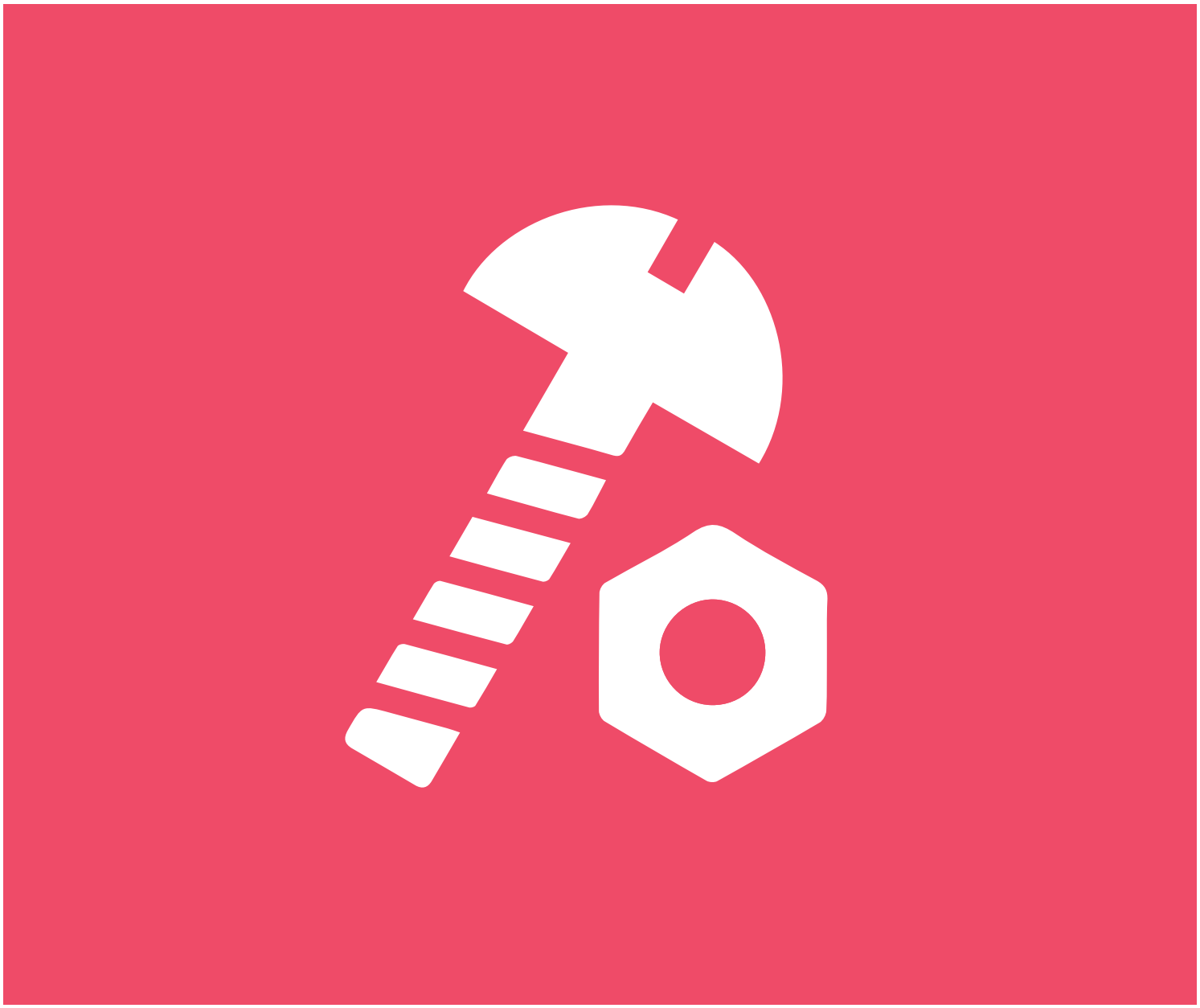


Nuts and Bolts of Creative Hopelessness

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris

Nuts and Bolts of Creative Hopelessness (CH).

Think of CH as part of acceptance work. The aim of it is to open people to the "agenda of acceptance". CH is an optional part of the ACT model. We use it if we suspect or know a client is clinging tightly to the "agenda of emotional control": In order to have a good life, I need to control how I feel: to get rid of unwanted thoughts & feelings, and replace them with more desirable ones.

