results of identifying the client's negative thoughts before the intervention:

1. Feeling that he was exposed to the Toxoplasma virus after eating food that the client thought the cat had eaten.
2. Feeling that his future is ruined, because now the client is left in his negative thoughts and cannot concentrate on college.
3. Having thoughts that he will be infertile / not having children during family later because now the client feels that he has been exposed to the Toxoplasma virus.

The client's negative thoughts are measured the frequency of their appearance with SUDs three times, namely before the intervention is carried out, during the intervention, and after the intervention has been carried out. The following graph changes SUDs score pre-intervention until post-intervention:

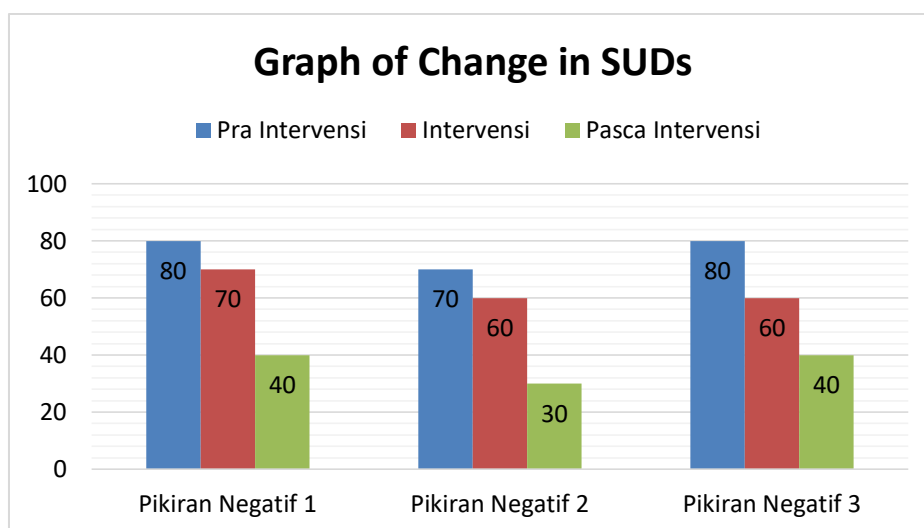


Figure 2. Changes in SUDs of negative client thoughts

After the intervention has been carried out, the client has several positive thoughts. The following are positive client thoughts that arise after an intervention has been carried out, and some positive activities undertaken by the client to avoid the appearance of negative thoughts:

1. Negative thoughts that have arisen:
 - Feeling himself exposed to the toxoplasma virus after eating food that the client thinks the cat has eaten
 - Feeling that his future is ruined, because at this time the client is left in his negative thoughts and cannot concentrate on college
 - Having thoughts that he will be infertile / not having children during family later because now the client feels that he has been exposed to the Toxoplasma virus
2. Positive thoughts that begin to emerge:
 - " I am not necessarily affected by the toxoplasma virus, because it is not certain that the food contains the toxoplasma virus "
 - "I got a scholarship, which is not easy to get by all students. So that, I have to use it seriously and have to focus more on learning "
 - "I want to attend SBMPTN again this year to major in my interests, so I will study harder"

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3. Positive activities performed by the client:
 - Following the organization in accordance with interests, namely journalism
 - Talk to friends
 - Go on a trip with friends
 - Study groups with friends

DISCUSSION

Based on the results of the intervention, thought stopping can help clients stop their negative thoughts and turn them into more positive thoughts. When the client's negative thoughts can be changed to be more positive, then the client does not feel excessive anxiety. Thought stopping is one of the techniques used in cognitive restructuring. Cognitive restructuring is usually used to help clients replace negative thoughts and interpretations with more positive thoughts and actions (Erford, 2017). Whereas thought stopping trains clients to get rid of any unwanted thoughts, by saying "STOP!" To interrupt unwanted thoughts (Wolpe, 1990 & Davis et al., 2009 (in Erford, 2017)).

In this case, the client's negative thought / distortion as a form of thought in maintaining maladaptive behavior. Cognitive distortion that develops is over generalization, namely drawing a rule or conclusion in one incident and applying it too broadly and irrelevantly (Neslon-Jones, 2015). Over generalization of the client that is "I have been exposed to the toxoplasma virus". When such thoughts arise, the client is asked to immediately stop his negative thoughts by saying "STOP!" And change them to more positive thoughts or divert them to useful activities.

The results obtained indicate that cognitive therapy with thought stopping techniques can not only help clients stop their negative thoughts and turn them into more positive thoughts, but also can help reduce the level of depression, anxiety, and stress of the client. This happens because the client is no longer shackled with negative thoughts, so the level of depression, anxiety, and stress of the client also decreases. The client also still applies the intervention given each time the negative thought arises, even though the intervention has been stopped.

Overall the results obtained after the end of the intervention get the expected results with a fairly good change. The client is able to stop his negative thoughts from becoming more positive and occupy himself with a number of activities that he enjoys so as not to bring up his negative thoughts.

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Conflict of Interest

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