Psychwire

# When Clients Can't (or Don't Want to) Notice Their Thoughts

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ACT Tips and Insights for Mental Health Practitioners

# The First Step in Cognitive Defusion

The first step in cognitive defusion is to consciously notice cognitions. (We can't defuse thoughts if we're not aware of them.) Many people can readily notice their cognitions, but sometimes clients say things like 'I don't have any thoughts' or 'I don't know what I'm thinking.' So if clients have trouble noticing their cognitions, we'll need to help them.

(Of course, if cognitive fusion is not a significant issue for a client, we can move on to other parts of the model, such as remoteness from values, experiential avoidance, or difficulties focusing and engaging. But almost always, fusion is a major issue.)

In this eBook, we'll first go through eight practical tips for helping clients to consciously notice their cognitions. Then we'll explore what to do when clients say ***they don't want to*** notice their thoughts! And remember ...

## Be Flexible!

Remember to be flexible. If thoughts don't appear to be an issue, or if the client can't easily identify them, one valid option is to switch over to working with the body: working with emotions, feelings, urges and sensations. In other words, switch your work from 'top-down' to 'bottom-up'. Then later, when the time is right, come back to cognitions.

Also remember to ***validate, validate, validate*** the client's thoughts - and all the difficult feelings that go with them. If we leap into defusion without first empathising and validating the client's thoughts and feelings, it's likely to come across as invalidating.


Watch Russ clarify the concept of cognitive fusion.

# They're Not Thoughts!
# It's Not 'my Mind'!

Sometimes clients react negatively to the term 'thoughts'.
If so, we can respond as follows:

**Client:** They're not thoughts! They're facts!

**Therapist:** Good point. Facts are a very important type of thought; they're thoughts that are objectively true. But the thing is, we have many different types of thought – facts are just a small subset. Most of our thoughts are opinions, attitudes, assumptions, judgments, desires, and so on. So can we agree on a term that includes all of these things? For example, if you don't like 'thoughts' we can call them 'cognitions', or even 'words'.

Clients may also object to the term 'mind'.

**Client:** It's not my mind! Why do you keep calling it 'my mind'?!

**Therapist:** We don't have to use that term if you don't like it. We just need a word we can agree on to describe that part of you that generates all your cognitions. What would you call it?

**Client:** It's my brain.

**Therapist:** Okay. So your brain generates all these thoughts ...

# Eight Practical Tips for Noticing Thoughts

## 1 We may Sometimes Need to Explain What Thoughts are

Sometimes a client may not understand what we mean by 'thoughts', so a simple explanation can be helpful.

> *"Everything you say and everything you write is a thought. When we say our thoughts aloud, we call that 'speech'; and when we write them down, we call that 'text'; and when we sign them, we call it 'sign language'. But when those words stay 'inside our head' – and we're not saying them aloud or writing them down – well, then we call them 'thoughts'. Thoughts can also take the form of pictures: images you can 'see inside your head'."*

And remember, in *ACT, we always need to tailor what we do to suit the unique needs of individual clients*. Some people never 'hear' their thoughts or a 'voice in their head', and some people only 'think in pictures'; they only experience their thought as mental images or pictures. If so, we need to modify the explanation above to accommodate for such differences.

The good news is, every strategy that follows works just as well with images as with words. So wherever you see examples of therapist dialogue that mentions 'words', you can freely change it to 'images' or 'pictures' or 'words and pictures'. And a term like 'noticing' can cover 'seeing', 'hearing', 'sensing' and 'feeling' your thoughts.

Some folk's thoughts are complex and involve many words; others have simpler thoughts, involving just one or two words. Some folk have only occasional, fleeting thoughts, while others have 'streams' of thoughts, continually flowing. So whatever form a client's thoughts may take, we tailor what we do to suit it.

## 2 Label Client Statements as Thoughts

When clients say things aloud that are indicative of cognitive fusion, it's useful to non-judgmentally label those statements as 'thoughts'. For example:

**Client:** I'm so stupid.

**Therapist:** So the thought 'I'm stupid' just popped up. How often do you have thoughts like that?

**Client:** I'm such a loser!

**Therapist:** So there's that thought again: 'I'm a loser!' Have you noticed how often your mind beats you up with that one?

