Psychwire

Pre-empting Your Mind

By **Russ Harris**

Bestselling author of 'ACT Made Simple' and 'The Happiness Trap'

9 MIN READ APPROX.

ACT Tips and Insights for Mental Health Practitioners

What is Defusion?

Defusion (short for “cognitive defusion”) is a central component of ACT (acceptance and commitment therapy). A key element of mindfulness, defusion means learning to notice, acknowledge, and separate from our cognitions; to “step back” and observe them - instead of being dominated by them. Defusion means seeing our cognitions for what they are— constructions of words or pictures or both – and allowing them to be present. We don’t debate with them, challenge them, push them away, distract from them; instead, we acknowledge their presence, and hold them lightly.

“Pre-empting Your Mind” is one of my favourite defusion strategies; I hope you like it.

What is your Mind Likely to Say?

Basically, the therapist asks, in one form or another: “What’s your mind likely to say about that?” The idea is to pre-empt unhelpful thoughts that are likely to show up and act as psychological barriers. If we can predict these unhelpful thoughts in advance, it will be much easier to unhook from them when they arise.

For example, we might ask:

- “What do you think your mind is likely to say if I suggest we practice an exercise now?”
- “How is your mind likely to talk you out of doing this?”
- “My guess is that as we start to work out an action plan, your mind is going to come up with a lot of objections. What do you think it’s likely to say?”

If the client struggles to come up with an answer, the therapist can volunteer one, based on things the client has said in previous sessions, e.g. “It won’t work”, “What’s the point?”, “It’s too hard” etc.

Unhooking from Reason-Giving

Pre-empting the mind is especially useful to help with defusion from “reason-giving” (i.e. all the reasons your mind comes up with for why you can’t change, won’t change, shouldn’t have to change, etc.)

For example, the therapist says: “The human mind is like a reason-giving machine. As soon as we even think about stepping out of our comfort zone, it cranks out all the reasons why we can’t change, won’t change, or shouldn’t even have to change, or why it won’t work, or what might go wrong, and so on. What kind of reasons do you think your mind will generate not to do… XYZ?”

Debating & Intellectualizing

This pre-empting strategy is also very useful for clients who tend to get caught up in debating, discussing, analysing, or intellectualizing things.

The therapist could say: “The human mind loves to debate and analyse. So, it’s perfectly natural you want to do that. And sometimes it’s helpful to do that. And sometimes it’s not. Now I just want to check with you… We are a team here, right? And our aim is to help you XYZ.” (XYZ = a: the main behavioural changes the client wants to make, b: life goals the client wants to pursue, c: thoughts and feelings the client wants to learn how to handle more effectively.)

The therapist continues: “Now the more of the session we spend on debates or analytical discussions, the less time we’ll have to work on the main issues you’re here for. So what kind of things do you think your mind will say today to try to pull us into debates or analytical discussions?”

NB: This strategy will not work if the therapist leaves out the content highlighted above in purple. If the therapist doesn’t know this information, they must take time to find it out; it’s an essential part of taking a history and almost impossible to do ACT effectively without it.

If the client insists that it’s important to debate, analyse, discuss, understand, etc. then the therapist must first validate that: “Yes, it is.”

Then the therapist could say something like, “The problem is, that kind of discussion is unlikely to help you XYZ.” (XYZ = some or all of a) the main behavioural changes the client wants to make, b) life goals they want to pursue, c) thoughts and feelings they want to learn to handle more effectively).

The therapist continues: “And the problem is, we only have 50 minutes per session. So, the more time we spend on discussing and analysing, the less time we have to work on effective ways of improving your life. So, there’s a choice to make here about how we spend this session and how we get the most out of it.”

Writing Down Thoughts

It's often helpful for the client or the therapist to write down the predicted thoughts, and to keep them handy. Writing them down typically enhances the degree of defusion. (It's better if the client writes – it involves them more – but sometimes the clients don't want to for various reasons.)

