CHAPTER 1

The Human Challenge

When you're going through hell, keep going!

—Winston Churchill

It Ain't Easy to Be Happy

Life is both amazing and terrible. If we live long enough, we will experience joyful success and spectacular failure, great love and devastating loss, moments of wonder and bliss and moments of darkness and despair. The inconvenient truth is that almost everything that makes our life rich, full, and meaningful comes with a painful downside. And unfortunately, what this means is that it's hard to be happy for long. Heck, it's hard to be happy for *short.* The fact is, life is tough, and it doles out plenty of pain for every one of us. And one of the main reasons for this (as we'll soon explore) is that the human mind has evolved in such a way that it naturally creates psychological suffering. So basically, if we live long enough, we're all going to experience a whole lot of hurt.

Hmmm. I guess that's not the most optimistic of book openings. Is it really that bleak? Is there nothing we can do about this miserable state of affairs? Should we give up on life and throw ourselves into a pit of nihilistic despair?

Well, as you've probably guessed, the answer to all those questions is no. Luckily for us, we have acceptance and commitment therapy (ACT) to show us a way forward in the face of life's many hardships. ACT gets its name because it teaches us how to reduce the impact and influence of painful thoughts and feelings (acceptance) while simultaneously taking action to build a life that's rich, full, and meaningful (commitment). And in the pages that follow, I have one primary aim: to take the complex theory and practice of ACT and make it simple, accessible, and enjoyable.

What Is ACT?

We officially say ACT as the word "act" and not as the initials A-C-T. And there's a good reason for this. At its core, ACT is a behavioral therapy: it's about taking action. But not just any old action. It's about action guided by your core values—behaving like the sort of person you want to be. What do you want to stand for in life? What really matters, deep in your heart? How do you want to treat yourself, others, and the world around you? 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 how you want to behave and what you want to do during your brief time on this planet. You then use these values to guide, motivate, and inspire what you do.

And it's also about "mindful" action: action that you take consciously, with full awareness—open to your experience, and engaging in whatever you're doing. The aim of ACT is to increase one's ability for mindful, values-guided action. The technical name for this ability is *psychological flexibility*. We'll explore this term in more depth soon, but first let's look at the aim of ACT in lay terms.

Where Did ACT Come From?

ACT was created by Professor Steven C. Hayes in the mid-1980s. Steve's colleagues Kelly Wilson and Kirk Strosahl developed it further. It evolved from a field of psychology called *behavior analysis* and is based upon a behavioral theory of cognition known as *relational frame theory* (RFT). Now I don't know about you, but when I first discovered ACT, I couldn't believe that such a spiritual, humanistic model came out of *behaviorism*. I thought behaviorists treated humans like robots or rats, that they had no interest in thoughts and feelings. Boy, was I wrong! I soon discovered there are quite a few different schools of behaviorism, and ACT comes from one known as *functional contextualism*. (Just rolls off the tongue, doesn't it?) And in functional contextualism (try saying it ten times very fast), we are extremely interested in people's thoughts and feelings!

ACT is part of the so-called "third wave" of behavioral therapies—along with dialectical behavior therapy (DBT), mindfulness-based cognitive therapy (MBCT), compassion focused therapy (CFT), functional analytic psychotherapy (FAP), and several others—all of which place a major emphasis on acceptance, mindfulness, and compassion, in addition to traditional behavioral interventions.

What Is the Aim of ACT?

In lay terms, the aim of ACT is to maximize human potential for a rich and meaningful life, while effectively handling the pain that inevitably goes with it.

You may be wondering: does life *inevitably* involve pain? In ACT, we assume it does. No matter how wonderful life is, we'll all experience plenty of frustration, disappointment, rejection, loss, and failure. And if we live long enough, there'll be illness, injury, and aging. Eventually, we'll need to face

our own death, and before that day comes, we'll witness the deaths of many loved ones. And as if all that's not enough, the fact is 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, disgust, and so on.

But it doesn't stop there. Because on top of all that, we each have a mind that can conjure up pain at any moment. 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 our minds, 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. And 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 human mind, even the most privileged of lives come with plenty of pain. And unfortunately, most of us do not handle pain very effectively. 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.

In summary, then, the big challenges we all have to face in life are:

A. Life is difficult.

B. A full human life comes with the full range of emotions, both pleasant and painful.

C. A normal human mind naturally amplifies psychological suffering.

So How Can ACT Help?

ACT aims to maximize human potential for a rich and meaningful life by:

- 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 do those things that will enrich and enhance our life; and
- teaching us psychological skills ("mindfulness" skills) that enable us to handle difficult thoughts and feelings effectively, engage fully in whatever we are doing, and appreciate and savor the fulfilling aspects of life.

Why Does ACT Get a Bad Rap?

Have you ever been accused of something you weren't guilty of? This happens to ACT all the time. I've heard many people say it's complex and confusing—and even that you need a high IQ to understand it. Well, if I were the defense lawyer for the ACT model, I'd say, "Not guilty, your honor!" I think there are two main reasons why ACT has gained this unfortunate reputation. One is because of the theory that underlies ACT: relational frame theory (RFT). We won't be covering 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 C will tell you where to go for more information.)

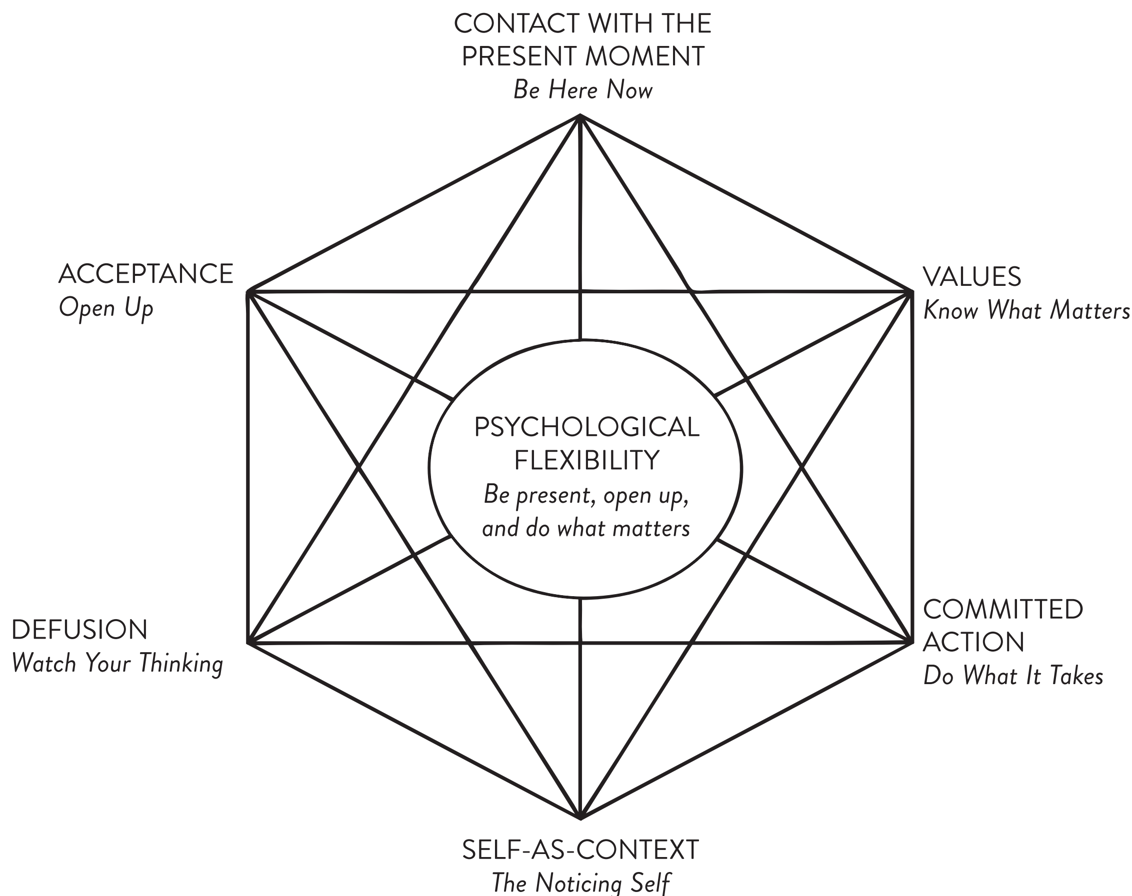
The other big reason why people see ACT as complex is that it is a nonlinear model of therapy. It's based around six core processes, and you can work with any one of them at any time in any session with any client. And if you ever hit a roadblock with one process, you can simply switch to another. This makes ACT very different from linear models of therapy, where you follow a set sequence: first you do step A, then step B, then step C, and so on.

