

“Russ Harris is an open, centered, and engaged teacher of acceptance and commitment therapy (ACT), and, in *ACT Made Simple*, he succeeds in delivering a transparent account of a complex and powerful treatment. I recommend this book to mental health and medical providers and to their teachers.”

—Patricia J. Robinson, Ph.D., coauthor of *Behavioral Consultation and Primary Care* and *The Mindfulness and Acceptance Workbook for Depression*

“*ACT Made Simple* is simply the most accessible book written to date for therapists interested in learning ACT. Russ Harris explains ACT concepts in a style that is both engaging and straightforward. His advice on overcoming therapy roadblocks is invaluable and will be useful to both novice and experienced ACT practitioners.”

—Jason B. Luoma, Ph.D., psychologist at Portland Psychotherapy Clinic, Research, and Training Center

“Perhaps the most elegant, easily digestible book on using the principles of mindfulness and acceptance to improve your own life and the lives of others. Inside are a litany of creative exercises and strategies that are ready for immediate use. But none of the benefits would be possible without the supportive, entertaining voice of Russ Harris. There is something new to be learned with each reading.”

—Todd B. Kashdan, Ph.D., professor of psychology at George Mason University and author of *Curious? Discover the Missing Ingredient to a Fulfilling Life*

“ACT aims to increase psychological flexibility. Learn from this book and you’ll be *doing* ACT rather than just talking about doing ACT. And you’ll be doing it with greater flexibility.”

—Hank Robb, Ph.D., ABPP

“Let’s face it: psychological concerns are complex. If modern behavior therapy is to rise to the occasion of reducing human suffering, it will require a similarly intricate and comprehensive approach. ACT attempts to provide a multifaceted treatment model to address these complexities, and *ACT Made Simple* has risen to the occasion by reducing the difficulties in understanding the unique ACT approach. Harris’s expressive style is matchless. Comprehensive scientific and clinical literature rarely reads this well. This is a clear, understandable introduction to a powerful intervention approach. Many practitioners who are new to ACT will want to start with *ACT Made Simple*.”

—Daniel J. Moran, Ph.D., BCBA, coauthor of *ACT in Practice*

"This much-needed book is a must for mental health clinicians interested in learning ACT. True to his physician roots, Harris has taken a very practical approach to understanding ACT. He does a wonderful job of taking complicated ACT concepts and making them easy to understand. His writing is full of wit, self-disclosure, and down-to-earth communication. Readers of this book will finish it with a much better understanding of core ACT principles and interventions."

—Kirk D. Strosahl, Ph.D., coauthor of *The Mindfulness and Acceptance Workbook for Depression*

"For newcomers to ACT, there is no better place to start than with this book. Russ Harris masterfully makes ACT come alive with an accessible writing style and illustrative examples of its application in alleviating a wide range of types of human suffering. Practical tips and homework assignments throughout will actively engage you to go beyond merely reading about ACT and begin to apply it to your own life and in your work with clients. For those who may have been holding out for *ACT for Dummies*, the wait is over. This book is for you!"

—Robert Zettle, Ph.D., professor of psychology at Wichita State University
and author of *ACT for Depression*

"For those of you who train or supervise nurses, physicians, social workers, or other professionals unfamiliar with psychological lingo, *ACT Made Simple* is a must. Russ Harris has succeeded in the challenge of translating difficult psychological concepts embedded in ACT into plain, colorful, diverse language that anyone working clinically will understand. Each section is simply organized, easy to follow, and user-friendly. Harris has included highly useful sections of practical tips and common pitfalls that even the trained ACT therapist will find useful. I highly recommend *ACT Made Simple* as a primer for ACT training."

—JoAnne Dahl, Ph.D., author of *The Art and Science of Valuing in Psychotherapy*

"*ACT Made Simple* is just that. Dr. Harris has, once again, written a very accessible book that should be read by all clinicians wanting to learn, engage or otherwise implement ACT in their practice. This book is a must for ACT readers. My thanks to Dr. Harris for making ACT so user-friendly and understandable."

—Robyn D. Walser, Ph.D., author of *The Mindful Couple*

ACT made simple

**An Easy-to-Read Primer
on Acceptance and
Commitment Therapy**

RUSS HARRIS, MD

New Harbinger Publications, Inc.

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INTRODUCTION

What's It All About?

Life is spelt H.A.S.S.L.E.—Albert Ellis

Life is difficult.—M. Scott Peck

Life is suffering.—Buddha

Shit happens!—Anonymous

WHY, WHY, WHY?

Why is it so hard to be happy? Why is life so difficult? Why do humans suffer so much? And what can we realistically do about it? Acceptance and commitment therapy (ACT) has some profound and life-changing answers to these questions. This book aims to take the complex theory and practice of ACT and make it accessible and enjoyable. If, like me, you've got a bookcase full of mostly unfinished academic textbooks, you'll appreciate the fact that ACT is engaging and playful. I've deliberately kept technical jargon to an absolute minimum and opted for everyday language wherever possible. I hope to make ACT accessible to the broadest possible range of professionals—from coaches, counselors, and mental health nurses, to social workers, psychologists, psychiatrists, and all health professionals.

SO WHAT IS ACT?

We officially say ACT as the word “act” and not as the initials A-C-T. There’s a good reason for this. At its core, ACT is a behavioral therapy: it’s about taking action. But it’s not about just any old action. First, it’s about values-guided action. There’s a big existential component to this model: What do you want to stand for in life? What really matters, deep in your heart? What do you want to be remembered for at your funeral? ACT gets you in touch with what really matters in the big picture: your heart’s deepest desires for whom you want to be and what you want to do during your brief time on this planet. You then use these core values to guide, motivate, and inspire behavioral change. Second, it’s about “mindful” action: action that you take consciously, with full awareness—open to your experience and fully engaged in whatever you’re doing.

ACT gets its name from one of its core messages: accept what is out of your personal control, and commit to taking action that enriches your life. The aim of ACT is to help us create a rich, full, and meaningful life, while accepting the pain that life inevitably brings. ACT does this by

- teaching us psychological skills to handle painful thoughts and feelings effectively, in such a way that they have much less impact and influence—these are known as *mindfulness skills*; and
- helping us to clarify what’s truly important and meaningful to us—that is, clarify our values—and use that knowledge to guide, inspire, and motivate us to set goals and take action that enriches our life.

ACT rests on an underlying theory of human language and cognition called relational frame theory (RFT), a theory that now has over one hundred and fifty published peer-reviewed articles supporting its principles. We won’t cover RFT in this book because it’s quite technical and takes a fair bit of work to understand, whereas the aim of this book is to welcome you into ACT, simplify the main concepts, and get you off to a quick start.

The good news is you can be an effective ACT therapist without knowing anything about RFT. If ACT is like driving your car, RFT is like knowing how the engine works: you can be an excellent driver while knowing absolutely nothing about the mechanics. (Having said that, many ACT therapists say that when they understand RFT, it improves their clinical effectiveness. Therefore, if you’re interested, appendix 2 will tell you where to go for more information.)

WHO IS THIS BOOK FOR?

I’ve aimed this book primarily at newcomers to ACT who want a quick and simple introduction to the model. It will also be useful for more experienced practitioners who want a quick refresher course: an ACT primer, if you like. I’ve designed it to complement other ACT textbooks that offer

more theory or more in-depth discussions of the ACT processes and their clinical applications. I'll mention some of these textbooks as we go along and others in the resources section (appendix 2) at the end.

HOW TO USE THIS BOOK

If you're brand-new to ACT, I strongly recommend you read this entire book from cover to cover *before* you start using any of it. This is because the six core processes of ACT are all interdependent, so unless you have a good sense of the entire model and the way these different strands interweave, you may well get confused and head off in the wrong direction.

And, of course, reading it is not enough; you'll also need to actively practice the exercises as you go. After all, you can't learn to drive merely by reading about it; you have to actually get in a car, put your hands on the wheel, and take it for a spin. When you're ready to start using ACT with your clients, you can either use this book to loosely guide you, or you might prefer to use a protocol-based ACT textbook that will coach you along in detail, session-by-session.

First off, in chapters 1 through 3, we're going to zip through an overview of the model and the theory underlying it. Then in chapters 4 and 5, we'll cover the basics of getting started, including how to do experiential therapy, obtain informed consent, and structure your ongoing sessions. In chapters 6 through 12, we'll go step-by-step through the six core processes of ACT and how to apply them to a wide range of clinical issues. The emphasis in each chapter will be on simplicity and practicality so you can start using this approach straight away. (But please keep in mind: newcomers should first read the whole book, cover to cover, before applying it.)

In the last section of the book, chapters 13 through 15, we'll cover a wide range of important topics including common therapist pitfalls, overcoming barriers to change, enhancing the client-therapist relationship, dancing around the six core processes, embodying ACT in everyday life, mixing and matching ACT with other models, and where to go next on your journey as an ACT therapist.

From chapter 5 onward, you'll find these "practical tip" text boxes popping up:

Practical Tip In these sections, you'll find practical tips to help your clinical practice and common pitfalls to watch out for.

YOUR ROLE IN ALL THIS

I heard a great saying recently: "Be yourself: everyone else is already taken." Your role in learning and practicing ACT is to be yourself. I wasted a lot of time and effort in my early ACT work trying to do ACT word-for-word as written in the textbooks. And then, after I saw Steve Hayes and Kelly

Wilson—two of the founders of ACT—in action, I tried very hard to copy their unique styles of doing therapy. This didn't work very well for me. It all went much better when I allowed myself to be me and developed my own style and my own way of speaking, a manner that felt natural and also suited the clients I work with. I'm sure you'll find the same.