As the client voices these thoughts later in session, the therapist might say:

- "Aha! We predicted that one. There it is, right there on the list!"
- "Is that one on the list? Just check."
- "Oh! I don't think we predicted that one! Do you want to just write it down?"
- "Hmmm. The wording is a bit different, but it's pretty much the same as that one you've written down there".

Naming

It's often helpful to name these recurrent cognitive repertoires as they recur in session.

- "There's your mind 'reason-giving'."
- "There's the 'not good enough' story"
- "Ah, the old 'abandonment schema'"
- Or you can use classic terms such as: ruminating, worrying, catastrophizing, judging, black-and-white thinking, predicting the worst, etc. E.g. "Here's worrying" Or more simply, "Worrying"

And playfulness, lightness, humour often helps:

- "Gosh, it's been almost 5 minutes since your mind last told you the hopeless story. It's going easy on you today!"

Note: Be wary of invalidation! Always be respectful, compassionate, sensitive. If you do this stuff in an uncaring, flippant, sarcastic way – it won't be well-received.

Time and Frequency

Variants can include:

- “How many times do you think your mind will say this in today’s session? Tonight? This week? In the next ten minutes?”
- “What do you predict your mind will say when we start the exercise? During the exercise? After the exercise?”
- “How soon will your mind start saying this? Has it already started? Are any of these thoughts/stories/reasons (pointing to the written list) showing up right now?”
- “What’s your mind likely to say about this after the session? Tonight? Tomorrow morning? When you’re really in that challenging situation?”
- “How’s your mind going to try and talk you out of doing that? How’s your mind going to try to hook you, while you are doing it?”

Ticking and Thoughts

If the thoughts have been written on a piece of paper, a nice addition is to ask the client to tick a thought each time it recurs.

- “Ah! There it is again. Give it a tick.”
- “Wow! Four ticks by that one, already. How many ticks do you think will be there by the end of the session? My guess is about 15.”
- “See how it keeps popping up? Give it another tick for good effort.”

Note: This MUST be done respectfully and compassionately, or it will be invalidating for the client. Used appropriately, respectfully, kindly, sensitively, it generally brings lightness and playfulness into the session, and clients often start joking.

Choice

After acknowledging the appearance or reappearance of a predicted thought, the therapist may like to offer the client a choice:

- “So, there’s a choice to make here; do we give up on this because your mind says (repeats the thought aloud) … or do we let your mind say that and carry on?”
- “So, there’s a choice to make here; do we stay focused on what we’ve been talking about, or do we let your mind pull us off-track with this thought?”
- “So, there’s a choice to make here; do we waste time debating whether that thought is true or false, or do we let your mind say it and carry on with what we were doing?”
- “Do we let that thought interrupt our session / pull us off track / pull us into an argument / interfere with our work here… or do we let your mind say it and carry on?”

Defusion, Acceptance, Committed Action and Attention Training

If the client chooses to carry on and refocus even though such thoughts are present – then you have helped him defuse from those thoughts (i.e. to reduce their negative influence over behaviour).

- Plus, to some extent, you have helped him accept the presence and recurrence of the thought.
- Plus, you are developing his capacity for committed action: continuing with the task at hand even though unhelpful thoughts are present.
- Plus, you are training attention: refocusing on the task at hand after momentarily being distracted.

(What if the client doesn't make the choice you'd hoped for? See page 18.)

Affirming the Client's Choice

If the client chooses to carry on, be positive about it; express gratitude or appreciation.

Note: This must be done authentically; if it is fake or insincere it won't be helpful.

E.g. "That is so cool for me to see you make that choice. Your mind is trying so hard to interfere/disrupt this work/pull you off track/ make you give up – and yet, you are not allowing that to happen. I can see the effort your making. I appreciate it."

Some clients do not like compliments or gratitude. So, if your client does not react well to this type of therapist response, modify it. Tone down or completely drop the compliments or gratitude. But still find some way to explicitly acknowledge that: "You are continuing to do the hard work of the therapy session even though your mind is trying hard to interfere."

Let the Thoughts Sit There

One of my favourite strategies, after the client chooses to refocus or carry on, is to say: “So, can we let the thoughts sit there, as we carry on?”