ACT's nonlinearity comes with a big upside: it gives you incredible flexibility as a therapist. If you get stuck at one point, you can move to another process; then when you think the time is right, you can head back to where you left off. The downside to this nonlinearity is that it makes ACT harder to learn initially than "follow-the-steps" models.

But despair not! In recent years, this task has gotten a whole lot easier, thanks to a simple but powerful tool called the *choice point*, which I'll introduce soon. First, though, let's quickly zip through the six core processes.

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 below, which is lightheartedly known as the ACT "hexaflex."



The ACT Hexaflex

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

Contact with the present moment (be here now). *Contacting the present moment* means flexibly paying attention to our experience in this moment: narrowing, broadening, shifting, or sustaining your focus, depending upon what's most useful. This may involve consciously paying attention to the physical world around us or the psychological world within us, or both at the same time, connecting with and engaging fully in our experience.

Defusion (watch your thinking). *Defusion* means learning to "step back" and separate or detach from our thoughts, images, and memories. The full technical term is *cognitive defusion*, but usually we just call it defusion. 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. We allow them to guide us, but not to dominate us.

Acceptance (open up). *Acceptance* means opening up and making room for unwanted private experiences: thoughts, feelings, emotions, memories, urges, images, impulses, and sensations. Instead of fighting them, resisting them, running from them, we open up and make room for them. We allow them to freely flow through us—to come and stay and go as they choose, in their own good time (if and when this helps us to act effectively and improve our life).

Self-as-context (the noticing self). In everyday language, there are two distinct elements to the mind: a part that thinks and a part that notices. Usually when we talk about "the mind," we mean that part of us that is thinking—generating thoughts, beliefs, memories, judgments, fantasies, plans, and so on. We don't usually mean "the part that notices": that aspect of us that is aware of whatever we're thinking, feeling, sensing, or doing in any moment. In ACT, the technical term for this is *self-as-context*. We often don't explicitly label self-as-context with clients—but if and when we do, we usually call it the "noticing self" or "observing self" or simply "the part of you that notices." (Note: less commonly, self-as-context can also refer to a process called "flexible perspective taking." Don't concern yourself with this for now; we'll look at it later.)

Tricky Terminology Defusion, acceptance, self-as-context, and contacting the present moment (also called "flexible attention") are the four core mindfulness processes of ACT. So whenever you encounter the term "mindfulness" in ACT, it could be referring to any or all of these processes, in any combination.

Values (know what matters). What do you want to stand for in life? What you want to do with your brief time on this planet? How do you want to treat yourself, others, and the world around you? *Values* are desired qualities of physical or psychological action. In other words, they describe how we want to behave on an ongoing basis. We often compare them to a compass because they give us direction and guide our life's journey.

Committed action (do what it takes). *Committed action* means taking effective action, guided by our values. This includes both physical action (what we do with our physical body) and psychological action (what we do in our inner world). It's all well and good to know our values, but it's only through putting them into action that life becomes rich, full, and meaningful.

And as we take this action, a wide range of thoughts and feelings will show up, some of them pleasurable and others very painful. So committed action means "doing what it takes" to live by our values, even when that brings up difficult thoughts and feelings. Committed action involves goal setting, action planning, problem solving, skills training, behavioral activation, and exposure. It can also include learning and applying any skill that enhances and enriches life—from negotiation, communication, and assertiveness skills to self-soothing, crisis-coping, and mindfulness skills.

Psychological Flexibility: A Six-Faceted Diamond

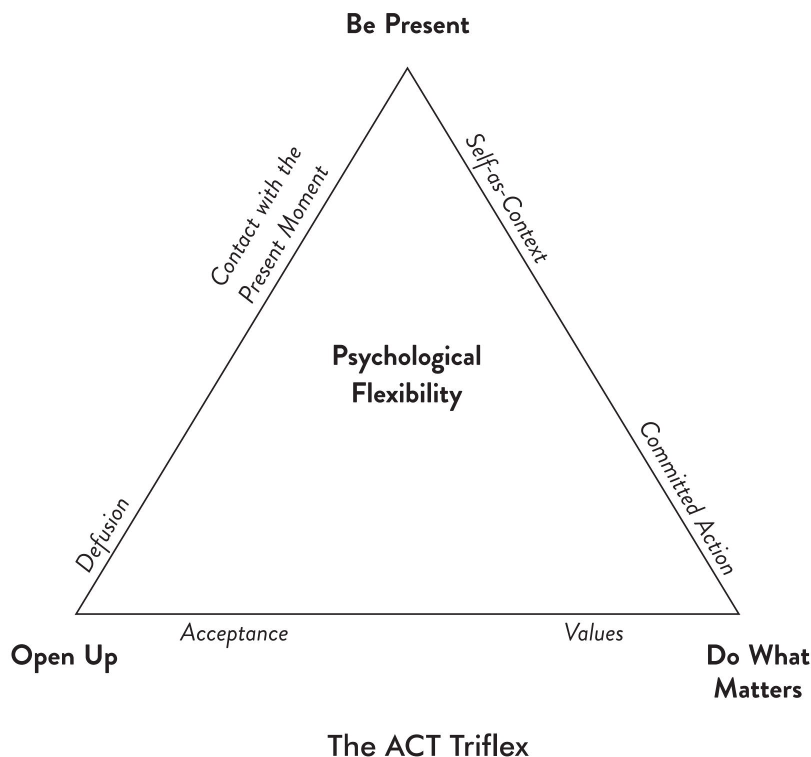
The six core processes of ACT aren't separate. They're like six facets of a diamond, and the diamond itself is psychological flexibility: the ability to act mindfully, guided by our values. The greater our psychological flexibility—our capacity to be fully conscious, to open to our experience, and to act guided by our values—the greater our quality of life.

How so? Because we can respond far more effectively to the problems and challenges life inevitably brings. Furthermore, when we engage fully in life and allow our values to guide us, we develop a deep 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, Hayes, Wilson, & Gifford, 2004, p. 43).

The ACT Triflex

The six core processes can be lumped together into what I call the *triflex* (because it sounds more impressive than the *triangle*). The triflex comprises three functional units, as shown in the figure below.



The ACT Triflex

Self-as-context (a.k.a the noticing self) and contacting the present moment both involve flexibly paying attention to and engaging in your here-and-now experience (in other words, "Be present").

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, "Open up").

Values and committed action involve initiating and sustaining life-enhancing action (in other words, "Do what matters").

So we can describe psychological flexibility as the ability to "be present, open up, and do what matters."

Now that you have a sense of the six core processes and how we can chunk them into three larger units, I want to introduce you to my all-time-favorite ACT tool, which brings them all together in an easy-to-understand and simple-to-use format.

Welcome to the Choice Point

When I wrote the first edition of *ACT Made Simple* in 2009, the choice point didn't exist. It was only in 2013 that I cocreated this tool with my colleagues Joe Ciarrochi and Ann Bailey (for the book we were writing on an ACT approach to weight loss: *The Weight Escape* [Ciarrochi, Bailey, & Harris, 2014]). Since then, I've fallen in love with the choice point and I now make it the central tool in all my training. Why? Because it gives you and your clients a simple map to follow, while retaining the great flexibility of the ACT model.

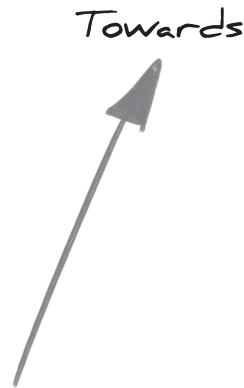
You'll see throughout this book there are many ways we can use the choice point, but for now I just want to give you a brief introduction. One of the beauties of the choice point is that it provides a clear overview of the ACT model. (Note: the choice point has similarities with but also significant differences from a popular ACT tool called the matrix [Polk & Schoendorff, 2014]; see Extra Bits for an explanation.) As I take you through it, I'm going to use the same nontechnical language that I use with clients because I want to achieve two things simultaneously: (a) simply explaining the ACT model to you and (b) demonstrating how you can explain ACT to your clients.

The choice point is a tool that rapidly maps out problems, identifies sources of suffering, and formulates an ACT approach to handling them. We can bring it in at any stage of therapy and use it for many different purposes. I often introduce it for the first time about halfway through my first session with a new client, as part of informed consent (chapter 5). Typically, it would go something like this:

Therapist: Would it be okay with you if I take a few moments to draw something? It's kind of a road map for helping us work together effectively. (*Therapist produces a pen and a sheet of paper.*) So you and I, and everyone else on the planet, we're always doing stuff. We're eating, drinking, walking, talking, sleeping, playing—always doing something. Even if we're just staring at the wall, that's still doing something, right? And some of these things we do are pretty useful; they help us move toward a better life. So I call them

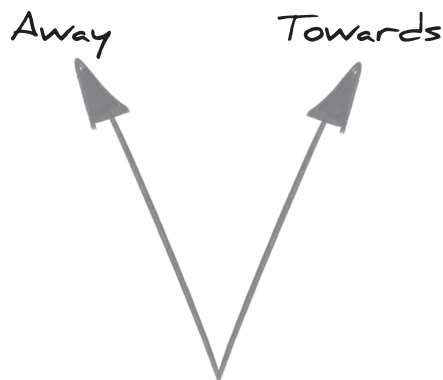
"towards moves." Towards moves are basically the things you want to start or do more of, if our work here is successful.