**Client:** If I do A, then B might happen.

**Therapist:** That's quite a scary thought, isn't it? Your mind's drawing your attention to something very important.

**Client:** I can't do it because XYZ.

**Therapist:** So that's a type of thought we call 'reason-giving'. Our mind comes up with perfectly valid reasons for why we can't do the things that are important.

**Client:** I'm scared that ABC ...

**Therapist:** I have thoughts like that, too. So does just about everyone when we step out of our comfort zone.

**Client:** It's all useless.

**Therapist:** That's a perfectly natural thought to have, given what you're dealing with. Are there any feelings that go with it?

**Client:** Why do I keep doing this?!

**Therapist:** That's an important thought. Your mind's asking a useful question there.

**Client:** I just know it's going to go badly.

**Therapist:** That's your mind trying to protect you. Thoughts like that are your mind's way of saying 'Watch out! You might get hurt!'

## 3 Write Thoughts Down

The previous technique is even more powerful if we write those thoughts down – either on paper or a share screen.

**Therapist:** Is it okay if we write some of these thoughts down, so we can do some work with them?

If images arise, the same principle applies, but we shift from talking about thoughts to talking of 'images'. For example:

**Therapist:** So what is it you're seeing in your head?

**Client:** It's awful; she's lying on the ground, dead.

**Therapist:** Sheesh! That's a scary image, right?

Similarly, we may say:

**Therapist:** Is it okay if we make a note of these images, so we can do some work with them?

We may then write down: 'Image of daughter, lying on the ground, dead.'

Once cognitions (words or images) are written down, there are soooo many ways we can work with them. For example, we may point to what's written and ask something like: 'So these are the thoughts/words/pictures your mind (or brain) keeps coming up with, right? And what do you normally do when this stuff shows up?'

Following this, we can explore the two workability questions:

1) When these thoughts/words/pictures show up, what do you usually do?

2) And when you do that, does it take you towards or away from the life you want?

There are many variants on the second question: does it take the client towards or away from the relationships they want to build, the person they want to be, the therapy goals they want to achieve, and so on? Once we've established that client's typical ways of responding to these cognitions are unworkable, we can then introduce defusion skills as an alternative.

## 4 Sit Silently and Notice or Write

A useful exercise is to invite clients to sit silently for one to two minutes and just: “Notice anything you want to say or anything you feel about the exercise – like ‘This is stupid!’ or ‘This is so annoying!’ or ‘Why are we doing this?’ or ‘How much longer is this going for?’” Also notice any images or mental pictures that show up.”

If by the end, the client hasn’t noticed any thoughts (which is unusual), we may say: “Okay, let’s do it again, but without any time limit. As soon as you think of something you want to say, or something you feel, or something you want to do later, raise your finger.”

Better still, give the client a piece of paper and pen and ask them to sit silently for two minutes and: “Write down anything you want to say or anything you feel about doing the exercise. This includes things like ‘I don’t want to say anything,’ ‘I’ve got nothing to write,’ ‘This is weird,’ and so on.’ Also make a note of any images or mental pictures that arise.”

Debrief the exercise by exploring the cognitions that showed up and the fact that the client was able to notice them.

## 5 ‘Leaves on a Stream’ or ‘Listening in to Your Thoughts’

Take clients through mindfulness exercises designed to help them ‘see’ or ‘hear’ their thoughts. ‘Leaves on a stream’ is a great exercise for more visual clients, especially those who mainly think in pictures. However, about 10% of the population finds it hard to visualise, and at least 1% experiences ‘aphantasia’ (complete inability to visualise). With such clients, use a purely auditory exercise instead, e.g. ‘listening in to your thoughts’.

## 6 Silently Sing a Song or Visualise a Movie Scene

Ask clients to silently sing a song, or silently repeat a well-known saying — and notice how they can ‘hear it’ or ‘sense it’ inside their head. If a client predominantly thinks with pictures, ask them to visualise a scene from a movie, or a favourite painting or photograph.

