# Information Handout

Permissive Thinking | US English

# Permissive Thinking



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# Description

The *Permissive Thinking* information handout forms part of the cognitive distortions series, designed to help clients and therapists to work more effectively with common thinking biases.

Each resource in the cognitive distortions series is available in two versions:

- **The 'regular' version** describes an unhelpful thinking style, gives examples, and outlines effective techniques for addressing it.

- **The 'underlying assumptions' version** describes the beliefs, rules, and assumptions which may predispose individuals to a particular unhelpful thinking style and suggests alternative assumptions which may be less harmful.

## A brief introduction to cognitive distortions

Cognitive distortions, cognitive biases, or 'unhelpful thinking styles' are the characteristic ways our thoughts become biased (Beck, 1963). We are always interpreting the world around us, trying to make sense of what is happening. Sometimes our brains take 'shortcuts' and we think things that are not completely accurate. Different cognitive short cuts result in different kinds of bias or distortions in our thinking. Sometimes we might jump to the worst possible conclusion ("this rough patch of skin is cancer!"), at other times we might blame ourselves for things that are not our fault ("If I hadn't made him mad he wouldn't have hit me"), and at other times we might rely on intuition and jump to conclusions ("I know that they all hate me even though they're being nice"). These biases are often maintained by characteristic unhelpful assumptions (Beck et al., 1979).

Different cognitive biases are associated with different clinical presentations. For example, catastrophizing is associated with anxiety disorders (Nöel et al, 2012), dichotomous thinking has been linked to emotional instability (Veen & Arntz, 2000), and thought-action fusion is associated with obsessive compulsive disorder (Shafran et al., 1996).

Catching automatic thoughts and (re)appraising them is a core component of traditional cognitive therapy (Beck et al, 1979; Beck, 1995; Kennerley, Kirk, Westbrook, 2007). Identifying the presence and nature of cognitive biases is often a helpful way of introducing this concept – clients are usually quick to appreciate and identify with the concept of 'unhelpful thinking styles', and can easily be trained to notice the presence of biases in their own automatic thoughts. Once biases have been identified, clients can be taught to appraise the accuracy of these automatic thoughts and draw new conclusions.

## Permissive thinking

*"Parallel to the decision not to use [a maladaptive behaviour]… is the decision to indulge (permission giving). Permission giving and permission refusing are akin to gatekeepers. Their relative strength determines whether the gates will open or close."*

Beck et al., 1993, p.35

Permissive thinking (also known as facilitative, justificational, rationalizing, and self-licensing thinking) refers to thoughts that allow individuals to use problematic behaviors (Brandtner et al., 2023). This thinking style represents the cognitive 'bridge' between urges to engage in a maladaptive behavior and the decision to act on them. Furthermore, it is often most prevalent and persuasive when individuals are distressed or disinhibited (Kennerley, 2004).

Permissive thinking was first described in Beck and colleagues' (1993) cognitive model of addictive behaviors. According to this model, addictive beliefs are activated in a specific sequence. First, internal or external cues trigger anticipatory beliefs about the addictive behavior ("It will be fun to drink… I will feel less anxious… I want oblivion…"). Over time, individuals come to rely on these behaviors to manage distress, establishing relief-orientated beliefs ("I need to drink to function… I won't cope without it… The urge is too strong to control…"). While both groups of cognitions lead to cravings, it is ultimately permissive thinking that facilitates engaging in the behavior ("I might as well drink – nothing else is going well today"). Accordingly, this thinking style is believed to be the most proximal cognitive factor to addictive behaviors. Indeed, while anticipatory and relief-orientated beliefs are common, permissive thinking appears to distinguish addicted groups from the general population (Hautekeete et al., 1999).

Permissive thinking also plays an important role in circumventing conflicts around maladaptive behaviors and compulsions. For example, an individual with bulimia nervosa might simultaneously experience positive beliefs about eating ("Having a chocolate bar will help me feel better") and negative beliefs ("Chocolate will make me gain weight"). This gives rise to a state of tension, which is relieved by permissive thinking ("Eating this won't count because I'll vomit later"; Cooper, 2012; Cooper et al., 2004). However, binge-eating episodes are subsequently interpreted as signs of failure, increasing the individual's negative self-appraisals and distress, which leads to further permissive thinking.

Permissive thinking has also been associated with suicidal ideation (Del-Monte & Graziana, 2021). Williams and Pollock (2001) propose that stressful events can trigger a "biologically mediated helplessness script" for some individuals, manifest as a sense of having no control over the problematic situation. Whether the individual then contemplates suicide is influenced by several factors, including the presence of suicide-permissive cognitions (e.g., "I can always kill myself if the situation gets worse"). Research confirms that permissive and suicidal thinking are related, indicating that individuals in crisis tend to think more permissively about suicide (Del-Monte & Graziana, 2021). In addition, permissive thinking has also been shown to predict suicidal ideation among prisoners (Mills & Kroner, 2008; Slade & Edelman, 2014).