While saying this, the therapist draws an arrow and writes:



The therapist continues: So when we're doing towards moves, that means we're acting effectively, behaving like the sort of person we want to be, doing stuff that's likely to make life more meaningful and fulfilling. The problem is, that's not all we do. There are other things we do that have the opposite effect: they take us away from the life we really want to build. So I like to call these "away moves." When we do away moves, that means we're acting ineffectively, behaving unlike the sort of person we want to be, doing stuff that tends to make life worse in the long term. So basically, away moves are anything you will stop doing or do less of if our work here is successful.

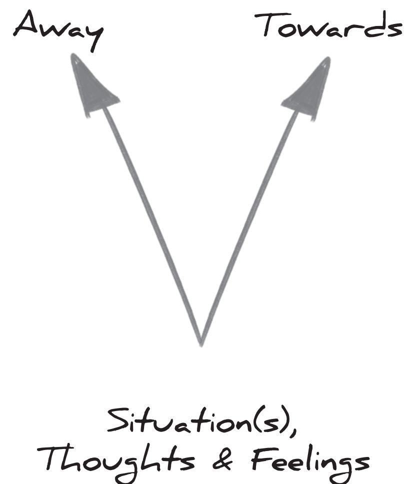
While saying this, the therapist draws a second arrow and writes:



The therapist now continues: And this applies to us all, right? All day long we're all doing towards and away moves, and it changes from moment to moment. And when life isn't too hard, when things are going okay, when we're getting what we want in life, it's a lot

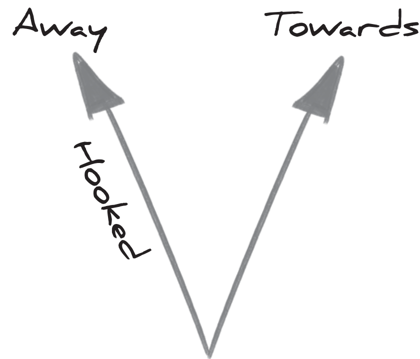
easier to choose those towards moves. But as you know, life isn't like that a lot of the time. Life is tough, and a lot of the time we don't get what we want. So throughout the day, we're going to encounter all sorts of difficult situations, and difficult thoughts and feelings are going to show up.

At the bottom of the diagram, the therapist now writes, "Situation(s), Thoughts & Feelings." (Note: throughout this book, the term "thoughts and feelings" is used as shorthand for thoughts, feelings, emotions, memories, urges, impulses, images, and sensations. Any or all of these private experiences can be mentioned or written down on the choice point.)



The therapist continues: The problem is, the default setting for most of us is that when these difficult thoughts and feelings show up, we tend to get "hooked" by them. They kind of hook us, and they reel us in, and they jerk us around, and they pull us all over the place. You know what I mean? They might hook us physically, so we start acting out in various ways with our arms and our legs and our mouth. Or they might hook our attention, so instead of focusing on what we're doing, we get lost in our inner world. And the more tightly we're hooked…the more we do those away moves, right?

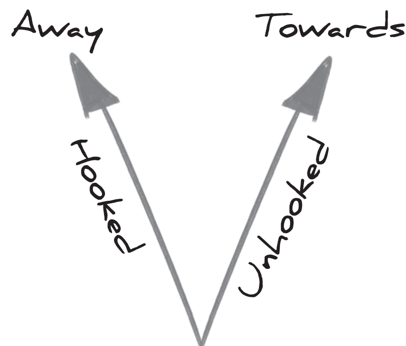
The therapist now writes "Hooked" alongside the "Away" arrow.



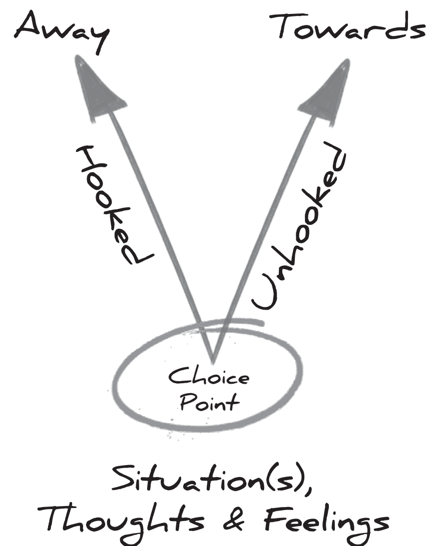
The therapist continues: So everyone does this stuff to some extent; that's normal. No one's perfect. But if this kind of thing happens a lot, it creates big problems. In fact, almost every psychological problem that we know of—anxiety, depression, addiction, you name it—boils down to this basic process: we get hooked by difficult thoughts and feelings and we start doing away moves. Does that make sense?

However, there are times when we are able to unhook ourselves from these difficult thoughts and feelings and do some towards moves instead. And the better we get at doing this…well, the better life gets.

While saying this, the therapist writes "Unhooked" alongside the "Towards" arrow.



The therapist now draws a little circle at the point where the arrows converge. (If desired, she can write in the words "choice point" or the initials "CP.") While doing this, she continues: So when we're in these challenging situations, and these difficult thoughts and feelings are showing up, there's a choice for us to make: how are we going to respond to this? The more hooked we get, the more likely we are to do away moves. But the more we can unhook ourselves, the easier it is to do towards moves.



The therapist continues: So if we want to get good at doing this (*points to the towards arrow*), we need to do two things: We need to learn some unhooking skills. And we need to get clear about what towards moves we want to make. Once that's in place, we've got a lot more choice about how we're going to respond to all of this difficult stuff life is giving us. And that's basically what this type of therapy is all about: learning how to unhook from this stuff (*points to "Thoughts & Feelings"*), cut back on this stuff (*points to away moves*), and help you to get better at doing this stuff (*points to towards moves*).

Tricky Terminology Some ACT practitioners use the term "hooked" to mean cognitive fusion only. The choice point uses the term in a broader sense to mean both cognitive fusion and experiential avoidance. We'll explore this more in chapter 2.

The "Bare Bones" Choice Point

What you've just read is a "bare bones" summary of the choice point: a generic overview with no specific details. Ideally, you'd want to put a lot of flesh on that skeleton: make it personal for the

client, with specific examples of her difficult thoughts and feelings, the difficult situations she faces, her away moves, and her towards moves. As you progress through the book, I'll show you how to flesh this diagram out. For now, I just want to flag three important points:

1. **The choice point includes overt and covert behavior.** In ACT, we define behavior as "anything that a whole being does." Yes, you read that correctly: anything that a whole being does is behavior. This includes overt behaviors such as eating, drinking, walking, talking, watching *Game of Thrones*, and so on. *Overt behavior* basically means physical behavior: actions you take with your arms, legs, hands, and feet; facial expressions; everything you say, sing, shout, or whisper; how you move, eat, drink, breathe; your body posture; and so on. However, the term "behavior" also refers to *covert behavior*, which basically means psychological behavior, such as thinking, focusing, visualizing, mindfulness, imagining, and remembering. (This inner psychological behavior can never be directly observed by others, so it's often called "private behavior" rather than "covert behavior.")

   Here's a simple way to distinguish overt from covert behavior. Suppose a video camera magically appears out of thin air while the behavior is happening. Could that camera record the behavior? If yes, then it's overt behavior. If no, it's covert behavior.

   As you'll see in later chapters, when we fill in the choice point with a client, we include both overt and covert behavior. For example, covert away moves might include rumination, worrying, disengaging, losing focus, and obsessing, and covert towards moves might include defusing, accepting, refocusing attention, engaging, strategizing, and planning.

2. **The client defines what is an away move.** The choice point always maps things out from the client's perspective. In other words, it's the client who defines what behavior is "away," not the therapist. Early in therapy, a client may see self-defeating or self-destructive behavior as a towards move. For example, a client with an alcohol or gambling addiction may initially class drinking and gambling as towards moves.

   If so, we would not start debating this with the client. We would simply take a moment to clarify: "Can I just check we're using these terms the same way? Away moves are anything you want to stop or do less of if our work here is successful, and towards moves are the things you want to start or do more of if our work here is successful."