## 7 Focus on Thoughts That are Present in the Moment

When clients have difficulty identifying cognitions, focus on the ones that are actually showing up here and now, *in the session*. Sometimes therapists get side tracked into trying to get clients to remember what they were thinking at various times outside of the session:

"So when XYZ happened, what were you thinking?" While this kind of exploration is often helpful, there will be some people who have great difficulty recalling what they were thinking at a specific time and place – in which case, don't push it. Instead, shift your focus to thoughts showing up here and now, in the session.

## 8 Label ‘a Whole Bunch of Thoughts’ at Once

Sometimes clients have so many racing thoughts, it’s all a blur. So if you ask them what they are thinking, it’s hard for them to answer, or to put it into a simple statement. In this case, useful responses (depending on the client and the context) may include:

**Therapist:** So notice, there are many thoughts racing through your head.

**Therapist:** So there’s so much going on in there right now. Is this a good example of what you mean by … (use client’s terminology, such as ‘worrying’, ‘stressing out’, ‘mind whirring’, ‘can’t think straight’, or ‘overwhelmed’)?

**Therapist:** So your mind’s generating a whole stream of thoughts here. Is there a general theme to them? Something that connects them all?

Remember, if you’re working with ‘notice and name’ defusion techniques, the client doesn’t have to state one specific thought, as in the classic technique: ‘I’m having the thought that ….’ They can use statements that refer to a whole bunch of thoughts, like, ‘I’m noticing my mind whirring’, ‘I’m noticing racing thoughts’, ‘Here’s my mind racing’, ‘Here’s worrying’, ‘I’m having angry thoughts’, ‘Here’s the hopeless theme’ and so on.

# ‘I Don’t Want to Notice Them!’

Sometimes clients reject ACT exercises that involve noticing thoughts. They may say, ‘I don’t want to pay attention to my thoughts’ or ‘Focusing on them makes them stronger/makes me feel worse!’ (And of course, similar comments are often made about feelings, emotions, sensations and urges. So keep in mind, although we’re focusing on thoughts here, we can use all the same strategies with feelings, emotions, sensations and urges.)

When clients make comments such as those above, it usually indicates fundamental misunderstandings about the ACT model. Often this is because the therapist has left out key elements of the work, or skipped over them too quickly, or used unclear language to describe them; or, it may be that the client has forgotten all that stuff, so it needs repeating. These key elements typically include:

## a) Clear Behavioural Goals for Therapy

If you’re trying to do ACT without clear behavioural goals for therapy, you’ll soon get stuck! Even if clients have no idea about what they want from therapy, we can at least agree to two ‘catch-all’ behavioural goals (that is, goals suitable for every client):

i) Learning new skills to handle difficult thoughts and feelings more effectively; learning how to take the power and impact out of them, so they can’t keep jerking you around, bringing you down, holding you back, running your life.

ii) Working together as a team to help you discover who and what you care about, who and what matters to you, what sort of person you want to be, and what sort of things you want to do.

## b) ‘Making the Link’

This means clarifying the link between fusion and problematic behaviour. For example, after some careful history-taking, the therapist might use one (or more) of the following statements to summarise:

So when you ‘get hooked’ by these thoughts ….

…. you get pulled away from the life you want to live, the things you want to do

…. you get pulled out of your life

…. you get pulled into problematic/self-defeating patterns of behaviour

…. you get pulled into worrying/ruminating/analysis paralysis

…. you get pulled into doing things that take you away from the person you want to be/the life you want to live

If this link is not clear – that fusion with (or ‘getting hooked by’) their thoughts is creating significant problems that interfere with the client’s therapy goals – then there’s no motivation for the client to do the hard work of learning defusion skills.

## c) Offering a New Skill

Assuming a) and b) are both in place, we can ask the client: ‘Would you be interested in learning how to unhook from these thoughts, so they don’t keep jerking you around, running your life, pulling you into doing things such as XYZ?’

