Part 11. Viewpointing

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Viewpointing is a rhetorical device that encourages patients to critically evaluate their cognogens (pathogenic beliefs)[1] from others' perspectives. Viewpointing has various names in the literature, including *perspective-taking,* the *double-standard technique,* and the awkwardly named *what-would-you-tell-a-friend technique.* The goal of each is to ensure that the healthiest perspectives prevail.

Let's begin with a loaded example. You're in the ED with Bernie, a depressed alcoholic. "Doc, see this gun? I'm gonna kill myself right now!" Perhaps the *Heroic Doctors' Handbook* calls for a disarming cross-table leap. Or perhaps such leaps of faith are your nurse's job. In any event, imagine the smoke has cleared. What are your options?

> ***Option 1.*** Bernie, I knew your mother, Bernice, well, and I know how dearly she loved you. If she were alive today and she knew that her son was contemplating taking his own life, how would she feel? What would she want you to do?

> ***Option 2.*** Bernie, I know things are chilly between you and your daughter Bernadette right now. But deep down I know how much you love her. If Bernadette were thinking of killing herself, how would you feel? What would you want her to do?

> ***Option 3.*** Bernie, remember how proud you felt last month at your son Barney's graduation? If that Bernie knew this Bernie was acting like this, how would he feel? What would he want you to do?

State-of-the-art CBT interventions for the suicidal entail much more,[2] but you're off to a good start with any of these.

Mentors

With the first type of viewpointing, we recruit the perspective of real or imagined mentors and attempt to bring their viewpoints to bear on cognogens. Perspectives of *competent* mentors are preferred, as this resident illustrates.

> **Resident:** Paris, if your mom knew you were making yourself vomit, what would she say?
> **Paris:** [Bursts into tears] She'd say, "Stick your fingers in deeper, you fat pig! You embarrass me!"

If you'd prefer to avoid similar antitherapeutic moments, make sure you know your patient's social history. A valuable screening question follows this format: "Paris, who's helped you most in your struggles with anorexia?"

Protégés

The second type of viewpointing asks patients to imagine what they'd say to a protégé. This is most effective with patients who have children or who provide mentorship in some other capacity. As with all viewpointing, potency increases when patients are asked how they would *feel* and what they'd hope their protégés would *do*.

Alter egos

The third type of viewpointing exploits the fact that we're all portfolios of slightly different "self-states." *Doctor You* is different from *Spouse You*, who is in turn different from *Vacationing-with-Girlfriends You* (and so on). What's clinically significant is that less emotionally healthy self-states have difficulty accessing the views of healthier self-states. This *mood-dependent recall effect* can be profound. Luckily, we can help patients' healthier self-states get through to their less-healthy self-states with a tool called a *coping kit.*

Gurjit's been dysphoric many times. Unfortunately, even with that fancy new qi-reuptake inhibitor you prescribed, he's likely to be down again. Dispensing with denial, the good doctor coaches Gurjit to proactively create a personalized "Despair Coping Kit."

The Despair Coping Kit you cocreate might include photos of Gurjit's favourite Zen gardens and inspiring words from his fellow monster truck enthusiasts. At the next appointment you'll help Gurjit with Despair Coping Kit, version 2.0. That upgrade might add in his favourite quotations, your suggestions for uplifting olfactory stimulants, and ideas for recording "interviews" with despair-busting family. Subsequent appointments can be organized around kit upgrades. Instructions for use are simple: "In case of despair, open kit."

Coping kits can be used for a variety of problems, including panic, insomnia, or fear of flying. A quicker variant involves asking the patient to call (or text) another self-state. *Wheezy Pete* is an independent 12-year-old who refuses to use his steroid inhaler.

> **Dr:** Pete, let's imagine we're phoning the Pete who was in the ED again last week. If that Pete knew this Pete didn't want to use the steroid puffer, what would he say—between gasps for air?

The viewpointing technique might make you both breathe a little more easily.

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Next month: **Systematic desensitization**