So as you go through this book, use your creativity. Feel free to adapt, modify, and reinvent the tools and techniques within these pages (provided you're remaining true to the ACT model) to suit your own personal style. Wherever I present metaphors, scripts, worksheets, or exercises, change the words to fit your way of speaking. And if you have better or different metaphors that accomplish the same ends, then please use yours rather than the ones in this book. There's enormous room for creativity and innovation within the ACT model, so please do take every advantage of it.

GETTING STARTED

Few people come to ACT and dive in head first. You, like most, may start off by dipping a toe in the water. Next, you put a whole foot in. Then a knee. Then an entire leg. Now you find yourself in this odd position, with one leg in the water and one leg out. And generally you stay there for quite a while, half in, half out, not quite sure if ACT is for you. Finally, one day, you take the plunge. And when you do so, you discover the water is warm, welcoming, and invigorating; you feel liberated, buoyant, and resourceful; and you want to spend a lot more time in it. Once this happens, there's generally no going back to your old way of working. (So if this hasn't already happened to you, I hope it will by the end of this book.)

One reason for this initial uncertainty about ACT is that it challenges conventional wisdom and overturns the ground rules of most Western psychology. For example, most models of therapy are extremely focused on symptom reduction. Their assumption is that clients need to reduce their symptoms before they can lead a better life. ACT takes a radically different stance. ACT assumes that (a) quality of life is primarily dependent upon mindful, values-guided action, and (b) this is possible regardless of how many symptoms you have—provided that you respond to your symptoms with mindfulness.

To put it another way, mindful, values-congruent living is the desired outcome in ACT, not symptom reduction. So although ACT typically reduces symptoms, this is never the goal. (By the way, as "values-congruent living" is a bit of a mouthful, for the most of the book I'll shorten it to "valued living." Sorry, I know it's not great English.)

Thus in ACT, when we teach a client mindfulness skills, the aim is *not* to reduce his symptoms but to fundamentally *change his relationship with his symptoms* so that they no longer hold him back from valued living. The fact that his symptoms reduce is considered a "bonus" rather than the main point of therapy.

Of course, we don't say to our clients, "We're not going to try to reduce your symptoms!" Why not? Because (a) this would set up all sorts of unnecessary therapeutic barriers, and (b) we know that symptom reduction is extremely likely. (Even though we never aim for it, in almost every trial

and study ever done on ACT, there is significant symptom reduction—although sometimes it occurs more slowly than in other models.)

So what this means is, if you come to ACT from models that are very focused on trying to reduce symptoms, it's truly a massive paradigm shift. Fortunately most people—therapists and clients alike—find it a liberating one. However, because ACT is so different from most other psychological approaches, many practitioners initially feel awkward, anxious, vulnerable, confused, or inadequate. I certainly did. (And I still do at times!) The good news is ACT gives you the means to effectively handle those perfectly natural feelings. And the more you practice ACT on yourself to enrich and enhance your own life and to resolve your own painful issues, the more effective you'll be in applying it with your clients. (How's that for a bonus?) So, enough of the preamble: let's get started!

CHAPTER I

ACT in a Nutshell

WHAT IS A "MIND"?

This is too hard. I can't do this. Why isn't this working? It all seemed so easy when I read it in the textbook. I wish there was a real therapist here to tell me what to do. Maybe I'm not cut out for this sort of work. I'm so dumb. Maybe I should refer this client to someone else who knows what they're doing.

Does your mind ever say things like this to you? Mine certainly does. And so does the mind of every therapist I've ever known. Now take a moment to reflect on what else your mind does that's unhelpful. For example, does it ever compare you harshly to others, or criticize your efforts, or tell you that you can't do the things you want to do? Does it ever dredge up unpleasant memories from the past? Does it find fault with your life as it is today and conjure up alternative lives where you'd be ever so much happier? Does it ever drag you into scary scenarios about the future and warn you about all the possible things that might go wrong? If so, it sounds as if you have a normal human mind. You see, in ACT, we start from the assumption that the normal psychological processes of a normal human mind readily become destructive, and sooner or later, they create psychological suffering for all of us. And ACT speculates that the root of this suffering is human language itself.

Language and the Mind

Human language is a highly complex system of symbols that includes words, images, sounds, facial expressions, and physical gestures. Humans use language in two domains: public and private. The public use of language includes speaking, talking, miming, gesturing, writing, painting, sculpting, singing, dancing, acting, and so on. The private use of language includes thinking, imagining, daydreaming, planning, visualizing, analyzing, worrying, fantasizing, and so on. (A commonly used term for the private use of language is *cognition*.)

Now clearly the mind is not a “thing” or an “object.” We use the word “mind” to describe an incredibly complex set of interactive cognitive processes, such as analyzing, comparing, evaluating, planning, remembering, visualizing, and so on. And all of these complex processes rely on the sophisticated system of symbols we call human language. Thus in ACT, when we use the word “mind,” we’re using it as a metaphor for “human language.”

Your Mind Is Not Your Friend—or Your Enemy

ACT regards the mind as a double-edged sword. It’s very useful for all sorts of purposes, but if we don’t learn how to handle it effectively, it will hurt us. On the bright side, language helps us make maps and models of the world; predict and plan for the future; share knowledge; learn from the past; imagine things that have never existed and go on to create them; develop rules that guide our behavior effectively and help us to thrive as a community; communicate with people who are far away; and learn from people who are no longer alive.

The dark side of language is that we use it to lie, manipulate, and deceive; to spread libel, slander, and ignorance; to incite hatred, prejudice, and violence; to make weapons of mass destruction and industries of mass pollution; to dwell on and “relive” painful events from the past; to scare ourselves by imagining unpleasant futures; to compare, judge, criticize, and condemn both ourselves and others; and to create rules for ourselves that can often be life constricting or destructive. Because language is both a blessing and a curse, we often say in ACT, “Your mind is not your friend—and it’s not your enemy either.” So now that we know what a “mind” is, let’s turn to a very important question.

WHAT IS THE AIM OF ACT?

The aim of ACT, in lay terms, is to create a rich, full, and meaningful life while accepting the pain that inevitably goes with it. Later this chapter, we’ll look at a more technical definition of ACT, but first take a moment to consider this question: why does life inevitably involve pain?

Clearly there are many, many reasons. We’ll all experience frustration, disappointment, rejection, loss, and failure. We’ll all experience illness, injury, and aging. We’ll all face our own death and the death of our loved ones. On top of that, many basic human emotions—normal feelings that each and every one of us will repeatedly experience throughout our lives—are inherently painful: fear, sadness, guilt, anger, shock, and disgust, to name but a few.

And as if all that were not enough, we each have a mind that can conjure up pain at any moment. Thanks to human language, wherever we go, whatever we do, we can experience pain instantly. In any moment, we can relive a painful memory or get lost in a fearful prediction of the future. Or we can get caught up in unfavorable comparisons (“Her job is better than mine”) or negative self-judgments (“I’m too fat,” “I’m not smart enough,” and so on).

Thanks to human language, we can even experience pain on the happiest days of our lives. For example, suppose it's Susan's wedding day, and all of her friends and family are gathered together to honor her joyful new union. She is blissfully happy. But then she has the thought *I wish my father were here*—and she remembers how he committed suicide when she was only sixteen years old. Now, on one of the happiest days of her life, she's in pain.

And we're all in the same boat as Susan. No matter how good our quality of life, no matter how privileged our situation, all we need do is remember a time when something bad happened, or imagine a future where something bad happens, or judge ourselves harshly, or compare our life to someone else's that seems better, and instantly we're hurting.

Thus, thanks to the sophistication of the mind, even the most privileged of human lives inevitably involves significant pain. Unfortunately, typical human beings commonly handle their pain ineffectively. All too often when we experience painful thoughts, feelings, and sensations, we respond in ways that are self-defeating or self-destructive in the long run. Because of this, one major element of ACT is teaching people how to handle pain more effectively through the use of mindfulness skills.

WHAT IS MINDFULNESS?

"Mindfulness" is an ancient concept, found in a wide range of ancient spiritual and religious traditions, including Buddhism, Taoism, Hinduism, Judaism, Islam, and Christianity. Western psychology has only recently started to recognize the many benefits of developing mindfulness skills. If you read a few books on the subject, you'll find "mindfulness" defined in a variety of different ways, but they all basically boil down to this:

Mindfulness means paying attention with flexibility, openness, and curiosity.

This simple definition tells us three important things. First, mindfulness is an *awareness* process, not a *thinking* process. It involves bringing awareness or paying attention to your experience in this moment as opposed to being "caught up" in your thoughts. Second, mindfulness involves a particular attitude: one of openness and curiosity. Even if your experience in this moment is difficult, painful, or unpleasant, you can be open to it and curious about it instead of running from it or fighting with it. Third, mindfulness involves flexibility of attention: the ability to consciously direct, broaden, or focus your attention on different aspects of your experience.

We can use mindfulness to "wake up," connect with ourselves, and appreciate the fullness of each moment of life. We can use it to improve our self-knowledge—to learn more about how we feel and think and react. We can use it to connect deeply and intimately with the people we care about, including ourselves. And we can use it to consciously influence our own behavior and increase our range of responses to the world we live in. It is the art of living consciously—a profound way to enhance psychological resilience and increase life satisfaction.