   If the client still labels the self-defeating behavior as "towards," then we acknowledge that and write it down alongside the towards arrow. Why? Because this is a snapshot of the *client's* life *as he or she currently sees it*, not as the therapist sees it. Our aim is to get a sense of the *client's* worldview, the *client's* level of self-awareness: what the client see as problems, and what he doesn't. So if we challenge the client at this point, try to get him to change his mind and see this destructive or self-defeating behavior as an away move, we're likely to get into a fruitless struggle. For now, we put it down as a towards move, and we make a note to ourselves to address this in later sessions.

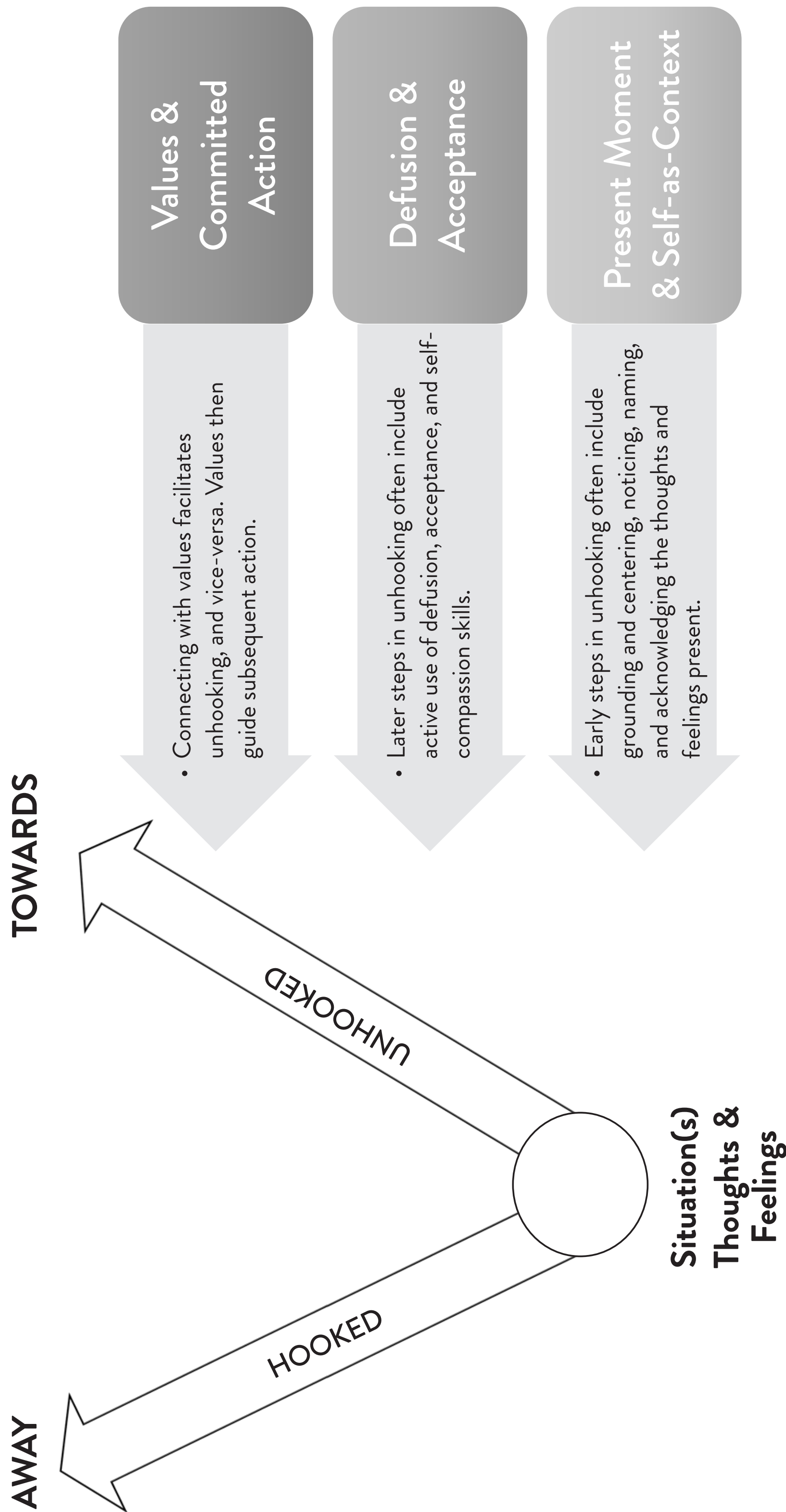
Initially, we want to find therapy goals that will build the therapeutic alliance, rather than strain it. So we find out what the client *does* see as his away moves, and we use ACT to work with him on those behaviors. Then, later in therapy, once the client has a higher level of psychological flexibility, we can return to the behavior and reassess it: "When you first came to see me, you classed gambling as a towards move; do you still see it that way?" Usually, as therapy progresses and the client's psychological flexibility develops, she will change her mind and class her self-defeating behavior as away—especially when she realizes it is getting in the way of other important life goals.

3. **Any activity can be a towards move or an away move, depending on the context.** When I watch TV primarily to avoid going to the gym or to procrastinate on some other important task, or when I eat a block of chocolate mindlessly to escape boredom or anxiety, I class those as away moves. But when I watch TV as a conscious, values-guided choice that enriches my life (e.g., catching the latest episode of *The Walking Dead*) or when I eat chocolate mindfully, savoring it as part of a celebration with friends, I class those as towards moves. So it's not about the activity we're doing; it's about the effects that activity is having.

   In contexts where an activity takes us toward the life we want, behaving like the person we want to be, it's a towards move; and in contexts where that activity takes us away from the life we want, behaving unlike the person we want to be, it's an away move. If we're writing examples such as these on a choice point, we'd include information to specify when it's towards and when it's away. For example, on my away arrow I'd write "watching TV to avoid important tasks" and on my towards arrow, "watching TV as a balanced lifestyle choice."

The Choice Point, the Hexaflex, and the Triflex

Let's now look at how the hexaflex and triflex processes map onto the choice point.


Values & Committed Action
• Connecting with values facilitates unhooking, and vice-versa. Values then guide subsequent action.
Defusion & Acceptance
• Later steps in unhooking often include active use of defusion, acceptance, and self-compassion skills.
Present Moment & Self-as-Context
• Early steps in unhooking often include grounding and centering, noticing, naming, and acknowledging the thoughts and feelings present.
TOWARDS
UNHOOKED
Situation(s) Thoughts & Feelings
HOOKED
AWAY

Unhooking skills refers to all four core ACT mindfulness processes: defusion, acceptance, self-as-context, and contacting the present moment. We can use any combination of these processes to "unhook" ourselves from difficult thoughts and feelings, reducing their impact and influence over overt and covert behavior.

Towards moves refer to committed action—physical and psychological—guided by our values.

Hooked refers to two core processes—*cognitive fusion* and *experiential avoidance*—that ACT sees as responsible for most of our psychological suffering. Cognitive fusion basically means we are "dominated" by our cognitions. And experiential avoidance is the ongoing struggle to avoid or get rid of unwanted thoughts and feelings. I'll explore these terms in depth in the next chapter.

Extra Bits

Please download the pdf called *ACT Made Simple: The Extra Bits* from the "Free Stuff" page at http://www.actmindfully.com.au and turn to chapter 1. There you'll find (a) printable versions of the hexaflex, the triflex, and the choice point and (b) a discussion of the main differences between the choice point and the *matrix*.

Skilling Up

Simply reading this book will not give you ACT skills, just as reading a cookbook will not give you cooking skills. If you want to learn to cook well, you gotta practice, practice, practice those skills, and the same goes for ACT. So at the end of most chapters, I'll ask you to do something to build your ACT skills. Here are a few suggestions to get you started:

- Run through the choice point with an imaginary client as if you're an actor rehearsing for a play. Act it out loud, if you're willing to; but if not, do it in your head. Ideally, draw it out as you rehearse it.
- Once you've rehearsed the choice point in private, run through it with a friend or colleague to see if you can summarize what ACT is about.
- After that, give it a go for real with some of your clients.

You may be somewhat reluctant to do this; you may be thinking it's silly, unimportant, or just not your style. However, even if you never do this with a real client, rehearsing it will help you to grasp the ACT model. (Plus it'll also help you enormously if you ever want to explain ACT to curious friends, colleagues, relatives, or guests at your next dinner party.)

Takeaway

ACT is a behavioral therapy that creatively uses values and mindfulness skills to help people build rich and meaningful lives. It is based on six core processes: values, committed action, and the four mindfulness processes of defusion, acceptance, self-as-context, and contacting the present moment. We can chunk these into three larger processes of being present, opening up, and doing what matters. In technical terms, the aim of ACT is to help people develop psychological flexibility: the ability to focus on and engage in what we are doing, to open up and make room for our thoughts and feelings, and to act effectively, guided by our values.