Clients clinging tightly to this so-called "control agenda" are high in experiential avoidance (and vice-versa) and therefore likely to resist or misunderstand the "acceptance agenda": allowing your thoughts and feelings to be as they are in this moment (whether they are pleasant or painful, wanted or unwanted); neither struggling with them nor getting swept away by them; allowing them to come and stay and go in their own good time.

There are many CH interventions, and they all hinge on the concept of workability. They all involve exploring, with openness and curiosity, the agenda of emotional control – and assessing whether clinging tightly to this agenda this works in the long term to build a rich and meaningful life.

The aim of CH is to create a sense of hopelessness in the agenda of emotional control. Not hopelessness in one's life, or one's future – but hopelessness in pursuing this agenda. An alternative term in ACT is "confronting the agenda".

Who Needs CH?

We don't need to do CH with clients if they are open to the agenda of acceptance. (However adding it in can facilitate the acceptance work.)

But we definitely need to do CH with clients if they resist, oppose, or don't understand the agenda of acceptance.

As a general rule, if clients present with a disorder that is named after an unwanted, unpleasant private experience – e.g. "anxiety disorder" or "chronic pain syndrome" – we can expect we'll need to do CH up front - because such clients will be coming to therapy primarily to get rid of their anxiety, or chronic pain.

First Things First

Before starting CH we want to get clear about the private experiences the client is struggling with.

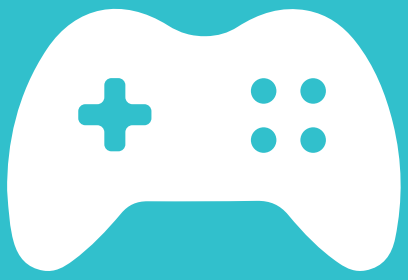
What thoughts, feelings, emotions, sensations, urges is she wanting to avoid or get rid of?

E.g. is he wanting to get rid of anxiety, sensations of physical pain, sadness, anger, guilt, shame, feeling unworthy, traumatic memories, urges to smoke or drink, withdrawal symptoms, feelings of inadequacy, thoughts about being fat or stupid or ugly or bad or unlovable?

Note “depression” isn’t a thought or feeling. Nor is “grief”. Nor is “low selfesteem”. We want to know about the many different thoughts, feelings, memories, sensations, etc that these terms refer to.

In the pages that follow the letters XYZ refer to any combination of thoughts and feelings the client doesn’t want to have.

STEP 1



What have you tried?

In step 1, we explore: What are some of the main ways you've tried to avoid or get rid of XYZ? Most clients will need prompting to remember all the different things they've tried. I use the acronym DOTS to help myself remember the 4 broad categories of experiential avoidance:

- Distraction
- Opting out
- Thinking
- Substances, self-harm & other strategies

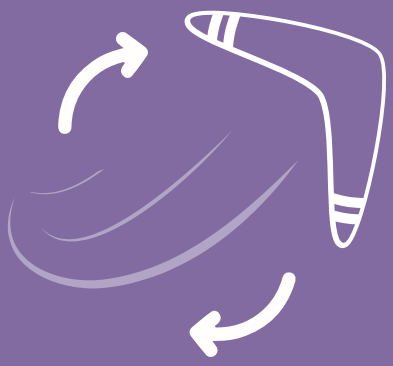
See the "Join the DOTS worksheet" for more detail on these 4 categories:

You can use this worksheet in session with the client, to help you remember all the steps and questions to ask.)

You can run through these categories with clients to tease out all the strategies they've tried to get rid of XYZ. E.g. you could say, "Distraction is one of the most common ways we try to escape unwanted thoughts and feelings. Have you tried distracting yourself from XYZ? What are all the different ways you've tried to distract yourself?"

For any given category, if clients don't mention common methods used, you can explicitly ask. For example, in the category of distraction, you might ask: "Have you tried computer games, TV, music, books, movies and shopping...

STEP 2



How has that worked?

In step 2, we respectfully validate:

You've put a lot of time and effort and energy into getting rid of XYZ.