Of course there's a lot more to ACT than just mindfulness. It's also about valued living: taking action, on an ongoing basis, that is guided by and aligned with core values. Indeed, we teach

mindfulness skills in ACT with the express purpose of facilitating valued action: to help people live by their values. In other words, the outcome we aim for in ACT is mindful, valued living. This will become clearer in the next section, where we look at the six core processes of ACT.

THE SIX CORE THERAPEUTIC PROCESSES OF ACT

The six core therapeutic processes in ACT are contacting the present moment, defusion, acceptance, self-as-context, values, and committed action. Before we go through them one by one, take a look at the diagram in figure 1.1, which is light-heartedly known as the ACT “hexaflex.” (This diagram differs from the standard version you’ll find in most ACT textbooks in that underneath each technical term I’ve written a short catchphrase to help you remember what it means.)

Let’s take a look now at each of the six core processes of ACT.

Contacting the Present Moment (*Be Here Now*)

Contacting the present moment means being psychologically present: consciously connecting with and engaging in whatever is happening in this moment. Humans find it very hard to stay present. Like other humans, we know how easy it is to get caught up in our thoughts and lose touch with the world around us. We may spend a lot of time absorbed in thoughts about the past or the future. Or instead of being fully conscious of our experience, we may operate on automatic pilot, merely “going through the motions.” Contacting the present moment means flexibly bringing our awareness to either the physical world around us or the psychological world within us, or to both simultaneously. It also means consciously paying attention to our here-and-now experience instead of drifting off into our thoughts or operating on “automatic pilot.”

Defusion (*Watch Your Thinking*)

Defusion means learning to “step back” and separate or detach from our thoughts, images, and memories. (The full term is “cognitive defusion,” but usually we just call it “defusion.”) Instead of getting caught up in our thoughts or being pushed around by them, we let them come and go as if they were just cars driving past outside our house. We step back and watch our thinking instead of getting tangled up in it. We see our thoughts for what they are—nothing more or less than words or pictures. We hold them lightly instead of clutching them tightly.

Acceptance (*Open Up*)

Acceptance means opening up and making room for painful feelings, sensations, urges, and emotions. We drop the struggle with them, give them some breathing space, and allow them to be as

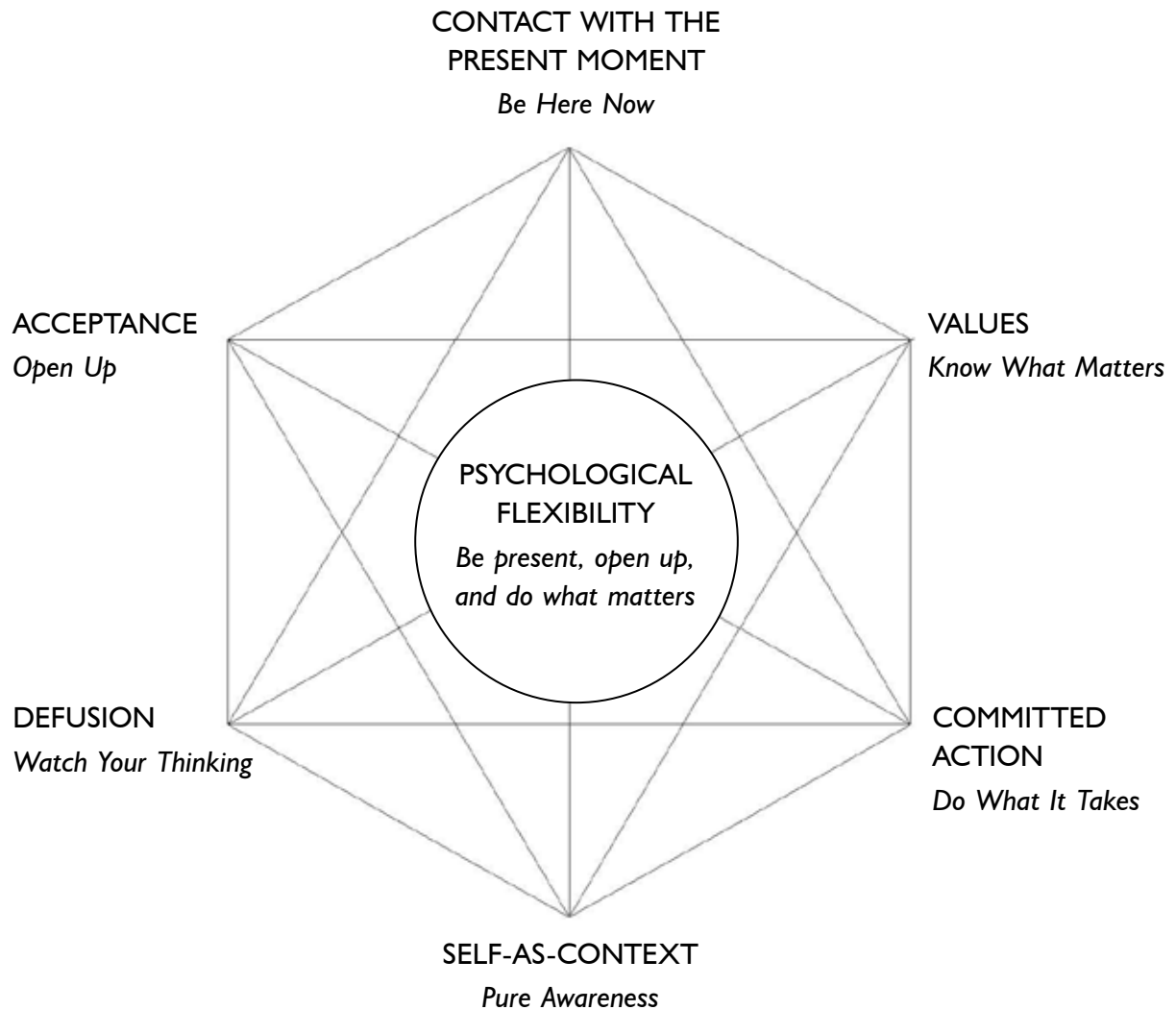


Figure 1.1 **The ACT Hexaflex**

they are. Instead of fighting them, resisting them, running from them, or getting overwhelmed by them, we open up to them and let them be. (Note: This doesn't mean liking them or wanting them. It simply means making room for them!)

Self-as-Context (*Pure Awareness*)

In everyday language, we talk about the "mind" without recognizing that there are two distinct elements to it: the thinking self and the observing self. We're all very familiar with the thinking self:

that part of us which is always thinking—generating thoughts, beliefs, memories, judgments, fantasies, plans, and so on. But most people are unfamiliar with the observing self: the aspect of us that is aware of whatever we’re thinking, feeling, sensing, or doing in any moment. Another term for it is “pure awareness.” In ACT, the technical term is *self-as-context*. For example, as you go through life, your body changes, your thoughts change, your feelings change, your roles change, but the “you” that’s able to notice or observe all those things never changes. It’s the same “you” that’s been there your whole life. With clients, we generally refer to it as “the observing self” rather than use the technical term “self-as-context.”

Values (*Know What Matters*)

Deep in your heart, what do you want your life to be about? What do you want to stand for? What you want to do with your brief time on this planet? What truly matters to you in the big picture? *Values* are desired qualities of ongoing action. In other words, they describe how we want to behave on an ongoing basis. Clarifying values is an essential step in creating a meaningful life. In ACT, we often refer to values as “chosen life directions.” We commonly compare values to a compass because they give us direction and guide our ongoing journey.

Committed Action (*Do What It Takes*)

Committed action means taking effective action, guided by our values. It’s all well and good to know our values, but it’s only via ongoing values-congruent action that life becomes rich, full, and meaningful. In other words, we won’t have much of a journey if we simply stare at the compass; our journey only happens when we move our arms and legs in our chosen direction. Values-guided action gives rise to a wide range of thoughts and feelings, both pleasant and unpleasant, both pleasurable and painful. So committed action means “doing what it takes” to live by our values even if that brings up pain and discomfort. Any and all traditional behavioral interventions—such as goal setting, exposure, behavioral activation, and skills training—can be used in this part of the model. And any skill that enhances and enriches life—from negotiation to time management, from assertiveness to problem solving, from self-soothing to crisis coping—can be taught under this section of the hexaflex (provided that it’s in the service of valued living and *not* in the service of experiential avoidance, which we’ll talk about in chapter 2).

Psychological Flexibility: A Six-Faceted Diamond

Keep in mind that the six core processes of ACT aren’t separate processes. Although we talk about them that way for pragmatic purposes—to help therapists and clients learn and apply the ACT model—it’s more useful to think of them as six facets of one diamond. And the diamond itself is psychological flexibility.

Psychological flexibility is the ability to be in the present moment with full awareness and openness to our experience, and to take action guided by our values. Put more simply, it's the ability to "be present, open up, and do what matters." Technically speaking, the primary aim of ACT is to increase psychological flexibility. The greater our ability to be fully conscious, to be open to our experience, and to act on our values, the greater our quality of life because we can respond far more effectively to the problems and challenges life inevitably brings. Furthermore, through engaging fully in our life and allowing our values to guide us, we develop a sense of meaning and purpose, and we experience a sense of vitality. We use the word "vitality" a lot in ACT, and it's important to recognize that *vitality* is not a feeling; it is a sense of being fully alive and embracing the here and now, regardless of how we may be feeling in this moment. We can even experience vitality on our deathbed or during extreme grief because "There is as much living in a moment of pain as in a moment of joy" (Strosahl, 2004, p. 43).