CHAPTER 2

Getting Hooked

What Is a “Mind”?

This is too hard. I can’t do this. 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.

Does your mind ever say things like this to you? Mine certainly does. As does the mind of every therapist I’ve ever known. And what other unhelpful stuff does your mind do? 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? Does it find fault with your life as it is today and conjure up alternative lives where you’d be so much happier? Does it ever drag you into scary scenarios about the future and warn you about all the things that might go wrong?

If so, that means your mind is normal. No, that’s not a typo. In ACT, we assume that the normal psychological processes of a normal human mind readily become destructive and 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: overt and covert. Overt language includes speaking, talking, miming, gesturing, writing, painting, sculpting, singing, dancing, acting, and so on. Covert language includes thinking, imagining, daydreaming, planning, visualizing, analyzing, worrying, fantasizing, and so on.

The word “mind” refers to an incredibly complex set of interactive cognitive processes, which includes 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.”

The Mind Is a Double-Edged Sword

The human mind is a double-edged sword. On the bright side, it helps us make maps and models of the world, predict and plan for the future, share knowledge, learn from the past, imagine and create things that have never existed, 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.

On the dark side, 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.

This "dark side" of the mind is completely normal and natural, and a source of suffering for just about everyone. And if we dare to explore the dark side (can you tell I'm a *Star Wars* fan?), we will soon encounter the surreptitious siblings of psychological suffering: cognitive fusion and experiential avoidance.

Cognitive Fusion

Cognitive fusion—usually shortened to *fusion*—basically means that our cognitions dominate our behavior (overt or covert) in a manner that is self-defeating or problematic. In other words, our cognitions have a negative influence on our actions and our awareness.

Tricky Terminology In ACT, the term "cognition" refers to any and all categories of thinking—including beliefs, ideas, attitudes, assumptions, fantasies, memories, images, and schemas—as well as to aspects of feelings and emotions. Many models of therapy set up an artificial distinction between cognition and emotion, as if they are separate entities. But if we explore any emotion—sadness, anger, guilt, fear, love, joy, you name it—we will find the experience "saturated" in cognition; there will be a wealth of images, thoughts, ideas, meanings, impressions, or memories "mixed in" with all the physical impulses, urges, and sensations in the body. This is why you'll often hear me talking about fusion with "thoughts and feelings."

With clients I only use the term "fusion" if they already know it prior to therapy. Mostly, I talk about "getting hooked"—a useful term that covers both fusion *and* experiential avoidance. We can talk about how our thoughts and feelings "hook" us: they hook our attention, reel us in, jerk us around, and pull us off track.

Two Main Ways That Fusion Shows Up

Cognitive fusion manifests in two main ways:

1. **Our cognitions dominate our physical** *actions* **in problematic ways.** In response to our cognitions, we say and do things that are ineffective for building the life we want. For example, in response to the thought *No one likes me*, I cancel going to an important social event.

2. **Our cognitions dominate our** *awareness* **in problematic ways.** In other words, we get "pulled into" or "lost in" our cognitions so that our awareness is reduced and we are no longer paying attention in an effective way. For example, I get so "caught up" in worrying or ruminating, I can't keep my attention on the important tasks I need to do at work, and I start making lots of mistakes.

There's a general consensus in ACT that the term "fusion" should only be used if and when the process gives rise to problematic, self-defeating behavior. In other words, if in response to our cognitions, our overt or covert behavior becomes narrow, rigid, and inflexible to an extent that is ineffective and self-defeating (e.g., makes life worse in the long term, impairs health and well-being, pulls us away from our values), then we would use the term "fusion." But if not, we wouldn't.

For example, if I'm "lost in my thoughts" in a way that is life-enhancing—such as daydreaming while lying on the beach on holiday, or mentally rehearsing an important speech at an appropriate time—we'd call that "absorption" rather than fusion.

I'll now introduce you to one of my favorite metaphors to briefly convey the concepts of fusion and defusion. I'm going to have you do the exercise part by part so you can experience it for yourself.

The Hands as Thoughts and Feelings Metaphor

[Note to readers: Read through this first paragraph, and then put this book down so you can use both your hands. Act out the exercise as if you are the client following the therapist's instructions.]

Therapist: Imagine for a moment that your hands are your thoughts and feelings. Look all around you and imagine that what you see represents everything that's important in your life. Then hold your hands together, palms open, as if they're the pages of an open book. Then slowly and steadily—take about five seconds to do this—raise your hands up toward your face. Keep going until they're covering your eyes. Then take a few seconds to look once more all around you (through the gaps in between your fingers) and notice how this affects your view of the world.

[Please do this part now, before reading on.]

* * *

Therapist: 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 what I mean by "getting hooked": we get so caught up in our thoughts and feelings that we miss out on life and we can't act effectively.

[Now once again, when you reach the end of this paragraph, please do this next part of the exercise.]

Therapist: Now cover your eyes with your hands again, but this time, lower them from your face very, very slowly. And 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.]

Therapist: This is what I call "unhooking." How much easier is it now to take effective action? How much more information can you take in? How much more connected are you with the world around you?

* * *

This metaphor (Harris, 2009a) demonstrates the two main purposes of defusion: to engage fully in our experience and to facilitate effective action. (A quick note: the aim of defusion is not to get rid of unwanted thoughts and feelings or to make ourselves feel better. These things often happen as a result of defusion, but as we'll explore later, in ACT, we consider that a bonus or by-product, not the main intention.)

A Quick Summary of Fusion vs. Defusion

When we fuse with a cognition, it can seem like:

- something we have to obey, give in to, or act upon;
- a threat we need to avoid or get rid of; or
- something very important that requires all our attention.

When we defuse from that cognition, we can see it for what it is: a group of words or pictures "inside our head." We can recognize that it:

- is not something we have to obey, give in to, or act upon;
- is definitely not a threat to us; and
- may or may not be important—we have a choice as to how much attention we pay it.

Workability

The whole ACT model rests on a key concept: *workability*. Please engrave that word—workability—into your cerebral cortex, because it underpins every intervention we do. To determine workability, we ask this question: "Is what you're doing working to give you the sort of life you want, in the long term?" 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 may 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 "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?"

EXPLORING WORKABILITY IN SESSION

Here's a transcript that exemplifies this approach:

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

Therapist: Okay, can I share something very important? In this room, we're never going to debate whether or not your thoughts are true or false. What we're interested in here is whether your thoughts are useful or helpful—whether they help you to live a better life. So when your mind starts telling you *I'm fat*, those thoughts really hook you, right? And once you're hooked, what happens next?

Client: I feel disgusted with myself.

Therapist: Okay. And then what?

Client: Then I get depressed.

Therapist: So it snowballs pretty rapidly. You get all these difficult thoughts and feelings showing up for you: depression, disgust, "I'm fat," and so on. And when you get hooked by that lot, what do you do then?

Client: What do you mean?

Therapist: Well, if I were watching a video of you at home, when you're hooked by all those difficult thoughts and feelings, what would I see? What would I see or hear you doing on that video that would show me "Aha! Steve's really hooked by this stuff right now"?

Client: I'd probably be sitting in front of the TV and eating chocolate or pizza.

Therapist: And that's not what you want to be doing?

Client: Of course not! I'm trying to lose weight! Look at this. (*He slaps his abdomen.*) It's disgusting.

Therapist: So when you get hooked by "I'm fat," you do things that take you away from the sort of life you want?

Client: Yes, but it's true! I am fat!

Therapist: Well, as I said, in this type of therapy, we don't get into whether a thought is true or false. What we want to know is, does it help you move toward the life you want? In other words, when you get hooked by these thoughts, does that help you to exercise, or eat well, or spend time doing the things that make life rich and rewarding?

Client: No. Of course not. But I can't help it!

Therapist: That's right. At this point in time, you can't help it. Those thoughts and feelings show up and they hook you instantly, before you even know it. So what if we could do something to change that? Would you like to learn a new skill—an "unhooking" skill—so that next time your mind starts beating you up with "I'm fat," you can unhook from 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, dysfunctional, or negative, or debate whether they're true or false. Instead we can simply ask questions such as:

- How does it work in the long run, if you let that belief/idea/rule run your life/dictate what you do/guide your actions?
- If you get all caught up in/hooked by those thoughts, does that help you to do the things you want?
- If you let those thoughts guide you, 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 rarely considered problematic; it's usually fusion with the thought that creates the problem. In many psychology textbooks, you'll discover this quote from 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 fusion with your thinking creates problems."