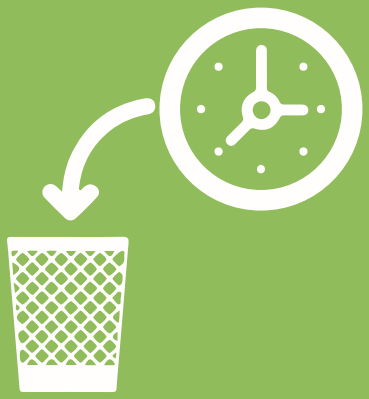
And most of those methods you've used give you some short term relief from XYZ.

But in the long term, has anything you've tried permanently gotten rid of XYZ – so that it never came back? For how long do you get relief with these methods, before XYZ returns?

So the amount of relief you get varies: sometimes a few minutes, sometimes hours, occasionally days – but sooner or later, XYZ comes back?

Step 1 can be done simultaneously with step 2. E.g. Client says she uses alcohol (step 1). Therapist asks, "So that gets rid of the anxiety for a little while? How long before it comes back again?"

STEP 3



What has it cost?

In step 3, we compassionately explore:

What has it cost you, doing all these things to try to get rid of anxiety?

Ask about costs in terms of work, health, time, money, energy, relationships, missing out, giving up on important things – especially explore the long term costs.

After identifying the long term costs, we validate (in our own words) that it's taken a huge toll. E.g. we might say, "Doing all this stuff to get rid of XYZ has really cost you. It's taken a huge toll on your health, your relationships, your life. It's cost you in terms of... (summarise all the costs identified so far).

We often follow this by asking, "Overall, would you say the amount of time and energy you spend struggling with XYZ has increased or decreased over time?" or "Overall, would you say your life has gotten better or worse over time?" or "Overall, would you say the impact of XYZ on your life and health is getting lesser or greater over time?

STEP 4

What's that like for you?

In step 4, we aim to cultivate a self-compassionate reflection on how living clinging to the control agenda is creating more and more suffering in the long term.

We might say, very compassionately: "Let's take a moment to reflect on this: you've tried so hard, for so long, to get rid of XYZ...

And you've found many ways to get short term relief - but in the long term, it keeps coming back, and getting worse...

And all this stuff you're doing to get rid of XYZ is really taking a toll on your life...

What's that like for you?"

The client is likely to report that it's painful, hurtful, horrible etc. We then, with great compassion, validate that response. E.g. we might say, "That's really rough. It's a hard realization. It hurts, right?"

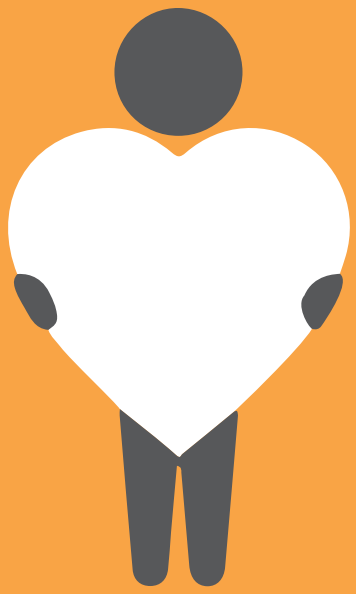
STEP 4

At step 4: Add massive doses of validation

- We want to validate that the client has tried hard. E.g. “You’ve tried really hard here. You’ve put in a massive effort to get rid of XYZ. No one can call you lazy.”
- And add that most of what they’ve tried makes perfect sense.
  E.g. “It makes perfect sense that you’ve tried all this stuff. Most of these things you’ve done are widely recommended by therapists, doctors, psychologists, self- help books, well-meaning friends etc. No one can call you stupid.”
- And then again gently connect with reality:

E.g. “And in the short terms these methods work. They give you a bit of short term relief. But unfortunately, in the long term, they don’t. Your life’s getting worse.”

STEP 4



At Step 4: Aim For Self-compassion

At this point, the client will typically be contacting emotional pain. Sadness, anger, fear, frustration are common at this point.

Validate these feelings: emphasise they are a normal reaction when we realise that what we've been trying really hard at for a long time just isn't working.

See if you can introduce self-compassion at this point. Experiment with asking the client: "What would you say to someone you love, if they had been caught in the same trap as you for so long, and they were feeling what you are feeling right now?"

STEP 5

Are You Open To Something Different?