THE ACT TRIFLEX

The six core processes can be "lumped together" into three functional units, as in figure 1.2 below. Both defusion and acceptance are about separating from thoughts and feelings, seeing them for what they truly are, making room for them, and allowing them to come and go of their own accord. In other words: "Opening up."

Self-as-context (aka the observing self) and contacting the present moment both involve making contact with verbal and nonverbal aspects of your here-and-now experience. In other words: "Being present."

Values and committed action involve the effective use of language to facilitate life-enhancing action. In other words: "Doing what matters."

Thus psychological flexibility is the ability to "be present, open up, and do what matters."

THE ACT ACRONYM

There's a simple acronym that encapsulates the entire model, and it's often useful to share this with clients. The acronym is—surprise, surprise!—ACT:

A = Accept your thoughts and feelings, and be present.

C = Choose a valued direction.

T = Take action.

(And on that note, I should mention that throughout this book, I use the phrase "thoughts and feelings" as a form of shorthand. By "thoughts," I mean all manner of cognitions, including memories and images, and the term "feelings" includes emotions, sensations, and urges.)

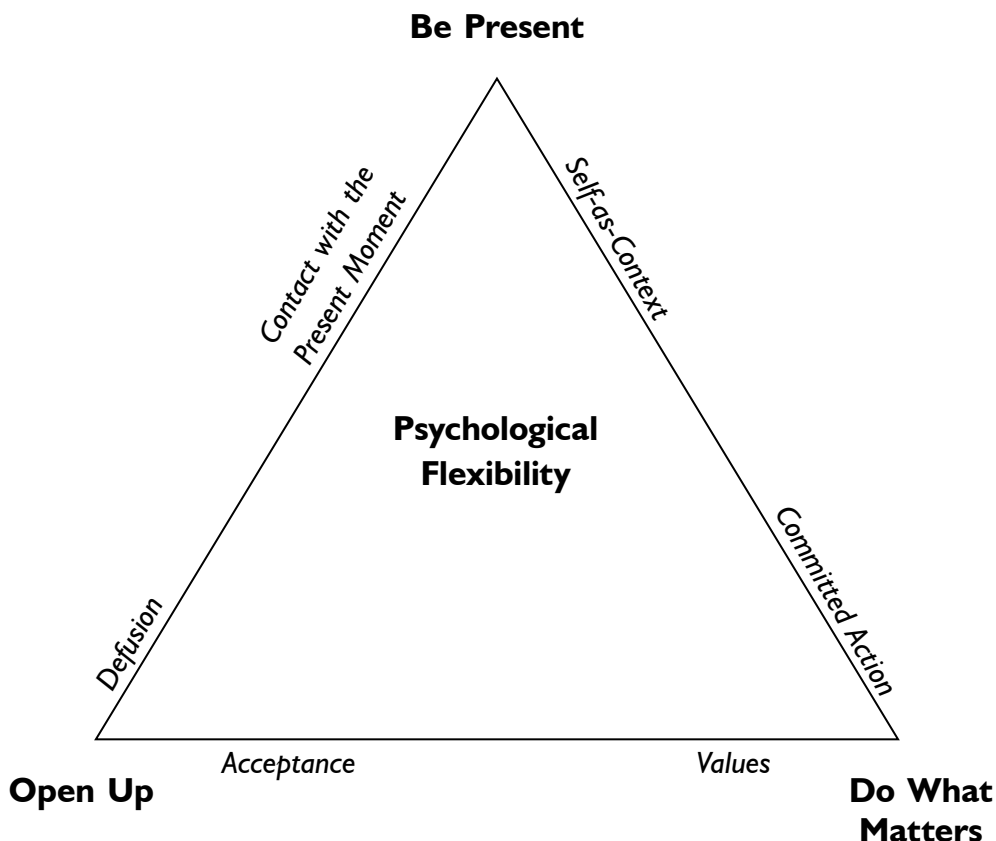


Figure 1.2 **The ACT Triflex**

THE ACT IN A NUTSHELL METAPHOR

The following transcript describes a physical metaphor that I originally put together to quickly summarize the ACT model to clients. (Many ACT textbooks caution against didactically explaining the model to clients: the danger is we can get bogged down in long-winded explanations, or the client will intellectualize the model. However, there are situations in which it's useful to metaphorically—as opposed to didactically—explain the model, and we can adapt the ACT in a Nutshell Metaphor in many ways. Indeed, as you read through the book, you'll notice how we can use and modify pieces of it for multiple purposes, especially work with defusion and acceptance. The transcript that follows takes place toward the end of a first session, as part of informed consent. (To get a better sense of how this exercise is done, you can watch a free YouTube video of the exercise on www.actmadesimple.com/free_resources). There are five sections to it, which I've numbered for future reference.

SECTION 1

Therapist: It's hard to explain what ACT is about simply by describing it, and it probably wouldn't make much sense even if I tried. So would it be okay if I showed you what it's about by using a metaphor?

Client: Sure.

Therapist: Great. (*The therapist picks up a clipboard or a large hardback book and shows it to the client.*) I want you to imagine that this clipboard represents all the difficult thoughts and feelings and memories that you have been struggling with for so long. And I'd like you to take hold of it and grip it as tightly as you can so that I can't pull it away from you. (*Client grips it tightly.*) Now I'd like you to hold it up in front of your face so you can't see me anymore—and bring it up so close to your face that it's almost touching your nose. (*The client holds the clipboard directly in front of her face, blocking her view of both the therapist and the surrounding room.*)

Therapist: Now what's it like trying to have a conversation with me while you're all caught up in your thoughts and feelings?

Client: Very difficult.

Therapist: Do you feel connected with me, engaged with me? Are you able to read the expressions on my face? If I were doing a song-and-dance routine now, would you be able to see it?

Client: (*chuckling*) No.

Therapist: And what's your view of the room like, while you're all caught up in this stuff?

Client: I can't see anything except the clipboard.

Therapist: So while you're completely absorbed in all this stuff, you're missing out on a lot. You're disconnected from the world around you, and you're disconnected from me. Notice, too, that while you're holding on tightly to this stuff, you can't do the things that make your life work. Check it out—grip the clipboard as tightly as you possibly can. (*The client tightens her grip.*) Now if I asked you to cuddle a baby, or hug the person you love, or drive a car, or cook dinner, or type on a computer while you're holding on tightly to this, could you do it?

Client: No.

Therapist: So while you're all caught up in this stuff, not only do you lose contact with the world around you and disconnect from your relationships, but also you become incapable of doing the things that make your life work.

Client: (*nodding*) Okay.

SECTION 2

Therapist: Is it alright if I just drag my chair across so I'm sitting beside you? There's something else I want to demonstrate here.

Client: Sure.

Therapist: (*pulls his chair alongside that of the client*) Could I have the clipboard back for a moment? (*Therapist takes the clipboard back.*) Can I just check—you don't have any neck or shoulder problems do you?

Client: No.

Therapist: Okay. I'm just checking because this involves a bit of physical exertion. What I'd like you to do is place both your hands flat on one side of the clipboard here, and I'm going to put my hands on the other side, and I'd like you to push the clipboard away from you. Push firmly, but don't push so hard you knock me over. (*As the client tries to push the clipboard away, the therapist pushes back. The harder the client pushes, the more the therapist leans into it.*) And just keep pushing. You hate this stuff, right? You hate these thoughts and feelings. So push as hard as you can—try to make them go away. (*The therapist maintains the struggle so that the client keeps pushing while the therapist pushes back.*) So here you are, trying very hard to push away all these painful thoughts and feelings. You've been doing this for years, and are they going anywhere? Sure, you're keeping them at arm's length, but what's the cost to you? How does it feel in your shoulders?

Client: (*chuckling*) Not too bad actually. It's a good workout.

Therapist: (*pushing harder*) Okay, this is fine for now, we've only been going a few seconds, but how will you be feeling after a whole day of this?

Client: I'd be pretty tired.

Therapist: (*still pushing the clipboard back and forth with the client*) And if I asked you now to type on a computer, or drive a car, or cuddle a baby, or hug somebody you love while you're doing this, could you do it?

Client: No.

Therapist: And what's it like trying to have a conversation with me while you're doing this?

Client: Very distracting.

Therapist: Do you feel a bit closed in or cut off?

Client: Yes.

SECTION 3

The therapist now stops resisting. He eases off the pressure, and takes the clipboard back.

Therapist: Okay, now let's try something else. Is it okay if I just place the clipboard on your lap, and we just let it sit there? (*Client nods. The therapist places the clipboard on the client's lap.*) Now isn't that a lot less effort? How are your shoulders now?

Client: A lot better.

Therapist drags his chair back across the room.

Therapist: Notice that you are now free to invest your energy in doing something constructive. If I asked you now to cook a meal, or play the piano, or cuddle a baby, or hug somebody you love—now you could do it, right?

Client: (*chuckling*) Yes.

Therapist: And what's it like to have a conversation with me now as opposed to doing this (*mimes pushing the clipboard away*) or this (*mimes holding the clipboard up in front of his face*)?

Client: Easier.

Therapist: Do you feel more engaged with me? Can you read my face now?

Client: Yes.

Therapist: Notice, too, you now have a clear view of the room around you. You can take it all in. If I started doing a song-and-dance routine, you'd be able to see it.

Client: (*smiles*) Yes. (*She gestures down at the clipboard.*) But it's still here. I don't want it.