On a separate note, did you notice how the therapist responded when the client said, "But I can't help it!"? Our clients will often say thing like this, especially when it comes to impulsive, addictive,

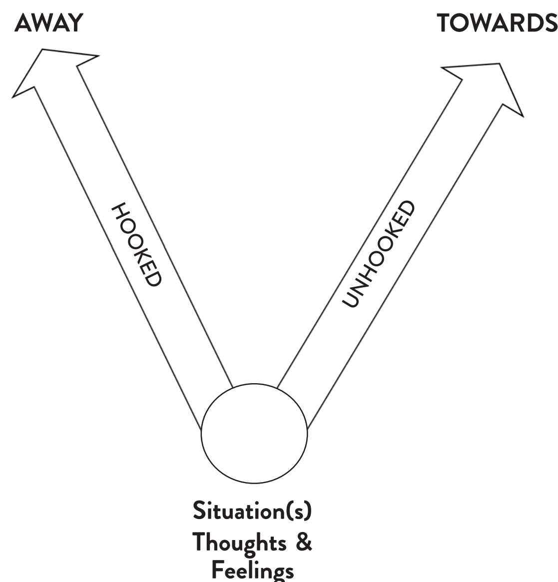
or aggressive behaviors. And when they do, we want to validate it and say something like "That's right. At this point in time, you can't help it. These thoughts and feelings hook you instantly and jerk you around like a puppet on a string." We can then go on to ask, "So would you like to change that?" If the client answers yes, we can then invite her to learn some new skills, as at the end of the transcript above. ("That's all very well, Russ," I hear you say, "but what if the client answers no or says, 'That's not possible'?" We'll explore those questions in later chapters.)

WORKABILITY AND THE CHOICE POINT

As you know (unless you skipped chapter 1, in which case our specially trained sniffer dogs will track you down and then tickle you mercilessly until you promise never to skip a chapter again), I'm a big fan of the choice point, and one of the reasons for this is that it makes it easy to use the concept of workability with clients. Let's revisit the session above and see how it would go if the therapist were mapping it out on a choice point. We'll assume the therapist has already introduced the choice point as covered in chapter 1, and we'll start about halfway through the previous transcript.

Client: Then I get depressed.

Therapist: Okay. So it seems like it snowballs. Would it be okay if I jot some of this down, so we can get a better handle on it? (*The therapist can write on her hand-drawn choice point, or, if preferred, can use a fresh preprinted worksheet, as in the figures below.*) So you get all these difficult thoughts and feelings showing up for you: "I'm fat," disgust, depression, and so on. (*While saying this, the therapist writes key words at the bottom of the choice point, as shown below.*)



Therapist: And this stuff hooks you straight away, right?

Client: You bet!

Therapist: So if I were watching a video of you at home, what would I see or hear you doing that would show me "Aha! Steve's really hooked by this stuff right now"?

Client: I'd probably be sitting in front of the TV and eating chocolate or pizza.

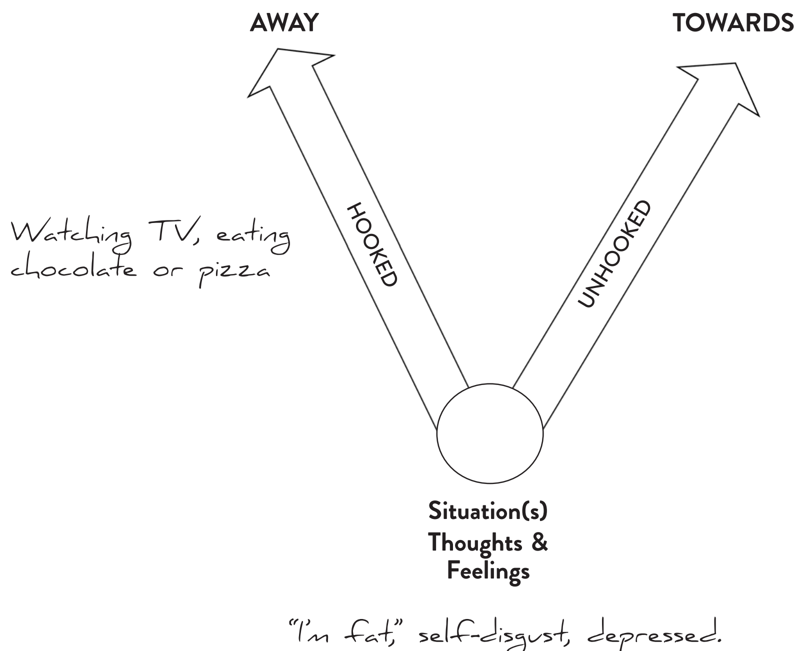
Therapist: Okay. And would that be a towards move or an away move?

Client: Err, remind me what those words mean again?

Therapist: Sure. Towards moves mean stuff we do that helps us build the sort of life we want: doing stuff that's effective, making life better, acting like the sort of person we really want to be. Things you'll start or do more of if our work here is successful. And away moves are the opposite: all the stuff we do that takes us away from the life we want, keeps us stuck, or makes our problems worse—what you'll stop or do less of if our work here is successful.

Client: Gotcha. It's definitely an away move!

Therapist: Okay, so I'll just write that in. (*Therapist writes this on the diagram, as shown below.*)



Therapist: So when you get hooked by these thoughts and feelings (*points to the bottom of the diagram*), this is the kind of stuff you tend to do (*points to the away moves*)?

The rest of the transcript would be much the same as the original, leading up to the invitation to learn unhooking skills (i.e., skills based on any of the four ACT mindfulness processes: acceptance, defusion, flexible attention, self-as-context). Note that in each of the transcripts above, the words spoken by the therapist are almost identical. The main difference between them is not the therapist's language but her use of the choice point as a visual reference, to clarify and reinforce the main points of the discussion. Note also that workability is "inbuilt" into the choice point; away moves are unworkable behaviors, and towards moves are workable.

Thoughts and Feelings Aren't the Problem

Did you notice that in the transcripts above, the therapist never describes thoughts and feelings as a problem? The ACT stance is that thoughts and feelings are not problematic in and of themselves; it's only when we respond to them in rigid, inflexible ways, such as fusion and avoidance, that they have problematic effects.

In a context of fusion and (excessive) experiential avoidance, thoughts and feelings readily become pathological or life-distorting. But if we respond to them flexibly—with defusion, acceptance, flexible attention, or self-as-context—then in this new context of mindfulness, those very same thoughts and feelings function differently. For sure, they may still be painful or unpleasant, but they no longer function in a way that impairs well-being or quality of life.

The therapist gently paves the way for the client to discover this radically new viewpoint through constructive use of the word "hooked": "So *when you get hooked by* these thoughts and feelings, you start doing XYZ." This way of speaking lays a good foundation for later work: in later sessions, the client will get to experience that he can have those difficult thoughts and feelings but respond to them mindfully, thereby reducing their impact and influence without trying to avoid or get rid of them.

Six Broad Categories of Fusion

If we really wanted to, we could create a huge range of different categories of fusion. But hey, life is short and we all have more important things to do with our time. So to keep it simple, there are six main categories of fusion to look for clinically: fusion with the past, the future, self-concept, reasons, rules, and judgments. (Keep in mind, these are not discrete categories; they all overlap and interconnect.)

Fusion with the past. This refers to all types of past-oriented cognition, including:

- rumination, regret, and dwelling on painful memories (e.g., of failure, hurt, and loss)
- blame and resentment over past events
- idealizing the past: *My life was wonderful before XYZ happened.*

Fusion with the future. This refers to all types of future-oriented cognition, including:

- worrying, catastrophizing
- predicting the worst, hopelessness
- anticipating failure, rejection, hurt, loss, etc.

Fusion with self-concept. This refers to all types of self-descriptive and self-evaluative cognition, including:

- negative self-judgment: *I am bad, unlovable, worthless, dirty, damaged, nothing, broken*
- positive self-judgment: *I am always right*, *I am better than you*
- overidentifying with a label: *I am borderline*, *I am depressive*, *I am alcoholic*

Fusion with reasons. Humans are great at "reason-giving": coming up with reasons for why we can't change, won't change, or shouldn't even have to change. This category includes all such reasons. *I can't do X (important action) because…*

- *I'm too Y (Y = depressed, tired, anxious, etc.)*
- *Z might happen (Z = bad outcomes such as failure, rejection, making a fool of myself)*
- *It's pointless, It's too hard, It's scary*
- *I am B (B = borderline, shy, a loser, or other self-concepts)*
- *C says I shouldn't (C = parents, religion, the law, cultural beliefs, workplace, etc.)*

Fusion with rules. This category includes all the "rules" I subscribe to about how I, others, or the world should be. Rules can usually be identified by words like "should," "have to," "must," "ought," "right," "wrong," "fair," or "unfair." And they often specify conditions like *can't until, shouldn't unless, mustn't because, must do this in order to, will not tolerate,* or *refuse to allow.* Here are some examples:

- I must not make mistakes.
- She needs to change before I do.
- I can't go to work when I feel this way.