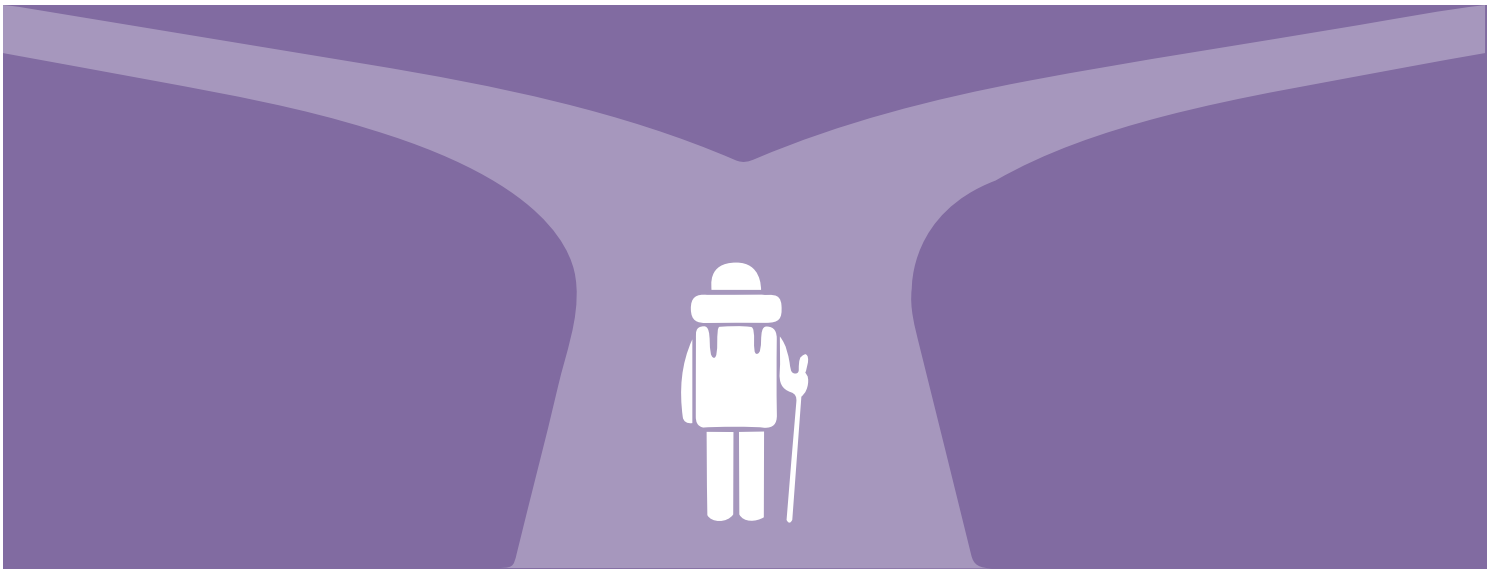
In step 5, we aim to raise curiosity about a different approach.

We might say...

“You’ve been fighting with and running from XYZ for so long. It’s taken such a toll on you. The costs have been huge.

Are you open to trying something different, that might work better, in terms of building a better life?

It’s a very different way of dealing with XYZ. It’s radically different to everything else you’ve ever tried.”



Then what?

If the client is open to a new approach, we now move on to other aspects of the ACT model.

Typically the next step is to introduce a metaphor about “dropping the struggle” (e.g. tug of war with a monster, floating in quicksand). My favourite metaphor for this purposes is the “pushing away paper” exercise.

And from there, we move to process work around developing willingness to have thoughts and feelings – using a short, simple, non-confronting exercise based on any of the core ACT mindfulness processes e.g. defusion, present moment, self-as-context, acceptance, self-compassion. (I usually start with “dropping anchor” or “I’m having the thought that” as my first exercises.)

Keep in mind, we may need to repeat CH over and over with some clients. Typically it gets faster and faster the more we cycle through it.

In summary

1. What have you tried?
2. How has it worked?
3. What has it cost?
4. What's that like for you?
5. Are you open to something different?

After all this, we then commonly, move to a "dropping the struggle" metaphor.

And after that, we usually then bring in a quick, simple willingness exercise based on any core mindfulness process: contacting the present moment, defusion, acceptance, self-compassion, or self- as-context.