SECTION 4

Therapist: Absolutely. It's still there. And of course you don't want it; who would all these painful thoughts and feelings? But notice, now this stuff is having much less impact on you. Now I'm sure in the ideal world you'd like to do this. (*Therapist mimes throwing the clipboard on the floor.*) But here's the thing: you've been trying to do that for years. Let's do a brief recap. You've tried drugs, alcohol, self-help books, therapy, withdrawing from the world, lying in bed, avoiding challenging situations, beating yourself up, blaming your parents, distracting yourself, rehashing the past, trying to figure out why you're like this, being busy, doing self-development courses, and lots of other things too, I'm willing to bet. So no one can call you lazy! You've clearly put a lot of time, effort, and money into trying to get rid of these thoughts and feelings. And yet, despite all that effort, they're still showing up. They're still here today. (*The therapist points to the clipboard in the client's lap.*) Some of these things you do make this stuff go away for a short while,

but it soon comes back again, doesn't it? And isn't it the case that this is now bigger and heavier than it was all those years ago when you first started struggling with this stuff? There are more painful feelings, thoughts, and memories here than there were five years ago, right?

Client: Yes.

Therapist: So even though this is what every instinct in your body tells you to do (*mimes throwing the clipboard onto the floor*), that strategy clearly isn't having the effects you want. It's really just making things worse. So we don't want to do more of what doesn't work, right?

Client: I guess not.

SECTION 5

Therapist: So here's what ACT is all about. We're going to learn some skills called mindfulness skills that will enable you to handle painful thoughts and feelings far more effectively—in such a way that they have much less impact and influence over you. So instead of doing this (*picks up clipboard and holds it in front of his face*) or this (*mimes pushing clipboard away*), you can do this (*drops the clipboard into his lap and lets go of it*.) And notice, this not only allows you to be connected with the world around you and to engage in what you're doing, but it also frees you up to take effective action. When you're no longer struggling with this stuff, or absorbed in it, or holding on to it, you are free. (*The therapist holds his arms up in a gesture of freedom*.) So now you can put your energy into doing the things that improve your quality of life—like hugging people you love or riding your bike or playing the guitar. (*The therapist mimes these activities*.) How does that sound to you?

Client: (*smiling*) Okay.

Obviously it doesn't always go that smoothly—when does therapy *ever* go as smoothly as in the textbooks?—but hopefully this metaphor gives you a sense of what ACT is all about: creating a rich and meaningful life while accepting the pain that goes with it. It also demonstrates that we teach mindfulness skills not as some spiritual pathway to enlightenment but in order to facilitate effective action. (Unfortunately, we don't have the space here to describe some of the ways clients may occasionally object to this metaphor, and how we can respond effectively to those objections. However you can download a description of these objections and responses at: www.actmadesimple.com/nutshell_metaphor_objections_and_responses)

Dissecting the Metaphor

ACT speculates that there are two core psychological processes—"cognitive fusion" and "experiential avoidance"—that are responsible for most psychological suffering. Section 1 of the transcript is a metaphor for *cognitive fusion*: getting caught up or entangled in our thoughts, or holding on to them

tightly. Section 2 is a metaphor for *experiential avoidance*: the ongoing struggle to avoid, suppress, or get rid of unwanted thoughts, feelings, memories, and other “private experiences.” (A *private experience* means any experience you have that no one else can know about unless you tell them: emotions, sensations, memories, thoughts, and so on.) N.B. You don’t want to turn this exercise into a strength test or a pushing competition. If you suspect your client may push aggressively against the clipboard, then preempt him. Say, “When I ask you to push, please don’t push too hard. Don’t try to push me over, just push gently!” Also, modify your own counterpressure; after a few seconds you could ease off and just leave the clipboard resting gently in midair, gently sandwiched in between your hands and the client’s hands.

Section 3 is a metaphor for acceptance, defusion, and contacting the present moment. Instead of the term “acceptance,” we often talk about “dropping the struggle,” “sitting with the feeling,” “letting it be,” “making room for it,” or “willingness to have it.” You can see how these terms nicely fit the physical metaphor of letting the clipboard sit on the client’s lap. Instead of the term “defusion,” we often talk about “letting go” or “stepping back” or “distancing,” “separating,” “disentangling,” or “dropping the story”—and again, as the client separates from the clipboard and lets go of it, the metaphor ties in well with such ways of talking.

Section 4 highlights the ineffectiveness and the costs of experiential avoidance; in ACT, this process is referred to as *creative hopelessness* or *confronting the agenda*. Why such odd names? Because we’re trying to create a sense of hopelessness in the client’s agenda of controlling her thoughts and feelings. This paves the way for the alternate agenda of mindfulness and acceptance, which is the very opposite of control.

Finally, section 5 highlights the link between mindfulness, values, and committed action. Presenting the entire ACT in a Nutshell Metaphor as an exercise generally takes no more than about five minutes.

What’s Next?

In the next chapter, we’ll look at cognitive fusion and experiential avoidance in more detail and see how they readily lead to six core pathological processes that are the “flip sides” of the six core therapeutic processes. But before reading on, why not try the ACT in a Nutshell Exercise on a friend or colleague to see if you can summarize what ACT is about? First, I recommend that you act it out loud a couple of times: run through each step with an imaginary client, as if you’re an actor rehearsing for a play. Then give it a go for real.

I suspect you may be somewhat reluctant to do this; you may be thinking it’s silly, or unimportant, or just not your style. However, even if you never do this with a real client, running through the metaphor in this way will be a valuable learning experience. Not only will it help you to grasp the model, it’ll also help you enormously if you ever want to explain it to curious friends, colleagues, relatives, or guests at your next dinner party. So even though you’re probably feeling reluctant, why not give it a go? You may be pleasantly surprised at the results.

CHAPTER 2

Stuck, Not Broken

WHERE THERE'S PAIN, THERE'S LIFE

The ACT model is inherently optimistic. ACT assumes that even in the midst of tremendous pain and suffering, there's an opportunity to find meaning, purpose, and vitality. We can find awe-inspiring examples of this in books such as *Man's Search for Meaning* by Victor Frankl (1959), which chronicles Frankl's experiences as an inmate in the Auschwitz concentration camp, or *Long Walk to Freedom*, the autobiography of Nelson Mandela. In ACT, we're not aiming to merely reduce human suffering; we're also aiming to help people learn and grow as a result of their suffering, and to use their pain as a springboard into creating rich and meaningful lives. This optimistic attitude is evident in the ACT saying: "Our clients are not broken, they are just stuck." And what is it that gets ordinary people so stuck that they end up depressed, addicted, isolated, phobic, or suicidal? Two *normal* processes of the *normal* human mind: cognitive fusion and experiential avoidance.

COGNITIVE FUSION

Why the term "fusion"? Well, think of two sheets of metal fused together. If you couldn't use the term "fused," how would you describe them? Welded? Melded? Bonded? Joined? Attached? Stuck? All these terms point to the same idea: no separation. In a state of cognitive fusion, we're inseparable from our thoughts: we're welded to them, bonded to them, so caught up in them that we aren't even aware that we are thinking. Thus *defusion* means separating, detaching, or distancing from our thoughts: taking a step back and seeing them for what they are: nothing more or less than words and pictures.

Cognitive fusion basically means that our thoughts dominate our behavior. Thus in ACT, we may talk with clients of being "pushed around by your thoughts" or "allowing thoughts to tell you what to

do,” or we may talk of thoughts as bullies, or we may compare the mind to a fascist dictator, or we may ask, “What happens when you let that thought run your life?” Similarly, when our thoughts dominate our attention, we often talk about being “hooked,” “entangled,” “caught up,” or “carried off” by them. (A quick reminder: when we use the terms “thinking,” “thoughts,” “cognition,” and “mind” in ACT, we use them all as metaphors for “human language,” which includes beliefs, assumptions, thoughts, attitudes, memories, images, words, gestures, fantasies, and some aspects of emotions.)

Human beings dwell in two different worlds. At birth, we dwell only in the “world of direct experience,” the world as we know it directly through the five senses: the world that we can see, hear, touch, taste, and smell. But as we grow older, we learn to think, and as that ability grows, we start to spend more and more time in a second world, the “world of language.” Fusion means we’re stuck in the world of language: we’re so caught up in all those words and pictures running through our head that we lose contact with the world of direct experience. Mindfulness is like a shuttle between these two worlds: it transports us from the world of language into the world of direct experience.

Hands As Thoughts Metaphor

Imagine for a moment that your hands are your thoughts. When you reach the end of this paragraph, I’d like you to put this book down and hold your hands together, palms open, as if they’re the pages of an open book. Then I’d like you to slowly and steadily raise your hands up toward your face. Keep going until they’re covering your eyes. Then take a few seconds to look at the world around you through the gaps in between your fingers and notice how this affects your view of the world. Please do this exercise now, before reading on.

* * *

So what would it be like going around all day with your hands covering your eyes in this manner? How much would it limit you? How much would you miss out on? How would it reduce your ability to respond to the world around you? This is like fusion: we become so caught up in our thoughts that we lose contact with many aspects of our here-and-now experience, and our thoughts have such a huge influence over our behavior that our ability to act effectively is significantly reduced.

Now once again, when you reach the end of this paragraph, I’d like you to cover your eyes with your hands, but this time, lower them from your face very, very slowly. As the distance between your hands and your face increases, notice how much easier it is to connect with the world around you. Please do this now before reading on.

* * *

What you just did is like defusion. How much easier is it to take effective action without your hands covering your eyes? How much more information can you take in? How much more connected are you with the world around you?