Then I leave the paper resting on the client’s lap, or on the couch beside her, or sticking out from underneath the client’s lap.

Having done this, we can then say things like:

“So, the thoughts are still here; they haven’t magically disappeared. But we can let them be here without getting hooked by them and carry on the work.”

Carrying Over

With many clients it's useful to carry over this strategy from week to week. You keep the list of unhelpful thoughts in the client's file. At the next session, pull it out, and give it to the client, and ask him to rest it on his lap.

The therapist might say: "This is what your mind said last session. How many of these things do you think it will repeat in today's session?"

Again, you could ask the client to tick them, note them as they recur, and write down new ones.

Normalize

It’s good to do lots of normalizing & validating. For example:

- “It’s natural and normal that your mind does this.”
- “Your mind is a lot like mine.”
- “This is what minds do.”
- “This is how the human mind has evolved; it’s a problem-solving machine.”

Why Does the Mind Do This?

A valuable part of normalizing and validating is to talk about how the human mind evolved as a problem-solving machine. Once this is established, we can use this in many ways:

E.g. “The problem here is… this is an uncomfortable exercise/awkward topic/difficult questions/a painful emotion is present. Your mind is trying to solve this problem by coming up with reasons not to do it/ telling you to give up/changing the topic/distracting you from the emotion etc.”

Then we could validate further: This is normal/natural/your mind trying to look out for you/your mind doing its job.

Then we could segue to workability:

“If you get hooked by what your mind is doing here, is that going to take you towards or away (your goals, the life you want)?”

“If we get hooked by what your mind is doing here, will we be focusing on (your goals, learning new skills, etc.) or will we be off-track?”

What if the Client Does Not Make the Choice You Hoped For?

What if the client, when offered a choice as in page 12, does want to give up? Or does want to go off-track or change topic? Or does want to debate?

Well, first of all we VALIDATE that response.

E.g. “That’s a completely natural choice to make.”

We may validate it further with some self-disclosure, to normalize the choice, and create a sense of commonality with the therapist.

E.g. “You know, your mind is a lot like my mind. Even though I do this work for a living, there’s lots of times my mind hooks me just as successfully as your mind has hooked you right now, with this thought.”

What Next?

Having normalized and validated the response, we can respond in many different ways. How we respond next will depend on:

- What is the function of the thought?
- What is the client's issue?
- What goal are you working on?
- How much ACT has the client already done?
- What number session is this?
- How motivated/willing is the client?

There is no standard response. The aim is to respond flexibly to each individual client, to suit the unique demands of that specific moment in therapy.

Watch Out for Coercion & Conflict

In ACT we want to empower our clients to have more choice in life; more choice about what they do in life and how they respond to its challenges.

And it is up to them to choose, not up to us. Sometimes they will make choices we do not like or want. So we really need to apply ACT to ourselves: to defuse from our own beliefs/ideas about what clients should or shouldn't do, and accept our own discomfort around their choices.

If we use any of the strategies in this eBook in a coercive manner, we will damage the therapeutic relationship. Tension or conflict will replace the compassionate, respectful alliance we aim for. So always model openness to and curiosity about the client's choices. (Obviously if the client is doing something that compromises us ethically, or that we are legally obliged to report to the authorities, we need to disclose that to the client.)

Sometimes the wisest course of action when your client makes a choice you didn't want them to, is simply to go along with it, and explore its function. How has making this kind of choice functioned in the past? How is it functioning in the present?

We might ask: "What is it like to be making this choice? What's showing up for you now? How is your mind trying to help you – what problem is it trying to solve for you." And so on.

* * *

Well, that's all from me, folks.

Hope there's something useful in this eBook for you.

Good luck with it all,

Cheers,

Russ Harris

About Russ Harris

Internationally bestselling author, medical doctor, psychotherapist, life coach, and consultant to the World Health Organisation. Russ Harris has directly trained over 80,000 psychological health professionals in the ACT model. He provides exceptional learning experiences on Psychwire.com.

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