Editorial

Thought Stopping – a useful treatment modality

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Thought stopping is a self-control procedure developed for the elimination of perseverating thought patterns which are unrealistic, unproductive, and/or anxiety-arousing, and either inhibits the performance of a desired behavior or serve to initiate a sequence of undesirable behaviors.

As part of the behavioral analysis, the therapist asks the client to list any disturbing thoughts which she feels are out of her/ his control including those which may have harmful social consequences, as thinking about robbery or rape, and those which contribute to a negative self-image. Each item on the list is translated into a concrete statement in the client's own vocabulary. The Thought Stopping Survey Schedule, a list of 51 statements commonly repeated by clients, may also be administered to provide some focus to the interview. The client is also asked to estimate the frequency of occurrence of each self-statement selected.

Once the target thoughts are agreed upon, the therapist and client discuss the rationale for eliminating them. This discussion is all-important. It usually centers round the idea that such self-statements have no value to the client and in fact are detrimental to constructive action, often leading to maladaptive overt behaviors, such as withdrawal from social events, derogatory self-statements, and negative verbal behavior. If the client's complaint is in the area of maladaptive approach behaviors, such as overeating, smoking, or excessive alcoholic intake, the therapist inquires about anticipatory thoughts antecedent to the behavior (e.g., saying to oneself, "I'd love to have a drink") and explains that the elimination of such thoughts should correspondingly reduce the frequency of the target behavior. Finally, the therapist discusses the self-control aspects of the thought stopping (TS) procedure, indicating to the client that once s/he has learned TS, it will be available to him/her at any future time as needed.

The Procedure

The following are the verbatim instructions given to a client as a demonstration of the TS technique. "Now sit back, relax, and close your eyes. In a few seconds, I'm going to say the word 'go.' As soon as I say the word 'go,' I want you to deliberately think this thought: (example: "The future is hopeless"). As soon as you begin the thought with the words 'The future,' signal me by raising your right index finger. Do you understand the instructions? Okay. Lean back. Relax. Are you ready? Go."

As soon as the client raises his finger, the therapist loudly shouts, "STOP," an event which usually produces a startle response. The client then opens his/her eyes and the therapist asks about the experience. The client may respond in a number of ways. Some typical responses are: "Well, you startled me"; "I got scared"; or "You interrupted the thought." If the client does not mention that the thought itself disappeared, the therapist prompts for that specific response and then goes on to explain that a person can-not think of two things at the same time. A second trial is given during which the therapist does not shout "stop" immediately upon the client's signal, but waits about one second before evoking the startle response again. Again, inquiry is made about the experience and the client usually responds that the thought disappeared.

In explaining the need for the client to learn the technique for his/her own use, the therapist gives the following instructions: "I'm going to ask you to close your eyes again, but this time I'm not going to shout 'stop.' Try to imagine as well as you can, or try to hear yourself shouting 'stop' very loudly. Keep practicing until you can get it as clear and as loud as possible. Then open your eyes." When the client opens his/ her eyes he/she is asked if the imagery was sufficiently clear and loud and able to evoke a jolt. If the client

reports some problem he/ she is asked to practice again. If there is still a problem the client is encouraged to yell "stop" out loud several times and then to rehearse the technique once more with the particular target thought. If alter some repetition, good auditory imagery still has not been obtained, the patient may be asked to imagine he/she sees the word "stop" in red letters, while saying the word to himself/ herself or to image a brick wall or a policeman holding up his hand. Generally, however, after some practice, clients do not report any problems with imagery.

In ensuing trials, client and therapist alternate interruptions of the thought for approximately 10 minutes (amounting to about 20 trials) until the client indicates that he has learned the procedure. At the end of the session, the client is instructed to rehearse the procedure at specified times' during the day (two or three blocks of 10 to 20 trials apiece) and whenever there is any spontaneous occurrence of the thoughts discussed during the assessment phase. In order to prevent some discouragement when the thoughts may recur, the therapist points out that there is more value in repeating "stop" than in entertaining the thought. Clients are reminded that, with the use of TS, the target thought will eventually occur less and less frequently, until finally it disappears altogether. A weekly check is made of the frequency of practice", the specific thought that occurred, and any failures experienced with the TS practice.

During each subsequent therapy session 5 to 10 minutes a week are given over to rehearsal of the TS procedure. This time allotment may be increased or decreased, depending on the amount of practice engaged in by the client and on the progress he/she is making. When the client is first learning the procedure, he/she is told to interrupt the thought only at its initiation (e.g., "Signal when you *begin* to think the thought "). Later trials deal with the thought in various stages nearing completion (e.g., "Signal when you arrive at the word"). Finally, other trials are presented in which the thought sequence is interrupted on a random basis, instead of at each occurrence.

Few critical points about thought stopping

1. Although it has sometimes been helpful to follow the "stop" image with a pleasant or distracting thought, it is not generally recommended in the initial stages of learning TS. Usually clients have enough difficulty remembering to say "stop" without asking them *to* search for another response.
2. If clients express fear that the use of TS will submerge important thoughts which will surface again or that such thoughts are true indications of problems which need resolution, they are reminded of the obsessive and ruminative nature of the thought patterns which interfere with constructive action and generate further anxiety.
3. It appears important to eliminate each link in a particular thought chain. Taylor, however, has presented an example in which successful results were obtained by the interruption of the incipient thought alone.
4. Wolpe has described a modification of the TS procedure in which shock is applied concomitantly with the "stop" signals. He has suggested the use of this method especially for clients who do not respond well to the regular TS procedure. He has also reported successful results in instructing clients to think pleasant thoughts and then to activate a buzzer as soon as any disturbing thoughts intrude. When the buzzer sounds, the therapist shouts "stop."
5. The TS technique is not only useful for thought patterns, but may be employed with "feelings" and "images" as well as several overtly observable behaviors. The TS technique is used with behaviors characterized as "obsessive" or anxiety"- Revoking, with avoidance behaviors and with approach behaviors.
6. TS is rarely used alone. It is easily adaptable for use with other behavioral procedures and has been used in conjunction with covert reinforcement, desensitization, relaxation, and covert sensitization.
7. The only cautionary note in the literature occurs in descriptions of the use of TS with clients for whom the unexpected shouting of "stop" may be physically disturbing, such as for people with heart problems or with the elderly infirm. With appropriate preparation and discussion of the procedure, there should not be a problem with these clients.

RECOMMENDED READING AND REFERENCES

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