This metaphor (Harris, 2009), which you can use with clients to explain fusion and defusion, demonstrates the purposes of defusion: to engage fully in our experience and facilitate effective

action. People often feel better when they defuse from painful thoughts and memories, but in ACT we consider this a bonus or by-product; it's not the intention or goal. (Remember, we're not trying to reduce or eliminate our symptoms. We're trying to fundamentally transform our relationship with painful thoughts and feelings so we no longer perceive them as "symptoms.") Thus defusion is not some clever tool to control feelings: it's a means to become present and take effective action. We need to make this clear to our clients, because if they start using defusion techniques to try and control their feelings, they'll soon be disappointed.

We facilitate defusion through experiential exercises. If we try to explain it conceptually before doing it experientially, we'll probably get bogged down in all sorts of time-wasting intellectual discussions. However, after we've taken clients experientially through defusion, we may then like to explain it didactically, as below.

Simple Summary of Fusion vs. Defusion

In a state of fusion, a thought can seem like

- the absolute truth;
- a command you have to obey or a rule you have to follow;
- a threat you need to get rid of as soon as possible;
- something that's happening right here and now even though it's about the past or the future;
- something very important that requires all your attention;
- something you won't let go of even if it worsens your life.

In a state of defusion, you can see a thought for what it is: nothing more or less than a bunch of words or pictures "inside your head." In a state of defusion, you recognize that a thought

- may or may not be true;
- is definitely not a command you have to obey or a rule you have to follow;
- is definitely not a threat to you;
- is not something happening in the physical world—it's merely words or pictures inside your head;
- may or may not be important—you have a choice as to how much attention you pay it;
- can be allowed to come and go of its own accord without any need for you to hold on to it or push it away.

Workability

The whole ACT model rests on a key concept: “workability.” Please engrave that word—*workability*—into your cerebral cortex, because it’s at the very heart of every intervention we do. To determine workability, we ask this question: “Is what you’re doing working to make your life rich, full, and meaningful?” If the answer is yes, then we say it’s “workable,” so there’s no need to change it. And if the answer is no, then we say it’s “unworkable,” in which case we can consider alternatives that work better.

Thus in ACT we don’t focus on whether a thought is true or false, but whether it is workable. In other words, we want to know if a thought helps a client move toward a richer, fuller, and more meaningful life. To determine this, we may ask questions like these: “If you let this thought guide your behavior, will that help you create a richer, fuller, and more meaningful life? If you hold on to this thought tightly, does it help you to be the person you want to be and do the things you want to do?”

Here’s a transcript that exemplifies this approach:

Client: But it’s true. I really am fat. Look at me. (*She grabs hold of two large rolls of fat from around her abdomen and squeezes them to emphasize the point.*)

Therapist: One thing I can guarantee you: in this room, we’re never going to have a debate about what’s true and what’s false. What we’re interested in here is what’s helpful or what’s useful or what helps you to live a better life. So when your mind starts telling you “I’m fat,” what happens when you get all caught up in those thoughts?

Client: I feel disgusted with myself.

Therapist: And then what?

Client: Then I get depressed.

Therapist: And if I were watching a video of you, what would I see you doing when you’re feeling depressed and disgusted with yourself?

Client: I’d probably be sitting in front of the TV and eating ice cream.

Therapist: So getting all caught up in “I’m fat,” doesn’t seem too helpful, does it?

Client: No, but it’s *true!*

Therapist: Well, let me say this again: with this approach, what we’re interested in is not whether a thought is true or false, but whether it’s helpful. When that thought pops into your head, does it help you to get all caught up in it? Does it motivate you to exercise, or eat well, or spend time doing the things that make life rich and rewarding?

Client: No.

Therapist: So what about if we could do something here that could make a difference; what if you could learn a skill so that next time your mind starts telling you the “I’m fat” story, you don’t have to get all absorbed in it?

When we use the basic framework of “workability,” we never need to judge a client’s behavior as “good” or “bad,” “right” or “wrong”; instead we can ask, nonjudgmentally and compassionately, “Is this working to give you the life you want?” Likewise, we never need to judge thoughts as irrational or dysfunctional, or get into debates about whether they’re true or false. Instead we can simply ask, “Does holding on tightly to those thoughts help you to live the life you truly want?” or “How does it work in the long run, if you let that belief be in charge of your life?” or “If you get all caught up in those thoughts, does it help you to do the things you want?” or “If you let those thoughts push you around, does that help you to be the person you want to be?”

Note that in the transcript above, the therapist makes no attempt to change the content of the thoughts. In ACT, the content of a thought is not considered problematic; it’s only *fusion* with the thought that creates the problem. In many psychology textbooks, you’ll discover this quotation from the works of William Shakespeare: “There is nothing either good or bad, but thinking makes it so.” The ACT stance would be fundamentally different: “Thinking does not make anything good or bad. But if you fuse with your thinking, that can create problems.”

EXPERIENTIAL AVOIDANCE

Experiential avoidance means trying to avoid, get rid of, suppress, or escape from unwanted “private experiences.” (As I mentioned earlier, ACT uses the term *private experience* to mean any experience you have that no one else knows about unless you tell them: for example, thoughts, feelings, memories, images, urges, and sensations.) Experiential avoidance is something that comes naturally to all humans. Why? Well, here’s how we describe it to clients ...

The Problem-Solving Machine: A Classic ACT Metaphor

Therapist: If we had to pick one ability of the human mind that has enabled us to be so resourceful that we’ve not only changed the face of the planet but also traveled outside it, it’d have to be our capacity for problem solving. The essence of problem solving is this: A problem means something unwanted. And a solution means avoid it or get rid of it. Now in the physical world, problem solving often works very well. A wolf outside your door? Get rid of it: throw rocks or spears at it, or shoot it. Snow, rain, hail? Well, you can’t get rid of those things, but you can avoid them by hiding in a cave, building a shelter, or wearing protective clothes. Dry, arid ground? You can get rid of it by irrigation and fertilization, or you can avoid it by moving to a better location.

So our mind is like a problem-solving machine, and it's very good at its job. And given that problem-solving works so well in the material world, it's only natural that our mind tries to do the same with our inner world: the world of thoughts, feelings, memories, sensations, and urges. Unfortunately all too often when we try to avoid or get rid of unwanted thoughts or feelings, it doesn't work—or if it does, we end up creating a lot of extra pain for ourselves in the process.

How Experiential Avoidance Increases Suffering

We'll return to the Problem-Solving Machine Metaphor in later chapters. For now, let's consider how experiential avoidance increases suffering. Addictions provide an obvious example. Many addictions begin as an attempt to avoid or get rid of unwanted thoughts and feelings such as boredom, loneliness, anxiety, guilt, anger, sadness, and so on. In the short run, gambling, drugs, alcohol, and cigarettes will often help people to avoid or get rid of these feelings temporarily, but in the long run, a huge amount of pain and suffering results.

The more time and energy we spend trying to avoid or get rid of unwanted private experiences, the more we're likely to suffer psychologically in the long run. Anxiety disorders provide a good example. It's not the presence of anxiety that comprises the essence of an anxiety disorder. After all, anxiety is a normal human emotion that we all experience. At the core of any anxiety disorder lies excessive experiential avoidance: a life dominated by trying very hard to avoid or get rid of anxiety. For example, suppose I feel anxious in social situations, and in order to avoid those feelings of anxiety, I stop socializing. Now I have "social phobia." The short-term benefit is obvious—I get to avoid some anxious thoughts and feelings—but the long-term cost is huge: I become isolated and my life "gets smaller."

Alternatively I may try to reduce my anxiety by playing the role of "good listener." I become very empathic and caring toward others, and in social interactions, I discover lots of information about their thoughts, feelings, and desires, but I reveal little or nothing of myself. This helps in the short run to reduce my fear of being judged or rejected, but in the long run, it means my relationships lack intimacy, openness, and authenticity.

Now suppose I take Valium, or some other benzodiazepine, to reduce my anxiety. Again, the short-term benefit is obvious: less anxiety. But long-term costs of relying on benzodiazepines, antidepressants, marijuana, or alcohol to reduce my anxiety could include (a) psychological dependence on my medication, (b) possible physical addiction, (c) other physical and emotional side effects, (d) financial costs, and (e) failure to learn more effective responses to anxiety, which therefore maintains or exacerbates the issue. Still another way I might respond to social anxiety would be to grit my teeth and socialize *despite* my anxiety—that is, to tolerate the feelings even though I'm distressed by them. From an ACT perspective, this too would be experiential avoidance. Why? Because, although I'm not avoiding the situation, I'm still struggling with my feelings and desperately hoping they'll go away. This is tolerance, not acceptance. If I truly accept my feelings, then even though they may be very unpleasant and uncomfortable, I'm not distressed by them.

To get the distinction between tolerance and acceptance, consider this: Would you want the people you love to *tolerate* you while you're present, hoping you'll soon go away and frequently checking to see if you've gone yet? Or would you prefer them to completely and totally *accept* you as you are with all your flaws and foibles, and to be willing to have you around for as long as you choose to stay?

The cost of tolerating my anxiety (that is, gritting my teeth and putting up with it) is that it takes a huge amount of effort and energy, and it makes it hard to remain fully engaged in any social interaction. As a consequence, I miss out on much of the pleasure and fulfillment that commonly accompanies social interaction. And this in turn increases my anxiety about future social events because "I won't enjoy it" or "I'll feel awful" or "It's too much effort."