Fusion with judgments. This category refers to any type of judgment or evaluation, either positive or negative, including judgments about:

- the past and future
- self and others

- our own thoughts and feelings
- our body, our behavior, our life
- the world, places, people, objects, events, and just about anything

These six categories of fusion all overlap and readily interweave into complex narratives like this one: *Because bad things have happened to me* (past), *I am damaged* (self-concept, judgment), *which means I can't do X* (reason-giving), or *so I will never be able to have Y* (future). Keep in mind, these six categories don't cover the entire spectrum of fusion, but they do account for the most common repertoires we encounter in clinical practice.

Experiential Avoidance

Let's now look at the other core process that gets people hooked: *experiential avoidance.* This term refers to our desire to avoid or get rid of unwanted "private experiences" and anything we do to try to make that happen.

> **Tricky Terminology** A *private experience* means any experience you have that no one else knows about (unless you tell them): thoughts, feelings, memories, images, emotions, urges, impulses, desires, and sensations.

All humans are experientially avoidant to some degree. Why should this be? Well, here's a classic ACT metaphor we can use to explain it to clients.

The Problem-Solving Machine

Therapist: If we had to pick one ability of the human mind that has enabled us to be so successful as a species, it'd have to be problem solving, which basically boils down to this:
A problem is something unwanted. And a solution means we avoid it or get rid of it. Now in the physical world, problem solving often works very well. Got a wolf outside your door? You get rid of it: you throw rocks or spears at it. Or you 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 the human 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. But unfortunately, when we try to avoid or get rid of unwanted thoughts or feelings, it often doesn't work—or if it does, we end up creating a lot of new problems that make life even harder.

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, and sadness. In the short run, gambling, drugs, alcohol, and cigarettes will often help people to avoid or get rid of these feelings temporarily, but over time, 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 another good example. It's not the presence of anxiety that creates 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. My anxiety gets deeper and more acute, and now I have "social phobia." There's an obvious short-term benefit of avoiding social situations—I get to avoid some anxious thoughts and feelings—but the long-term cost is huge: I become isolated, my life "gets smaller," and I find myself stuck in a vicious cycle.

Alternatively, I may try to reduce my anxiety in social situations by playing the role of "good listener." I become very empathic and caring toward others, and I discover lots of information about the thoughts, feelings, and desires of the people I talk to, 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 mood-altering substance, 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 the substance, (b) physical addiction, (c) 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.

There's a big difference between tolerance and acceptance. 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 social anxiety (that is, gritting my teeth and putting up with it) is that it takes a huge amount of effort and energy, which makes it hard to fully engage in social interaction. As a consequence, I miss out on much of the pleasure and fulfillment that commonly accompanies socializing. 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?) Indeed, attempts to avoid unwanted thoughts and feelings can often 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).

A large and growing 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 posttraumatic stress disorder (PTSD), long-term disability, and higher degrees of overall psychopathology (Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004).

It's hardly surprising then that a core component of most ACT protocols involves getting the client in touch with the costs and futility of experiential avoidance. This is often an essential first step to pave the way for a radically different agenda: *experiential acceptance*. Of course, although we want to facilitate mindful, values-based 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. That would be ridiculous. Experiential avoidance is not inherently "bad" or "pathological"; it's normal. We only target it when it's excessive, rigid, or inappropriate, to such an extent that it's getting in the way of a rich and meaningful life.

So in ACT textbooks when we talk about experiential avoidance as problematic or pathological, we don't mean *all* experiential avoidance; we mean excessive, rigid, inappropriate experiential avoidance. 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 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. However, if we drink two entire bottles of red wine each night, that's a different story.

A Very Important Point About Acceptance vs. Avoidance

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

1. when avoidance of thoughts and feelings is limited or impossible
2. when avoidance of thoughts and feelings *is* possible, but the methods used make life worse in the long term

If experiential avoidance is possible and assists you in living your values, then go for it. *Please remember this point.* Many ACT newbies get the impression that all experiential avoidance is bad, or experiential avoidance is the opposite of living by your values. Not so!

How Fusion Gives Rise to Experiential Avoidance

When experiential avoidance becomes excessive, it's largely due to fusion with two categories of thinking: *judgments* and *rules*. Our mind judges our difficult thoughts and feelings as "bad" and formulates the rule "I have to get rid of them!" Often this happens faster than the speed of conscious thought; as soon as difficult thoughts and feelings arise, we instantly start trying to avoid or get rid of them. (So it might help you to think of excessive experiential avoidance as a by-product of fusion with this rule: "These thoughts and feelings are bad, so I have to get rid of them.")

In summary, then, fusion is the overarching pathological process in ACT, and experiential avoidance is one of the many problems that fusion can cause. So if you're ever doing a case formulation and trying to figure out "Is this fusion or avoidance?" the answer is usually: it's both! For example, a client may drink alcohol motivated by both the desire to avoid anxiety (experiential avoidance) and fusion with "I need a beer."

This overlap between processes is why I use the term "hooked" to refer to *both* fusion *and* avoidance. To flesh this out, I often refer to two different modes of being hooked: automatic mode and avoidance mode.

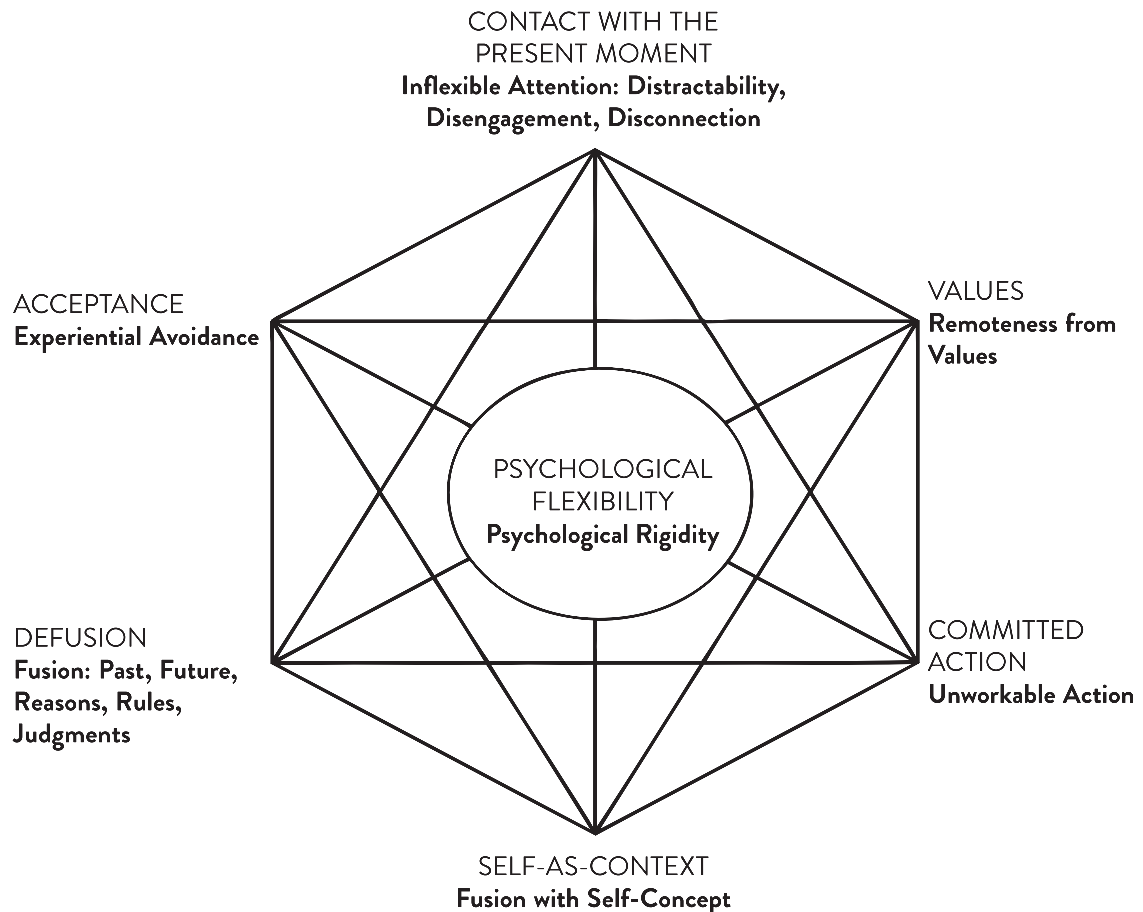
Automatic mode means that in a state of fusion, we automatically obey our thoughts and feelings; we do whatever our cognitions tell us to do. We fuse with our angry cognitions, and we act aggressively. We fuse with our anxious cognitions, and we act fearfully. We fuse with the cognitive elements of our urges and cravings, and we do whatever it is they urge us to do—take drugs, smoke cigarettes, overeat, and so on.