Other difficulties in which permissive thinking plays a role include:

- Addictions (Caselli et al., 2021)
- Compulsive behaviors (Mathew et al., 2022)
- Self-harm (Kennerley, 2004)
- Violence (Levinson et al., 2011)

Examples of permissive thinking include the following:

- "One more time won't hurt"
- "I can do this without harming myself"
- "I feel bad so it's OK to do this"
- "I'll stop tomorrow"
- "Everything else is going wrong, so why shouldn't I?"
- "I'll feel better if I pull out one more hair"

# Description

People who engage in permissive thinking may have 'blind spots' when it comes to:

- Tolerating discomfort (e.g., cravings, emotional distress, etc.).

- Acknowledging problematic behaviors.

- Deliberative (rather than impulsive) decision-making.

- Thinking about the long-term consequences of behavior.

As with many cognitive biases, there may be evolutionary reasons why people sometimes think permissively. For example, deliberative thinking and cognitive load can be costly in risky environments or when access to resources is limited (e.g., Gilbert, 1998). Permissive thinking may have also enabled individuals to act in self-serving ways that conflicted with social conventions to thrive and survive (e.g., stealing food from group members). Finally, evolutionary psychology has highlighted the advantages of self-deception (assuming that permissive thinking is a form of self-deception, e.g., putting the costs of a maladaptive behavior outside of awareness) as it enables more effective deception of others (von Hippel & Trivers, 2011).

# Instructions

Clinicians might begin by providing psychoeducation about permissive thinking and automatic thoughts more generally. Consider sharing some of these important details:

- Automatic thoughts spring up spontaneously in our minds, usually in the form of words or images.

- They are often on the 'sidelines' of our awareness. With practice, we can become more aware of them. It is a bit like a theatre – we can bring our automatic thoughts 'centre stage'.

- Automatic thoughts are not always accurate: just because you think something, it doesn't make it true.

- Automatic thoughts are often inaccurate in characteristic ways. One common type of bias in automatic thoughts is 'permissive thinking': we sometimes give ourselves permission to do things that are unhelpful or harmful to ourselves or other people.

- Signs that you are thinking permissively include justifying unhelpful behaviors, minimizing the problems they cause, or promising you'll do them once more and never again.

- In some circumstances, it is useful to think permissively. Giving yourself permission to do pleasurable things can be rewarding and make us feel happy. In our evolutionary past, permissive thinking might have helped humans make quick decisions and do things that helped us survive, despite the other costs they might come with. However, permissive thinking can cause problems when it legitimizes behaviors that cause distress or harm to you or other people.

Many treatment techniques can be used to address permissive thinking:

- **Decentering.** Meta-cognitive awareness, or decentering, describes the ability to stand back and view a thought as a cognitive event: as an opinion, and not necessarily a fact (Flavell, 1979). Help clients to practice labeling the process present in the thinking rather than engaging with the content. For instance, they might say "There's another permissive thought" to themselves whenever they think this way.

- **Cognitive restructuring with thought records.** Self-monitoring can be used to capture and re-evaluate permissive thinking as it occurs. Useful prompts include:

> ### Suggested Questions
>
> - *If you took the 'permissive' glasses off, how would you see this differently?*
> - *Is this thought 100% true? What evidence doesn't support this thought?*
> - *What have your past experiences taught you about this thought?*
> - *If your best friend had this thought, what would you say to them?*
> - *If your best friend knew you were thinking like this, what would they say to you?*
> - *What could you say to yourself that would make it harder to act on this thought?*

- **Cost-benefit analysis.** Train the client to think through the advantages and disadvantages of instances of their permissive thinking. This gives them the opportunity to highlight the problems that come with permission-giving, while conducting such an analysis can 'buy time' so the client does not act impulsively. Useful prompts include:

> **Suggested Questions**
>
> - *What are the pros and cons of acting on this thought?*
> - *What are the consequences of thinking like this?*
> - *What problems come with putting this thought into action?*
> - *How have I felt after acting on thoughts like this in the past?*

- **Identifying alternative actions.** Permissive thinking usually concerns behaviors that are either pleasurable or regulate distress (in the short-term). Discuss whether there are more helpful and less harmful ways of acting. For example, how else can the client be kind to themselves and/or manage difficult emotions when they arise?