## d) The Guitar-Playing Metaphor

If the answer to the above is 'yes', we can bring in the guitar-playing metaphor:

**Therapist:** If you want to learn to play guitar, you need to bring a guitar into the room, so you have something to practice on. And it's the same with thoughts: if you want to learn how to unhook from them, we need to bring them into the room so you can practice; you can't learn to play guitar by talking about how to do it; and in the same way, you can't learn to unhook just by talking about it.

If clients have a positive response to strategies c) and d) above, the next step is strategy g), below. However, if clients have a negative reaction to strategies c) or d) – for example, if they say 'I just want to get rid of these thoughts! I hate them!' - we will need to bring in some additional steps, as discussed in e) and f).


In this clip, Russ illustrates a popular defusion technique: 'Thanking your mind!'

## e) ‘Creative Hopelessness’

If the response to c) or d) is something like ‘I just want to get rid of these thoughts, I hate them’, we move into ‘creative hopelessness’.

**Therapist:** Of course you want to get rid of them. Who wouldn’t? These thoughts have had a huge, painful impact; they’ve been jerking you around for a long time. And that’s taken a toll on your health and wellbeing. So, we need to find a new way of dealing with them, right? Something that’s different from all the things you’ve already tried.

So is it okay if we take a few moments just to get clear on all the things you’ve already tried doing to get rid of these thoughts … because I want to make sure that whatever we do here is different and new. We don’t want to repeat anything that hasn’t worked.

### We Then Run Through all Six Steps of Creative Hopelessness:

### 1) What Have you Tried?

(to get rid of these thoughts and feelings)

### 2) How has That Worked?

(short-term and long-term)

### 3) Do Those Methods Have any Costs?

Ask about health, wellbeing, relationships, work, time, money, energy, and so on.

### 4) Normalise and Validate all Strategies

"We all do these things. No one can call you stupid. We all do them because they usually give some relief, in the short term. And no one can call you lazy; you've worked hard at this!
The problem is these methods don't work in the long term; those thoughts keep coming back."

### 5) Name the Vicious Cycle & Validate the Client's Feelings

"Seems like you're caught in a vicious cycle: the harder you try to get rid of these thoughts and feelings, the worse life gets. Most people find it quite painful when they realise this; I wonder, what's showing up for you?"

*[This is followed by a compassionate, validating, therapist response to any painful thoughts and feelings.]*

### 6) Offer Something New

"You've suffered enough. Are you open to trying something new; a radically different way of responding to these thoughts and feelings?"

(For more information about how to do creative hopelessness, download this free eBook.)