Avoidance mode means that in a state of fusion, we do whatever we can to avoid or get rid of unwanted thoughts and feelings. What dominates our behavior are efforts to avoid or get rid these difficult inner experiences: in other words, experiential avoidance.

When we are hooked by thoughts and feelings, we may go into automatic mode, avoidance mode, or, commonly, both at once.

The Six Core Pathological Processes of Psychological Rigidity

The core pathological processes of ACT, as shown in the figure below, are fusion, experiential avoidance, inflexible attention, remoteness from values, unworkable action, and fusion with self-concept. Any or all of these processes can give rise to psychological rigidity. You can think of these as the "flip sides" of the core therapeutic processes of psychological flexibility. As we go through them, I'll provide examples of clients with clinical depression to illustrate each process.



An ACT Model of Psychopathology

Fusion

As you know, fusion means our thoughts dominate our physical actions and our awareness to a problematic extent. In a state of depression, for example, clients may 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*, or *I'm too tired to do anything.* They also often fuse with painful memories of rejection, disappointment, failure, or abuse. (Extreme fusion with a memory—to such an extent that it seems to be reality, happening right here and now—is commonly called 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

Experiential avoidance—the ongoing attempt to get rid of, avoid, or escape from unwanted private experiences such as thoughts, feelings, and memories—is the very opposite of acceptance. 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. Let's take the commonplace example of social withdrawal. Your client is planning to go to her best friend's birthday party, but as the time draws near, she fuses with 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*, plus painful memories of recent social events that haven't gone well. She has feelings of anxiety, which grow ever stronger as the hour approaches, until she is consumed by a sense of dread. So she calls her friend and says she's feeling too sick to come. And in that moment, there's instant relief: all those difficult thoughts and feelings instantly disappear. The relief doesn't last for long, of course. A short while later she's fused with self-hatred: *Look what a loser I am! Can't even go to my best friend's party.* But that short burst of relief—that brief escape from her dread—is highly reinforcing; it increases the chance of future social withdrawal.

Fusion and avoidance go hand in hand. Our clients fuse with all sorts of painful cognitions (e.g., ruminating, worrying, self-criticism, or memories of failure and disappointment) while simultaneously trying to avoid or get rid of them (e.g., through drugs, alcohol, cigarettes, watching TV, or sleeping excessively).

Inflexible Attention

Contacting the present moment, or flexible attention, means the ability to make full conscious contact with both your inner and outer worlds and to narrow, broaden, shift, or sustain your focus, depending upon what's most useful. Its inverse, *inflexible attention*, refers to a wide range of deficits in this ability, especially the "three Ds": distractibility, disengagement, and disconnection.

DISTRACTIBILITY

Distractibility refers to difficulty sustaining one's attention on the task or activity at hand; attention easily shifts to other stimuli that aren't relevant. The more distracted we are during any task or activity, the more poorly we will perform and the less satisfying it will be.

DISENGAGEMENT

Disengagement refers to the many different ways we lose conscious interest or involvement in our experience: going through the motions; doing things mindlessly, on autopilot, or in a bored, disinterested, or absentminded manner.

DISCONNECTION

Disconnection is a term I use to describe a lack of conscious contact with our own thoughts and feelings. If we aren't able to notice how we are thinking or what we are feeling, then we lack self-awareness, so it's much harder to change our behavior in adaptive ways. We are prone to emotional dysregulation and impulsive, reactive, or mindless behavior.

We commonly see all of the three Ds—distractibility, disengagement, and disconnection from thoughts and feelings—not just in clients with depression, but across the entire spectrum of clinical issues.

Remoteness from Values

As our behavior becomes increasingly driven by fusion and experiential avoidance, our values often get lost, neglected, or forgotten. And if we're not clear about our values, or not able to contact them, we can't use them as an effective guide for our actions. As an example, clients who are depressed often lose touch with their values around caring, connection, and contribution; being productive and helpful; self-care; playfulness; intimacy; reliability; and so on.

Our aim in ACT is to bring behavior increasingly under the influence of values rather than of fusion or avoidance. Consider the differences between going to work under these three conditions:

- motivated by fusion with beliefs such as *I have to do this job. It's all I'm capable of.*
- motivated by experiential avoidance: to avoid "feeling like a loser" or to escape unpleasant feelings due to marital tension at home
- motivated by values such as caring, connection, and contribution

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

Unworkable Action

The term "unworkable action" (or "away moves") describes patterns of behavior that pull us away from mindful, values-based living. This includes action that's impulsive, reactive, or automatic (as opposed to mindful, considered, or purposeful); action persistently motivated by fusion or experiential avoidance (rather than by values); or inaction or procrastination where effective action is required. Common examples of unworkable action in cases of depression (and many other disorders) include using drugs or alcohol excessively; withdrawing socially; ceasing previously enjoyable activities; sleeping, watching TV, or gaming excessively; and attempting suicide.

Fusion with Self-Concept

We all have a story about who we are. This story is complex and multilayered. It includes objective facts (e.g., name, age, sex, marital status, occupation), descriptions and evaluations of the roles we play, our strengths and weaknesses, our likes and dislikes, and our hopes, dreams, and aspirations. If we hold this story lightly, it can help us to define who we are and what we want in life.

But when we fuse with our self-concept, it seems as if all those self-descriptive thoughts are the very essence of who we are. We lose the ability to step back and see this self-concept as nothing more or less than a complex cognitive construction, a rich tapestry of words and images. (Many ACT textbooks refer to such fusion with the somewhat confusing term "self-as-content.")

In depression, clients generally fuse with a very negative self-concept: *I am bad/worthless/ hopeless/ unlovable* 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?*

Who Is ACT Suitable For?

Therapists often ask me, "Who is ACT suitable for?" My reply is "Can you think of anyone it's 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 people have significant deficits in their ability to use language, such as some people with severe 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.

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; Branstetter, Wilson, Hildebrandt, & Mutch, 2004; Brown et al., 2008; Dahl, Wilson, & Nilsson, 2004; Dalrymple & Herbert, 2007; Gaudiano & Herbert, 2006; Gifford et al., 2004; Gratz & Gunderson, 2006; Gregg, Callaghan, Hayes, & Glenn-Lawson, 2007; Hayes, Bissett, et al., 2004; Hayes, Masuda, et al., 2004; Lundgren, Dahl, Yardi, & Melin, 2008; Ossman, Wilson, Storaasli, & McNeill, 2006; Tapper et al., 2009; Twohig, Hayes, & Masuda, 2006; Zettle, 2003).

Extra Bits

See chapter 2 in *ACT Made Simple: The Extra Bits* (downloadable from the "Free Stuff" page at http://www.actmindfully.com.au) for the Six Core Pathological Processes worksheet, which you can use in the Skilling Up section, below.

Skilling Up

To help you start thinking in terms of this model, let's do an exercise in case conceptualization:

- Pick one of your clients and find examples of the six core pathological processes outlined in this chapter, which you'll notice all overlap with each other. Use the worksheet from Extra Bits.
- 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 it's probably both, so 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 disorders in the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.; American Psychiatric Association, 2013) and identify the fusion, avoidance, and unworkable action going on: What kind of cognitive content do people with these disorders fuse with (in terms of past, future, self-concept, reasons, rules, and judgments)? What feelings, urges, sensations, thoughts, and memories are they unwilling to have or actively trying to avoid? What unworkable actions do they typically take? What core values do they lose touch with? What kind of distractibility, disengagement, and disconnection is common?

- 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 your own areas of fusion, avoidance, inflexible attention, remoteness from values, and unworkable action. (You may be surprised at what you discover.) The great thing is, the more we apply ACT to our own issues, the better we'll be able to do it with our clients. And when we see that it works in our own life, it gives us not only confidence in the model, but a sense of authenticity in the therapy room.

Takeaway

The ACT model rests on the core concept of workability: is what you are doing working to make your life richer and fuller? The overarching pathological process in ACT is cognitive fusion, of which there are six broad categories: past, future, self-concept, reasons, rules, and judgments. Fusion can give rise to many problems, and one of the most common is experiential avoidance; so when we use the term "hooked" in the choice point, it refers to both fusion and experiential avoidance.

The core pathological processes of cognitive fusion, experiential avoidance, inflexible attention, remoteness from values, unworkable action, and fusion with self-concept can be found to some extent in all humans, which is why ACT sees itself as a model for the human condition.