- **Looking at the 'bigger picture'.** Explore whether the client's permissive thoughts are consistent with their aspirations, life ambitions, and/or personal values. For example, are these thoughts consistent with the client's goals for therapy, the type of person they want to be, or how they want to be remembered by others?

- **Behavior postponement.** Permissive thinking usually arises in response to urges and cravings. Rather than acting on these thoughts, encourage the client to postpone the behavior for short, incremental periods of time (Cooper et al., 2000). For example, can the client delay binge-eating for five minutes? If so, can they resist for another five minutes? Urges will often pass if the client rides them out for long enough, helping them see that they are temporary phenomena ('urge surfing'; Fairburn, 2008). While some clients benefit from exposure and response prevention during behavior postponement (e.g., simply sitting with the urge), others may require distractions to help support the process.

- **Role-play.** Clients can practice responding to their permissive thinking with the 'devil's advocate' technique (Pugh, 2019). This involves the therapist moving to a different chair and enacting the client's permissive thoughts ("Go ahead and drink – you can get back on track tomorrow") while the client counters from their 'heathy side' ("No, I want to stay sober – if I start drinking, I won't stop"). If the client finds this difficult, roles are reversed so the therapist can model the response. However, difficulties countering permissive thoughts may reflect ambivalence about stopping these behaviors, in which case motivational interventions might be more helpful for the client. Note that role-play and other forms of chairwork can be emotionally demanding for clients.

- **Testing beliefs and assumptions.** It can be helpful to explore whether the client holds beliefs or assumptions which drive permissive thinking, such as "I shouldn't deprive myself of the things I want to do" and "It's impossible to tolerate an urge without acting on it". If assumptions like these are identified, clients can assess how accurate and helpful they are. Their attitudes towards healthier assumptions can be explored, such as "It's OK to treat myself sometimes, but indulging in some things is harmful". Assumptions can also be tested using behavioral experiments, including surveys (e.g., "Let's see how other respond to urges and cravings").

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# Permissive Thinking

When we feel strong emotions – such as fear, sadness, shame, or hopelessness – we have often just had an *automatic thought*. These thoughts can happen so quickly and effortlessly that we are not even aware we've had them. It can take practice to notice them as they arise. Automatic thoughts often feel convincing, but they are not always 100% accurate.

They are often *exaggerated*, *biased*, *distorted*, or *unrealistic*. There are different types of biases, which psychologists call *cognitive distortions* or *unhelpful thinking styles*. We all think in exaggerated ways sometimes, but it can become a problem if your thoughts are distorted very often or very strongly.

**Permissive thinking** (also known as facilitative or justificational thinking) is a style of thinking where you give yourself permission to do things that aren't good for you or other people. For instance, you might downplay how damaging something is, tell yourself that you deserve to do it, or promise that this will be the last time. Everyone is permissive sometimes, but if you think this way too often or in relation to things that cause harm, it might lead to serious problems.

> Using drugs once more won't hurt – I'll stop tomorrow.

> I feel bad, so it's OK to binge.

> Everything else is going wrong, so why shouldn't I?

> I'll feel better if I pull out one more hair.

**Permissive thinking is associated with a wide range of problems:**

`Addictions`   `Compulsive behaviors`   `Eating Disorders`   `Self harm`   `Suicidal thinking`   `Violence`

## Overcoming permissive thinking

### Noticing and labeling

The first step in overcoming permissive thinking is catching it. Practice *self-monitoring* so that you get better at noticing these thoughts as they arise. When you notice one, say something to yourself like:

- "There's another permissive thought."
- "I'm giving myself permission again."

### Evaluate your thinking

There are lots of ways of judging a situation. You can practice putting your permissive thoughts in perspective by asking yourself these questions:

- "Is this thought 100% true? What evidence shows that it isn't accurate?"
- "If someone I cared about had this thought, what would I say to them?"
- "What could I say to myself to make it harder to act on this thought?"
- "What are the pros and cons of acting on this thought? Is it good for me?"

### Look at the bigger picture

Permissive thinking can move you away from the person you want to be. Take some time to think about what really matters to you.

- "Is acting on this thought taking me towards or away from being the person I want to be?"
- "Is this thought consistent with my goals or personal values?"
- "How will I feel if I act on this thought? What have I learned from past experience?"

### Choose a different response

Permissive thinking leads to damaging behaviors. Make a commitment to respond in a way that supports your well-being and self-esteem. For example:

- "Is there another way you can be kind to yourself?"
- "Are there other ways you can manage this difficult feeling?"
- "Urges don't last forever, so can you postpone the behavior until it passes? You could imagine you are a surfer, riding the wave of the urge."

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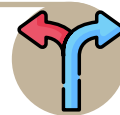
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