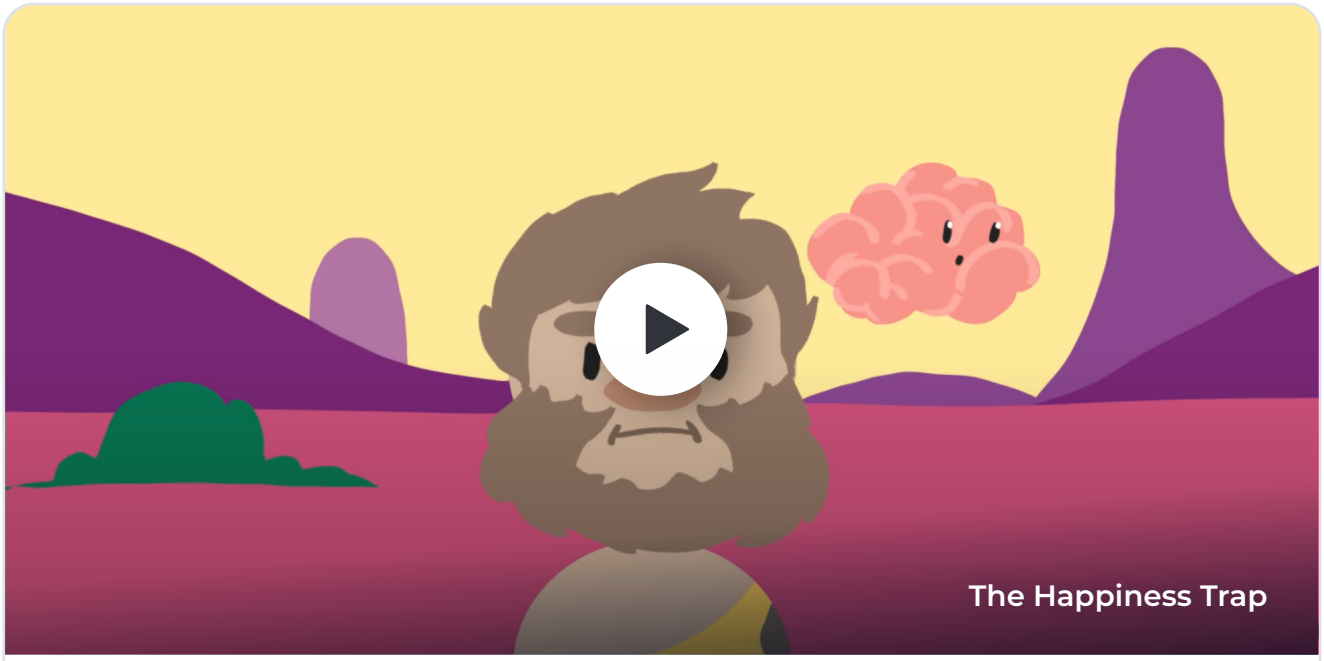
### f) Drop the Struggle

Following creative hopelessness, we introduce a 'drop the struggle' metaphor, to illustrate what this new approach involves. If dealing with thoughts, my preference is the 'hands as thoughts' metaphor (which illustrates fusion and defusion). A more powerful version of this exercise is to write the client's thoughts on a sheet of paper and use this instead of their hands.

**Note:** If dealing primarily with feelings, urges, sensations and emotions, use the 'pushing away paper' metaphor, which illustrates avoidance and acceptance (as opposed to fusion and defusion in 'hands as thoughts'). If desired, you can combine both these exercises into one: the 'ACT in a nutshell' metaphor'.

## g) Start Training Defusion Skills

We are now ready to start actively training defusion skills in session, which we encourage the client to take away and practice outside of session. In most ACT textbooks, the majority of defusion skills are non-visual; but we can readily adapt them for working with images. Here are some ideas for defusion from images.




This animation is very useful for defusion. It illustrates how the human mind has evolved in such a way, it naturally creates psychological suffering.

# Is all the Above in Place?

With all the above in place, problems noticing thoughts are unlikely. However, let's suppose that even after all that, a client says something like: 'I don't want to notice my thoughts' when we try to introduce an exercise that involves contact with difficult thoughts. We could then reply:

**Therapist:** Of course you don't. You don't like them, you don't want them and they keep jerking you around. So let's come back to that guitar-playing analogy we discussed earlier: if you want to learn to play the guitar, you can't do so by talking about it, or thinking about it, or reading about it. You need to actually bring a guitar into the room and start strumming.

And it's the same thing here with your thoughts; we need to bring some thoughts into the room, right here and now, so you can learn a new way of handling them; learn how to take the power and impact out of them, so they can't keep hooking you and jerking you around.

Similarly, if the client says: 'Focusing on my thoughts makes them stronger/makes me feel worse!', we can reply:

**Therapist:** Yes, that's right! And that's because they instantly hook you. It's like this … *(The therapist puts their hands over their face, to recap the hands as thoughts exercise.)* And that will keep on happening unless you learn some unhooking skills.

I think part of the problem may also be the word 'focus'. It's not like you're going to stay focused on your thoughts for a long period of time – letting them pull you in and overwhelm you. You're just going to quickly acknowledge their presence.

Let's come back to that analogy of the guitar; you need to bring a guitar into the room if you want to learn to play. The idea here is that we bring some thoughts into the room, so you can learn a new way of handling them …

# Wrapping Up

Well, that's all for now folks. Here's hoping you've found this useful. And please feel free to share this eBook – or the resources linked within it - with anyone you think will benefit.

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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