Sadly the more importance we place on avoiding anxiety, the more we develop anxiety about our anxiety. It's a vicious cycle, found at the center of any anxiety disorder. (After all, what is at the core of a panic attack, if not anxiety about anxiety?) A large body of research shows that higher experiential avoidance is associated with anxiety disorders, excessive worrying, depression, poorer work performance, higher levels of substance abuse, lower quality of life, high-risk sexual behavior, borderline personality disorder, greater severity of PTSD, long-term disability, and higher degrees of overall psychopathology (Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004). Indeed, it's arguably the single biggest factor in psychopathology.

So now you can see one reason why ACT doesn't focus on symptom reduction: to do so is likely to reinforce experiential avoidance, the very process that fuels most clinical issues. Another reason is that attempts to reduce symptoms can paradoxically increase them. For example, research shows that suppression of unwanted thoughts can lead to a rebound effect: an increase in both intensity and frequency of the unwanted thoughts (Wenzlaff & Wegner, 2000). Other studies show that trying to suppress a mood can actually intensify it in a self-amplifying loop (Feldner, Zvolensky, Eifert, & Spira, 2003; Wegner, Erber, & Zanakos, 1993).

One core component of most ACT protocols involves getting the client in touch with the costs and futility of experiential avoidance. This is done to undermine the *agenda of control* (that is, the agenda of trying to control our thoughts and feelings) and to create space for the alternative agenda: acceptance. However, although we want to facilitate mindful, valued living, we don't want to turn into ...

"Mindfulness Fascists"

We are not "mindfulness fascists" in ACT; we don't insist that people must always be in the present moment, always defused, always accepting. Not only would that be ridiculous, it would also be self-defeating. We're all experientially avoidant to some degree. And we all fuse with our thoughts at times. And experiential avoidance and cognitive fusion in and of themselves are not inherently "bad" or "pathological"; we only target them when they get in the way of living a rich, full, and meaningful life.

In other words, it's all about workability. If we take aspirin from time to time in order to get rid of a headache, that's experiential avoidance, but it's likely to be workable—that is, it improves our quality of

life in the long run. If we drink one glass of red wine at night primarily to get rid of tension and stress, that too is experiential avoidance—but unless we have certain medical conditions, it's not likely to be harmful, toxic, or life distorting. On the contrary, it will actually do our heart some good. However, if we drink two entire bottles each night, obviously that's a different story.

The same holds true for fusion. There are certain contexts—although few and far between—where fusion is actually life enhancing, such as when we allow ourselves to “get lost” in a novel or a movie. And there are other contexts where we fuse with our thoughts, and although it's not life enhancing, it's not usually problematic either—for example, when we're daydreaming while waiting in a supermarket line. But generally speaking, we're better off defusing from our thoughts at least a little. (To clarify this, recall the Hands As Thoughts Exercise you did earlier. Even a small gap between your face and your hands allows a lot more information about the world to get through to you.)

A Very Important Point about Acceptance vs. Control

In ACT, we do not advocate acceptance of all thoughts and feelings under all circumstances. That would not only be very rigid but also quite unnecessary. ACT advocates acceptance under two circumstances:

1. When control of thoughts and feelings is limited or impossible.
2. When control of thoughts and feelings is possible, but the methods used reduce quality of life.

If control is possible and assists valued living, then go for it. Please do remember this point. It is often forgotten or misunderstood by new ACT practitioners, and remembering it will save you a lot of confusion.

THE SIX CORE PATHOLOGICAL PROCESSES

Cognitive fusion and experiential avoidance together give rise to six core pathological processes, as shown in figure 2.1 below. (You can think of these as the “flip sides” of the six core therapeutic processes.) As I take you through each process, I'll use clinical depression to provide examples.

Fusion

As described above, fusion means entanglement in our thoughts so that they dominate our awareness and have a huge influence over our behavior. Depressed clients fuse with all sorts of unhelpful thoughts: *I'm bad, I don't deserve any better, I can't change, I've always been this way, Life sucks, It's all too hard, Therapy won't work, It'll never get any better, I can't get out of bed when I feel this way, I'm too tired to do anything.* They also often fuse with painful memories involving things such as rejection, disappointment, failure, or abuse.

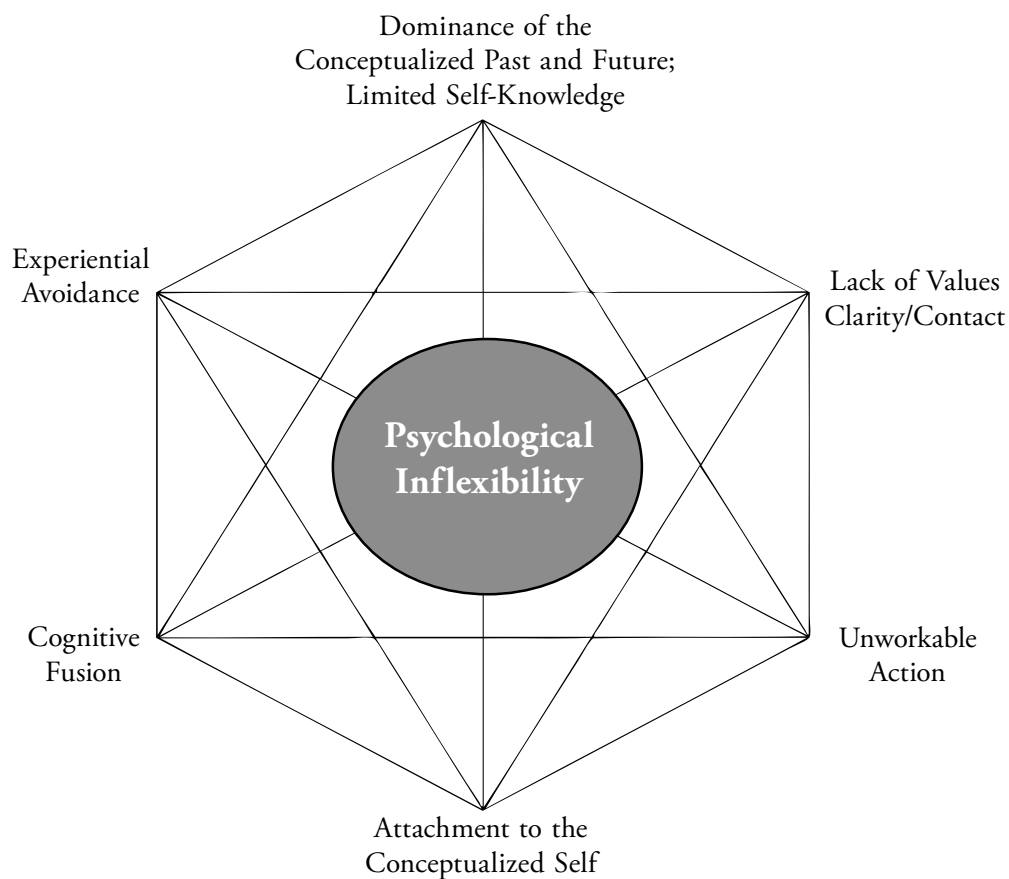


Figure 2.1 **An ACT Model of Psychopathology**

(Extreme fusion with a memory—to such an extent that it seems to be actually happening right here and now—is commonly referred to as a *flashback*.) In clinical depression, fusion often manifests as worrying, ruminating, trying to figure out “why I’m like this” or an ongoing negative commentary: “This party sucks. I’d rather be in bed. What’s the point of even being here? They’re all having such a good time. No one really wants me here.”

Experiential Avoidance

As I’ve mentioned before, experiential avoidance means trying to get rid of, avoid, or escape from unwanted private experiences such as thoughts, feelings, and memories. It’s the polar opposite of acceptance (which is an abbreviation of “experiential acceptance”). As an example, let’s look at the

role of experiential avoidance in depression. Your depressed clients commonly try very hard to avoid or get rid of painful emotions and feelings such as anxiety, sadness, fatigue, anger, guilt, loneliness, lethargy, and so on. For example, they often withdraw from socializing in order to avoid uncomfortable thoughts and feelings. This may not be apparent at first glance, so let's think it through. As a social engagement draws nearer and nearer, they're likely to fuse with all sorts of thoughts such as *I'm boring, I'm a burden, I've got nothing to say, I won't enjoy it, I'm too tired, or I can't be bothered*, as well as memories of previous social events that have been unsatisfactory. At the same time, their feelings of anxiety increase and they often report a sense of anticipatory "dread." However, the moment they cancel the engagement, there's instant relief: all those unpleasant thoughts and feelings instantly disappear. And even though that relief doesn't last for long, it's very reinforcing, which increases the chance of future social withdrawal.

Fusion and avoidance generally go hand in hand. For example, depressed clients often try hard to push away the very thoughts and memories they keep fusing with—for example, painful thoughts such as *I'm worthless* or *Nobody likes me*, or unpleasant memories of rejection, disappointment, and failure. They may try anything from drugs, alcohol, or cigarettes to watching TV or sleeping excessively in vain attempts to avoid these painful thoughts.

Dominance of the Conceptualized Past and Future/Limited Self-Knowledge

Fusion and avoidance readily lead to a loss of contact with our here-and-now experience. We all readily get caught up in a conceptualized past and future: we dwell on painful memories and ruminate over why things happened that way; we fantasize about the future, worry about things that haven't yet happened, and focus on all the things we have to do next. And in the process, we miss out on life in the here and now.

Contacting the present moment includes the world around us and inside us. If we lose contact with our inner psychological world—if we're out of touch with our own thoughts and feelings—then we lack self-knowledge. And without self-knowledge, it's much harder to change our behavior in adaptive ways.

Depressed clients commonly spend a lot of time fused with a conceptualized past: ruminating on painful past events, often having to do with rejection, loss, and failure. They also fuse with a conceptualized future: worrying about all the "bad stuff" that might lie ahead.

Lack of Values Clarity/Contact

As our behavior becomes increasingly driven by fusion with unhelpful thoughts, or attempts to avoid unpleasant private experiences, our values often get lost, neglected, or forgotten. If we're not clear about our values or not in psychological contact with them, then we can't use them as an effective guide for our actions. Depressed clients often lose touch with their values around connecting

with and contributing to others, being productive, nurturing health and well-being, having fun, or engaging in challenging activities such as sports, work, and hobbies.

Our aim in ACT is to bring behavior increasingly under the influence of values rather than fusion or avoidance. (Note: Even values should be held lightly rather than fused with. If we fuse with values, they easily become rigid rules.) Consider the differences between going to work under these three conditions:

1. Mainly motivated by fusion with self-limiting beliefs such as “I have to do this job. It’s all I’m capable of.”
2. Mainly motivated by avoidance: going in to work to avoid “feeling like a loser” or to get rid of feelings of anxiety related to tension at home.
3. Mainly motivated by values: doing this work guided by values around contribution, self-development, being active, or connecting with others.

Which form of motivation is likely to bring the greatest sense of vitality, meaning, and purpose?

Unworkable Action

Unworkable action means patterns of behavior that pull us away from mindful, valued living; patterns of action that do *not* work to make our lives richer and fuller, but rather get us stuck or increase our struggles. This includes action that’s impulsive, reactive, or automatic as opposed to mindful, considered, purposeful; action persistently motivated by experiential avoidance rather than values; and inaction or procrastination where effective action is required to improve quality of life. Common examples of unworkable action in depression include using drugs or alcohol excessively, withdrawing socially, being physically inactive, ceasing previously enjoyable activities, avoiding work, sleeping or watching TV excessively, attempting suicide, excessive procrastination on important tasks, and the list goes on and on.

Attachment to the Conceptualized Self

We all have a story about who we are. This story is complex and multilayered. It includes some objective facts such as our name, age, sex, cultural background, marital status, occupation, and so on. It also includes descriptions and evaluations of the roles we play, the relationships we have, our strengths and weaknesses, our likes and dislikes, and our hopes, dreams, and aspirations. If we hold this story lightly, it can give us a sense of self that helps to define who we are and what we want in life. However, if we fuse with this story—if we start to think we *are* the story—it readily creates all sorts of problems. Most ACT textbooks refer to this story as the *conceptualized self* or *self-as-content*. I prefer the term *self-as-description*, a phrase coined by psychologist Patty Bach, because that’s essentially what it is: a way of describing ourselves. And when we fuse with our self-description,

it seems as if we *are* that description, that all those thoughts are the very essence of who we are: self-as-description.

Note that even fusion with a very positive self-description is likely to be problematic. For example, what might be the danger of fusing with “I am strong and independent?” That will undoubtedly give me high self-esteem, but what happens when I really need help and I’m so fused with my positive self-description that I’m unwilling to ask for it or accept it? And what’s the potential danger of fusing with “I am a brilliant car driver. I can drive exceedingly well even when I am drunk!”? Again, this gives me very positive self-esteem, but it can easily lead to disaster.

In depression, clients generally fuse with a very “negative” self-description: “I am (bad/worthless/hopeless/unlovable/dumb/ugly/fat/incompetent/a loser/a failure/damaged goods/disgusting/boring/unlikeable),” and so on. However, you may also get “positive” elements in there—for example, “I’m a strong person; I shouldn’t be reacting like this,” or “I’m a good person; why is this happening to me?” or even “I don’t need any help. I can get through this on my own.”

Overlap among Pathological Processes

You’ll notice that there’s considerable overlap among these pathological processes; as with psychological flexibility, they’re all interconnected. For example, if your client ruminates on “Why am I such a failure?” you could class that as fusion or self-as-description. And if he spends the evening pacing up and down ruminating instead of doing something life enhancing, you could class it as unworkable action. And if he’s lost in his thoughts while spending time with his wife and kids, then not only is he losing contact with the present moment, he’s probably losing contact with his values around connecting and engaging with others. Rumination could even serve as experiential avoidance, if he’s doing it primarily to avoid thinking about or dealing with other painful issues, or to distract himself from feelings in his body.

SO WHO IS ACT SUITABLE FOR?

ACT has been scientifically studied and shown to be effective with a wide range of conditions including anxiety, depression, obsessive-compulsive disorder, social phobia, generalized anxiety disorder, schizophrenia, borderline personality disorder, workplace stress, chronic pain, drug use, psychological adjustment to cancer, epilepsy, weight control, smoking cessation, and self-management of diabetes (Bach & Hayes, 2002; Bond & Bunce, 2000; Brown et al., 2008; Branstetter, Wilson, Hildebrandt & Mutch, 2004; Dahl, Wilson, & Nilsson, 2004; Dalrymple & Herbert, 2007; Gaudiano & Herbert, 2006.; Gifford et al., 2004; Gratz & Gunderson, 2006; Gregg, Callaghan, Hayes, & Glenn-Lawson, 2007; Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004; Hayes, Bissett, et al., 2004; Tapper et al., 2009; Lundgren, Dahl, Yardi, & Melin, 2008; Ossman & Wilson, 2006; Twohig, Hayes, & Masuda, 2006; Zettle, 2003). When therapists ask me, “Who is ACT suitable for?” my reply is “Can you think of anyone who ACT is *not* suitable for?” Who wouldn’t benefit from being more psychologically

present; more in touch with their values; more able to make room for the inevitable pain of life; more able to defuse from unhelpful thoughts, beliefs, and memories; more able to take effective action in the face of emotional discomfort; more able to engage fully in what they're doing; and more able to appreciate each moment of their life, no matter how they're feeling? Psychological flexibility brings all these benefits, and more. ACT therefore seems relevant to just about everyone.

(Of course, if humans have significant deficits in their ability to use language, such as some people with autism, acquired brain injury, or other disabilities, then ACT may be of limited use. However, RFT (relational frame theory) has all sorts of useful applications for these populations.)

To help you start thinking in terms of this model, I'm going to close this chapter with an exercise in case conceptualization. I'd like you to pick one of your clients and find examples of the six core pathological processes outlined in this chapter. To help you with this task, please use the worksheet *Assessing Psychological Inflexibility: Six Core Processes*. (You'll find it at the end of this chapter. It's also downloadable from www.actmadesimple.com.) If you get stuck on any heading, don't fret about it, just move on to the next one. And keep in mind, there's a lot of overlap between these processes, so if you're wondering, "Is this fusion or avoidance?" then the answer is probably yes—in which case, write it down under both headings. This exercise is purely to get you started. Later on in the book, we'll focus on case conceptualization in more detail. For now, just give it a shot, and see how you do.

Better still, run through this exercise for two or three clients because (like pretty much everything) with practice, it gets easier.

And even better still: if you really want to get your head around this approach to human psychopathology, pick two or three *DSM-IV* disorders and identify the fusion, avoidance, and unworkable action going on: What kind of mental content do sufferers fuse with (in terms of worrying, ruminating, self-image, and self-defeating beliefs and attitudes)? What feelings, urges, sensations, thoughts, and memories are sufferers unwilling to have or actively trying to avoid? What unworkable actions do sufferers typically take? What core values do they lose touch with?

Last but not least: run through this exercise on yourself. If you want to learn ACT, the best person to practice on is *you*. So take some time to do this seriously: identify what you fuse with, what you avoid, what values you lose touch with, and what ineffective actions you take. The more you apply this model to your own issues and notice how it works in your own life, the more experience you can draw on in the therapy room.

ASSESSING PSYCHOLOGICAL INFLEXIBILITY: SIX CORE PROCESSES

1. *Dominance of the conceptualized past or future; limited self-knowledge:* How much time does your client spend dwelling on the past or fantasizing/worrying about the future? What elements of the past or future does she dwell on? To what extent is she disconnected from or lacking awareness of her own thoughts, feelings, and actions?
2. *Fusion:* What sort of unhelpful cognitive content is your client fusing with—rigid rules or expectations, self-limiting beliefs, criticisms and judgments, reason-giving, being right, ideas of hopelessness or worthlessness, or others?
3. *Experiential avoidance:* What private experiences (thoughts, feelings, memories, and so on) is your client avoiding? How is he doing that? How pervasive is experiential avoidance in her life?
4. *Attachment to the conceptualized self:* What is your client's "conceptualized self"? For example, does he see himself as broken/damaged/unlovable/weak/stupid, and so on, or does she perhaps see herself as strong/superior/successful? How fused is he with this self-image? Does she define herself in terms of her body, or a character trait, or a particular role, occupation, or diagnosis?
5. *Lack of values clarity/contact:* What core values is your client unclear about, neglecting or acting inconsistently with? (For example, commonly neglected values include connection, caring, contribution, authenticity, openness, self-care, self-compassion, loving, nurturing, living in the present.)
6. *Unworkable action:* What impulsive, avoidant or self-defeating actions is your client taking? Does she fail to persist when persistent action is required? Or does she inappropriately continue when such action is ineffective? What people, places, situations, and activities is he avoiding or withdrawing from?